October 5, 2015

Rhonda Miller
515 E. Musser Street, Suite 300
Carson City, NV 89701

Re: Request for Proposal 3207, Non-Emergency Transportation Brokerage Services

Dear Ms. Miller,

As a demonstration of its commitment to providing quality non-emergency transportation (NET) services to Medicaid recipients throughout the State of Nevada, the Division of Health Care Financing and Policy (DHCFP) seeks a highly qualified contractor to manage the NET program including authorization, coordination, scheduling, management, and reimbursement. The successful contractor must implement programs that provide cost-containment while ensuring excellent service for DHCFP's recipients. As an experienced NET broker, Medical Transportation Management, Inc. (MTM) is the best choice to manage DHCFP's transportation needs. With our extensive experience operating statewide and regional NET programs throughout the country, we fully understand DHCFP's goals and will uphold its commitment to quality services.

Enclosed, please find MTM's response to Request for Proposals 3207, Non-Emergency Transportation Brokerage Services. MTM has read, understands, and agrees to all requirements and terms set forth in this RFP. MTM acknowledges receipt of three amendments. To assist the State of Nevada in reducing waste and furthering recycling efforts, we have provided our proposal on recycled paper, printed on both sides, in reusable binders, and have not included unnecessary advertising. Throughout our proposal, MTM demonstrates our proven ability to manage NET programs similar in size and scope to DHCFP's. Under MTM's management, our clients continually benefit from reduced program costs, increased quality and efficiency, and industry-leading processes.

For your reference, I am the individual designated and officially authorized to answer questions for, negotiate for, and contractually bind MTM to this contract. DHCFP may communicate with Chief Marketing Officer Michele Lucas regarding the proposal and contract negotiations. Michele can be reached at mlucas@mtm-inc.net or (636) 695-5536; please feel free to contact her with any questions. I look forward to discussing MTM's proposed solutions for the DHCFP NET program in the near future.

Sincerely,

Alaina Maciá

Alaina Maciá
President and CEO
Work: (636) 695-5503 | Mobile: (314) 495-4953
Email: amacia@mtm-inc.net

RFP # 3207

Non-Emergency Transportation Brokerage Services

Prepared for

The State of Nevada Purchasing Division

on behalf of the

Department of Health and Human Service, Division of Health Care Financing and Policy (DHCFP)

Submitted by:

October 8, 2015

Intentionally Blank

Tab I

Title Page

Tab I – Title Page

Part I A – Technical Proposal	
RFP Title:	*Non-Emergency Transportation*
RFP:	*3207*
Vendor Name:	*Medical Transportation Management, Inc. (MTM)*
Address:	*16 Hawk Ridge Drive, Lake St. Louis, MO 63367*
Opening Date:	*~~September 24, 2015~~ October 8, 2015*
Opening Time:	*2:00 PM*

Intentionally Blank

Tab II

Table of Contents

Tab II – Table of Contents

TAB I – TITLE PAGE **1**
TAB II – TABLE OF CONTENTS **4**
TAB III – VENDOR INFORMATION SHEET **6**
TAB IV – STATE DOCUMENTS **8**
TAB V - ATTACHMENT B **40**
TAB VI – SECTION 3 – SCOPE OF WORK **42**
3. SCOPE OF WORK **42**
3.1 DUTIES AND RESPONSIBILITIES 43
3.1.1 ..... *48*
3.1.2 ..... *54*
3.1.3 ..... *54*
3.1.4 ..... *54*
3.2 VERIFY RECIPIENT ELIGIBILITY 55
3.2.1 ..... *55*
3.2.2 ..... *56*
3.3 ASSESS/AUTHORIZE TRANSPORTATION SERVICES 57
3.3.1 ..... *57*
3.3.2 ..... *57*
3.3.3 ..... *58*
3.3.4 ..... *59*
3.3.5 ..... *62*
3.3.6 ..... *62*
3.3.7 ..... *63*
3.3.8 ..... *63*
3.3.9 ..... *65*
3.3.10 ..... *66*
3.3.11 ..... *66*
3.4 SCHEDULE, ASSIGN AND DISPATCH TRIPS 67
3.4.1 ..... *67*
3.4.2 ..... *85*
3.4.3 ..... *87*
3.4.4 ..... *89*
3.4.5 ..... *91*
3.4.6 ..... *93*
3.4.7 ..... *93*
3.4.8 ..... *95*

3.4.9 ..... *101*
3.4.10 ..... *104*
3.4.11 ..... *105*
3.4.12 ..... *107*
3.4.13 ..... *139*
3.4.14 ..... *145*
3.5 NETWORK 146
3.5.1 ..... *146*
3.5.2 ..... *163*
3.5.3 ..... *168*
3.5.4 ..... *169*
3.6 FISCAL REQUIRMENTS 171
3.6.1 ..... *171*
3.6.2 ..... *181*
3.7 REPORTING 182
3.7.1 ..... *182*
3.7.2 ..... *184*
3.8 GRIEVANCES, APPEALS, AND FAIR HEARINGS 191
3.8.1 ..... *191*
3.8.2 ..... *192*
3.8.3 ..... *198*
3.8.4 ..... *200*
3.9 INFORMATION SYSTEMS AND TECHNICAL REQUIRMENTS 200
3.9.1 ..... *200*
3.9.2 ..... *207*
TAB VII– SECTION 4 – COMPANY BACKGROUND AND REFERENCES 217
TAB VIII – ATTACHMENT G – PROPOSED STAFF RESUME 236
TAB IX – OTHER INFORMATIONAL MATERIAL 247

Tab III

Vendor Information Sheet

VENDOR INFORMATION SHEET FOR RFP 3207

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 of the Technical Proposal.

V1	Company Name	Medical Transportation Management, Inc. (MTM)

V2	Street Address	16 Hawk Ridge Drive

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

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

V5	Facsimile Number		
	Area Code: 636	Number: 561-2692	Extension:

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

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: Michele Lucas
	Title: Chief Marketing Officer
	Address: 16 Hawk Ridge Drive, Lake St. Louis, MO 63367
	Email Address: mlucas@mtm-inc.net

V8	Telephone Number for Contact Person		
	Area Code: 636	Number: 695-5536	Extension:

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

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

V11	Signature ***(Individual must be legally authorized to bind the vendor per NRS 333.337)***	
	Signature:	Date: 10-6-15

Tab IV

State Documents

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

Brian Sandoval
Governor

Greg Smith
Administrator

SUBJECT:	Amendment1 to Request for Proposal 3207
RFP TITLE:	Non-Emergency Transportation Brokerage Services
DATE OF AMENDMENT:	September 9, 2015
DATE OF RFP RELEASE:	August 18, 2015
OPENING DATE:	September 24, 2015
OPENING TIME:	2:00 PM
CONTACT:	Ronda Miller, Procurement Staff Member

The following shall be a part of RFP ***3207.*** If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

SPECIAL NOTE:

Only vendors intending to submit a proposal in response to RFP 3207 will be provided access to the data files. Vendors must first complete the following Business Associate Addendum and return to

Nevada State Purchasing
Attn: Ronda Miller
Phone: (775) 684-0182
Fax (775) 684-0188
E-mail: rlmiller@admin.nv.gov

Attachment L
Business Associate Ad

QUESTIONS AND ANSWERS:

1. RFP Section #1, Page 4, "The State may choose to directly reimburse the Regional Transportation Commissions/Commission (RTC) Paratransit operations for services. The vendor will still be responsible for NET services outside of paratransit service areas and scheduling and coordination inside of paratransit areas. If this option is chosen, there will be an adjustment to the capitation amount paid per member per month. There is no other material changes (Changes in services covered, change in population covered, etc.) planned at this time. Is the State directly reimbursing the RTC paratransit operations under the current contract?

Yes. The RTC paratransit receives direct reimbursement.

2. RFP Section #1, Page 4, "The State may choose to directly reimburse the Regional Transportation Commissions/Commission (RTC) Paratransit operations for services. The vendor will still be responsible for NET services outside of paratransit service areas and scheduling and coordination inside of paratransit areas. If this option is chosen there will be an adjustment to the capitation amount paid per member per month.. There is no other material changes (Changes in services covered, change in population covered, etc.) planned at this time. If the PMPM rate is adjusted under the current contract, please confirm that the same adjustment process used for the current contract as describe above will be applied to the PMPM rates for the contract awarded under this RFP.

   Yes, unless the awarded vendor has proposed and DHCFP has accepted an alternative methodology for operations and payment.

3. RFP Section #2, Page 5, " Please clarify the denials and when it's appropriate to mail a denial letter As an example: If a Member is determined ineligible for Medicaid services, is the Broker required to provide the Member with a formal denial notice? Or If a Member is requesting service to a non-Medicaid compensable provider, is the Broker required to provide the Member with a formal denial notice.

   If a member is determined ineligible for Medicaid services, the denial letter will come from the Division of Welfare and Supportive Services who is responsible for determining Medicaid eligibility.

   If the member is requesting service from the broker to a non-Medicaid compensable provider, then, yes the broker is responsible for notifying the member.

4. RFP Section #3, Page 15, "How can the bidder document compliance to Chapter 1900 and compliance with all federal laws and regulations applicable to non-emergency transportation?

   The Vendor must attest to comply with Chapter 1900 and all federal laws and regulations applicable to non-emergency transportation.

5. Section 3.1.2, Page 18, "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. Is the expectation that the vendor will mail individual letters to all members or just new members, if the state adds new Medicaid populations?"

   The vendor must mail out individual letters if there are significant changes that affect all members. Additions and changes to the provider network can be updated on the vendor's website.

6. Section 3.1.2, Page 18, "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. Is the

expectation that the vendor will mail individual letters to all members each time a transportation provider is added to, or terminated from, the network?"

Refer to question 5 of this amendment.

7. Section 3.3.4.5, Page 20, "States that the need assessment process includes the member is using the nearest appropriate provider. Given that an adequate medical provider network is a driver to program cost. Does the State have a geo-access map or list of medical providers by county?"

No, but the vendor can look up Nevada Medicaid providers by City or County at https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx Keep in mind however, that the goal is access to care. The recipient does not need to utilize the nearest provider if the recipient has an established relationship with another physician; requires services that the nearest provider cannot offer; has been referred to a different provider; or if the nearest provider is not accepting new patients. The emphasis is on 'appropriate' provider.

8. Section 3.4.12.5, Page 26, "States: "All records pertaining to the contract shall be stored at the designated central business office approved by the Division…" Not all records can be maintained at the central business office, will the State consider allowing records to be stored at other locations as long as they are retrievable within 7-10 days?"

Yes, as long as the records are retrievable within 5 business days.

9. Section 3.5.1.7, Page 28, "States: Capacity shall include private vehicles, non-emergency ambulance and air, wheelchair vans, public transportation including bus services, and taxicabs. "Please confirm that Air Ambulance (fixed-wing) is now part of this contract."

No, the RFP is referring to commercial airlines.

10. Section 3.5.1.9, Page 28, "State "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." Please clarify and define the "State's standards for access to care."

The vendor must have adequate transportation coverage for the entire State of Nevada and be able to provide the appropriate level of service within the specified timeframes. Transportation for same day appointments such as urgent care visits and/or doctor appointments that are not considered 'routine' must be accommodated. Additionally, rides to the pharmacy must be provided immediately after receipt of the prescription or no later than the following day. Refer to Chapter 1900 for all access to care service standards.

11. Section 3.5.1.11, Page 29 , "States the following "Scheduled Emergencies who need additional monitoring or medically necessary services are a covered NET service. Scheduled Emergencies who need additional monitoring or medically necessary services are defined as an emergency transport and are not a NET covered service." Please clarify the conflicting statements above."

This was stated incorrectly and should have read as follows:

"Scheduled Emergencies who do not need additional monitoring or medically necessary services are a covered NET service. Scheduled Emergencies who need additional monitoring or medically necessary services are defined as an emergency transport and are not a NET covered service."

12. Section 3.7.1.2, Page 41, ""States Call Center Report summarizing call volume, nature of calls, number of calls abandoned, and information listed in Section 3.6 of this…." Is the citation to section 3.6 in this section correct?"

    No, it is not. The right citation is 3.7.

13. Section 3.7.2.3, Page 43 "Can we use alternative methods such as phone surveys, email, and website as examples?"

    Yes, as long as it is discussed and approved by DHCFP before implementation.

14. Section 4.2, Page 55 "Please confirm that Transportation Providers are not considered a "Subcontractors" in this context."

    Subcontractor information does not apply to transportation providers and refers to administrative contractors with whom a vendor may contract with to provide brokerage duties.

15. Section 4.3, Page 56, "When considering similar size and scope for references, does the State consider a similar project to be programs that have a membership of over 500,000, is a state-based and pure broker model, similar populations serviced, similar geographical areas (rural, urban and suburban)?"

    Yes, this would be considered.

16. Section3.4.10.2, Page 25, "Can you elaborate, "If a payment methodology other than risk based capitation is proposed"? Are the bidders allowed to provide alternative pricing methodologies?"

    Yes; other pricing methodologies will be considered.

17. Section 3.4.13, Page 27, "Should all bidders show implementation cost as a separate line item in the cost proposal?"

    No. There is no extra payment for implementation cost so itemizing this cost as a separate line item is not necessary.

18. Section 5.0, Page 57," Attachment H has various sections including Cost Per Member Per Month and Cost per Trip. What data elements will be used and how will the State compare pricing between the brokers? Can you please explain how pricing will be judged?"

    Regardless of a respondent vendor's proposed operations and payment methodology, some metrics are universal, and this certainly applies to Cost Per Member Month and Cost Per Trip (Trip = one leg, point A to B, not a round trip). There may be other metrics

utilized with which to assess pricing depending upon whether RFP respondents propose alternative operations and payment methodologies, but the two cited are universal.

19. Section 5.0, Page 57, "Can you please provide the following data monthly for the most recent 36 months: Trip volume by mode of transportation, county, miles, drop-off facility and treatment type?"

    Refer to Special Note on page 1 of this document. The facility trip volume is available; treatment type can only be vaguely imputed from facility/destination.

20. Section 5.0, Page 57, "Can you please provide the following member data monthly for the most recent 36 months: total numbers, unduplicated riders, county, and member type? Can you please separate and provide the same information for your expansion population?"

    Refer to Special Note on page 1 of this document.

21. Section 9.0, Is the bidder permitted to include an executive summary? If yes what section should it be placed in?

    No; an executive summary is not expected or necessary.

22. Section 10.00, Page 70 , "Would the State provide the weighted percentages for the evaluation criteria?"

    This information is confidential.

23. Attachment H, Specialty Care Transportation is currently not a covered service. Can the state please provide monthly volume and cost data for this service over the past 36 months?

    Not applicable. This service is not provided in this RFP.

24. Section 3. Please provide total of Medicaid recipients eligible for the services under this contract.

    Refer to Special Note on page 1 of this document.

25. Section 3. Please provide trip counts for the last 12 months by level of service required by the population DHCFP serves in terms of sedan, paralift, stretcher, public transit, basic and advanced life support.

    Refer to Special Note on page 1 of this document.

26. Section 3. If trip counts are not available, please provide the percentage by these levels of service for the current period.

    Refer to Special Note on page 1 of this document.

27. Section 3. Please include the average trip length for each category.

    Refer to Special Note on page 1 of this document.

28. Section 3. Please provide call center statistics for the same 12 months of trip data provided—number of calls received, answered and average call duration.

Refer to Special Note on page 1 of this document.

29. Section 3. Please provide the daily Medicaid trips by County and by type of trip (service level) for the most current past three months.

Refer to Special Note on page 1 of this document.

30. Section 3.1.1.2 What languages does the state deem as meeting the definition of "prevalent"?

For the purpose of this RFP, English and Spanish are considered prevalent languages.

31. Section 3.2.2 Would DHCFP consider weekly or daily updates to the eligibility file? More frequent updates mean fewer errors and a reduction in arranging trips for those who become ineligible on a future date of service, as required under Section 3.3.4.1.

No. Eligibility can be checked on Electronic Verification System (EVS) on a daily basis.

32. Section 3.3.4.1 Does this section mean that eligibility for service must be re-verified on the date of service, as it was when the request for the trip was received?

Yes, eligibility is in constant flux and must be re-verified.

33. Section 3.7.1.2 Please define what is meant by "nature of calls" in section 3.7.1.2.

Nature of calls varies and may include: new reservations; the canceling of reservations; inquiries as to where is the ride (English/Spanish); the scheduling of standing orders; and/or to file a complaint.

34. Please provide the current total Medicaid population by County.

Refer to Special Note on page 1 of this document.

35. Please provide the incumbent contractor's current contract including rate structure.

The rate structure is simple; $2.19 PMPM capitation.

36. Does the State require the Call Center be located in Nevada?

It is preferred that the main call center is located within Nevada; however, the call center may be located in another state as long as the vendor is familiar with the topography of Nevada. The call center may not, however, be located outside of the country.

37. How frequently are encounters are to be submitted?

Monthly

38. What is the method for submission of invoices to the State and how frequently should those admissions occur?

Invoices are welcome but not necessary unless the methodology is not capitated; payment is via EFT and prompted by capitation run.

39. Are there limits on meals and lodging dollar reimbursements (e.g. per diem amount, per meal, etc.)?

Yes, there are limits on meals and lodging which is based on GSA rates or the actual costs, whichever is less.

40. In 2011, the Department provided a link to the incumbent's winning proposal. Would the Department do so again for this procurement?

RFP 1948 Logisticare Technical.pdf

RFP 1948 Logisticare Cost.pdf

If you are unable to access the above inserted file once you have doubled clicked on the icon, please contact Nevada State Purchasing at rlmiller@admin.nv.gov for an emailed copy

41. The RFP requires specific information regarding the use of subcontractors. Does the term "subcontractor" apply to the use of transportation providers?

No. Please refer to the answer given for question #5.

42. Who currently operates the Nevada NET brokerage services?

LogistiCare is the current broker.

43. What is the PMPM rate for both NET and Specialty transports?

The NET rate is $2.19 PMPM. NET does not provide Specialty Care Transportation. Scheduled Emergency transportation is covered by NET and is inclusive in the NET PMPM.

44. What is the total population for both NET and Specialty transports? What was each category's utilization for transportation?

Refer to Special Note on page 1 of this document.

45. How many NET transports are performed per year?

Refer to Special Note on page 1 of this document.

46. How many Specialty transports are performed per year?

NET does not provide Specialty Care Transportation.

47. Please send statistical analysis of all transportation activity (both NET and Specialty) by time of day and zip code of origin and class of transportation (cab/Wheelchair/public transportation/ambulance)

Refer to Special Note on page 1 of this document. NET does not provide Specialty Care Transportation.

48. Page 21, 3.4.2 - What is the percentage of last minute calls?

This percentage is not available for last minutes calls.

49. Please send us a statistical analysis of all call center activity to include total number of calls per month and peak times calls were received by each day of week.

Refer to Special Note on page 1 of this document.

50. What is the average mileage per transport?

Refer to Special Note on page 1 of this document.

51. Page 4 – Section 1 – If the state chooses to add Nevada Check-up recipients in the NET services, how will the cap rate be negotiated to defray cost?

There are no plans to add CHIP recipients at this time. If this were to occur, the cap rate in effect at the time would become the CHIP PMPM—assuming the payment model is capitated.

52. Page 14, 2.1 – are both the call center and subcontractors closed on the 10 state holidays?

No. Access to care must always be available to Medicaid recipients.

53. Page 18, 3.2 – How many out of state transportation request were there last year? What was the average mileage for these out of state transports?

Refer to Special Note on page 1 of this document.

54. Page 21, 3.4.4 – is the 15 minute pickup time not to exceed 15 minutes before or after the appointment time, thereby giving a 30 minute window?

Yes, there is a 30 minute window.

55. Page 23, 3.4.7.2 – How many times must a client be a no-show before they are suspended from service?

The suspensions are for riders of RTC's paratransit, are based on a point system, and are dependent on the regions' individual policies.

56. Our call center is in a different state, but we would place a local operations office in Nevada. Would we be considered a responsive bid?

Yes, this would be considered a responsive bid.

57. Page 3.5.1.7 RFP states we need to supply ambulance and air services. Is that the case? This is also stated in 3.5.2.

Vendors are expected to contract with ambulances for stretcher rides and be able to provide commercial airline tickets.

58. Page 29, 3.5.1.11 c – please define what "subscription services" are.

Subscription services is a term generally used for a "standing ride" that is provided on a regular basis to or from the same location, one or more times a week.

59. What was the amount of the surety bond for the current contractor last year?

The surety bond required last year was for $1,227,489.09.

60. Page 43, 3.7.2.3 – is the annual customer survey currently mailed to each recipient? If not, how is the survey distributed?

The survey should be mailed to a statistically sound, sample audience of riders.

61. Page 46, 3.8.3.2 – How many appeals happened last year in the Fair Hearing process?

There have been no appeals within the last year.

62. Page 52, 4.1.4 -Please list all licenses required to be included in the RFP to be considered a responsive bid.

A Nevada Business License is required to be considered as a responsive bid. Other licenses may be required to operate as a vendor.

63. Page 58, 6.1.3 – RFP states we assume all the risk even if utilization increases. With the State negotiate a sliding scale pmpm rate based on utilization or fluctuations in populations?

Utilization management and Unit Cost (per-trip) containment are the responsibility of the Vendor. RFP Respondents should analyze historical data and propose a capitated rate that covers transportation cost plus an Administrative Rate that includes the cost of administrative operations plus profit margin—unless the proposed payment model is not capitated, in which case the Respondent may specify an Administrative Rate that is a ratio of transportation cost.

64. Page 70, 10.1.6.3 – what measurement or metrics determines a pass or fail score for financial stability?

This information is confidential until the Notice of Award has been issued.

65. Page 74, 11.3.1.1 – RFP says the State may award supplemental contracts for work related to this project. This could affect the profitability of the contract. Can this be negotiated?

Yes, this can be negotiated.

66. Contract form – states the State can cancel contract without cause. Can this be negotiated?

Yes, the State is willing to negotiate a termination time period.

67. Under the Freedom of Information Act, can you supply us the following a. Current contract(s) and amendments for the transportation contract b. The current incumbent's RFP Bid Response, bid price and any attachments.

Refer to question 40 of this amendment.

68. What is the top five complaints of the current contractor?

The following list contains complaints from both recipients and transportation providers:

Driver tardiness
Driver no-show
Issue with transportation provider
Rider issue
Rider no-show

69. Can the Division please provide bidders with the following:

a. The monthly enrollment by county and Medicaid risk group by month, for the most recent twelve months?

Refer to Special Note on page 1 of this document.

b. The State's projected statewide Medicaid enrollment for July 2016?

Eligibility and enrollment numbers are projected to be somewhat flat state fiscal year 16 and 17 with some volatility month to month due to Welfare and Medicaid re-determination of eligibility.

c. The NET utilization data separated by the number of one-way trips, county, service level of transport provided (please include public transit, mileage reimbursement and escorts), and Medicaid risk category by month, for the most recent twelve months?

Refer to Special Note on page 1 of this document.

d. The average one-way trip mileage, per trip, by county and by service level of transport by month, for the most recent twelve months?

Refer to Special Note on page 1 of this document.

e. The average trip cost per recipient, by county, service level of transport (Please include public, mileage reimbursement and mass transit cost), and average cost per mile by month, for the most recent twelve months?

Refer to Special Note on page 1 of this document.

f. The average monthly call volume information by days of week or month, for the most recent twelve months?

Refer to Special Note on page 1 of this document.

g. The number of out-of-state trips by month, for the most recent twelve months?

Refer to Special Note on page 1 of this document.

70. Can the Division please clarify whether it wants the question added within the vendor's response, or whether vendors should refrain from adding the questions within their response? Within the RFP, section 3.1 states that "Vendors only need to cite the section number and title when responding"; yet within section 9.1.5, it states "Written responses must be in bold/italics and placed immediately following the applicable RFP question, statement and/or section." Please clarify.

Responses should include the section number, title, and the RFP statement. Directly under this information, the vendor should write their answer in bold, italic font.

71. For section 4.2.1.4, RFP page 55, it states "Provide the same information for any proposed subcontractors as requested in Section 4.1, Vendor Information." Does the Division expect bidders to complete the entire section 4.1 for each individual vendor – which would be each individual NET provider in the network? Or does the Division expect only a portion of section 4.1 to be completed for each individual NET provider? If the subcontractors consist of a statewide NET provider network, does the Division expect bidders to complete all or a portion of Section 4.1 for every single NET provider in its network?

No. Subcontractor information does not apply to transportation providers and refers to administrative contractors with whom a vendor may contract with to provide brokerage duties.

72. For section 4.2.1.5, RFP page 55, it states "Business references as specified in Section 4.3, Business References must be provided for any proposed subcontractors." Does the Division expect bidders to complete the entire section 4.3 for each individual NET provider?

No. Subcontractor information does not apply to transportation providers and refers to administrative contractors with whom a vendor may contract with to provide brokerage duties.

73. Can the Division please provide a list of the entities that have volunteer drivers or HCBS providers working under waivers that work for the populations they serve?

Volunteer drivers are procured by the vendor and the DHCFP cannot provide a list. If you are asking if the HCBS provides transportation, the HCBS is not responsible to provide transportation to recipients to Medicaid funded services.

74. For Section 3.7.2.3. Can the survey be done electronically on the phone? i.e. at the end of a call, can the passenger answer the questions anonymously through an automated survey?

The methodology can be discussed with the DHCFP, prior to implementation.

75. Page 4, Project Overview: Is the contractor required to have short notice providers on stand-by to respond to handle scheduled emergency transportation?

No. It is expected that the broker's transportation providers, taxi, and/or commercial air would be sufficient to provide access to medical appointments. If these accommodations will not allow the recipient to arrive at their destination on time, then the recipient would be transported by air ambulance.

76. Page 14, Acronym Does DHCFP consider transportation providers as subcontractors. If so, are will DHCFP consider waiving the required subcontractor information (Page 55, Section 4.2) for transportation providers proposed by the vendor?

The transportation providers are not considered subcontractors.

77. Page 17, Section 3.1.1.4: Is DHCFP referring to the recipient's freedom of choice for medical provider or transportation provider?

It refers to medical providers.

78. Page 20, Section 3.3.9: What is the DHCFP-allowed distance a recipient can walk to utilize public transit? It is recommended to be ¾ of a mile.

A recipient should be able to walk ¾ of a mile to a bus stop.

79. Page 26, Section 3.4.12.3 The RFP states, "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." Does this mean DHCFP will accept responses proposing out-of-state call centers?

Yes. It is preferred that the main call center is located within Nevada; however, the call center may be located in another state as long as the vendor is familiar with the topography of Nevada. The call center may not, however, be located outside of the country.

80. Page 29, Section 3.5.1.11: Is it acceptable for contractor to require transportation providers to provide attendants or escorts when one is authorized?

No, the only time the transportation provider would provide an attendant would be in an instance when the recipient is utilizing an ambulance.

81. Page 30-31, Section 3.5.1.16: Will DHCFP allow the contractor to use a standard service agreement and include the state specific requirements in an amendment specific to the contract?

Yes.

82. Page 34, Section 3.5.2.1: Standard contract states cannot use drivers who have a felony criminal conviction of a felony offense within the immediate past five (5) years. Will this be acceptable?

Employment of a driver that has received a felony conviction is contingent upon the discretion of the Division.

83. Page 33, Section 3.5.2.1: Transportation providers located outside of the State of Nevada but near the border may be able to provide services within the state. Will DHCFP allow the contractor to make an exception to the requirement for drivers to have a valid driver's license from the State of Nevada for out of state providers who employ drivers in a bordering state?

Yes. The awarded vendor will be allowed to contract with transportation providers that are residents of catchment areas as identified in the Medicaid Service Manual, Chapter 100 and if the transportation provider has a valid driver's license from the state in which they reside. But all transportation providers must meet Nevada State requirements for transportation services.

84. Page 35, Section 3.5.2.3.I The RFP states, "… the complaint procedures shall be available in written form in each vehicle for distribution to recipients on request." In similar contracts, only a sign with a phone number for reporting complaints is required. Will DHCFP consider altering this requirement to meet the industry standard?

No. The DHCFP will continue with this process of having written forms available for recipients.

85. Page 36, Section 3.5.2.3: The RFP states, "In compliance with NAC 706.191, all vehicles shall have a minimum of combined single limit insurance coverage for vehicles at all times during the contract period." NAC 706.191 has different limits than those required by DHCFP in Attachment E. Will DHCFP please clarify the insurance requirements for transportation providers?

Attachment E has been replaced with the following Insurance Requirements:

Attachment E Insurance.docx

86. Page 43, Section 3.7.2.3 The RFP requires the vendor to mail recipient surveys. To realize cost savings, and promote a better response, will DHCFP allow the vendor to conduct surveys via phone instead?

Yes. An alternative method may be discussed and approved by the DHCFP, prior to implementation of the survey.

87. Page 45, Section 3.8.2 The RFP states, "The vendor should encourage those with verbal complaints to submit them as written complaints." Will DHCFP please clarify the reasoning for this requirement? Does DHCFP wish for all complaints to be submitted in writing?

No, written complaints by the concerned individual are more accurate than a complaint repeated by a third party. The DHCFP does accept verbal complaints as well.

88. Page 60, Section 9.1.5 Are vendors only to include main headings (i.e. 3.5 NETWORK) when responding to the RFP's Scope of Work? Or does DHCFP wish for vendors to respond directly following the entire text of each section?

No. Vendors must respond to each referenced section, in order.

89. Page 60, Section 9.1.5 For ease of review and readability, if proposers clearly differentiate the questions from the responses, would the Division consider removing the requirement for responses to be in bold/italics?

No, this allows the evaluation committee to clearly identify the request vs. the response.

90. Page 66, Section 9.6.4 If labeled appropriately, may vendors submit the required electronic copies on a USB rather than CD?

Yes.

91. Page 66, Section 9.6.4 Please confirm 'Part III – Confidential Financial Information' is not required to be submitted on the CD copy.

Correct. Vendors are requested to submit confidential information in separate binders.

92. Page 67, Section 9.6.4.2 Please confirm that if vendors do not submit Part I B or mark any part of the Cost Proposal as "Confidential", they are not required to submit the 'Public Records CD'.

Vendors <u>must</u> submit a Public Records CD that contains no "confidential" information.

93. Page 77, Submission Checklist Are vendors required to return this form with their response?

No; the return of the checklist in not required.

94. Page 78, Attachment A, Confidentiality and Certification Indemnification Do vendors need to include justification for confidential status for Part III – Confidential Financial Information?

Vendors must check yes or no.

95. Please provide the number eligible recipients for each of month for the last three years.

Refer to Special Note on page 1 of this document.

96. Please provide the number of trip legs taken/paid for each month for the last three years by mode of trip: • Ambulatory van • Cab/taxi • Wheelchair van • Stretcher • Ambulance (BLS or ALS) • Public transit – bus • Public transit – ADA • Gas reimbursement

Refer to Special Note on page 1 of this document.

97. To determine the number of long distance trips performed, please provide the number of trips, by mode of transport, by year, that fall into the following mileage brackets: • 0 – 10

miles • 11 – 20 miles • 30 – 40 miles • 40 – 50 miles • 51 – 75 miles • 76 – 100 miles • 100 – 200 miles • 201 and greater miles

Refer to Special Note on page 1 of this document.

98. Please provide the amount spent on transportation for each of the last three years.

Refer to Special Note on page 1 of this document.

99. Please provide the amount spent by the current broker on administration for the last three years.

Refer to Special Note on page 1 of this document.

100. What is the cost of ancillary services (meals and lodging) spent for recipient travel for the last three years.

Refer to Special Note on page 1 of this document.

101. Please provide any call center statistics reported in the last three years: • Calls received – incoming calls • Calls made – outgoing calls • Speed to answer • Call time • Abandoned calls, etc.

Refer to Special Note on page 1 of this document.

102. Please explain any material changes in the transportation program over the last three years.

Due to the Affordable Care Act, ridership has increased. Also, RTC paratransit ride scheduling and ticketing procedures have changed.

103. Do you anticipate any material changes in the transportation program over the next contract period? (Changes in services covered, population covered, etc.)

No. There are no expected material changes in the transportation program.

104. What do you anticipate for the increase in covered lives over the contract period?

We anticipate that caseload will remain nearly flat absent a change in Medicaid benefits and/or eligibility requirements

105. What are the three biggest challenges DHCFP faces for the services solicited by this RFP?

The three biggest challenges that the DHCFP faces are as follows:

- ***Selecting a vendor that can assure necessary, timely, medical transportation to Medicaid recipients in a manner consistent with the best interests of the recipients***
- ***Selecting a vendor that has the capability of servicing populations in the rural areas of the state***
- ***Selecting a vendor that provides excellent customer service and quality transportation, at the appropriate transportation service level, to Nevada's Medicaid population***

106. What are DHCFP's main goals for the next contract term?

The goal is always to improve services. The selected vendor must have the capability to provide efficient transportation services, especially to remote rural areas of the state; maintain quality staff members that are capable of providing excellent customer service to a variety of individuals, possess a high level of accuracy when booking transportation reservations, and have the ability to recognize when another transportation vendor must be deployed. Further, the vendor must employ reliable contractors, maintain professional relationships with a variety of medical, city, county, and state staff; provide timely claim and reimbursement payments; meet contract deliverables and reporting requirements; and implement innovative processes to reduce expenses and increase transportation quality.

107. What is the current complaint rate for the contract?

Refer to Special Note on page 1 of this document.

ALL ELSE REMAINS THE SAME FOR RFP 3207.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: MTM, Inc.

Authorized Signature: Alana Maccia'

Title: President and CEO Date: 10/05/2015

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

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

Brian Sandoval
Governor

Lisa Sherych
Administrator

SUBJECT:	Amendment 2 to Request for Proposal 3207
RFP TITLE:	Non-Emergency Transportation Brokerage Services
DATE OF AMENDMENT:	September 17, 2015
DATE OF RFP RELEASE:	August 18, 2015
OPENING DATE:	~~September 24, 2015~~ NEW OPENING DATE October 8, 2015
OPENING TIME:	2:00 PM
CONTACT:	Ronda Miller, Procurement Staff Member

The following shall be a part of RFP ***3207.*** If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

---

1. The new timeline for RFP 3207 is as follows:

   All changes are noted in red.

Task	Date/Time
Deadline for submitting questions	9/2/2015 @ 2:00 PM
Answers posted to website	On or about 9/8/2015
Deadline for submittal of Reference Questionnaires	No later than 4:30 PM on ~~9/23/2015~~ 10/7/15
Deadline for submission and opening of proposals	**No later than 2:00 PM on ~~9/24/2015~~ 10/8/15**
Evaluation period (approximate time frame)	~~9/24/2015 – 10/7/2015~~ 10/9 - 10/21/15
Presentations	10/28
Selection of vendor	On or about 10/28/2015
Anticipated BOE approval	1/12/16
Contract start date (contingent upon BOE approval)	upon BOE approval

2. Document request using the Business Associate Addendum will **only** be available until Monday, September 21, 2015 at 2:00 pm. (PST). Any requests after that date/time will not be accepted.

ALL ELSE REMAINS THE SAME FOR RFP 3207.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: MTM, Inc.

Authorized Signature: Alana Macia'

Title: President and CEO Date: 10/05/2015

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

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

Brian Sandoval
Governor

Lisa Sherych
Administrator

SUBJECT:	Amendment 3 to Request for Proposal 3207
RFP TITLE:	Non-Emergency Transportation Brokerage Services
DATE OF AMENDMENT:	September 22, 2015
DATE OF RFP RELEASE:	August 18, 2015
OPENING DATE:	~~September 24, 2015~~ NEW OPENING DATE October 8, 2015
OPENING TIME:	2:00 PM
CONTACT:	Ronda Miller, Procurement Staff Member

The following shall be a part of RFP ***3207.*** If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

---

1. Over similar periods for the past three years, the program has grown significantly. The program cost for the first 6 months of 2014 is 13% greater than first 6 months of 2013, and 2015 is 48% greater than 2014(see below). In addition, July 2015 cost (not including RTC Cost) is $967,323 which is 11% greater than June 2015 or 32.3% more than the average cost for period of Jan – June 2015.

	Transportation Cost	Growth %
Jan -Jun 2013	$ 2,607,774	
Jan -Jun 2014	$ 2,947,289	13.0%
Jan -Jun 2015	$ 4,385,354	48.8%

Can you please explain what is driving the significant increase in transportation cost? Do you expect this trend to continue into periods?

The state will not interpret the data. RFP respondents are free to do so.

With specific regard to future caseload trend: absent significant changes in benefits and/or eligibility criteria (which are not presently anticipated) DHCFP caseload projections suggest that the recent period of exceptional volatility will not continue into 2016 and 2017. Eligibility re-determinations will continue to exert some month-to-month churn, but caseload will be otherwise relatively flat.

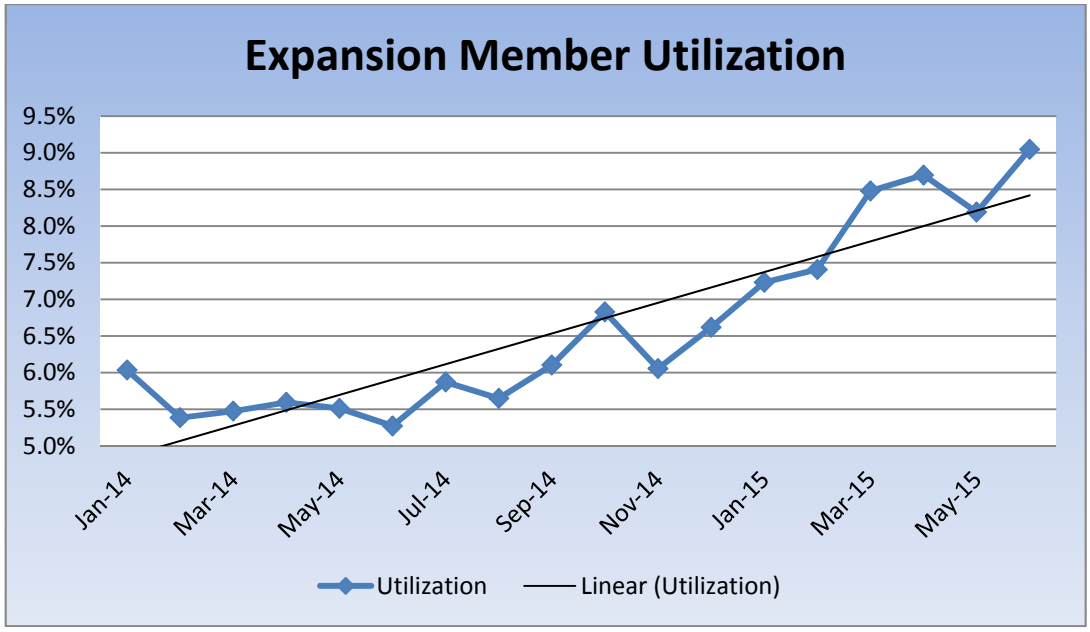
2. Below is the utilization trend of the Medicaid Expansion population. Can you explain what is driving the utilization of Medicaid expansion population? Can you provide monthly

membership for the Expansion population? What are most common reason utilize for transportation.

The state will not interpret the data. RFP respondents are free to do so.

Expansion population status is identified via the aid code in the trip cost data. See Field Description file for detail.

The data contain fields from which to ascertain trip "reason" or purpose.



3. Below is a snap shot of Call Center and Operation report for 2015. The volume growth percentage is much greater than the members growth percentage. Can you please explain the reason for the utilization growth?

   The state will not interpret the data. RFP respondents are free to do so.

4. The State has been submitting payments to the transits directly. Can you please supply monthly payment and trip volume for the past 24 months by transit provider.

   By "Transits" we assume the respondent refers to "Regional Transportation Commission" (RTC). These rides are brokered by the NET vendor (currently in exchange for capitation) but are paid for by the State. The cost of transportation under these contracts is unrelated to this RFP.

5. On average how much per trip have you been paying the transits per trip? Have there been any increases to the rates that you have been paying. If so, can you tell us when and how much?

   By "Transits" we assume the respondent refers to "Regional Transportation Commission" (RTC). These rides are brokered by the NET vendor (currently in exchange for capitation) but are paid for by the State. The cost of transportation under these contracts is unrelated to this RFP.

6. Does the state want the bidders to include the cost of paratransit trips referred to here in their cost proposal? If the state chooses to reimbursement the RTC directly, can you explain how the per member per month rate will be adjusted?

   The NET facilitator is currently responsible for coordinating paratransit trips with the appropriate RTC but is not responsible for the cost related to the trip. This is not expected to change. Your cost proposal should include consideration for brokering/coordinating the trips as a part of program administration.

7. The current broker manages the paratransit process and the state actually pays the transportation directly. Will this process continue or does the state expect the broker to include these costs in their pricing?

   See answer to question 6.

8. If the broker is to include this is their pricing can the state please provide the monthly cost and volume for the past 24 months?

   See answer to question 6.

9. Since the state is reimbursing the RTC directly are there any other providers that the state is reimbursing directly?

   Refer to section 6.1.1.2 of the RFP.

10. Can you please provide the rate that the RTC is be reimbursed?

    See answer to question 5.

<u>ALL ELSE REMAINS THE SAME FOR RFP 3207.</u>

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: MTM, Inc.

Authorized Signature: Alana Nacia'

Title: President and CEO Date: 10/05/2015

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 Not Applicable			
YES		NO	
Justification for Confidential Status			

A Public Records CD has been included for the Technical and Cost Proposal			
YES		NO (See note below)	✔
Note: By marking "NO" for Public Record CD included, you are authorizing the State to use the "Master CD" for Public Records requests.			

Part III – Confidential Financial Information			
YES	✔	NO	
Justification for Confidential Status *Please see attached document.			

Medical Transportation Management, Inc. (MTM)
Company Name

Alaina Maciá
Signature

Alaina Maciá
Print Name

October 5, 2015
Date

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

Justification for Confidential Status

MTM is a privately held, nonpublic company not subject to Federal SEC disclosure laws for publicly traded companies. MTM's financial performance data including profitability and overhead is information used in its business that is not publicly reported or disclosed. MTM's competitive position would be adversely affected if third parties including competitors would have access to its operating expenses, revenues, indebtedness, letters of credit and other assets. Third parties including competitors could use such information for their own competitive advantage to the disadvantage of MTM. Any competitor that would receive MTM's financial records could easily review the various accounting categories and thereby know everything about the sales volume of MTM's NEMT business. Competitors with this financial information could adjust their bid prices in future competitive bidding situations to enhance their overall bid, resulting in substantial injury to MTM's competitive position. If MTM's detailed costs of doing business were disclosed, a competitor with access to this information could offer MTM's existing clients a lower rate and therefore possibly take customers away from MTM, causing substantial injury to MTM's competitive position.

ATTACHMENT C – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

Medical Transportation Management, Inc. (MTM)

Vendor Company Name

Alaina Maciá

Vendor Signature

Alaina Maciá

Print Name

October 5, 2015

Date

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

ATTACHMENT J – CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

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

By: Alana Nacca' _____ October 5, 2015

Signature of Official Authorized to Sign Application — Date

For: Medical Transportation Management, Inc. (MTM)

Vendor Name

Request for Proposal 3207 - Non-Emergency Transportation Brokerage Services

Project Title

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

SECRETARY OF STATE

STATE OF NEVADA

FOREIGN CORPORATE QUALIFICATION

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that **MEDICAL TRANSPORTATION MANAGEMENT, INC.** did on July 3, 2007 file in this office a Foreign Qualification in this State and is now on file and of record in the office of the Nevada Secretary of State, and that further, that said Corporation is at the date of this Certificate duly qualified to exercise therein all the powers recited in its Foreign Qualification and to transact business in the State of Nevada in accordance with the laws governing Corporations in said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 5, 2007.

ROSS MILLER
Secretary of State

By

Certification Clerk

Tab V

Attachment B,

Technical Proposal Certification of Compliance with Terms and Conditions of RFP

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

I have read, understand and agree to comply with ***all*** 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.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors ***must*** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Medical Transportation Management, Inc. (MTM)
Company Name

Alaina Maciá
Signature

Alaina Maciá
Print Name

October 5, 2015
Date

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

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	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

Tab VI

Section 3 – Scope of Work

Tab VI – Section 3 – Scope of Work

Vendors must place their written response(s) in bold/italics immediately following the applicable RFP question, statement and/or section.

SCOPE OF WORK

This scope of work covers non-emergency and scheduled emergency services only.

Vendors ***must*** provide the following documents, failure to do so will be considered as a non-responsive submission and may be disqualified.

- Vendor's response must comply with Chapter 1900 of the State of Nevada's Medicaid Services Manual.
- Vendor's response must be in compliance with all federal laws and regulations applicable to non-emergency transportation.
- Vendor must submit an organizational chart and show relationships with parent and related companies or corporate entities. Vendor's corporate structure must meet approval from the Centers for Medicare and Medicaid services.

MTM has detailed our approach to performing the operational requirements outlined in the Scope of Work as required by the Division of Health Care Financing and Policy (DHCFP) within the Request for Proposals (RFP). Our response complies with Chapter 1900 of the State of Nevada's Medicaid Services Manual, as well as all federal laws and regulations applicable to non-emergency transportation.

MTM does not have any parent companies or corporate entities; an organizational chart depicting MTM's corporate structure is provided in Figure 1. We assure DHCFP that it meets approval from the Centers for Medicare and Medicaid (CMS) services.

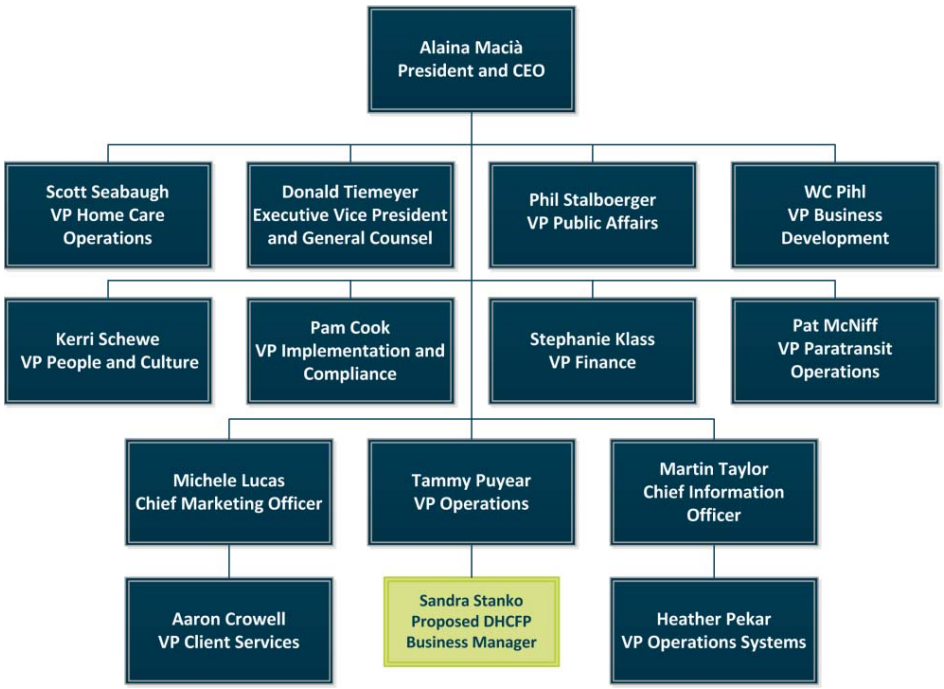


Figure 1: MTM Corporate Organizational Structure.

3.1 DUTIES AND RESPONSIBILITIES

It is **mandatory** that each component listed below in the Scope of Work be addressed. Vendors only need to cite the section number and title when responding. Failure to address each component will result in disqualification of the proposal.

MTM has addressed each component of the Scope of Work under the section number, title, and the RFP statement in the order it is presented within the RFP.

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 to promote access to care and cutting costs.**

MTM's experienced and involved executive leadership team will provide DHCFP with individualized attention; our goal is to be your one-stop transportation solution. Our overall experience managing similar programs throughout the nation has allowed us to develop the systems and processes necessary for brokerage success. Our Network Management practices will allow us to develop and maintain a robust and compliant network of transportation providers, and our technology and efficient processes will refine this program to make the best use of DHCFP funding. Enhanced by our innovative travel training and feeder route programs, we will make effective use of public transportation to supplement our network. By issuing reloadable payment cards, we will introduce a simpler, easier-to-use mileage reimbursement process that will promote participation in this cost-saving program and streamline existing administrative processes. Finally, our user-friendly web portal will allow recipients and medical facilities to schedule transportation services online at their convenience and enable seamless connectivity and trip processing.

Together, these components, along with our entire scope of services outlined in this proposal, will promote improved service for recipients and high satisfaction amongst all stakeholders. MTM will deploy the most comprehensive, highest quality Non-Emergency Transportation (NET) program available in the industry while delivering responsible, compassionate service. We are committed to helping DHCFP address the challenges of the NET program, including:

- ***Assuring necessary, timely transportation is provided in consistency with recipients' best interests through accurate mode determination and a healthcare-minded approach***
- ***Serving populations in rural areas of the state by establishing a comprehensive network of qualified transportation providers, relationships with public transit entities, and a robust volunteer program***
- ***Excellent customer service and quality transportation at the appropriate level through continuous performance monitoring, reporting, and data analysis***

Since our inception in 1995, MTM has worked tirelessly to develop a best-in-class management model for our clients. Contract after contract, we reduce costs, increase quality, and improve satisfaction for the programs we operate. This includes current state-based government programs in Minnesota, the District of Columbia, Texas, Wisconsin, Mississippi, West Virginia, and county-based programs in Florida, Pennsylvania, and Ohio. This experience assures DHCFP that we will operate the NET program successfully while delivering the desired results.

Medicaid, and the NET industry as a result, is evolving and DHCFP needs a partner positioned for success, one that will collaborate in a transparent manner and grow and adapt to meet its ever-changing needs. Not tied down by stagnant corporate policies and intervention or the need to meet aggressive quarterly financial quotas, MTM is a flexible and agile partner whose local Nevada team will be empowered and encouraged to act on the best interest of the program at all times. MTM grows with our clients and adapts to their needs; we are prepared to support DHCFP and offer innovations as new challenges arise.

DHCFP will benefit from partnering with MTM as we bring cost savings and technological advancements through economies of scale that will ensure your program remains on the cutting edge and takes full advantage of industry innovations. For example, our proprietary NET Management System, the operating system which guides our management model, will be programmed with DHCFP-specific protocols and policies, and will work behind the scenes to automate virtually all of our processes. From recording program critical data, verifying eligibility and mode assignment, determining proximity of public transportation, and ensuring validity and transparency of our operations, the NET Management System will ensure compliance and deliver cost efficiencies.

Additionally, through a national partnership with Trapeze, we will introduce a centralized demand response scheduling and dispatch system for the Nevada transportation network. Trapeze routing and scheduling software is used by a majority of the leading transit agencies across the United States to drive efficiencies, increase on-time performance, and improve customer service. We are working with Trapeze to tailor their proven solutions for the NET industry and integrate their software with our state-of-the-art NET Management System. This partnership will not only help us streamline operations, but also increase multi-loading operations, and provide real-time vehicle tracking and reporting. Further, we understand that the Regional Transportation Commission of Southern Nevada (RTCSNV) uses Trapeze. With RTCSNV handling a large portion of paratransit trips, MTM's use of Trapeze will facilitate streamlined processes for trip coordination.

Cost Saving Measures

Reducing program costs is a top priority for MTM in each of our contracts. As an established transportation broker, we understand that DHCFP needs to ensure their transportation dollars are spent effectively to promote the sustainability of the program. With over 20 years of experience providing NET services, MTM has practices designed to produce cost savings, many of which have been detailed throughout our proposal, and we are continually looking for and implementing new ways to increase our efficiencies. Following are proven strategies we believe will be effective in reducing or containing costs for DHCFP:

- ***Promoting Mileage Reimbursement:*** ***Mileage reimbursement is one of the most cost-effective transportation options for ambulatory recipients that have access to a working personal vehicle. The recipient must complete and return a trip log prior to receiving reimbursement from MTM, which is supported through payment cards, providing faster, more convenient payment than checks sent via mail. Recipients appreciate the expediency and flexibility of our mileage reimbursement process and we have had success with this program in similar markets. For example, in our Houston NET operation, we process approximately $400,000 in mileage reimbursement funds each month. MTM is also working on technology that will allow recipients to schedule their trip and submit mileage reimbursement claims from their smartphone, which is further detailed in Section 3.4 Schedule, Assign, and Dispatch Trips; 3.4.1.***
- ***Maximizing Public Transit:*** ***Public Transit is another cost-effective mode of transportation. Our NET Management System ensures that our staff can identify opportunities for public transit assignment prior to authorizing other modes. During implementation, MTM will program fixed route stops into the system. Using Geographic Information Systems (GIS) mapping, we will be able to determine a recipient's proximity to a stop, and therefore identify potential eligibility for paratransit service. Also, our in-person assessment and travel training programs enable more recipients to take advantage of public transportation.***

- ***Transitioning Recipients to Paratransit:*** ***MTM successfully transitions recipients to paratransit service by identifying eligible recipients, aiding them in the paratransit application process, and coordinating with paratransit agencies to arrange transportation. MTM will work closely with both DHCFP and RTC to ensure an efficient, logical process that ensures safe, appropriate service is provided for recipients.***

- ***Routing and Scheduling:*** *With our routing and scheduling software, we increase efficiencies and can easily identify opportunities for multi-loading trips. Effective use of the software results in a decrease in per-trip costs while delivering recipients to the destinations in a timely manner.*
- ***Appropriate Mode Assignment:*** *Using our level of need (LON) assessment, we ensure each recipient travels to their appointment in the most cost-effective, appropriate manner possible.*
- ***Efficient Intake and Dispatch Processes:*** *Our focus on first call resolution promotes superior customer service and reduces the amount of "touches" required for each trip. Our efficient processes promote transparency, lessen unnecessary activities, and help reduce costs. Additionally, our SMP portal allows recipients to schedule transportation services online, further reducing administrative costs and improving efficiencies as well as recipient satisfaction and convenience. Finally, because our linked Customer Service Centers (CSCs) offer back-up support during periods of heavy call volume, we anticipate very limited need for recipients to leave voice messages requesting return calls.*
- ***Rate Negotiations with Transportation Providers:*** *Upon contract award, we will negotiate appropriate rates with transportation providers to ensure the lowest cost, highest quality service. Our experience conducting similar negotiations with transportation providers in other contracts has prepared us for successful negotiations in Nevada.*
- ***Collaboration with Community-Based Groups:*** *In many contracts, we have found that collaborating with local groups, such as faith based organizations, is an effective way to develop a comprehensive volunteer network and manage transportation costs. This collaboration enhances NET delivery and increases community presence.*
- ***Reviewing Costliest Users:*** *Our Network Department generates a monthly High Cost Report, which identifies trips that fall outside of set parameters for mileage or trip cost. Specially trained staff review this data, verifying that recipients have appropriate authorizations on file and are using the lowest cost, most appropriate mode of transportation. In doing so, they look at opportunities such as offering mileage reimbursement, multi-loading trips, utilizing volunteer drivers, feeder routes, referring the recipient to a closer medical provider, or switching the recipient to a different transportation provider in the area.*
- ***Reducing Fraud, Waste, and Abuse:*** *MTM reduces fraud and abuse by checking eligibility and medical necessity for every trip prior to scheduling, utilizing custom built software designed with hard stops and fraud alerts, implementing regular quality audits, conducting claims verification, determining the mileage and all trip details during scheduling, and assigning the most appropriate mode of transportation. We root out fraud and abuse, thereby reducing costs, by conducting signature verification, along with attendance verification.*

By utilizing the above-mentioned practices, MTM will deliver cost savings to the Nevada NET program without sacrificing recipient satisfaction, program quality, or access. As such, our practices will help DHCFP and MTM achieve the goals for the NET program.

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.

Developing and maintaining strong partnerships with transportation providers within the statewide network is critical to the success of the Nevada NET program. We value our relationships with the providers and we work with and strive to facilitate excellent communication and understanding with each from day one. We employ streamlined processes and efficient technology that allow transportation providers to manage day-to-day activities with little to no issues and move toward paperless workflows. This includes efficient claims submission and the timeliest payment in the industry; we continually hear from subcontracted providers that our batch submission option and claims reconciliation processes ensure they receive payment quicker than any other national competitor can provide.

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.

MTM builds networks of local transportation providers, recruiting small companies, volunteer organizations, and community agencies as needed to ensure a well-rounded network with the right mix of vehicles to meet the needs of recipients. We ensure sufficient capacity to provide the most appropriate, inexpensive mode of transportation for each trip. Across the nation, MTM contracts with more than 1,250 transportation providers in both urban and rural areas of the country. We carefully train and credential each transportation provider and then hold them accountable to contract requirements through thorough monitoring techniques, which are never adversarial in nature. Instead of punishing providers, we work with them to achieve our shared goals.

Our online processes, technology, routing and scheduling software, and direct line to the Transportation Provider Helpdesk promote communication, streamline processes, and enhance our relationships with providers. We also have a provider recognition program that rewards transportation providers for providing safe and timely service including incentives for the most improved providers and those boasting the lowest number of passenger complaints, accidents, and incidents; these practices engage providers and ensure a shared vision of the program through open channels of communication and positive feedback and reinforcement.

To improve the health and capacity of the Nevada transportation provider network, we intend to raise transportation provider rates and build a strong network of volunteers. A robust transportation network is imperative to the long-term sustainability of any NET program, and we are committed to recruiting and developing high-caliber transportation providers that improve recipient satisfaction and reliability within the program.

Successful vendor to inform and educate recipients regarding covered services and how to access them, as well as rights and Medicaid State Fair Hearings.

MTM will inform and educate recipients regarding covered services, how to access them, their rights, and Medicaid State Fair Hearings via written materials distributed at the start of service and after any significant change to the program, as described below.

3.1.1 The successful vendor shall perform the following tasks:

3.1.1.1 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.

Our experienced Marketing department will ensure all written materials are appropriately developed in an easy-to-understand format and available in English and Spanish. Prior to distribution, we will submit all written material to the DHCFP for approval. After development, our Marketing team will print the materials and facilitate distribution in a manner consistent with all requirements of this contract; for sample materials developed by MTM, see Figure 2 and Appendix H.

Figure 2: Sample Recipient Notices. MTM's in-house Marketing staff will work closely with DHCFP to develop clear, easy-to-understand materials for all recipients.

These materials will also be available on a Nevada-specific website, which MTM will create upon contract award. This user-friendly website will enable recipients and other stakeholders to learn about their program, as well as receive updates about changes as necessary. Our proposed website will include the following information, pending DHCFP approval:

- ***Services available***
- ***Procedures for requesting NET services***
- ***How to file complaints and appeals, including online entry***
- ***Key contact information***
- ***Eligibility information***
- ***Glossary and program standards***
- ***Links to educational materials distributed to stakeholders***
- ***Frequently Asked Questions (FAQs)***
- ***Online trip scheduling functionality***

3.1.1.2 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.

MTM will inform all recipients and potential recipients that oral interpretation is available for any language; we will provide written information in English and Spanish as identified as prevalent languages by DHCFP. Oral interpretation will be provided by bilingual Customer Service Representatives (CSRs) and/or Voiance Interpretive Services, as further detailed in Section 3.5 Network; 3.5.1.6.

One example where MTM gained valuable experience communicating with a non-English speaking, transient population occurred during the implementation of a NET brokerage system for the Minneapolis-St. Paul region. The Twin Cities area has a large refugee population made up primarily of people of Hmong and Somalian descent. This population qualified for NET services as they went through the naturalization process. We worked closely with case workers, refugee organizations, advocacy groups, and medical facilities to determine strategies to effectively reach this population. We produced special literature translated into the required languages and conducted town hall meetings to successfully communicate to the refugee population and educate them on NET benefits and procedures.

3.1.1.3 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.

MTM's in-house Marketing department is well-versed on communication design and will create materials that are informative, engaging, and sensitive to the cultural backgrounds of recipients. Our experienced Marketing department will ensure all written materials are appropriately developed in an easy-to-understand format written at a sixth grade reading level to address communication barriers. We are experienced in creating reading-level specific materials, and use the Flesch-Kincaid readability score for verification.

Our Marketing team includes a bilingual Creative Director, allowing us to produce all documents in both English and Spanish. In addition, we can develop materials in Braille and large-print to meet the needs of visually impaired and elderly recipients. MTM also has necessary processes in place for accommodating hearing-impaired recipients through TTY-TDD (Teletype / Telecommunication Device for the Deaf) services.

Because the materials will be disseminated through multiple avenues and in multiple formats, DHCFP can be confident that recipients of all populations and abilities will have access to sufficient information.

3.1.1.4 The vendor is required to make available informational materials to newly enrolled recipients and to all recipients once per year. The initial mailing is sent to all Medicaid NET eligibles. Vendor will 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 3.1.4 is only done one time. This should be mailed 30 days in advance of the start of business to ensure 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 3.1.4, the vendor need only to make materials available as specified in this section. The initial mailing shall be at the vendors expense. At a minimum the information enumerated below must be included in this material:

A. 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;
B. Any restrictions on the recipient's freedom of choice among network providers;
C. Recipient rights and protections as specified in 42 CFR 438.100;
D. 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;
E. Procedures for obtaining services, including authorization requirements;
F. The extent to which, and how, recipients may obtain services from out-of-network providers;

G. 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;

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

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

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

K. Information on procedures for recommending changes in policies and services;

L. Quality and performance indicators, including recipient satisfaction;

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

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

In each of our contracts, MTM continually strives to educate recipients about available NET services and how to properly access these services. MTM recognizes notifications and outreach efforts as an essential component of any NET program, and we will develop and distribute all necessary notifications for recipients.

Upon contract award and during any significant program changes, MTM will develop brochures, informational packets, instructional materials, and other written materials for dissemination to NET stakeholders. Once the initial information packets are approved, we will print and distribute the materials via U.S. mail to recipients and medical providers at least 30 days prior to the start of services. The written materials MTM develops will include the information identified in Figure 3.

Recipient Materials	
Explanation of NET services	***Explanation of out of plan and emergency transportation services***
MTM's contact information	***MTM's office hours/days of operation***
Any restrictions on recipient's freedom of choice	***Recipient rights and protections***
Procedures for obtaining services, including authorization requirements	***The amount, duration, and scope of services available under the contract***
The extent to which, and how, recipients	***After hours and emergency coverage,***

Recipient Materials	
may obtain services from out-of-network providers	including need, processes and procedures, regulatory limitations
Procedures for urgent medical situations, with clear definitions of urgent and emergency care, and NET	Procedures for assessing emergency and NET services when recipient is in and out of service area
Grievance and fair hearing procedures	Procedures for recommending changes
Quality and performance indicators	Recipient responsibility to report third party payment service

Figure 3: Recipient Materials. MTM will create easy-to-understand materials to ease the transition to our NET services.

Education, Training, and Outreach Program

Imperative to the success of any NET program is an effective Education, Training, and Outreach (ETO) Program, dedicated to educating recipients and other stakeholders on NET availability and regulations. Understanding this, MTM will develop a comprehensive ETO Program for the operation of this contract to ensure recipients understand the NET services available to them and how to access them, as well as their rights and responsibilities. Our ETO Program will also highlight our goal to operate the NET program as transparently as possible. Please refer to Appendix H for a sample of our ETO Program, which will be customized to meet DHCFP's requirements upon contract award.

We are committed to ensuring all parties are fully educated on the programs we operate. We find having knowledgeable users reduces frustration, questions, complaints, and assures confidence in use of our systems. We have dedicated outreach coordinators for all stakeholders and conduct training sessions in person with medical providers, social workers, and transportation providers. We also facilitate WebEx sessions on a regular basis to communicate process enhancements and new web-based technology roll-outs. We find, given the busy work schedules of our partners, it is convenient for some to log-in from their office as opposed to traveling to a meeting location.

We initially designed our ETO Program to address the issue of effective communication with NET stakeholders in new markets. MTM has always been a company that works from the ground up, building relationships with stakeholders and local resources to design a program that makes sense for the service area. When we enter a region, we first learn about the community and the current efforts being made to meet the needs stakeholders, including:

- *Eligible recipients*
- *Medical facilities*
- *Long term care facilities*
- *Advocacy groups*
- *Human service agencies*
- *Transportation providers*
- *Public transportation and paratransit providers*
- *Behavioral Health Centers*
- *Federally Qualified Health Centers (FQHCs)*
- *The community at large*

During the implementation period and throughout the life of this contract, our ETO Manager Tina Gee will conduct various outreach efforts to educate and inform stakeholders on the shift in NET service operation. The methods involved in our ETO Program include U.S. mailings, internet postings, contacting stakeholders via telephone, hosting web-based seminars, and conducting town hall and face-to-face meetings, depending on the audience.

During one of our most recent statewide implementations in June of 2014 to serve the state of Mississippi's NET program, MTM's ETO team conducted outreach activities all over the state. MTM's community involvement began with a donation of $3,000 to the Mississippi Kidney Foundation and continued by:

- *Emailing informative material to over 325 medical facilities and nursing homes*
- *Conducting onsite meetings at more than 80 facilities across the state*
- *Holding 10 town hall meetings in six locations around the state*
- *Attending the Statewide Coordination Summit*
- *Attending Insurance Payments Advocacy Solutions (IPASS) meetings*
- *Publishing a stakeholder newsletter for the state*
- *Attending the Mississippi Kidney Foundation Picnic*
- *Ensuring daily communication with a variety of stakeholders across the state*

Similarly, for the implementation of our Wisconsin NET contract, we conducted a series of 13 town hall meetings across the state to better connect with local stakeholders. The meetings consisted of a 45-minute presentation that outlined the changes and enhancements we planned to bring to the program and a one and a half hour Question and Answer session. The Question and Answer sessions were very well received, as our panel of experts was made up of representatives from several of MTM's departments who were able to field all questions effectively.

Because these town hall meetings were so well received, we were asked to participate in a large number of follow-up one-on-one stakeholder meetings, which were conducted by our ETO staff. The town hall and one-on-one meetings combined with additional community outreach, a Health Fair, and participation in the National Kidney Foundation's 5k Walk/Run, pictured, led to an exceptional and well received start-up period in a stakeholder community that had reservations about the NET program based on their experience with the previous contractor.

3.1.2 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.

In the event of any significant change to the NET program, MTM will distribute written notice of the change(s) to all recipients. We will issue updates to information on a monthly basis when material changes affect access to services and post update information onto our Nevada-specific website. MTM will retain documentation verifying these notices and updates as required by DHCFP.

3.1.3 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 the 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's medical assistance programs.

Each year of the contract term, MTM will make available written materials to inform and educate the target population about the NET program. In creating written materials for recipient education, we will guarantee all information is accurate, and does not mislead, confuse, or defraud recipients in any way. We will obtain approval from DHCFP for all marketing materials prior to distributing them to recipients.

3.1.4 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 30 days 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 3.1.3. 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.

As described above, MTM will ensure the initial mailing is distributed no less than 30 days in advance of the start of service so recipients have sufficient advance notice to plan their transportation needs. We understand that this mailing is only one time and must be done at our expense. Following this mailing, MTM will make materials available to recipients as specified by DHCFP. We assure DHCFP that informative materials created and distributed by MTM will not encourage the use of NET services in place of other available transportation.

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 and the Health Care Guidance Program. 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.

In addition to mailing materials directly to recipients, transportation providers, and medical providers, we will also distribute them to the Medicaid District offices, the Division of Welfare and Support Services offices, and the managed care organizations. All information and updates will be reflected on MTM's Nevada NET website and the State's website. We will obtain approval of all marketing and informational materials from the State prior to distributing.

3.2 VERIFY RECIPIENT ELIGIBILITY

3.2.1 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.

MTM prides itself on the quality operations that are standard across our book of business. During call intake, our CSRs follow our proven NET program process, which is compliant with Americans with Disabilities Act (ADA), Health Insurance Portability and Accountability Act (HIPAA), Centers for Medicare and Medicaid Systems (CMS), and other federal rules and regulations, and outlined in MTM's Operations Manual. This process includes procedures that encompass every aspect of NET programs, including:

- ***Receiving requests from recipients, representatives, and medical providers***
- ***Verifying recipient need and eligibility***
- ***Verifying the recipient's address against the address provided in the eligibility file***
- ***Verifying the trip is to a Medicaid covered service***

- ***Determining the appropriate mode of transportation and level of service***
- ***Authorizing advanced, urgent, and recurring transportation services***
- ***Scheduling, grouping, assigning, and dispatching trips to transportation providers***
- ***Denying NET services***
- ***Explaining DHCFP rules and regulations of the NET program as necessary***

Further, MTM is prepared to arrange transportation into and out of the State when appropriate for eligible recipients, as detailed in Section 3.3 Assess/Authorize Transportation Services; 3.3.3.

3.2.2 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.

For each call requesting transportation, the Customer Service Representative (CSR) will review eligibility in our system, which is fed from the DHCFP eligibility files, as we only provide NET services to eligible recipients traveling to or from a covered service with an enrolled medical provider. Ensuring that transportation services are provided only to eligible recipients is vital to controlling costs and increasing efficiency of the NET program. Our NET Management System will only allow us to schedule services for eligible recipients who meet DHCFP's criteria.

When we receive a call for NET service requests, the CSR will enter the recipient's name, address, or Medicaid ID to verify eligibility. Our NET Management System will automatically check the recipient's information against the eligibility file to verify that the recipient is eligible for NET services. Eligibility will be checked against the Electronic Verification System (EVS) on a daily basis.

Eligibility will also always be checked against the recipient's home address. Because our system automatically prohibits the scheduling of ineligible recipients, this process ensures transportation services are provided only to recipients whose eligibility has been established and verified.

3.3 ASSESS/AUTHORIZE TRANSPORTATION SERVICES

3.3.1 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.

In our 20 years of experience, MTM has mastered processes for effectively managing transportation requests from large populations of recipients, their representatives, and medical providers. MTM's CSCs are at the heart of our operations, and our local Las Vegas CSC will be central to the Nevada NET program. Since our inception, MTM has offered customer service operations with supreme attention and focus on quality, reliability, and responsiveness, handling more than eight million calls every year in our nine CSCs.

To provide for a smooth transition from the incumbent to MTM, we will begin taking calls from Nevada recipients approximately 10 business days prior to the commencement of services, after we pass the Readiness Review. This transition period will allow us to educate stakeholders and respond to inquiries about how the program may change, and will let recipients or their representatives schedule transportation in advance for routine medical appointments or recurring trips.

During the first 30 to 60 days of service we will bring in floor support staff from our other CSCs, including Floor Support Representatives and CSRs, as well as overstaff CSRs by 15-20% during this time by training existing CSRs on the Nevada program to assist in handling call volume and support call handling times that are traditionally high at the start of service. Bringing in additional staff for transition ensures that we are able to meet performance standards for DHCFP from day one and provide the highest quality service for recipients across the state.

3.3.2 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.

MTM's goal, like DHCFP, is to provide access to care to ensure recipients receive the medical attention they need. We assure DHCFP that we do not offer nor provide incentives for denying, limiting, or discontinuing medically necessary services to any recipient.

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

As part of our proven process, MTM's system automatically assigns the lowest cost, most appropriate mode of transportation based on the recipient's medical and cognitive abilities. We offer the option for all modes above public transit to require our Level of Need (LON) assessment screening process, or an enhanced functional assessment as deemed appropriate. These processes allow us to evaluate recipient capabilities to ensure that every recipient is placed on the least costly, most appropriate mode of transportation available to meet their needs. This will never include emergency ambulance services. If a recipient requests such service, we will immediately instruct him/her to call 911.

To help CSRs assign the most appropriate mode quickly, our system will automatically track all NET requests and keep a history of each; then, during subsequent calls, the system immediately refers the CSR to previous determinations. Any documents supporting transportation decisions are scanned using document imaging software and are maintained on file. Therefore, if the recipient has been previously authorized for a specific mode and has a current certification on file, the CSR will be able to arrange the trip. For new callers, the CSR will inquire if the recipient has any special needs that would affect transportation services, such as the use of a mobility device, cane, or walker. If the recipient requests a higher mode or has special needs requests, the CSR will initiate the LON process.

Our process for reviewing and documenting the medical necessity of requested modes of transportation or levels of service was designed in collaboration with clinical staff and our business analysts to ensure the most thorough method possible. Under this process, all recipients requesting a higher mode of transportation than public transit will be required to undergo our LON assessment, or be referred to a local paratransit service for assessment as appropriate. We will also arrange exceptional transportation services such as air travel, lodging, and meals when a recipient must travel a great distance for treatment, or when their treatment requires an overnight stay.

To begin the LON Assessment process, the CSR will obtain the recipient's medical provider name, telephone number, and fax number, and fax an LON form to the provider directly from the NET Management System; please see Appendix C for a sample of this form. Using the form, the medical provider will indicate the recipient's transportation challenges, including an inability to travel independently and an evaluation of the recipient's cognitive and physical abilities.

The completed LON is returned to Care Management and a Care Management Coordinator will evaluate the provided information. MTM works closely with the medical community to ensure their understanding of our LON procedures and the importance of their swift response to provide complete resolution in a timely manner. To ensure recipients do not experience delays in accessing healthcare, the CSR will temporarily certify recipients at their requested mode for two weeks while the LON process is completed. At all times, our foremost concern is recipient safety.

Authorizing Special Transportation Arrangements

To ensure recipients can obtain necessary medical services despite distance limitations, MTM has the ability to coordinate commercial air travel, lodging, meals, and other ancillary services in association with long distance trips. We recognize that commercial air, especially in rural areas of Nevada, may be the most cost effective method of transportation for recipients, and assure DHCFP that MTM has the necessary procedures for determining the need for and arranging such transport.

If a recipient is unable to receive necessary medical services within reasonable proximity to their home or in the state of Nevada, we will authorize transportation for the recipient to an appropriate facility. We will provide verbal and/or written confirmation of authorizations for long distance travel prior to departure. We will also confirm approval with the medical facility prior to booking any transportation or lodging accommodations.

Meals and lodging rates will be limited to General Service Administration (GSA) rates or the actual costs, whichever is less.

3.3.4 Pertinent requirements in the transportation needs assessment include:

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

MTM understands that recipient eligibility is in constant flux; therefore, we will verify recipient program eligibility for NET service on the date of service in addition to verification at the time of reservation. This process will ensure we only provide transportation for those recipients who are eligible. We also perform daily eligibility checks for all scheduled trips until the date the trip occurs. This is especially important for recurring trips that are scheduled well into the future as it ensures notification of any recipient who becomes ineligible after the trip is scheduled but prior to the trip occurring. This also minimizes transportation provider denials for payment due to eligibility changes.

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

During the initial reservation, the CSR will ensure the NET requested is to an approved, Medicaid covered service. During implementation, we preload our system with the covered Medicaid services provided by DHCFP.

When a CSR schedules a trip, they enter the type of service (i.e. occupational therapy) and the system will either automatically approve or deny the trip based on whether or not it is a covered service. Our system automatically alerts the CSR if they enter a trip for a non-covered service, helping to guarantee that MTM only approves trips to covered services. If the requested service is not covered, the system will not allow the CSR to schedule the trip, and we will deny the request.

3.3.4.3 The recipient has no other form of transportation available;

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

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

If the CSR identifies a recipient as having alternative transportation resources available, s/he will note in this in the system and a flag will be placed on the recipient's file. When the recipient calls to request transportation in the future, this information will pop up on the intake screen, and verification of the availability of alternative resources will be made. If the recipient's alternative no longer exists, the appropriate mode of transportation will be scheduled.

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

Our LON assessment will take the following considerations when assigning the least costly, most appropriate mode of transportation:

- ***<u>Public Transit</u>: As many areas in Nevada have significant access to public transit services, this will always be the first mode of choice where available. Our NET Management System enables the CSR to determine immediately if the recipient's pickup and drop off location are within ¾ mile from a fixed route stop. We will only assign public transit to recipients if they live within the acceptable distance from the stop or public transit is requested, unless we arrange for transportation to and from the stop.***

If the medical provider indicates the recipient can walk to the fixed route stop and successfully navigate the system, the Care Management Coordinator will contact the recipient to inform them that they are approved to use public transit. If the recipient still does not wish to use public transit for future trip requests, they are informed of their appeal rights. If the medical provider decides the recipient is eligible for a higher mode of transportation, they will be assigned to that mode. Other factors will come in to consideration when assigning public transit, including inclement weather conditions and compatible schedule times.

- ***Paratransit:*** *MTM will coordinate paratransit service for all adult day care, adult day Health Care, Renal Dialysis, and behavioral health recipients, as well as recipients with regularly recurring trips. As detailed later in this section, MTM will assist these recipients in participating in RTC paratransit eligibility assessments, and coordinate the trips with the appropriate RTC, including assigning curb-to-curb or door-to-door service as necessary.*

- ***Mileage Reimbursement****: If a recipient has access to a working personal vehicle, we will approve mileage reimbursement as an appropriate mode. The CSR will handle these trips and predetermine the mileage prior to authorizing reimbursement. Our system automatically provides the direct mileage for a trip when the CSR enters the origination and destination addresses by accessing integrated geographic information system (GIS) mapping. Reimbursement is supported through re-loadable payment cards. If the recipient transports themselves, we will authorize reimbursement at the rate approved in the protocols. To encourage this cost effective mode of transportation, MTM has budgeted for an increase in the reimbursement rate per mile under the new contract. This increase is reflected in our pricing proposal.*

- ***Special Needs Requiring Higher Modes****: If the medical provider submits a LON form that indicates the need for a higher mode of transportation due to a qualifying medical reason, such as the recipient is physically or mentally disabled to the degree that accessing public transit could result in a health or personal risk, Care Management will authorize the most appropriate form of transportation based on the physical and cognitive abilities of the recipient. This mode may include paratransit services, ambulatory sedan or van, wheelchair van, or stretcher van; it may also occasionally include intrastate bus, train, or plane as appropriate.*

MTM applies the following LON rules in making such determinations where fixed route or paratransit services are not available:

- ***A recipient who is ambulatory or can transfer out of their mobility device without assistance and has no cognitive disabilities receives shared van/sedan/taxi transportation with curb-to-curb service***
- ***A recipient who is ambulatory or can transfer out of their mobility device with assistance and has severe cognitive disabilities receives shared van/sedan/taxi transportation with door-to-door service***
- ***A recipient who is in a mobility device, has no cognitive disabilities, and does not require assistance, but cannot transfer into a vehicle is assigned curb-to-curb wheelchair transportation***
- ***A recipient who is in a mobility device, is not able to transfer, and has cognitive limitations receives door-to-door wheelchair transportation***
- ***A non-ambulatory recipient who must remain in supine position but does not require basic life support or medical services receives stretcher transportation***
- ***A non-ambulatory recipient who requires medical services during transportation receives non-emergency ambulance transportation***
- ***Exceptional transportation requests for commercial air, bus, or train, as well as meals and lodging, are handled individually by the Care Management Coordinator***

3.3.4.5 That the recipient is using the nearest appropriate provider.

Since Freedom of Choice for medical providers is a component of this RFP, MTM will approve trips for recipients to any medical provider. For trips with excessive distances requested, the CSR will verify medical need to travel the requested distance with the referring medical provider. If the referring provider does not/cannot verify medical need, we will encourage the recipient to choose a closer facility.

3.3.5 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.

MTM will issue a Notice of Decision, as further detailed in Section 3.8 Grievances, Appeals, and Fair Hearings; 3.8.1, to all recipients who are denied NET services or reduced in level of service.

3.3.6 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.

MTM will assist all adult day care, adult day Health Care, Renal Dialysis, and behavioral health recipients, as well as recipients with regularly recurring trips and those with trips in paratransit service areas in participating in an assessment for paratransit eligibility. For these recipients, paratransit assessments will be required in lieu of the LON process and they will be informed that if they do not obtain the necessary paratransit assessment, they will only receive bus passes.

MTM is better positioned to coordinate and promote paratransit eligibility assessments than any other broker because of our experience performing functional assessments and conducting travel training activities for paratransit systems across the nation, as detailed in Section 3.3 Assess/Authorize Transportation Services, 3.3.8. This expertise assures DHCFP that we fully understand how paratransit transportation is appropriately assigned to recipients based on medical need, including curb-to-curb and door-to-door specifications.

We further understand that although these trips will be brokered by MTM, RTC paratransit providers will receive direct reimbursement from DHCFP for these services. As such, our cost proposal includes consideration for brokering and coordinating paratransit trips with the appropriate RTC as part of our administration fees.

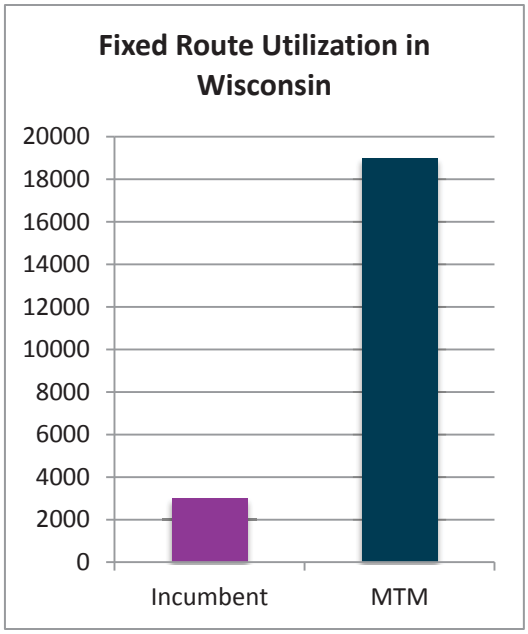
3.3.7 Recipients are responsible for providing car seats, wheelchairs, other devices or equipment, and any extra physical assistance, not required of providers, that they or their escorts need to make the trip. The Division will provide the vendor with instructions and ongoing training on Medicaid policy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

At the time of scheduling, the CSR will inform the recipient or representative that necessary mobility devices, car seats, and other equipment necessary for the trip are the responsibility of the recipient and/or escort. MTM will abide by instructions and training on Medicaid policy provided by DHCFP.

3.3.8 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.

In addition to offering mileage reimbursement on reloadable cards, as detailed above, MTM will reduce trip costs by promoting public transit through our dedicated Bus Department and implementing a travel training program, with DHCFP's approval.

Promoting Public Transit



MTM created a Bus Department whose goal is to shift eligible recipients to public transit systems whenever possible. Our focus on public transportation, and the efforts of our Bus Department, has helped us realize savings and increase bus utilization across our book of business. As an example, prior to implementing our Wisconsin contract, representatives from the Bus Department travelled to the urban areas in the state and personally observed the system. They spent days riding buses and interviewing drivers and riders in an effort to find the best ways to utilize the transit systems. Within the first month of operating the contract, we increased public transportation utilization by over 500% from the incumbent's 3,000 trips per month to 19,000 – while also reducing complaints. We look forward to doing the same in Nevada by working with the Regional Transportation Commission of Southern Nevada (RTCSNV) in Las Vegas, and the Regional Transportation Commission of Washoe County (RTC Washoe) in Reno, as well as smaller systems such as Silver Rider and Douglas Area Rural Transit (DART).

Travel Training Encourages Fixed Route Utilization

Another way MTM expands public transit usage is through travel training activities. We have implemented these activities in similar markets, and will do so in this program upon approval from DHCFP. We believe travel training could be very successful in the Nevada NET program due to the high number of fixed route and paratransit trips reported in the supplied data.

Through our On the Move program, we provide travel training services for many of our NET clients, and also on behalf of public transit agencies including the Washington Metropolitan Area Transit Authority (WMATA) in Washington, D.C.; Kansas City Area Transit Authority (KCATA); Los Angeles Metro; Jacksonville Transit Authority; and Mountain Metro in San Bernardino County, CA.

One-on-one or group travel training allows recipients to become more comfortable with public transit and gives them confidence in their ability to independently access this mode. In 2014 for our District of Columbia Medicaid contract, by performing assessments and travel training, we successfully downgraded 23% of the 328 participants assessed to public transportation resulting in annual savings of over $175,000 for DHCF. This additional step has identified opportunities that can be missed through the LON process. Through this innovative strategy, we are able to maximize federal transportation funding, contain or reduce costs, promote independence, and expand access.

Leveraging Bus Systems

In an effort to increase cost savings for our clients, MTM has developed an innovative feeder route program that cuts costs for long distance trips while maintaining, and often increasing, recipient satisfaction. Like any standard NET trip, the first leg of the trips is assigned to one of our transportation provider's vehicles to ensure door-to-door service for recipients.

The commercial provider then transports the recipient to the bus stop, and the bus provides the long distance portion of the trip. A second commercial vehicle is then routed to transport the recipient from the bus stop to their destination. This procedure is then repeated for the recipient's return trip. We have primarily used feeder routes to connect to intercity bus services, but will use them in Nevada for both inter- and intra-city bus services, where available and cost effective

In our Houston contract, we have a dedicated Long Distance Routing Specialist who examines each day's routes, looking for trips in excess of 75 miles. These trips are then rerouted utilizing large, intercity buses to accommodate the longer legs of the trip whenever possible. In the Houston area, we utilize Greyhound, Trailways, and Megabus to provide the long distance portions of these trips and save an average of $500 per trip. In addition to offering significant cost savings, recipient satisfaction for these trips is extremely high; with larger intercity buses, travelers are often treated to large comfortable seating, access to televisions, and complimentary Wi-Fi for the duration of their trip. In Nevada, we will utilize similar services where available, such as Greyhound, Orange Belt Trailways, and Spirit of America Tours (SOAT) to offer DHCFP similar responsible busing solutions.

3.3.9 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 the Division.

MTM's Bus Department is responsible for ensuring that bus passes and tickets are distributed to recipients in a timely manner. On a monthly basis, MTM distributes approximately $150,000 worth of bus passes and tokens to recipients across the nation using efficient processes that facilitate ease of use for recipients and protect our clients from fraud and abuse. Processes may include mailing the passes to recipients, or working with local medical facilities to distribute the passes. In some areas, we use reloadable fare cards to shorten processing times and limit costly mailings.

In the District of Columbia, we load nearly $30,000 to SmarTrip fare cards each month and monitor the use of the card through the serial number. In our experience, the speed and ease in which recipients can access public transportation fare directly impacts their likelihood of utilizing the service.

After determining public transit is the most appropriate mode for a recipient, the recipient will receive the necessary tokens/passes for the public transportation system via mail, or other means best for the recipient. The recipient must keep track of their trips by using a trip log, which is available for download on our website and is mailed to recipients as needed. For each appointment, the recipient must obtain the medical provider's signature to verify appointment attendance. The Bus Reconciliation Specialist uses the trip log to verify the type of trip the fare was used for and compare them with the trips that are in the NET Management System. Recipients are required to submit trip logs each month for monitoring. MTM will obtain DHCFP's approval of all of our public transportation processes prior to the start of service, and will make modifications as necessary to meet the needs of the Nevada NET program.

3.3.10 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.

MTM is committed to providing quality transportation at the appropriate service level to Medicaid recipients according to the requirements of the RFP. As such, we understand that there are cases when the lowest cost mode is unavailable or in which a recipient requires exceptional service above the lowest cost transportation provider in order to ensure their safety and health. When it is necessary to approve transportation beyond the accepted guidelines, MTM will document the reasons for approval within our NET Management System to support the decision. We assure DHCFP these cases will be based on necessity and will be well documented for necessary review.

3.3.11 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).

As previously stated, MTM understands that Medicaid is generally the payor of last resort. Therefore, we take care in assuring that recipients do not have access to free modes of transportation, as detailed in Section 3.3 Assess/Authorize Transportation Services, 3.3.4.3.

3.4 SCHEDULE, ASSIGN AND DISPATCH TRIPS

3.4.1 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.

One of the most unique features of our NET Management System is its Service Intake interface, which is highly intuitive and logic-based, and is built to deliver alerts, pop-up menus, scripts, and client protocols as the CSR moves through the scheduling process to ensure accuracy at every step. The system has many features such as mouse overs, smart scripts, and protocol integration, all designed to reduce average handle time and improve recipient satisfaction.

Advance Reservation Requests

For routine NET services, MTM will encourage recipients to arrange transportation with at least five days advance notice. Upon calling our Customer Service Center (CSC), recipients are first greeted by our interactive welcome message, as approved by DHCFP; this includes Nevada-specific educational messages during hold periods. When the next representative is available, the recipient receives quality customer service from a trained, professional CSR, who answers the call with our friendly, customized greeting approved by DHCFP:

> ***"Thank you for calling the Nevada NET program; this is [CSR Name]. May I have your Medicaid ID number?"***

Establishing Eligibility

Our experience and understanding of eligibility verification systems ensures DHCFP that we will only authorize trips for eligible recipients. Accurately determining eligibility begins with our NET Management System, further described in Section 3.9 Information Systems and Technology Requirements, 3.9.1.

When we receive a call for a NET service request, the CSR will enter the recipient's name and Medicaid ID to verify eligibility. Once the CSR enters the recipient's identifying information, the interface recognizes which plan the recipient belongs to and presents options and alerts that are based on the program's specific protocol, eliminating the need for CSRs to rely on memory, manuals, or tribal knowledge to complete the request. If the recipient is already in our system, and/or their phone number has been used to arrange transportation in the past, the fields of the call intake screen of our system auto-populates, as shown in Figure 4, with the recipient's personal information as soon as the call is answered by a CSR, such as:

- ***Name***
- ***Date of birth***
- ***Program eligibility***
- ***Medicaid ID number***
- ***Address***

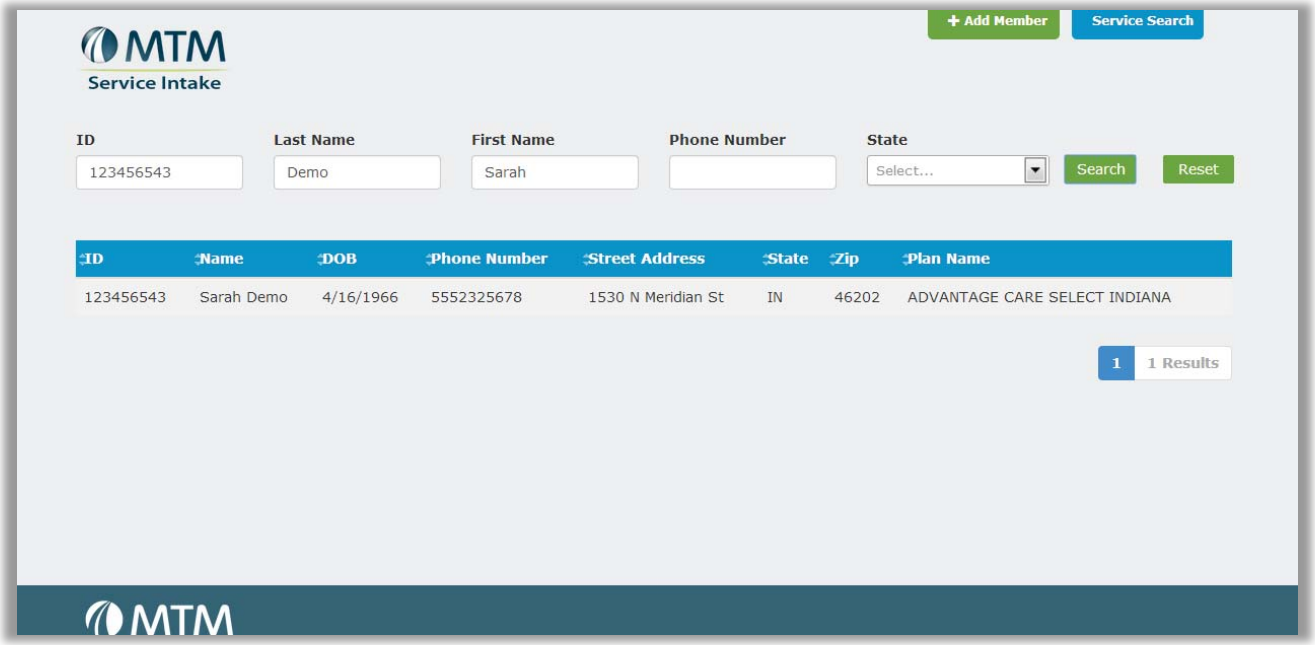


Figure 4: Recipient Information. Our NET Management System retains recipient information and auto-populates when a recipient calls to schedule a trip.

Upon field auto-population, the CSR will verify information highlighted by the system, as shown in Figure 5 and Figure 6, such as complete address and telephone number and update the system as necessary. We designed the NET Management System to capture and retain recipient and trip information for access on subsequent calls to ensure efficient request processing.

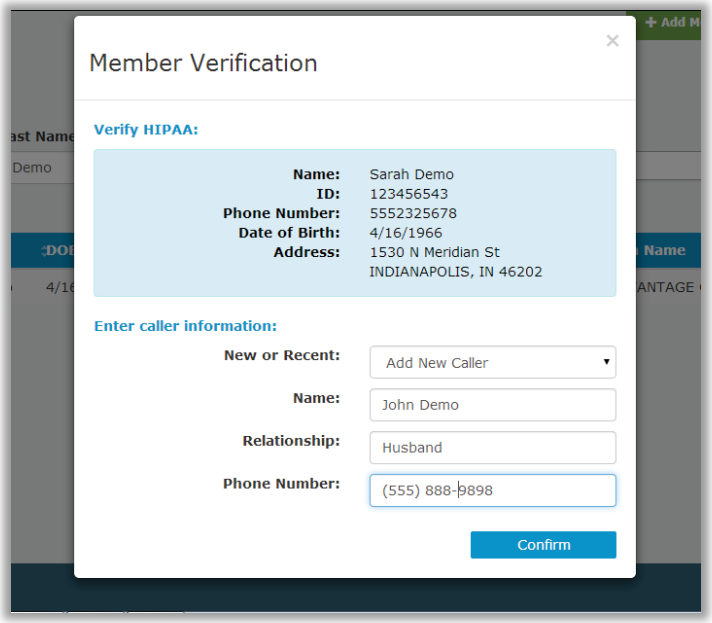


Figure 5: Verifying Recipient Information. The CSR must verify the information in the blue field before proceeding with the trip request.

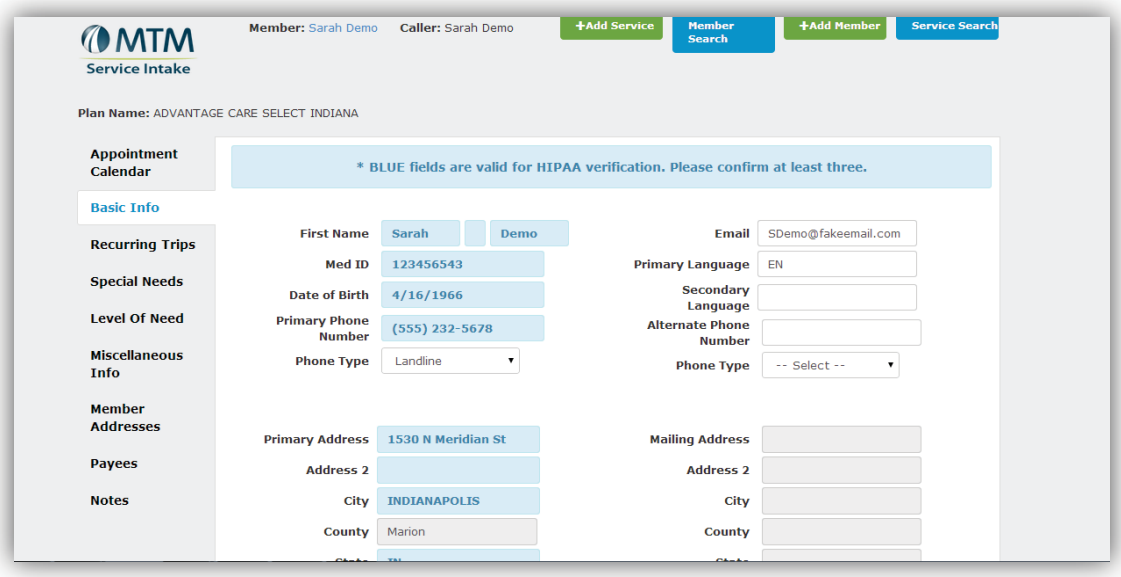


Figure 6: Verifying Recipient Information. The CSR must verify at least three of the blue fields with the recipient before proceeding with the trip request.

Our NET Management System will automatically check the recipient's information against the data provided within the eligibility file to verify s/he is covered by Medicaid and is NET eligible, as depicted in Figure 7.

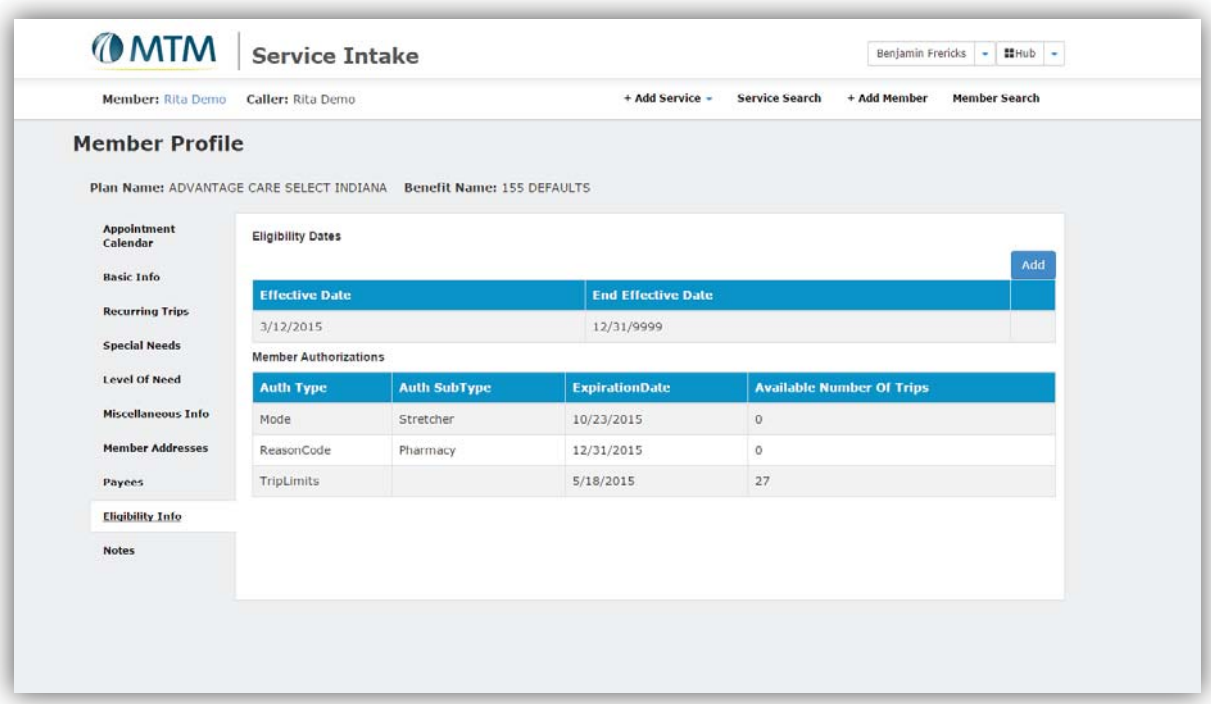


Figure 7: Eligibility Profile. The CSR has access to detailed recipient information for trip scheduling purposes including eligibility dates and authorization.

Interviewing the Recipient

After confirming the eligibility of the recipient, the CSR will interview the recipient to ensure s/he does not have access to alternative free modes of transportation, further detailed in Section 3.3 Assess/Authorize Transportation Services, 3.3.4.3.

During the interview, the CSR will also ask the recipient for other important trip data and enter it into our NET Management System. This information will include the type of medical service they are attending, location of required medical service, any special needs, etc., as shown in Figure 8. This information is requested both to ensure the appropriate mode is assigned, as well as to confirm eligibility for services. The interview process also allows us to ensure that provided NET services are essential, medically necessary, and appropriate to obtain medical care, services, and/or supplies.

The system retains information about permanent and temporary special needs such as the use of a mobility device or hearing impairment. If temporary, the CSR can confirm whether the recipient's needs have changed since their last trip.

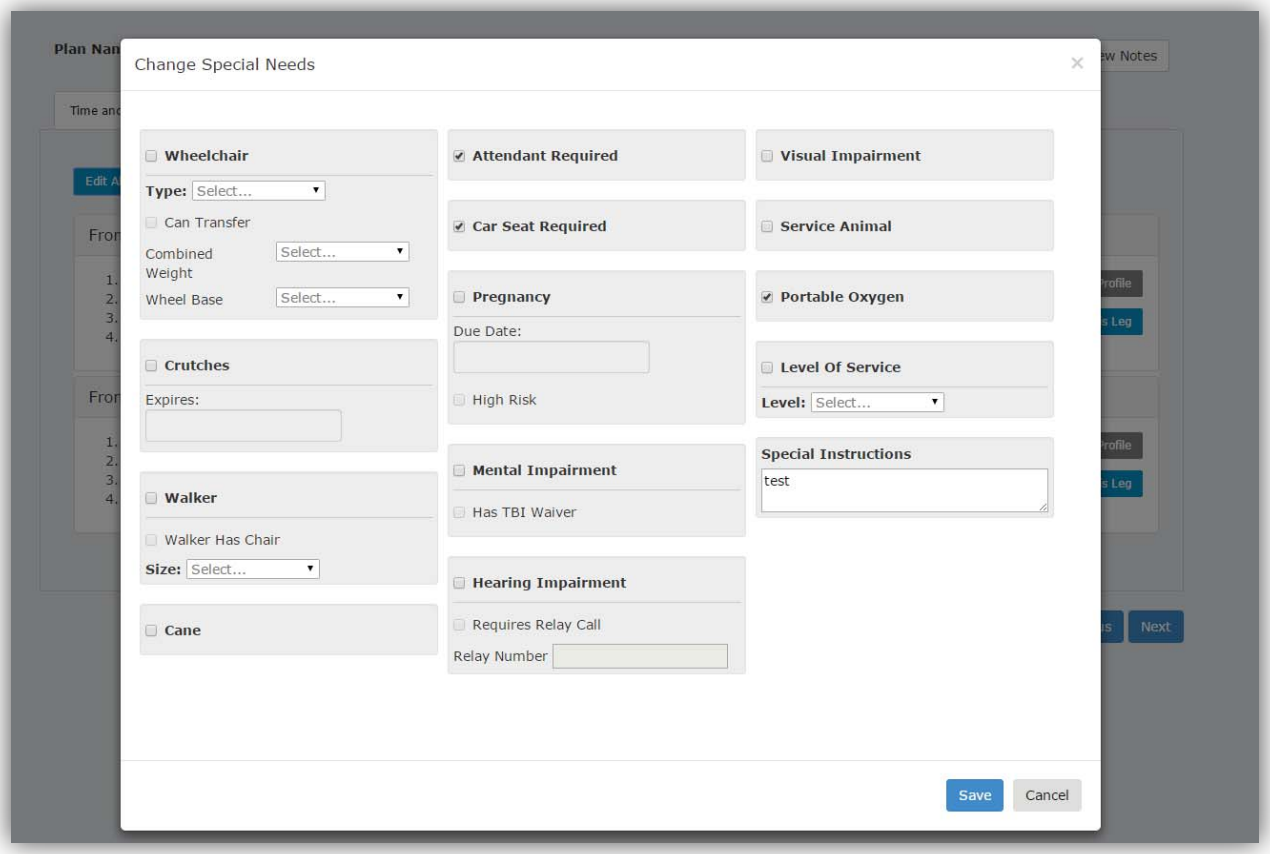


Figure 8: Special Needs. Recipients' temporary and permanent special needs are saved in profiles for future requests.

The CSR can also confirm any attendants or escorts approved for the trip. If an attendant or escort has previously traveled with the recipient, the system will retain the information and the CSR can simply select them again, as shown in Figure 9. This saves recipients from having to repeat information for every trip request, especially when mothers or caregivers of enrollees travel to each appointment.

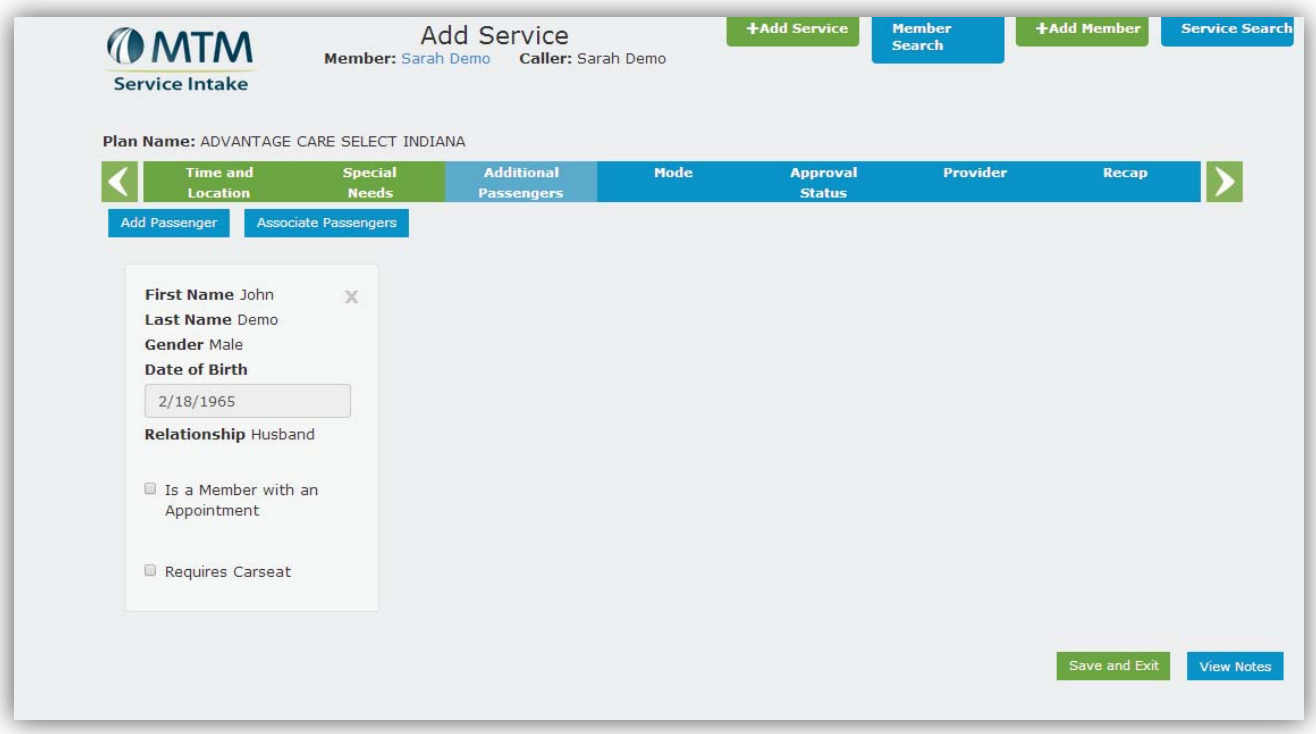


Figure 9: Selecting an Attendant or Escort. The system saves information from previous trips for faster trip processing.

Scheduling Trips

When scheduling the trip for a recipient, the CSR can select from a menu of frequently-used addresses which are retained by the system in each recipient's file based on previous trips, as shown in Figure 10. This allows CSRs to effectively schedule transportation without requiring recipients, representatives, or medical providers to repeat addresses of facilities during each request, and helps eliminate errors due to misheard information and/or incorrect address data.

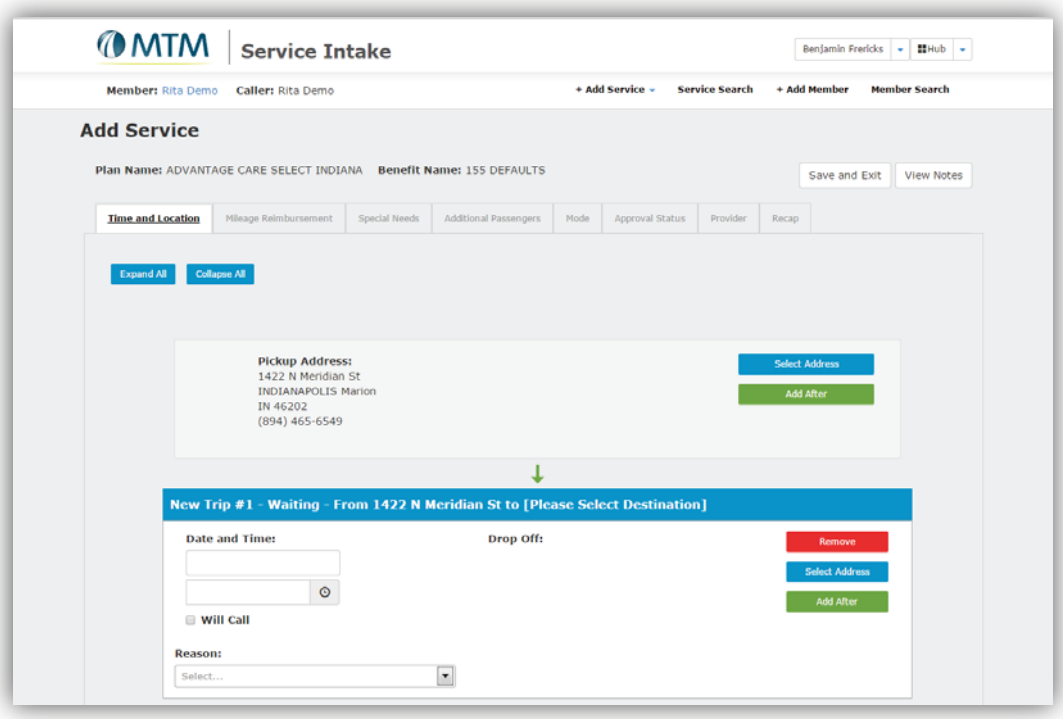


Figure 10: Trip Scheduling. Using drop down menus and frequently-used addresses, CSRs can easily input new trip requests.

When a recipient is eligible for gas reimbursement, a script appears for CSRs to use to promote this service. The script is automatically populated by the system with the correct mileage and reimbursement rate, as shown in Figure 11.

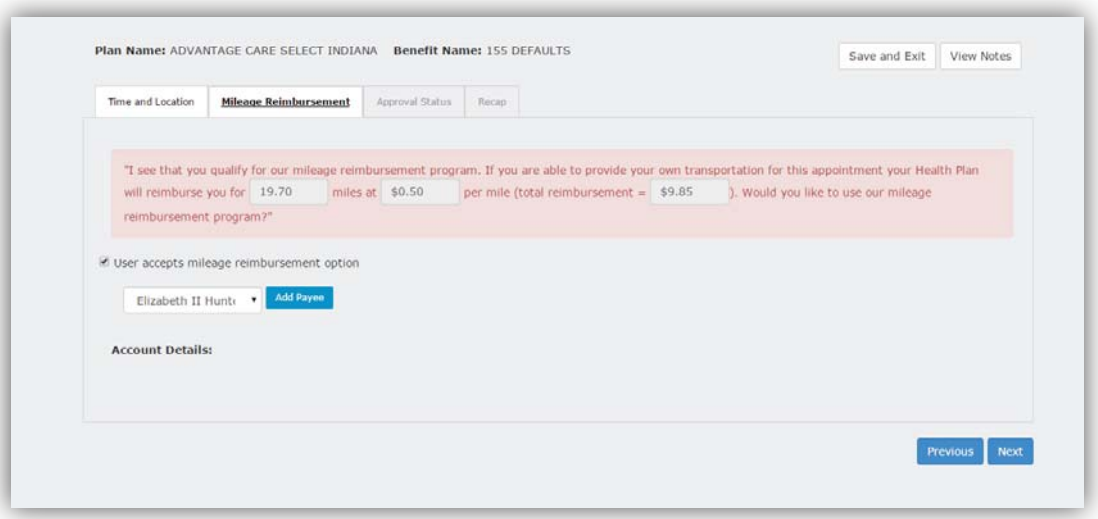


Figure 11: Gas Reimbursement. CSRs can easily identify recipients who are eligible for gas reimbursement during the call.

If a recipient is pending approval for the mode requested, the CSR will be alerted through the interface, as depicted in Figure 12.

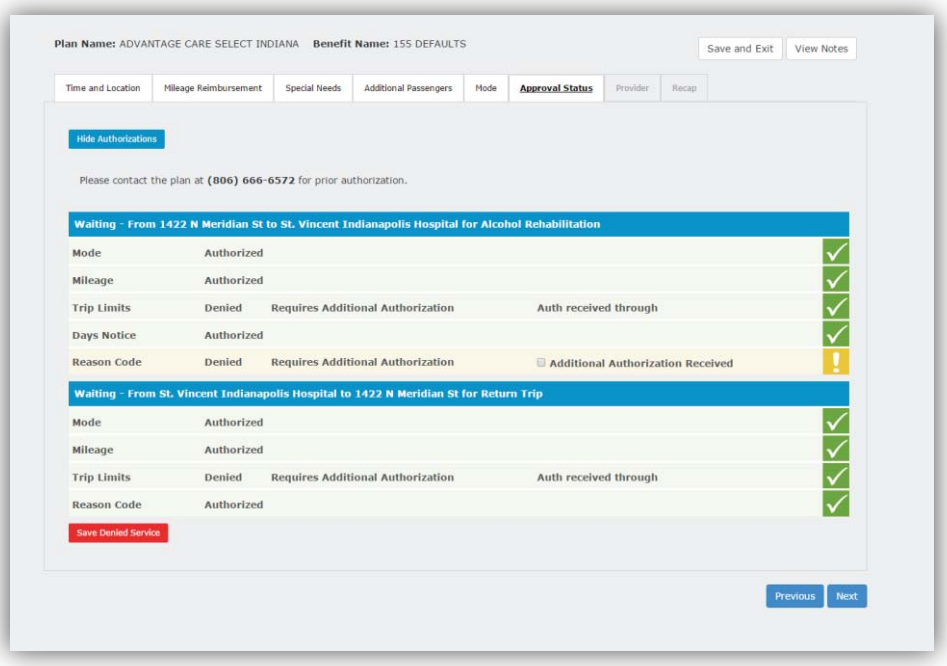


Figure 12: Approval Status. The CSR will be alerted if the appropriate authorizations are not on file.

Trapeze

We are currently working with Trapeze, the leading provider of Routing, Scheduling, and Dispatch Systems (RSD), to fully integrate RSD software into the NET Management System, which will work behind the scenes to route and assign trips for the DHCFP program. Using Trapeze, MTM will be able to geographically schedule and route drivers to ensure maximum efficiency of the program. This will allow us to offer advanced routing and multi-loading options and Mobile Trip Management with GPS integration for transportation providers to send real-time information to MTM from the field.

Trapeze uses real-time and batch scheduling to develop efficient schedules for maximum productivity. Using Trapeze, we can adjust individual program parameters to ensure DHCFP standards for ride time and trip timeliness are met. Trips will be optimized at least once per day until the trip is less than 48 hours in advance, at which time they will be "locked" so that the transportation provider and recipient can be notified of the final arrangements. Trips in which a recipient or facility has indicated a transportation provider of choice will be locked to the requested provider.

Once manifests are created, Trapeze allows for drag-and-drop alterations to the schedule as needed for late cancellations, no-shows, or breakdowns. Trapeze also provides full visibility into the timeliness and overall performance of the network through live views of actual trips in progress.

Notification of Arrangements

Because we strive for first call resolution, recipients learn the details of their transportation arrangements during their initial NET request call. NET programs require clear and detailed communication on each trip to ensure that all parties—transportation providers and recipients—know where to be and when. At the conclusion of the trip request phone call, the CSR will restate all trip details, including pickup time window, and pickup and destination addresses by following the script provided by the system, as shown in Figure 13 below.

A pick-up time window will provided to allow flexibility for routing and scheduling of trips through Trapeze; unless a specific transportation provider is requested, the recipient will not learn the name of the provider performing their trip until the confirmation call is placed, as described below. This allows us to logically route and multi-load trips for maximum program efficiency.

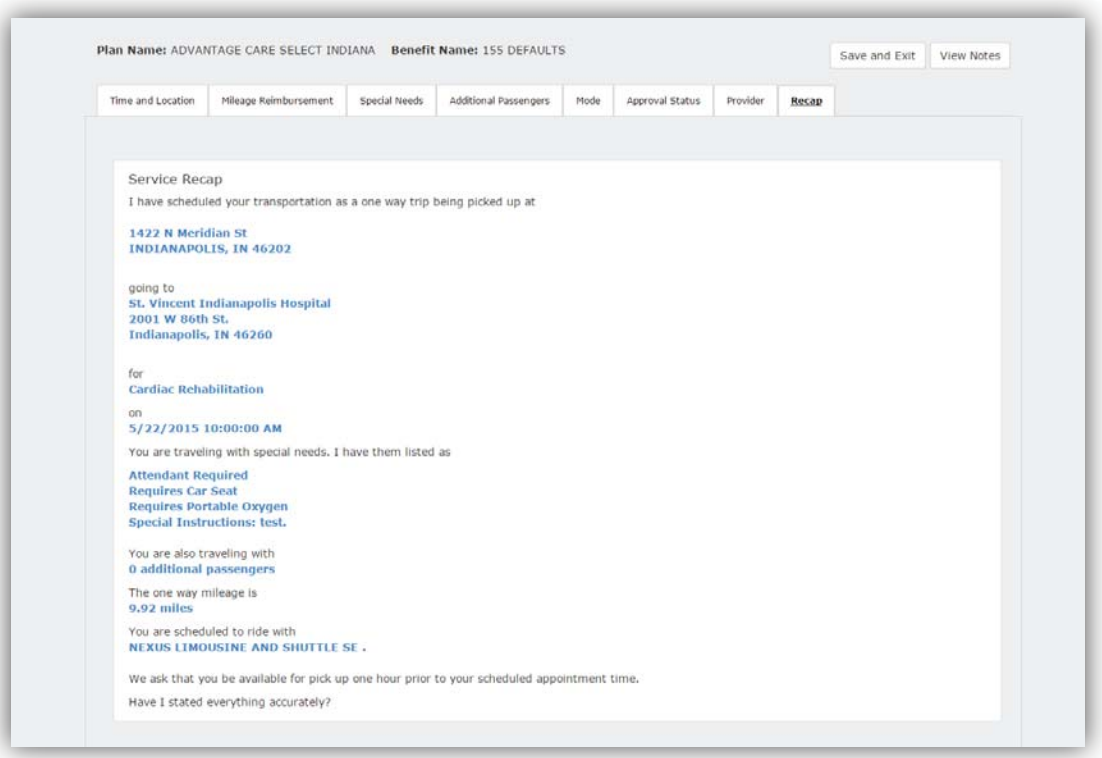


Figure 13: Service Recap. CSRs follow this script to confirm trip details at the end of the call.

Arranging NET with Transportation Providers

After we set up the trip and determine the appropriate mode of transportation, the NET Management System automatically identifies the most appropriate and lowest cost transportation provider for the trip. This process occurs behind the scenes using Trapeze routing and scheduling software that connects seamlessly with the NET Management System.

If the recipient or medical provider does indicate a preference, the CSR will make every effort to schedule the trip with the chosen provider. If the recipient does not have a preference or if the chosen provider is unavailable, Trapeze will automatically route and schedule the trip in the most efficient manner possible using the authorized mode. If the appropriate mode of transportation is not available due to special circumstances, a one-time authorization for the next highest mode will be created.

During the trip assignment process, our goal is to coordinate trips in the most cost-effective manner, and using Trapeze, we will multi-load and route trips as often as possible. To maximize multi-loading opportunities, MTM will negotiate waiting, pick-up, and drop-off times with recipients, and will authorize the transportation provider to do the same, as appropriate.

Dispatching Trips to Transportation Providers

After trips are routed in Trapeze, trip manifests are generated for each transportation provider, containing specific information regarding the trip. Manifests will be distributed to transportation providers 48 hours in advance via secure electronic means. Transportation providers will download their trip assignments daily in real-time via our secure web portal system, further detailed in Section 3.5 Network, 3.5.1.7, with the ability to customize their trip download form to meet their specific needs. If the manifest is sent to the transportation less than 48-hours in advance, in the case of an urgent trip, MTM will contact the transportation provider by phone to confirm they are able to accommodate the trip.

Mobile Trip Management

MTM has deeply integrated Routing, Scheduling, and Dispatching (RSD) software into the NET Management System, which will allow us to offer more routing and multi-loading options, and we are introducing Mobile Trip Management with GPS integration for transportation providers to send real-time information to MTM from the field. As with all Medicaid programs under our management, our priority is to balance data collection against cost.

We work closely with our transportation provider network to utilize technology where the efficiency gains, service enhancements, and costs savings outweigh the cost to implement and maintain the technology. Rather than requiring providers to implement a one-size-fits-all solution, our Mobile Trip Management approach is in tune with Nevada transportation providers' needs and capabilities, and is completely flexible, offering several options that maximize existing and low-cost technologies:

- *Integration with Existing System: For transportation providers that already use routing and scheduling software with tablets or MDTs in their vehicles, MTM will offer integration through web services. This will allow us to collect real-time pick-up, drop-off, and location data and import it directly into the NET Management System.*

We have surveyed our Nevada providers, and most have some form of mobile technology already in their vehicles. By tying into these existing tools, we are able to take full advantage of the newest technologies without creating any additional costs for DHCFP or the transportation providers. Additionally, this eliminates the need for drivers to log trips in two separate systems. The software providers we have reached out to so far have been extremely supportive; their customers (the transportation providers) want this functionality, and it also allows them to market their technology as supporting MTM connectivity.

- *Trapeze: MTM has a national agreement with Trapeze, the leading provider of paratransit Demand Response Scheduling and Dispatch Systems. Trapeze's DriverMate application for tablets and smart phones is an easy to deploy demand response tool that monitors vehicle location through GPS and schedule adherence in real time. MTM's NET Management System is compatible with Trapeze technology, using web services to exchange trip data.*

Regardless of whether providers use Trapeze, or existing technology such as RouteMatch or Mobile Knowledge, by integrating their system with the NET Management System they will receive the following benefits:

- *Automated Trip Download: Transportation providers do not need to manually pull trips and import them into routing and scheduling system.*
- *Avoid Phone Calls: MTM can manage "Where's my Ride" calls by reviewing GPS data instead of calling the providers' dispatchers.*
- *Simplified Claims Submission: Transportation providers are able to submit claims for payment automatically without the need to upload individual claims.*

Using data from the provider's mobile application of choice, MTM and the DHCFP will have greater visibility into network performance, including the real-time status of all trips, and the ability to immediately reroute trips for providers who are delayed. Additionally, we can use the data to identify potentially fraudulent or incorrect claims for reimbursement.

MTM Marketplace

To facilitate the placement of unassigned or reassigned trips in a timely manner, MTM introduced a new online dispatching tool in 2014 called Marketplace which allows transportation providers to log in and quickly find available trips in their area that have not yet been assigned to a transportation provider. Providers can "shop" for trips to increase their overall trip volume, and fill open spots in their schedules, filtering by zip code, date, time, mode of transport, etc. If a provider finds a trip that they want, they click on the trip, review the details, and confirm their ability to provide the service as shown in Figure 14. Once a provider accepts the assignment, the trip then appears real-time in their Electronic Trip Download and/or PTM application.

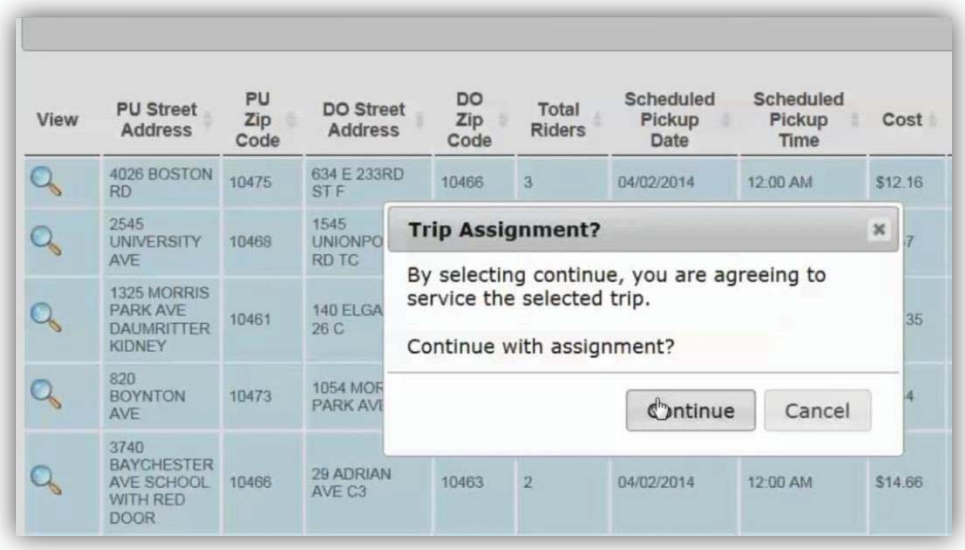


Figure 14: MTM Marketplace. Transportation providers can use the Marketplace tool to find unassigned trips in their area.

Initial feedback from transportation providers regarding the Marketplace tool has been extremely positive in our existing contracts.

Service Management Portal (SMP)

In addition to being able to schedule trips by calling MTM, recipients, their representatives, and medical providers and facilities will be able to schedule NET transportation via MTM's SMP portal that links directly to our NET Management System to deliver access to a complete range of NET services and data to program stakeholders. The SMP is a portal customized to allow recipients, medical providers/facilities, and the DHCFP to arrange trips independently and access program data. Each user group has access to pertinent functionality through SMP, as shown in Figure 15.

SMP Features			
	DHCFP	*Recipients*	*Medical Providers*
Schedule and modify transportation arrangements	✓	✓	✓
View transportation schedule	✓	✓	✓
Print off a hard copy record of the transportation details	✓	✓	✓
View and download standard and customized reports	✓		
View complaint resolution and tracking data	✓		
View transportation provider data	✓		

Figure 15: SMP Features. MTM's unique web portal offers additional capability for all stakeholder populations.

A unique login ID will be required for each user access and will be authorized to the system. Access is logged and monitored using both server and appliance logs by default. Each user will need to register a login and password and verify their identity as prompted. The user will then have the opportunity to set preferences, such as the method of notification they prefer for trip confirmations (i.e. phone call, email, or text message).

In accordance with HIPAA regulations, recipients are able to review only their own transportation arrangements, and medical providers are only able to view trips for their patients/residents. This portal gives users the option of completing their transportation arrangements conveniently online at any time of the day, in lieu of calling MTM. In addition to setting trips, recipients can also review upcoming trips, and even cancel trips online. If they participate in the gas reimbursement program, they can enter their request for gas reimbursement through SMP. Figures 16 through 18 provide sample screenshots that recipients will see when scheduling trips online.

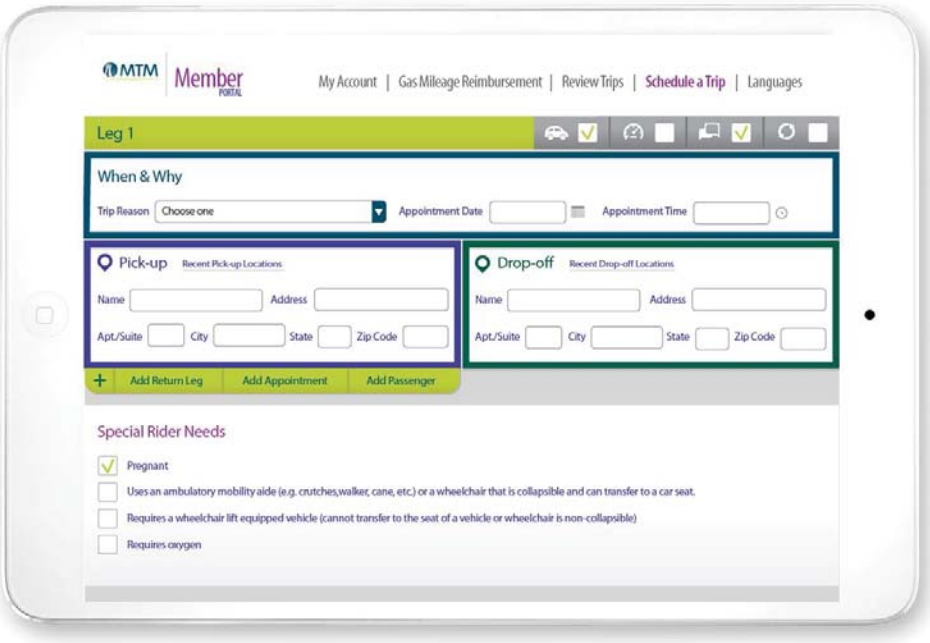


Figure 16: Trip Scheduling. Intuitive screens lead the user through the trip scheduling process.

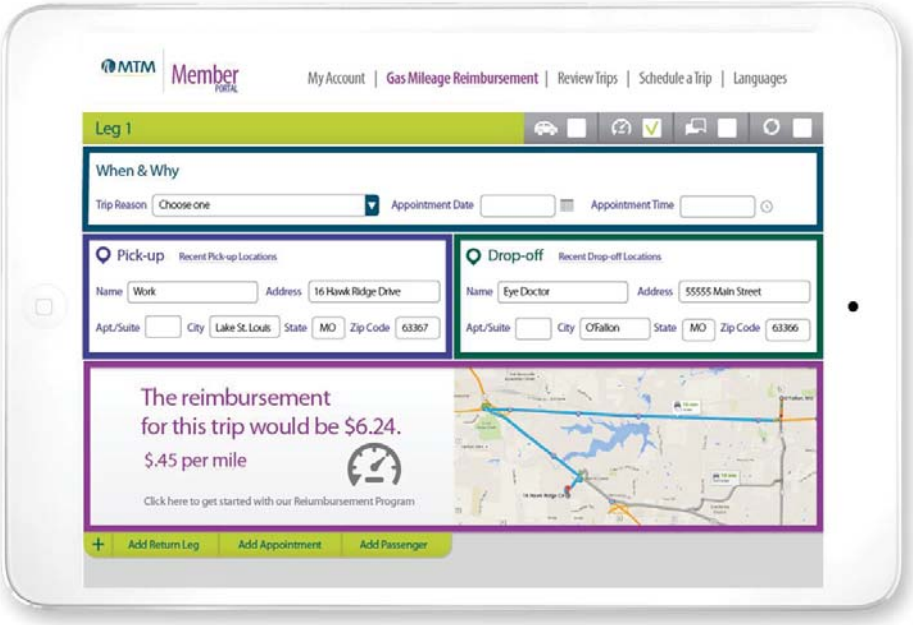


Figure 17: Gas Reimbursement. Users will see the exact dollar amount available for gas reimbursement.

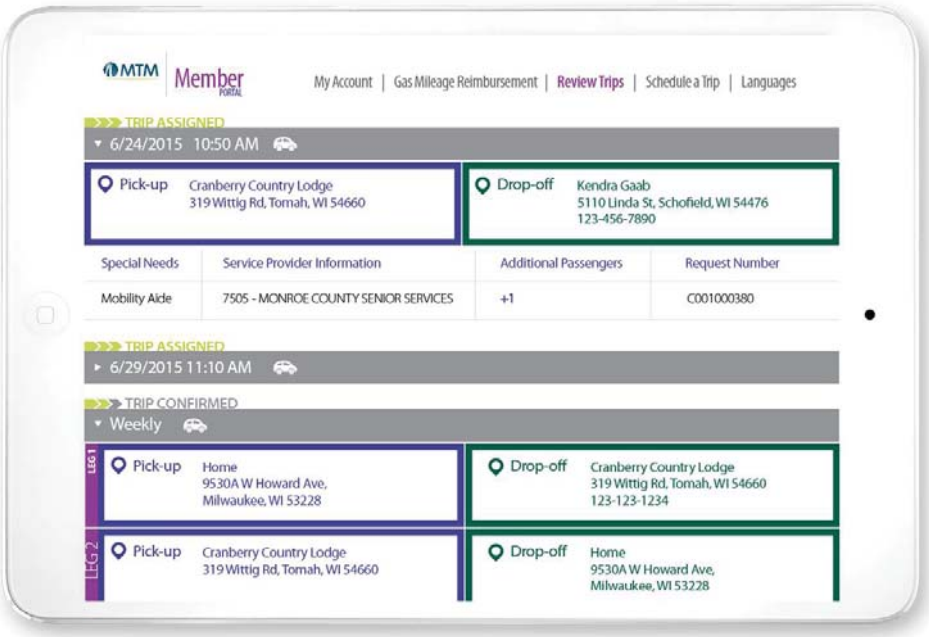


Figure 18: Trip Review. Recipients can review all upcoming trips at a glance.

After the trip has been submitted by the user and scheduled by MTM, the user will receive confirmation of trip details in the manner requested during account creation. Recent pickup and destination locations are stored and appear as drop-down options during subsequent requests.

Mobile Accessibility

The SMP portal will also be available for recipients using mobile phones. With a clean, easy-to-use interface, MTM hopes to drive more users to this valuable self-service tool. Nevada NET recipients will have access to the same SMP features from their phone, as shown in Figures 19 through 21, allowing them to schedule, cancel, and review upcoming trips. In addition, they can use their phone to report transportation provider no-shows and submit claims for gas reimbursement.

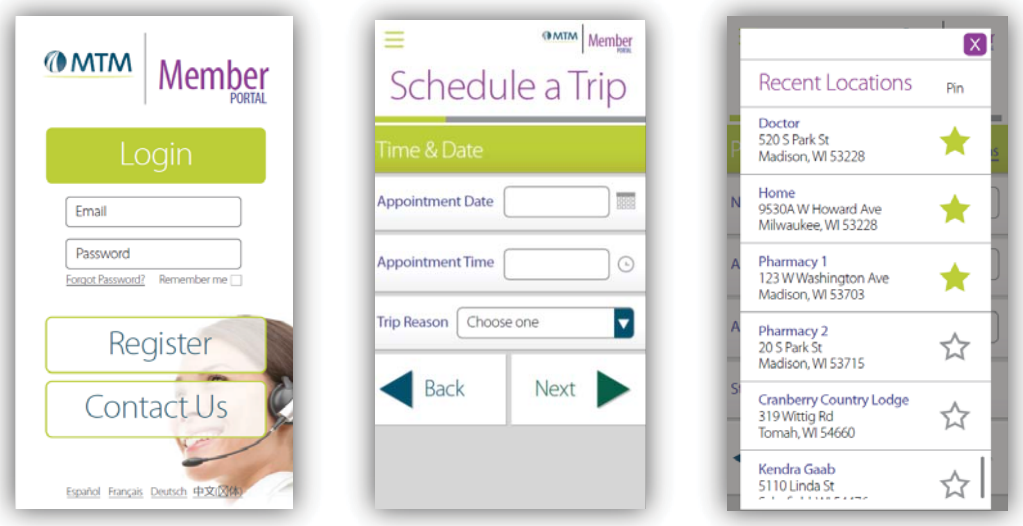


Figure 19: Mobile Login and Trip Scheduling. Intuitive screens lead the user through the trip scheduling process.

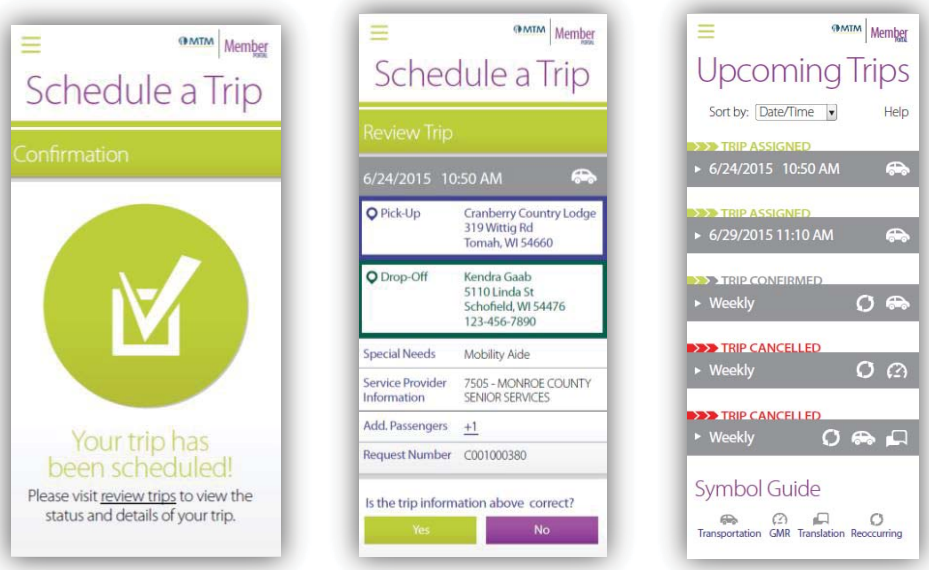


Figure 20: Confirmation and Trip Reviews. Once the trip has been received, a confirmation screen will appear and the recipient will have the ability to review the details for the trip. We also provide an overview of all upcoming trips.

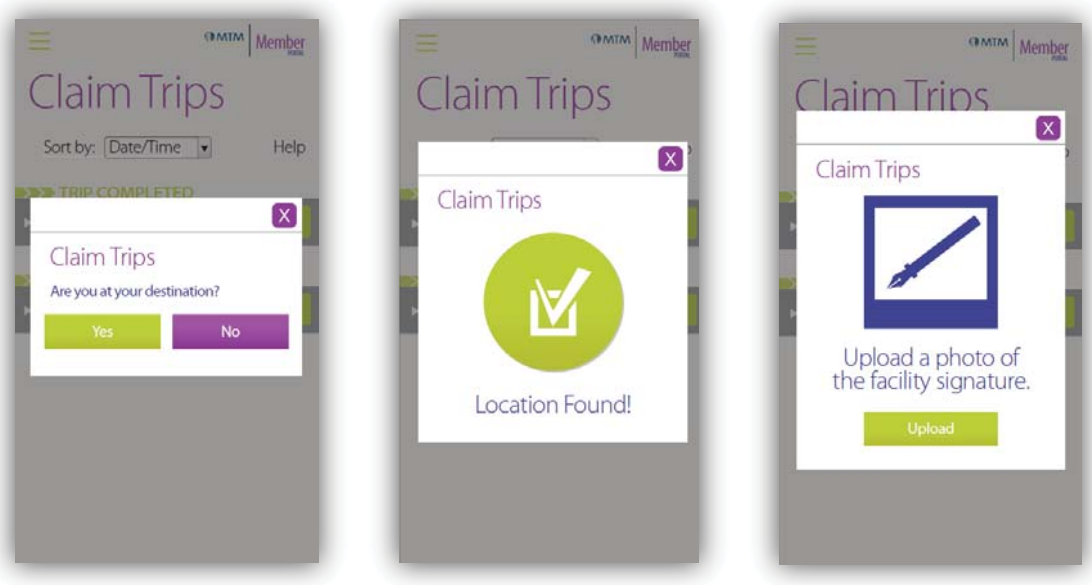


Figure 21: Gas Reimbursement. Recipients can log their gas reimbursement directly from their phone.

Using Global Positioning System (GPS) data from the recipient's smartphone, and the camera to collect the medical provider's signature, MTM has the ability to quickly and accurately verify reimbursement claims for prompt payment to the recipient and virtually eliminate fraud and abuse of the program.

Real-Time "Where's My Ride" Accessibility

Another new feature that MTM will roll out to SMP and SMP Mobile for the DHCFP contract is the ability for both recipients and facilities to access real-time "Where's My Ride" functionality. Because MTM's statewide transportation network will have Automatic Vehicle Location (AVL) technology in many of its vehicles, we can provide highly accurate arrival times and even show the locations of vehicles on a map. For facilities, we will provide the ability to view online all vehicles with scheduled pick-ups or drop-offs at their location, so that staff can quickly identify early, late, and on-time trips at a single glance. Recipients will be able to call a toll-free number and use an Interactive Voice Response (IVR) system to cancel or check the status of their trip. These same recipients will always have the option of speaking with a CSR to complete the same activities.

SMP Features for DHCFP

DHCFP will have access to detailed trip and program information through the SMP. Staff can schedule, review, and research NET arrangements for all current recipients. An intuitive interface guides users through these processes, explaining situations that may result in transportation being denied, or authorized transportation differing from that requested. Figure 22 illustrates how the system will present detailed NET arrangements to DHCFP representatives.

MTM

LOGIN
Logged In: Michael Ayers
Log Out Main Menu
Edit

Member Search | Review Trip | Schedule Trip | Change Trip | Cancel Trip | Help

Trip Number: ABCA1234567

Member Information

Medical ID Number: 0123456789
Full Name: John Doe
Date Of Birth: 02/25/1984

Date and Time / Trip Reason

Trip Reason: Discharge
Trip Type: One Way
Appointment Date: 03/01/2009
Appointment Time: 1:15 PM
Return Time: N/A

Date and Time / Trip Reason

Pick-Up Name: Test Facility
Pick-Up Address: 16 Hawk Ridge Dr
Pick-Up City, State, Zip: Lake St. Louis, MO 63367

Drop-Off Name: John Doe
Drop-Off Address: 1 Test Ave Apt 15
Drop-Off City, State, Zip: Lake St. Louis, MO 63367

Additional Passengers

Name:	Age:	Needs Carseat Provided:	Sex:	Relationship:	Has Appointment:	Medical ID Number:
Jane Doe	25	No	F	Spouse	No	N/A
Jim Doe	2	Yes	M	Child	Yes	1234567890

Special Needs

Contact Phone Number: (555) 555-5555
Needs Carseat Provided: No
Member Pregnant: No
Crutches / Walker / Cane: No
Wheelchair Lift Required: No

Transportation Provider

Vehicle Type: Ambulatory (ie: cab, sedan, or van)
Transportation Provider: Best Guess Transportation (111) 111-1111

Cancel Trip | Back | Print Trip

Terms of Use | MTM Site

GODADDY.COM VERIFIED & SECURED

For assistance, please contact the Transportation Provider Help Desk at (877) 892-3997 Monday – Friday from 6:00AM – 7:00 PM CST.

Figure 22: Client Web Portal Screenshot. The sample screenshot above is what DHCFP representatives will see when reviewing a specific trip.

DHCFP may also use the web portal to create on-demand reports. Access to online reports is in addition to the regular reporting package. Standard and customized reports may be viewed and/or downloaded in Microsoft Excel format. Reports are also stored online by MTM for a limited period of time, and may be customized by date range, vehicle type, transportation provider, recipient, tracking numbers, and other criteria. This is illustrated in Figure 23.

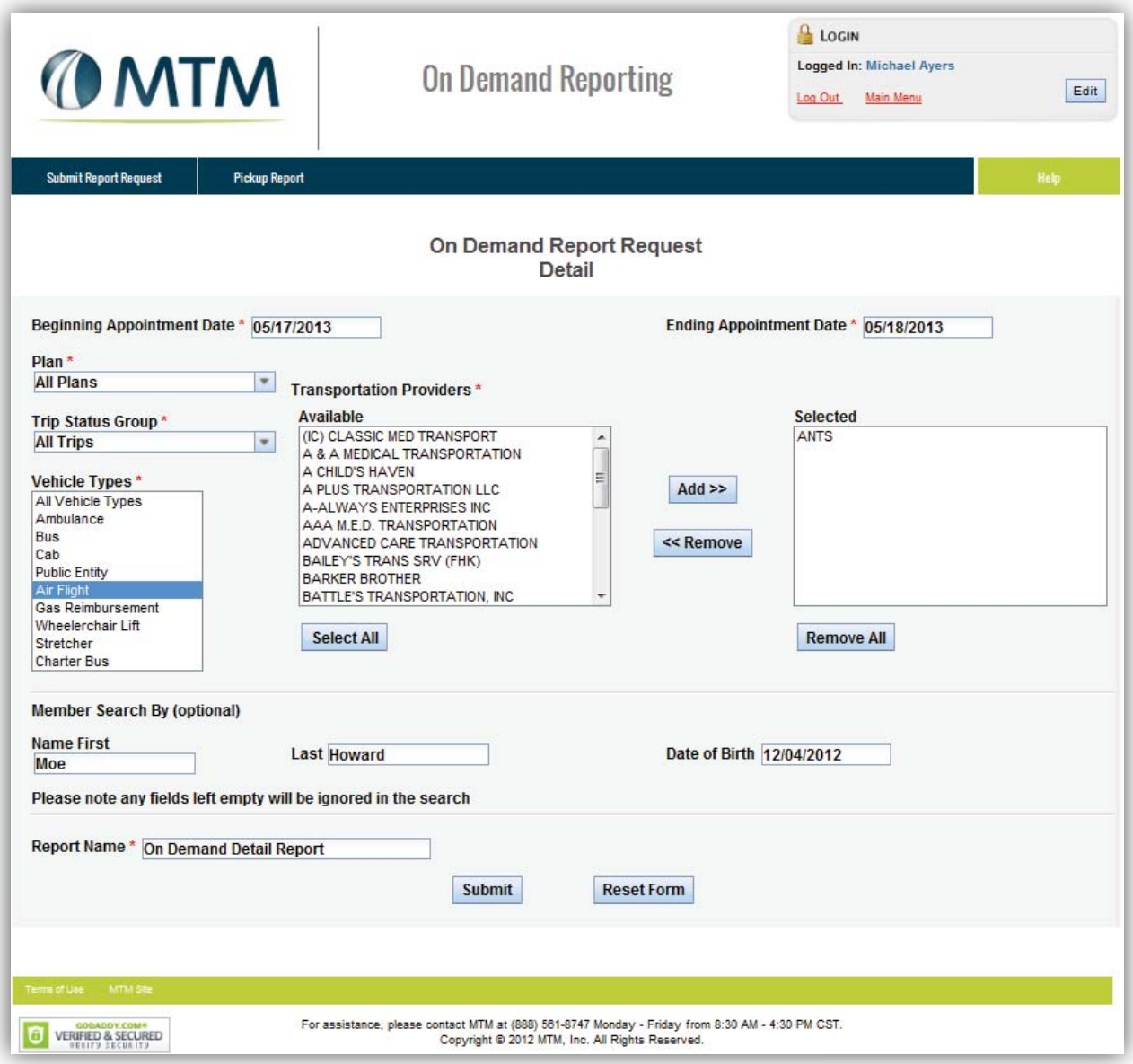


Figure 23: On-Demand Report Screen. DHCFP can create custom reports showing real-time data.

DHCFP representatives can also view summary complaint data for the program as a whole, or by recipient, and drill down into the details of each complaint and associated resolution. Staff can also be assigned the authority to enter complaints if requested. Figure 24 illustrates how individual complaints can be entered for a specific recipient, and how the complaint history associated with that recipient is presented.

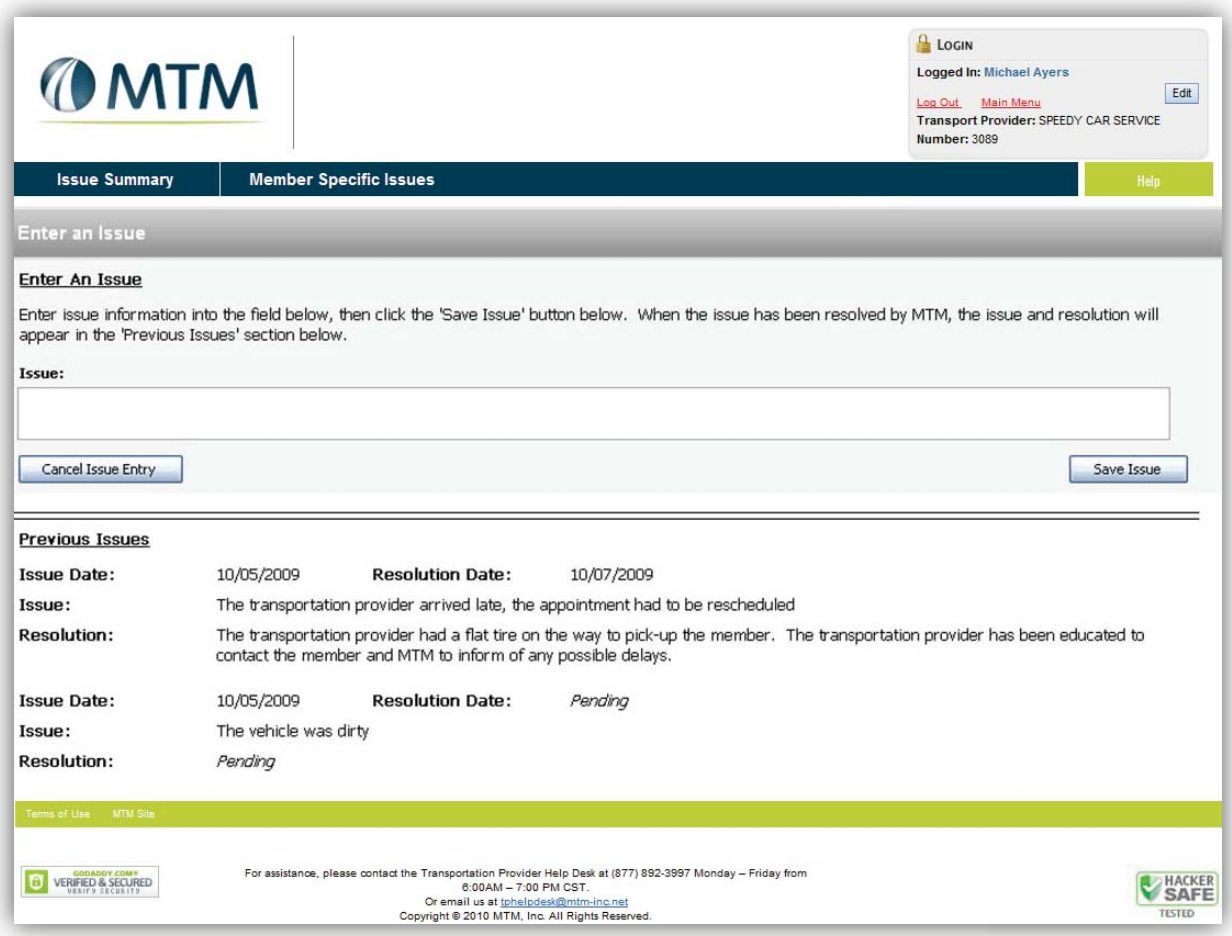


Figure 24: Complaint Entry Screen. Complaints and resolutions can be entered and tracked online.

Through this portal, DHCFP will also have read-only access to transportation provider data. This will include the ability to view business, driver, and vehicle credentials; pickup and drop off information; and claims data. Figure 25 illustrates how driver credentialing information is presented through the portal.

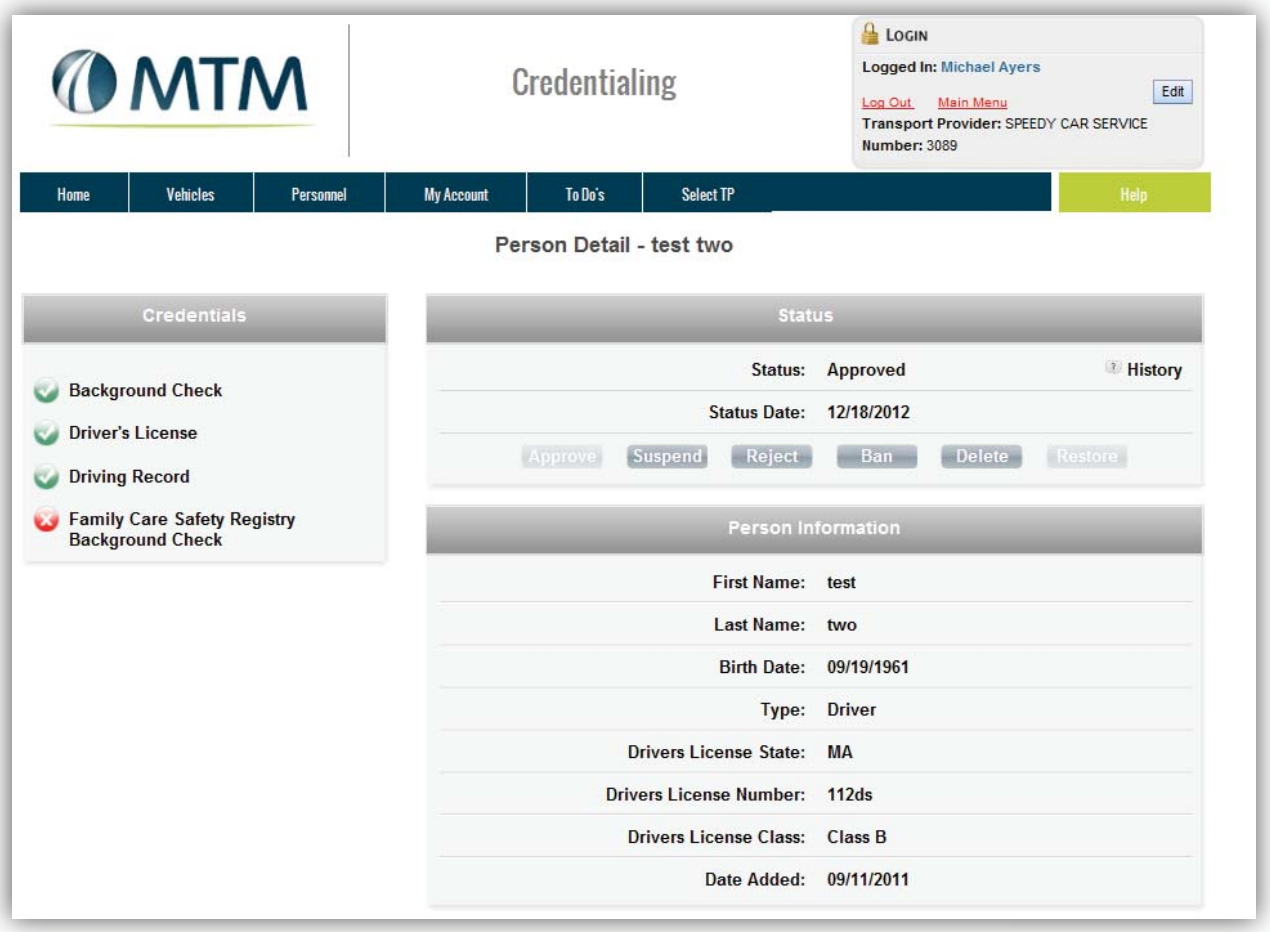


Figure 25: Driver Credential Detail Screen. DHCFP can view driver and transportation provider credentials in a read-only format to monitor compliance.

The SMP portal provides DHCFP access to all complaints, resolutions, trip assignments, reporting, and network details in an easy-to-use interface. MTM's internal IT team develops, tests, and implements these tools, so we welcome any feedback or suggestions from DHCFP and will work to incorporate those enhancements prior to the contract start.

3.4.2 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 fifteen (15) 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 Trips

Urgent trips present more unique challenges from a scheduling perspective than advance reservations. Typically, these trips are to the recipient's primary care physician or an urgent care center rather than a hospital emergency room or they involve a discharge from a medical facility. We have processes in place to schedule urgent trips with ease during regular business hours and after-hours situations.

When we receive a call from a recipient requesting urgent transportation services, we will schedule the trip through our strong network of transportation providers, as well as back-up resources. When a recipient requests an urgent trip, the CSR refers to urgency guidelines to ensure proper handling of the request. The CSR will verify the urgency of the appointment with the medical provider by phone immediately and accept a medical provider's verbal or written authorization. MTM ensures that the gathering of urgency verification will not delay service delivery. If the trip request is determined to be not urgent, the CSR will educate the recipient of MTM's urgent policy. If the CSR verifies the appointment as urgent, s/he will document the urgent verification and approval in the NET Management System and proceed with scheduling the transportation. Immediately upon authorizing the trip, the CSR will verbally notify the recipient of his/her arrangements. MTM understands that if paratransit transportation is required, the recipient may need curb-to-curb or door-to-door service and this information will be noted on the manifest. Our transportation providers will be trained to provide reasonable and safe assistance for recipients to get into and out of the vehicle and their residence.

Making Trip Changes

Communicating trip changes to the recipient in a timely manner increases satisfaction. If trip details change, such as the transportation provider is no longer able to accommodate the transport, the CSR will arrange the trip with another eligible transportation provider and will call the recipient with updated information. Changes will never be made for MTM's sole convenience. Recipients will be allowed to make similar changes to their trips with less than one business day notice, including appointment time and date. Transportation providers will be made immediately aware of any trip changes or cancellations that affect their service.

Handling Late Vehicles

Any pickup that takes place more than 15 minutes after the scheduled time will be considered late. Any transportation provider that cannot arrive on time is required to contact MTM so the recipient and medical provider can be notified.

Recipient No Shows

CSRs and transportation providers are educated that recipients must be provided a pickup time, including any updates or changes to this time following initial scheduling. The CSR will tell the recipient at the time of trip scheduling that they must be ready and waiting for the vehicle at the scheduled pickup time; if the driver arrives early, the recipient will not be required to board the vehicle. Both parties will also know that after the driver has made their presence known to the recipient, they are not required to wait for more than fifteen minutes after the scheduled pickup time. If this occurs, the driver must report the recipient as a no-show to MTM immediately so it can be documented within our system.

Educating to Avoid Non-Compliance

MTM educates recipients during the call intake process on the days' notice requirements, calling to cancel or change a trip if required, and the importance of being ready on time for a trip. We also have developed strategies to help reduce unwanted behaviors, as detailed in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.7.1.

3.4.3 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.

Many recipients with special needs require escort accompaniment due to their medical condition, age, physical or mental disability, language barrier, or other limitation. MTM will schedule escorts as necessary to assure the safety of all recipients. An escort's presence is generally required during transportation and medical treatment to aid or care for a recipient. Examples of escort services include a parent or guardian escorting a recipient who is under 18, is a resident of a nursing facility, has a visual or hearing impairment, or is mentally incapable of traveling alone. Only one escort is allowed per transport, unless the trip is for an infant under one year of age and/or DHCFP approves multiple escorts.

Accommodating Escorts

Through our LON process, we are able to carefully assess and document any needs that a recipient may have that would require him/her to travel with an escort. If escort service is approved, the CSR will alert the transportation provider at the time of scheduling to verify that the provider is able to accommodate an escort for the trip. This is completed through the trip manifest, which is dispatched to the transportation provider through our automated system. The transportation provider then knows that they must accommodate the escort at no additional charge.

If the recipient is approved for public transit service and requires an escort, MTM will provide an additional bus pass or token for the escort. When we send the recipient his/her pass or token, we will include an additional fare media for the escort. This will ensure that both individuals have their passes in time for the trip.

Transporting Minors

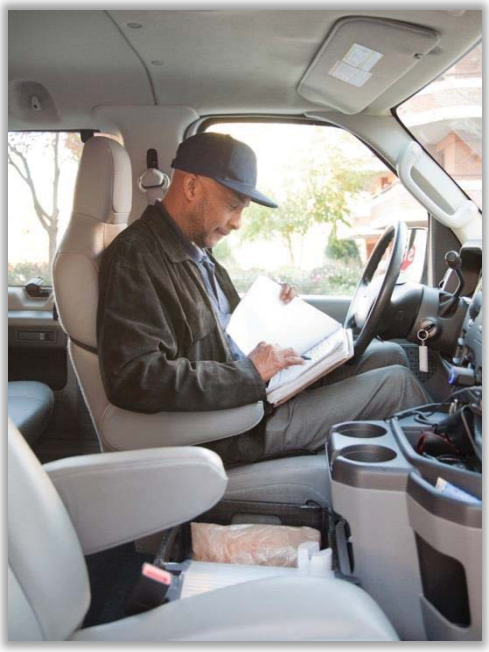
As an extremely delicate population, MTM understands the importance of carefully handling the transportation of minors. During the call intake process, if a minor age 18 or under will be traveling without an escort, the CSR will inform the caller that unless s/he is married, legally emancipated, or obtaining family planning services, the trip cannot be authorized without an escort. During implementation, MTM will work with DHCFP to evaluate policies and procedures regarding transporting minors and, if necessary, MTM will create additional policies and procedures to ensure the safe transportation of unaccompanied minors.

Dedicated Transportation Providers for Minors

Because children are the most comfortable with adults they know and respect, we will ensure continuity of care by exploring opportunities for assigning dedicated transportation providers for children. Most likely, these dedicated transportation providers will be smaller companies that are better able to develop relationships with children, their parents, and their medical facility to ensure appropriate services are provided. In addition, we will try to keep as many of these children as possible with the transportation provider they are currently utilizing under the existing contract to further extend care continuity.

3.4.4 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.

In addition to supporting our trip scheduling methodology, the NET Management System and Trapeze software facilitate our ability to ensure the timeliness of all trips. The timely provision of NET services is critical to ensuring recipients arrive at their appointments to receive important medical treatments. This is especially important for special needs populations, including dialysis patients, recipients with severe disabilities, and the elderly and fragile. To achieve optimal timeliness, MTM will maintain an adequate network of transportation providers throughout the state. We hold our networks to the highest standards when it comes to providing on-time transportation to the fragile Medicaid population, and pre-arranged times may not be changed by the transportation provider without authorization by MTM. Actual pickup and drop off times are documented on the manifest for each trip, and are compared against the scheduled times during the claims review process. Regular monitoring of timeliness via Trapeze data will verify provider compliance with our timeliness standards. If a transportation provider does not comply with these standards, we may assess liquidated damages and require the provider to complete a performance improvement plan (PIP). If a transportation provider continually provides poor service, MTM may ultimately remove the transportation provider from our network.



Setting High Expectations for Transportation Providers

The first step in ensuring timely pickups and drop offs is educating transportation providers on the importance of timeliness. Upon initial acceptance into our network and throughout their time with MTM, we educate transportation provider and their drivers on the importance of meeting our standards. MTM has developed specific policies and procedures for and trains all staff and transportation providers on the importance of appropriately meeting the needs of those recipients with special health needs. We have over 20 years of experience providing transportation services for these vulnerable populations and bring this expertise to Nevada as the state's NET broker.

Per MTM's TPSA and Provider Manual, provided in Appendix D, transportation providers have set timeliness standards that they must meet. For instance, one of these main requirements is that drivers must pickup recipients within a 30-minute window, accounting for 15 minutes before and after the scheduled pickup time. This is essential to ensure the recipient arrives on time to their appointment, and also takes into account any potential traffic issues that may impede a trip's progress.

An Area Liaison will conduct random on-street observations and document the timeliness of each observed trip. If an untimely transport is identified, the Area Liaison will follow-up with the transportation provider and issue a PIP if appropriate. Also, as with all recipient complaints, any issue reported pertaining to a late pickup or drop off is documented, researched, and followed-up with the transportation provider to ensure resolution.

Timely Transportation for Pickups and Will-Call Trips

We require transportation providers to establish an internal process to complete will-call trips in a manner that will not impose unreasonable wait times for recipients. This process includes developing a business card with instructions advising the recipient where to call in order to arrange a return ride to the agreed point of origin. For return will-call trips when a recipient is unable to establish a return ride pickup time during the initial NET request, MTM allows transportation providers a one hour response time after the recipient calls to request the ride. However, this pickup routinely occurs within a much shorter timeframe. At all times, the return ride will arrive prior to the facility's closing time.

Similarly, if the recipient has a scheduled pickup time but is delayed by more than fifteen minutes, the transportation provider will be allowed to leave the location after contacting MTM and we will note the missed pickup in the NET Management System. When the recipient finishes his/her appointment and requests a return ride, the recipient will be picked up within one hour.

Ensuring Timeliness During Multi-Loaded and Routed Trips

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

3.4.5 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:

3.4.5.1 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.

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

3.4.5.3 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.

MTM acknowledges and understands DHCFP's requirements, and have outlined our strategies for handling the above steps in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.1.

3.4.5.4 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.

MTM ensures eligible recipients are assigned to the most appropriate and least costly subcontracted transportation provider, consistent with their transportation needs through our comprehensive LON process, detailed in Section 3.3 Assess/Authorize Transportation Services, 3.3.4.4. For instances where a recipient is denied requested transportation service or approved for a level less than requested, MTM will issue a Notice of Decision letter. MTM's proposed means for distributing Notice of Decision letters is addressed in Section 3.8 Grievances, Appeals, and Fair Hearings, 3.8.1.

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

We conduct appointment and signature verification as part of our normal business processes and will modify our procedures to meet the requirements of DHCFP's program. The appointment validation procedure will include protocols for obtaining verification that the appointment exists, processes for flagging trips as a result of busy signals or no answer, and denying trips in which pre-transportation validation verifies that an appointment does not exist. As detailed in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.2, for urgent trips, the CSR verifies the urgency of the appointment with the medical provider by phone immediately and accepts a medical provider's verbal or written authorization.

3.4.5.6 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.

As previously detailed in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.1, MTM will ensure recipients are informed of their transportation arrangements at the end of their reservation call, and through automated confirmation calls, detailed below.

3.4.5.7 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.

NET programs require clear and detailed communication on each trip to ensure that all parties—transportation providers and recipients—know where to be and when. At the conclusion of the trip request phone call, the CSR will restate all trip details, pickup time window, number to call if the return trip is a will call, and pickup and destination addresses.

MTM will use a courtesy call system to verify the recipient's trip 24 hours before the transport is scheduled, which will identify the transportation provider and exact pickup time. In addition, we will use geofencing technology to initiate a call to the recipient once a vehicle is within a pre-defined distance from the pick-up location, to alert them that the vehicle will arrive shortly. This technology will not only improve service for recipients, but will contribute to increased productivity rates as the reminder call will reduce no shows and encourage recipients to be ready to enter the vehicle as soon as it arrives at the pick-up location. Throughout the life of the contract, we will work proactively to introduce technology for the benefit of DHCFP and its recipients.

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

Timeliness is a critical aspect of NET transportation, and lends heavily to recipient satisfaction. Understanding this, MTM takes several steps to ensure our transportation providers supply timely, reliable transportation that meets the needs of the recipient and complies with the requirements of the contract. More information on how we will ensure timeliness according to DHCFP's standards can be found in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.4.

3.4.5.9 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.

MTM has extensive experience working with and paying transportation providers for their service. Our seamless claims process, outlined in Section 3.6 Fiscal Requirements, 3.6.1.2, is continually regarded by providers as one of the easiest, fastest process in the industry. We pride ourselves on retaining qualified, satisfied networks of providers by ensuring verified, complete claims are paid as promptly as possible.

3.4.5.10 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.

In addition to our experience providing prompt payment to subcontracted providers, MTM is also exceptionally versed in mileage reimbursement and bus pass distribution. Information on our procedures used for these modes is provided in Section 3.3 Assess/Authorize Transportation Services, 3.3.4.4 as well as Section 3.3.9.

3.4.6 Timeframes

3.4.6.1 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.

If a trip is pending authorization, MTM will inform the recipient of the approval decision via telephone as soon as possible but within 14 calendar days following the request for service. To ensure recipients do not experience delays in accessing healthcare, the CSR will temporarily certify recipients at their requested mode for two weeks when waiting for authorization.

If MTM requires an extension beyond 14 days, we will provide justification to DHCFP for the extension. This might occur in the case of a hard-to-place trip, when a recipient requires special transportation services and pickup times, or when additional information is needed.

3.4.6.2 The vendor must make an expedited authorization decision for already scheduled medical services that will occur prior to the fourteen (14) calendar days.

As previously stated, MTM will expedite authorization for already scheduled medical services that will occur prior to the 14-calendar day timeframe so as not to interfere with access to care for recipients.

3.4.7 Frequent No Shows

3.4.7.1 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.

In any NET program, non-compliant recipients are an unavoidable issue, and DHCFP has stated that recipient no shows are a main source of complaints for transportation providers under the current contractor. Therefore, it is important for the broker DHCFP selects to have acceptable procedures in place to handle such situations. MTM has established polices for handling no shows, lateness, and other abusive behavior, for which we will seek DHCFP's approval prior to the operations start date. A copy of the proposed policy to reduce no show behavior is included in Appendix O. The attached policy has been used effectively in our Wisconsin NET program to reduce the occurrence of no shows, and based on approval or modification by DHCFP, will be implemented in Nevada upon contract award.

Our policies address recipients who consistently fail to use arranged NET services without notifying MTM of the cancellation; recipients who demonstrate abusive behavior or misconduct towards transportation providers, other recipients, or MTM staff; recipients who habitually violate the advance notice request policy; and recipients who are habitually late. Transportation providers will wait for recipients for at least fifteen minutes after the scheduled pickup time before issuing a no-show notification to MTM.

3.4.7.2 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.

When a transportation provider reports a no-show, an MTM representative will document the circumstance in our NET Management System. As necessary, the representative will then begin the disciplinary process. We recommend that DHCFP implement no-show and abusive behavior policies that include disciplinary actions such as:

- ***Counseling or verbal warning***
- ***Written warning, including door hangers left on the recipient's door during a no-show***
- ***Requirement for the recipient to call to confirm all trips within 24 hours of transport***
- ***Reduction of services to mileage reimbursement only***
- ***Temporary suspension of services***
- ***Permanent termination of services***

No-shows in particular can create additional financial burden on NET services and limit the resources available to those recipients who appropriately adhere to program rules and policies as neither MTM nor the transportation provider is able to bill DHCFP for the missed service. By educating recipients that their consistent no-show behavior could result in a reduction or suspension in services, we often successfully limit no-shows.

In many of our current contracts, when a recipient demonstrates no-show behavior we send out a series of three educational letters informing him/her of the seriousness of their actions. If this behavior continues for three no-shows in one month, we impose a 30 day suspension of NET services. In addition, if the behavior continues, we may reduce the recipient's NET services to mileage reimbursement only. Prior to reducing or revoking services, MTM will seek DHCFP's written approval based on specific reasoning and documentation. At all times, we will keep detailed records regarding disciplinary actions, which DHCFP may request at its convenience.

We do understand that our recommended process may be stricter than that currently utilized by DHCFP, and upon contract award, MTM will work with DHCFP to determine the best policy for the Nevada NET program.

3.4.8 Develop And Implement A Monitoring Plan

3.4.8.1 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.

Crucial to the success of any NET program is a quality transportation provider network held to established accountability and performance standards. With MTM as its NET broker, DHCFP can rest assured that we will hold all transportation providers to the most credible quality standards in the industry. To accomplish this, we ensure each transportation provider adheres to all applicable local, state, and federal laws and regulations, the requirements of the RFP, federal regulations, state laws, and the rules and regulations found in our Service Agreement and Provider Manual. A copy of our policies governing transportation provider monitoring are included in Appendix J.

MTM's comprehensive oversight includes well-documented policies and procedures for providing network management and upholding standards of accountability with associated consequences. Managing NET transportation providers is not unlike managing staff. You must set goals, hold them accountable, and give them regular and consistent feedback on their performance. Our Network and Quality Management staff conducts these activities regularly, leading to the high level services MTM is known for throughout the nation. We are the only NET broker that credentials 100% of drivers and vehicles annually, guaranteeing less risk to MTM and, ultimately, to DHCFP.

Our experience monitoring NET transportation provider performance for the past 20 years has allowed us to find that transportation providers appreciate being held to high standards, as it improves customer satisfaction with their drivers and vehicles. With some other NET brokers, transportation providers are not held to the high standards that MTM enforces, resulting in poor service. Our commitment to quality, as well as our dedicated Network Management staff, helps us retain the highest caliber of transportation providers.

Since DHCFP has stated that driver tardiness, driver no-shows, and issues with transportation providers are main sources of complaints for the current contractor, MTM will work closely with DHCFP and the transportation providers to proactively address these issues from day one of the contract. We will establish realistic, yet strict, performance standards for providers and drivers alike to facilitate sustainable improvement in these areas.

3.4.8.2 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.

To uphold the standards identified by DHCFP in the RFP, we will employ multiple ongoing network management methods. Because DHCFP's standards are extremely similar to those we uphold throughout the country in managing more than 1,250 contracted providers, MTM is more than qualified to do so in Nevada. Our management activities described in the following paragraphs have helped us achieve high quality NET services in each of our contracts with complaints, incidents, and accident rates of less than 1% combined.

Periodic Inspections and Audits

As part of the credentialing phase, our Area Liaison will conduct an inspection of each transportation provider's operations. During this inspection, they will review the transportation provider's files and operations to ensure they have the capability to abide by and maintain our standards. The Area Liaison will also monitor the communication ability and activity between the transportation provider's dispatchers and drivers to ensure effective and efficient communications. They will conduct periodic and random audits to ensure continual compliance throughout the life of this contract.

Random On-Street Observations and Field Monitoring

One technique that has proven successful in our various locations is our on-street field monitoring. In any program that features a large number of trips, ensuring drivers adhere to all standards is of the utmost importance for program success. With field monitoring, our staff is able to see in-person if drivers perform to our established standards. By either viewing the trip close by or posing as a passenger inside a vehicle, our Network staff will observe driver behavior, driving records, handling of recipients, and timeliness of transports. From these observations, Network staff will generate a report for our Quality Management department, DHCFP, and the transportation provider. We will then require the transportation provider to take corrective actions where necessary and follow up to ensure the transportation provider completed the requested actions to ensure safe, quality transportation.

The Area Liaison will document his/her observations on hand-held tablets equipped with the Trapeze SupervisorMate application. SupervisorMate allows Area Liaison to monitor vehicles on an interactive map, track vehicle locations, status, and activities from their office or vehicle.

It also gives Area Liaison access to driver manifests in the field so they can make real-time adjustments to schedules to avoid delays or service interruptions. The tablets also allow the Area Liaison to take photographs to support their findings. From these observations, the Area Liaison will generate a report for our Quality Management department, DHCFP, and the transportation provider. We then require the transportation provider to take corrective actions where necessary and follow up to ensure the transportation provider completed the requested actions to ensure safe, quality transportation. In addition to providing a high level of oversight, this monitoring also increases medical facility satisfaction.

Following completion of the monitoring, the Area Liaison may introduce himself/herself to the medical facility and provide a summary of what s/he observed. This behavior helps build a relationship with facilities to demonstrate our commitment to recipients and our understanding of the importance of transportation in the medical delivery system.

Monthly Performance Monitoring

Because we believe it is important for our transportation providers to obtain regular feedback on their performance, we keep providers in the know about their service level by generating and sending report cards to the provider monthly via email from our Quality Department. Data points reported include no shows, complaints, trip turn-backs, survey results, claim status, and credentialing information. A sample report is provided in Appendix P. Transportation providers are true entrepreneurs and genuinely want to be the best; this type of feedback provides them a complete overview of their performance, allowing them to set goals for improvement.

NET Management System Aids Monitoring Activities

MTM's state-of-the-art NET Management System, more fully described in Section 3.9 Information Systems and Technology Requirements, 3.9.1, provides an additional layer of monitoring by providing statistical reporting of trips, collecting and validating driver trip logs, and highlighting outlier information that requires additional investigation.

Driver Incentive Program

In our efforts to maintain a network of transportation providers that are true partners to MTM and our clients, we recently introduced a quality incentive program that rewards drivers for meeting or exceeding performance measures while providing safe, timely services. This program, Driven to Excellence, was designed to recognize our top drivers and transportation providers, while encouraging other providers to join MTM in our quality-driven mission.

Under the Driven to Excellence program, providers are recognized for meeting the following objectives:

- *Safe Performance: No at fault accidents or incidents.*
- *High Customer Satisfaction Rating: Based on random third-party recipient surveys.*
- *Low Provider No-Show Rate: This rate can be greatly reduced or eliminated through capacity management, on-time arrival, reporting recipient no shows, and communicating effectively with passengers.*
- *On-Time Performance: Based on trip log entries. To improve on-time performance, providers are encouraged to ensure that drivers understand the importance of arriving within the appropriate window and maintaining accurate documentation.*
- *Low Complaint-Free Trip Percentage: Based on total substantiated complaints (on-time, behavior, no show, and vehicle) divided by the total scheduled trip legs.*
- *Low Turnback Rate: Based on the number of turn-backs divided by scheduled trips.*

Each provider will receive an overall score based on criteria outlined in the table in Figure 26. Bonus points are available for providers who exceed the minimum performance target. The maximum possible score is 116 points.

Performance Metric	Percent Goal	Points Possible	Bonus Points	Maximum Points
Satisfaction Rating	95.00%	15	Add 1 point for each point over 95	20
No Show Rate	0.10%	30	Add 2 points if 0%	32
On-Time Performance	95.00%	25	Add 1 point for each point over 95	30
Complaint-Free Trip Percentage	98.00%	20	Add 1 point for each point over 98	22
Turnback Rate	1.00%	10	Add 2 points if 0%	12

Figure 26: Transportation Provider Incentives Measures. MTM will reward transportation providers for exceptional performance.

Each month, quarter, and year, we will recognize our top small, medium, and large providers in newsletters, our website, social media, and with personal shout outs from our Business Manager and Network Managers. These transportation providers are also rewarded with larger volumes of trips. We have already experienced a significant impact with this program, with more providers being driven to achieve MTM's standards of excellence. Upon contract award, we will submit the program to DHCFP for review and approval. The program has successfully motivated positive behavior and increased services levels in other statewide NET programs and we believe we will see similar results in Nevada.

Transportation Provider Helpdesk

An additional tool offered by MTM to foster open communication with transportation providers is a direct link to our Transportation Provider Helpdesk via a unique toll-free number.
We created the Transportation Provider Helpdesk to provide a single point of contact for any questions or issues including trip assignments, technology assistance, recipient no-shows, and billing questions.

The Helpdesk staff is made up of a cross-departmental group of seasoned MTM employees who have the dedication, knowledge, and authority to assist our transportation providers and resolve issues. Additionally, providers have access to a fax line, and email addresses that are 100% dedicated to this helpdesk. Offering this service allows transportation providers to quickly and efficiently access a team of individuals ready to help them address any issues they are experiencing, without going through the CSC. MTM relies on over 1,250 transportation providers across the country to help us remove transportation barriers for the disabled, underserved, and elderly population, and we are committed to these partnerships and will continue to explore opportunities to enhance communication and promote efficiencies for our providers.

> *"MTM helpdesk is awesome. Very helpful! I think MTM is off to a good start!"*
>
> **David Radix,** *Wisconsin Transportation Provider*

Since the beginning of the helpdesk's operation, we have seen a vast improvement in communication and responsiveness with our transportation provider network, and the providers themselves have been enthusiastic about the program. New providers who have joined our network as part of our most recent statewide implementations in the states of Wisconsin, Mississippi, and West Virginia have consistently indicated their satisfaction with the Transportation Provider Helpdesk and the improved communication with MTM staff compared to the previous transportation brokers.

> *"I started out emailing Nick today because of our past history with the previous contractor's helpdesk. Long wait times, not being able to solve the problem at hand. Nick advised to use MTM's helpdesk for some of the problems that we were experiencing. My first reaction was "Here we go". Upon calling MTM's helpdesk my calls were answered almost immediately. It only took a short time to solve the issues that we were having. This is something that I have not become accustomed to. Hats off to your help department for doing a phenomenal job in assisting my company and myself in this busy start time."*
>
> **Mike Nardi,** *Southport Transportation, Wisconsin*

3.4.8.3 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.

Through our various monitoring activities, MTM is able to identify non-compliance and nimbly take action to rectify the situation. As part of our Quality Management Program, our Network Management staff maintains detailed documentation regarding identified deficiencies. In the event an inspection or investigation reveals non-compliance, our Network Management team coordinates education with the transportation provider. If the incident is serious in nature or is unresolved, Network Management will place the transportation provider on a PIP. As part of this plan, a Network Representative will follow up with the transportation provider in intervals of 30, 60, and 90 days to make sure they achieve compliance. If the issue is severe, we will suspend the transportation provider or driver, or, as a last resort, permanently remove them from the network.

Response to Vehicle and Driver Complaints

Because we take all complaints about recipient safety seriously, if at any time we receive a complaint about vehicle and/or driver safety from a recipient, medical facility, or DHCFP, our Network staff will initiate an investigation. All complaints about vehicle safety will be thoroughly investigated with an unscheduled inspection. If the complaint is substantiated, the vehicle will be removed from service, with the transportation provider being placed on a PIP with possible sanctions, ensuring the continued safety of recipients.

3.4.8.4 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 to the Division accidents that have occurred in conjunction with a scheduled trip if a recipient was present in the vehicle. The Division reserves the right to make quality assurance reviews on services under this contract. These reviews may be conducted in an anonymous manner and without advance notice.

MTM has the required insurance coverage as specified in the RFP. Further, as part of our comprehensive credentialing process, detailed in Section 3.5 Network, 3.5.1.7, MTM requires transportation providers to supply proof of adequate insurance coverage that meets the requirements of the RFP. Insurance coverage must be resubmitted as a credential upon expiration of the insurance policy. Because we understand accidents do occur from time to time, MTM has necessary procedures in place for transportation providers to follow in the case of an accident or incident. These procedures are fully outlined in the Transportation Provider Manual, provided in Appendix D, and covered in required training for transportation providers during implementation. As a cooperative partner to DHCFP, MTM welcomes DHCFP to make quality assurance reviews at any time throughout the term of the contract.

3.4.9 Coordinate with the Division and Community Service Providers

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

Through our ETO Program, MTM will establish local Advisory Committees and Subcommittees that will be specific to DHCFP's NET stakeholders, including recipients, healthcare providers, transportation providers, and the community at large. Advisory Committees allow us to maintain healthy relationships with stakeholders and provide invaluable input and feedback on NET, its services, network adequacy, and actions required to improve and enhance the program. MTM has had great success with these committees in our statewide Medicaid contracts, with stakeholders excited to volunteer their time and provide input for improving the NET program. MTM encourages DHCFP to attend the quarterly meetings of each Advisory Committee, which are outlined in Figure 27. These Advisory Committees will become active prior to the operations start date and continue throughout the life of the contract. Prior to each, DHCFP will be informed of the time and place of the meeting, where an MTM representative will compile minutes and a meeting summary for submission to DHCFP.

Advisory Committees		
Committee	***Participants***	***Role of Committee***
Provider Advisory Committee	***Transportation providers***	• ***Advise MTM on issues that affect transportation providers*** • ***Review polices and policy changes which affect them*** • ***Discuss program concerns***
Regional Advisory Committee	***Recipients, healthcare providers, human services agency representatives, transportation providers, advocacy organization representatives, Tribes, DOTs, and DHCFP***	• ***Assist MTM in addressing concerns from each group of individual stakeholders*** • ***Identify areas of potential services issues and gaps*** • ***Identify changes and improvements to implementation activities***

Figure 27: Advisory Committees. MTM will implement two Advisory Committees for stakeholders to deliver input on the NET program. Participants of these committees will serve for one year.

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

Outside of the overall, broad committee covering all recipient populations, we may implement Advisory Committees covering individual populations, such as special needs populations, helping us meet the needs of all recipients.

In addition to the formal Advisory Committee and its subcommittees, we welcome input from recipients, DHCFP, and other stakeholders at any time. We have various outlets for obtaining this input, such as the complaint process and dedicated Quality Evaluator. Also, with our convenient online complaint and comment process, stakeholders will have the ability to provide us with their input quickly and easily. When we receive input from either the Advisory Committee or other outlets, Business Manager Sandra Stanko and our Quality Management Committee (QMC) will review the suggestion and determine if it can be incorporated into the program. Regardless of the result, MTM ensures that each piece of input from stakeholders will be carefully considered and examined.

Coordinating with Federally Recognized Tribes

In our 20 years of experience managing transportation programs around the country, MTM has learned the value and importance of establishing and maintaining relationships with local organizations with which recipients are familiar. Many of these organizations, including federally recognized Tribes, can provide transportation services for Medicaid recipients at more cost-efficient rates than commercial transportation providers.

In many Tribal systems, the Tribe maintains transit services that provide residents access to reliable transportation for daily community life, including social, medical, and employment activities. With these services, residents are able to achieve community access without relying on friends, family members, and neighbors to transport them on a daily basis. Additionally, Tribal system residents are often more comfortable with transportation provided by the Tribe, as drivers are able to provide cultural sensitivity and empathy. Understanding this, MTM will collaborate with Nevada's federally recognized Tribal systems where possible to leverage efficient and cost effective transportation options for Medicaid recipients residing within the Tribe.

During implementation, our ETO staff will begin outreach efforts to establish successful working relationships with the Tribes in Nevada, including the Confederated Tribes of the Goshute Reservation, Fort Mojave Indian Tribe, For McDermitt Paiute and Shoshone Tribes, and the Washoe Tribe, among others. It is our goal to coordinate an equitable partnership and understanding of common objectives between MTM and the Tribes. MTM will work with these Tribes to determine if they want to join our network either through contracting with MTM or becoming part of our volunteer network. If they determine they would like to contract with us, we will negotiate and enter into Transportation Provider Service Agreements provided they meet the driver, vehicle, and contractual requirements.

Interested Tribes will be invited to attend local advisory committee meetings to obtain detailed knowledge on MTM and our approach to NET. At these meetings, the Tribes will collaborate with commercial transportation providers to facilitate best practice development, coordination opportunities, feedback, and suggestions for MTM's management model. By having representatives from the Tribes attend the same meetings as our traditional network of transportation providers, we will foster open communication and quality relationships with these valuable systems.

Tribal transportation providers will be required to maintain the same service, driver, and vehicle standards as our commercial transportation provider network. As needed, our Network Management staff will work with Tribes to overcome any obstacles encountered in regard to driver, vehicle, and business requirements, allowing the Tribal system to meet all MTM standards. Tribes will not be required to transport non-Tribal recipients.

MTM's Experience with Tribes

DHCFP will benefit from having MTM as its broker in this regard with the experience we have working with Tribes and Native American populations. During our recent implementation of our NET brokerage contract in Wisconsin, MTM successfully reached out to area Tribes through a variety of means. To build trusting and working relationships with the Wisconsin Tribes, we contacted each during the RFP process to introduce ourselves and our proposed services. After award, our Network Management and ETO staff met with each Tribe individually, accompanied by a Wisconsin Department of Health Services representative as a liaison, to determine how best we could work with the Tribes. We found this to be an especially helpful approach, in comparison to other brokers that came in telling the Tribes what to do and how to do it. MTM understands that Tribes take pride in their members and status; we take the time to respectfully listen to their requests and goals and take the necessary steps to help them achieve these.

Next, we extended an invitation for the Tribes to send a representative to our CSC training sessions to help reinforce cultural sensitivity with our CSRs. We also attended a health fair with one Tribal community, providing outreach and education regarding NET information to recipients and Tribal services. Through these efforts we found that many Tribes wanted to transport their own Tribal members; MTM worked with the Tribes to educate and enroll the Tribes as volunteer drivers. As a result, our volunteer network in Wisconsin is very popular with Tribes, and provides an additional revenue source for their Tribal members.

In communicating with Tribal leaders in Wisconsin, we learned that several Tribes had vehicles but lacked the funding to operate and upkeep the resources. We are working closely with these Tribes to explore grant opportunities and alternative funding sources that could be used to put these resources to work and transport recipients.

Additionally, our Vice President of Operations Patrick McNiff has overseen several transportation projects involving relationships with several Native American Tribes, including Crownpoint Health Care Facility in Crownpoint, New Mexico; Hu Hu Kam Memorial Hospital on the Gila River Indian Reservation in Sacaton, Arizona; the Navajo Nation in Arizona and New Mexico; and Sells Hospital on the Tohono O'Odham Reservation in Sells, Arizona.

This experience ensures DHCFP that MTM has the ability to successfully interact and develop relationships with Tribal transportation services. Patrick, Business Manager Sandra Stanko, MTM's ETO team, and our Network Management staff will honor each Tribe's respective culture with integrity and sensitivity.

3.4.10 Provide Administration Oversight

3.4.10.1 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 the 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 twenty (20) business days of receipt of the manual. The vendor shall incorporate modifications required by the 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 the Division before distribution.

The foundation of MTM's implementation plan is to design a customized Operations Manual for DHCFP built upon our standardized policies, procedures, and automated systems. For DHCFP review, we have submitted a draft Operations Manual as Appendix N. While other activities occur, MTM's implementation team key staff from each of MTM's operation departments will convene to determine if the policies, procedures, and automated systems are in place to meet all contract requirements. Three copies of the manual will be submitted for DHCFP review at least 20 business days prior to the start of operations. Any modifications to the manual will be incorporated within 10 business days of notification. MTM will not begin service without an approved Operations Manual.

The Operations Manual will be incorporated into all training programs and provided to all MTM staff and transportation providers. It will be reviewed annually and whenever changes are made to the Nevada NET program. MTM will provide updated copies of the manual to DHCFP for approval prior to distribution.

3.4.10.2 If a payment methodology other than risk based capitation is proposed, the vendor shall bill using billing formats and procedures established by the Division.

MTM is not proposing an alternate payment methodology. We will use billing formats and procedures as established by DHCFP.

3.4.10.3 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.

As fully outlined in Section 3.5 Network, 3.5.1.7, MTM takes great care in selecting our network of transportation providers, as we know the drivers serving recipients are the forefront of the NET program. Thorough credentialing of these providers ensures we only contract with qualified, reputable businesses that will serve recipients according to the requirements of the contract. Further, since MTM requires transportation providers to upload all credentials into our NET Management System through the transportation provider portal, detailed in Section 3.5 Network, 3.5.1.7, proof of necessary insurance, licensure, and certifications are retained within our system for review at any time by both MTM and DHCFP. MTM will provide documentation regarding transportation providers upon request from DHCFP.

3.4.11 Protect Recipient Confidentiality

3.4.11.1 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.

MTM has internal policies to ensure compliance with requirements for all applicable state and federal physical, administrative, and electronic safeguard standards, as well as 45 CFR Parts 160 and 164. Privacy is protected by ensuring that data stored in the database is limited to that required to perform the contracted services; that release of information is limited to DHCFP and MTM staff, medical providers, and transportation providers that have signed a Business Associate Agreement; and is released on a need to know basis only.

Security is achieved by ensuring that electronic data transfers are via SFTP, or via HTTP over SSL with 128-bit encryption, or greater; by ensuring that access to the database is limited to the information required to perform the task in hand; and is available only to those authenticated as authorized users of fully tested applications. Any breach of security or unauthorized access will be reported to DHCFP immediately and MTM will provide 24/7 support and maintenance for system failures. We assume all liabilities under both state and federal law in the event that the information is disclosed in any manner.

In no event will MTM provide, grant, allow, or otherwise give, access to Medicaid recipient program information to anyone without the written permission of DHCFP. Upon receiving any requests for Medicaid information from any individual, entity, corporation, partnership or otherwise, MTM will notify DHCFP within 24 hours. If DHCFP deems the request releasable under the Freedom of Information Act (FOIA), we will provide support for copying and invoicing such documents at our own expense.

3.4.11.2 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.

MTM takes recipient and program confidentiality seriously, and maintains and continually exceeds to meet HIPAA and Health Information Technology for Economic and Clinical Health Act (HITECH) compliance for IT and security controls and goes through extensive audit reviews annually with our healthcare clients. Confidentiality of Protected Health Information (PHI) is achieved by adherence to the privacy and security requirements of HIPAA.

We facilitate security through highly intuitive physical and logical security layers. Our system is hosted in a secure environment and was architected in accordance with a layered security model. Online access to the services and data provisioned by our system is provided via a secure portal that meets the readability requirements of the ADA. Within the secure environment of our NET Management System, MTM supports both package encryption and transmission encryption to perform electronic data exchange on a preset schedule. MTM supports any designated secure protocol, including but not limited to HTTPS, SFTP, and FTPS services.

Staff Training

All MTM employees and transportation providers are required to complete annual HIPAA/HITECH compliance training. Under no circumstance will any transportation provider receive or request information from a recipient that is not pertinent to the services provided. All transportation providers and drivers sign Confidentiality Statements on an annual basis, which obligate them to provide safeguards restricting the use or disclosure of information not directly connected with the administration of this contract. In addition, we keep all employees and transportation providers well informed of current HIPAA requirements through annual educational sessions.

PHI will not be disclosed to transportation providers, except as necessary to meet a recipient's transportation needs. Physical limitations, need for assistance, special equipment requirements, and/or emotional or mental problems affecting the recipient during transport are disclosed only as necessary. DHCFP can be assured that recipient information will be handled with sensitivity and professionalism at all times. Understanding that HIPAA and HITECH regulations are evolving and dynamic in nature, MTM strives to stay abreast of the regulations so we are able to reach full compliance within the specified timeframes for our clients.

3.4.12 Maintain Adequate Staff And Facilities

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

To fully meet the needs of DHCFP, its recipients, and the NET contract in its entirety, MTM will provide a sufficient local presence in our Nevada facility backed by our solid foundation of corporate support. These employees will address the needs of each recipient, as well as other stakeholders, while assuring services are provided in the most economical manner possible. Our local staff will receive appropriate training, be fully qualified, and have adequate work experience and expertise.
MTM is able to recruit excellent candidates due to our dedication to quality and commitment to engaging, training, and rewarding our staff. This includes several programs that help us increase retention and employee satisfaction, directly translating to NET program quality.

Hiring Process

Upon contract award, our HR department will recruit the staff required to execute this program. Our hiring, training, and employee benefits administration activities are governed by written policies and procedures to detail the requirements of this contract, ensuring we recruit staff with the necessary experience and skills set to meet the needs of Nevada NET recipients. After receiving notice to proceed from DHCFP, we will post all job positions that need to be filled, along with their applicable descriptions, on various outlets including:

- ***Local and national recruiting web sites***
- ***Local job banks and fairs***
- ***Local community colleges and universities***
- ***Social media outlets, career websites, healthcare job boards***

Following this process, our HR team and hiring managers will screen all viable candidates by conducting resume reviews, phone screenings, face-to-face interviews, and on-site testing as necessary. For those candidates who pass the initial interviews, references will be checked as required and the HR team and hiring manager will discuss which candidates they wish to offer positions.

After job offers have been made and the various positions are filled, we will commence on-site training and orientation activities. Training will be conducted in the corporate office, CSC, or local business office, depending on the particular position.

At all times, MTM takes careful steps to ensure we have sufficient, appropriate staff available to handle each aspect of our operations. To do so, we utilize Workforce Management software that allows us to enter operational data and typical call volumes to forecast the amount of staff needed in each operational area at any given time. This provides us with an appropriate ratio of staff to CSC service demand. While preliminary staffing numbers are developed based on the provided call volume, we will alter our staff as necessary based on actual demand.

Proposed Staffing Plan

For key positions, we have identified highly skilled staff members, subject to DHCFP's final approval, that will help us ensure successful implementation and management of this program. MTM will commit 53 full time equivalent (FTE) employees to the Nevada NET program to ensure success of your services, as shown in Figure 28 below. Resumes for these key personnel are provided in Tab VIII, Attachment G – Proposed Staff Resumes. Descriptions of these positions are provided below, with exception to Business Manager Sandra Stanko, whose experience and duties are outlined in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.12.2, as required by the RFP.

Proposed Staffing Plan			
Title	Name	Location	FTE
Business Manager	Sandra Stanko	Nevada	1
CSC Manager	Derek Ingram	Nevada	1
Transportation Manager	Nick LoPiccolo	Nevada	1
ETO Manager	Tina Gee	Nevada	1
Implementation Project Manager	Valerie Barr	Missouri/Nevada	1
Network Representative	TBH	Nevada	1
Credentialing Coordinator	TBH	Nevada	1
Area Liaison	TBH	Nevada	1
Scheduler	TBH	Nevada	1
Care Management Coordinator	TBH	Nevada	2
Care Management Representative	TBH	Nevada	1
CSC Supervisor	TBH	Nevada	1
Floor Support Representative	TBH	Nevada	2
CSC Operations Team Representative	TBH	Nevada	2
Short Notice Trip Specialist	TBH	Nevada	2
Customer Service Representative	TBH	Nevada	23
Technical Support Analyst	TBH	Nevada	1
Training Specialist	TBH	Nevada	1
Employee Relations Specialist	TBH	Nevada	1
Travel Trainer	TBH	Nevada	1
Provider Helpdesk Representative	TBH	Missouri	0.25
Reconciliation Public Transit Specialist	TBH	Missouri	2
CIC Contract Representative	TBH	Missouri	0.5
Ambulance Representative	TBH	Missouri	0.25
Network Trainer	TBH	Missouri	0.5
Resolution Specialist	TBH	Missouri	1
Quality Evaluator	TBH	Missouri	1
Quality Service Representative	TBH	Missouri	1
Ambulance Authorization Specialist	TBH	Missouri	0.5
Appointment Validation Specialist	TBH	Missouri	1
Verification Specialist	TBH	Missouri	2
Appeals Specialist	TBH	Missouri	0.5
Workforce Coordinator	TBH	Missouri	0.25
Talent Acquisition Specialist	TBH	Missouri	0.25
Business Analyst	TBH	Missouri	0.5

Figure 28: MTM Nevada NET Staffing Plan. MTM will dedicate this staff to the operation of the Nevada NET program.

Name: Derek Ingram	Title: CSC Manager	Location: Nevada	Reports to: Business Manager
Role: As the CSC Manager, Derek will oversee all customer service operations. He will be responsible for the oversight of our local CSC's daily operations, as well as the supervision of CSRs and team leads. His primary function is to ensure compliance with all established protocols and procedures, and ensure client satisfaction. Derek is knowledgeable of all areas of this contract and MTM's requirements, and will analyze daily, weekly, and monthly statistics, making necessary changes in staffing and processes.			
Years with MTM: One			
Relevant Experience: Derek has more than nine years of supervisory and managerial experience, including five years in the call center environment. He currently manages our largest CSC in Lake St. Louis where he oversees more than 130 employees. His understanding of MTM technologies and procedures, combined with his experience hiring and training CSRs, will ensure his success in Nevada and our ability to implement the program smoothly.			

Name: Nick LoPiccolo	Title: Transportation Manager	Location: Nevada	Reports to: Business Manager
Role: In Nevada, Nick will ensure complete oversight of day-to-day operations of the provider network. He will be located full-time at our local office, and will be available during and after regular business hours, serving as the link between transportation providers and internal MTM departments. Under this contract, Nick will oversee all areas of network development, including credentialing, monitoring, and meeting face-to-face with the transportation providers.			
Years with MTM: Five			
Experience: Nick brings five years of experience at MTM including program level management experience to this position. His previous role as a Senior Network Recruiter for MTM spans several high-profile, client focused programs where he has successfully led efforts focused on transportation provider recruiting, contracting, and network adequacy. Nick's leadership and technical oversight will directly contribute to the development and management of a cost effective, reliable, and predictable transportation network.			

Name: Tina Gee	Title: Education, Training, and Outreach Manager	Location: Nevada	Reports to: Business Manager
Role: Tina will work diligently with all stakeholders in the community to educate them on NET and MTM processes. She will work to ensure new policies, procedures, and program changes are communicated to and understood by transportation providers, medical providers, and recipients alike. Tina will play a critical role in working with the community to ensure overall satisfaction with this program. Upon award, she will begin meeting with large medical facilities, adult day care centers, behavioral health centers, and dialysis centers, to identify recipients with recurring schedules.			
Years with MTM: Three			
Relevant Experience: In addition to her vast education and expertise, Tina brings over 12 years of experience conducting outreach activities for various populations, especially retired, disabled, and mentally challenged individuals. In her position as ETO Coordinator for MTM's Houston NET contract, Tina has established and maintained close working relationships with stakeholders by conducting trainings, presentations, and meetings to distribute information and attain feedback on MTM's services.			

Name: Valerie Barr	Title: Implementation Project Manager	Location: Nevada/ Missouri	Reports to: Senior Director Implementation & Quality
Role: To ensure the smoothest implementation period possible, Valerie will serve as our Implementation Project Manager. During implementation, Valerie will be responsible for the implementation and transition to operation of this contract, including coordinating day-to-day implementation with all MTM departments. Throughout transition, she will oversee activities, including staffing and training, customizing policies and procedures, moving into our local facility, and more. During these processes, she will ensure adherence to the timeframes in our implementation plan. Valerie will be onsite in Nevada throughout implementation and 60 days post go-live, and will be available to DHCFP as needed.			
Years with MTM: Four			
Experience: Valerie began her career with MTM as an Account Manager where she worked directly with Medicaid and Medicare clients on a daily basis to ensure overall customer satisfaction and contractual compliance. This role required Valerie to maintain a detailed understanding of NET rules and regulations, as well as expertise of MTM's departmental roles. She was promoted to Implementation Director and has been the driving force leading the successful implementation of large-scale programs such as the Wisconsin, Mississippi, and West Virginia NET contracts.			

Name:	Title:	Location:	Reports to:
TBH	Network Representative	Nevada	Transportation Manager

Role: The Network Representative is responsible for recruiting incumbent and new providers in Nevada and to maintain the MTM provider network by creating good relationships with the providers to assure the highest possible quality of transportation is provided. S/He is also responsible for continually monitoring the network capacity to ensure MTM can fulfill all DHCFP recipient trip requests.

Name:	Title:	Location:	Reports to:
TBH	Area Liaison	Nevada	Transportation Manager

Role: The Area Liaison will work directly with local transportation providers to ensure they understand and meet the requirements of DHCFP and MTM. S/he will assist in the credentialing and training of transportation providers and perform on-site inspections of all vehicles prior to transporting any recipients and at least annually thereafter. The Area Liaison may also perform random, unannounced on-site visits with transportation providers to ensure compliance. During all visits, s/he will inspect the transportation providers' records of their drivers and vehicles to ensure that all standards are met. The Area Liaison will also perform random and planned monitoring of transportation provider performance, and may evaluate service through on-street observation or posing as a recipient. S/he will solicit feedback from other stakeholders, such as medical facilities, to assess the performance of drivers.

Name:	Title:	Location:	Reports to:
TBH	Credentialing Coordinator	Nevada	Transportation Manager

Role: The Credentialing Coordinator verifies documentation as transportation providers upload required credentialing information, such as insurance certificates and driver's licenses.

Name:	Title:	Location:	Reports to:
TBH	Scheduler	Nevada	CSC Manager

Role: The Scheduler reviews the schedules developed within the Trapeze system, ensuring timeliness and reasonableness of each. S/he communicates with transportation providers and reviews data from their mobile applications to determine location and estimated schedules. The Scheduler ensures top productivity through multi-routing and through maximizing efficiency through routing, scheduling, and dispatch tools.

Name: TBH	Title: Care Management Coordinator (CMC)	Location: Nevada	Reports to: Supervisor, Care Management
Role: The Care Management Coordinator facilitates the LON process ensuring that Nevada recipients are always assigned to the most appropriate transportation mode based on their cognitive and physical abilities. S/he works closely with facilities to ensure recurring trips are scheduled and delivered using efficient processes. S/he also manages meals, lodging and out-of-state travel for recipients. The CMC reviews utilization data and makes recommendations for cost savings opportunities.			

Name: TBH	Title: Care Management Representative	Location: Nevada	Reports to: Supervisor, Care Management
Role: The Care Management Representative is responsible for distributing incoming faxes, tracking LON assessment forms and Prior Authorization forms, monitoring escalation and recurring trip exception queues, and verifying and releasing mileage reimbursement trips for payment to recipients. The Care Management Representative is responsible for assuring compliance with the contract source, using MTM policies and procedures to ensure recipient satisfaction.			

Name: TBH	Title: CSC Supervisor	Location: Nevada	Reports to: CSC Manager
Role: The CSC Supervisor is responsible for Customer Service daily operations and for supervision of the Floor Support Representatives and CSRs. The primary function is to assure compliance with all customer service established protocols and procedures, ensuring customer satisfaction, meeting service level and response time objectives across all areas of responsibility.			

Name: TBH	Title: Floor Support Representative	Location: Nevada	Reports to: CSC Supervisor
Role: The Floor Support Representative is responsible for supporting CSRs during the work day. The Floor Support Representative's primary function is to ensure compliance with all client and MTM protocols and procedures through CSR oversight and support. Floor Support Representatives motivate and educate their team to ensure recipient satisfaction and continual improvement. This position serves as the role model for CSR staff in all areas of job performance including professionalism, reliability, and work quality.			

Name:	Title:	Location:	Reports to:
TBH	Customer Service Center Operations Team (CSCOT) Representative	Nevada	CSC Supervisor

Role: The CSCOT Representative is responsible for managing trips that are escalated by CSRs. The CSCOT Representative handles recurring trips, prior authorizations, LON forms and mode assessment processing, eligibility inquiries, and faxed or emailed requests from facilities.

Name:	Title:	Location:	Reports to:
TBH	Short Notice Trip Specialist	Nevada	CSC Supervisor

Role: The Short Notice Trip Specialist is responsible for ensuring that all urgent trips are set with the most appropriate transportation provider and that they are completed on time. The Short Notice Trip Specialist is also responsible for short notice trip reassignments and for communicating those changes to the recipient.

Name:	Title:	Location:	Reports to:
TBH	Customer Service Representative (CSR)	Nevada	Floor Support Representative

Role: The CSR handles incoming calls regarding the scheduling of transportation and responds to general inquiries. The CSR is the front line representative for MTM. Therefore, we heavily train CSRs on the importance and provision of quality customer service. We seek professional-minded individuals with excellent customer service, communication, and problem-solving skills. We also seek applicants with language capabilities to meet the needs of recipients who have limited English proficiency.

Name:	Title:	Location:	Reports to:
TBH	Technical Support Analyst	Nevada	Business Manager

Role: The Technical Support Analyst is primarily responsible for maintaining, analyzing, troubleshooting, and repairing computer systems, hardware, and peripherals. This individual also maintains, upgrades, and replaces hardware and software systems, and maintains the growing technology infrastructure of our various locations. In Nevada, this individual will be responsible for daily maintenance of computers and information systems at the local office.

Name: TBH	Title: Training Specialist	Location: Nevada	Reports to: Manager, Call Center Training
Role: The Training Specialist will have primary responsibility for training all MTM new hires using established MTM protocols and procedures. S/he will also re-educate CSRs as needed, and train all staff members on new program features. Further, s/he will monitor CSR performance throughout the life of this contract to ensure quality service is provided at all times.			

Name: TBH	Title: Employee Relations Specialist	Location: Nevada	Reports to: Manager, Employee Relations
Role: The Employee Relations Specialist works closely with employees at all levels to assure compliance with established policies, procedures, and legal requirements. Responsibilities include employee relations, survey analysis, and safety/workers compensation liaison.			

Name: TBH	Title: Travel Trainer	Location: Nevada	Reports to: Business Manager
Role: The Travel Trainer will have extensive experience working with persons with disabilities and have the skills and training to educate recipients on how to use accessible public transit independently and safely. The travel trainer will complete our comprehensive travel training program used in similar contracts and undergo periodic competency reviews.			

Name: TBH	Title: Transportation Provider Helpdesk Specialist	Location: Missouri	Reports to: Transportation Provider Helpdesk Supervisor
Role: The Transportation Provider Helpdesk Representative is responsible for fielding inquiries and providing general support to transportation providers. S/He will be responsible for handling issues dealing with provider electronic files, trip costs, provider no-shows, billing issues, and any other provider questions.			

Name: TBH	Title: Reconciliation Public Transit Specialist	Location: Missouri	Reports to: Transportation Manager
Role: The Reconciliation Public Transit Specialists ensure recipients receive proper funding for their public transportation needs. They determine the proper amounts to be funded using best practices to apply funds to the cards. They are also responsible for limiting DHCFP's and MTM's exposure to fraud.			

Name: TBH	Title: CIC Contract Representative	Location: Missouri	Reports to: Transportation Manager
Role: The CIC Contract Representative is responsible for recruiting volunteer drivers and guiding them through the MTM credentialing process. Once volunteers are successfully credentialed, the CIC Contract Representative works closely with the volunteers and the schedulers to ensure the resources are used to maximum efficiency. S/he also assists volunteers if they have questions about claims, technology, and general policies and procedures.			

Name: TBH	Title: Ambulance Representative	Location: Missouri	Reports to: Transportation Manager
Role: The Ambulance Representative is responsible for ensuring an adequate number of ambulance providers are recruited and available to meet all DHCFP recipient trip requests. S/He will continue to monitor ambulance network adequacy throughout the life of the contract.			

Name: TBH	Title: Network Trainer	Location: Missouri	Reports to: Transportation Manager
Role: The Network Trainer is responsible for researching, preparing, and presenting training sessions on both an initial and ongoing basis, for the network of transportation providers and staff.			

Name: TBH	Title: Resolution Specialist	Location: Missouri	Reports to: Supervisor, Complaints and Grievances
Role: The Resolution Specialist will manage complaints from recipients, transportation providers, DHCFP, and other stakeholders. S/he will document, review, investigate, and follow up on all complaints reported for the DHCFP program. The Resolution Specialist will ensure complaints are handled in compliance with contractual regulations and are resolved within the specified timeframes. S/he will compile reports on complaint data as necessary, and will assist other departments with the resolution of issues throughout the term of the contract.			

Name: TBH	Title: Quality Evaluator	Location: Missouri	Reports to: Supervisor, Quality Evaluations
Role: The Quality Evaluator will conduct ongoing evaluation of calls, trips, and processes to ensure the highest level of customer service is provided. S/he will compile, track, and analyze quality data to identify trends and improve procedures. The Quality Evaluator will review inbound and outbound calls on a regular basis to monitor CSR performance.			

Name: TBH	Title: Quality Service Representative	Location: Missouri	Reports to: Senior Manager, Quality Assurance, Complaints and Grievances
Role: The Quality Service Representative will provide support to the Resolution Specialist as needed to manage complaints and grievances, including thorough documentation and reporting.			

Name: TBH	Title: Ambulance Authorization Specialist	Location: Missouri	Reports to: Manager, Ambulance Utilization
Role: The Ambulance Authorization Specialist reviews all requests for ambulance transport to ensure medical necessity and then contacts the appropriate ambulance transportation provider to complete the trips as authorized.			

Name: TBH	Title: Appointment Validation Specialist	Location: Missouri	Reports to: Manager, Claims
Role: The Appointment Validation Specialist conducts pre- and post-verification of appointments as well as conducting signature verification on claims for gas mileage reimbursement and transportation provider claims. If the s/he detects any suspicious circumstances, the information is elevated for fraud, waste, and abuse investigation.			

Name: TBH	Title: Verification Specialist	Location: Missouri	Reports to: Manager, Claims
Role: The Verification Specialist is responsible for identifying fraudulent data patterns. S/he will also make timely and accurate decisions to initiate payments to recipients and transportation providers. In addition, the Verification Specialist will also enter Gas Log and Meals/Lodging data before releasing trips for payment.			

Name: TBH	Title: Appeals Specialist	Location: Missouri	Reports to: Manager, Claims
Role: The Appeals Specialist responds to all first-level appeal request from transportation providers, investigating the claim and documentation and working with the provider to resolve the issue.			

Name: TBH	Title: Workforce Coordinator	Location: Missouri	Reports to: Director – Workforce Management
Role: The Workforce Coordinator is responsible for forecasting and scheduling CSC staff to ensure all key call center metrics are met on a continual basis. S/He also monitors real time performance and diverts calls as necessary to react to peaks in volume caused by normal call patterns or emergency situations.			

Name: TBH	Title: Talent Acquisition Specialist	Location: Missouri	Reports to: Manager, Recruiting and Talent
Role: The Talent Acquisition Specialist will ensure our Nevada team is staffed with experienced and motivated employees focused on improving the recipient experience and increasing operational efficiency. S/He will actively attract, recruit, and hire the Nevada team and fill any vacancies throughout the life of the contract.			

Name:	Title:	Location:	Reports to:
TBH	Business Analyst	Missouri	IT Director
Role: The Business Analyst will collaborate with cross-functional teams and subject matter experts to achieve efficient processes. S/he will be responsible for the analysis, architecture, and specification of effective, efficient, and innovative business technology solutions and services, as well as project management during development and production. S/he will also ensure successful adoption of business technology solutions and services. In addition to these roles, the Business Analyst will conduct thorough data analysis to identify potential routing and scheduling opportunities.			

Corporate Personnel

Our executives are dedicated to the success of each contract we hold, beginning during implementation and continuing throughout the life of the program. These individuals lend valuable time to our local operations teams with complete dedication and commitment to each project. The members of our leadership team are familiar with all operational aspects required for program success and come to MTM with varying backgrounds to fully inform our approach. Their backgrounds are relevant to NET and this contract, and include:

- Transportation logistics and operations
- Nursing and healthcare provision
- Financial management
- Managed care
- Quality management

DHCFP will benefit from the overall experience of each of these corporate staff members through our hands-on approach. This team has ensured the successful operation of numerous programs throughout the country, and they are excited at the prospect of serving DHCFP and its recipients. The following tables detail the names, experience, and roles of each member of our executive team and the owners who are involved in daily operations. Resumes for these individuals will be provided to DHCFP upon request.

Name:	Title:	Location:	Reports to:
Alaina Maciá	President and CEO	Missouri	Board of Directors
Role: Alaina is responsible for overseeing all operations within MTM including the contracts with which MTM is involved. She is the executive liaison for all contractual and operational matters and ensures all contract deliverables are met within the required timeframes. She is the individual designated within MTM who is officially authorized to negotiate for and contractually bind the company in pursuit of this contract.			

Name: Alaina Maciá	Title: President and CEO	Location: Missouri	Reports to: Board of Directors
Alaina provides executive management of operations, technology, finance, accounting, legal, and marketing activities, delegating responsibilities downward through the executive team, department directors, and managers. She will be intimately involved in ensuring this contract's success.			
Years with MTM: 10			
Experience: During Alaina's time with MTM, she has overseen the implementation of numerous large government contracts, including programs in Wisconsin, Missouri, Kansas, Minnesota, New York, South Carolina, Texas, Mississippi, West Virginia, and the District of Columbia. For these clients, she has pushed MTM to continually improve and generate significant savings, generally between 10 to 25% over previous costs. Alaina has overseen MTM's growth from a $30 million company to an organization generating nearly $300 million in revenue annually. Additionally, she has guided MTM's expansion from Medicaid transportation to the fixed route, ADA paratransit, and ambulance claims adjudication markets. As a testament to her effective leadership, she has been the recipient of many honors, including being named one of 2012's Most Influential Businesswomen by the St. Louis Business Journal as well as being named in the publication's 30 Under 30 class in 2004 and 40 Under 40 class in 2011. Most recently, she was named to Mass Transit's 40 Under 40 List and received the Entrepreneur of the Year award in the Midwest Region's Healthcare Services category by Ernst & Young.			

Name: Stephanie Klass	Title: VP Finance	Location: Missouri	Reports to: President and CEO
Role: Stephanie helps MTM develop and manage key financial goals applied throughout the organization and oversees MTM's finance and accounting functions. Stephanie works to ensure that MTM is a financially strong and viable company able to fully support this program. She manages our relationships with banking partners, ensures the accuracy of financial information, and manages financial contract performance.			
Years with MTM: Two			
Experience: Stephanie has over 14 years of experience managing financial resources for large companies. Before joining MTM in 2013, she held positions with large firms in the St. Louis area handling policy compliance, budget development, financial infrastructure, and regulatory reporting. Stephanie's expertise in overseeing multi-million dollar operations in an effective and compliant manner gives her the necessary knowledge to assist MTM in responsibly growing our business while providing the best in service to our clients.			

Name: Martin Taylor	Title: Chief Information Officer	Location: Missouri	Reports to: President and CEO
Role: As CIO, Martin provides oversight of MTM's information technology functions, including the continued development of technical solutions and web-based tools that support our clients nationwide. He ensures our solutions and resources keep up with the exponential growth of the NET industry by driving infrastructure and innovation within our IT team.			
Years with MTM: One			
Experience: Martin's keen understanding of technical strategy and innovation is instrumental in helping MTM achieve our information technology goals. He came to MTM with over 25 years of technology industry experience, 14 of which were spent in senior IT leadership roles with large global organizations like General Electric, Anheuser Busch, and Monsanto Corporation. His accomplishments include implementing, integrating, and managing cloud and mobile based solutions for clients resulting in cost savings and revenue growth.			

Name: Heather Pekar	Title: VP Operations Systems	Location: Missouri	Reports to: CIO
Role: As Vice President of Operations Systems, Heather is responsible for the implementation, development, and oversight of our RSD software solutions. She works closely with clients to identify transit technology trends and create strategic plans for RSD enhancements. Heather is also focused on deploying technology solutions and enhancements in support of efficient NET operations.			
Years with MTM: One			
Experience: Heather has ten years of experience managing transit technology operations for large transportation firms. Through this extensive professional career, she has become an expert in a variety of intelligent transportation systems. Heather has developed and managed transit software plans and programs from the ground up, as well as designed systems to meet specific client needs. In addition to her strong work history, she holds a Bachelor of Science Degree in Computer Science from Texas A&M University.			

Name: Patrick McNiff	Title: VP Paratransit Operations	Location: Missouri	Reports to: President and CEO
Role: Patrick adds a vital component to our leadership team based on his extensive paratransit experience. He is instrumental in developing partnerships with local public transit systems to build transportation provider network capacity to respond to the needs of recipients. He consistently enables MTM to coordinate with paratransit and fixed route providers, and works to develop high quality networks of transportation providers. Patrick plays an integral role in MTM operations, including our Hamilton County, Ohio contract. Additionally he oversees our assessment contracts in Portland, Oregon and Raleigh, North Carolina. In Nevada, he will continue to establish working relationships with local resources, including federally recognized Tribes and county programs as appropriate, to build a high quality network of local transportation providers.			
Years with MTM: Five			
Experience: In past roles, he was responsible for managing all of Laidlaw Transit's NET operations through their Safe-Ride division. This division had operations throughout seven states in 14 locations, including statewide operations in Arizona and New Mexico. He was also a General Manager for a large transportation company with several locations throughout Southern California. He has served in leadership positions in the NET, transit, and paratransit industries for over 20 years as General Manager for Laidlaw Transit Services and Regional Vice President with First Transit.			

Name: Michele Lucas	Title: Chief Marketing Officer	Location: Missouri	Reports to: President and CEO
Role: Michele oversees MTM's Marketing, Business Development, and Client Services departments, directing all aspects of MTM's business development, account management, research, and product development efforts. She will be an integral part of the implementation of this contract, working with these teams to develop educational materials for recipients, medical providers, and transportation providers, including an introductory letter, informative brochures, website content, and program manuals. Throughout the life of this contract, she will continue to ensure MTM maintains effective communication with all program stakeholders.			
Years with MTM: Five			

Name: Michele Lucas	Title: Chief Marketing Officer	Location: Missouri	Reports to: President and CEO
Experience: With more than 23 years of sales and marketing experience, Michele brings an innovative approach to our strategic development. She understands how critical effective written and verbal communication with recipients and other stakeholders is, and continually leverages that knowledge and leadership for our clients and NET programs. Since joining MTM in 2010, Michele has developed a keen awareness and knowledge of NET operations, and utilizes that experience to ensure successful communication in each of our service areas. Michele also played an integral role in the implementation of our Houston and Wisconsin programs, overseeing mailings to over 1 million recipients and reviewing all policies, procedures, and documents prior to use in the contracts.			

Name: Donald Tiemeyer	Title: Executive VP and General Counsel	Location: Missouri	Reports to: President and CEO
Role: Don serves as head of MTM's Risk Management Committee, a subcommittee of our QMC. He responds to all potential risk incidents for investigation and appropriate action. Should MTM be involved in any incident or accident that involves litigation, Don supervises and coordinates the representation of MTM to ensure MTM's liability exposure is minimized. He is also a member of the MTM Credentialing Committee, which reviews qualifications of transportation providers and their drivers, including criminal background history, elderly abuse, sexual abuse registries, and motor vehicle driving records. He advises MTM's Board of Directors and Executive team on legal matters; develops and reviews all contracts with clients, vendors, and transportation providers; and represents MTM in all legal matters.			
Years with MTM: 20			
Experience: Don has served as corporate counsel to MTM from our inception in 1995, and has served as MTM's General Counsel since joining MTM in 2003, giving him more than 20 years of NET experience. He has overseen the execution of numerous contracts, and defended the interests of MTM and our clients. Don brings over 31 years of legal experience to MTM, 23 years of which he served as a principal engaged in the private practice of law.			

Name: WC Pihl	Title: VP, Business Development	Location: California	Reports to: President and CEO
Role: WC is a seasoned transportation professional with 20 years of experience in transit management and business development roles. He serves as an advocate for client satisfaction, assists with contract and labor negotiations, and provides operations experience to ensure the success of every program from implementation onward.			
Years with MTM: One			
Experience: Named to Mass Transit Magazine's Top 40 Under 40 in Transportation list in 2011, W.C. has been an active presence in the transportation industry for several years with MV Transportation and Laidlaw. Holding positions from General Manager, to Corporate Director of Safety and Training, to Executive Vice President of Business Development, W.C. has vast knowledge and exceptional understanding of transportation operations and client support at all levels.			

Name: Tammy Puyear	Title: VP Operations	Location: Missouri	Reports to: President and CEO
Role: Tammy oversees all functions within our operational departments including CSC activities, process improvement, regional program operations, network development, care management, and claims. She has ultimate authority over all areas of the operations footprint, including all aspects of the recipient experience, as well as internal processes for service intake and call handling. Tammy is responsible for developing comprehensive networks of transportation providers and oversees MTM's nationwide network of more than 1,250 providers. She is actively involved in guaranteeing appropriate transportation management through care management techniques, as well as the continued satisfaction of the medical facilities we serve. She works to continuously streamline MTM's processes and ensure full stakeholder satisfaction with our services.			
Years with MTM: Two			
Experience: Tammy has an impressive history of knowledge in call center operations, training, and management. Prior to joining MTM, she spent 20 years in leadership and marketing roles with Verizon. She holds an MBA and bachelor's degree in business administration and management. Tammy grew her career from a call center associate into several leadership roles in areas such as employee training, marketing, sales support, and assurance. She spearheaded projects at Verizon that provided process improvement and redesigned employee training materials. Since joining MTM, Tammy has been focused on improving our processes and ensuring efficient operations.			

Name: Aaron Crowell	Title: VP Client Services	Location: Missouri	Reports to: Chief Marketing Officer
Role: Aaron is responsible for MTM's managed care solutions and new product development for national and regional health plans. Working with our clients, he ensures that their voice is always considered during product development, implementation, and throughout the contract lifecycle.			
Years with MTM: Five			
Experience: Aaron has over 17 years of consulting, management and business development experience, the last five of which have been in the NET industry. He holds a Bachelor of Science degree in Business Administration, is on the board of the Health Information Management System Society (HIMSS), and is a member of the Project Management Institute (PMI) and the American Society for Quality (ASQ).			

Name: Kerri Schewe	Title: VP People & Culture	Location: Missouri	Reports to: President and CEO
Role: As Vice President of People & Culture, Kerri oversees MTM's Corporate Training and Human Resource departments. In this role, Kerri focuses on staff engagement and organizational design to streamline MTM's overall operations.			
Years with MTM: Two			
Experience: Kerri is a training and education specialist with more than six years of experience overseeing training programs. In her past roles, she has directed a variety of training curricula for corporations and educational programs for learning institutions. Kerri is also an expert in program development and implementation, executing creative solutions for training staff members of all levels and positions.			

Name: Pam Cook	Title: VP Implementation and Compliance	Location: Missouri	Reports to: President and CEO
Role: Pam leads MTM's implementation team, driving implementation of new programs, projects, and full-scale operational changes. She also oversees our Quality and Compliance team, ensuring we remain compliant with all contractual obligations and provide high quality service to our clients. Pam's oversight includes supervising the credentialing of our national network of transportation providers to guarantee their compliance with our standards.			
Years with MTM: One			
Experience: Pam has over 30 years of experience in business and process implementation, financial analysis, risk oversight, and quality assurance.			

Name: Pam Cook	Title: VP Implementation and Compliance	Location: Missouri	Reports to: President and CEO
She is an experienced professional that demonstrates initiative, leadership, and cross-functional collaboration. Pam joined MTM as Director of Business Implementation, where she was instrumental in several large-scale program implementations and internal process improvement efforts. Before coming to MTM, Pam served as Senior Vice President of Compliance Audit and Exam Management for CitiMortgage, Inc., where she focused on risk management and mitigation. She holds a Bachelor's of Science degree In Business Administration.			

Name: Phil Stalboerger	Title: VP Public Affairs	Location: Minnesota	Reports to: President and CEO
Role: As Vice President of Public Affairs, Phil manages MTM's government relations efforts around the country to ensure current and prospective clients are well-educated and aware of the issues they face for NET and home and community based services programs. He plays an important role in developing key relationships and strategies for new business prospects; bringing continued job growth to MTM's operating areas, and identifying solutions for addressing healthcare access.			
Years with MTM: One			
Experience: Phil brings more than 15 years of government relations experience to MTM. In previous roles, Phil was a Senior Government Relations Advisor at Faegre Baker Daniels, spent 12 years with Blue Cross Blue Shield of Minnesota in various legislative affairs roles, and served in legislative administration positions with the Minnesota Senate for five years.			

Name: Scott Seabaugh	Title: VP Home Care Operations	Location: Missouri	Reports to: President and CEO
Role: Scott leads MTM's home health efforts and works to expand our offerings to best meet the needs of our clients. His executive leadership at MTM is delivering best-in-class solutions that improve recipient outcomes while decreasing costs for our clients.			
Years with MTM: Three			
Experience: Scott has more than 18 years of management experience in the healthcare industry, with extensive knowledge and expertise in home healthcare, infusion therapy, specialty pharmacy, regulatory affairs and compliance, and managed care operations. He brings a proven track record of developing innovative products and services to meet the changing needs of the healthcare industry.			

Training Program

Educating and empowering employees is critical to improving stakeholder and employee satisfaction. The goal of MTM's training program is to engage employees early on, clearly set and communicate job responsibilities, encourage teamwork and a positive work environment, and ultimately increase recipient satisfaction rates, productivity, and employee retention. We developed a standardized training program, which is applied to our entire book of business and then customized to meet specific client protocols.

Along with visual introductions to MTM via short videos and PowerPoint slides, employees are exposed to auditory, tactile, and experiential learning techniques to round out training. Ice-breakers, role-playing, one-on-one individualized lesson delivery, and other team building activities are utilized to make the training sessions interactive, fun, and engaging, and to help employees get to know one another and build the team dynamic.

Based on this training, employees will be fully prepared to provide the best recipient experience possible. Our training facilitates job skill growth over a three to five week initial training period and includes the following topics:

- ***Background on transportation management, Medicaid, and medical terminology***
- ***Cisco and Interactive Intelligence telephony system***
- ***MTM's NET Management System***
- ***Confidentiality, including HIPAA safeguards and compliance***
- ***Cultural diversity, honoring recipients' beliefs, sensitivity in communication, and Culturally and Linguistically Appropriate Standards (CLAS)***
- ***Using Voiance interpretive and TTY/TDD services***
- ***Customer service (soft-skills) and professionalism, especially when working across cultures, with persons with special needs, or managing difficult behavior***
- ***Active listening, documentation, and restating trip details before concluding the call***
- ***Referring callers with an emergency to 911 or the appropriate first response unit***
- ***Nevada specific contract requirements, protocols, and MTM policies and procedures***

Training Approach

MTM's dedicated training team develops and deploys training based on adult learning theory. In doing so, we directly utilize principles that ensure training is effective and:

- ***Relevant to the experience or intended experience of the adult learner***
- ***Engaging to ensure the adult learner retains knowledge and concepts by involving individuals in discovery and exploration rather than simply receiving information***
- ***Active and replicates as closely as possible the environment within which the skill or knowledge will be executed***

Training methods include eLearning, web-based instruction, role-play scenarios, and instructor-led classroom sessions and our approach is flexible and determined by factors such as topic, length of training time required, and audience size and location. Our CSCs are geographically dispersed, and we arrange for distance learning via technology or appropriate travel when necessary. New techniques and methods along with collaborative learning will be embraced regularly to address the needs of auditory and visual learning styles. Successful training results in employees having the ability to interact with recipients effectively.

Guest Speakers Raise Disability Awareness

In an effort to better connect our CSRs to NET system recipients, MTM's ETO department regularly works with local recipient and advocacy groups to have volunteers come in and present during training. During these face-to-face sessions, CSRs benefit from first-hand accounts from the very people they interact with on a day-to-day basis. These meetings raise disability awareness and increase sensitivity in a natural and thought provoking environment. Additionally, these sessions increase public approval of the project as they highlight our dedication to the NET recipients we serve.

Training Material Development

MTM's training approach is ever-changing and evolves based on best practices, employee feedback, and changing needs and requirements. During implementation, our training team will provide a comprehensive training curriculum, including materials and tools utilized in the CSC. While many initial training materials will be customized from existing materials utilized throughout our book of business, these items will be updated and maintained to ensure the best learning experience possible for employees. In Appendix G we have provided sample training materials that we currently use for CSR training; upon contract award, these materials will be altered to include training guides, job aids, proficiency tests, role-playing scenarios, and other reference tools specific to the program.

Training Delivery

After hire, employees will take part in a formal classroom-training program, including new hire orientation, followed by one week of side-by-side training with a supervisor or peer in a controlled environment. Our training programs prepare new hires for success on the job and keep existing staff well versed in day-to-day operations, as well as changes necessary to best serve recipients.

> *"The tone of the classroom has been very friendly and I have felt very comfortable asking questions. Training has easily been the most comprehensive of any I've ever had and it is clear that MTM wants us to be as prepared as possible before putting us on the phones."*
>
> **Josh D.,** *Wisconsin CSR*

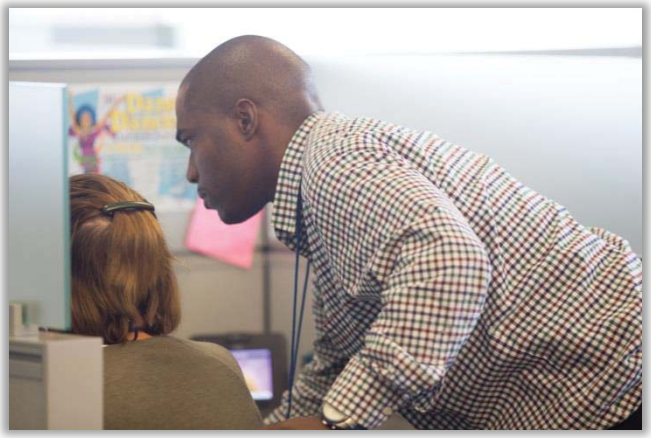
As previously mentioned, classroom training approaches will include eLearning, web-based instruction, role-play scenarios, and instructor-led sessions. Our experienced Corporate Training and Development team will facilitate the majority of training activities, and will regularly embrace collaborative learning and innovative techniques to address the needs of auditory and visual learning styles.

CSR Training

MTM will provide several customer service training modules for CSR staff, including those noted in Figure 29. Additional modules and certification requirements will be integrated into our training at the request of DHCFP.

MTM Training Topics	
Customer Service Representative, Professionalism	The Customer Service Representative Customer Service Center Services and Work Environment Team and Customer Relationships
Customer Service Representative, Skills	Customer Interactions Communication Skills Conflict, Stress, and Time Management
Customer Service Representative, Process	Customer Service Processes and Procedures Quality in a Customer Service Center Customer Service Center Tools, Technologies, and Metrics Dealing with Irrational Customers and Escalating Complaints
Customer Service Fundamentals	Customer Service Fundamentals: Building Rapport in Customer Relationships Customer Service over the Phone Internal Customer Service Customer Service Confrontation and Conflict Shaping the Direction of Customer Service in Your Organization
Customer Focus	Identifying and Managing Customer Expectations Creating and Sustaining a Customer-Focused Organization Customer-Focused Interaction
Customer Advocacy	Customer Advocacy: Communicating to Build Trusting Customer Relationships Customer Advocacy: Enhancing the Customer Experience Customer Advocacy: Supporting Customer Advocacy

Figure 29: MTM Training Topics. CSRs will receive training on a broad range of topics prior to taking calls from DHCFP recipients.



When classroom training has been successfully completed, the CSR will move on to the next training phase: side-by-side training in a "nesting area" where s/he will take calls while being closely monitored by a CSC Training Coach. Before moving into the nesting area, the employee is required to take an assessment to ensure effective learning transfer, as well as adequate understanding of his/her role and how to execute job duties satisfactorily. Employees must score a minimum of 90% on this assessment. CSRs receive specialized attention while they are in the nesting area, who provide real-time assistance and direction for call intake. These resources provide assistance with general questions, navigating through the system, process workflows, and how to effectively communicate with a variety of recipient populations. Following completion of side-by-side training, the CSR will be released to independently accept calls from recipients.

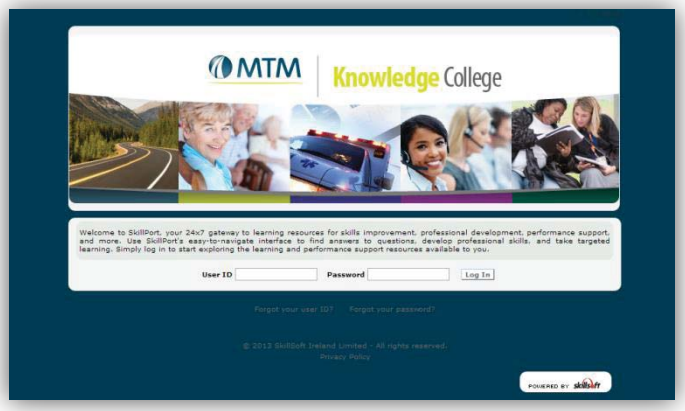
Training Management Level Personnel

All key personnel for this program will receive at least two weeks of training by a corporate supervisor or peer. They will be exposed to all departments, the functions of those departments, and how to work with the corporate office. Corporate implementation staff will provide side-by-side training until all management personnel are proficient in their roles. MTM knows that the better educated and trained the employee is, the better the employee's performance. This results in greater job satisfaction and improves retention, an area in which MTM provides a great deal of focus.

Ongoing Training

While MTM firmly believes that our initial training curriculum is solid and provides adequate knowledge to our employees, we do not stop there; throughout employment, our staff receives continual training opportunities, including annual performance reviews and access to our online video library. In particular, our CSRs receive periodic training sessions with their supervisors, as well as weekly call monitoring and reviewing, further described in Section 3.9 Information Systems and Technology Requirements, 3.9.2.7. Through these activities, we are able to ensure optimal employee performance and satisfaction at all times.

Knowledge College



Employees also have access to ongoing training opportunities through our online knowledge and learning management system that we call Knowledge College. The knowledge and learning management system contains hundreds of online training sessions that are accessible 24 hours a day, seven days a week, for staff to develop their job skills and earn certifications. These courses cover a wide variety of subject matter in order to meet the various training needs of all our employees, from job-specific technical courses to topics such as Excel, Word, Communication, Time Management, Organizational Skills, Leadership Essentials, and Sales. These courses, and associated components, are used to enhance job training and performance and as part of employees' personal and career development plans. After completing each self-paced training session, the employee completes a quiz on the covered material and must score an 80% or higher to earn the Certificate of Achievement. The Corporate Training and Development team receives an automatic alert when an employee earns a certificate, and a copy is placed in the employee's file. Supervisors can also select specific subjects for team training. Participation in the online training library is a part of each employee's annual evaluation, as it enhances current skills and promotes professional and personal growth.

Retaining Employees

Among the attributes leading to our successful operation of NET programs similar to DHCFP's, is our traditionally low turnover rate and the retention of long-term, successful employees from incumbents. Although the call center industry's standard turnover rate is approximately 25%, MTM has been able to achieve much lower attrition rate because of our practices and commitment to our teams, as shown in Figure 30. In our experience, turnover is highest during implementation and training, but slows after service begins; therefore, we overstaff during transition to prepare for natural attrition.

Attrition Rates for CSRs	
Methodology	***Attrition***
Attrition excluding internal employee transfers, layoffs, contracted staff, and employees who did not make it past the 90 day probationary period	*4.32%*
Attrition excluding internal employee transfers, layoffs, and contracted staff	*6.89%*
Attrition excluding internal employee transfers and layoffs	*7.39%*
Un-adjusted attrition	*8.42%*

Figure 30: Attrition Rates. MTM's attrition rates and associated calculation methodologies.

Outside of training and development, MTM strives to retain qualified personnel through a culture of excellent employee relations. We take several steps to minimize turnover and encourage careers with our employees. Additionally, MTM offers a benefits package that features a multi-tiered program of health coverage options. As MTM's employee base continues to increase, we strive to be the best employer possible by offering a wide array of benefits to keep staff satisfied with their jobs, encourage positive interactions in the workplace, and inspire employees to adopt healthier lifestyles and increase control over their health.

Through mentorship opportunities, our ultimate goal is to develop top-tier staff for future leadership positions. This begins during our thorough new hire training and continues throughout employment with MTM. We believe in the importance of constantly cultivating the skills of our talented staff, and host regular roundtable sessions, team meetings, and refresher training to keep CSRs engaged and aware of ongoing changes to protocols, process improvements, or as a supplement to performance discussions and coaching sessions.

Our ratio of supervisors to CSRs (1/17) is smaller so supervisors can provide hands-on support and coaching on a regular basis. Our Floor Support Representatives walk the floor and provide immediate support to CSRs in response to questions or call escalations. Additionally, CSRs are provided job shadowing opportunities in other departments, allowing them a different perspective on our operations and offering insight into future job prospects.

Staff interaction is a key focus in our call centers, with celebrations, fun activities, and rewards to celebrate holidays, new employees, and achievements. We also promote community engagement in the areas we serve, organizing volunteer activities like canned food drives, family adoptions, charity run/walk teams, and more to support the customers we serve. Pictures from these events are posted on our intranet news site, which we call MTM Core, to promote our culture and allow employees throughout all of our operating locations to remain tightly connected. A screenshot of MTM Core is provided in Figure 31.

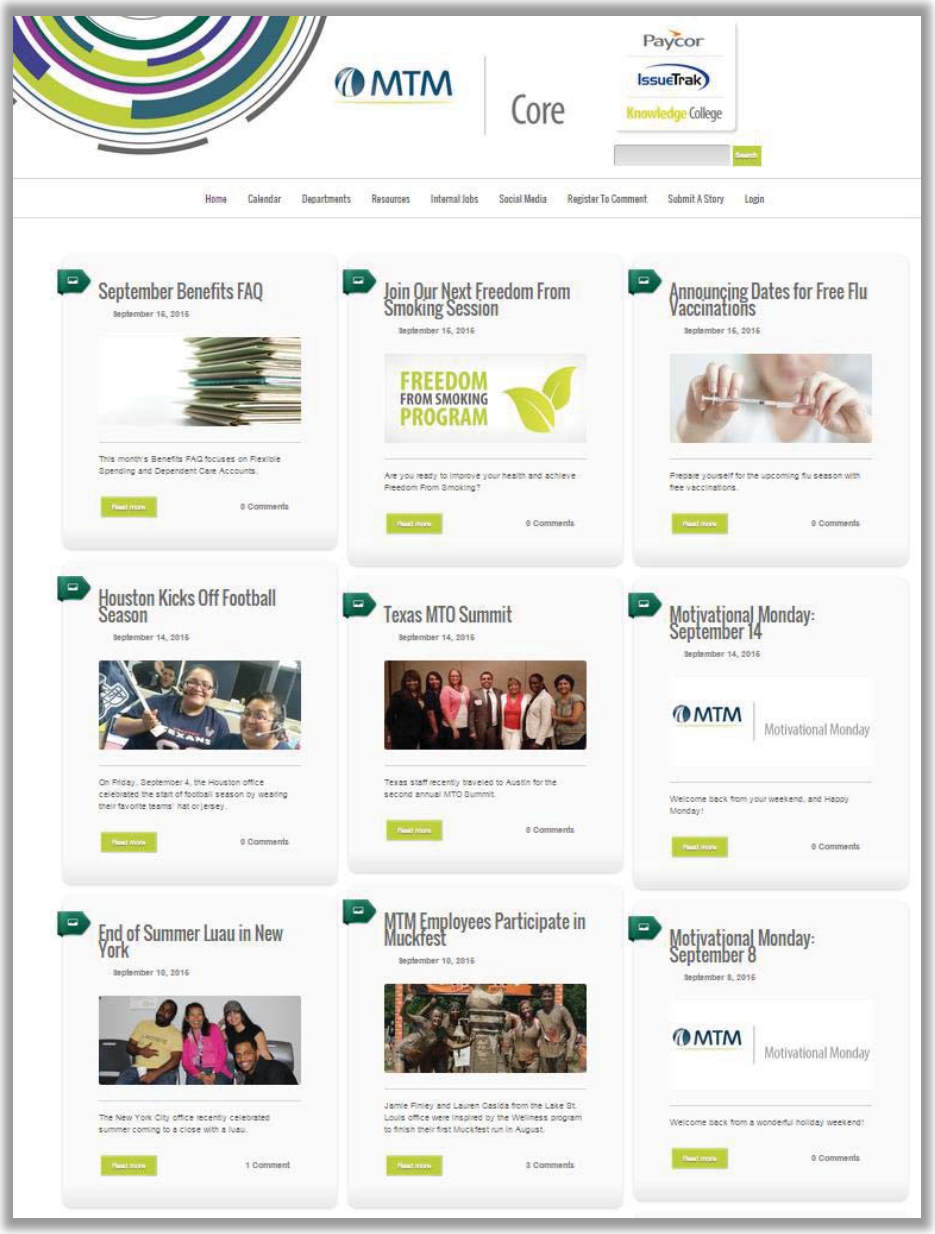


Figure 31: MTM Core. MTM's intranet news site helps engage employees in our unique culture.

To further enhance employee morale and overall culture, we maintain a positive open door environment, empowering our staff to communicate any issues or concerns they may have for positive resolution. To incentivize continual improvement in our staff's performance, MTM leverages tiered pay-for-performance programs. Within these programs, employees are encouraged to perform above our basic standards with opportunities for valuable bonuses and advancement to the next tier. With hard work and reliability, our staff can earn raises of up to $1.50 an hour within a matter of months. Brochures promoting our incentive plan for CSC employees can be found in Appendix F.

Our incentive program also leverages non-monetary benefits for performance, like extra time off and small prizes for excellent work. For example, we occasionally host friendly competitions amongst CSRs to boost morale and overall performance. Prizes for such competitions include extra paid time off; small giveaways like MTM-branded T-shirts, mirrors, and notepads; and company-wide recognition on MTM Core, as well as company social media outlets.

Working at MTM becomes more than just a paycheck for our staff; with our focus on a positive culture, our staff come to truly care about the services we provide. We want our employees to leave the office every day feeling like they have made a difference in our recipients' lives. This mindset is engrained in everything we do, with CSRs always remembering the importance of sensitivity and respect to meet recipients' needs and remove community barriers.

In early 2015, MTM was designated a Gold Level recipient of the American Heart Association's Fit-Friendly Worksite Recognition program.

As evidence of our commitment to employee satisfaction, MTM was a finalist in the St. Louis Business Journal's 2014 Best Places to Work. Based solely on feedback obtained through an employee survey, the designation recognized MTM for offering a dynamic work environment to satisfied employees. MTM's corporate culture promotes healthy living, excellent work-home life balance, and strategic career advancement opportunities in a rewarding work environment.

Employee Benefits

MTM offers a benefits package that features a multi-tiered program of coverage options, enabling more employees to obtain appropriate coverage and greater flexibility in their choices. We continually hear that our benefit package provides far more comprehensive coverage at a much lower cost to our employees than our competitors. These innovations aid in employee recruitment, satisfaction, and retention. MTM's benefit schedule is as follows:

- ***Holiday Pay:*** *All full-time employees receive eight paid holidays.*
- ***Health Insurance:*** *All full-time hourly employees are eligible for enrollment in MTM's low cost alternative health plan the first of the month after two month of employment. After a year of service, employees can enroll in the more comprehensive medical plan. All full-time salaried employees are eligible for enrollment in MTM's comprehensive health plan effective date of hire. MTM's health insurance includes options for medical, dental, and vision coverage.*
- ***Flexible Spending Account:*** *Full-time employees can use the flexible spending account for medical or dependent care. The employee does not need to be enrolled in MTM's health insurance program to qualify for this program.*

- ***Employee Assistance Program:*** *MTM offers this strictly confidential program free of charge to all employees or immediate household family members to help employees and their families deal with issues such as parenting and childcare; eldercare; relationships; work and career; and financial matters.*
- ***Life Insurance:*** *All full-time employees receive a company-paid group life insurance policy. Coverage is one time the annual salary with a maximum amount of $50,000.*
- ***Annual Vacation/Sick Leave:*** *All employees receive paid vacation leave and sick leave based on hours worked and length of service.*
- ***Employee Leave of Absence:*** *Full-time employees are granted leave for bereavement or administrative reasons. Employees may also request leave without pay for up to three months.*
- ***401(k):*** *All employees, both full and part-time, are eligible to enroll in the company-sponsored 401(k). MTM will match 100% for employee contributions up to the first 3% and 50% for additional contributions up to a maximum of 5% of contributions per pay period.*
- ***Awards and Bonuses:*** *MTM recognizes employees for exemplary performance through quarterly and annual bonus programs. Employees at every level of the organization can qualify for incentive payments and bonuses.*
- ***Wellness Program:*** *MTM is committed to the ongoing personal health and wellness of our employees, as well as the communities we serve, as described below.*

Wellness Program

As evidenced by our comprehensive benefits package, MTM is committed to the ongoing personal health and wellness of our employees. Overseen by Director of Corporate Wellness Chris Mileski, and guided by our employee-based Wellness Committee, the program focuses on prevention and ongoing health improvement.

Our wellness program also incorporates a smoking cessation program to assist employees in permanently bettering their lives by freeing themselves from tobacco. As MTM's employee base continues to increase, we strive to be the best employer possible by offering a wide array of benefits to keep staff satisfied with their jobs, encourage positive interactions in the workplace, and inspire employees to adopt healthier lifestyles and increase control over their health. Through this program, MTM strives to create a culture of wellness that:

- ***Improves the general health of our employees and the community at large***
- ***Encourages awareness of health-related issues***
- ***Increases staff productivity***
- ***Improves employee morale***
- ***Reduces overall healthcare costs***

By contracting with MTM, DHCFP can offer Nevada residents an opportunity to work for and receive service from a company committed to improving health and wellness. This program is beneficial to MTM, DHCFP, and all employees, and is just one of MTM's progressive efforts to retain qualified and satisfied employees.

3.4.12.2 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.

Business Manager, Sandra Stanko

MTM is pleased to propose Sandra Stanko as Business Manager for this contract. As the Business Manager, Sandra will be located on-site in our DHCFP-approved business location and will have ultimate responsibility for our NET functions, ensure performance metrics are accurately tracked to appropriately implement PIPs, and oversee compliance with all requirements. Additionally, she will have the authority to make decisions and resolve problems on MTM's behalf. Sandra will be actively involved in the implementation of this program and will ensure that qualified staff are hired and trained. She will serve in a leadership role, working with other key staff to manage the day-to-day operations of this program. She will meet with DHCFP on a regular basis to review our NET operations and DHCFP will be able to contact her directly via telephone on a 24/7 basis.

Sandra is exceptionally qualified to serve as MTM's Business Manager, with over 25 years of experience leading transportation operations, including RTC operations in Las Vegas as the Director of Transit Services. In this position, which Sandra has held since 2004, she oversees RTC's fixed route, bus rapid transit, and paratransit system operations, including call center, customer service, and certification activities; fleet procurement and maintenance; quality assurance; transportation network development; and funding and grant solicitations. Sandra has excellent relationships with the RTC and associated providers, which will help MTM coordinate trips under DHCFP's contract.

In previous positions, Sandra served as General Manager for Laidlaw's Las Vegas ADA Paratransit operations, along with Assistant General Manager, Project Manager, and Director and Business Manager for various companies in Southern California. This experience has allowed Sandra to develop understanding and expertise regarding all aspects of transit management. Paired with her extensive knowledge of Nevada-specific operations, her excellent relationship with RTC, and proactive management style, MTM is confident Sandra will perform exceptionally as Business Manager for DHCFP's NET program. Sandra's qualifications are further detailed on her resume provided in Tab VIII – Attachment G – Proposed Staff Resume.

3.4.12.3 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.

Should MTM change key staff, we will notify DHCFP within seven days, and acquire preapproval of the change from DHCFP.

In Section 3.9 Information Systems and Technology Requirements, 3.9.2.1 of our proposal, we have identified a non-residential business office within the State of Nevada, which will maintain office hours from 8:00 am to 5:00 pm Monday through Friday, except for State holidays. We understand the importance of a physical presence within Nevada for conducting business with recipients and transportation providers, as well as DHCFP. This proposed location will also serve as our CSC.

3.4.12.4 The vendor must make available 24-hour, 7 days a 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 center). 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 the 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.

Calls received during normal business hours will be answered by CSRs in our local Las Vegas CSC. Outside of regular business hours, recipients will receive 24/7 access to quality service through our state-of-the-art corporate CSC in Lake St. Louis, Missouri. After hours, weekend, holiday, and back-up support will be provided through this location as needed. Calls placed during these timeframes will be automatically rolled over to this location. MTM's corporate CSC operates 24 hours a day, seven days a week, and 365 days a year. We will ensure that all CSRs at our corporate CSC are trained to handle calls from Nevada recipients. Calls will never go unanswered and recipients will never receive voicemail as 24/7/365 access is always available.

If a recipient calls to schedule an urgent trip outside of regular business hours, they will always be able to reach a CSR to assist them by following the prompts of our IVR system. We do not currently use voice messaging in our CSCs as all calls are answered by a live person, and recipients should receive feedback immediately instead of waiting for a return call.

Additionally, as detailed in Section 3.9 Information Systems and Technology Requirements, 3.9.2.1, MTM's proposed central business office will have the capacity to send and receive facsimiles, and email at all times, as well as the ability to reproduce documents as requested. DHCFP staff will be able to reach Business Manager Sandra Stanko and key staff directly, without going through the scheduling staff.

3.4.12.5 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 six (6) 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 this contract will be stored at or accessible from our local central business office. We will receive DHCFP's approval of our record storage location and procedures during implementation. Records will be stored in an orderly and secure manner, and will be made readily available for review at DHCFP's request. Any records stored electronically will be made available in hard copy as necessary.

All records will be retained for at least six years following the contract end; records involved in an audit that remains in progress at the end of the contract term will be retained for five years after the conclusion of the audit.

Disaster Recovery Plan

Preparing for adverse situations by having contingencies in place is important for ensuring recipients receive NET services in spite of extreme weather conditions, power outages, and other disastrous scenarios. To appropriately handle these situations, we have built extensive redundancy into our program management and systematically apply recovery responses. We are committed to working collaboratively with DHCFP and assisting transportation providers and other stakeholders in the event of a catastrophe in Nevada.

For example, recipients will always receive call intake services during emergencies because each of our locations are linked, allowing the automatic rerouting of calls to any of our CSCs. Specifically, our Lake St. Louis, Missouri; Pulaski, Virginia; Houston, Texas; and Madison, Wisconsin locations are fully redundant and employ back-up generators, ensuring service is always available. We also provide back-up support to our automated processes with manual processes.

Further, because all data is stored within our secure NET Management System, which is housed in our corporate headquarters and backed up on a nightly basis, DHCFP is assured all data will remain safe and accessible despite failure.

In our Business Continuity and Disaster Recovery Plan, MTM identifies our processes for minimizing disaster threats, continuing to accept calls and schedule transportation during emergencies, and minimizing the loss of records due to disaster, as well as details regarding our off-site storage facility. The plan includes an MTM contact list, back-up components, high availability details, and disaster recovery methods, and addresses topics like employee training, key business functions, plan testing, and communication. We also outline the following scenarios and our response to each:

- ***NET Management System goes down at all sites, but power is on and phones are up***
- ***Phone server goes down for a reason other than power outage***
- ***Power outage at corporate headquarters or remote location longer than a few hours***
- ***Telephone lines down at corporate headquarters or remote location***
- ***Natural disaster makes headquarters or remote location unavailable***
- ***Inclement weather or flu type epidemic at corporate headquarters or remote location results in reduced staffing***

While this list is not comprehensive of the possible situations that could occur, MTM's plan focuses on likely scenarios and ensures that we can respond to each swiftly and efficiently. Communication during a catastrophe will be of the utmost importance. DHCFP will be immediately notified if our systems go down, and we will keep all stakeholders informed of the particular situation to minimize confusion and avoid further complications.

We have provided a draft Business Continuity and Disaster Recovery Plan in Appendix I. Upon contract award, this plan will be customized to meet the requirements and specifics of the Nevada NET program and a final version will be submitted for DHCFP's acceptance prior to the start of service. This plan receives annual review from our Quality Management department to ensure it is up-to-date and consistent with industry standards.

3.4.13 Implementation Work Plan

Vendor shall develop a thorough implementation work plan and implementation staffing plan sufficient to ensure service start-up within ninety (90) days of contract award. Vendor must pass a thorough readiness review by the Division or its designated agent 30 calendar days prior to service start date.

For the transition to our services to be successful, the readiness testing and implementation plan needs to be supported by an appropriately staffed and fully qualified team. We have both of these in our proposed local management team and executive level staff.

In addition to a plan and team, effective implementation requires that the processes and systems required to provide the services be in place. To demonstrate our readiness to implement this program, MTM has developed a tentative Implementation Plan that details the work we will perform prior to the operations start date. This plan, provided within Appendix A, details the activities, milestones, responsible parties, and timeframes necessary to implement this program and meets all RFP requirements. By following our plan, we will be prepared for Readiness Testing.

We developed our initial plan based on our experience with and understanding of:

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

Adherence to similar implementation plans has enabled MTM to start up countless NET programs efficiently and without service disruptions. We designed our plan to accomplish a logical sequence and efficient use of resources in a timely manner. With MTM's extensive knowledge of NET services, DHCFP can rest assured of our ability to create a smooth transition to our quality services for all stakeholders.

As detailed throughout this response and in our proposed Implementation Plan, MTM has all the necessary components to effectively implement this program and will provide a smooth transition that guarantees contract compliance, stakeholder inclusion, and DHCFP satisfaction.
Within 90 days of contract award, MTM will submit a finalized implementation work plan and implementation staffing plan to DHCFP.

Prior to implementation launch, MTM will be thoroughly familiar with all of DHCFP's NET requirements. During the initial RFP response process, we reviewed the program requirements and compared these against our standard operating model and our ability to provide the requested services. This review process ensures that the entire MTM team understands, well in advance of any contract award and implementation, the Scope of Work and what is required—financially, technologically, and operationally—to implement and manage the program.

An Effective, Comprehensive Implementation Kick-off

Once the contract has been awarded, our Implementation Team will conduct an internal kick-off meeting and launch the implementation process. MTM's Implementation Team will be led by Business Manager Sandra Stanko and Implementation Project Manager Valerie Barr with oversight provided by CEO Alaina Maciá.

Alaina has extensive implementation experience gained through implementation of similar programs such as those in the District of Columbia, Kansas, South Carolina, Minnesota, Wisconsin, Texas, Mississippi, and West Virginia. Alaina will oversee the entire implementation period, as well as the 90 days post go-live date, to ensure that the program is operating to the satisfaction of DHCFP. She will have the ultimate authority to make programmatic changes to ensure the success of the program. MTM will provide a demonstrable level of executive team commitment, beyond that which any other contractor can offer to DHCFP.

The implementation team is comprised of our entire executive team and key management staff. The team will review the RFP, our response, and the implementation plan, which includes the key deliverables, associated due dates, and the contract compliance matrix. The plan will then be discussed in detail, responsibilities will be clearly defined, and a list of needs/questions for each department will be generated.

Any potential challenges and issues will be discussed, and teams will be assigned to address these in independent meetings. Each team will have a leader who is responsible for developing a solution and an associated plan, which is reported to the Implementation Manager. The Implementation Manager will then incorporate these plans into the overall implementation plan. Following contract award, we will also hold a commencement meeting with DHCFP to discuss the implementation plan and readiness review in detail. Key deliverables and any issues DHCFP would like MTM alerted to during the implementation process will be discussed, administrative issues addressed, and important materials obtained.

Ongoing Meetings

In addition to overseeing the implementation process and any known issues, the Implementation Team will hold weekly implementation meetings with DHCFP staff. The Implementation Manager will develop an agenda prior to each meeting to ensure effectiveness; topics for discussion will be categorized into our four implementation focus areas: Transportation Network, Technology, Facility/Staff, and Outreach/Communication. Along with agenda topics requested by DHCFP, a representative from each key department will be present to provide updates and answer questions. Immediately following the client meeting, the Implementation Team will discuss any issues or challenges addressed during the meeting and assign tasks and deliverables to individual staff members who will be held accountable for its completion. These meetings ensure communication, accountability, and transparency between MTM, DHCFP, and the various departments at MTM.

Compliance Matrix

At the onset of a new contract, MTM develops a compliance matrix that covers all contract requirements as specified in the final RFP and resultant contract. The Business Manager, Implementation Manager, Quality Management department, and our designated Implementation Team work closely to ensure all performance standards, milestones, and deliverables are identified on the matrix. The Business Manager then assigns each requirement to an internal staff person who has oversight of that particular requirement, with the Implementation Manager overseeing the process as a whole. It is the responsibility of the internal staff person to ensure that we have processes, procedures, technology, and/or manpower to perform or meet the necessary requirement within the required timeline. The compliance matrix will be tested informally throughout the implementation process, formally during the system and operational readiness reviews, and thereafter it will be used to guide our performance and adherence to contractual requirements.

An internal Compliance Auditor will audit our continued performance to the compliance matrix on an annual basis. Through this program, MTM conducts a continuous cycle of self-monitoring to achieve NET excellence, process integrity, and contract compliance.

Ensuring Implementation Success

MTM is proactive in identifying potential issues and resolving problems before they escalate. Potential challenges are addressed during our weekly implementation meeting. In any instance where an issue is discovered during the implementation of the NET program, the Implementation Team will inform DHCFP and immediately set out to resolve the issue.

As evidence of our ability to successfully mitigate issues during implementation, we successfully navigated a major challenge during the implementation of our Wisconsin NET contract. During one of our daily status update meetings with our telephone contractor, we learned that the communication system would not likely be ready by our go-live date. Because of the seriousness of the issue, we informed the client the same day and outlined two contingency plans that we had already set in motion to ensure uninterrupted service. The first plan consisted of temporarily renting out a secondary facility. The identified backup location was already wired for the needed telecommunications systems, and our CSR and IT teams were prepared to make the necessary move. The second plan involved the enlistment of a group of CSRs at our Lake St. Louis corporate CSC who were willing to work overtime to take on the responsibility of fielding calls from Wisconsin recipients. Although we had the necessary technology, personnel, and training in place to implement both contingency plans, neither was needed, as the telephone contractor was able to finish the installation in time. The client was quite happy, though, with the oversight from the Implementation Team, daily updates, transparency of the situation, and the effective contingency plans that were put in place to safeguard against any interruptions in service.

Recruiting, Hiring, and Training Local Staff

As defined in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.12.1, several key positions have been filled with capable staff. Upon award, we will recruit and hire staff not yet identified and immediately commence training. Training will be conducted in the corporate and/or local offices, or in the field, depending on the position, and includes a review of important information, such as:

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

MTM knows that employee performance improves when staff receives appropriate education and training and understand set expectations. Better job performance results in greater job satisfaction and improves retention, and in turn greatly contributes to higher stakeholder satisfaction with MTM's overall performance. CSRs will be trained and ready to take calls a minimum of two weeks prior to the transportation commencement date. We pride ourselves on working with recipients and ensuring they are satisfied with the services we provide them. Our CSRs understand that we demand professional, courteous customer service for all callers, and our training emphasizes this. By leveraging similar training during the Mississippi implementation, we successfully hired and trained more than 80 local team members prior to the go live date. Most recently in our West Virginia contract, we hired and trained 65 new employees in under three months.

MTM recognizes that the transition to going live for services will create increased call volume due to general inquiries and issues. We have found that overstaffing by 15%, using employees from other CSCs, for the first 60-90 days enhances the customer service experience significantly, and therefore we will utilize this strategy in Nevada. We will also support the local team by bringing CSRs and Floor Support Representatives from our CSC location in Missouri to provide support and assist with training on site for at least two weeks. Finally, we will also train CSRs at alternate CSC locations on DHCFP protocol so that we may divert calls to these locations if needed to manage peaks in call volume. These strategies will ensure that all calls are answered promptly, to the satisfaction of stakeholders.

Establishing a Transportation Provider Network

Prior to the start of the contract, MTM will have a comprehensive network in place able to provide adequate service coverage to meet the needs of eligible recipients throughout the State of Nevada. This network will be comprised of high quality, credentialed, and trained transportation providers. We will also fully credential a network of non-medical transportation providers.

MTM understands that transportation providers are the backbone of a successful NET program, and we have already begun to recruit a sufficient local network. We seek the best providers in a given area and uphold strict credentialing criteria for those who join our network.

Once a list of potential transportation providers is generated, we begin our credentialing and rate negotiation process. This approach is similar to the process we facilitated during the implementation of our Mississippi and West Virginia contracts. During the implementation periods for these programs, we contracted and credentialed more than 45 transportation providers for Mississippi and 60 transportation providers for West Virginia. These entities are now providing high quality NET to recipients throughout the service area.

Education, Training, and Outreach (ETO) Activities

During transition, ETO Manager Tina Gee will implement our ETO Program. This includes educating recipients, medical providers, and key stakeholder groups. Having well educated stakeholders improves satisfaction with the program and minimizes transition issues and complaints. MTM educates recipients by sending informative brochures to them through the mail. To educate medical and transportation providers, we mail introductory letters and invite them to contact us for in-service meetings and town hall meetings. We also identify dialysis facilities and other special needs groups in the state. For example, in West Virginia we held town hall meetings in four regions of the state, and completed more than 50 training activities and small-group meetings. Additionally, ETO extends past the go-live date and will be conducted routinely throughout the life of the contract to ensure satisfaction with the program. Having a thorough ETO Program is critical to the successful operations of NET services, and MTM is experienced in ETO techniques that help recipients better navigate the system. A draft of MTM's ETO program can be found in Appendix H.

Readiness Testing

The foundation of MTM's implementation plan is to design a customized program for DHCFP built upon our standardized policies, procedures, and automated systems. While other activities occur, MTM's Implementation Team and IT department will convene to determine if the policies, procedures, and automated systems are in place to meet all contract requirements. MTM will ensure system compliance through integrated ITS testing.

MTM will work closely with DHCFP to develop an Operational Readiness Test Plan and perform to the plan to demonstrate that MTM is ready to successfully assume all duties needed to smoothly operate the Nevada NET program.

Trip Entry and Verification

The final, critical steps in the implementation process are entering all trips into our system, dispatching trips to transportation providers, and ensuring those providers can handle the volume of trips assigned. We will collect recurring trip information directly from medical providers; whenever possible, the same transportation providers will be assigned the trip. We will also begin to take live trip requests from recipients for their non-recurring medical appointments prior to the go-live date.

Implementation Summary

In summary, MTM has the key ingredients to ensure a seamless, timely, and effective implementation of DHCFP's NET program, including a robust plan; an experienced team; policies, procedures, and automated systems; a plan for credentialing and contracting a network of transportation providers; and the necessary experience implementing and managing programs similar in size and scope. Each of these aspects will assist MTM in transitioning DHCFP's NET program with ease, while focusing on the primary goals of quality service, cost savings, and recipient access to healthcare.

With our detailed implementation plan, we will be prepared for the Readiness Reviews prior to the operations start date or as directed by DHCFP. Prior to this review, we will submit all required documents, plans, manuals, and forms, and demonstrate that our systems meet DHCFP's expectations. We will make all changes determined to be necessary during the review for a successful transition to MTM's services.

3.4.14 Medicaid Policy Manual

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

MTM has reviewed the Medicaid Services Manual, and assures DHCFP that we will comply with all requirements related to the operation of the Nevada NET program, including Chapter 1900.

3.5 NETWORK

3.5.1 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:

3.5.1.1 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.
- The geographic location of providers and recipients and whether the non-emergency transportation provider can provide physical access for recipients with disabilities.

To ensure recipients are transported safely and responsibly, MTM will rely on our proven network management techniques to recruit, credential, contract, and monitor quality transportation providers—a true strength of MTM's. We only contract with the highest quality transportation providers, resulting in a sufficient network capable of delivering the number of vehicles and types of transportation required to meet recipients' NET needs and timeliness standards. We will recruit a network of subcontracted providers composed of the following modes of transportation:

- ***Commercial transportation providers***
- ***Individual transportation providers***
- ***Volunteer transportation providers***
- ***Non-medical transportation providers***

In evaluating the adequacy of the network, we utilize a mathematical equation that considers the following:

- ***Expected utilization of services of specific Medicaid populations***
- ***Current enrollment and any anticipated enrollment changes***
- ***Geographic location of transportation providers and recipients***

Our network will cover the entire state, as well as neighboring counties in bordering regions. Information regarding each transportation provider's service areas will be stored in the NET Management System throughout the life of this contract.

As part of our initial recruiting efforts, we held informational town hall meetings in Las Vegas, inviting transportation providers from across the state. We believe many of these entities will join MTM if we are awarded the NET brokerage contract. We are confident that we can build a strong, high quality network throughout the state using the current transportation resources available.

Upon contract award, we will hold additional town hall meetings throughout the region to inform transportation providers of the opportunity, including all network providers that currently participate in the program.

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

As further described in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.4, MTM stresses the importance of timely service to all of our transportation providers and staff. We assure DHCFP that timely access to care and services will be at the forefront of MTM's operations.

3.5.1.3 Establish mechanisms to ensure compliance by providers.

As one of the largest and most experienced transportation managers in the company, MTM has developed creative and effective mechanisms to ensure transportation provider compliance. These mechanisms are detailed in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.8.

3.5.1.4 Monitor providers regularly to determine compliance.

As stated above, MTM's transportation provider monitoring program is detailed in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.8.

3.5.1.5 Take corrective action if there is a failure to comply by network providers.

In addition to promoting compliance through creative ways, MTM also has several means of dealing with transportation provider non-compliance. Information regarding handling corrective actions for transportation providers can be found in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.8.3.

3.5.1.6 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.

MTM realizes that it is extremely important that DHCFP's NET broker is able to deliver service to all recipients in a culturally competent and responsible manner. We already have several processes in place to ensure we are able to arrange services for recipients of various language and cultural needs. First and foremost, we provide our staff with the training necessary to handle culturally diverse populations with sensitivity. In addition, we abide by Culturally and Linguistically Appropriate Standards (CLAS); hire bilingual CSRs; and utilize Voiance interpretive services for all non-prevalent languages.

CLAS Standards Govern Cultural Sensitivity

To ensure all recipients receive high quality service, we educate our staff on cultural competency. The U.S. Department of Health and Human Services Office of Minority Health has set forth standards for CLAS to improve access to healthcare services that address:

- ***Training***
- ***Initial and ongoing organizational self-assessments***
- ***Management accountability/oversight mechanisms to provide culturally and linguistically appropriate services***

MTM has adopted the CLAS standards that apply to NET management, and tailored them appropriately to the industry, effectively promoting sensitivity and communication styles that respect cultural diversity. As part of CLAS training all staff will be trained to interact with the socio-economically diverse populations of Nevada, including Federally Recognized Tribes. More information on MTM's ability to work cooperatively with Federally Recognized Tribes, which are prevalent in the Nevada area can be found in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.9.

> *"I liked the presentation of diversity in the work place being a strong company value and not just covering legal bases."*
>
> **Dale M.,** *Wisconsin CSR*

Hiring Bilingual CSRs

Rather than relying solely on third-party interpretive services, MTM seeks to hire bilingual CSRs who speak foreign languages that are prevalent in the communities we serve. In Nevada, this will include Spanish and any other specified by DHCFP. In similar contracts, we hired CSRs with skills in Spanish, Hmong, Filipino, Russian, Mandarin, and Cantonese and a variety of other languages to meet the needs of recipients in the area.

Utilizing Voiance Interpretive Services

To meet the needs of callers who speak languages not covered by our staff, we utilize Voiance interpretive services. MTM currently uses this service in a number of our contracts. Voiance uses certified interpreters that specialize in the medical industry to accommodate more than 200 languages, and will be a beneficial tool in meeting the needs of Nevada NET stakeholders. The CSR can initiate a three-way conversation with an interpreter without the caller needing to make an additional call.

TTY and TDD Services for the Hearing and Speech Impaired

In addition to meeting bilingual needs, we also have the capabilities to meet the needs of other populations who experience communication barriers. We will process calls for hearing or speech impaired recipients through TTY and TDD services. By using these services, we can ensure DHCFP that its recipient populations, regardless of their specific needs, will never experience communication barriers with MTM.

3.5.1.7 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.

To ensure we contract responsible, safe transportation providers, MTM utilizes the following four-phase contracting process that encompasses recruiting, contracting, training, and credentialing. Through this process, shown in Figure 32, we will have the ability to contract sufficient transportation providers in the state of Nevada, while never sacrificing the quality that both MTM and DHCFP strive to achieve.

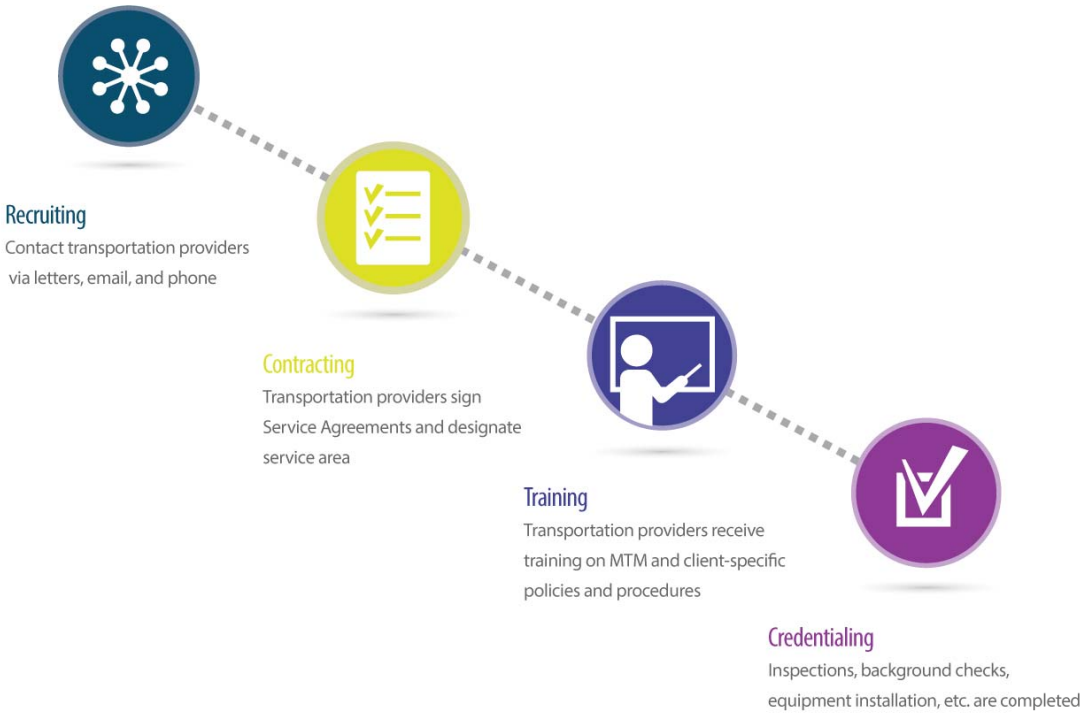


Figure 32: Proven Contracting Process. MTM's proven four-phase contracting process of local transportation providers will ensure safe, reliable NET for recipients.

Phase 1: Recruiting Process

As mentioned, we have already contacted potential providers in Nevada. We are committed to incorporating incumbent transportation providers, along with other private transportation providers, volunteers, and non-profit agencies, into our network to ensure adequate access to covered services. We have found using existing providers facilitates a smooth transition and allows continuity of care. Although freedom of choice for transportation provider is not a component of this RFP, we strive to honor a recipient's request for a transportation provider. If the transportation provider knows the history of the program, the geographic area, and the existing recipients, implementation runs smoothly and satisfaction remains high. This will be done without interfering with current NET operations. We recently contracted with several existing transportation providers during the implementation of our statewide Mississippi program. We did this without any interruption to current service by conducting training after hours and on weekends.

When we recruit transportation providers, our Network Management staff informs the provider of MTM's operations, our expectations, and the potential demand for service. If the transportation provider indicates that they want to become a contracted member of our network, the Network Representative explains the necessary contractual documents regarding their general requirements, technical approach, cost/price, and other pertinent information regarding personnel, vehicles, and insurance. The transportation provider will then move onto the contracting process, detailed in the next section.

To alleviate any issues or concerns about reimbursement, we also work closely with transportation providers during the recruiting phase to negotiate fair and sustainable rates, ensuring we obtain the most appropriate, least costly transportation services while maintaining adequate capacity and accessibility for recipients. While we strive to keep transportation cost low, we want to pay fair rates so transportation providers can make resource and technological investments in their companies and retain qualified staff.

Phase 2: Contracting Process

Once the transportation provider has expressed interest in joining the network, they must supply general information about their business, expected rates, a list of current drivers and vehicles, standard operating hours and holidays, and other information to help us determine their fit for the program. MTM's Credentialing Committee, a subcommittee of the QMC, will conduct a detailed review of the provider for inclusion into the network. Our Network Management staff and managers from other operational departments serve on the committee, with our Vice President of Network Operations and General Counsel reviewing any questionable credentialing information. Following a review of the provider's file, the Committee will either approve or deny the transportation provider's inclusion in our network.

Also during this stage, we give the transportation providers a copy of our Transportation Provider Service Agreement (TPSA) and Transportation Provider Manual, samples of which are included in Appendix D for review. The Transportation Provider Service Agreement will be modified upon contract award to meet all RFP requirements. Upon agreement with our expectations, rates, and requirements, the transportation provider will move to the next level of the contracting process, training.

Phase 3: Training Process

Once the transportation provider has completed the contracting process, our Network Management staff will conduct a training and orientation meeting with the transportation provider. In this meeting, Network Management staff will thoroughly explain our operations and all aspects of working with MTM.

MTM is one of the first and only national brokers to establish a formal training team. By having staff dedicated to training transportation providers and their drivers, we can establish quality training programs. And in turn, by having an established driver training program, we can give DHCFP peace of mind knowing its recipients will receive safe transportation from our subcontracted transportation providers.

We provide this training via a variety of venues, including online WebEx training, in-person discussions, and our manuals. In addition, we work collaboratively with training resources such as the American Red Cross and online programs to facilitate training for drivers. Driver training will include classroom and behind-the-wheel training conducted by MTM or the transportation providers. All drivers will receive training on defensive driving techniques, wheelchair securement and lift operation, passenger assistance techniques, and general customer service.

A draft training curriculum and driver training materials are available in Appendix K and will be modified to meet all RFP requirements upon contract award. Upon driver completion of required training elements, the transportation provider is required to upload proof of training to our database via the transportation provider portal. Thus, we can ensure that trips are not assigned to drivers who have not received the proper training. Throughout the life of this contract, we will ensure ongoing training through dedicated local ETO staff, as well as Network Management personnel. Additionally, transportation providers will be required to develop and maintain an annual Driver In-Service schedule to ensure ongoing training. When the transportation provider and their drivers complete all required training sessions and submit proof to MTM, they will move onto our final phase, credentialing.

Phase 4: Credentialing Process

Once the transportation provider has completed the contracting and training phases, Network Management staff will work closely with the provider to ensure they submit the appropriate credentialing information. Our well-established process will also be used to credential non-medical transportation providers.

With our web portal, providers have the ability to enter all credentialing information online, enabling them to qualify under MTM's stringent credentialing process. Transportation providers must provide permits and licenses for the company as well as specific qualifications and data for each vehicle and driver under their operation. If the provider fails to submit information for a driver or vehicle, or the information expires, that driver or vehicle will not be allowed to transport recipients until it is proven to be in compliance with our standards. Additionally, this information must be updated for each driver through our re-credentialing process.

As part of the credentialing process, our local Area Liaison will meet with each provider to conduct an inspection of the provider's facilities and vehicles and ensure transportation providers entering our network have safe, qualified vehicles that comply with all specifications. The Area Liaison will also work closely with the provider to make certain that they understand all contract requirements such as documentation, registration, insurance requirements, driver conduct, and training. They will determine if the transportation provider has the necessary technology, hardware, and software capabilities to provide and maintain accurate and timely records, as required by MTM. The Area Liaison will conduct scheduled and random inspections throughout the life of this contract to verify contract compliance and conduct re-training on contract requirements as needed.

Transportation Provider Portal

The transportation provider portal gives providers the online ability to:

- ***Electronically view and download assigned trips through a customized download format***
- ***Update, accept, and decline trips***
- ***Mark trips as no shows***
- ***View report card data***
- ***Manage credentials***
- ***Update service parameters and business information***
- ***Submit claims and enter pickup and drop off information, vehicle/driver details***

Standard and customized reports may be viewed and/or downloaded in Microsoft Excel format, and may be customized by date range, vehicle type, and other criteria. In accordance with HIPAA regulations, the data available to transportation providers will be restricted to that required to perform the services assigned to that transportation provider. Transportation providers also claim trips online. Pickup and drop off times, vehicle identification numbers, and driver license data may be automatically uploaded in Microsoft Excel format, and/or manually entered via screens custom designed for efficient and accurate data entry. In both cases, immediate feedback on the validity of the information is provided.

Additionally, credentialing information is submitted, reviewed, and stored electronically. All interaction between the transportation provider and MTM is online and/or via e-mail. Transportation providers start the process by entering credentialing data online and uploading digital images of the associated documentation. The portal supports industry standard file and image formats including, but not limited to, Microsoft Word, Microsoft Excel, Adobe PDF, JPEG, and GIF formats. Immediately after a credential is submitted, MTM staff is notified by e-mail of the need to review the credential. As soon as the credential has completed the review process, the results are available online to transportation providers. If a credential is not approved, detailed information and instruction on the next steps are provided online to assist the transportation provider in completing the process. When all credentials are in order, the driver or vehicle is approved for use.

Transportation providers will receive advance notice of any credential that is set to expire. The portal will provide multiple notices of increasing severity, and if a credential is allowed to expire, the driver, vehicle, or company will be automatically removed as an approved entity. Each time the transportation provider accesses the online system they will be notified of all outstanding actions with due dates for completion. Detailed information on all credentials, drivers, and vehicles is available in formats that allow the transportation provider to easily search and sort information. Figure 33 illustrates how transportation providers are presented with detailed information for their company.

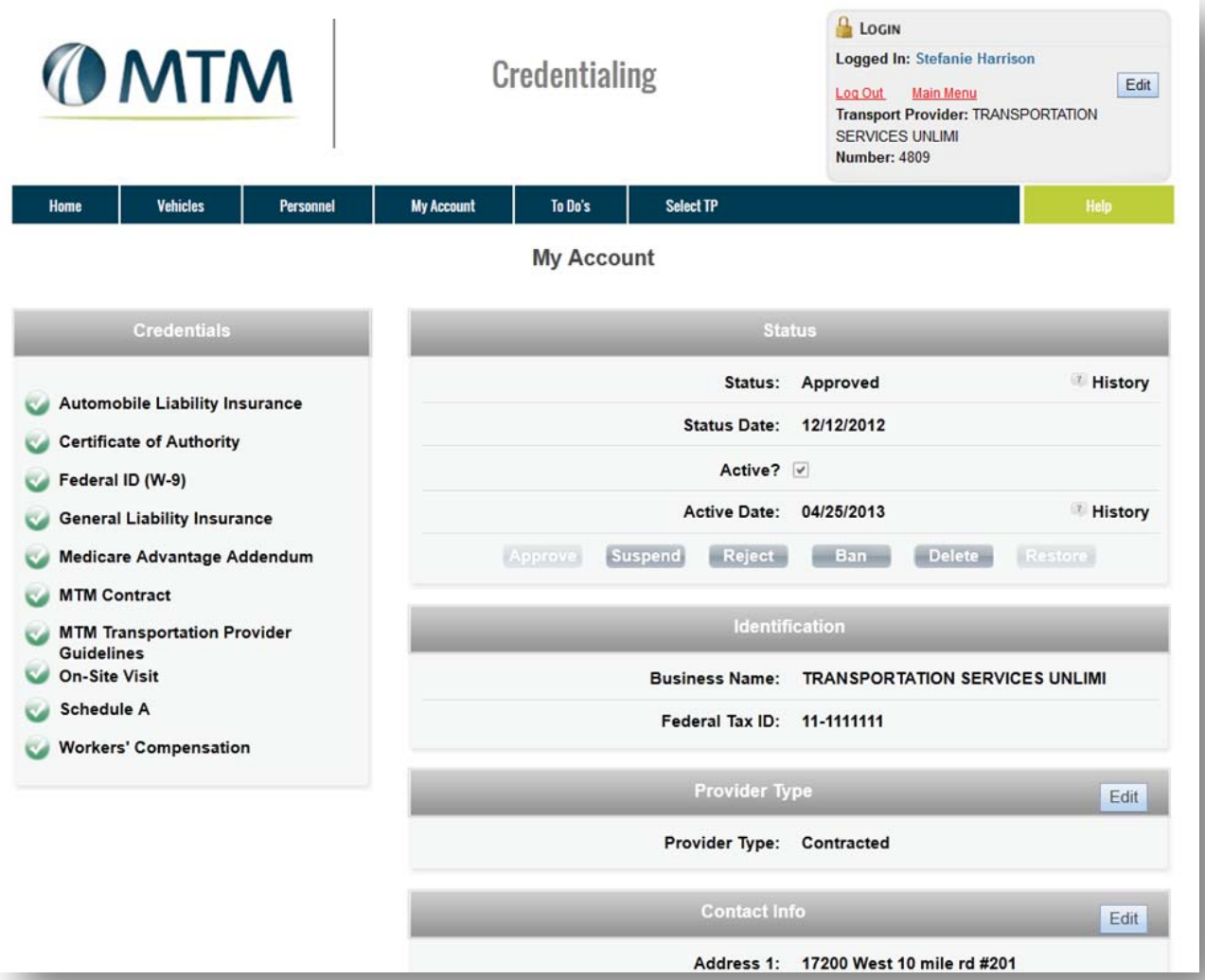


Figure 33: Credentialing Screen. Transportation providers can easily view the credentialing information of their drivers, update information, and identify any areas that are not in compliance.

Transportation providers will also have the online ability to update their service parameters (hours of operation, service areas, available vehicles, etc.) and business information (contact information, disadvantaged business certifications, etc.) online.

In summary, this portal provides transportation providers the ability to go paperless and benefit from streamlined processes provisioning rapid credentialing of drivers and vehicles, automated management of expiration dates, and cost savings associated with maintaining credentialing data online. This means DHCFP is assured of having a compliant network of credentialed drivers and vehicles. Our District of Columbia client regularly and randomly audits our network for compliance utilizing the portal system, reporting that the site is useful and holds providers accountable.

3.5.1.8 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; 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.

MTM attests that we will not discriminate against providers based solely on their actions within the scope of their license and/or certification. Should we deny a provider inclusion into our network, we will give the provider written notice with the reason for our decision.

3.5.1.9 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.

To ensure sufficient and proper transportation resources are always available to recipients, MTM stores information regarding each transportation provider's service area in the NET Management System using our Service Area Builder tool. MTM enters information regarding transportation provider's service area and capabilities into the unique and beneficial Service Area Builder tool for easy, visual retrieval of the data during the trip assignment process. This tool allows transportation providers to easily define their service area along with their coverage capabilities and specifications for pickup and drop off locations. This information is stored within the NET Management System and connects seamlessly to Trapeze to ensure transportation providers are not overbooked or assigned trips outside of their designated service area.

The following screen shots depict how we use our Service Area Builder to track and store geographical coverage and capacity information on each transportation provider. Transportation providers or MTM's Network Management representatives can use interactive drawing tools to define the geographic region of each provider as shown in Figure 34.

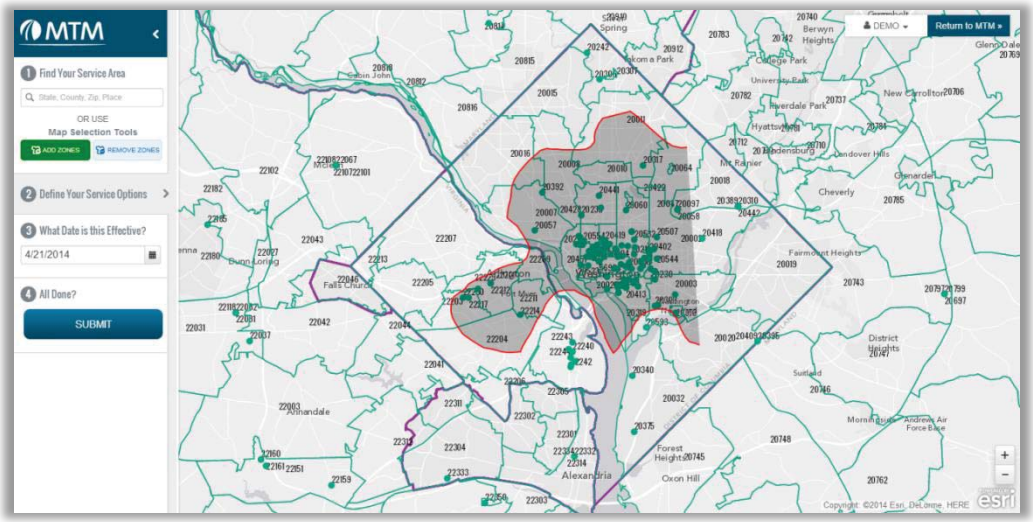


Figure 34: Service Area Builder. Sample screenshot of the Service Area Builder tool, which allows transportation providers to define their service area.

The application provides the ability to specify vehicle type/mode information as well as the ability to select if the transportation provider will pickup, drop off, or do both for each zip code in the defined service area as shown in Figures 35 and 36.

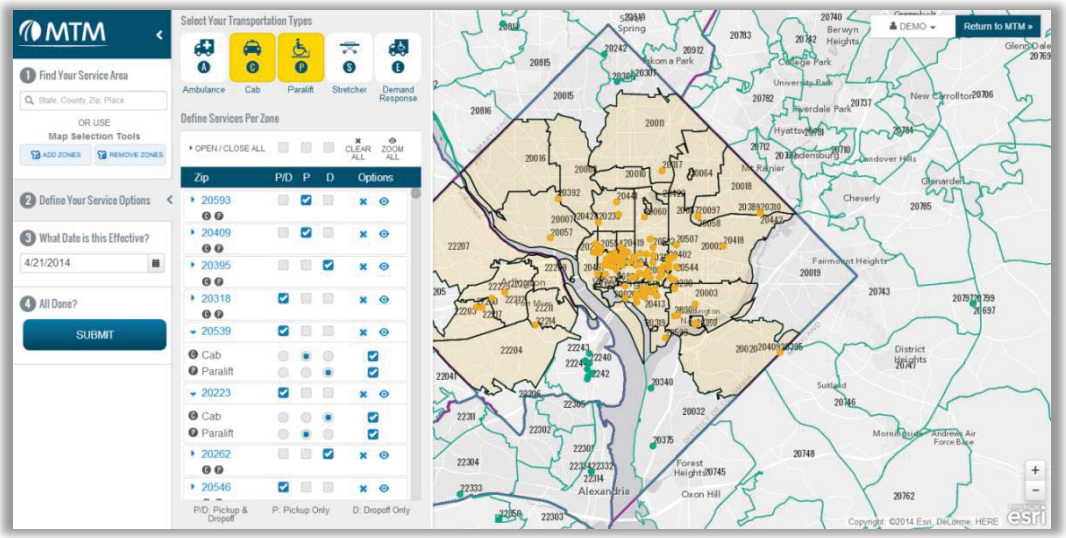


Figure 35: Vehicle Type/Mode. This map shows a visual presentation of the types and modes of vehicles available in a specific region.

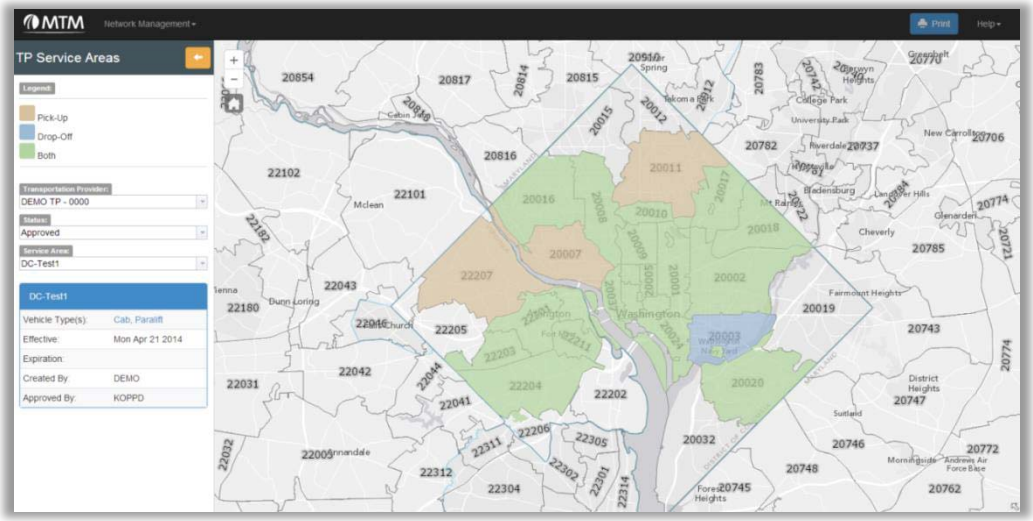


Figure 36: Pickup/Drop Off Designation. This map provide visual representation of transportation provider services within the state.

MTM consolidates the data provided by each transportation provider to get an accurate determination of the coverage throughout the service area. Transportation provider density maps depict the number of services our transportation network can handle on an hour-by-hour basis as shown in Figure 37. Network Management staff continually monitor the network adequacy to determine when and where recruitment efforts are needed to ensure all recipients have access to the appropriate modes of transportation.

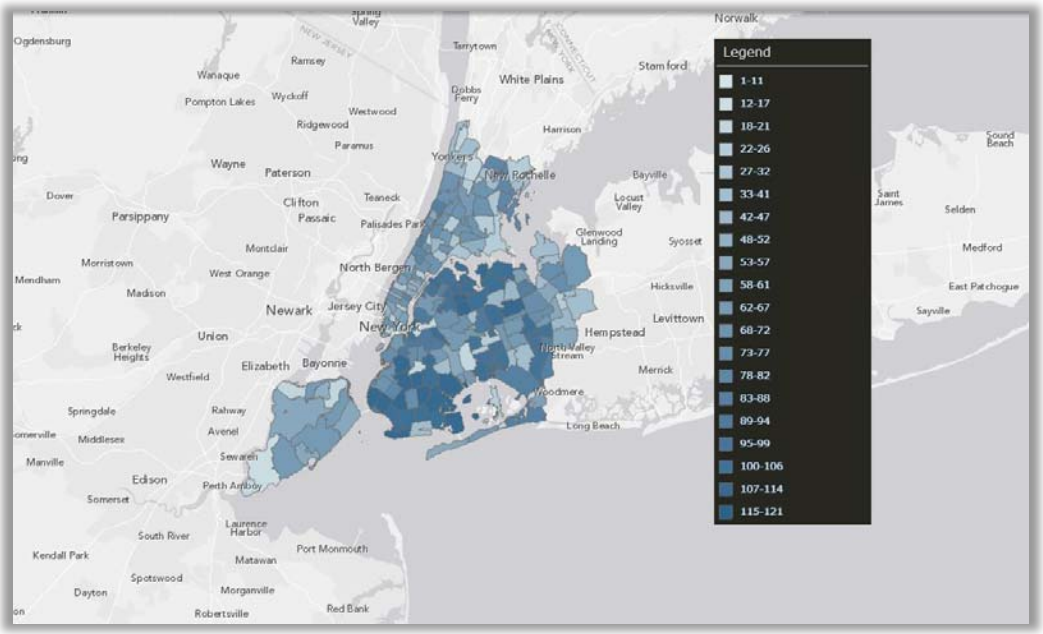


Figure 37: Transportation Provider Density Maps. Screenshot of sample density map.

3.5.1.10 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.

Through effective network capacity management, as detailed above, we will ensure we are able to meet the needs of all recipients throughout the state of Nevada. As described in Section 3.5 Network, 3.5.1.7, we have already begun recruiting and outreach efforts in Nevada to establish positive working relationships with transportation providers. Additionally, MTM is committed to working with nonprofit, advocacy, and community organizations to create a reliable network of volunteers.

Back-Up Resources

MTM prepares for unexpected peak demands and excessively late vehicles by having back-up resources in place. These resources are especially important in remote or rural locations where transportation providers may not be easily accessible for last minute trips. In these areas, and other locations where unexpected peak service demand may occur, MTM will utilize vehicles operated by companies under our Independent Contractor (IC) model, as well as services conducted by volunteers.

Independent contractors are highly utilized by MTM in rural areas, including Kansas and Missouri, as well as areas with higher density that need more providers available, such as Houston. Independent contractors are established businesses that operate just like any other transportation provider. Drivers are held to the same standards as our regular providers, and must provide satisfactory personal and vehicle credentialing information. If approved by DHCFP, MTM's dedicated IC Coordinators will work with independent contractors to assign the most appropriate trips for optimal cost savings opportunities, and ensure the contractor meets all standards and expectations.

We also partner with not-for-profit agencies to identify if the entity is interested in the additional funding source of providing NET services to the Medicaid population. For example, in Michigan we work with an agency known as the Hope Network, which hires subcontracted drivers in locations with unmet service needs, providing a win/win/win situation. Medicaid recipients in rural areas get to their appointments, local drivers earn a reasonable wage, and our client receives cost efficiencies.

3.5.1.11 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 need additional monitoring or medically necessary services are a covered NET service. Scheduled Emergencies who *do not** need additional monitoring or medically necessary services are defined as an emergency transport and are not a NET covered service. (*Edited per Amendment 1)

MTM assures DHCFP that our network of qualified transportation providers will be able to accommodate transportation for recipients with scheduled emergencies who do not need additional monitoring or medically necessary services. We understand that such transportation is not a NET covered service.

A. Vendor shall be responsible for all transportation that is not an emergency or specialty care transportation. These transports may require additional escorts.

MTM understands that we are responsible for all transportation that is not emergency or specialty care transportation. As detailed throughout out proposal, we are fully prepared and capable of providing such transportation, including additional escorts, to ensure the NET needs of all recipients are met.

B. 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.

MTM's procedures for processing requests for initial and continuing authorizations requiring escorts or other additional services are detailed in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.3.

C. 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.

More fully described in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.1, MTM has methods to schedule transportation through our NET Management System, which works in tandem with Trapeze Novus to ensure efficient routing and scheduling for advanced reservations, subscription service, and urgent service.

MTM's LON assessment process for assigning transportation modes as well as additional escorts and services, is outlined in Section 3.3 Assess/Authorize Transportation Services, 3.3.4.

3.5.1.12 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.

As detailed in Section 3.5 Network, 3.5.1.6, MTM has several means of ensuring communication barriers are not an obstacle for recipients trying to access NET services, including interpretive services, bilingual staff, and services for hearing and speech impaired recipients. DHCFP is assured that we are very familiar with and will abide by all requirements of the Americans with Disabilities Act.

3.5.1.13 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.

MTM will not contract with providers who have been terminated by the state for committing fraud or abuse under the Medicaid program.

3.5.1.14 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.

MTM will not contract with providers who are debarred by the Office of the Inspector General (OIG), or debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from participation in this contract by any federal department or agency.

3.5.1.15 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.

In all current and past contracts, MTM has brokered NET transportation; MTM does not provide, nor has it provided, actual NET transportation services. As a true broker, we do not own, operate, or have an equity interest in any vehicles in any contract we operate.

A. 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.

Further, MTM assures DHCFP that we do not have any financial relationship or transactions with any NET provider serving this contract.

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

A. Responsibilities of the vendor and subcontracted transportation provider;
B. Scope of services required from the transportation provider;
C. Insurance requirements;
D. How the services, activities, and tasks to be performed by the transportation provider will be carried out;
E. Pickup and delivery requirements;
F. Driver and vehicle requirements;
G. Training and orientation requirements for transportation providers and drivers;
H. Procedures the vendor will employ to monitor the transportation provider and how non-compliance will be addressed by the vendor;
I. Contract effective date and duration, termination, and renewal options;
J. Reporting requirements of the transportation providers and expectations regarding driver logs;
K. Financial terms of the agreement including billing schedules and terms of payment for the various modes;
L. Provider dispute procedures;
M. Staff, vehicle, and equipment requirements and service standards necessary to carry out the range of services covered;
N. Confidentiality relating to recipient data; and
O. Agreement by the transportation provider to be bound by the mandatory terms and conditions of the vendor contract.

During the contracting stage of our recruitment and contracting process, we give all transportation providers a copy of our Transportation Provider Service Agreement (TPSA) and Transportation Provider Manual, samples of which are included in Appendix D, for their review. The Transportation Provider Service Agreement will be modified upon contract award to meet all RFP requirements.

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

A. Date;
B. Driver's name;
C. Driver's signature (or authenticated log-in ID);
D. Vehicle ID number(s);
E. Transportation provider name and number;
F. Actual start time (from base station) in military time;
G. Each authorized recipient with actual pick up time (in military time);
H. Actual pick-up location;
I. No-show indicator;
J. Each actual drop off time (military time) for authorized recipient;
K. Actual drop-off location;
L. Authenticating recipient signature or ID card swipe;
M. Actual number of companions, per trip;
N. Actual return time (to base station) in military time;
O. Odometer mileage at each pickup and drop-off;

P. Authorized stamp and signature of transportation provider; and
Q. Other pertinent information regarding completion of the trips.

MTM will require transportation providers to complete and maintain daily trip logs in paper or electronic format with the specific information outlined in Figure 38.

Transportation Provider Trip Log Information	
Date	***Driver's Name***
Driver's Signature or Log In ID	***Vehicle ID Number***
Transportation Provider Name and Number	***Actual Start Time***
Actual Pickup Time for Each Authorized Recipient	***Actual Pickup Location***
No-Show Indicator	***Actual Drop Off Time for Each Authorized Recipient***
Actual Drop Off Location	***Authenticating Recipient Signature or ID Card Swipe***
Actual Number of Companions, Per Trip	***Actual Return Time***
Odometer Mileage at Each Pickup and Drop Off	***Authorized Stamp and Signature of Transportation Provider***
Other Pertinent Information	

Figure 38: Transportation Provider Trip Log. Trip logs are required to be completed and maintained by transportation providers with the information listed above.

3.5.1.18 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:

A. All subcontracts must fulfill the requirements of 42 CFR Part 438 that are appropriate to the services or activity delegated under the subcontract;
B. The vendor must evaluate each prospective subcontractor's ability to perform any activities to be delegated;
C. 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; and
D. 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.**

MTM's TPSA, as previously described, specifies the activities and responsibilities delegated to transportation providers. A sample copy of our TPSA is provided in Appendix D for DHCFP to review. Following contract award, we will make any changes necessary and receive DHCFP's approval prior to implementing.

3.5.1.19 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.

MTM is committed to maintaining an environment free of discrimination on all levels. We assure DHCFP that we will not discriminate against transportation providers that serve high risk populations or specialize in conditions that require costly treatment. Following contract award, we will modify our current policies regarding discrimination to cover DHCFP's specific terminology regarding providers that serve high-risk populations or specialize in conditions that require costly treatment. These policies and procedures will be provided to DHCFP for review and approval prior to the start of service.

3.5.2 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 the 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.

MTM is proud of our ability to recruit and retain the highest quality transportation providers. We stress the importance of compliance with safety and performance standards in initial training as well as throughout the term of the contract with regular monitoring activities, credentialing requirements, and vehicle inspections. We assure DHCFP that, through the means detailed below, we will ensure all transportation providers adhere to all applicable requirements while serving the Nevada NET program.

3.5.2.1 Requirements for Drivers

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

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

B. 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, crime of violence, or Medicaid fraud. Approval of any driver who has been convicted of a felony shall be obtained from the Division before employment by the vendor.

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

D. 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.

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

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

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

H. Drivers shall not use cell phones while operating vehicles.

I. 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.

J. 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.

K. 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 when applicable, cultural and disability sensitivity training, passenger assistance techniques, first aid, and general customer service.

For the Nevada NET contract, our credentialing process will ensure that drivers comply with all MTM and DHCFP standards by mandating that transportation providers prove each driver meets the following requirements:

- ***18 years of age***
- ***Has a current, valid driver's license from the state of Nevada to operate the transportation vehicle to which they are assigned***
- ***No more than one chargeable accident and/or two moving violations in the last three years***
- ***Driver's license, commercial or other, has not been suspended or revoked in the previous five years***
- ***No prior convictions for sexual abuse, crime of violence, or Medicaid fraud***

In addition to the requirements listed above for a transportation provider to qualify for and maintain credentials as a MTM network driver, the driver must meet the following expectations during their course of service for the contract:

- ***Be courteous, patient and helpful to all passengers***
- ***Be neat and clean in appearance***
- ***Never use alcohol, narcotics, medical marijuana, illegal drugs, or drugs that impair ability to perform while on duty***
- ***Never abuse alcohol or drugs at any time***
- ***Wear or have visible, easily readable proper organization identification***
- ***Never smoke while in the vehicle, involved in recipient assistance, or in the presence of any recipient***
- ***Never wear any type of headphones or use cell phones, except for dispatch purposes, at any time while on duty***
- ***Never use cell phones while operating a vehicle***
- ***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***
- ***Provide necessary assistance, support, and oral directions to passengers***

All drivers will receive a copy of the above requirements during the initial credentialing period. These requirements will also be outlined in the Transportation Provider Manual, a sample of which is included in Appendix D. The Provider Manual will be updated to include the above requirements upon contract award.

In order to ensure the most sufficient coverage of Nevada, MTM will work with out-of-state transportation providers whenever available in catchment areas as identified in the Medicaid Service Manual. We will ensure drivers employed by these transportation providers meet all Nevada State requirements, with exception to a Nevada-issued driver's license.

3.5.2.2 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.

To ensure all vehicles within a transportation provider's fleet meet safety standards, our local Network Management staff will inspect each vehicle prior to the operations start date.

Through these inspections, our staff will validate that the vehicle is compliant with MTM and DHCFP requirements; verify that all communication equipment is working properly; and determine that it meets or exceeds all DHCFP, MTM, state, federal, and manufacturer standards. If we deem a vehicle out of compliance with this RFP, resultant contract requirements, or any state or federal regulations, it will be removed from service immediately until the transportation providers verifies correction of deficiencies. Any deficiencies and actions taken shall be documented and become a part of the vehicle's permanent records.

3.5.2.3 All vehicles shall meet the following requirements:

A. 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.

B. All vehicles shall be equipped with adequate heating and air-conditioning.

C. 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) and weighing 60 pounds or less. Child safety seats shall meet standards and be used in a manner prescribed in NRS 484.474.

D. All vehicles shall have a functioning speedometer and odometer.

E. All vehicles shall have two exterior side view mirrors, one on each side of the vehicle.

F. All vehicles shall be equipped with an interior mirror for monitoring the passenger compartment.

G. 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.

H. 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.

I. 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.

J. 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:

1. "NO SMOKING"
2. "ALL PASSENGERS MUST USE SEAT BELTS"

K. All vehicles shall include a vehicle information packet containing vehicle registration, insurance card and accident procedures and forms.

L. All vehicles shall be provided with a fully equipped first aid kit.

M. Each vehicle shall contain a current map of the applicable State(s) with sufficient detail to locate recipients and medical providers.

N. In compliance with NAC 706.191, all vehicles shall have a minimum of combined single limit insurance coverage for vehicles at all times during the contract period.

O. 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.

P. 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.

Q. 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.

MTM will inspect vehicles annually following the initial inspection. Our annual inspections will be in addition to the state vehicle inspection to verify that vehicles used by transportation providers meet necessary requirements, and that safety and passenger comfort features are in good working order.

Each vehicle utilized by transportation providers under this contract must meet the following specifications:

- ***Have operational two-way communication systems linking all vehicles used in delivering the services with the transportation network provider's major place of business***
- ***Be equipped with adequate heating and air-conditioning***
- ***Have functioning, clean and accessible seat belts for each passenger seat position pursuant to NRS 484.641***
- ***Utilize child safety seats when transporting children under age six and weighing 60 pounds or less. Seats must meet standards and be used in a manner prescribed in NRS 484.474***
- ***Have a functioning speedometer and odometer***
- ***Have two exterior side view mirrors, one on each side of the vehicle***
- ***Be equipped with an interior mirror for monitoring the passenger compartment***
- ***The interior and exterior of the vehicle must be clean and the exterior free of broken mirrors or windows, excessive grime, major dents, or paint damage that detract from the overall appearance***

- ***The vehicle must have passenger compartments that are clean, free from torn upholstery or floor or ceiling covering, damaged or broken seats, protruding sharp edges, free of dirt, oil, grease, or litter***
- ***Have the transportation provider's name, vehicle number, and MTM's toll free and local phone number prominently placed within the interior***
- ***Have the above information and the complaint procedures available in written form for distribution to recipients on request***
- ***Have the signs posted in all vehicle interiors, easily visible to the passengers that state, "NO SMOKING" and "ALL PASSENGERS MUST USE SEAT BELTS"***
- ***Include a vehicle information packet containing vehicle registration, insurance card, and accident procedures and forms***
- ***Have a fully equipped first aid kit***
- ***Contain a current map of the applicable state(s) with sufficient detail to locate recipients and medical providers***
- ***Have a minimum of combined single limit insurance coverage for vehicles at all times during the contract period***
- ***Carry a copy of the Letter of Exemption issued by DHCFP certifying that the vehicle his exempt from the need to obtain a Certificate of Public Convenience and Necessity***

Upon passing our inspection, each vehicle will be issued an MTM inspection sticker, an example of which is shown on the left. This sticker will be modified to meet the DHCFP's requirements upon contract award. During on-street observations, our representatives will check to ensure each vehicle transporting the recipients is appropriately adorned with this sticker.

If the Representative discovers that a transportation provider is using a non-MTM approved vehicle to transport recipients, we will immediately take corrective action. Certification stickers on each vehicle will be updated following the vehicle's annual inspection to ensure all vehicles remain in compliance with our enforced standards. Please see Appendix L for policies governing our inspection process and a sample inspection form that we will modify to meet DHCFP's needs.

3.5.3 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:

3.5.3.1 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;

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

3.5.3.3 Criminal background checks conducted periodically that assure criteria in MSM Chapter §100 are met;

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

3.5.3.5 Documentation in each vehicle of any exemption from NTA regulation; and

3.5.3.6 Current provider agreements with Nevada Medicaid.

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 chapter 706 before a letter of exemption will be issued by DHCFP for that transportation provider.

DHCFP must be ensured that their broker provides safe, reliable transportation to recipients. MTM guarantees that all recipients will, at all times, be safely transported by deploying our initial credentialing and annual re-credentialing process as detailed in Section 3.5 Network, 3.5.1.7. These processes require each driver to upload specific data and information to our transportation provider portal system, described below; this includes copies of driver's licenses, certifications, and more. Then, our system notifies drivers that they must update specific elements prior to expiration. If a transportation provider allows any credentialing data to expire, our system is automatically prevented from assigning the transportation provider any more trips until the information is provided and approved by our Network Management staff. We will use this process, via the portal, to ensure transportation providers comply with all applicable Local, state and federal laws, regulations, and permit requirements.

3.5.4 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.

MTM understands the importance of maintaining a network that provides high quality services at the lowest possible cost. In many cases, volunteer drivers are a responsible and cost-effective solution, especially in rural or remote areas where transportation resources are limited. MTM refers to volunteers as Certified Community Drivers; we found that recipients were hesitant to accept trips from drivers referred to as volunteers, for fear they do not receive adequate training and/or credentialing. To accurately convey that volunteers must complete inspections and certifications alongside commercial transportation providers, MTM refers to this network as Certified Community Drivers. Since making this change, we have seen a positive spike in the use of this valuable, cost efficient resource. MTM has successfully integrated volunteer driving programs into a number of our state and regional NET contracts. We have established methods to recruit and retain volunteers; within the first 90 days of operation in Mississippi, we developed a network of more than 65 credentialed volunteers.

During scheduling, our CSRs enter pickup and drop off addresses into our system, which is integrated with GIS mapping software. Looking for trips that provide optimal cost savings opportunities, the system automatically identifies where Certified Community Drivers are available and appropriate for the recipient's needs.

MTM's clients in various locations have experienced extensive cost savings with our Certified Community Driver model. In particular, our Certified Community Driver implementation for statewide NET services in Wisconsin has allowed passengers in even the most remote areas of the state to experience reliable, timely transportation. In addition, Certified Community Drivers, often seniors themselves, have the opportunity to give back to their community. On a monthly basis, our Wisconsin Certified Community Drivers complete approximately 1,500 one-way trips. Transitioning these trips from contracted transportation providers to Certified Community Drivers not only allows MTM to ensure recipients have access to routine healthcare—it also saves valuable program funding. On average, Certified Community Drivers offer a $65.99 savings per one-way trip. This results in a monthly cost savings of nearly $100,000 and an annual savings of $1.2 million.

3.6 FISCAL REQUIRMENTS

3.6.1 Provide Reimbursement For Transportation Services

3.6.1.1 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.

As detailed in Section 3.5 Network, 3.5.1.7, MTM will negotiate fair and sustainable rates with transportation providers during the first phase of our contracting process, recruiting. By working with transportation providers early in the process, we can ensure we maintain adequate capacity and accessibility for recipients will ensuring the most appropriate, lowest cost transportation.

3.6.1.2 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.

3.6.1.3 Balance billing by providers is prohibited.

In order to maintain transportation provider satisfaction with MTM, we understand how imperative it is to ensure service reimbursement is made in a timely, accurate, and efficient manner; most of the time, this is completed via Automatic Clearing House (ACH) electronic check. However, at the same time, we know it is equally important to DHCFP that transportation providers receive payment only for services actually rendered. MTM works diligently to ensure that funds are used for the intended purpose and that our processes are in compliance with state and federal tax reporting laws.

To ensure accurate payment, MTM reconciles 100% of trips submitted. Nevada transportation providers will be responsible for completing the claims adjudication process, which includes verification of supporting documentation, the format of which will be approved by DHCFP prior to the go-live date. Only when the claim is reconciled will payment be completed, protecting against fraudulent activity. During reconciliation, the NET Management System, more fully described in Section 3.9 Information Systems and Technology Requirements, 3.9.1, first matches each claim to the authorized trip and ensures that data points are consistent and trip documentation is valid.

Our staff will ensure that valid claims are paid within 45 calendar days of receipt. Transportation providers in our network are typically paid bi-weekly. Throughout our book of business, our dedicated claims staff works to ensure timely, accurate payment to hundreds of providers on a weekly basis. MTM hears routinely that our practices are the timeliest in the industry. Transportation providers prefer working with MTM because they know they will receive fair and prompt payment. Based upon our 20 years of experience reimbursing providers, we have developed a proven process for processing claims and paying transportation providers for services rendered, described in the following narrative.

Uploading Claims Online

Our claims processes are driven by industry-leading technology supported by our web portal system, more fully described in Section 3.5 Network, 3.5.1.7. When MTM dispatches a trip, it includes the trip mileage and subsequent reimbursement rate. After MTM dispatches the trip request to the transportation provider and the trip has been completed, the claims process can begin. The transportation provider can then submit a claim for the trip online, after which a Claims Auditor will review the documentation for the original recipient signature. MTM retains these documents in compliance with federal timelines so that subsequent reviews can be conducted if any fraudulent activities are suspected.

Transportation providers can submit billing information and review payment details electronically via our secure online system, allowing them to move to paperless workflows if they wish. This online system streamlines and expedites the manual billing process. A comprehensive online training guide is available in addition to personalized, interactive online training sessions. Transportation provider instructions on the claims process can also be found in the Transportation Provider Manual in Appendix D.

> "MTM has demonstrated that they are genuinely concerned with the needs of the clients they serve. They also are excellent at paying vendors for services produced."
>
> **Linda N. Yaeger,** *OATS Inc., Executive Director*

Results are available online for review and include summary information regarding how many records were accepted in whole, in part, or entirely rejected. Clear information is also provided for individual claims to explain any rejections, as well as the steps to correct them. It is important to note that MTM's system will collect all valid information regarding a transportation claim when received, even if it results in an incomplete request. Empty fields are allowed, but a claim for payment will not be approved until all required data elements have been received.

Claims Processing Narrative

We have developed a user-friendly claims process, which is explained step-by-step below.

1. ***<u>Online Trip Information Entry</u>: Using the secure online portal, the transportation provider will submit pickup and drop off information, vehicle identification number, and other trip information. Claims may be made for individual trips, or grouped together in "packets". The screen shot in Figure 39 demonstrates how multiple signatures may be uploaded at one time through a scanned document.***

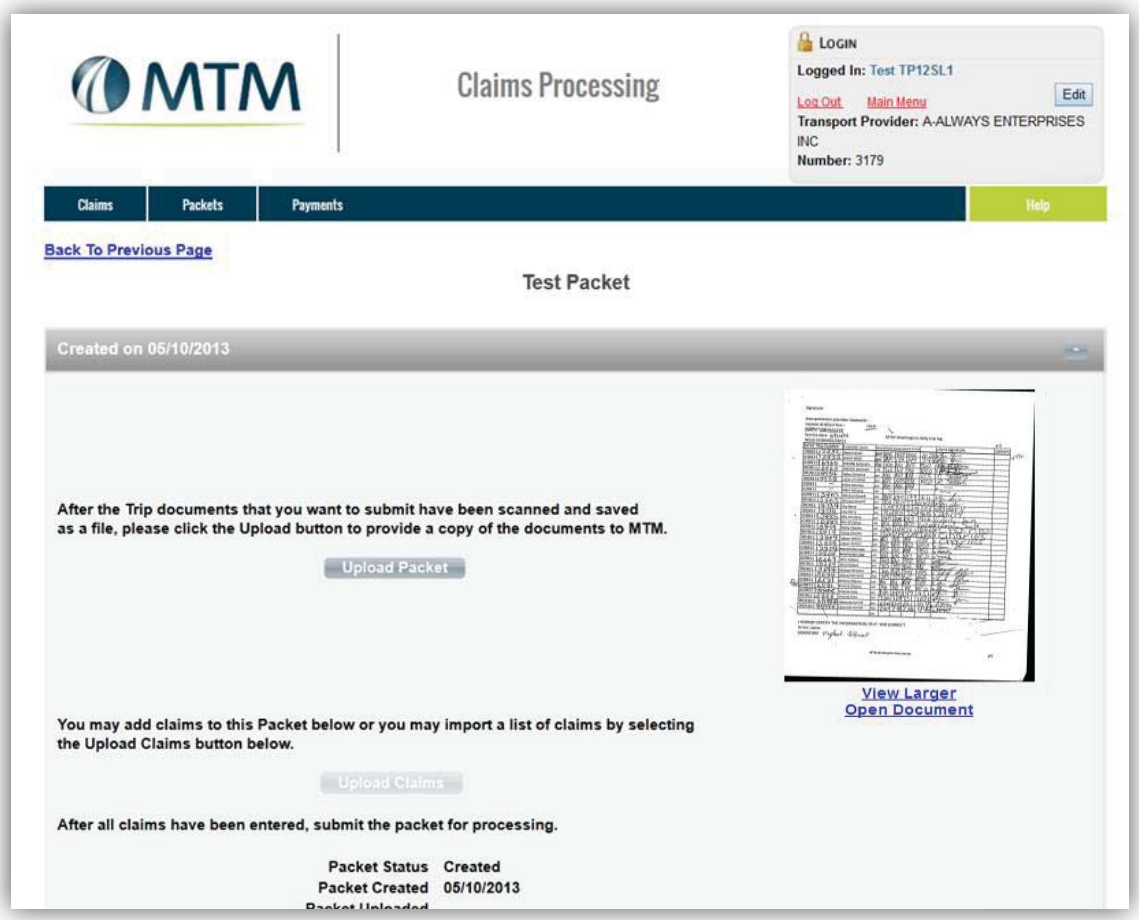


Figure 39: Trip Entry Screen. Transportation providers can upload signature verification for multiple trips at one time.

The online tool allows the transportation provider to make corrections at their convenience. The status of each claim and all associated data will be available online, searchable, and accessible on a trip-by-trip basis. The weekly rosters identifying assigned trips will also be available online.
For transportation providers with routing and scheduling software, MTM supports batch file processing of the required information to eliminate data entry, resulting in a higher level of efficiency for all parties. MTM requires transportation providers to submit their claims within 90 days of service; trips not claimed within 90 days will be denied based on timeliness and must be appealed for payment to be authorized.

2. ***Validation of Signatures and Information**: A Claims Auditor reviews all documentation for completeness and compliance and places the claim in one of the following statuses:*
    a. ***Claim Approved**: Upon the receipt of a clean claim and following successful review of all supporting documentation, the trip claim moves to step three of this process.*
    b. ***Claim Denied**: Reasons for denial may include lack of supporting documentation, discrepancy of information in our system vs. transportation provider claim, or use of a non-credentialed driver/vehicle. When a claim is denied, the transportation provider is automatically notified; they are provided updates throughout the claims process.*
    c. ***First Level Appeal**: If the transportation provider does not agree with the automatic adjudication, they may request an appeal online. We strive to resolve all disputes within two weeks. Because most of the information is supplied directly by the transportation provider, appeals are limited in nature and quantity. Our claims staff will address the appeal and work with the transportation provider to resolve the issue. The transportation provider must follow a structured online process identifying the grounds for the appeal and supply supporting evidence, if applicable. If the transportation provider does not make an appeal by the deadline, the trip will close out and no appeals will be allowed after that date.*
        i. ***Appeal Review Approved**: The Claims Auditor will review supplementary information. Following evaluation, they will annotate the trip as approved and the claim moves to step three. This will occur within two weeks of receiving any requested additional information.*
        ii. ***Appeal Review Rejected**: The review does not justify payment for a trip. Our online tool will update the transportation provider on the status of the trip claim, and inform the transportation provider of their right to submit a Second Level Appeal.*
    d. ***Second Level Appeal**: If the transportation provider is not satisfied with the result of the initial appeal, they may escalate the issue to a Second Level Appeal. An Appeals Board reviews all second level appeals. As in the initial appeal, the transportation provider must follow a structured online process clearly identifying the reason for the appeal.*

The transportation provider cannot request a second level appeal until one of the criteria listed below applies. A second level appeal will not be reviewed by the individual who processed the initial appeal. Instead, it will be reviewed by our Appeals Committee. Grounds for a Second Level Appeal may include:

- *Failure of MTM to respond to the appeal*
- *The transportation provider has evidence that the adjudication decision is wrong and the initial appeal did not address the issue appropriately*
- *The transportation provider is satisfied with the end result of the appeal, but dissatisfied with the sequence of events*

3. *Payment Authorized: Upon the successful completion of the above process, the transportation provider will receive payment for approved trips.*

In summary, our paperless online claims process seamlessly integrates the business applications of our transportation provider's choice with our NET Management System. Transportation providers appreciate the benefit of being able to expedite the billing process by submitting data online and viewing the status of payments in real time. This means DHCFP is assured that they are only paying for transportation to covered services.

Preventing Fraud, Waste, and Abuse

MTM works tirelessly to reduce fraud, abuse, and waste in the transportation programs that we manage and constantly re-evaluates our processes for improvement opportunities. The thoroughness of our verification process is simply unmatched in the industry and demonstrates our commitment to being excellent stewards of our clients' funds and to ensuring that they receive the highest level of program integrity. We take all accusations and suspicions of fraud and abuse seriously, and investigate each occurrence thoroughly. By reducing fraud and abuse of the system, MTM can effectively lower overall transportation costs for DHCFP. Rooting out NET misuse is a huge contributing factor to the average 10 to 25% reductions in cost we have historically provided to our clients.

MTM believes in the importance of anticipating, rather than reacting to fraud and misconduct and places high importance on maintaining a corporate culture of fraud and abuse detection and prevention. Contributing to significantly reducing fraud and abuse, MTM checks eligibility for every single trip prior to scheduling; utilizes custom built software designed to identify potential fraud early and raise a fraud alert; determines the mileage and all trip details during scheduling; and assigns the lowest cost, most appropriate mode of transportation.

Through our Quality Management Department, MTM has several methodologies that make up our comprehensive fraud and abuse compliance plan. This plan outlines MTM's internal controls, policies and procedures we will use to prevent, detect, and report known or suspected fraud and abuse activities. We will make this plan available to all stakeholders, and inform stakeholders that they should confidentially contact our Compliance Auditor should they suspect an instance of fraud or abuse. The Compliance Auditor, along with our internal Corporate Compliance and Ethics department, serve as MTM's resources to investigate unusual incidents as well as develop and implement corrective action plans to ensure MTM prevents and detects potential fraud and abuse.

Thorough Training of Staff and Transportation Providers

One of the main ways we reduce fraud and abuse of NET is through comprehensive, informative training. Fraud, Waste, and Abuse Training is a mandatory annual requirement for all employees and transportation providers. Upon completion of our course, each employee and provider will complete a quiz to verify understanding of the materials and sign a completion document which is maintained in the employee or transportation provider file.

During this training, CSRs and other staff are instructed to report suspicious behavior and information to our fraud review team, which then investigates the issue thoroughly. Should MTM suspect that a recipient has misrepresented a medical condition to justify the need for NET services, the trip is flagged and a fraud alert initiated. Our Compliance Auditor will conduct an investigation by calling the medical provider to verify the medical necessity for services. If through the findings of the investigation MTM determines that the medical condition was falsified, all subsequent trips will require authorization and verification by the medical provider.

MTM also trains our network of transportation providers on our fraud and abuse prevention policies. They are informed that fraud and abuse will not be tolerated under any circumstance and that their activities will be monitored on an ongoing basis. Transportation providers are given guidelines on trip and billing requirements to help us reduce the likelihood of providers committing fraud or submitting errors with trip and billing documentation.

Utilizing the NET Management System to Detect and Prevent Fraud and Abuse

Since MTM custom built the NET Management System for administering transportation programs, we designed it to identify potential fraud early and raise a fraud alert. The system confirms the recipient's eligibility and then only allows scheduling to covered services and with approved modes. The system also has an automated reconciliation process that matches the electronic claims files sent by the provider with trips scheduled within the system. This generates exception reports for review by a Claims Auditor. In the event that MTM identifies a recipient as demonstrating suspicious activity, the recipient is placed on our fraud watch list.

The next time they call to schedule a trip, the system will alert the CSR to verify that a scheduled appointment exists prior to arranging transportation, and to review other information for potential fraud.

As evidence of our ability to monitor for and reduce the instances of fraud, waste and abuse, MTM was selected for the 2013-2014 Medicaid Health Plans of America (MHPA) Best Practices Compendium and featured at the national conference in October 2013. The Best Practices submission highlighted MTM's Quality Improvement Plan (QIP) for fraud, waste, and abuse reduction in 2012 and continued improvements in 2013 and beyond.

Verification and Reimbursement

MTM will only reimburse transportation providers and recipients for services that were actually rendered. To immediately identify NET abuse, MTM created a verification process that built upon our fraud reduction measures already in place. This process has resulted in approximately 25% savings in overall program costs across our book of business and includes attendance verification, signature verification, and trip reconciliation.

Our claims processes are driven by the NET Management System and streamlined through our transportation provider web portal. After MTM dispatches the trip request to the transportation provider and the trip has been completed, the claims process can begin. The transportation provider can then submit a claim for the trip online, after which a Signature Verification Specialist will review the documentation for the original signature. For each trip completed by the transportation provider an accurate trip log must be kept and uploaded for the claim to be processed. The transportation provider can upload trips via a batch file or through single trip entry. When a file is uploaded, the system automatically validates that:

- *The trip claimed was actually assigned to the transportation provider*
- *The driver had current certifications on file and was in an approved status on the date of the trip*
- *The vehicle is registered and was in an approved status on the date of the trip*
- *The trip claimed is in a "Scheduled" status, and has not been canceled, reassigned, or documented as a no-show.*

The system also prevents the occurrence of double billing, billing round trip instead of one-way, billing for non-Medicaid covered services, and billing for individuals other than covered recipients. Our online system streamlines and expedites the manual billing process through transparency, minimal administrative burden, and ease of use. Results are available online for review and include clear information to explain any rejections, as well as the steps to correct them.

Appointment Verification

We also conduct appointment and signature verification as part of our normal business processes and will modify our procedures to meet the requirements of the RFP.

The appointment validation procedure will include protocols for obtaining verification that the appointment exists, processes for flagging trips as a result of busy signals or no answer, and denying trips in which pre-transportation validation verifies that an appointment does not exist.

In the event that inconsistencies are found during any of our comprehensive verification processes, trip details are forwarded immediately to the fraud review team who will ensure that the follow-up is made and that DHCFP is notified.

Gas Reimbursement Verification

We will encourage recipients, facilities, and medical providers to utilize the SMP portal whenever available to document eligible trips for reimbursement. Recipients can use the camera on their phone to easily upload the medical provider's signature for confirmation. Recipients who use this system will receive faster payment because their claim can be verified immediately.

High-Cost Trip Report

Our Network Management department also generates a weekly report identifying high costing trips that fall outside of set parameters for mileage rate or total trip cost. We review these cases for cost-saving opportunities. In addition to verifying recipients have appropriate authorizations on file and are using the lowest cost, most appropriate mode of transportation, Network staff also looks at opportunities such as offering gas reimbursement, multi-loading trips, referring the recipient to a closer medical provider, or switching the recipient to a different transportation provider in the area.

Internal Compliance Department

Corporate Compliance and Ethics
Trust in our People; Trust in our Future

With the changes brought about by healthcare reform, coupled with MTM's growth in healthcare and transportation, we are proactively taking important steps to ensure full compliance to state and federal regulations and identification of fraud, waste, and abuse, while driving an ethical culture within the MTM family. To make this happen, we developed a standalone Corporate Compliance and Ethics (CCE) department, which abides by the recommendations of the Society of Corporate Compliance and Ethics (SCCE). MTM's comprehensive compliance program is based on the U.S. Federal Sentencing Guidelines for an effective compliance department.

Together with MTM's Quality Management team, the CCE ensures focused and routine auditing, monitoring, and review of regulatory requirements, our applicable policy and procedures, and adherence to those internal controls. This proactive approach promotes adherence to legal and ethical standards in a systematic and thoughtful manner, while setting the expectation of compliance and ethics for our employees and subcontractors.

Members of the CCE department not only ensure internal controls, they provide educational and informational tools to clients. In addition, the department has developed a focused Compliance and Ethics Training program, as well as a comprehensive Risk Assessment Plan to prevent, deter, and detect fraud, waste, and abuse. As a whole, the CCE department helps MTM's clients navigate the evolving healthcare industry and proactively comply with federal regulations. To deter fraud, waste, and abuse, and/or any other act of noncompliance, MTM's CCE department offers:

- ***Policies and procedures to prevent, detect, and deter misconduct, including an expanded Code of Conduct***
- ***An anonymous hotline for MTM employees and subcontractors to report instances of fraud, waste, abuse, or other unethical activity***
- ***Education, training, and outreach to all MTM employees including the board of directors and subcontractors on the topics of compliance, Code of Conduct, fraud, waste, and abuse, and the compliance hotline; training includes role play specific to the audience to help identify and communicate potential fraud, waste, and abuse that might arise in day-to-day operations***
- ***A designated Compliance Officer and an Audit and Review Committee***
- ***A risk assessment process and an auditing and monitoring system that effectively drive internal audits, reviews, and investigations***
- ***Appropriate disciplinary actions for engaging in misconduct***

3.6.1.4 Vendor Liability:

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

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

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

C. 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;

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

E. 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.

F. The requirements set forth in A through E above shall be included in all subcontracts.

MTM will not hold recipients liable for any of the services, circumstances, or debts above, as prescribed by DHCFP. These requirements will be included in all subcontracts.

3.6.1.5 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.

MTM will not provide NET transportation to a non-Medicaid covered service, even if it is provided by a Medicaid provider. As detailed in Section 3.8 Grievances, Appeals, and Fair Hearings, 3.8.1, if a recipient requests transportation to a non-Medicaid covered service, MTM will deny the trip, and issue a Notice of Decision outlining the explanation of the denial, the process to file a grievance, and details on requesting an appeal or fair hearing regarding the decision.

3.6.1.6 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:

A. 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

B. 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.

C. 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.

MTM will submit performance security in the form of a surety bond that meets the above requirements.

3.6.2 Third-Party Liability and Subrogation

3.6.2.1 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.

Understanding that Medicaid is most often the payor of last resort, MTM will take all reasonable measures to ensure recipients do not have legally liable third parties (TPL) responsible for their healthcare before scheduling NET services.

3.6.2.2 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.

MTM understands and agrees to act as the State's authorized agent for TPL collection as instructed.

3.7 REPORTING

3.7.1 Submit Management Reports

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

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

MTM provides our clients with a standard reporting package full of useful, detailed information on a monthly basis. Although many of these reports are similar from contract to contract, these packages can be customized for each program based on specific needs.

3.7.1.1 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 the Division within ten (10) business days after the close of the month in format prescribed by the Division. Report must show utilization by Medicaid.

3.7.1.2 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 the Division.

3.7.1.3 Recipient Satisfaction Survey Report summarizing the results of the surveys described in Section 3.7.2.3 to be submitted to the Division timely, pursuant to Section 3.7.2.3 of this RFP.

3.7.1.4 Grievance Log summarizing complaints received and their resolution including any corrective action taken, along with any pending or unresolved grievances. The Grievance Log shall be delivered to the Division within twenty (20) business days of the close of each month.

3.7.1.5 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 the Division within sixty (60) business days after the close of each year of operation and the final report shall be submitted to the Division within thirty (30) business days of receipt of the Division comments.

3.7.1.6 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.

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

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

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

Based on the requirements of the RFP, MTM is proposing a DHCFP-specific reporting package made up of the reports detailed in Figure 40. Please see Appendix M for a sample monthly reporting package featuring examples of reports we can create. Upon contract award, we will work with DHCFP to develop specific formats for each report.

Proposed Reporting Package for Nevada NET Program	
Report Name	***Frequency***
Transportation Summary Report	***Monthly***
Call Center Report	***Monthly***
Recipient Satisfaction Report	***Annually***
Grievance Log	***Monthly***
Annual Transportation Report	***Annually***
High Cost Users Report	***Quarterly***
Monthly Cost Report	***Monthly***
Other Operational Reports	***As Requested***

Figure 40: Monthly Reports Package. MTM will provide DHCFP with a customized, comprehensive reports package.

3.7.1.10 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:

A. The provider name/recipient name and ID number;
B. The source of the complaint;
C. The type of provider;
D. The nature of the complaint;
E. Approximate dollars involved; and
F. Legal and administrative disposition of the case.

MTM takes fraud, waste, and abuse seriously. We will report all complaints of fraud and abuse that warrant preliminary investigation to the state in a prompt manner. This process is handled by our Quality Management department, which staffs Internal Auditors focused specifically on detecting and responding to fraud, waste, and abuse cases as part of our fraud review team.

For each report, the Auditor will communicate all details to the state including:

- ***The transportation provider's name, recipient name, and ID numbers***
- ***The source of the complaint***
- ***The type of provider***
- ***The nature of the complaint***
- ***Approximate dollars involved***
- ***Legal and administrative disposition of the case***

3.7.1.11 Upon project implementation, monthly reports must be delivered via e-mail to the current transportation program manager no later than the fifteenth (15th) business day of each month. The e-mail address may be obtained by contacting the contract monitor.

Monthly reports will be delivered via e-mail to the transportation program manager no later than the 15th business day of each month. MTM will obtain the email address by contacting the contract monitor.

3.7.1.12 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 the Division. Failure to provide accurate and complete reports by reporting deadlines may also result in contract suspension or termination.

MTM understands that failure to provide accurate and complete management reports by the required deadlines may result in a delay or suspension of payment; we assure DHCFP that we will provide accurate, complete reports in a timely manner.

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

As described in Section 3.9 Information Systems and Technology Requirements, 3.9.1, our robust NET Management System provides a database that stores information in a HIPAA compliant format, analyzes utilization data, and provides reports in both electronic and hard copy format. Our NET Management System will store and maintain data elements related to utilization, separated by Medicaid and Nevada Check-Up. MTM will provide utilization data as requested to the state's contracted actuary.

3.7.2 Report Encounter Data On A Monthly Basis

3.7.2.1 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 the Division. The submission format to the Division shall be in ANSI X12 837

format for transportation services, or what format may supplant that specification at a future date.

In nearly every contract we have operated over the past 20 years, we have been held responsible for submitting encounter data on specific deadlines. Therefore, we have extensive experience meeting the unique requirements of each client. For DHCFP, we will create encounter data files based on the CMS 1500 format, and include recipient name, Medicaid ID number, date of service, transportation service provider, service type, pickup point, destination, and miles, and will submit encounter files on a monthly basis.

MTM has an Electronic Data Interchange (EDI) team in place to ensure that all encounter data is accurate and complete for all covered services. This team will properly handle any changes and/or updates to the format or data elements specified by CMS or DHCFP.

3.7.2.2 The vendor shall upgrade to subsequent versions of this Format as specified by the Division. The 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 the Division within ten (10) business days after the close of the month using a mode of transmission and format specified by the Division. In the event the data submission contains erroneous data as determined by the Division, the vendor has thirty (30) days to correct the errors and resubmit to the Division.

MTM will submit all necessary encounter data in ANSI X12 837 format for transportation services, which we will update to subsequent versions as specified by DHCFP within 60 calendar days of notice for upgrade. Encounter data will be provided to DHCFP within ten business days of the close of the month using a mode of transmission and format specified by DHCFP.

MTM works with an EDI tool called Actian Data Integrator v.10 that is specifically built to handle and validate EDI formats. Actian Data Integrator allows us to manage multiple plans and group them together with finer grain formatting, which will significantly cut down on rejected records. Actian software has alerts and email notifications so MTM can automate the formatting, enabling us to detect issues immediately and proactively fix them, along with context-specific formatting to avoid trial and error testing and ensure that all data is a comprehensive, accurate depiction of the processed claim content.

MTM has significant experience in the validation process and can quickly resolve any issues identified during this process. If errors or incomplete encounter data is found, we will promptly correct the mistakes and submit the appropriate new records within 30 days. We also have many safeguards built into our NET Management System to ensure data submitted is accurate, complete, truthful, and all encounters are for covered services for eligible recipients. Our claims process, more fully described in Section 3.6 Fiscal Requirements, 3.6.1.2, also guarantees that transportation providers are not able to claim or submit encounter data for services that were not rendered.

3.7.2.3 Independent Customer Satisfaction Survey

As part of the QA Monitoring Plan, the vendor will perform and submit an annual customer service survey regarding Medicaid transportation. The initial period shall be the first twelve (12) 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 the Division. Periodic sampling issues may include, but are not be limited to:

A. Convenience of scheduling trip;
B. Call answered promptly;
C. Operator courteous and respectful;
D. Satisfaction with NET provider's staff;
E. Confirmation of scheduled trip;
F. Driver arrive within 15 minutes of scheduled trip;
G. Driver and vendor staff courtesy;
H. Driver assistance when required;
I. Overall driver behavior;
J. Driver safety and operation of the vehicle;
K. Condition, comfort and convenience of the vehicle; and
L. Punctuality of arrival time.

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.

To encourage responsiveness and realize cost savings, MTM proposes conducting weekly recipient satisfaction surveys via telephone. To ensure recipient satisfaction surveys remain completely bias-free, MTM utilizes an independent third party organization to survey a statistically sound sample audience of recipients. During the survey, a representative from a nationally recognized organization will ask the recipient a variety of questions regarding the reservation process, driver and CSR courtesy and assistance, and the condition of the vehicle; standard questions that we ask throughout our book of business are shown in Figure 41.

Recipient Satisfaction Survey Questions	
Questions Regarding Phone Service	***Questions Regarding Transportation***
Was your call answered promptly?	***Did the driver treat you with dignity and respect?***
Did the person who answered your call treat you with dignity and respect?	***Did the driver tell you his name and why he was there?***
Was the person you talked to helpful?	***Did you get to your health care visit on time?***

Recipient Satisfaction Survey Questions	
Questions Regarding Phone Service	Questions Regarding Transportation
Did the person you talked to offer you help with more than just your ride?	For your ride back home, did the driver pick you up within one hour?
When you called, did you get the kind of service you wanted?	Was the vehicle clean?
2015 YTD Phone Satisfaction Survey Results: 97.3%	2015 YTD Provider Satisfaction Survey Rates: 93.7%

Figure 41: Recipient Satisfaction Survey. By asking recipients the above questions, MTM can stay in tune with overall satisfaction.

An MTM representative will input all gathered data from the survey into our database for reporting, trending, and tracking. The results are trended in MTM's QMC meetings. In the rare circumstance that a survey shows an unsatisfactory result, the QMC will institute an appropriate PIP to resolve the issue. In addition, we utilize satisfaction survey results to develop Quality Improvement Programs (QIPs), further improving service quality. We will evaluate the satisfaction information and provide DHCFP with a summary report.

By conducting satisfaction surveys with recipients, MTM can make accurate, timely changes to the program. Soliciting this feedback gives DHCFP a positive image while proactively making program improvements. Prior to using our standard satisfaction survey, we will submit the format, sampling strategies, and questions to DHCFP for approval and modification, and will incorporate questions as directed.

Medical Provider Surveys

In addition to recipient surveys, MTM will conduct annual medical provider satisfaction surveys to determine the perception of the quality of the services. These surveys help us identify opportunities to facilitate additional education and outreach, as well as areas where MTM can improve our relationship with this community to achieve the highest level of satisfaction. During the survey, providers are asked questions regarding satisfaction with the call intake process, MTM's responsiveness to provider staff, and ease of accessing MTM staff in the event of a problem with transportation provider timeliness. Our goal for medical provider satisfaction is 90%.

Transportation Provider Surveys

Outside of recipient and medical provider satisfaction, MTM conducts an annual satisfaction survey among the transportation provider community. By conducting these surveys, we are able to identify areas in which we can help providers work with MTM in a more efficient manner. These surveys also provide feedback on the performance of our Network Management staff.

Questions asked during this survey pertain to satisfaction with the trip scheduling process, satisfaction with the claims process, and responsiveness of our staff to the provider's needs. Our goal for transportation provider satisfaction is 80%.

> *"We have been with MTM two years. They have been wonderful to work with as a team and the staff is great. Our operation has increased from year one to year two, and we are looking forward to more successful growth in the next three years and beyond. Thanks, MTM, for all you do."*
>
> **Jerry Martin, Operation Coordinator**
> *Big Brown Logistic LLC, Houston, TX*

DHCFP Satisfaction Survey

An additional important satisfaction survey that MTM offers to this program is that of DHCFP itself. Each year, we will solicit formalized feedback from DHCFP, the results of which will be used for internal purposes to improve our client services processes, and ask questions about DHCFP's satisfaction with each MTM department, response times, usefulness of reports, and services provided. The survey will also ask specific questions about the leadership team's performance. Results will be reviewed by our Vice President of Operations, and will be reported to the QMC and Board of Directors.

Quality Assurance Monitoring Plan

In all areas of our business, MTM's goal is to exceed average performance standards and continue to build on our reputation as the industry leader in quality NET management. As a testament to our continued focus on innovative quality assurance efforts, Washington Metropolitan Area Transportation Authority (WMATA) in Washington D.C. selected MTM to operate the Quality Assurance program for their call center and paratransit operations in 2013.

Similar to the quality oversight we will provide for DHCFP, MTM is responsible for monitoring timeliness, driver conduct, vehicle quality, customer satisfaction, and complaint resolution through on-street observations, call monitoring, and data analysis. This contract gives MTM unique insight and experience with quality assurance activities in our NET contracts, including best practices for field monitoring enhancements and methods for improving on-time performance. This experience is something that only MTM can offer DHCFP. We will use the methods and tools refined through our work in WMATA to deliver to the Nevada NET program the first-class quality service and accurate quality reporting DHCFP seeks.

Our Quality Assurance Monitoring Plan, in Appendix E, will be modified upon contract award to meet all RFP requirements and resubmitted for DHCFP review and approval prior to the start of operations. Business Manager Sandra Stanko will work with DHCFP to develop and/or customize performance measurements for the program during the first year and periodically, as appropriate, to ensure the NET program continually meets recipients' needs. Our plan will be reviewed on an annual basis by Business Manager Sandra Stanko and our Quality Department to ensure effectiveness and address any program changes.

As described throughout our proposal, MTM has several methods for ensuring our operations are of the highest quality, including strict policies for authorizing NET services; verifying that trips actually occurred; reducing fraud and abuse; resolving complaints and appeals; and monitoring and reviewing calls to our CSC. Aside from these procedures, our Quality Assurance Monitoring Plan uses performance metrics and thresholds to evaluate compliance with MTM's standards and client protocols, which MTM will report to DHCFP so it can easily measure MTM's performance.

MTM collects data from our various operations departments—Quality, Network Management, Customer Service, Care Management, and Client Services—and compares the data to established goals and thresholds. Then, our QMC receives and trends each threshold, or predetermined level of performance.

In addition to our own reviewing processes, MTM will comply with requests from DHCFP to make unannounced quality assurance reviews throughout the life of the contract. We also welcome DHCFP to conduct its own audits and ride-alongs at any time. Based on these activities, we will collaborate with DHCFP to make any recommended program improvements.

Business Manager Monitors NET Quality

To ensure the highest quality services are always provided throughout Nevada, Business Manager Sandra Stanko will be key in identifying any areas of deficiency and possible improvement opportunities. To do so, she will thoroughly analyze monthly reports, stakeholder satisfaction surveys, and other data to identify program needs and any efficiency that could possibly be implemented. In addition, Sandra will monitor a statistically valid random sample of monthly trips, looking at all aspects, including lowest cost, type of appointment, mode of transportation used, etc. From this review, we are often able to identify various valid improvements to our programs. If such an improvement is found, we will immediately share the results and our intended course of action with DHCFP. From here, the QMC will make recommendations for implementing any program improvements.

Quality Management Committee Guides Quality Initiatives

MTM's QMC is central to our quality assurance efforts. The QMC is an officiating body comprised of department Directors, Managers, and Program Managers, as well as executive representatives from our operational departments that makes recommendations on our Quality Assurance Monitoring Plan and provide guidance to MTM's Quality Management activities. The QMC meets quarterly to evaluate reports with the goal of operational excellence and quality assurance for all clients. The QMC serves as an advisory committee and is responsible for:

- ***Recommending policy decisions***
- ***Analyzing and evaluating the results of quality management activities***
- ***Ensuring the integrity of MTM's Quality Assurance Monitoring Plan through planning, designing, implementing, reviewing, and approving corrective actions***
- ***Ensuring follow-up to quality improvement initiatives***

Further, key staff will also represent MTM as necessary on transportation related committees and boards in Nevada to foster open communication with transportation providers and other NET program stakeholders.

URAC Accreditation Shows Quality Commitment

As a demonstration of our commitment to ensuring high quality service, MTM was one of the first companies in the NET industry to pursue and receive URAC (Utilization Review Accreditation Committee) Core Standard accreditation. For those companies with such industry standard quality accreditations, CMS bestows greater confidence and requires less oversight from state Medicaid agencies like DHCFP. Our URAC accreditation ensures DHCFP that MTM meets established national standards and promotes quality improvement in the following areas:

- ***Organizational structure***
- ***Regulatory compliance***
- ***Oversight of delegated functions***
- ***Information management***
- ***Staff qualifications***
- ***Policies and procedures***
- ***Inter-departmental coordination***
- ***Business relationships***
- ***Quality improvement/management***
- ***Staff management***

MTM's proactive and continued URAC accreditation means that DHCFP can be confident of our ongoing commitment to quality and ability to perform successfully as its broker.MTM is the only broker focused on the delivery of NET with a healthcare-minded, managed care approach. We understand the impact transportation has on healthcare outcomes, which is why we are dedicated to providing the highest quality services in the NET management industry.

3.8 GRIEVANCES, APPEALS, AND FAIR HEARINGS

3.8.1 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 ten (10) 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 written Notice of Decision (NOD) to the recipient 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:

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

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

3.8.1.3 The recipient's right to request a State Fair Hearing;

3.8.1.4 The method of obtaining a State Fair Hearing;

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

3.8.1.6 The right of the recipient to request a State Fair Hearing and how to do so;

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

3.8.1.8 That the recipient may be held liable for the cost of transportation services if the hearing decision upholds the vendor's action; and

3.8.1.9 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.

While MTM's trip reservation process always relies on objective, consistent methods for approving NET requests, we have procedures in place to accommodate denials. DHCFP is ensured that we are never discriminatory against race, ethnicity, color, origin, or religion when making denial or approval decisions.

To ensure recipients are notified when MTM denies NET service, we will comply with DHCFP policies and procedures related to trip denials. The NET Management System is programmed to alert CSRs during the request if any criterion warrants a denial, including excessive distance, ineligibility, non-covered service or medical provider, and/or timeliness of the request. The CSR will notify the recipient of the denial during the call. Denial information and reasoning will be documented within the NET Management System and reported to DHCFP within our monthly reports. MTM will maintain records of all denials including copies of the Notice of Decision letters more fully described below.

We will notify recipients of a denial or an authorization for services in an amount, duration, or scope less than requested by sending a Notice of Decision letter within 10 business days of the denial. Throughout our book of business, MTM automates the generation of Notice of Decision letters; the letters will be submitted for DHCFP's review prior to the contract start date.

When our system denies a recipient transportation services or a reimbursement claim, it automatically fills in the necessary information within the denial notification, as shown in Figure 42. The Notice of Decision letter contains information informing the recipient on their right to appeal and instructions for doing so. Following a denial, the CSR will inform the recipient of the decision, indicating to the system that a Notice of Decision letter should be generated. We then send the letter to the recipient and a copy is maintained within our files.

Notice of Decision Letter Information
The action MTM has taken or intends to take
Explanation of denial
Process to file a grievance with MTM
Recipient's right to represent themselves or be represented by a person of their choosing
Details on requesting an appeal or fair hearing

Figure 42: Notice of Decision Letter Information. MTM will use an automatically generated denial letter for service denial, termination, or suspension.

MTM will send all notice of actions correspondence within the timeframe specified in42 CFR § 438.210(d)(1). We will send notices of termination, suspension, or reduction of previously authorized covered services within the timeframes specified in 42 CFR §§ 431.211, 431.213, and 431.214.

MTM will support all appeals as necessary, including those regarding service denials and suspensions. We will participate in an information review process with DHCFP when an appeal is filed. The Resolution Specialist will collect, maintain, and provide complete documentation of the incident and how it was handled, including any documentation DHCFP deems necessary to justify MTM's determination at the administrative or judicial hearing.

3.8.2 Grievances

The vendor is responsible for receiving and responding to all written or verbal grievances from recipients, providers, Division, or other sources with regard to the delivery of non-emergency transportation services under this contract. 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.

To ensure all stakeholders have a path of recourse, MTM has an equitable, fair process for resolving complaints, grievances, and appeals. Recipients and transportation providers are notified of their right to submit a complaint, grievance, and appeal in all communication regarding denials or other adverse actions. Recipients are also informed of their right to request a State Fair Hearing. A Nevada-dedicated Quality Service Coordinator will handle all complaints, grievances, and appeals, monitoring for trends and building relationships with program stakeholders.

S/He will update documentation and conduct research as needed to ensure an appropriate response time. We ensure our response process offers assistance to stakeholders, including:

- *Recipients*
- *Transportation providers*
- *Medical providers and facilities*
- *Social workers/case managers*
- *DHCFP*

In the event a stakeholder perceives the service they received did not meet their expectations, our complaint, grievance, and appeals process complies with all requirements of the RFP and the process is summarized below. This process encompasses receipt, research, communication, and education to achieve satisfactory resolution.

While we have an established process for resolving stakeholder issues, DHCFP should know that we strive to reduce complaints by providing excellent service. MTM's 2014 complaint rate was a mere 0.27%, well below the industry-accepted goal of 1%. This is of critical importance to DHCFP as the NET program is a direct reflection on the agency; MTM will ensure that the program has only positive associations for DHCFP.

The following complaint and grievance resolution process has been carefully crafted throughout our 20 years of brokerage experience. In the event that a change or adaptation is required, MTM will notify DHCFP and await written approval before any modifications are made.

Intake and Resolution

If a recipient, medical provider, transportation provider, DHCFP, or other source wishes to express dissatisfaction with the service they receive from MTM or a transportation provider, they may express their concern verbally or in writing; we will encourage written submission to provide additional accuracy.

We will provide a dedicated "We Care" phone number to allow stakeholders to communicate directly with our Quality Department for prompt resolution of any issue. Introductory materials developed by our Marketing Department will give specific directions to stakeholders on this process. Additionally, all denial and/or service reduction letters contain easy to understand directions for communicating concerns with MTM. As with all letters and documents distributed by MTM, translation and interpreter services and assistance are offered.

In addition, we accept complaints and grievances via our website, www.mtm-inc.net, as shown in the screenshot in Figure 43. Through this feature, stakeholders may also submit compliments about MTM's service.

This online entry allows stakeholders sufficient space to express their comments and/or concerns. All comments collected via the website will be forwarded to the Nevada Resolution Specialist.

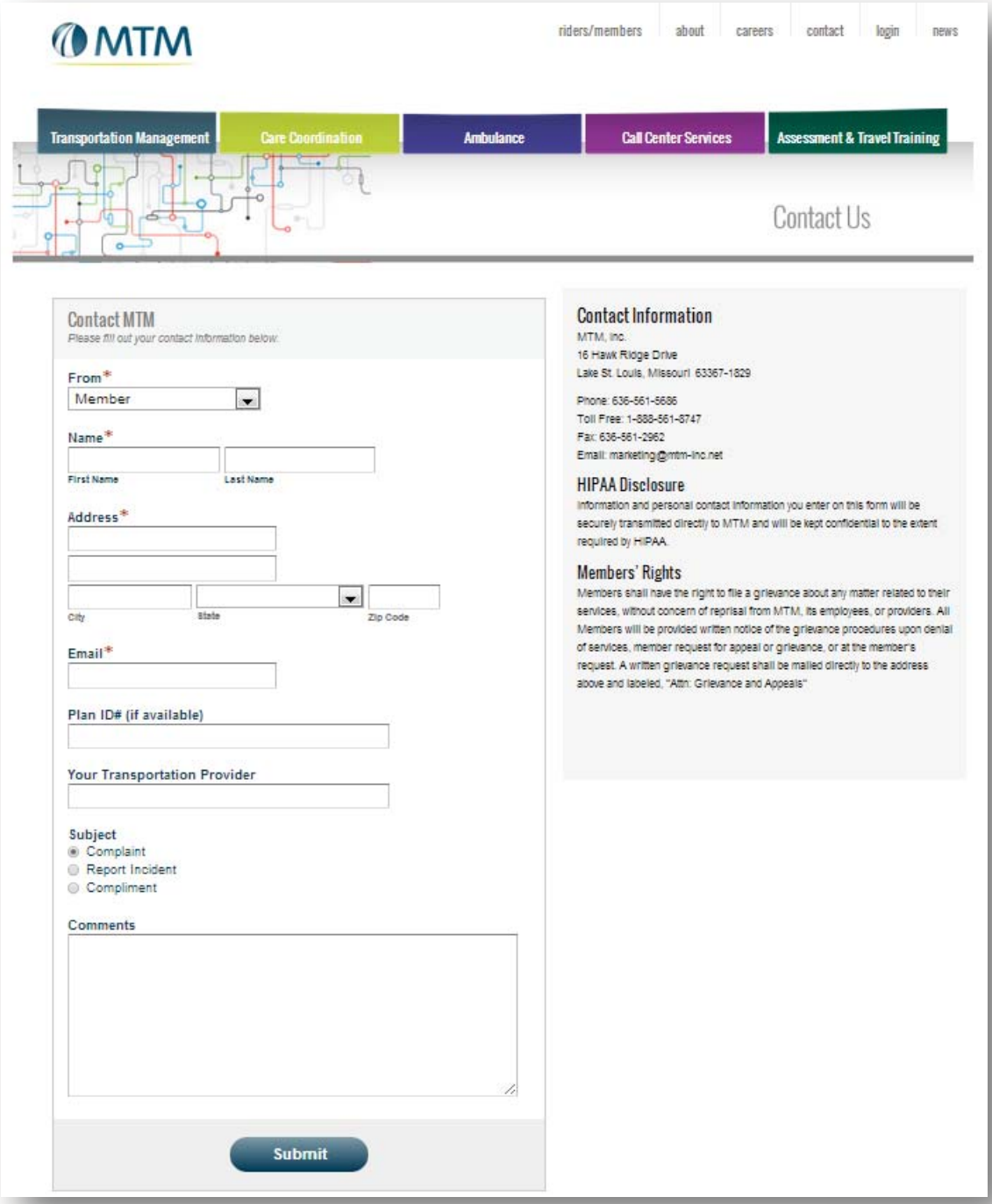


Figure 43: Online Complaints Entry. With our online complaints and compliments entry system, stakeholders can conveniently submit comments.

The Nevada-dedicated Resolution Specialist will document all circumstances surrounding a complaint; date stamp the item; assign the complaint a tracking number and a high, medium, or low priority; and inform the complainant that the complaint was received. After completing these steps, they will begin the resolution process. The Resolution Specialist will work with all involved parties to reach a satisfactory and prompt resolution, documenting all details surrounding the issue. Initial receipt and all supporting information will be kept within an electronic record in the NET Management System.

The Resolution Specialist will also inform the complainant of their ongoing grievance and State Fair Hearing rights if they deem the resolution unsatisfactory. After corrective action has been taken and all involved parties are satisfied with the result, the complaint will be closed.

Complaint Prevention Efforts

Earlier this year, MTM's Care Management Department began an initiative to reduce complaints by proactively monitoring repeat transportation provider and recipient behaviors. Since that time, we have been modifying our criteria to ensure the best use of our available data and proactively reach out to provider and recipients, before these behaviors result in complaints. Care Management creates a biweekly report with the following information:

- ***No Show, Return Trip- recipient not at arranged pickup***
- ***No Show, Direct Cancellation- recipient cancels directly with driver at pickup***
- ***No Show- recipient not there at time of pickup***
- ***No Show- recipient there but not ready at time of pickup***
- ***Cancellation- recipient canceled directly with provider prior to trip***
- ***Cancellation- no transportation provider available***
- ***No Show- transportation provider does not show up***
- ***Turnback- transportation provider turns a trip back***

Depending on the behavior, Care Management will take appropriate action to educate the necessary individual(s) to ensure satisfaction and prevent future complaints. Behaviors are tracked and trended monthly, and results are provided to Executives and Directors. Through this exercise, MTM has also been able to identify opportunities to detect and prevent fraud, waste, and abuse.

3.8.2.1 The vendor shall attempt to respond verbally to the recipients, authorized representative, the 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.

Once received, the grievance will be acknowledged by MTM verbally within 24 hours and in writing within 72 hours.

3.8.2.2 The vendor must have a process with which to address recipient authorized representative, the 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.

Draft copies of our complaint and grievance policies are available in Appendix B. These policies will be updated upon contract award to meet all RFP requirements, and submitted to DHCFP during implementation for approval. Further, the policy will be provided to all transportation providers at the time they enter into a contract with MTM. These processes allow us to receive and respond to all complaints and grievances in an appropriate, fair manner. All MTM staff will be trained on the policies and procedures governing complaints and grievances. Further, we will review this process on an annual basis, seeking DHCFP's final approval before any resultant changes are made.

3.8.2.3 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:

A. 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;
B. Acknowledge receipt of each grievance;
C. Ensure that the individuals who make decisions on grievances were not involved in any previous level of review or decision-making; and
D. 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.

MTM will make every attempt to resolve the issue to the satisfaction of the aggrieved as quickly as possible and will notify the recipient of the decision within 90 days from the date MTM received the grievance. During this timeframe, MTM's Quality Department staff will provide any reasonable assistance in completing forms and/or other procedural steps, acknowledge receipt of the grievance, ensure those reviewing the grievance were not involved in any preview review, and notify the recipient of the grievance decision.

The Notice of Grievance decision will be provided in writing to each recipient and will contain the information identified in Figure 44. We will program our NET Management System so that the letters can be auto-generated in a timely and accurate manner. Records of all grievances will be maintained in the NET Management System and will be analyzed on a monthly basis.

Notice of Grievance Decision Information
Statement of the grievance issue(s)
Summary of the facts asserted by each party
MTM's decision supported by an explanation of how the decision was reached
Date of the decision
Recipient's rights to request a fair hearing

Figure 44: Notice of Grievance Decision Information. MTM will notify recipients in writing of the grievance decision.

3.8.2.4 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 any time thereafter when the vendor's provider grievance policies and procedures have been revised or updated.

Grievances submitted by transportation providers will be resolved following the same written procedures detailed above and policies provided in Appendix B. As previously stated, MTM will provide these procedures to DHCFP during implementation for review and approval.

3.8.2.5 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.***

MTM will accept both verbal and written grievances from transportation providers, and will maintain records of each grievance, including:

- ***Description of the issue***
- ***Dates and nature of actions taken***
- ***Date filed***
- ***Final resolution***

Staff from MTM's Quality Department will issue final decisions, in writing, for all grievances within 90 days of receipt.

3.8.2.6 The vendor shall establish and maintain standardized written procedures for handling all grievances, including documentation requirements. Investigation shall entail obtaining as much factual information about the grievance as is made available during the course of the investigation. The vendor shall attempt to resolve the grievance, if possible. The vendor shall maintain a log of all grievances, verbal and written, with documentation of the grievance and action taken to resolve the grievance. The vendor shall compile a summary report and analyze grievances

received on a monthly basis to determine quality of services to recipients and noting patterns or trends of grievances received. This summary report shall be submitted to the Division by the 20th working day following the close of the reporting month. The vendor shall analyze the grievance data for quality improvement as an integral part of its QA Monitoring Plan.

As previously stated, MTM has written, standardized policies for handling all grievances, which are provided in Appendix B. This procedure includes proper documentation requirements. MTM will maintain a log of all grievances as well as the actions taken to resolve them.

Utilizing the complaint and grievance data documented during each step of the process and stored within the NET Management System, the Resolution Specialist will develop a monthly summary report. As part of our monthly reporting package, MTM will supply DHCFP with the report by the 20th working day of each month analyzing grievances received. DHCFP may also view grievance data at any time through the web portal and request ad-hoc reports and records as needed.

Having access to detailed grievance information will help DHCFP and MTM identify opportunities for program improvement. In addition to submitting the monthly complaint report to DHCFP, we will send our QMC a summary of NET grievances. The QMC, along with our Nevada-dedicated Resolution Specialist and the Business Manager, will carefully examine each grievance to determine potential areas for improvement and increased efficiency, as well as track and trend grievances to find patterns that may be used in QIPs for quality improvement efforts. If these parties identify an improvement, we will make every effort to incorporate changes quickly. In addition, if we notice a deficiency resulting from complaints in another contract, we will incorporate the necessary changes in this program to ensure the same problems do not occur in Nevada. More information about MTM's Quality Assurance Monitoring Plan can be found in Section 3.7 Reporting, 3.7.2.3.

3.8.3 Appeals

3.8.3.1 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.***

In addition to complaint and grievance resolution, MTM will accept written and oral appeals, reviewing any decision denying, terminating, or reducing services, as well as decisions resulting from a grievance. We will require oral appeals to be followed by a written, signed appeal, but will maintain the oral appeal as the initial date. MTM's written appeals procedures for the Nevada NET program will be provided to DHCFP during implementation and at any time they are revised or updated, for approval.

The Resolution Specialist will collect, maintain, and provide complete documentation of the incident and how it was handled, including any documentation necessary to justify MTM's determination. The appeal will then be reviewed by a member of our Quality Department with the authority to uphold, modify, or reverse the original decision. This individual will not be the same employee who made the original decision. A decision regarding the appeal will be made within 30 days after an appeal is filed. If our decision is overturned, we will immediately notify the appellant, and implement any corrective action. Appropriate records of each appeal will be retained within our NET Management System, including a description of the issue, the date filed, the dates and nature of actions taken, and the final resolution.

3.8.3.2 The State Fair Hearing process is described in Chapter 3100 and Chapter 1900 of the Medicaid Services Manual. The NET vendor is required to provide access to State Fair Hearing 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:

A. Denial or limited authorization of a requested service;
B. Reduction, suspension or termination of a previously authorized service; and
C. Failure of the vendor to meet specified timeframes (e.g., authorization, claims processing, appeal resolution).

MTM will provide recipients' with access to State Fair Hearings, participate in the State Fair Hearings process as necessary, and will abide by the decision of the Fair Hearings Officer.

3.8.3.3 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:

A. Denial or limited authorization of a requested service;
B. Reduction, suspension or termination of a previously authorized service;
C. Denial, in whole or in part, of payment for a service;
D. Demand for recoupment; or
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.

Transportation providers will be educated on their right to a State Fair Hearing at the time they enter into a contract with MTM and when an outcome of an appeal is not wholly in their favor.

3.8.4 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.

DHCFP is assured that MTM will allow each recipient to exercise his or her rights under 42 CFR 438.100(c) without adverse effect or treatment.

3.9 INFORMATION SYSTEMS AND TECHNICAL REQUIRMENTS

3.9.1 Establish And Maintain A Transportation Database

3.9.1.1 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:

A. Recipient's name;
B. Date of birth/age;
C. Sex;
D. Medicaid ID number;
E. Address;
F. Telephone/e-mail;
G. Directions to home;
H. Program eligibility;
I. Managed care program status;
J. Name of primary care provider (PCP);
K. Telephone of PCP;
L. Third party liability status;
M. Special needs (medical condition, language, dependents, escorts);
N. Required mode of transportation (wheel chair);
O. Verification of medical appointment, if applicable;
P. Notes (abusive behavior, complaint history, etc);
Q. Existence of a legally responsible individual; and
R. Authorized assessed level of needs.

Technology is at the heart of MTM operations, enabling us to automate processes, ensure adherence to protocols, reduce user error, maximize the value of client funds, and instantly access information. We work hard to provide a balance between automation and the human touch that our CSRs provide.

MTM assures DHCFP that our technology will support its service in the most efficient and cost effective manner possible, providing reliability, requiring low cost and maintenance, and ensuring ease of use.

The NET Management System, MTM's proprietary NET management solution, is a state-of-the-art web-based system capable of processing thousands of trip requests daily. This system collects and stores required data elements during and after the trip request process for utilization tracking, and provides reports detailing these data elements. The NET Management System also supports and tracks daily operational functions, including service authorizations and denials, trip scheduling, mileage calculation, and other information.

Built specifically for MTM's successful NET management model and combined with commercially available software, this system is an integrated suite of the most comprehensive, reliable software available in the industry. With this suite, MTM is able to seamlessly blend unique NET requirements with standard technological software to create a best-in-class system that automates virtually every aspect of transportation management. In short, it allows MTM to successfully manage the day-to-day operations of NET programs for the delivery of cost-efficient, appropriate services.

Throughout the nation, we deploy these tools with high satisfaction to achieve a fully redundant and reliable NET management model. We have a skilled IT team that ensures the proper utilization of these resources and has the ability to make programmatic software changes and to create new resources in-house that enhance our efficiency. As a whole, this translates into improved program management, greater transparency for DHCFP, and the capability to expand this program as necessary with little to no impact on day-to-day activities.

Data Capture

Our more than 20 years of experience managing NET services informed the NET Management System's programming, and continues to dictate changes made to the software. We designed the system to be completely customizable to each client's protocols and contract requirements. The configurable system automates the call intake and scheduling processes, provides secure information exchange of recipient eligibility files and PHI in accordance with state and federal laws, and virtually eliminates the possibility of authorizing services to a non-covered service or medical provider. Upon contract award, we will customize the system to meet DHCFP's requirements, and we will work with local stakeholders to continually update it based on the evolving needs of the program. Specifically, the NET Management System accommodates the services and functions outlined in Figure 45.

NET Management System Capabilities	
Function	***Description***
Provides Web Portals	***DHCFP, local transportation providers, medical providers, and recipients will have access to web portals that provide a complete range of services and data based on the user's access rights***
Accommodates Call Intake Processes	***Facilitates call intake, including automatically loading recipient information when the CSR enters the recipient's name or ID number***
Manages the LON Assessment	***Initiates the LON assessment for new recipients, analyzes the data returned, determines the most appropriate mode of transportation, and manages renewals prior to the expiration date***
Manages NET Requests	***Provides a complete management solution for trip scheduling, including applying eligibility rules, determining the most appropriate and cost-effective mode of transportation, and ensuring the trip is to a covered service with an approved provider***
Selects a Transportation Provider	***Connects with Trapeze Novus to route trips and select the most appropriate transportation provider using an algorithm based upon the trip details and cost, as well as the provider's availability, quality ranking, and location***
Notifies Providers of Assigned Trips	***Uploads trip assignments to the transportation provider's web portal, where the provider can easily download its manifest***
Reimburses Recipients	***Verifies that the recipient meets criteria for gas reimbursement and determines the amount that should be applied to their debit card***
Detects Fraud and Abuse	***Applies proprietary data mining algorithms designed to detect fraud and abuse by comparing data supplied by transportation providers to data obtained through other sources, including analysis of driver and vehicle utilization, attendance verification with medical providers, on-street observations, recipient-supplied information, and quality assurance audits***
Creates Reports	***Develops reports in approved format, delivers them via SFTP, and accommodates generation of hard copies of data for each authorized trip***

NET Management System Capabilities	
Function	***Description***
Develops Encounter Files	***Captures, stores, and creates compliant encounter files; electronically transmits the files in accordance with regulations; and ensures the encounters reflect actual services with a 98% pass rate***
Facilitates Recipient Communication	***Creates letters customized for recipients for denied services or educational purposes***
Stores Recipient and Trip Information	***Serves as a repository for information linked to specific recipients and trips, including special needs, approved modes of transportation, denials, cancelled and rerouted trips, and other information; able to generate and post daily recipient changes***
Interfaces with DHCFP	***Exchanges information and data files with DHCFP in secure electronic format***
Receives and Stores Recipient Extract Files	***Interfaces with DHCFP to receive eligibility files via secure, encrypted data connection, submits eligibility verification requests, allows MTM representatives to manually enter eligibility data as needed, and reconciles manually entered data against recipient extract files***
Captures NET Data	***Captures and retains data, including complaints and issues, to develop required reporting packages, ad hoc data, and other files requested by DHFP***
Pays Transportation Providers	***Reconciles trip data, authorizes reimbursement, and develops an appropriate check. Reviews available providers to ensure only credentialed transportation companies are considered. Compares provider service area to requested pickup location to determine the most appropriate vendor based on cost and location to pickup.***
Connects to Telephony System	***Connects to the Cisco and Interactive Intelligence phone system which is used to record all phone calls and document call data***

Figure 45: NET Management System Functionality. MTM's NET Management System supports a variety of program functions relevant to DHCFP NET services.

As a component of data capture, MTM will maintain person level computerized data within our NET Management System for recipients containing the required data elements, including:

- ***Recipient's name***
- ***Sex***
- ***Address***
- ***Directions to home***
- ***Managed care program status***
- ***Telephone of primary care provider***
- ***Special needs (medical condition, language, dependents, escorts)***
- ***Verification of medical appointment, if applicable***
- ***Authorized assessed level of needs***
- ***Date of birth/age***
- ***Medicaid ID number***
- ***Telephone/e-mail***
- ***Program eligibility***
- ***Name of primary care provider***
- ***Third party liability status;***
- ***Required mode of transportation***
- ***Notes***
- ***Existence of a legally responsible individual***

Flexibility and Reliability

MTM's software is designed to be portable and scalable. Portability means that each application is platform independent and, unlike other systems, is not constrained to the technology that was in place when it was originally developed. Accordingly, MTM can take advantage of emerging technology with minimal impact to the existing system, benefiting from the opportunities, cost savings, and efficiencies that are continually presented to the industry. Scalability means that additional capacity may be added as required with minimal, if any, impact to infrastructure.

The combination of portability and scalability provides unlimited potential to increase volume and add new functionality and technology while maintaining system response times. This, combined with web-based access, means that an infinite number of users may access the system simultaneously with no degradation in performance. Thus, DHCFP will always be in a position to deliver innovative services to recipients without the restrictions and constraints associated with systems that are not web-based, platform independent, and scalable.

3.9.1.2 The vendor shall also maintain a daily-computerized Trip Log (excludes public bus transportation) that documents the following data elements, at a minimum:

A. Recipient name;
B. Medicaid ID number;
C. Requester name (if different);
D. Date/time of request;
E. Date/time of medical appointment;
F. Mode of transportation requested/mode authorized;
G. Justification of mode authorized;
H. Scheduled time of pickup/drop off;
I. Actual time of pickup/drop off;

J. Scheduled companions or escorts;
K. Pickup location;
L. Drop off location;
M. Referral, approval, or denial (include reason) of transportation;
N. Ancillary expenses authorized (parking, tolls, etc);
O. Transportation provider number, assigned by vendor;
P. Date/time of notification to transportation provider;
Q. Trip Mileage;
R. Staff member referring/authorizing/denying request;
S. Notes (cancellation, incomplete request, no-show, abusive behavior occurrence);
T. Driver name or ID#; and
U. Drivers' insurance policy name and number.
The drivers' insurance policy name and number on a trip log is required for immediate access for various liability reasons. NET Transportation is provided during various times of the day; before and after office hours including weekends, thus requiring quick access to the driver's insurance policy name and number.

MTM's NET Management System will create and retain electronic trip logs with the specific information outlined in Figure 46.

MTM Electronic Trip Log Information	
• ***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*** • ***Pickup and drop off location*** • ***Actual time of pickup/drop off*** • ***Scheduled companions or escorts*** • ***Ancillary expenses authorized***	• ***Referral, approval, or denial of transportation, including reasoning*** • ***Assigned transportation provider number*** • ***Date/time of notification to transportation provider*** • ***Trip mileage*** • ***Staff member referring / authorizing / denying request*** • ***Driver name or ID#*** • ***Drivers' insurance policy name and number*** • ***Notes***

Figure 46: MTM Electronic Trip Log Details. Trip logs are created and maintained in our NET Management System with the information listed above.

3.9.1.3 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.

MTM uses Trapeze software, in tandem with our NET Management System, for trip planning. Information on Trapeze and our NET Management System can be found in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.1 and Section 3.9 Information Systems and Technology Requirements, 3.9.1, respectively. Together, these software packages will provide accurate determination of the mileage for all trips. MTM will maintain electronic and hard copy files on completed trips, by transportation provider, as required by DHCFP.

3.9.1.4 The vendor's computer system shall accommodate the following functions for daily operations, service authorization, trip scheduling, provider reimbursement, recipient monitoring and reporting:

A. Record recipient and trip log data and store it in a designated database format;

B. Back up the database on a daily basis; and

C. 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 the Division within 24 hours of the request.

As detailed above, MTM's NET Management System accommodates all necessary functions for daily operation of the Nevada NET program, including service authorization, trip scheduling, provider reimbursement, monitoring, and reporting activities.

Secure Data Back-Up

As our NET Management System collects and generates recipient and trip log data in a designated format, the data is immediately transmitted to our system database. The system and associated database is housed in our corporate headquarters, as well as two independent co-located data warehouses, and backed up on a nightly basis, so DHCFP is ensured all data will remain safe and accessible despite failure. Our retention policy includes the collection, retention, and storage of all MTM contracts, subcontractor agreements, provider records, trip reconciliation forms, complaints, and computer database storage for a period of six years or more. This information is easily accessible and retrievable and will be provided to DHCFP 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 information will be provided to DHCFP within 24 hours of request.

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

MTM understands that we are responsible for all programming and costs associated with the maintenance of the transportation database.

3.9.1.6 The vendor shall be responsible for developing the necessary interfaces with the Medicaid Management Information System (MMIS), including but not limited to the delivery of encounter data.

MTM's IT team will ensure we have all necessary interfaces with the MMIS, including the delivery of encounter data.

3.9.2 Establish And Maintain A Telephone Call Center

3.9.2.1 Professional, prompt, and courteous customer service shall be a high priority. The vendor shall establish and maintain an adequately staffed telephone call center and shall ensure that the telephone staff treat all callers with dignity and respect the caller's right to privacy and confidentiality. The vendor shall process all incoming telephone inquiries for non-emergency transportation services in a timely, responsive, and courteous manner. Telephone staff shall greet the caller and identify themselves by name when answering. The vendor shall have capabilities to ensure that the communication and language needs of recipients in the State are addressed. The vendor shall also ensure that recipients with emergency requests are referred or transferred to 911 or an appropriate local emergency (ambulance) service.

One of MTM's strengths as a NET broker comes from our background in customer service. As the true backbone of NET programs, quality customer service is extremely important. With nine CSCs across the country that operate under the highest standards, MTM has the capabilities necessary to manage CSC operations for NET services. For the operation of this contract, we will establish a new CSC in Nevada to systematically receive and process NET requests from recipients.

Local CSC Operations

Upon contract award, MTM will implement and maintain a business office and CSC in Nevada. We have already identified a suitable location at Gateway Business Park, 3525 E Post Road, Las Vegas, Nevada 89120, mapped in Figure 47. This location offers 40,000 square feet of office space with over 50 private offices, 250 cubicles, 10 conference rooms, personal lockers, two large break rooms, and an outdoor break area. The building previously housed a data center and call center, leaving it highly built out with fiber optics lines and equipment. Close proximity to I-215 and I-95/515 freeways, as well as the McCarran Airport provide easy access to its location. During implementation, this location will be equipped and fully staffed to begin serving DHCFP and its recipients. Our facility will have adequate square footage for office space, CSC activities, training, and break room areas for local staff.

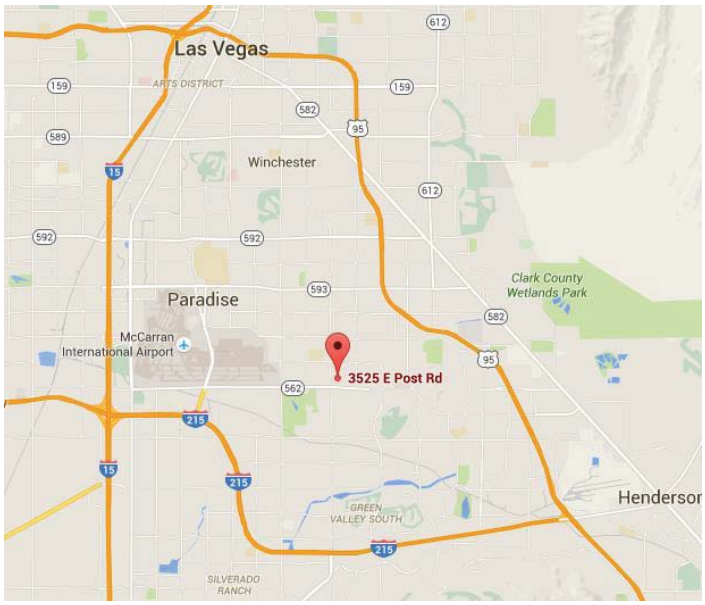


Figure 47: Facility Location. MTM's proposed local facility is conveniently located in Las Vegas at the Southeast corner of S. Pecos and E. Post Road.

3.9.2.2 The call center shall be staffed to receive telephone calls from recipients during the hours of 8:00 AM to 5:00 PM (Pacific time) Monday-Friday except national holidays. A voice mailbox shall be available after hours with a call back the next day. The vendor must make available 24-hour, 7 days per week access by telephone to a live voice (an employee of the vendor or an answering service) or an answering machine that will immediately page an on-call employee of the vendor so information may be given to handle a transportation problem that may arise during non-office hours (such as after-hours emergency room discharges or after hours transport to PCPs or urgent care centers). The vendor may need to educate recipients who habitually call after regular working hours and leave messages requesting transportation.

To ensure optimum service for DHCFP's NET recipients, our local CSC will have regular business hours of 8:00 a.m. to 5:00 p.m. Pacific Time, Monday through Friday, excluding national holidays. By calling our NET-dedicated, statewide toll-free telephone line, recipients or their representatives will have the ability to schedule NET services. Additionally, recipients will have 24/7/365 access to live CSRs, as detailed below and in Section 3.4 Schedule, Assign, and Dispatch Trips, 3.4.12.4, with MTM's global resource capabilities, which allow us to automatically rollover calls afterhours, or on weekends and holidays to our 24/7 corporate headquarters CSC in Lake St. Louis, Missouri. CSRs at this location will be trained to handle calls from DHCFP recipients, ensuring prompt, courteous service is always available.

3.9.2.3 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.

MTM utilizes a Cisco Unified Communications system, providing a high level of reliability for DHCFP and its customers. For the highest quality management of our CSC operations, MTM strategically implemented a state-of-the-art VoIP solution from Cisco Systems and Interactive Intelligence for our voice and communications applications. The solutions deployed by MTM include telephony, unified communications, and a multi-channel automated call distribution (ACD) system that improves our operational efficiencies, increases productivity, and enhances customer satisfaction.

MTM has 112 T1 primary rate interfaces (PRIs) split across two geographically diverse locations providing 2,656 call paths. Our unified communications platform currently operates over 100 toll-free and local call-in phone numbers, each with its own unique IVR and routing configuration. This provides the capability to include multiple call-in phone numbers with different call routing systems. MTM closely monitors call volume on a monthly basis and adds trunk lines as necessary to handle all calls.

IVR Functionality and Multiple Queues

All calls will be answered within five rings by a Nevada-specific IVR greeting approved by DHCFP. During the implementation period, we will work with DHCFP to approve the greeting message and options for the menu system and various call queues. The greeting also will inform recipients that in the event of a medical emergency, they must hang up and dial 911.

We will maintain separate queues based on the reason for the call so that each stakeholder is transferred by the IVR to the appropriate CSR or staff member. Our system has the ability to record different messages for each queue within the system, so that callers who are on hold hear a recording that is specific to their call purpose.

We also routinely work with our clients to develop brief recipient education messages to play during hold times. For example, for recipients holding in routine scheduling queues, we may play messages reminding them of the availability of mileage reimbursement. Recipients requesting general program information may be reminded of the program website and the availability of downloadable materials on that site. We can also use our IVR to broadcast temporary messages such as weather related issues or reminders of holiday closures.

Telephony Capacity and Scalability

MTM's highly-scalable telecommunication system has the capacity to handle high call volumes, provide extensive monitoring, and develop intricate reporting. MTM utilizes very large voice trunks known as DS3 circuits in order to deliver the large volumes of calls we receive daily.

We have redundant pairs of these circuits installed in both of our primary and geographically diverse MTM data centers. These pairings not only allow for a large capacity of simultaneous inbound or outbound calling, but also provide for a high level of redundancy. MTM is able to absorb the impact of the loss of a circuit at either location and route call flows to the other center in the event of a larger problem. The capacity of these voice circuits is monitored on a regular basis so that MTM will have ample notice of the need to increase capacity to accommodate potential growth to the existing trunk group.

In the event of a capacity emergency, within our distributed telephony platform, MTM also has access to a number of primary rate interface (PRI) DS1 circuits. We closely monitor call volume on a monthly basis and add trunk lines as necessary to handle all calls according to timeliness standards. Further, this system never blocks calls or utilizes a busy signal, even for callers requesting TDD services. With these capabilities, our system has the capacity to meet the call volume of this contract and meet all RFP requirements.

Global Resource Management and Emergency Back-Up

Another benefit of our advanced telephony system is the capability to globally manage our CSCs. All CSRs across our nine CSC locations can be utilized and managed as one global resource pool, allowing each CSC to serve as a back-up mechanism in the event of failure or emergency. The switch from one location to another is instantaneous and smooth, since the call is automatically rerouted through our IP backbone.

If we encounter a power failure or outage using our current system, battery back-up will allow our CSRs to complete calls so that no customers are disconnected. Our corporate Workforce Management Department, which continually monitors call flows and call volumes, will deploy an incident response team to seamlessly divert incoming calls to a functioning CSC until the CSC has recovered power. This will ensure that we are able to respond to customer calls, process requests, and meet call metrics. Our data collection is in the cloud, so we will not experience any loss of data. Further, we have backup generators at five of our CSCs, two of which are 24/7.

Co-Location Data Center

In an effort to further reduce risk to business continuity and data loss, MTM's core business applications are located in a professional SOC-II compliant data center in St. Louis, Missouri.

This allows our technology to be housed in a facility specifically built for hardware storage, offering multiple power feeds, backup generators, and redundant data and telephony carrier service options. This location provides a very dependable and reliable environment, equipped with the necessary facilities for cooling, maintenance, security, and monitoring.

3.9.2.4 The telephone staffing shall be adequate to fulfill the following standards of promptness and quality:

A. Ninety percent (90%) of telephone calls shall be answered within five (5) rings during live voice answering times;

B. A call pick-up system that places the calls in queue shall be used;

C. Blocked call rate (busy signal received) of five percent (5%) or less on an average daily basis; and

D. 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.

Throughout the life of this contract, we will use our Workforce Management (WFM) tools to fulfill DHCFP's standards for promptness and service quality. MTM's experience managing similar contracts representing over eight million calls collectively, coupled with our ability to utilize intake systems with great success, will ensure CSC responsiveness for DHCFP and its recipients. Our forecasting approach has proven extremely accurate, with our 2014 fourth quarter average forecast results within 4% of actual call volume. Once call volume, shrinkage, and performance are established, MTM analyzes historical data at daily and hourly intervals to establish staffing requirements.

MTM's WFM Department utilizes an advanced scheduling, forecasting, and monitoring workforce solution that is fully integrated with Interactive Intelligence. The WFM team utilizes these tools to create both long- and short-term forecasts, create CSC schedules, and ensure contractual compliance through real-time monitoring. Our monitoring tools provide real-time alerts that identify deviations from the forecasted plan so that adjustments can be made immediately and considered in future schedules and forecasts.

Our staffing and forecast strategy uses both short-term and long-term trends to establish call patterns and staffing needs on a daily basis. It takes into account a number of factors, including:

- ***<u>Call Patterns:</u> Call patterns are reviewed at annual, seasonal, monthly, daily, and hourly intervals to establish staffing requirements for the estimated volume. These patterns are utilized in creating basic CSC schedules, which balance staffing need, activities, training, breaks, and any other activities with the forecasted requirement.***
- ***<u>Production:</u> MTM monitors call handling time averages and adherence to forecasted schedule in order to determine the work time required per call. These production averages are used and compared to the daily and hourly call volume estimates to help establish the CSC staffing requirements and schedules.***

- ***Shrinkage:*** ***MTM measures and budgets for agent utilization time, taking into account attrition, meetings, absenteeism, breaks, lunches, training, and other potential forms of shrinkage to ensure headcount targets meet the required contractual service levels. MTMs staffing model strives to remain at or slightly below an 85% occupancy/utilization rate to ensure there is an appropriate cushion for unexpected call spikes or unforeseen events.***

To determine daily and monthly forecasts, we start by analyzing long-term monthly and seasonal trends. We use historical data to establish long-range monthly call intake estimates. These vary month-to-month based on archived data from previous years to determine trends. Once long-term trends are established, they are applied to recent call data (typically the last three months) to establish accurate monthly estimates. Immediate short-term schedules utilize these estimates, which Interactive Intelligence then compares to the most recent call patterns to create a schedule.

Using these proven workforce management processes and leveraging our experience in CSC staffing, we will ensure that MTM has sufficient resources to meet DHCFP's call volume while meeting all performance measures as identified in Figure 48. Proper planning, historical information, monitoring, and schedule adherence are the keys to managing and exceeding expectations.

CSC Performance Metrics
90% of telephone calls answered within five rings
90% of calls in the queue answered by a live operator in less than two minutes, measured on a daily basis
Blocked call rate of 5% or less on an average daily basis

Figure 48: Call Center Performance Metrics. MTM will use proven workforce management tools and processes to fulfill DHCFP's service standards for promptness and service quality.

3.9.2.5 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:

A. Total number of incoming calls;
B. Number of answered calls by vendor staff;
C. Average call wait time;
D. Maximum call wait time;
E. Percentage of calls answered by a live operator in under two (2) minutes;
F. Average talk time;
G. Number of calls placed on hold and length of time on hold;
H. Number of abandoned calls and length of time until call is abandoned;
I. Number of outbound calls; and
J. 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 ACD platform allows for routing, recording, and cradle-to-grave reporting on interactions across multiple channels including voice, email, web chat, short message service (SMS) text messaging, and social media. We will utilize this technology to provide superior customer service and operational efficiency.

ACD Reporting

Our telephony package has the capacity to handle high call volumes, provide extensive monitoring, and develop intricate reporting. Our ACD system also has the ability to collect the information shown in Figure 49 on an hourly, daily, weekly, and monthly basis for the CSC as a whole and for individual CSRs. This system also has the capability of automatically routing calls to back-up, part-time CSRs when target wait times are exceeded.

ACD Data Collection, Aggregation, and Reporting Capabilities	
MTM's System Capable	DHCFP Requirement
✓	Total number of incoming calls
✓	Number of answered calls
✓	Average call wait time
✓	Maximum call wait time
✓	Percentage of calls answered by a CSR in under two 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
✓	Number of available CSRs by time

Figure 49: ACD System Reporting Capabilities. The information captured by MTM's ACD system meets DHCFP's reporting requirements.

3.9.2.6 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.

As an experience transportation broker with contracts across the country, MTM assures DHCFP of our ability to develop operational procedures, manuals, forms, and reports necessary for the smooth operation of our Nevada CSC. We will be fully prepared to demonstrate the capability of our telephone system and CSC staffing during the readiness review prior to the start of service.

3.9.2.7 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.

Excellent customer service in compliance with DHCFP's quality standards is the main goal of our CSC operations and will be facilitated by internal call monitoring. By closely monitoring incoming calls, MTM can ensure that our employees provide the quality service that will ensure an outstanding customer experience. Each month, MTM will monitor a statistically valid random sample of calls to obtain an accurate portrait of the service. DHCFP representatives may also monitor MTM's compliance with contract performance standards.

As a company that intakes more than eight million calls each year, MTM has a unique perspective and ability to ensure our staff provide excellent customer service and meet all contractual requirements. In our nine existing CSCs, we utilize the Interactive Intelligence system as our monitoring platform and will do so for this contract. Through this system, supervisors, our quality team, and DHCFP itself can access live and recorded calls, capture accurate notes during monitoring, and archive each call and support information for later access. We encourage DHCFP to take advantage of this easy-to-use system to audit our call intake process.

When calling to request service, customers are notified automatically by the ACD system that their call will be monitored. During call monitoring, we are able to listen to call intake as it occurs and document the adherence to protocols; timeliness of answering and completing calls; accuracy of information acquired and relayed; and the CSR's soft skills, including:

- ***Responding helpfully and politely***
- ***Demonstrating an understanding and accommodation of the caller's needs***
- ***Communication skills and comprehension levels of a diverse population***
- ***Sound methodology for ensuring customer satisfaction and responsiveness***
- ***Treating each caller with dignity and respect***
- ***Greeting callers when answering, call presentation skills, call management, and closing***
- ***Properly dealing with callers MTM considers threatening or abusive***

Notations are made through our Interactive Intelligence system and are tied to the actual call recording for improved coaching and easy access. Based on call monitoring and review outcomes, each CSR receives a monthly quality rating. The quality rating indicates areas of excellence, satisfactory performance, and areas needing improvement.

Call monitoring results and quality ratings will be stored in individual files for each CSR for our internal use during employee performance reviews and training development. Quality scores are also maintained in our Interactive Intelligence system, which allows us to view a quality dashboard on each CSR to view their performance over time, shown in Figure 50.

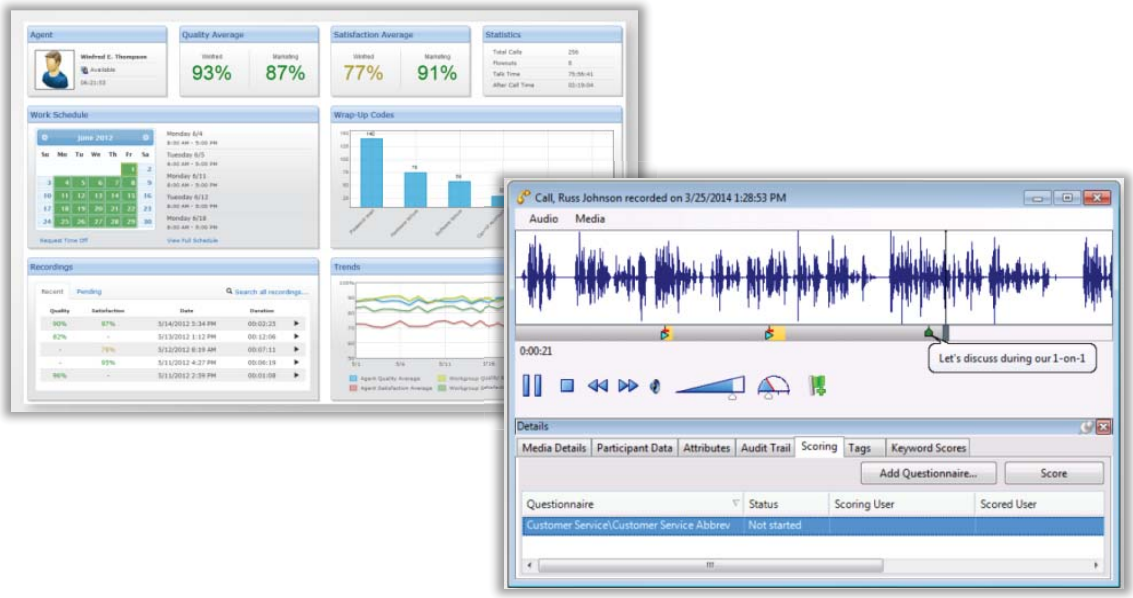
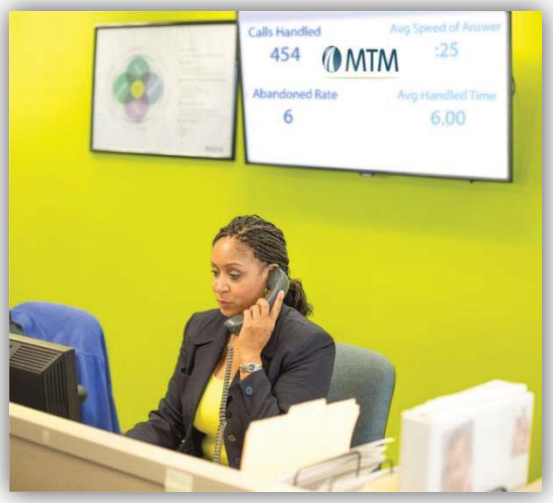


Figure 50: Call Recording Capabilities. Interactive Intelligence allows annotations to be made directly to specific moments of recorded calls, and simplifies scoring features, search capabilities, reports, and the ability to share information.

Real-Time Performance Tracking



In addition to live and recorded call monitoring, we will have supervisors and Floor Support Representatives on the floor to review our CSR's demeanor and abilities, as well as to assist with any issues they may have throughout the day. These individuals will monitor our Interactive Intelligence telephony software dashboards to verify which call stations are active, the current hold times, speed to answer, abandoned calls, and callers in queue and make modifications as necessary to ensure performance measures are met and program quality is high. Further, MTM will install LED monitors in the CSC to display live feeds of performance statistics such as average speed to answer, hold time, and talk time so all of our staff have up-to-the-minute data regarding performance and can make adjustments as necessary.

3.9.2.8 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.

As stated in Section 3.3 Assess/Authorize Transportation Services, 3.3.4.4, MTM understands that some recipients will require exceptional transportation to meet their medical needs that exceeds the least expensive mode. Through our comprehensive LON process, we ensure recipients receive the most appropriate form of transportation for each trip. We assure DHCFP that recipient safety and accessibility is our main priority throughout this process.

Intentionally Blank

Tab VII

Section 4 – Company Background and References

Tab VII– Section 4 – Company Background and References

Vendors must place their written response(s) in bold/italics immediately following the applicable RFP question, statement and/or section. This section must also include the requested information in Section 4.2, Subcontractor Information, if applicable.

A. VENDOR INFORMATION

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

Question	*Response*
Company name:	***Medical Transportation Management, Inc. (MTM)***
Ownership (sole proprietor, partnership, etc.):	***Privately Held S Corporation***
State of incorporation:	***Missouri***
Date of incorporation:	***June 1995***
# of years in business:	***20***
List of top officers:	***Peg Griswold, Chairwoman of Board*** ***Lynn Griswold, Executive VP*** ***Alaina Macia, President & CEO*** ***Donald Tiemeyer, Executive VP, General Counsel*** ***Patrick McNiff, VP, Paratransit Operations*** ***Michele Lucas, Chief Marketing Officer*** ***Aaron Crowell, VP, Business Development & Sales*** ***Kimberly Clark, Regional VP, MidAtlantic Operations*** ***Kerri Schewe, VP, People & Culture*** ***Philip Stalboerger, VP, Public Affairs*** ***Stephanie Klaas, VP, Finance & Treasurer*** ***Valorie Williams, Regional VP, Southeast Operations*** ***Heather Pekar, VP, Operations Systems*** ***Tammy Puyear, VP, Operations*** ***Pam Cook, VP, Implementation & Compliance***
Location of company headquarters:	***16 Hawk Ridge Dr., Lake St. Louis, MO 63367***
Location(s) of the company offices:	***California*** ***1362 Rutan Ct., Ste. 100, Livermore, CA 94551*** ***41939 Fox Farm Rd., Big Bear Lake, CA 92315***

Question	Response
	Florida ***850 NW Federal Highway, Ste. 202, Stuart, FL 34994*** ***Minnesota*** ***149 E. Thompson Ave., West St. Paul, MN 55118*** ***Mississippi*** ***6360 I-55 North, Ste. 201, Jackson, MS 39211*** ***Missouri*** ***1200 E. 18th St., Kansas City, MO 64108*** ***New York*** ***882 3rd Ave., 11th Floor, Brooklyn, NY 11232*** ***North Carolina*** ***4104 Poole Rd., #130, Raleigh, NC 27610*** ***Oregon*** ***515 NW Davis St., Portland, OR 97209*** ***Texas*** ***5151 Mitchelldale, Ste. A-10, Houston, TX 77092*** ***209 West 9th St., Austin, TX 787001*** ***Virginia*** ***81 Commerce St., Pulaski, VA 24301*** ***Washington, D.C.*** ***300 M St., SE, Ste. 825, Washington, DC 20003*** ***Wisconsin*** ***5117 W Terrace, Ste. 400, Madison, WI 53718***

Question	Response
Location(s) of the office that will provide the services described in this RFP:	**3525 E Post Road Las Vegas, NV 89120**
Number of employees locally with the expertise to support the requirements identified in this RFP:	**42**
Number of employees nationally with the expertise to support the requirements in this RFP:	**958**
Location(s) from which employees will be assigned for this project:	**Nevada** **3525 E Post Road, Las Vegas, NV 89120** **Missouri** **16 Hawk Ridge Dr., Lake St. Louis, MO 63367**

ii. Please be advised, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

MTM has registered with the State of Nevada, Secretary of State's Office as a foreign corporation. Our certificate of qualification is included in Tab IV – State Documents.

iii. 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.

Question	Response
Nevada Business License Number:	**E0463752007-9**
Legal Entity Name:	**Medical Transportation Management, Inc. (MTM)**

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

Yes	X	No	

If "No", provide explanation.

iv. 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.

v. *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:	

vi. *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.

MTM does not currently employ anyone who is currently or has been employed by an agency of the State of Nevada within the past two years.

Although not currently under MTM's employ, our proposed Business Manager Sandra Stanko, currently works for the Regional Transportation Commission of Southern Nevada (RTCSNV), where she has held the position of Director of Transit Services for the RTC since 2004. Should MTM be awarded this contract, Sandra will enter into employment at MTM and perform all duties associated with the Business Manager position, as detailed in the RFP and this proposal.

vii. *Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP must also be disclosed.*

Does any of the above apply to your company?

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, or litigation, 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:		

viii. Vendors must review the insurance requirements specified in Attachment E, Insurance Schedule for RFP 3207. Does your organization currently have or will your organization be able to provide the insurance requirements as specified in Attachment E.

Yes	***X***	*No*	

Any exceptions and/or assumptions to the insurance requirements must be identified on Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP. Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor must provide the Certificate of Insurance identifying the coverages as specified in Attachment E, Insurance Schedule for RFP3207.

ix. *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.*

MTM, was established in 1995 as a company providing NET services for the medically fragile, disabled, underserved, elderly, and other disadvantaged populations served by state and county government programs and Managed Care Organizations (MCOs). Our first client, HealthCare USA, joined us the same year of our establishment, and remains a satisfied client to this day. Since our inception more than 20 years ago, we have grown to become one of the largest transportation managers in the country and a recognized leader in the industry. As an organization, MTM's mission is to partner with our clients in developing innovative solutions for accessing healthcare, increasing independence, and connecting community resources in a cost-effective manner. To achieve this mission, as well as our overarching vision of communities without barriers, we leverage our core competencies in managing customer service operations.

As a family owned and operated company, MTM is focused on service quality and client satisfaction, and we hold ourselves to a high standard of excellence. What is truly different about our approach to state NET program management is our flexibility. We remain dedicated to creating customized programs to meet each client's unique needs. This flexibility in our model allows us to be successful with a variety of programs similar in size and scope to DHCFP's, including our current management of the Wisconsin, District of Columbia, Houston, Mississippi, West Virginia, and Minnesota programs, as well as our past management of state programs in Kansas, Missouri, and South Carolina.

removing
barriers
for individuals
attempting
to access
healthcare and
community
services

For all NET programs under our management, we manage transportation for more than ten million trips to eight million recipients annually while fielding more than eight million calls through nine CSCs. While we may not be the biggest transportation management firm, we know we are the best.
We can state this confidently based on feedback from our clients, a few of whom have returned to us after a brief separation due to the higher quality services that we provide as compared to our competitors. Additional positive feedback comes from clients whose programs involve working concurrently with multiple brokers. At rates comparable to those of our competitors, we provide better service and more effective management to agencies operating statewide NET programs.

Since 2007, MTM has grown responsibly by more than quadrupling our workforce while improving quality scores and productivity, increasing employee retention, and achieving higher customer satisfaction rates. In 2007, with 286 employees business-wide, we averaged customer satisfaction rates of 92%; by 2014, with more than 1,200 employees, our satisfaction rates exceed 95%; our YTD 2015 satisfaction rate is currently 97.3%. We introduced new and improved incentive plans for all levels of staff including CSRs, entirely revamped our CSR training program, released exciting technological innovations, and implemented large-scale NET programs in Texas, Wisconsin, Mississippi, and West Virginia with excellent results. Currently, MTM employs over 958 employees and operates over 150 contracts in 24 states throughout the country, as depicted by Figure 51.

Figure 51: U.S. Map. This map shows MTM's locations throughout the United States, denoting corporate headquarters, customer service centers, and satellite offices.

We offer DHCFP a proven approach to program management with our customer- and quality-focused operational strategies and our belief in empowering our employees to drive positive change and challenge traditional thinking. MTM strives to provide the highest level of service in our industry; regular audits, recorded calls, and surveys help us keep our fingers on the pulse of our business and ensure that we are proactive in our continuous improvement efforts. Working diligently to recruit and retain reliable employees, MTM provides an intensive training process and offers career paths and bonus programs to motivate and encourage retention.

These committed team members help us achieve industry-leading customer satisfaction rates that exceed 96%. Our services are URAC accredited, which further demonstrates our quality commitment. Our dedication to exemplary service has yielded gratifying results, including performance metrics in which we take great pride. For instance, we ended 2014 with a complaint rate of only 0.27%—a fraction of the 1% rate to which some of our competitors strive.

DHCFP is committed to providing access to healthcare services, with a focus on getting recipients the care they need, when they need it to improve health statuses. MTM's company vision, "Communities without barriers," demonstrates our like-minded approach and provides assurance that our overall goals are aligned. DHCFP will discover that MTM manages NET programs with an unmatched level of empathy and integrity, and that we hold true to our core values and mission of developing innovative solutions for accessing healthcare, increasing independence, and connecting community resources in the most cost-effective manner. Throughout the duration of the contract, DHCFP will find that our management methodologies and performance standards seek to improve quality, satisfaction, and the overall health of recipients while containing costs.

MTM is a unique NET broker that is focused on exceeding client expectations and operating in a transparent manner. Through town hall meetings, advisory groups, and frequent and multi-channel communication, we remain in tune with the needs of the communities we serve. We choose to be a cooperative partner to the stakeholders we work with, a valuable vendor to our clients, and a provider of quality NET services to recipients. Our goal is simple: deliver the most value to the DHCFP. And while we understand that the overall price of the contract is an important consideration, DHCFP should know that MTM's priority is to provide a responsible pricing structure that will allow us to operate a high quality program. Our focus on quality will help DHCFP drive down costs across the board, not limited to the transportation program, by ensuring recipients have reliable access to preventative care services and reducing the costly complications proven to arise from the lack thereof.

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

For the last 20 years, MTM has been dedicated to removing transportation barriers for the disabled, underserved, disadvantaged, and elderly populations, primarily through the delivery of NET services. NET services allow transportation disadvantaged customers to receive the preventative healthcare treatments needed to live happier, healthier lives. Our expertise and focus is on providing exceptional service, innovative solutions, and transportation access for vulnerable populations such as the mobility challenged.

MTM's similar experience will allow us to provide DHCFP and its recipients with invaluable industry expertise throughout the life of this contract. Our more than 150 contracts include programs that serve special needs, aging, low income, and Medicaid populations—each of which are covered by the Nevada NET program. Figure 52 gives a high-level overview of our overall experience with government clients.

Government Program Summary				
Client	Recipients Served	Trips Scheduled	Calls Received	Dates of Operation
District of Columbia Department of Health Care Finance (DHCF)	56,000	1,273,000	136,000	Oct 2007 to Present
Minnesota Metro Counties Consortium (MCC)	445,000	910,000	380,000	July 2004 to Present
Texas Health and Human Services Commission (HHSC)- Houston Region	912,000	1,200,000	700,000	March 2012 to Present
Wisconsin Department of Health Services (DHS)	1,000,000	2,016,000	1,260,000	Aug 2013 to Present
Mississippi Division of Medicaid (DOM)	530,180	1,000,000	860,000	July 2014 to Present
Texas HHSC- Regions 5 and 9	263,000	400,000	233,000	Sept 2014 to present
West Virginia Department of Health and Human Services (DHHR)	430,000	1,200,000	615,000	Oct 2014 to Present
Livermore Ardmore Valley Transit Authority (LAVTA)	3,385	51,200	42,270	May 2014 to Present
New York City Transit (NYCT)	44,000	300,000	280,000	Oct 2013 to Present
South Carolina Department of Health and Human Services (DHHS)	237,300	594,800	193,400	May 2007 to May 2011
Missouri HealthNet	493,500	935,100	564,000	1995 to 2007; Oct 2010 to Oct 2011
Kansas Health Policy Authority (KHPA)	128,000	339,000	167,000	Nov 2009 to Dec 2012

Figure 52: Government Program Highlights. DHCFP will benefit from MTM's experience operating similar, statewide programs. Trips scheduled and calls received are annual figures.

xi. *Financial information and documentation to be included in Part III, Confidential Financial Information of vendor's response in accordance with Section 9.5, Part III – Confidential Financial Information.*

The following information is provided in Part III, Confidential Financial Information, as prescribed by the RFP.

1. *Dun and Bradstreet Number*
2. *Federal Tax Identification Number*
3. *The last two (2) years:*
    a. *Profit and Loss Statement*
    b. *Balance Statement*

B. SUBCONTRACTOR INFORMATION

xii. *Does this proposal include the use of subcontractors?*

Yes		*No*	***X***

If "Yes", vendor must:

1. *Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.*
2. *If any tasks are to be completed by subcontractor(s), vendors must:*
    a. *Describe the relevant contractual arrangements;*
    b. *Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and*
    c. *Describe your previous experience with subcontractor(s).*
3. *Vendors must describe the methodology, processes and tools utilized for:*
    a. *Selecting and qualifying appropriate subcontractors for the project/contract;*
    b. *Ensuring subcontractor compliance with the overall performance objectives for the project;*
    c. *Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and*
    d. *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.*
4. *Provide the same information for any proposed subcontractors as requested in Section 4.1, Vendor Information.*
5. *Business references as specified in Section 4.3, Business References must be provided for any proposed subcontractors.*
6. *Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.*
7. *Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in Section 4.2, Subcontractor Information. The vendor must receive agency approval prior to subcontractor commencing work.*

b. BUSINESS REFERENCES

i. 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.

MTM is pleased to provide the following references from similar projects within the last three years, however, we are proud of all of our contracts, and will be happy to provide more information to DHCFP upon request.

ii. 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:	***Medical Transportation Management, Inc. (MTM)***		
Identify role company will have for this RFP project (Check appropriate role below):			
X	*VENDOR*		*SUBCONTRACTOR*
Project Name:	***West Virginia Department of Health and Human Services (DHHR)***		
Primary Contact Information			
Name:	***Tammy L. Pritt-Jones, Transportation Director***		
Street Address:	***350 Capitol Street, Room 251***		
City, State, Zip:	***Charleston, WV 25301***		
Phone, including area code:	***304-356-4875***		
Facsimile, including area code:	***304-558-1776***		
Email address:	***Tammy.l.pritt-jones@wv.gov***		
Alternate Contact Information			
Name:	***Cynthia Beane, Acting Commissioner***		
Street Address:	***350 Capitol Street, Room 251***		
City, State, Zip:	***Charleston, WV 25301***		
Phone, including area code:	***304-356-4844***		
Facsimile, including area code:	***304-558-1451***		
Email address:	***Cynthia.e.beane@wv.gov***		
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:	***West Virginia's NET program was previously un-brokered, which can be confusing to stakeholders unfamiliar with the brokerage model. However, MTM has successfully rallied West Virginia stakeholders around the NET program while ensuring high levels of CSC responsiveness, low complaint levels, and stakeholder satisfaction.***		

	These results have received strong support from stakeholders throughout the state and reflect positively on DHHR. In fact, to date MTM has experienced a complaint rate of only 0.17%—a very low rate for even an established program. In the short time MTM has operated the program, we have also discovered multiple opportunities for fraud and abuse reduction, including denying trips to non-Medicaid approved services. ***To accommodate the Medicaid population, MTM developed a comprehensive statewide network of high quality transportation providers. Throughout the state, MTM's network consists of 60 West Virginia-based transportation providers for a total of 484 drivers.*** ***Additionally, to complement the network of traditional transportation providers, MTM developed a network of Certified Community Drivers; this network effectively accommodates recipients taking long distance, rural trips.*** ***In support of this program, MTM successfully implemented a local office in Charleston. The establishment of this facility offered numerous jobs to local residents and is positively impacting the West Virginia economy. This location currently employs 67 staff members for program oversight, customer service, care management, quality management, and network management functions. More than 90% of these employees were West Virginia residents prior to joining MTM's local team.***
Original Project/Contract Start Date:	***October 2014***
Original Project/Contract End Date:	***May 30, 2015***
Original Project/Contract Value:	***Approximately $33 million annually***
Final Project/Contract Date:	***In progress; renewed in May 2015***

Was project/contract completed in time originally allotted, and if not, why not?	***In progress; Extended into option years***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***In progress***

Reference #:	***2***		
Company Name:	***Medical Transportation Management, Inc. (MTM)***		
Identify role company will have for this RFP project (Check appropriate role below):			
X	*VENDOR*		*SUBCONTRACTOR*
Project Name:	***Agency for Health Care Administration (AHCA)***		
Primary Contact Information			
Name:	***Derica N. Smith, Medical Health Care Program Analyst***		
Street Address:	***2727 Mahan Drive***		
City, State, Zip:	***Tallahassee, FL 32308***		
Phone, including area code:	***850-412-4239***		
Facsimile, including area code:	***850-414-1721***		
Email address:	***Derica.smith@ahca.myflorida.com***		
Alternate Contact Information			
Name:	***Lakera Reddick***		
Street Address:	***2727 Mahan Drive***		
City, State, Zip:	***Tallahassee, FL 32308***		
Phone, including area code:	***850-412-4206***		
Facsimile, including area code:	***850-414-1721***		
Email address:	***Lakera.reddick@ahca.myflorida.com***		
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***Prior to our management, the Agency for Health Care Administration (AHCA) utilized Community Transportation Coordinators to manage NET transportation for Medicaid recipients. Throughout early 2015, AHCA transitioned the majority of NET management to the Managed Care Organizations, although not every Medicaid recipient is enrolled in a Managed Care programs. AHCA was in need of a vendor available to provide NET services to Medicaid recipients not enrolled in Managed Care.***		

	This scenario required a vendor with a thorough understanding of the Florida transportation industry. With MTM's experience as a Community Transportation Coordinator, as well as provider NET services to multiple Managed Care Organizations, we were able to demonstrate our understanding of the different populations served in the Florida market, our established relationships with medical facilities, and our management of multiple modes of transportation across the state. ***AHCA awarded MTM regions 5, 6, and 8 in January of 2015, with a go live date of March 1, 2015. In early February, AHCA reached out to MTM regarding our interest in additional regions, keeping the same go-live date of March 1. MTM was able to successfully implement all regions on March 1, and has continued to operate the program without issue since.***
Original Project/Contract Start Date:	***March 1, 2015***
Original Project/Contract End Date:	***February 28, 2016 (With Option to Renew)***
Original Project/Contract Value:	***$7.2 Million***
Final Project/Contract Date:	***In progress***
Was project/contract completed in time originally allotted, and if not, why not?	***In progress***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***In progress***

Reference #:	***3***		
Company Name:	***Medical Transportation Management, Inc. (MTM)***		
Identify role company will have for this RFP project (Check appropriate role below):			
X	*VENDOR*		*SUBCONTRACTOR*
Project Name:	***District of Columbia Department of Health Care Finance (DHCF)***		
Primary Contact Information			
Name:	***Antonio Lacey, Program Analyst***		
Street Address:	***899 North Capital Street NE***		

City, State, Zip:	***Washington, DC 20001***
Phone, including area code:	***202-442-5847***
Facsimile, including area code:	***202-722-5685***
Email address:	***Antonio.lacey@dc.gov***
Alternate Contact Information	
Name:	***Cavella Bishop***
Street Address:	***441 4th Street, NW 900 South***
City, State, Zip:	***Washington, DC 20001***
Phone, including area code:	***202-724-8936***
Facsimile, including area code:	***202-722-5685***
Email address:	***Cavella.bishop@dc.gov***
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***Prior to our management, the District of Columbia NET program suffered from a non-compliant transportation provider network as identified through numerous Office of Inspector General (OIG) audits. Additionally, the program was without adequate record maintenance and accountability measures, which left significant opportunity for fraud, abuse, and waste of program funding. Specifically, the program lacked important data collection regarding the number of recipients transported, updated recipient personal information, updated addresses and schedules, and verification of services for payments rendered. Combined, these deficiencies caused the program to be unsafe, inefficient, and costly.*** ***DHCF awarded MTM the NET contract with the objective of improving program quality at all levels. MTM began operating the program in October 2007. Since then, we have corrected and improved all of the concerns identified in the OIG report. Specifically, MTM brought the network of transportation providers into compliance through our screening and credentialing processes. This included driver FBI background checks, insurance verification, vehicle inspections, and driver training.***

	To eliminate fraud and abuse, MTM reconciles 100% of trips prior to payment. We also added an additional layer of verification by processing daily attendance reports for all recurring transportation appointments such as day treatment, physical therapy, and dialysis directly with the treating medical provider. ***In August 2008, the program underwent contract modifications due to a shift in available funding. The shift required more aggressive utilization of the public transportation system, calling for an extensive and swift education campaign for recipients, medical facilities, and transportation providers. MTM successfully implemented the challenge by distributing educational material and fielding calls about the changes. Since taking over the program, MTM has reduced overall costs by $5 million dollars, for a 25% savings.*** ***Due to the variety of populations being served—special needs children, individuals with mental illness, and intellectually and developmentally delayed adults—MTM developed a thorough driver training program to instruct drivers how to properly handle the individuals being transported. This mandatory training, conducted by MTM personnel, has increased the quality of services provided. MTM also introduced an assessment and travel training program to the District with the goal of successfully transitioning capable individuals to fixed route systems. To date, over 2,000 individuals have completed the assessment process, 405 have successfully transitioned to the fixed route system, and more than 1,000 medical facility representatives have attended our education and training seminars. This is just another example of the type of services MTM is able to provide beyond other brokers.***

	The District's program is now well-documented, with historical data collected and reported monthly. This provides the District with clear, concise, and easy access to program activities, which helps to determine program successes and introduce specific quality assurance measures. This, in turn, supports future budgeting considerations, enhancements, and identification of improvements. The OIG recently visited MTM's District of Columbia office to review processes; the initial feedback we have received was positive.
Original Project/Contract Start Date:	***July 2007***
Original Project/Contract End Date:	***July 2012; Extended into option years until Dec. 2015***
Original Project/Contract Value:	***Approximately $23 million annually***
Final Project/Contract Date:	***In progress; set to be re-awarded in October 2015***
Was project/contract completed in time originally allotted, and if not, why not?	***In progress; Extended into option years***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***In progress***

iii. Vendors must also submit Attachment F, Reference Questionnaire to the business references that are identified in Section 4.3.2.

MTM submitted the necessary reference questionnaire to the references listed above.

iv. The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

v. 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.

MTM has received word from each of the above mentioned business references that they have returned the required Reference Questionnaire directly to the Purchasing Division as instructed.

vi. The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

MTM is proud of all of our contracts, and welcomes DHCFP to contact any and all of our business references regarding our quality of work and their degree of satisfaction.

Intentionally Blank

Tab VIII

Attachment G – Proposed Staff Resume

Tab VIII – Attachment G – Proposed Staff Resume

Vendors must include all proposed staff resumes per Section 4.4, Vendor Staff Resumes in this section.

Resumes for our proposed key personnel can be found directly following this page.

This section should also include any subcontractor proposed staff resumes, if applicable.

MTM does not propose the use of any subcontractors

Intentionally Blank

.

PROPOSED STAFF RESUME FOR RFP 3207

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

Company Name Submitting Proposal:	***Medical Transportation Management, Inc.***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	✓	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Sandra Stanko***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Proposed Business Manager***		
# of Years in Classification:	***25***	**# of Years with Firm:**	***0***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Sandra has over 25 years of experience in Director, General Manager, Business Manager, and Project Manager positions for transportation operations. Through these various roles, she has gained valuable knowledge and expertise in contract negotiations, contract compliance, securing highly competitive grants for programs and services, Trapeze and Xerox (Orbital) Software, as well as all aspects of transit operations.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Regional Transportation Commission of Southern Nevada, *Las Vegas, NV, 2004 to Present*
Director, Transit Services

- Oversees procurement and maintenance of entire fleet by interfacing with contractors and OEM's
- Manages Fixed Route, BRT, and Paratransit System operations
- Supervises Call Center, Customer Service, and Certification activities
- Established quality assurance programs and procedures for transportation systems
- Solicited VTCLI grant funding for and implemented the Veterans Medical Transportation Network
- Obtained Buy America waivers to enable procurements of Double-Deck and Streetcar vehicles
- Initiated Flexible Demand Response Service to serve senior community areas and service organizations
- Organized a Coordinated Transportation Network to employ local small providers in transportation
- Served as Secretary of the Southern Nevada Transit Coalition Board of Directors
- Secured funding opportunities and implemented cost reduction measures saving $16 million
- Operated as Budget Manager for Division
- Became familiar with Easter Seals Project Action Model

Laidlaw Transit Services
General Manager, *Las Vegas, NV, 2001-2004*

- Oversaw ADA Paratransit System employing over 400 personnel and 152 vehicles
- Decreased trip denials from over 500 monthly to zero
- Elevated on-time performance to 98% and reduced driver turnover from 85% to 25%

Assistant General Manager, *Orange County, CA, 2000-2001*

- Supervised Orange County (OCTA) ACCESS dispatch, scheduling and reservation departments
- Reduced denial rate from over 6% to less than 1%
- Managed daily operations of over 280 vehicles in a 365-day demand and subscription system

Project Manager, *Los Angeles, Santa Monica, and El Monte, CA, 1997-2000*

- Performed as Project Manager for Santa Monica and El Monte Laidlaw sites
- Served as Project Manager for ACCESS Los Angeles County area
- Hired, trained, and supervised over 125 personnel
- Managed dispatch and scheduling for 24/7/365 Paratransit system and Fixed Route operations
- Managed National Transit Data Base reporting

Oldtimers Foundation, *Los Angeles, CA, 1990-1997*
Director and Business Manager of Los Angeles Operations

- Oversaw transit fleet of 20 vans and buses
- Supervised transportation contracts at eight sites, employing over 200 volunteers
- Administered senior nutrition program serving 1,500 meals daily
- Started caregiver respite program with Alzheimer's Association grant
- Became thoroughly familiar with Federal Transit Administration reporting process
- Solicited and obtained Older Americans Act Title III and Title V funding for local programs
- Functioned as Secretary and Vice Chair of MTA Local Transit Systems Subcommittee
- Elected President of Bell Chamber of Commerce
- Supported community as member of Huntington Park Hospital Board of Directors

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

California State University, Fullerton, California

Certificate in Gerontology through 18-month graduate program
Completed 120 credits

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

- Certificate in Paratransit / Transit Management, Pepperdine University
- Certified Social Worker Designee

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Irwin Rosenberg
Former VP, Laidlaw Transit
Phone: 818-898-1267
Fax: 818-361-7631

Jacob Snow
Former CEO, Las Vegas Regional Transportation Commission
Phone: 702-267-2080
Fax: 702-267-2081

Frank Ciccarella
VP, Safety and Security, SCR
Phone: 773-356-6085
Fax: 773-768-7099

PROPOSED STAFF RESUME FOR RFP 3207

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

Company Name Submitting Proposal:	***Medical Transportation Management, Inc.***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	✓	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Derek Ingram***		**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Proposed CSC Manager***			
# of Years in Classification:	***4***	**# of Years with Firm:**		***2***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Derek has over nine years of supervisory and managerial experience overseeing up to 130 employees. His extensive professional experience has helped him develop strong communication and leadership skills that result in effective employee management. During his time serving MTM as CSC Manager at our headquarters, Derek has proven to be an asset to the company. He has been instrumental in implementing procedural improvements, increasing customer satisfaction rates, and maintaining low CSC employee turnover.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Medical Transportation Management, Inc., *Lake Saint Louis, MO, November 2013 to Present*
Customer Service Center Manager
As the Customer Service Center (CSC) Manager, Derek is responsible for managing a call center of over 130 cross-trained employees, assist in the implementation of new contracts, and continually asses CSC policies and procedures for best practices. He interviews, hires, and trains customer service representatives (CSRs) in addition to mentoring other CSC managers and supervisors through new contract implementations. In his relatively short time in this role, Derek has already recreated and standardized MTM's short notice trip (SNT) procedures for all CSCs, created and implemented a customer satisfaction survey, and successfully launched and continues to manage a new service; conducting health risk assessments for MDwise, one of MTM's Managed Care Organization (MCO) clients.

Fifth Gear (Sigma Holdings, LLC.)-*Louisiana, MO, July 2011 to November 2013*
Contact Center Manager
In his position of Contact Center Manager, Derek managed multiple contact centers featuring inbound and outbound calling, chat, customer emails, prescription verifications, etc. He led frequent sales presentations to potential clients featuring the company's multiple call center services and processes. Derek successfully lowered abandonment rate and payroll while improving service levels and efficiencies and increased turn-around time on prescription verification. Also, he managed a group sales team to a 40% sales increase over previous fiscal year for Life Uniform and provided weekly key performance indicator (KPI) reports to multiple partners.

US Cable of Coastal Texas, LP*-Hannibal, MO, January 2010 to July 2011*
Sales Manager-Missouri (June 2010-July 2011)
As Sales Manager, Derek evaluated and trained over 60 front-line employees on sales and customer service, and served as the administrator over all office managers and CSRs in four statewide offices. Under his management, internet sales for the company grew over 25% and phone sales grew over 37%. Derek monitored daily call center activities, provided call coaching, and tracked call flow. Derek was also responsible for creating new methods of tracking core sales and sell-in rates and reporting sales data to general manager and corporate.

Regional Sales Supervisor (Jan. 2010-June 2010)
During his time as Regional Sales Supervisor, Derek led direct sales efforts that increased the company's Missouri sub-base while also managing the direct sales team. He trained all CSRs in states of Missouri and Minnesota on new selling strategies and created a new billing sales strategy that allowed CSRs to easily up-sell current customers, resulting in a 14% raise in core sales.

Daytona Cubs Professional Baseball-*Daytona Beach, FL, December 2005 to October 2009*
Senior Account Executive/Director of Media Relations
In the position of Senior Account Executive and Director of Media Relations, Derek directed and managed the media relations department. He helped lead staff to new company records in corporate sales and trained new account executives, preparing them to sell. He was also responsible for interviewing and hiring 10-15 new employees each year. Additionally, Derek wrote news releases for local and national media and promoted the team through speaking engagements with local groups and organizations.

EDUCATION
Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Missouri State University, Springfield, MO - Graduated May 2004
Bachelor of Science in Broadcast-Journalism with Minor in Public Relations

CERTIFICATIONS
Information required should include: type of certification and date completed/received.

Geary Award from Fifth Gear; 2012

REFERENCES
A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Mr. Rick Hall
Vice President of Customer Care, Speed Commerce
Phone: (314) 630-9019
Fax: (573) 754-3912
Email: hallr77@gmail.com

Mrs. Jeana Mundle
Assistant Site Manager, The Swiss Colony
Phone: (573) 248-4926
Fax: (573) 221-7994
Email: mundle@sccompanies.com

Mr. Brad Hudson
Manager, Network Engineering, Netsmart Technologies
Phone: (217) 779-9785
Fax: (217) 224-1812
Email: ciscoguru1@gmail.com

PROPOSED STAFF RESUME FOR RFP 3207

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

Company Name Submitting Proposal:	***Medical Transportation Management, Inc.***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	✓	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Nicholas LoPiccolo***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Proposed Transportation Manager***		
# of Years in Classification:	***3***	**# of Years with Firm:**	***6***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Nick has been with MTM for over six years, working his way up from Contract Representative to Manager of Network Implementation. During this time, he has learned the NET industry from all aspects as it pertains to network development, transportation provider management, and monitoring. His expertise makes him an invaluable asset to MTM. Nick has worked to lead MTM's Network department's involvement in several statewide contracts, all with success.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Medical Transportation Management, Inc., *Lake St. Louis, MO, 2009 to Present*
Manager, Network Implementation, 2014 to Present
As the Manager, Network Implementations, Nicholas is responsible for leading the implementation phase for new client set-up and existed client upsells. He plans and coordinates internal and external cross-functional operational teams to support all aspects of setup and design, serving as a main point of contact. Nicholas is responsible for overall strategic design of an entire implementation from inception to no less than 30 days post implementation of the new contract, product, or service. Also, he works to mitigate client/internal risks through comprehensive understanding of all downstream impacts of project components. In addition, Nicholas is responsible for network development and expansion to ensure Network Adequacy through monitoring and project management.

Senior Recruiter, 2012 to 2014
During his role as Senior Recruiter, Nicholas researched, recruited, and contracted new providers in geographic area to implement new health plans and expand provider network. He resolved provider questions and problems and coordinated with departments accordingly. Nicholas created, entered, and updated providers in the AS/400 system and network database. He ensured all providers had current records on file; insurance, background checks and vehicles. Nicholas assisted sales with establishing pricing for provider in each area.

Area Liaison, 2010 to 2012
In his role at MTM, Nicholas ensured all providers in the assigned territory were being visited and were in compliance with the MTM provider guidelines. He scheduled site visits at providers' location and inspected vehicles to ensure they met sate and MTM requirements. Nicholas tracked and approved new/deleted/pass and failed vehicles. He acted as technical support for providers – Credentialing, Claims, and Trip Management. Nicholas received and reviewed new and deleted driver information.

He revisited any providers that were not in compliance and ensured providers were following the MTM provider guidelines. Nicholas completed initial site visits with incoming transportation providers and educated incoming providers on MTM policy and guidelines.

Contract Rep, 2009 to 2010
As the Contract Rep for MTM, Nicholas worked closely and maintained a good rapport, monitored and identified needs as well as updated providers with any changes. He coordinated implementations for new health plans and worked directly with client services to ensure a good network was established. Also, Nicholas worked directly with client services and reported and submitted incident/accident forms from providers. He worked in AS/400, running trip queries to ensure most cost effective providers were selected. Nicholas was responsible for weekly reports of quoted trips to be analyzed and submitted into tracking system. Additionally, he worked with reconciliations and accounting to ensure proper payments were sent to the provider, and worked with Quality Management and provider on liquidated damage issues.

Mestek, Inc. (Engel Industries), *St. Louis, MO, 2008 to 2009*
Production Management Planner
As a Production Management Planner, Nicholas Coordinated with sales, inventory, assembly, and engineering departments to produce quality machinery. He also performed extensive data entry and maintained correct levels of inventory control to reduce costs.

EDUCATION
Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

ITT Technical Institute, St. Louis, MO – Graduated 2007
Associates in Information Technology Emphasis: Computer Network Systems

CERTIFICATIONS
Information required should include: type of certification and date completed/received.

Not applicable.

REFERENCES
A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Steve Hutchins
Owner, Around The Sound
Ph. (253) 858-7088
Fax. (253) 858-7044
Email: hutch@around-the-sound.net

Steve McClellan
Vice President, Professional Transportation, Inc.
Phone: 812.459.8745
Fax: 866-637-8296
Email: smcclellan@unitedevv.com

Mark Carmichael
CEO, DR Medical
Phone: (608) 886-3341
Fax: (608) 492-6544
Email: Mark@drmedrides.com

PROPOSED STAFF RESUME FOR RFP 3207

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

Company Name Submitting Proposal:	***Medical Transportation Management, Inc.***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	✓	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Tina Gee***		**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Proposed Education, Training, and Outreach Manager***			
# of Years in Classification:	***12***	**# of Years with Firm:**		***4***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Tina has over 12 years of experience conducting education, training, and outreach activities with various populations, including veterans, disabled individuals, healthcare professionals, social workers, and NET transportation providers. Her experience lends directly to working with the various populations of stakeholders associated with NET programs.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Medical Transportation Management, Inc., *Houston, TX, MO 2011 to Present*
Education, Training, and Outreach Coordinator
As the Education, Training and Outreach Coordinator, Tina is responsible for establishing and maintaining working relationships with stakeholder agencies in various transportation service areas. She also trains and educates community stake holders on MTM's operating policies and procedures and researches and clarifies industry practices for specified transportation service areas. Tina is in charge of determining format and delivery for public trainings and presentations that regard MTM's services and procedures. Finally, she is a key member to new client business and assists with the implementation processes.

Mental Health/Mental Retardation Authority Harris County/New Start Forensics Program,
Houston, TX, 2006 to 2011
Court Resource Coordinator
During her time as Court Resource Coordinator, Tina provided crisis intervention, prevention and case management for at risk youth with mental impairments recently released from state residential programs. She was responsible for advocating, mentoring, linkage, referral to community resources and addressing mental health, economic, educational, and family issues that may present problems with youth successfully completing conditions of court. She coordinated services with community providers fostering positive family outcomes and also implemented treatment plans facilitating multi-disciplinary team meetings. Also, Tina acted as the liaison between Felony Courts, mental health and social services programs participating in court dockets providing progress and compliance reports to Judge, State Attorney's, Public Defenders, Parole/Probation Officers and families pursuant to laws governing treatment of mentally ill offenders.

Agency for Persons with Disabilities/Mentally Retarded Defendant Program, *Chattahooche, FL, 2005 to 2008*
Human Services Program Administrator
Tina was responsible for coordinating statewide admissions and discharges for individual's court ordered into the program throughout the state of Florida. She participated in multi-disciplinary treatment team meetings as required for evaluation and development of each individual's wellness and recovery plan for an assigned caseload. Tina assisted in identifying treatment needs, goals, designing and developing individualized treatment plans, assessing individual progress and making recommendations for discharge planning and placement. Also, she provided training on progress notes, documenting and evaluating the individual's responses to social services and treatment services responses. Finally, she met with resident families, advocates and other community healthcare professionals providing status updates, behavioral, rehab information on program procedures, operations and standards.

Gadsen County Board of County Commissioners, *Quincy, FL, 2003-2004*
Veteran Outreach Coordinator
During her time as Veteran Outreach Coordinator, Tina coordinated and participated in outreach program for the veterans that reside in local county areas. She interviewed, researched, and explained policies and procedures which clarified application processes and claims requirements that govern benefit entitlement eligibility to retired, disabled, active and inactive service members. She was also responsible for assisting veterans in claims follow-up, documentation, and services to meet government standards.

EDUCATION
Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

University of North Texas Denton, Denton, TX - Graduated August 2014
Master of Science, Applied Gerontology

Florida State University, Tallahassee, FL – Graduated December 2004
Bachelor of Science, Social Sciences (Sociology/Anthropology)

Tallahassee Community College, Tallahassee, FL – Graduated August 2003
Associates Degree, Liberal Arts

CERTIFICATIONS
Information required should include: type of certification and date completed/received.

Certification, Uniform Consumer Assessment /Care Plan, Florida Agency on Area Aging, October 2014
Certification, Aging Studies, Florida State University, December 2004

REFERENCES
A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Nina Lloyd, MA, QMHP-CS
Program Manager, New START-Forensics
Phone: 713-970-8625
Fax: 713-970-8686

Eva Fagin, MA
Pastor, New Testament Ministries Outreach International
Phone: 713-731-4737

Katie Tijerina, LMSW
Region 1 Point Social Worker, DaVita Brookhollow #02027
Phone: 713-681-3043
Fax: 713-683-6456

PROPOSED STAFF RESUME FOR RFP 3207

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

Company Name Submitting Proposal:	***Medical Transportation Management, Inc.***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	✓	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Valerie Barr***		**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Proposed Implementation Project Manager***			
# of Years in Classification:	***1***	**# of Years with Firm:**		***5***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Valerie has more than 12 years of experience in management roles for programs for various sizes and scopes. During her time with MTM, she has been instrumental in several large implementations of NET contracts. Her wealth of experience with our clients and their needs, as well as her extensive knowledge of internal processes, ensure accountability and clear direction in project rollouts. She has a history of serving as a liaison with clients to successfully allocate resources and ensure seamless transitions.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Medical Transportation Management, Inc., *Lake St. Louis, MO, 2010 to Present*
Director of Business Implementation
As the Director of Business Implementation, Valerie manages MTM's implementation team. She ensures a smooth transition and go-live through oversight of all implementation activities, including staffing and training, customizing policies and procedures, developing protocols, education and training outreach efforts, moving into the local facility, and more. Valerie manages her team in facilitating recurring meetings with the client, as well as internal business team members, to guarantee deliverables are generated in accordance with contract requirements and are delivered per the dates provided in our implementation plan. Valerie successfully ensures implementation resources are coordinated and allocated appropriately to provide a successful and seamless transition.

Account Executive
As an Account Executive within our Client Services Department, Valerie worked directly with Medicaid and Medicare managed care clients on a daily basis to ensure overall client satisfaction and contractual compliance. She was ultimately responsible for creating and maintaining a partnership between MTM and our clients, resolving service issues and providing day-to-day support as necessary. This role required Valerie to maintain a detailed understanding of NET rules and regulations, as well as expertise of MTM's departmental roles. Each month, she prepared and analyzed reports for clients to help guide our NET programs and ensure overall compliance. The interpretations she provided allowed for adjustments in processes and protocols, leading to the most cost efficient program available for each client. Additionally, Valerie monitored utilization data to provide clients with further opportunities for improving member compliance and increasing HEDIS scores. She then presented data analysis findings to the client on a monthly and/or quarterly basis.

Account Analyst
Prior to becoming an Account Executive with MTM, Valerie served as Account Analyst, with the main role of managing the production of client reporting documents. After developing these reports, she performed cost benefit analysis and developed recommendations and solutions based on the results. Additionally, she utilized reports to measure and evaluate the effectiveness of contractual protocols and deliverables to determine where improvements could be made. In determining such improvements, she facilitated continual collaboration with our operational teams to reach the best possible solutions.

Parkway Construction Services, *Lake St. Louis, MO, 2008 to 2010*
Account Manager
During her time with Parkway, Valerie managed all construction activities in the areas of job costing, contract administration, and accounting. This involved several tasks, including developing cash flow and research projections and reports; creating progress reports; generating monthly contract billings; monitoring and documenting progress; and reviewing protocol adherence.

Metro Bi-State Development Agency, *St. Louis, MO, 1997 to 2005*
Manager of Project Control
As a Manager of Project Control, Valerie oversaw the project control system for Metro Bi-State's engineering department's capital and operating activities. Within this role, she developed cash flow and resource projections, and budgeted for major MetroLink expansions and capital improvement projects. She also created monthly budget reports and helped implement new oversight software while designing and negotiating projects with contractors. Outside of her role as the Manager of Project Control, early in her career Valerie also served as a Project Control Engineer, Assistant Project Control Engineer, Supervisor of Track Inspection, and Junior Track Engineer with the Metro Bi-State Development Agency.

EDUCATION
Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

University of Missouri-Rolla, Rolla, MO - Graduated May 1997
Bachelor's of Science, Civil Engineering

CERTIFICATIONS
Information required should include: type of certification and date completed/received.

Not Applicable

REFERENCES
A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Kimberly Gray
Manager, Delegated Relations & Oversight, UnitedHealthcare Community Plan
Phone: 614-410-7876
Fax: (866) 791-0271
E-mail: kimberly.gray@uhc.com

Kyle Schetter
Director, Customer Service, Buckeye Health Plan
Phone: 614-220-4900 x 24173
Fax: (866) 786-0482
E-mail: kschetter@centene.com

Tammy L. Pritt-Jones
Transportation Director, Bureau for Medical Services
Phone: 304-356-4875
Fax: 304-558-1776
E-mail: Tammy.L.Pritt-Jones@WV.gov

Tab IX

Other Informational Material

Tab IX – Other Informational Material

Vendors must include any other applicable reference material in this section clearly cross referenced with the proposal.

Appendices

A ***Implementation Plan***
B ***Complaints and Grievance Policies***
C ***Sample Level of Need Form***
D ***Sample Transportation Provider Service Agreement and Transportation Provider Manual***
E ***Quality Assurance Monitoring Plan***
F ***CSC Staff Incentive Program***
G ***CSR Training Materials***
H ***Sample ETO Materials and Draft ETO Program***
I ***Business Continuity and Disaster Recovery Plan***
J ***Transportation Provider Monitoring Policies***
K ***Sample Driver Training Materials***
L ***Transportation Provider Inspection Policies and Sample Vehicle Inspection Form***
M ***Sample Monthly Reporting Package***
N ***Sample Operations Manual***
O ***No Show Reduction Policy***
P ***Transportation Provider Monitoring Report***