LogistiCare

www.logisticare.com

October 5, 2015

Ms. Ronda Miller
Purchasing Officer II
State of Nevada Purchasing Division
515 E. Musser St., Suite 300
Carson City, NV 89701

RE: Request for Proposal 3207 – *State of Nevada Non-Emergency Transportation (NET) Brokerage Services*

Dear Ms. Miller:

LogistiCare Solutions, LLC ("LogistiCare") is pleased to submit our response to Nevada's Request for Proposals (RFP) 3207 Non-emergency transportation brokerage services. We are confident our submission meets the requirements of the RFP and demonstrates that LogistiCare possesses the relevant experience needed to coordinate services that will deliver a quality NET program.

As we prepared our response, our goal was to illustrate three things: How we ***are*** meeting the requirements today as the current broker for the NET program, how we will ***continue to*** meet the requirements if selected and how we ***plan to improve and enhance*** the program is the next contract period, if given the opportunity.

Our proposal demonstrates that LogistiCare has all the capabilities necessary to meet the full set of requirements identified in the RFP, as our capabilities are further demonstrated by our successful management of Nevada NET program for the last 12 years and our experience managing statewide NET programs across the country for more than 20 years.

Our response also describes bring new processes and technologies we intend to bring to the Nevada NET program, if selected. These initiatives will increase program efficiency, recipient services and overall and stakeholder satisfaction. Some of the new initiatives include:

- Introducing real-time GPS data collection and signature collection from in-vehicle smartphones and tablets, which will increase monitoring and speed the claims process
- Adding immediate, automated and optional recipient surveys conducted as part of the call-in process (in addition to the current satisfaction surveys)
- Deployment of Trip Manager, a smartphone APP that will allow recipients to schedule and cancel trips via their smart phone)
- Providing automated text messages and auto dialer reminder messages for recipients

In preparing our response, we paid careful attention to the instructions to be concise, as directed in Section 9.1.6 General Submission Requirements:

> *Proposals are to be prepared in such a way as to provide a straightforward, concise delineation of capabilities to satisfy the requirements of this RFP. Expensive bindings, colored displays, promotional materials, etc., are not necessary or desired. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, and on completeness and clarity of content. Unnecessarily elaborate responses beyond what is sufficient to present a complete and effective response to this RFP are not desired.*

If DHCFP desires additional detail in any area, we would be delighted to expand upon our response either in writing or a presentation.

Albert Cortina is LogistiCare's authorized representative regarding inquiries pertaining to our proposal and his phone number is (404) 888-4457. I am authorized to contractually bind LogistiCare, and my phone number is (404) 888-4447. Albert and I are both located at the address listed below.

We believe we are the best choice for the NET program to achieve continued and increasing success in the State of Nevada, and we are eager to continue our partnership with the recipients, the transportation providers and DHCFP for an additional contract period.

We look forward to discussing this proposal with you and members of your evaluation team if so invited. On behalf of everyone at LogistiCare, I thank you for this opportunity to present our capabilities and wish to express our strong interest in working with you on this important initiative.

Best regards,

Herman M. Schwarz
Chief Executive Officer
LogistiCare Solutions, LLC

1275 Peachtree Street, NE, 6th Floor, Atlanta, Georgia 30309 Office: 404-888-5800 Facsimile: 404-888-5999

TAB I: TITLE PAGE

The title page must include the following:

Part I A – Technical Proposal	
RFP Title:	***Non-Emergency Transportation***
RFP:	***3207***
Vendor Name:	***LogistiCare Solutions, LLC***
Address:	***1275 Peachtree Street NE, 6th Floor Atlanta GA***
Opening Date:	***October 8, 2015***
Opening Time:	***2:00 PM***

TAB II: TABLE OF CONTENTS

Tab I: Title Page **1**

Tab II: Table of Contents **3**

Tab III: Vendor Information Sheet **5**

Tab IV: State Documents **9**

Tab V: Attachment B - Certification of Compliance **17**

Tab VI: Scope of Work **21**

3.1 DUTIES AND RESPONSIBILITIES *22*
3.2 VERIFY RECIPIENT ELIGIBILITY *34*
3.3 ASSESS/AUTHORIZE TRANSPORTATION SERVICES *39*
3.4 SCHEDULE, ASSIGN AND DISPATCH TRIPS *55*
3.5 NETWORK *101*
3.6 FISCAL REQUIRMENTS *133*
3.7 REPORTING *142*
3.8 GRIEVANCES, APPEALS, AND FAIR HEARINGS *152*
3.9 INFORMATION SYSTEMS AND TECHNICAL REQUIREMENTS *161*

TAB VII: Company Background and References **176**

4.1 VENDOR INFORMATION *176*
4.2 SUBCONTRACTOR INFORMATION *184*
4.3 BUSINESS REFERENCES *185*

Tab VIII Attachment G – Proposed Staff Resume **193**

TAB IX: Other Informational Material (Attachment) **195**

1. ORGANIZATIONAL CHARTS
2. TECHNOLOGY DETAILS
3. QUALITY MANAGEMENT PLAN (CONFIDENTIAL)
4. DISASTER RECOVERY PLAN (CONFIDENTIAL)
5. SERVICE MAP
6. STATE PROGRAM DESCRIPTIONS
7. DRAFT TRANSPORTATION PROVIDER MANUAL
8. IMPLEMENTATION GANTT CHART (CONFIDENTIAL)

TAB III: VENDOR INFORMATION SHEET

The vendor information sheet completed with an original signature by an individual authorized to bind the organization must be included in this tab.

See the following pages for all required Attachments.

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	LogistiCare Solutions, LLC

V2	Street Address	1275 Peachtree St. 6th Floor

V3	City, State, ZIP	Atlanta, GA 30309

V4	Telephone Number		
	Area Code: 404	Number: 888-5800	Extension:

V5	Facsimile Number		
	Area Code: 404	Number: 888-5999	Extension:

V6	Toll Free Number		
	Area Code: 800	Number: 486-7647	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: Albert Cortina
	Title: Chief Administrative Officer
	Address: 1275 Peachtree St. 6th Floor Atlanta, GA 30309
	Email Address: AlbertC@logisticare.com

V8	Telephone Number for Contact Person		
	Area Code: 404	Number: 888-5800	Extension: 457

V9	Facsimile Number for Contact Person		
	Area Code: 404	Number: 888-5999	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: Albert Cortina	Title: Chief Administrative Officer

V11	Signature ***(Individual must be legally authorized to bind the vendor per NRS 333.337)***	
	Signature: Albert Cortina	Date: October 1, 2015

TAB IV: STATE DOCUMENTS

The State documents tab must include the following:

The signature page from all amendments with an original signature by an individual authorized to bind the organization.

Attachment A – Confidentiality and Certification of Indemnification with an original signature by an individual authorized to bind the organization.

Attachment C – Vendor Certifications with an original signature by an individual authorized to bind the organization.

Attachment J – Certification Regarding Lobbying with an original signature by an individual authorized to bind the organization.

Copies of any vendor licensing agreements and/or hardware and software maintenance agreements.

Copies of applicable certifications and/or licenses.

See the following pages for all required Attachments.

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?

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: LogistiCare Solutions, LLC

Authorized Signature: [signature]

Title: Chief Administrative Officer Date: October 1, 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.

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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: LogistiCare Solutions, LLC

Authorized Signature: [signature]

Title: Chief Administrative Officer Date: October 1, 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

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.

ALL ELSE REMAINS THE SAME FOR RFP 3207.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name:	LogistiCare Solutions, LLC		
Authorized Signature:			
Title:	Chief Administrative Officer	Date:	October 1, 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			
YES	*AC*	NO	
Justification for Confidential Status			
The table titled Current Transportation Coverage by County on page 113 of our proposal, as well as the Quality Management Plan, Disaster Recovery Plan, and Implementation Gantt Chart includes as attachments to our proposal, are all confidential trade secret material as defined by NRS §333.333 and NRS §600A.030(5) and are exempt from public disclosure.			

A Public Records CD has been included for the Technical and Cost Proposal			
YES	*AC*	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	*AC*	NO	
Justification for Confidential Status			
The material included in the separate binder labeled "Confidential Financial Information" includes "Confidential Business Information" income, profits, losses or expend1itures of LogistiCare, including data relating to pricing submitted as part of our proposal, and are exempt from public disclosure pursuant to NRS 333.020(5) (b).			

LogistiCare Solution, LLC

Company Name

Signature

Albert Cortina

Print Name

October 5, 2015

Date

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

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.

LogistiCare Solutions, LLC

Vendor Company Name

Albert Cortina

Vendor Signature

Albert Cortina — ***October 5, 2015***

Print Name — 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: _____ ***October 5, 2015***

Signature of Official Authorized to Sign Application — Date

For: ***LogistiCare Solutions, LLC***

Vendor Name

Non-Emergency Transportation Brokerage Services, RFP 3207

Project Title

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

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

BUSINESS ASSOCIATE ADDENDUM

BETWEEN

The Division of Health Care Financing and Policy
Herein after referred to as the "Covered Entity"

and

LogistiCare Solutions, LLC

Herein after referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, Public Law 111-5 this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with HIPAA, the HITECH Act, and regulation promulgated there under by the U.S. Department of Health and Human Services ("HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA Regulations; and

WHEREAS, Business Associate may have access to and/or create, receive, maintain or transmit certain protected health information from or on behalf of the Covered Entity, in fulfilling its responsibilities under such arrangement; and

WHEREAS, HIPAA Regulations require the Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information; and

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

I. DEFINITIONS. The following terms in this Addendum shall have the same meaning as those terms in the HIPAA Regulations: Breach, Data Aggregation, Designated Record Set, Disclosure, Electronic Health Record, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Subcontractor, Unsecured Protected Health Information, and Use.

1. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
2. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
3. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.

4. **Parties** shall mean the Business Associate and the Covered Entity.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity or an individual, access to inspect or obtain a copy of protected health information about the individual that is maintained in a designated record set by the Business Associate or its agents or subcontractors, in order to meet the requirements of HIPAA Regulations. If the Business Associate maintains an electronic health record, the Business Associate, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under HIPAA Regulations.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with HIPAA Regulations.
3. **Accounting of Disclosures.** Upon request, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with HIPAA Regulations.
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to such information. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under HIPAA Regulations.
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of HIPAA Regulations.
6. **Audits, Investigations, and Enforcement. If the data provided or created through the execution of the Contract** becomes the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency, the Business Associate shall notify the Covered Entity immediately and provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently, to the extent that it is permitted to do so by law. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach or violation of HIPAA Regulations.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or HIPAA Regulations by Business Associate or its agents or subcontractors. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with HIPAA Regulations. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate or its agent or subcontractor is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate, or its agents or subcontractors has

occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with HIPAA Regulations. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in HIPAA Regulations has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with HIPAA Regulations and must provide the Covered Entity with a copy of all notifications made to the Secretary.

9. **Breach Pattern or Practice by Covered Entity.** Pursuant to HIPAA Regulations, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it creates, receives or maintains, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation by Business Associate of HIPAA Regulations or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with HIPAA Regulations.
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA Regulations.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity and availability of the protected health information the Business Associate creates, receives, maintains, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with HIPAA Regulations. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the Contract and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined in HIPAA Regulations.
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA Regulations; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records

must document each employee that received training and the date the training was provided or received.

17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the Contract or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of HIPAA Regulations.

III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE

The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**
   a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the Contract, provided that such use or disclosure would not violate HIPAA Regulations, if done by the Covered Entity.
   b. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with HIPAA Regulations.
   c. Except as otherwise limited by this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach.
   d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with HIPAA Regulations.
2. **Prohibited Uses and Disclosures:**
   a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with HIPAA Regulations.
   b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, unless the Covered Entity obtained a valid authorization, in accordance with HIPAA Regulations that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF THE COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with HIPAA Regulations, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with HIPAA Regulations, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health

information in any manner that would not be permissible under HIPAA Regulations, if done by the Covered Entity.

V. TERM AND TERMINATION

1. **Effect of Termination:**
   a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
   b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
   c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents or employees of the Business Associate.
2. **Term**. The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or if it is not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Contract.** The Business Associate agrees that the Covered Entity may immediately terminate the Contract if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of HIPAA Regulations.
2. **Clarification.** This Addendum references the requirements of HIPAA Regulations, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
   a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
   b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation**. The provisions of this Addendum shall prevail over any provisions in the Contract that any conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA Regulations. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA Regulations.
5. **Regulatory Reference.** A reference in this Addendum to HIPAA Regulations means the sections as in effect or as amended.
6. **Survival**. The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

COVERED ENTITY	**BUSINESS ASSOCIATE**
Division of Health Care Financing and Policy	**LogistiCare Solutions, LLC** **1275 Peachtree Street NE**
1100 E. William Street, Suite 101	**6th Floor**
Carson City, NV 89701	**Atlanta, GA 303009**
(775) 684-3676	**(800) 486-7647**
(775) 687-3893 - fax	(404) 888-5999 - fax
_____ (Authorized Signature)	Alberto Cortina _____ (Authorized Signature)
Laurie Squartsoff	**Albert Cortina**
Administrator	**Chief Administrative Officer**
_____ (Date)	10/6/15 _____ (Date)

TAB V: CERTIFICATION OF COMPLIANCE

Attachment B with an original signature by an individual authorized to bind the organization must be included in this tab.
If the exception and/or assumption require a change in the terms or wording of any section of the RFP, the contract, or any incorporated documents, vendors must provide the specific language that is being proposed on Attachment B.
Only technical exceptions and/or assumptions should be identified on Attachment B.
The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. If vendors do not specify any exceptions and/or assumptions in detail at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

See the following pages for a completed Attachment B.

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.

LogistiCare Solutions, LLC
Company Name

Signature

Albert Cortina
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

ATTACHMENT M ~ CERTIFICATION OF COMPLIANCE WITH RFP 3207

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

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

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

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

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

By: _____ ***October 5, 2015***

Signature of Official Authorized to Sign Application — Date

For: ***LogistiCare Solutions, LLC***

Vendor Name

RFP 3207 for Non-Emergency Transportation Brokerage Services

Project Title

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

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TAB VI: SCOPE OF WORK

- **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.**

LogistiCare has read and agrees to comply with all requirements to provide documents.

- 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.

Please see Attachment 1 for all required Organizational Charts.

3.1 DUTIES AND RESPONSIBILITIES

INTRODUCTION TO LOGISTICARE'S RESPONSE

Following the contract award of Nevada's Non-Emergency Transportation (NET) program in 2003, LogistiCare has successfully managed NET services and delivered excellent service to recipients. Over the years, we have invested in the people, the small businesses, and the technologies required to bring a continuous stream of program improvements to better meet the evolving needs of the healthcare system in Nevada.

Today, we stand poised to make an additional set of investments that will build on the foundation we have put in place. Selecting LogistiCare will provide Nevada NET recipients, transportation providers, and other stakeholders in the program with important continuity and the benefit of next-stage improvements we will bring to Nevada's NET program.

As the current broker, we offer an unmatched experience on how the program has evolved in the last twelve years and how to extend and augment the program during the next contract period in response to the evolution of the healthcare system in Nevada. A solid foundation is in place for significant enhancements to the program. We are extremely eager to execute the next phase of improvements and enhancements while leveraging the people, processes, and systems already in place.

The NET program we have managed reflects a number of investments by LogistiCare. Our investments have taken the form of training additional team members, relocated out of state operations/call center, upgrading and expanding new facilities, partnering to grow small businesses in our transportation network, and introducing new technologies.

These investments are now integrated into the 'landscape" of the NET program. We look forward to the opportunity to leverage these investments and build on the solid foundation in the next contract period, while simultaneously providing continuity and consistency for recipients and transportation providers.

If LogistiCare is selected to continue as the NET services broker in Nevada, we will build upon the foundation we have put in place with significant additional investments that will improve the program for members, healthcare facilities, and transportation providers as well as the State of Nevada. We describe highlights of our planned investments in the following pages.

BUILDING ON THE INVESTMENTS IN PEOPLE

When we assumed responsibility for Nevada's NET program in 2003, we began operations in a small office staffed with ten (10) people, supplemented by ten (10) additional call center reservation agents in our Arizona call center. In 2011, we moved our call center operations to Nevada, creating a true Operation Center for Nevada. Today, we manage Nevada's program with approximately 50 LogistiCare team members. These 30 additional team members result from both the increased utilization of the program by a much-expanded recipient population as well as LogistiCare's continued investment in our Nevada operations to better service members and the Nevada community.

As we grew, we invested in the Nevada team with extensive training, and we brought the expertise of our nationwide LogistiCare team members to the State of Nevada, who incorporated industry best-practices proven effective in the many NET programs we administer in other states. The result is that we now have a veteran Nevada NET team in place, with team members who are experts in their respective roles and who hold important relationships with local stakeholders.

We build success into our processes and invest in the results. For example, when Nevada Customer Service Representatives (CSRs) meet their performance goals such as satisfaction rates, talk times, and on-hold times of audited calls, the CSR receives an increase in their base pay. Incentive-based pay helps align the CSR team on a set of common and shared objectives, helping to drive measureable results in the program.

We added Nevada residents to our team and gained a dynamic workforce that reflects the diversity of the state and one that understands quality customer service. We learned how a mild climate mitigates weather-related absences. As a result, we made our Nevada operations center the hub for our other business in the Western region. We now employ nearly 200 Nevada residents within our Nevada Operations Center. This expansion required relocating from an 8,000 square foot facility to one nearly five times larger. Although not a requirement of this contract, we will continue to have a local call center operation in Nevada and invest in this operation with additional people and training – an investment unmatched by competitors.

<u>Next Up: Potential for another 250 Nevada Jobs</u>. Our new 40,000 square-foot facility is capable of housing up to 450 employees and, if the State retains LogistiCare to continue to manage NET services for Nevada, we expect to fill all the available space and create another 200 to 250 Nevada jobs. LogistiCare's commitment to Nevada represents more than $40 million of economic value to the state over the first two years of the contract.

BUILDING ON THE INVESTMENTS IN SMALL BUSINESSES.

To provide recipients with the transportation services required to access healthcare services, we built a robust network of transportation providers in Nevada. When LogistiCare assumed responsibility for Nevada's NET program in 2003, we encountered a sad lack of NET transportation capacity.

We quickly discovered the program relied on the use of costly taxi companies, many of whom were apathetic about providing quality NET services. The priority for Nevada taxi companies was on serving retail customers. It was difficult to secure the level of commitment necessary to ensure NET program compliance and recipient satisfaction- two key standards for LogistiCare. We recognized Nevada, at that time, did not have many other options. We reached out to the few independent transportation providers and encouraged their expansion of services. However, the adding and expanding of independent transportation providers presented many obstacles including extraordinary long lead times for licensing approvals and regulations that did not apply to NET services. LogistiCare and the transportation providers met with the Nevada Transportation Authority (NTA) to provide education about NET services goals and requirements.

Ultimately, collaborating with the state and NTA, we created an alternative process for bringing new NET providers on-line with proper authority to operate quickly. We

then recruited and mentored small businesses to develop their ability to provide NET services. We demonstrated an innovative and pragmatic approach, executed with clarity and diligence, and brought a win-win solution in the midst of strong taxi regulatory requirements. LogistiCare collaborates with local communities and our clients to achieve positive results for the contracts we manage.

The result of LogistiCare's efforts and investment in Nevada is evident. There are now 72 growing Nevada businesses providing NET services, employing hundreds of Nevada residents, and creating hundreds of millions of dollars in economic value to Nevada. Many of these small businesses are fully dedicated to NET services and rely heavily on the contracts with LogistiCare for most or all of their revenue.

These transportation companies have also grown dramatically. With the growth in the covered population due to the Affordable Care Act, most have at least doubled in size and some have tripled. At the same time, we continue to promote the success of their businesses. For example, we recently delivered an all-day Community Transportation Association of America (CTAA) training at no cost to the providers. We deployed new technology solutions such as tablet-based inspection process to increase our efficiency during inspections. Our commitment to transportation providers of Nevada NET was strong from the beginning of our involvement with the state and continues strong today.

Next Up: Continuing to Invest in Nevada Small Businesses. Our relationships with these growing companies is special. It includes a level of respect, trust, and partnership that can only come from building successful businesses together. The result is excellent synergy between LogistiCare and the transportation providers, and that translates into great service for recipients. We will continue to invest in our relationships with transportation providers if retained as the broker of the Nevada NET program.

BUILDING ON INVESTMENTS IN TECHNOLOGIES AND PROGRAMS.

We have brought important innovations to Nevada's NET program, in the form of new technologies and new programs. Introduced briefly here, see Section 3.9 for details about our innovative application of technology. Under an initiative, we call CATS (Centralized Advanced Telecom System), we have made a multi-million dollar investment. By centralizing our call systems, resulting in the ability to deliver improved call quality and increased efficiency in call routing call management and the ability to shift call loads across all our programs (for disaster recovery situations) to deliver the best possible service to callers. This improvement in call quality was an investment we made in the current contract and we will continue to evolve this platform with new analytics and tools to continue exceeding contract requirements.

In parallel, as part of a comprehensive initiative we call ATMS (Advanced Transportation Management System), we deployed new technologies to further integrate transportation providers into our total set of systems and processes. The improvements in the Provider Web Site and related components already deployed under the ATMS initiative are currently delivering results, streamlining transportation provider interactions and data exchanges, and helping to accelerate payments. As importantly, ATMS set the stage for deployment of smart phone and tablet based technology directly into vehicles, a next step described below that will bring the ability to leverage GPS technologies to increase dramatically our scheduling and monitoring capabilities.

***Next Up: New Systems and Programs to Improve Service Levels*. The changes we deployed in the recent past will allow us to launch new systems and programs in the next contract period. If the State of Nevada selects to continue with LogistiCare to manage the program, there are several new programs and technologies we will introduce in Nevada, with DHCFP approval. Below are several of the innovations we propose to deliver in the next contract period:**

- ***Real Time GPS Technology within Vehicles*. As introduced above, our ATMS initiative includes the use of tablets and smartphone technology within our transportation providers' vehicles. We have piloted the use of smartphones and tablets as GPS devices and as communication and reporting tools in other markets. We have identified a number of benefits from the use of GPS technology in every vehicle:**
  1) ***Increase trip efficiency in real-time vehicle monitoring, maximizing our ability to reroute and recover trips in real time.***
  2) ***Improve real time communication with drivers about trips, requirements, and pertinent information.***
  3) ***Enhance claims processing by the collection of signatures from recipients electronically confirming services provided.***
  4) ***Reduced paper requirements since driver manifests are prepared and submitted on the tablet.***
  5) ***Increase payment to transportation providers by integrating the information collected on the tablets directly and electronically into claim files, providing a permanent record of the service provided for easy accessed from a central location.***
- ***Smartphone Recipient App. If awarded the new contract to continue as the NET broker, we will deploy our exciting Trip Manager, a free, downloadable smart phone/android application for recipients that will allow users to make reservations cancel reservations, schedule a return ride home, find out where their ride is, file a complaint, and receive program information.***
- ***Real-Time Survey and Feedback Technology. LogistiCare will provide an interactive voice response (IVR) capability that automates the collection of feedback randomly after every call. Using this technology, we provide callers the opportunity, on a volunteer basis, to provide answers to a brief set of survey questions regarding their experience with LogistiCare. The result is a rich set of data for use in determining process improvements or additional investments in our service model. These surveys will occur in addition to the required quarterly member survey.***
- ***Automated Voice Messaging. We have the ability to generate automatic phone calls to all recipient who have a trip scheduled within 24 hours. The automated messages will have options for the recipient to choose from 1 to confirm 2 to cancel their trip. This is just another form of communication enhancement we are offering Nevada to increase transportation provider and recipient satisfaction.***
- ***Automated Text Messaging*. We have the ability to generate automatic text messages (also known as Short Message Service – SMS) for recipients with cellphones who indicate they want to receive text communications. We can use text messages for trip reminders, special educational messages and notification of changes in the program. Using text messaging in-**

creases the range of communications methods to effectively reach and serve recipients.

These are examples of how LogistiCare responds to the evolution of our culture and emerging technology in carrying out contractual responsibilities for our clients.

WE ARE EAGER TO LEAD THE NEXT PHASE OF ENHANCEMENTS

The investments we have made in the Nevada NET program are already paying dividends. Recipients receive prompt, courteous service, reflected in a 97.1% satisfaction rating and 98.6% on-time metric.

If selected, we will continue our investments in people, providers, programs and technologies. The result will include an even more effective transportation system that delivers economic benefits to the state, service improvements to the recipients, and opportunities for small business owners to grow.

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.
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.
The successful vendor will be responsible for payment of transportation services furnished through subcontracts with transportation providers. The Contractor's payments to transportation providers shall be consistent with efficiency, economy and quality of care and sufficient to enlist enough providers to ensure access.
Transportation plays an important role in assuring Medicaid eligible recipients' access to medical care. This service is of particular importance to disabled recipients needing critical services such as dialysis, rehabilitation, physical therapy or chemotherapy.
The awarded vendor shall ensure that all of these functions are performed properly and efficiently with an emphasis on customer service. Successful vendor to inform and educate recipients regarding covered services and how to access them, as well as rights and Medicaid State Fair Hearings.

WE HAVE PROVEN PROCESSES IN PLACE IN NEVADA FOR AUTHORIZING, MANAGING, AND MAKING PAYMENTS

LogistiCare has all the necessary processes in place in Nevada to authorize, manage and make payments for all NET services in the state. We put these processes in place when we assumed responsibility for the Nevada NET program in 2003 and will continue and enhance these under the new contract. Since then, we have honed and customized the processes based on our experience in Nevada. Our proven processes have successfully managed more than 700,000 trips in 2014 with a recipient satisfaction rate of 97.1% in the State of Nevada.

Investing in Nevada....

2012-2014

Call Volume increased **200%**

Recipient satisfaction **97.1%**

Throughout this proposal, we describe in detail the systems and processes and people who will deliver the services required to provide NET services in Nevada that meet and exceed the requirements described in this RFP.

WE HAVE A DIVERSE, FULLY OPERATIONAL TRANSPORTATION NETWORK IN PLACE

We have worked closely with independent NET companies to build their capacity and capabilities, and have forged excellent professional relationships with the public transportation companies. More than 35% of our network is dedicated to the Nevada NET program. See section 3.5 Network for details about the network we developed and the processes we use to monitor it, as well as our programs for ensuring adequate capacity and recruiting and credentialing providers. In 2014, Nevada NET transportation providers had a 98.6% on-time performance rating, exceeding the States on-time performance requirement.

If selected, we will comply with all requirements for recruiting and managing a diverse NET transportation network including public transportation, independent NET providers, volunteer driver programs, and a gas reimbursement program.

WE HAVE EFFECTIVE AND EFFICIENT PROCESSES FOR MAKING PAYMENTS TO PROVIDERS

We have made payments to transportation providers over the course of our tenure managing Nevada's NET program and will continue and enhance these under the new contract. We meet and exceed all requirements of the contract and this RFP for timeliness and in terms of grievance processes. As mentioned, we have increased trip efficiency with real-time vehicle monitoring and maximized our ability to re-route and recover trips in real time. We receive approximately 70% of all claims online through the Transportation Provider website. This system is easy to use and provides efficiencies in the program resulting in an average payment cycle of 19.5 days from submission of a clean claim.

These recent changes in our claims processing systems will undergo further enhancement in the next contract period as we continue deployment of our ATMS solu-

tion. This will result in GPS-based information delivery directly to LogistiCare from the vehicle, which will increase the accuracy of claims and accelerate the associated payments. See Section 3.6 Fiscal Requirements for details on our processes and plans for making payments.

CREATIVE METHODS IN NEVADA

The innovations in technology highlighted above demonstrate creative enhancements to improve access to the NET program. Each of the technology enhancements were created to improve upon the current processes, whether it is improving access to services, increasing program satisfaction or streamlining processes so we can reduce cost.

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.

INFORMATION IN MULTIPLE LANGUAGES AND FORMATS

Access to healthcare services starts with access to information. We will continue to provide written information and oral interpretation services about NET services to recipients in multiple languages, formats, and modalities.

Written Materials in Spanish and English. We will continue to produce educational materials in Spanish and English and in a variety of formats to meet each recipient's specific information needs. This includes written materials, verbal communications, and information delivered electronically via our Member Services and informational websites.

Brochure in Multiple Formats. Our brochure is one of our most important written communication tools. It is available in English and Spanish as well as Braille and in a large type format upon request. We proactively (or upon request) distribute the brochure(s) as well as our other written materials to facilities, transportation providers, and stakeholders to maximize the number of recipients.

Spanish Speaking CSRs. In addition to written materials, our operation center employs Spanish-speaking bilingual representatives during all hours of operation. These CSRs provide immediate access to services for recipients with limited English proficiency. In addition, as described in the next paragraph, LogistiCare provides free access to oral interpretive services that supports another 150 languages.

***Interpretation Services*. Our vendor, Voiance, is an excellent, HIPAA compliant, telephonic interpretation service we make available to all Nevada Medicaid recipients, 24 hours a day, 365 days per year. Callers with limited English proficiency, who need translation services, connect quickly (average of 10 – 20 seconds) to an experienced translator. Certified translators listen to the caller, analyzes the information, and accurately conveys the meaning and context to a LogistiCare CSR. The CSR remains on the line throughout the process.**

***Hearing and Speech Impaired*. We also provide individuals with hearing challenges or speech impairments the ability to communicate with our operation center through telephone typing relay services at no cost.**

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.

NOTIFICATION OF INTERPRETATION SERVICES

Nevada NET recipients will learn of the availability of oral interpretative services for any language through various means. These include printed and online materials, conversations with our staff, and through community stakeholders such as transportation providers and facility staff. We work closely with all NET stakeholders to ensure a full understanding of the NET program and access to important medical care.

We will notify Nevada NET recipients of written material in prevalent language (currently Spanish) and large print through the same means. Oral interpretive services as well as written documentation will provide information on how to access NET program.

See Section 3.5.1.6 for a description of our capabilities and tools used to communicate effectively with persons with limited English proficiency or those with visual, hearing, or speech impairments.

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.

EASILY UNDERSTOOD MATERIALS

To promote access to the care required by recipients, we will continue to provide all Nevada Medicaid recipients access to updated information about the program in a timely manner and in formats/mediums compatible to their communication preferences and within ADA requirements. We communicate the availability of alternative formats on our written materials, through mailings, contact with our CSRs, facility staff, and transportation providers educated on the program. We provide a dedicated phone number for use to request written materials in the necessary format.

Easily Understood Formats. ***All written recipient materials meet eighth-grade readability standards, and the same information is available in large print and Braille to accommodate the needs of people who prefer these formats. In addition, our CSRs readily assist recipients to promote understanding of information about the NET program or material conveyed in LogistiCare's written material.***

Visual/ Hearing / Speech Impaired. To communicate effectively with operational staff, callers with visual, hearing, or speech impairments have access to telephone numbers for the telephone relay and interpretive services. See Section 3.5.1.6 for a complete description of our and telephone relay.

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 vendor's 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; and

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

Providing Materials to New and Existing Recipients

We understand the requirements described in section 3.1.1.4 for mailings to recipients and the content of those mailings and will meet all requirements. We have a comprehensive process for generating mailings for this contract and for providing DHCFP with the content of the mailings. See in Section 3.1.4 for the processes we use in generating.

All Required Information Included. ***Our written notification mailings will include all the required information described in items 3.1.1.4.A through N above.***

Other Mediums. ***In addition to required mailings, we have produced and distributed informational materials about the complaint process for the program in a variety of mediums (written/verbal/Web) to all Nevada Medicaid eligible recipients since 2003.***

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.

Notification of Changes

Our focus on customer service remains on the recognition that access to healthcare services is a critical component of an effective health care system. We also recognize that we can only realize our customer satisfaction objectives if recipients are aware of all aspects of the program and any changes as they occur. We will continue to provide written notice of any significate changes as defined by the State.

Changes to Written Materials. ***We update our informational materials as necessary to incorporate program changes or updates and provide the updated materials to the appropriate district offices for dissemination, or if requested, the agency will mail the material to recipients. In the event of changes to the material and as instructed by***

the Division, we will issue interim monthly updates to all heads of household for current, new, and prospective recipients. Our Nevada operations team will document and maintain all changes in program guidelines and schedules.

<u>Notifications via the Web</u>. To help increase the ease of access to changes in program information, we have a Recipient Resource Site and Recipient Services Web Portal. We will post all program changes, including additions to the provider network on these sites.

<u>Notifications via Text</u>. New to the 2016 contract, we will have the capability to issue messages automatically via text (SMS) messages. These messages alert recipients to changes in the program or suggest recipients visit our website or call for information about changes. Recipients can opt into receiving such notifications at any time. We record and save all changes disseminated via text messaging for historical purposes.

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.

Provision of Written Materials

We currently and will continue to produce and distribute written materials to inform and educate current, new, and prospective Nevada NET program users annually. Likewise, we currently and will continue to submit written materials for prior-approval to the Division.

<u>Supplemental Materials.</u> Although some supplemental materials are appropriate, our experience has demonstrated that too many supplemental, overlapping materials tend to confuse and overwhelm recipients. Therefore, we focus on providing a comprehensive and audience-appropriate brochure to distribute to recipients and facilities.

<u>Wallet Cards</u>. We also offer easy-to-carry recipient wallet cards that are distributed by drivers and healthcare providers. The cards provide a convenient list of important telephone numbers to expedite recipient access to the NET program for reservations or the ride assistance "Where's My Ride" line.

Figure 1. Example of Welcome Packet. *DHCFP will have prior-approval of all recipient educational materials.*

Other Mediums. ***As methods of communications are ever evolving, LogistiCare works to remain relevant. In addition to printed material, we offer Nevada stakeholder specific websites for recipients, Healthcare Facilities, and Transportation Providers, and in 2016, we are offering recipients the ability to use Smartphone/Android technology.***

The Division will receive all communications for review and approval prior to LogistiCare's implementation of the material.

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 vendor's expense.

It is the intention of the State that the vendor has informational material to distribute to the Medicaid District Offices, the Division of Welfare and Supportive Services offices, and the managed care organizations 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.

Notifications to Recipients and Providers

Recipients will experience smooth continuance of services and seamless use of the toll-free numbers and processes for accessing NET services if the Division selects LogistiCare to continue to provide NET services for the state of Nevada.

Updating the Brochure. We will develop and issue updated NET brochures to DHCFP for review, approval and mailing. Any new brochure will highlight any program changes resulting from the new contract.

Distribution of Brochures to Facilities. We will distribute updated brochures to the Nevada healthcare facilities frequently used by Nevada's Medicaid recipients, to the four Medicaid District Offices and any other healthcare facility requesting information. Examples of places we will distribute materials to include, Nevada Division of Welfare & Supportive Services (WDSS), Health Plan of Nevada and Amerigroup (MCOs), and Nevada Health Care Guidance Program (NHCGP).

Mailing Processes. We have a well-defined process to provide mailings to NET recipients. We developed and routinely apply efficient processes across our book of business in 39 states and the District of Columbia. We will bring best practices (for mailings and all aspects of NET) gleaned from our national experience to Nevada. In generating an accurate mailing list to recipients, we use the eligibility file provided by DHCFP, and then analyze the file to identify head of households. From this refined list, we print the required materials to ensure the recipient receives the material 30-days before contract start date using first-class US Mail.

***Updating Websites*. We routinely review and update information on the websites used by recipients to obtain NET information and services.**

The State will have prior-approval for all written materials used in mailings, websites, etc. to educate stakeholders about the NET program.

3.2 VERIFY RECIPIENT ELIGIBILITY

***Access to Healthcare Services*. Providing access to healthcare services is the ultimate objective of the NET program for the State of Nevada and for LogistiCare. We designed our processes, guidelines, and systems to identify and allocate the least costly, medically appropriate mode of transportation for each recipient's need.**

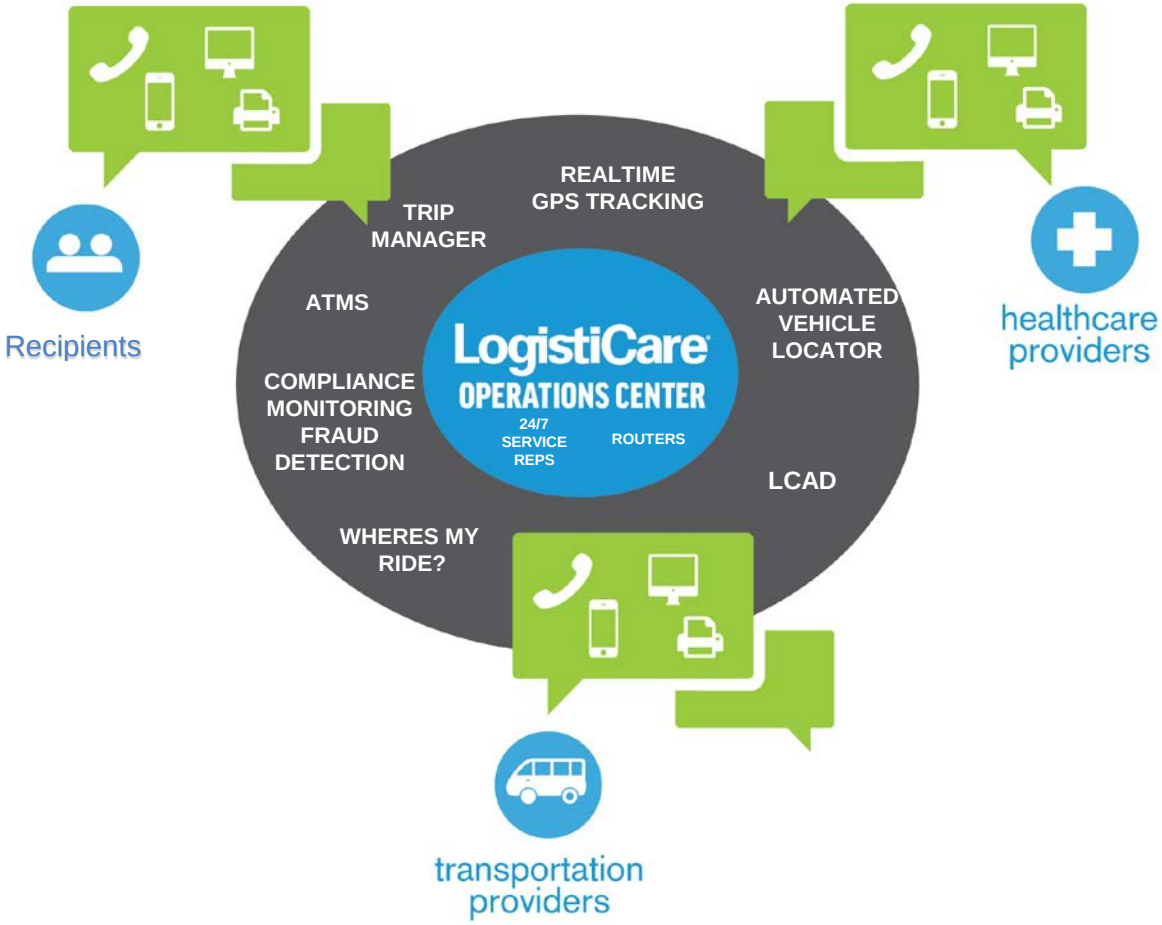

Figure 2. Operations Center - Hub for Connecting with all Stakeholders. *The Operations Center leverages a range of technology and systems for connecting* Members, transportation providers, and healthcare providers efficiently and effectively in any way and on any preferred device.

Our chief objective is to provide all eligible Medicaid recipients residing in Nevada with access to safe, appropriate NET services when and where needed and in a timely fashion. To this end, we use gatekeeping systems and processes that quickly ascertain eligibility.

However, we also employ stringent gatekeeping procedures to determine service eligibility so that we authorize transportation only to those individuals who meet the State's eligibility requirements. Our time-tested procedures allows us to reduce fraud and abuse while providing the services required by eligible recipients.

Our software system, LogistiCAD (LCAD in the graphic above), is at the heart of our operations. The above graphic shows the functionality of our systems and the methods each stakeholder can use to reach their NET program. It is a key differentiator between LogistiCare and other bidders. It encapsulates every best practice we have identified and everything we have learned about effectively managing non-emergency transportation (NET) programs through more than 25 years of experience and allows for emerging. See Sections 3.9 Information Systems and Technical Requirements and Attachment 2 for more details on LogistiCAD.

<u>LogistiCAD's Role in Gatekeeping and Fraud Prevention</u>. Our CSRs leverage LogistiCAD's sophistication to verify eligibility in "real-time" before scheduling a trip. LogistiCAD contains recipient eligibility information downloaded from the State's eligibility system, covered service information, facility eligibility information and applicable geo-based mileage information.

<u>Technology Enabled Processes and Customer Service</u>. The combination of these technology components creates a single, integrated system that reinforce gatekeeping and eligibility processes as well as virtually all the processes used by our CSRs and our operations team.

At every step of virtually every process, our technology platform guides the activity to reinforce best practices and to assure consistent adherence to processes and will continue in the new contract. Below, we provide a summary of the key benefits our integrated technology platform provides for checking eligibility and related CSR functions:

- ***Detailed recipient information available for instant accessed, including special needs and historical trip data, to provide consistency in arrangements.***
- ***The ability to embed call scripts in the system for ready access by CSRs during a conversation, which means consistent and compliant handling of every interaction.***
- ***Properly trained CSRs can handle all transactions within a single call promoting compliance, consistency, and user satisfaction.***
- ***Built-in automated call screening and processing using a central relational database, which pulls information from multiple data sources to create integrated process and a seamless customer experience.***
- ***Management of recipient eligibility data and trip verification processes provides fast and effective screening capability.***
- ***Integrated functionality geo-codes locations, origins, destinations, recipient's addresses, and public transit resources to determine pick-up and drop-off scheduling, minimizing wait times and maximizing transportation provider efficiencies.***
- ***Automatic matching of recipients to the most suitable and cost-effective transportation option, including mass transit, supports adherence to compliance requirements and leads to reduced costs.***

- ***Built-in fraud detection analysis and risk management capabilities to mitigate waste and abuse.***
- ***Integrated commendation and complaint tracking to create an end-to-end, closed-loop complaint and grievance process.***
- ***Supports instant tracking of incidents, cancellations, and no-shows to allow quick implementation of alternative arrangements and re-allocation of transportation resources.***
- ***The ability to create and exchange files with Nevada through a variety of mechanisms, including LogistiCare's Proprietary Interface Protocol (LPIP), allows configuration to easily connect with external systems in a fully secure and compliant manner.***

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.

Receiving Requests and Arranging Transportation

Nevada needs a NET Broker who will perform responsibly, receive calls, and carry out all intake processes with diligence, integrity, and professionalism. The trip request process, done properly, ensures an accurate level of service on the most appropriate mode of transportation for eligible recipients. LogistiCare's staff, using our systems and technology, will continue to process all reservations request from Title XIX Medicaid program recipients residing in the State efficiently and effectively to maximize access to healthcare while minimizing fraud, waste and abuse. In 2014, we scheduled more than 700,000 trips in Nevada. We processed a range of requests in ways that are most effective for recipients or their caregivers. For recurring trips, we collaborate with healthcare providers to ensure we consistently meet the needs of recipients with higher acuity. Users can make trip requests via phone call, fax, the online reservations systems, and under the new contract, recipients may use the LogistiCare Trip Manager (Smartphone/Android application). We are currently and will continue to receive and process all NET services requests from Nevada's eligible Medicaid recipients.

<u>Eligibility Rules and Guidelines.</u> We specifically train our team of CSRs and our Transportation Coordinators to thoroughly understand Nevada's eligibility rules and guidelines. In addition, we embed state-specific program rules and requirements directly into LogistiCAD, which provides CSRs with screen-by-screen instructions, reminders, and scripts to guide the call intake process with consistency and compliance.

<u>Receiving and Processing Requests.</u> As part of the initial process for each call, a CSR enters the recipient's name or Medicaid Identification Number (MIN) into the reservations intake screen of LogistiCAD. Here is what happens next:

- ***Based on data stored in our system, the reservations screen automatically displays the recipient's specific eligibility information. We update LogistiCAD with new recipient information when DHCFP provides the information.***

- ***If the trip request is from a first-time caller and he or she is not in our database, instead of placing the caller on hold, the CSR arranges a call back by taking the caller's information and passing it to the Lead CSR for verification and a call back. This enables the CSR to move on to the next call without creating a backup in the queue.***
- ***The Lead then attempts to verify eligibility, which includes logging onto the EVS website to ascertain the status of the recipient. If the Lead confirms eligibility, the Lead calls the recipient and continues with the reservation process by proceeding through the various authorization questions. Because all trips created in LogistiCAD are based on an eligible MIN, if recipient appears ineligible based on this screening process, the trip cannot be scheduled.***

Out-of-State Transportation. ***As is the current practice, we will continue to provide transportation for eligible Medicaid recipients in Nevada when they require treatment in another state and DHCFP approves the transportation. We have well developed policies, procedures and working agreements with a variety of subcontracted transportation providers to cover out-of-state transportation needs. In fact, many recipients require such transportation to visit specialized medical providers for Medicaid-approved services that are not available within Nevada.***

Leveraging LogistiCare's Programs in Neighboring States. Because of LogistiCare's size and experience, we have an advantage over other bidders in managing out-of-state transportation because we manage NET programs in Nevada's neighboring states. We are able to arrange transportation for Nevada recipients using our credentialed transportation networks in bordering states (CA, AZ, OR, and UT). We can leverage the benefits of our relationships with safe, credentialed transportation providers when arranging out-of-state transportation for Nevada residents.

Air Transportation. ***We also arrange air transportation for Nevada recipients who must travel both regularly or on-demand to distant states for special Medicaid approved treatment. For such cases, we utilize commercial air transport and ensure effective communication along the trip as appropriate.***

Hotels and Meals. ***For extended trips such as air transports, we also assist with arrangements for cost effective overnight accommodations and meal allowance.***

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.

UPLOADING DHCFP DATA FILES AND VERIFYING ELIGIBILITY

All our information technology systems are HIPAA compliant, and we currently perform all the tasks described in this section of the RFP.

Receiving Eligibility Files. ***LogistiCAD houses essential eligibility data on each Nevada Medicaid eligible recipient. We currently receive and refresh the eligibility data in LogistiCAD twice a month via the files provided by the Division and its EVS system. If awarded the contract to continue to provide NET services for Nevada, we will continue to provide secure file transfers at appropriate intervals.***

Receiving Requests. ***As LogistiCare receives trip reservation calls, a courteous, trained CSR greet the caller and identify themselves by name. The reservations screen automatically displayed recipient's specific eligibility information. The CSR confirms the information before assigning the most appropriate level of service.***

Checking EVS. ***Any recipient that is not in our database at the time of the call is verified through the Division's Electronic Verification System (EVS). In this case the recipient is not placed on hold; instead the CSR completes an eligibility form for a Lead to verify and then the recipient information is entered into LogistiCAD if eligible (an exception to this process would be if the reservation is urgent and the verification is required immediately, in which case eligibility is investigated and the caller is given the option to hold).***

If the Division's EVS system does not indicate that a recipient is eligible for services during the screening process, we explain to the caller and instruct them to contact the Division of Welfare and Social Services for eligibility clarification. Once the CSR verifies, we process the caller's trip request.

Handling Exceptions. ***We train all LogistiCare CSRs to understand the existence of occasions when Medicaid eligible recipients appear to be program eligible, but actually do not meet the criteria for reasons indicated in the Medicaid Services Manual Chapter 1900, including:***

- ***A Qualified Medicare Beneficiary (QMB) or Specified Low-Income Medicaid Beneficiary (SLMB) without full Medicaid benefits.***
- ***Nevada Check Up (CHIP/NCO)***

A patient whose level of care during a scheduled trip exceeds the capabilities of a NET provider.

Ineligible Rider Report. ***Using information downloaded from the eligibility files, we also produce an ineligible rider report daily to identify all scheduled trips for individuals who are no longer eligible. Consequently, LogistiCare cancels trips for recipients who have lost their eligibility and initiates notification to the recipient. In the case of pre-scheduled or standing order trips, we also notify the healthcare facility.***

LogistiCare's QA Manager, Our In-House Expert. ***Our Nevada Quality Assurance and Facility Manager (QA Manager), Amanda Conner, is an expert regarding the Medicaid Manual, including Medicaid Services Manual Chapter 1900. She has worked very closely with DHCFP to ensure a clear definition of changes and that staff and stakeholders understand how the changes affect services. She serves as the internal subject matter expert on eligibility for the entire operations team.***

Amanda Conner's role also includes analyzing all program changes to help our operations team remain compliant and to implement the appropriate changes to our policies and procedures, call scripts, training, and systems, as applicable. In circumstances where LogistiCare seeks additional clarification of questions beyond our research of Chapter 1900, our QA Manager will initiate a call with the Division to obtain the necessary clarification.

3.3 ASSESS/AUTHORIZE TRANSPORTATION SERVICES

We are committed to providing access to healthcare services for recipients using the least expensive, medically appropriate means of transportation for eligible recipients. To accomplish this, we train our CSRs to verify eligibility and to determine the correct means of transportation using specific guidelines in a consistent manner.

LogistiCare wants recipients to receive the care they need. We balance this with our contractual obligation to responsible use of the state's and federal government's resources. Our responses to the sub-sections that follow demonstrates how LogistiCare balances the interest of the two stakeholders.

Our experience, both in Nevada and in NET programs across the country, is that education, communication and consistency are the keys to success when assessing and authorizing services. We will continue to prioritize investments in effective and innovative communications and education programs if selected to continue to manage Nevada's NET program.

Education Pre-empts Many Issues. ***When recipients understand their benefits and how contractual obligations inform decisions about their transportation in terms of related to the NET program including level of service, program satisfaction increases. recipient education is a means to manage expectation as well as compliance of the program. For example in Nevada, by consistently educating recipients about the guidelines that determine whether public transportation is assigned as the most appropriate mode, we have expanded the use of public transit over the years such that we now assign 70% of the rides we authorize to public (fixed and Paratransit) transportation. Continuing to focus on educating recipients and increasing the use of public transportation is an important part of our cost-efficiency plans of managing of the NET program in Nevada.***

Communication is Key. ***When informing callers how we will process their request especially in cases of denied trip requests, we use clear and consistent communications. CSR training, specifications upheld by LogistiCAD screens, and written notifications help ensure callers receive clear, consistent, and accurate information.***

Consistency is Critical. Consistent application of the assessment process and mode assignment results in each request receiving fair treatment and avoiding discrepancies or confusion. When possible recurring trips are scheduled with the same NET provider, this improves the recipient experience.

In our responses to the sub-sections below, we provide detailed information on each step of the assessment and assignment process.

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.

Written Policies and Procedures

We maintain written policies and procedures for processing initial and recurring requests for NET service and will continue to do so under the new contract.

As we do for each of our NET programs throughout the country, LogistiCare has developed and maintains a comprehensive policies and procedures manual (Operations Manual) for our operations in Nevada. The manual complies with the standard and unique components of DHCFP's operational requirements.

Our Nevada Operations Manual includes complete written descriptions of our processes. Our Operations Manual includes detailed procedures for the scheduling and delivery of services, including last-minute urgent requests from recipients, scheduling changes, no-shows and late-running vehicles. Additionally, our investment in GPS technology will allow us to manage these situations more efficiently and improve recipients' NET experience.

<u>The Role of LogistiCAD in Upholding Processes.</u> In addition to written materials and training, LogistiCAD leads CSRs step-by-step through the reservation, screening and assignment processes with a series of prompts, screens, and scripts to ensure consistency on processes and scheduling.

The combination of a comprehensive Operations Manual, effective training and business processes embedded in LogistiCAD creates an overlapping and mutual adherence system that leads to consistent application of review criteria for authorization decisions. However, when questions about eligibility remain, our CSRs have our Nevada QA Manager as a resource for assistance or to address the caller directly. The State will have prior-approval of all Policies and Procedures before implementation by LogistiCare.

Our QA manager, Amanda Conner is the direct liaison with DHCFP regarding eligibility and Medicaid guidelines. In fact, she works side-by-side with DHCFP to review and develop recommendations for changes to the Medicaid Services Manual Chapter 1900. Her close partnership with DHCFP is one reason for our ability to determine how eligibility rules apply. When there is an issue that requires further discussion, she reaches out directly to DHCFP to determine the best course of action. Amanda Conner, QA Manager will continue to serve in this role for the new contract.

If appropriate, we will contact the medical provider and include the medical provider's determination of the most appropriate level of service.

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.

Documented Utilization Management

We structure all our dealings with NET stakeholders across our book of business in a manner of integrity and compliance with Centers for Medicare and Medicaid. We do not and will not provide staff, recipients, contractors, or any third party vendors with incentives to deny, limit or discontinue medically necessary services. As part of our monitoring activities, our QA Manager conducts internal utilization management functions in order to identify any patterns of activity that might indicate decisions inappropriate influence.

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.

Consistently Determining Level of Need

Our systems, our procedures and our training programs all reinforce a consistent approach to determining the least costly, medically appropriate method of transportation. A description of the step-by-step process we will continue to use to assess the recipient's needs and determine a service level is included in the introduction to Section 3.3 above.

In summary, levels of transportation are determined by medical necessity and the recipients' ability to use the least costly form of transportation. Our practices, policies and procedures will continue to comply with rules and guidelines set forth in the Medicaid Service Manual Chapter 1900, including any Division policy updates, revisions and State Plan Amendments.

In making assignments to transportation providers, we seek to assign a familiar provider (assuming this is not the recipient's first trip) to provide service continuity, reduce the risk of confusion and increase the comfort level of the recipient. We also take into account the distance of the provider from the pick-up and drop-off points. Such considerations increase customer satisfaction while remaining cost-neutral to the NET program.

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;

Confirming Eligibility

Recipients eligibility is confirmed when requests upon receipt of the trip request. We confirm eligibility 24-hours prior to the date of service, eliminating the possibility of transporting an ineligible recipient. See Section 3.2 for an extensive discussion of eligibility screening.

LogistiCare provides an ineligible rider report daily to identify all trips scheduled for persons no longer included in the database of eligible recipients. This process allows LogistiCare to eliminate any trip reservations already in the system. Usually these include "standing orders", that is, repeating reservations for a regularly scheduled and recurring appointment for recipients who have lost their eligibility status subsequent to making the reservation request.

Educating Recipients During the Reservation Process. ***During calls, CSRs educate recipients regarding least-costly modes of transportation and answer any questions recipients may have. Transportation mode information becomes a part of the recipient's personal history file, which the CSR can review to investigate the prior level of service provided. All recipients are re-assessed for appropriate mode annually if receiving curb-to-curb or door-to-door services.***

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

Confirming Medical Necessity

We will continue to conduct screening activities to confirm that all requests are to and from a Nevada Medicaid covered services and meet Nevada guidelines. For example, if our call to the destination facility reveals that there is not an appointment scheduled for that recipient, we will deny the request for service. We consider the recipient's medical needs when evaluating requests for long-distance trips, for special assistance, and for specialized vehicle types, each of which is discussed in following sections.

Verifying Service is Provided by In-Network/In-State Provider. ***During each recipient's assessment, our CSRs confirm that the requested transportation is to and/or from a Nevada Medicaid covered service provider and is medically necessary. LogistiCare maintains a list of Medicaid approved health providers.***

LogistiCAD houses a list of names and addresses of all Medicaid-eligible healthcare providers and facilities in Nevada and neighboring states. If the requested destination (i.e., healthcare provider) is not in our system, the CSRs initiate inquiries to confirm that the site is an appropriate Medicaid-approved healthcare location.

LogistiCare's Healthcare Facility Representatives are specialists who undergo special training to understand the intricacies of covered and non-covered Medicaid services and provide assistance in determining whether a trip request is for a covered service.

Verifying Covered Medical Services and if Prior Authorization is Required. During the screening process, a LogistiCare CSR obtains from the recipient a description of the basic service sought from the medical provider. CSRs undergo training on DHCFP Medicaid-covered services and use this information to confirm that the requested transportation is to or from a Medicaid-covered service. If the recipient is unable to provide the necessary information, the CSR may contact the healthcare provider to confirm that the service is covered.

Our decisions about covered services vs non-covered services comes from DHCFP, Nevada and Federal regulations. LogistiCare CSRs quickly become knowledgeable about specific recipients, their medical procedures, approved services, the healthcare facilities in the state they serve, and the providers in the network. The result of the CSRs accumulation of information about recipients is an understanding

about which trips need further verification to confirm whether covered or non-covered.

<u>Recurring Appointments (Standing Orders).</u>

Healthcare providers can submit standing order requests through our Facility Web Portal. Currently, we receive 99.9% of our standing orders via our Facility Web Portal. We review each request to verify the services requested are covered and that the credentials of the healthcare provider meet DHCFP standards for covered services. When provided by DHCFP, LogistiCare uploads a listing of all Medicaid-eligible healthcare providers and facilities in Nevada into LogistiCAD. If the requested healthcare provider is not included in the database, we contact the facility to confirm it is a Medicaid-eligible Provider.

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2014

99.9% Standing Orders are submitted on-line by healthcare facilities

3.3.4.3 The recipient has no other form of transportation available;

LogistiCare's CSRs screen all trip requests to determine if the recipient has a vehicle or other means of transportation available. However, although a recipient may have his/her own vehicle, it does not mean the vehicle is available in all situations. Other family members may use the vehicle to get to work, or they are not medically/mentally capable to drive themselves. In other instances, the recipient simply may not have the financial means to put fuel in the vehicle. As appropriate, we offer mileage reimbursement to recipients who have their own vehicle or other regular means of transportation.

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

Determining the Least Costly, Medically-Appropriate Level of Service

LogistiCare will continue to comply with DHCFP requirements to authorize payment for the least costly and most appropriate means of NET services available. We recognize that different service levels can have dramatically different costs. We use careful determination assigning the least costly, medically appropriate mode of transportation of the following:

- ***Mileage reimbursement program***
- ***Public transportation***
- ***Ambulatory transportation***
- ***Wheelchair transportation***
- ***Stretcher transportation***
- ***Non- Emergency Ambulance transportation***
- ***Specialized transportation including transportation for bariatric patients***
- ***Intrastate public conveyance (bus, train, aircraft)***

Our local operations team evaluates all requests in order to assign the least costly and most medically appropriate mode of transportation for every trip.

To control costs on behalf of the clients we serve, we pro-actively encourage the use of public transit systems on every Medicaid account, including our contract with

DHCFP. We find we can transition many recipients out of expensive modes of service into more cost-effective mass transit systems through application of medical necessity screening processes and continuous recipient education.

Our CSRs in Nevada ask a series of questions regarding the recipient's health and mobility when attempting to determine the vehicle type and service level most appropriate to accommodate the recipient's needs. Our CSRs use the recipient's responses to the questions to assign the most appropriate mode of transportation (e.g., public transportation, ambulatory, or wheelchair/stretcher, BLS etc.) based upon criteria established by DHCFP. Our CSRs, supported by LogistiCAD consider the following baseline factors when determining suitability of a particular mode of transport:

- ***The recipient's ability to travel independently, including age, and any permanent or temporarily debilitating mental or physical condition that may preclude the use of public transit.***
- ***The availability of public transportation in the recipient's area or community, including the accessibility of the recipient's destination, and whether the recipient must walk more than three-quarter (3/4) mile to or from the public transportation stop.***
- ***Weather conditions, including extreme heat or cold, or other pertinent factors that make the use of public transportation unfeasible.***
- ***The compatibility of a public transportation schedule with the recipient's appointment times.***
- ***The recipient's ability to ambulate independently or use of a wheelchair and type of wheelchair.***
- ***The recipient's status as a bariatric patient (or other status prompting the need for ongoing confinement to a bed).***
- ***The recipient's ability to gain access to the street outside her/his residence with or without assistance.***
- ***The recipient's need for medical attention during transit (e.g., intravenous drip, suctioning, ventilators, trachea devices, oxygen, or mechanical monitoring, etc.) because of an acute or chronic condition (e.g., coma, catatonia, an infectious condition, etc.).***
- ***The recipient's history of behavioral health impediments.***
- ***Any special needs the recipient may exhibit that will necessitate the coordination of services with other providers.***
- ***Any disabling physical conditions the recipient may have that would compel the use of a walker, cane, crutches or brace, thereby rendering the recipient unable to comfortably and safely access certain transit vehicles.***
- ***Any conditions the recipient may have that prompt the need for radiation therapy, chemotherapy, dialysis or other treatment for a disabling condition and that tend to render the recipient confused and/or indisposed to interact with unfamiliar drivers.***
- ***Any conditions of the mind that would include, though not be limited to, disorientation, fear of crowds, or other psychological or mental incapacity, any of which might make it difficult for a recipient to accept the assistance of a new driver.***

We use LogistiCAD to aid our CSRs with handling the process mentioned above. We configured LogistiCAD with Nevada's rules and guidelines to lead the CSRs through the steps necessary to determine a recipient's minimum transportation level requirements. LogistiCAD helps to achieve a consistent level-of-service determination.

LogistiCare's Nevada operation employs stringent assessment and authorization processes when needed to evaluate the necessity of higher levels of transportation. Our local QA representatives and routers undergo training to identify the need for higher levels of services based on careful attention to the caller's responses to call script questions. Our local staff also carefully reviews requests for services to identify or mitigate fraud, waste, or abuse of the program. We request that healthcare providers complete Medical Necessity Forms when we need additional information to make informed decisions about what would constitute appropriate transport under the circumstances.

One consistent effort over the entire period that LogistiCare has managed the Nevada NET program has included educating recipients and appropriately transitioning trips to public transportation.

As demonstrated in the graphic on the following page, in 2014 using DHCFP guidelines for the least costly, medically appropriate means of transportation and our appropriate mode screening assessment processes, we appropriately assigned 70% to public transportation (60% public transit and 10% public paratransit). We will continue to screen for transit use and educate recipients about the use of public transportation including Paratransit.

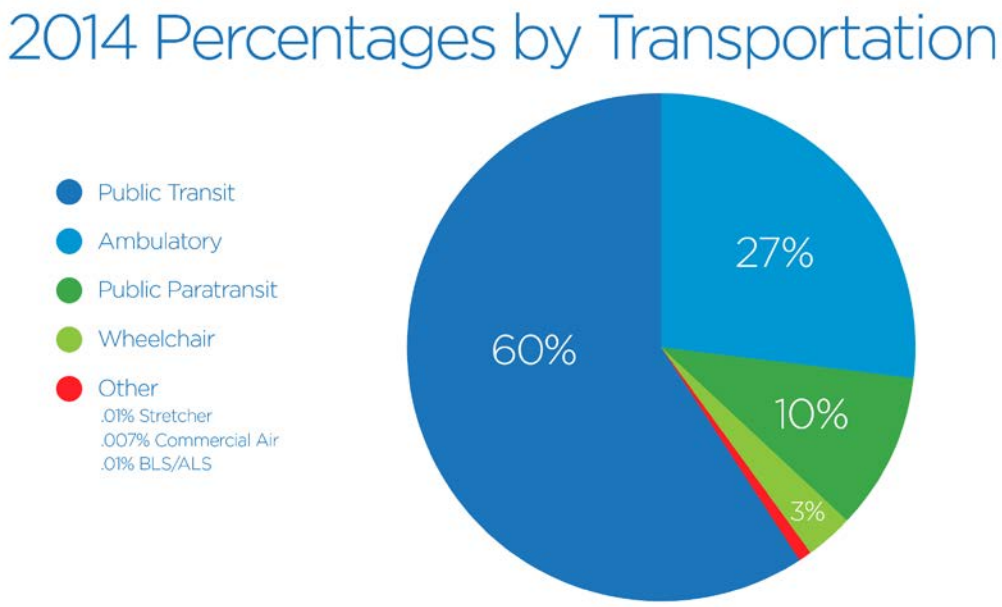


Figure 3: 2014 Parentages by Transportation. The above graphic provides the breakout of by mode. As you will see, Nevada has more than 70% public transportation use.

3.3.4.5 That the recipient is using the nearest appropriate medical provider.

Nearest Medical Provider

In Nevada, we have very few issues with distance to medical providers. As can be seen in the accompanying chart, due to the state's population distribution, the vast majority of trips are under ten (10) total miles. No matter the distance of the trip, LogistiCare has consistently completed trips and has always had vehicle availability for NET trip requests. See Section 3.5.1.9 for more details on network coverage.

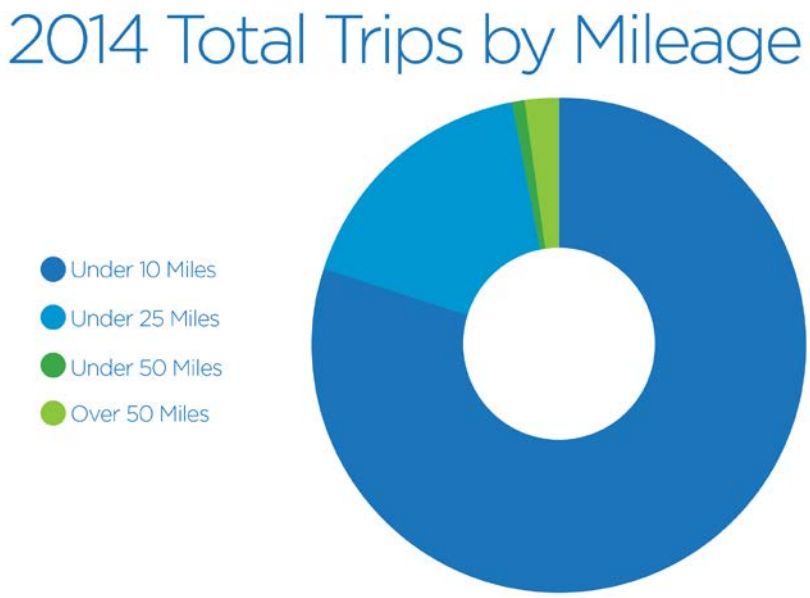


Figure 4: 2014 Total Trips by Mileage. The above graphic provides that total number of trips by mileage. Through effective gatekeeping, the majority of Nevada's trips are under 10 miles.

For ambulatory services, we use a set of questions to determine if the trip is to the nearest appropriate provider. Many times, it is actually appropriate for the recipient to travel to a medical provider other than the closest provider. Therefore, we collect pertinent the information needed to make the appropriate determination.

For example, if we determine through our trip request process that a rider has an established relationship with a primary care physician who is other than the closest provider, we accept the request and schedule the trip per Division regulations. However, if a rider requests to travel to a pharmacy across town, we will apply our closet provider rule and inform the recipient that a closer pharmacy should be utilized. DHCFP does allow for exceptions to these rules such as rural residents or recipients who have to fill narcotics prescriptions at specialized pharmacies.

Our overall philosophy in this area is to balance the requirement for use of the nearest provider with practical considerations that affect the recipient's access to the needed care. If selected to continue as DHCFP's broker, we will continue to use a balanced approach in making these decisions.

Situations in which we are sometimes able to provide alternative, local facilities include dialysis and pre-natal OB/GYN trip requests. For these appointments, we work

with the recipient and healthcare provider to seek the closest appropriate provider. Otherwise, for recipients who require specialized services to a more distant facility, such as patients in Reno requiring specialized urology treatment in Las Vegas, we will obtain specific authorization for the trip from DHCFP.

When dealing with long distance trips, if a recipient has full Medicaid and no other medical insurance to travel to a doctor or specialist, then they must get a prior authorization (PA #) from Medicaid services. Consistent with Division policy, in these situations when a recipient has requested out-of-town or out-of-state covered medical services, which are determined to be available in the recipient's community, a referral and justification by the local primary care provider is first required. DHCFP must authorized the referral before LogistiCare may authorize services. NET services will not be authorized in those instances in which a recipient has requested out-of-town and/or out-of-state medical services until such time as the NET broker can confirm that authorization and justification from DHCFP for such services has been obtained.

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, 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.

NOTICE OF DECISIONS

The introduction in Section 3.2 above provides an extensive description of how we screen for eligibility.

When it is appropriate to deny services, we currently and will in the future, issue a Notice of Decision. LogistiCAD automatically generates the letter within the timeframes required. The letter includes the information described in this section of the RFP along with information about recipient's rights. We send a Notice of Decisions for the following:

- ***Not a Medicaid Covered Service***
- ***Not the nearest appropriate provider***
- ***Hospital to hospital***
- ***Any other situation of denied services and notification is appropriate or required by the provisions of the contract or RFP***

A complete description of how notifications are handled and recipients are informed of their rights in the case of denials or reductions in level of service is provided in Section 3.8.1.

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.

USE OF PARATRANSIT TRANSPORTATION SERVICES

Public Paratransit is an important part of the NET program in Nevada, accounting for 10% of rides scheduled.

Recipients who are assigned paratransit services require an assessment for eligibility conducted by the public paratransit provider (Regional Transportation Commission, or RTC). In addition, as required by the RFP, all adult day care riders, we assess for paratransit eligibility: adult day Health Care riders, Renal Dialysis riders, behavioral health riders, and recipients with regularly recurring rides to a Medicaid approved provider.

Any recipient, through due process, found non-compliant to the assessment process will be offered bus passes as appropriate. We approve recipients for "curb to curb" or "door-to-door" services during the assessment process.

The steps below describe the general process for paratransit services.

1) ***The CSR educates the recipient on the paratransit process and the system generates a letter to the recipient. The letter explains that the recipient has ten (10) days to schedule their assessment with the appropriate paratransit agency and after the assessment, the recipient must send LogistiCare a copy of the decision letter.***
   - a) ***LogistiCare will schedule transportation for the assessment.***
   - b) ***If the trip is urgent, we will temporarily approve the recipient for private wheelchair provider (LogistiCare Network provider).***
2) ***The paratransit agency performs the actual assessment and notifies the recipient of the results. (RTC- Las Vegas is an in-person assessment, while Carson City/Reno paratransit agencies use an application process). The recipient sends a copy of the decision letter to LogistiCare.***
   - a) ***If the recipient is denied paratransit services, the paratransit agency will provide a written notice of the denial and include any appeal processes.***
   - b) ***If the recipient is approved for paratransit services, the paratransit agency will provide the recipient with a paratransit photo identification card and a period of eligibility.***
3) ***Approved paratransit services.***
   - a) ***Recipients call LogistiCare to schedule all transportation. The caller is transferred to the appropriate paratransit staff. Located within the Nevada Operations Center.***
   - b) ***LogistiCare staff enters the trip into LogistiCAD as for any other trip we handle.***
     - i) ***For Carson City/Reno trips, the recipient is mailed the appropriate passes.***

ii) *For Las Vegas RTC, the LogistiCare staff has remote access into the RTC scheduling system and the trip is scheduled.*

c) *The recipient is notified of their trip number and the approximate time of pick up and drop off.*

d) *The trip is completed.*

4) *Denied Paratransit Services. The paratransit agencies may deny services for two (2) reasons: One (1) reason includes the assessment shows the recipient has the mobility and cognitive functions to ride public transportation. The second (2) reason includes the assessments shows the mobility and cognitive function of the recipient requires a higher level of need than the public paratransit can provide.*

a) *If the assessment shows the recipient is ineligible for Paratransit services, but is able to ride the public transit, LogistiCare will offer the recipient bus tokens/tickets or a monthly pass as appropriate for the number of trips.*

b) *If the assessment shows the recipient needs a higher level of transport than public paratransit can provide, the recipient's trips are scheduled with a LogistiCare credentialed transportation provider and offered curb-to-curb or door-to-door service as appropriate.*

LogistiCare provides transportation to and from the assessments or if appropriate, appeals. If a member requests urgent or recurring life sustaining transportation, the recipient will receive transportation until the completion of assessment/appeal. If a recipient refuses to participate in the assessment process, per Nevada regulations, we will offer the recipient offered a bus pass.

We authorize and schedule paratransit services for recipients meeting the criteria of the paratransit assessment. The approved assessment and level of service is recorded in our LogistiCAD system and any special needs of the recipient are noted.

In partnership with the RTC, we have the ability to make reservations directly into their scheduling system. This is a unique collaborative arrangement built over time that increases efficiency and improves service for recipients.

When we approve a request for paratransit, it is relayed within LogistiCare to a specialist who is able to log on directly to RTC's scheduling system. This means that the recipient does not have to reconnect with RTC and RTC is relieved of the need to complete the scheduling process themselves. This special arrangement with the RTC in Nevada reflects the partnerships and trust we establish in the communities we serve.

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.

DEVICES AND ASSISTANCE

During the reservation interviews and the assessment process, our CSRs will continue to educate recipients of the need to provide their own devices and equipment. While we recognize and understand that the recipient is responsible for providing

necessary equipment like car seats and wheelchairs, LogistiCare and our transportation providers take the extra step to assist recipients as circumstances allow.

The CSR captures the level of personal assistance needed from the driver for each trip during the reservation process, documents the need in the LogistiCAD system, and passes the information to the transportation provider and the driver via the trip manifest generated by LogistiCAD.

In addition, any needs for assistance and other pertinent mobility or impairment issues are included in the recipient's profile stored in LogistiCAD. The system automatically displays these notations during the trip reservation process so communicate accurately the recipient's needs to the transportation provider and driver. We also require some of our providers to have wheelchairs available to accommodate hospital discharge patients.

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.

CONSISTENTLY DETERMINING THE LEAST COSTLY SOLUTION

LogistiCare evaluates all requests to assign the most cost-effective and most medically appropriate mode of transportation for each trip. As in the current practice, we will continue to assign the least expensive, yet medically appropriate, mode of transport based on the recipient's medical condition and the healthcare provider's location. The level of transportation we assign to the trip is determined by medical necessity and represents the least costly, most medically appropriate mode of service.

Assigning the Most Economical Mode of Transportation. ***To determine the vehicle type and service level needed by the recipient, the CSR asks a series of questions regarding the recipient's appointment and mobility. CSRs use responses to assign the appropriate mode of transportation (for example mileage reimbursement, volunteer drivers, public transportation, ambulatory, or wheelchair accessible car or van) based on criteria established and approved by DHCFP.***

Requests for Higher levels of Service. In LogistiCare's experience, recipients sometimes prefer a higher level of service than is medically necessary. Conflicts may arise with recipients who feel they require a higher level of service than specified by program guidelines.

For example, a recipient may prefer a taxi or sedan service and avert riding public transit when a local fixed-route bus is readily available (based on DHCFP criteria) and the recipient has no physical or mental impairment that would hinder its use. In this case, we explain the decision to the recipient; if the recipient asserts that they have a medical need for Paratransit service, we will refer the recipient to RTC for an assessment of paratransit services. During the assessment period, LogistiCare will temporarily offer the higher-level of service, until completion of the assessment/appeals process. It is LogistiCare's responsibility as the broker to authorize the efficient use of resources and to educate recipients regarding the NET process.

LogistiCAD Upholds the Process. *LogistiCare supports the CSR by displaying, screen by screen, the steps involved in assigning the appropriate level of transportation. These steps in turn reflect the guidelines agreed to during the implementation of the program, which are based on DHCFP, state, and federal regulations and policies. The LogistiCAD system aids in this process by informing CSRs what the minimum transportation level requirement is to help ensure consistency in determining the level of services.*

LogistiCAD has the flexibility to allow for different modes of transport between the "A Leg" and "return Leg" trips. For example, a recipient may take the bus to dialysis and return home in a sedan or wheelchair vehicle, due to a change in their sense of well-being following treatment. Patients receiving dialysis patients often feel weak following treatment. Although at times we may approve the upgrade of a trip for safety or health reasons, LogistiCare only allows service-level changes by transportation providers with our prior approval.

Assigning Transportation and Load Balancing. *We typically assign ambulatory recipients to a subcontracted transportation provider if they do not qualify for fixed-route bus service and an arrangement with mileage reimbursement is not possible. This might include persons using walkers or persons with collapsible wheelchairs who are capable of standing and entering a vehicle, with or without assistance.*

The first option for ambulatory riders not able to arrange their own personal transportation is always the use of cost-effective fixed transit, if available. The next option is transportation service provided by a subcontracted transportation provider. We authorize wheelchair transport for recipients who are wheelchair bound and have their own wheelchair for transport.

Since we first started managing Nevada's NET program in 2003, we have worked to steer recipients to lower cost methods of transportation such as public transit. Working in partnership with the state's transit agencies and the Division, we are committed to continuing our efforts to promote this level of service. Please refer to our response to 3.3.9 below for more information on our public transit efforts.

3.3.9 After determining that "no cost" transportation is not available or appropriate for 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.

USE OF PUBLIC TRANSPORTATION

LogistiCare will continue to meet all requirements of 3.3.9. As part of every request for transportation, our CSRs will continue to interview recipients to determine if there is an alternative "no cost" or a "lower cost" means of transportation such as public transit.

After determining that a recipient has no means to transport themselves or walk to their appointment, we evaluate the use of public transportation. The appropriateness of public transportation applies to both ambulatory and wheelchair-bound recipients, since all public transit vehicles are equipped with ramps/lifts and are ADA compliant.

Our Nevada operations management team has worked very diligently with transit agencies to move as many recipients as possible to public transit. At this time, approximately two thirds of all rides arranged by LogistiCare are assigned to public transit. This represents tremendous success in effectively guiding recipients to lower-cost alternatives over the course of LogistiCare's management of the NET program in Nevada.

To determine the appropriateness of fixed-route public transit services for recipients, we consider a number of factors throughout the reservation process:

- ***Is public transit service running between the pickup and drop-off locations?***
- ***Is the service reasonably timely? Service may involve transfers, but the wait for transfers must be reasonably brief. Also, the recipient must not be delivered to the healthcare facility too early, nor be required to wait for too long after the appointment.***
- ***Are the public transit stops within three quarters (3/4) mile of the pickup and drop-off locations?***
- ***Does the recipient have any medical condition that prevents him or her from riding on public transit vehicles or accessing public transit stops?***
- ***Is the recipient able to understand common signs and directions? (If the recipient can travel with a companion, we provide an additional bus pass.)***
- ***If either the pickup or drop-off location is too far from a transit stop for walking, is a short ride to the closest transit stop more cost-effective?***
- ***Will the recipient's treatment allow use of public transit on the initial trip to the appointment and require a vehicle to pick up the recipient for the return trip because he or she may be too weak (chemotherapy, radiation, dialysis, etc.)?***

Our strong relationships with Nevada transit agencies help us to receive updated information on available routes and timely trip-planning advice. This information is loaded into LogistiCAD. When a CSR keys the reservation data into LogistiCAD, the system automatically determines if the recipient is "transit eligible" and subsequently, calculates trip pickup and drop-off addresses.

Using this information, the CSR can then advise the recipient of their ability to use transit for the trip. Our goal is to identify trips where the recipient's pickup and drop-off locations are within acceptable distances to transit stops (typically ¾ quarters mile or less). If the recipient is traveling with a child, we also annotate the age of the child in LogistiCAD.

Our Nevada team also includes Public Transit employees, located in our Nevada operations center to manage and monitor our public transit procedures and processes. These employees distribute transit passes when appropriate, track utilization and verify legitimate appointments.

Managing and Distributing Public Transportation Passes for Fixed-Route Transportation

LogistiCare purchases public transit passes in bulk. We order passes from the appropriate public transit vendor monthly, pre-paying for both monthly passes and daily passes. We hold over any excess passes for the next month averting waste. We efficiently and properly manage limited NET resources.

LogistiCare verifies bus pass renewals for recurring (standing order) trips monthly. Each standing order request is re-verified before we renew the pass to confirm that the recipient still requires a standing order and is capable of traveling via public transit. Our Public Transit Specialist reviews the standing order renewal dates in LogistiCAD's transit log, reviews each standing order and Rider's Notes, and confirms standing order appointment schedules with Facility Coordinators. While this is currently a manual process we will shift it to an automated process during the next contract period if, selected as the NET broker under the next contract. The process will be similar to scheduling recurring trip, facilities will log into their dedicated website and be able to pull up their appointment verification form and verify attendance for their recipients.

Our Public Transit Specialist generates a letter from LogistiCAD and mails the letter with the appropriate number of transit passes, via U.S. Mail. The Public Transit Specialist makes a notation in LogistiCAD indicating the number of passes and the date sent.

To prevent fraud and abuse, we monitor and validate monthly the proper use of public transit passes, by confirming and documenting recipients' attendance and status with healthcare facility staff.

Healthcare facilities requesting passes for their standing-order recipients receive a monthly transit pass when and only when the cost of providing daily passes for the total number of trips in the month exceeds the cost of a monthly pass, ensuring the lowest overall trip cost. When passes have been previously mailed to an alternate address or facility, we document the reason in LogistiCAD's Rider's Notes and update the renewal date in the transit log.

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.

HANDLING AND DOCUMENTING EXCEPTIONS

In situations where a recipient's usual mode of transportation needs upgraded, such as when a typically ambulatory recipient undergoes surgery and requires using a wheelchair, our CSRs enter a "temporarily" override to the recipient's usual level of service in LogistiCAD to accommodate the appropriate medical documentation. When a provider's claim for payment is processed through LogistiCAD, the temporary level of service is matched to the claim. By default, the system will revert to the level of service the recipient usually receives for future rides. Here are some examples of exceptions:

- ***LogistiCare provides curb-to-curb/door-to-door service through a subcontracted transportation provider to dialysis patients who may be formally certified to ride with paratransit; this applies to dialysis and dialysis-related appointments.***

- ***For public bus riders we make exceptions to provide curb to curb service if a procedure is scheduled for very early in the morning, or on the return ride for any recipient that is having a procedure and/or sedated, as well as for hospital discharges.***

We consistently document in the file all exceptions with an explanation of the reasons for any transport at a higher level of service or use of a medical provider that is other than the closest available. All of this information is retrievable from LogistiCAD and available for review. LogistiCare will continue to meet all the requirements of 3.3.10

<u>Services for Disabled and Special Needs Recipients.</u> LogistiCare's staff and transportation providers in the network understand and respect our company's dedication to providing excellent customer service. We demonstrate our commitment to providing excellent customer service in serving recipients with disabilities and special needs.

Over the years, we have developed a variety of systems and practices, which are implemented in Nevada, that result in safe, efficient, and reliable transportation services to this particular recipient population. We continue to emphasize specialized training, purpose-built technology, strict quality assurance, vehicle and personnel monitoring, coordination with caregivers, and other measures directed toward answering the needs of our most socially or medically vulnerable riders.

For example, LogistiCare CSRs undergo training to identify any special requirements that a passenger might have (e.g. use of a wheelchair, need for an escort, etc.). If the recipient makes a level of need known at the time of their reservation call, the CSR notes the information for the transportation provider to see prior to the trip. Any needs for assistance and other pertinent mobility or impairment issues are also included in the recipient's data profile stored in LogistiCAD for future reference. The system provides these notations during future trip reservations so that the recipient's needs are communicated properly to the CSR, the transportation provider and driver.

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 payer 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).

APPROPRIATE USE OF MEDICAID FUNDS

We understand and will continue to enforce the requirement that Medicaid funds cannot be used to pay for transportation services that are otherwise available, and we understand that Medicaid is generally (although with some exceptions) the payer of last resort. We also understand and agree to the other requirements described in Section 3.3.11 of this RFP.

As described throughout this proposal, we take every precaution using our systematic gatekeeping processes to ensure that Medicaid funds are used only to pay for trips for Medicaid-covered destinations or travel and authorized escorts.

3.4 SCHEDULE, ASSIGN AND DISPATCH TRIPS

COMPREHENSIVE INTAKE AND SCHEDULING CAPABILITIES

The graphic below provides a general overview of the trip reservations process when a recipient phones into the operations center. Details of this standard method are provided in the individual responses throughout this section.

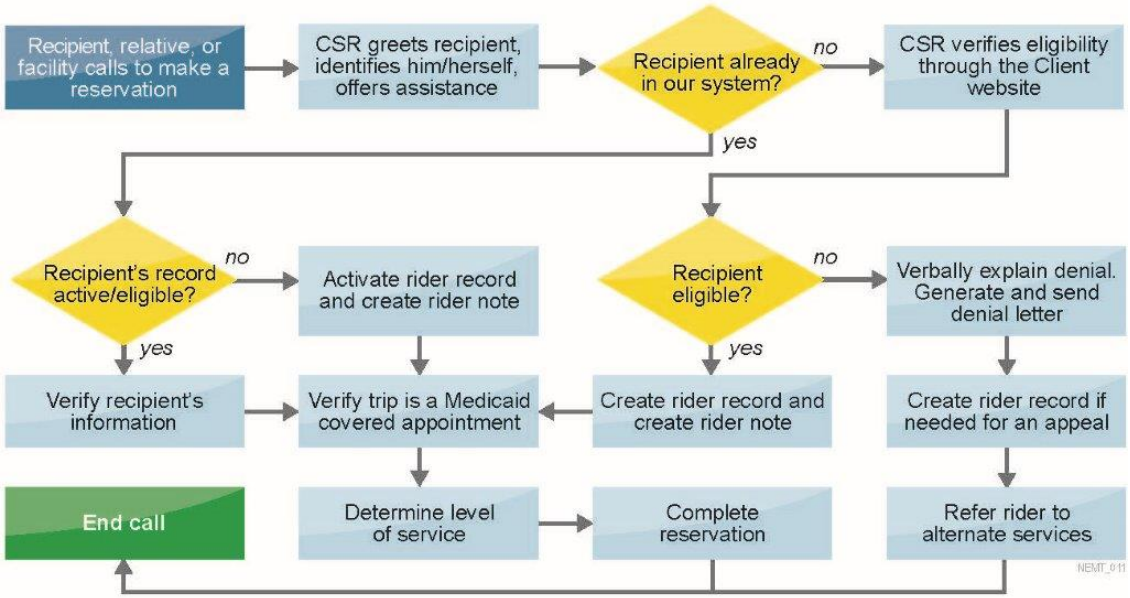


Figure 5: General Call Flow. The above graphic provides the general flow a transportation request for Nevada. We offer a variety of methods for scheduling transportation this is just one perspective.

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.

COMPREHENSIVE INTAKE AND SCHEDULING CAPABILITIES

LogistiCare acknowledges and will continue to comply with the above requirements. Our technology platform, encompassing LogistiCAD, CATs and ATMS, embeds and reinforces the methods we use to schedule transportation, manage standing trips, and assign transportation services once they are authorized. See Section 3.9 Information Systems and Technology Requirements for details of our technology platform.

We purposefully built LogistiCAD for integrating all the functions required to manage NET including incoming requests for transportation, assess medical need and schedule with a transportation provider, payment, quality assurance, and more. While commercially-available products attempt to provide similar functionality, they are generally built from the transportation provider or transit agency perspective and are later adjusted to provide capabilities required to administer a NET solution. This represents a less comprehensive and efficient system than LogistiCAD.

LogistiCAD gives us the ability to assure that assignment activities are performed efficiently and fairly. The system includes functionality to schedule and assign advance-notice reservations, preschedule (standing order) trips, same-day and urgent requests.

The system carefully tracks the entire process to ensure every trip request moves through the reservation process from Customer Service Representative (CSR) to trip assignment.

Our ability to schedule and deliver assigned trips to the appropriate transportation providers is also facilitated by the software and technology we use to run our trip scheduling operations. Multiple phone lines and long distance carriers with backup, carrier-level, and call-queuing capabilities help prevent callers from getting a busy signal. Powerful call management software provides efficient call routing to appropriately trained CSRs. Special training and technology allow callers with limited English proficiency or those with hearing impairments to easily access services. Detailed system monitoring software provides real-time and historical information on all aspects of operation performance.

Our processes for managing advanced reservations, subscription (recurring trips) service, and requests for urgent service are described in responses to individual requirements in the subsections below.

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.

SAME DAY AND URGENT REQUESTS

We handle approximately 90,000 urgent, same or next day, trips per month across our book of business. In Nevada, we routinely process hundreds of urgent or same-day trips each month. We will continue to meet all requirements in 3.4.2.

We have well-defined processes in place to address requests for discharges, last minute requests, scheduling changes, and late-running vehicles. We also process trip requests requiring special medical attention and access to medical services that go beyond the normal reservation protocols and time periods (e.g., requests for urgent transportation or requests for evening, weekend, or holiday transportation).

We book off-hours trips for a variety of reasons, including hospital discharges, non-emergency conditions that require immediate attention, or standing processes (such as nocturnal dialysis). Our approach to verifying these trips follows our standard processes for verification of eligibility, necessity and in-network status of the provider.

However, urgent, complex and non-typical requests often require a great deal of coordination and may require verification of urgency from the medical provider involved, or prior authorization from DHCFP. LogistiCare takes great pride in handling special situations with competency and compassion because we know that the ultimate goal of the Medical Transportation Program managed by DHCFP is to provide increased access to healthcare services in order to improve the health and well-being of the state's citizens. LogistiCare will never charge a recipient for transportation or a no show. We educate transportation providers on this requirement and review it with providers annually.

SCHEDULING CHANGES

LogistiCAD has processes designed into the flow of screens and prompts presented to the CSR for handling schedule changes. As part of the process, schedule changes are automatically updated online and available to providers through their web portal, or sent via fax if the change happens within 24 hours of the day of service. Our Transportation Coordinators work with our CSRs, follow up with phone calls to the provider to verify that the schedule change has been received and can be accommodated. No schedule is ever allowed to be changed without involvement of a LogistiCare representative. The new GPS technology will increase efficiency of schedule changes. For example, in the case of a hospital discharge transportation request, a LogistiCare staff member will enter the hospital location into the system, the tracking view provides a real time view of transporting vehicles within a specified service area. The view on the figure 6 reveals that two vehicles from Interstate and one vehicle from AmbiTrans are currently located within the service route. Vehicles that are on time appear in green. If a vehicle is running late, it would appear in orange and would not be considered for the discharge trip assignment. See Section 3.4.4 for more details on the benefits of ATMS.

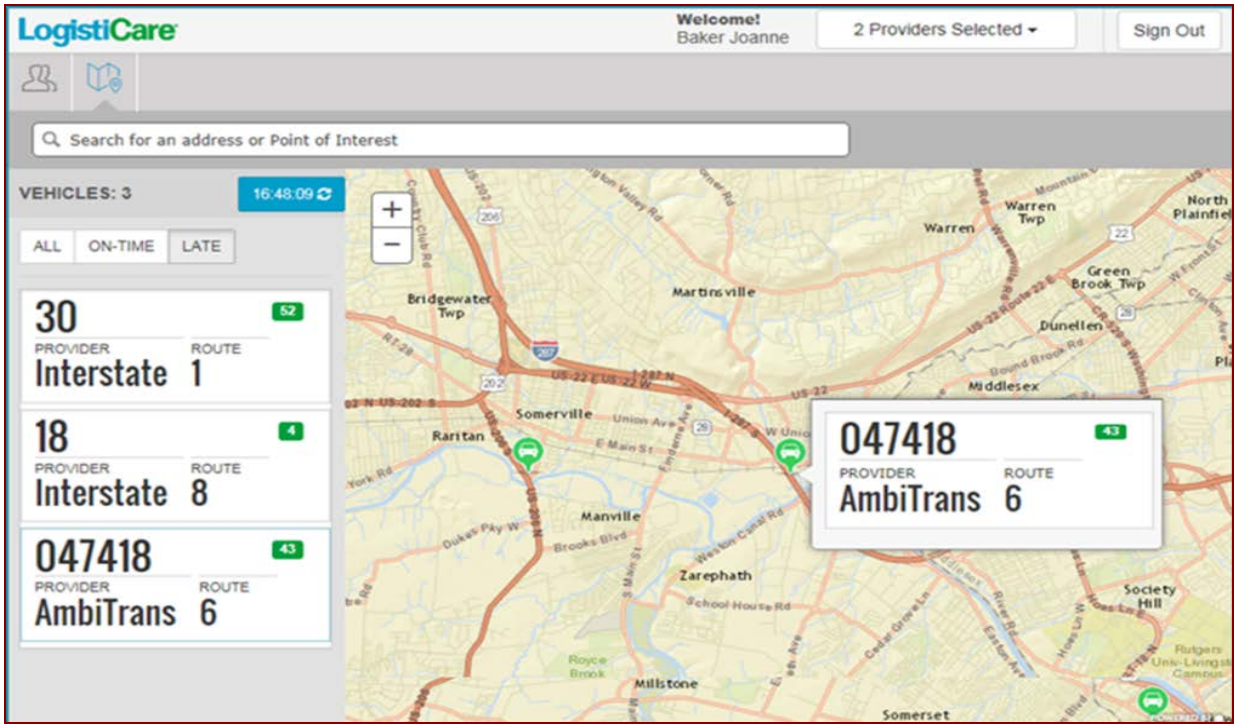


Figure 6. Tracking Vehicle Location for Routing *The view above reveals two vehicles from Interstate and one vehicle from AmbiTrans are currently located within the service route.*

It also is important for quality control and accountability purposes to be able to track all changes made to a reservation, whether these involve notes, changed pick-up times, changed transportation provider assignments or other modifications made by an agent or online. LogistiCAD includes an audit trail function that shows all the changes that have been made to a reservation or completed trip record, the users who made the changes and the date and time of changes. If a reservation has multiple trip legs, changes for each leg can also be viewed.

LATE PICK UPS

We have refined processes to notify recipients and providers immediately of any meaningful service delay to lessen the impact on recipients and treatment facilities. We diligently use backup transportation resources to cover unexpected service issues and other vehicle delays.

If a recipient or facility experiences a late pick-up, they can call the "Where's My Ride?" toll-free line (available 24 hours a day, 365 days a year) and our Transportation Coordinators will immediately determine whether alternative transportation is needed. The Transportation Coordinator advises the caller of the status of the ride and continues to follow up with the transportation provider to make sure the rider is picked up as soon as possible.

Transportation Providers are required to wait at least 15-minutes past the scheduled pick-up time, and if the recipient is a no-show the driver is trained to contact LogistiCare prior to continuing his route. Additionally, the drivers are required to contact LogistiCare whenever they encounter a possible recipient no-show. Once LogistiCare is notified, a CSR attempts to contact the recipient to determine if they plan to keep their appointment. This is done to accommodate the recipient and avoid releasing the driver too soon to another appointment.

We track all no shows in LogistiCAD and report them to the state on a monthly basis. Recipients with a record of repeat no-shows may be subject to suspension of services and will be notified of their right to appeal. This is in compliance with policy 1904.3.I in the Medicaid Manual provided by the state.

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.

ESCORTS

LogistiCare will continue to permit escorts to ride with recipients according to DHCFP policy 1904.2 D and without charge for the escort.

Using a call script customized for DHCFP, LogistiCare's CSR is prompted to ask a series of questions that assists in identifying the appropriate level of service and whether the recipient needs the help of an escort or attendant. The CSR enters all of the information into LogistiCAD, which stores the information about the individual needs. Passengers requiring escort services are flagged before their trips are booked. This provides a number of benefits, including the ability to anticipate capacity constraints caused by the need for escorts and attendants.

Definition of Escorts. ***Escorts are defined as individuals whose presence is required to assist a recipient during transportation and while at a location for treatment.***

Provision of Escorts. ***LogistiCare does not provide escorts. Escorts are provided by the family or the location requesting the transportation. Escorts are transported at no additional expense and are permissible for all recipients who have a significant visual impairment (blind), have an intellectual disability, have a hearing impairment, or are under 18 years of age.***

Escorts that Result in an Upgrade of Service. ***If the presence of an escort or attendant results in an upgrade in level of service (i.e. recipient is ambulatory and escort needs wheelchair van service) or an extra rider without the passenger in the vehicle, a doctor's note must be on file that indicates the medical necessity for the recipient to travel with a companion.***

Transportation of Minors. ***As described in the RFP, LogistiCare will not authorize transportation services for minor children (under the age of 18) unless a parent or legally responsible adult (over the age of 18), or other willing adult caregiver accompanies the child. In some cases we have arrangements, approved by DHCFP, which allows for a minor child to travel unaccompanied for a facility-to-facility transport, such as from one behavioral health facility to another. In those cases, we require the child's legally responsible adult to submit a signed a Consent & Release and Liability Form.***

Requests for Additional Escorts. ***Any requests for additional escorts or services beyond the levels specified in the RFP must first be approved by a manager. As necessary, we may reach out to DHCFP for guidance or approval before any authorizations are issued. Exceptions are noted in the recipient's profile so that the accommodation can be noted on future trips, without the delay of a new authorization process.***

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.

TIMELY PICKUP AND DROP-OFF TIMES

LogistiCare works very hard to schedule and assign trips so that the average waiting time for pick-up or delivery does not exceed 15 minutes. We have been successful with achieving that goal and will continue to meet the requirements under the new contract. In 2014, 98.6 % of our trips were completed on time.

In order to maintain the required pick-up and delivery times, NET transportation providers are required to inform LogistiCare if any of their vehicles are running late. We also provide a toll-free ride assistance telephone number ("Where's My Ride?"), 24 hours a day, seven days a week, for recipients and healthcare facilities to use whenever scheduled pick-ups or drop-offs are running late. This allows us to respond and arrange alternative transportation as necessary.

Transportation Coordinators answer and immediately process "Where's My Ride?" calls by managing late-running transport situations and re-routing the trip to a different transportation provider if necessary. The new GPS technology will allow LogistiCare staff to adjust transportation provider schedules in real time. For example, if a recipient calls the "Where's My Ride" line, the Transportation Coordinator will use our GPS technology to see exactly where the vehicle is located. The coordinator will be able to report to the recipient that the vehicle is five (5) minutes away or if the transportation provider is running late. If another vehicle is closer, we are able to change the schedule and have the recipient ride with the closer vehicle.

To ensure that Nevada pick-up and drop-off times are met, we back up our well-defined standards for our providers with oversight processes and corrective actions. Actual pick-up and drop-off times are entered into LogistiCAD and submitted during the billing process, and we generate on-time performance reports for each network provider to track and trend timely performance.

We analyze and address delivery metrics with transportation providers through the Transportation Provider Performance Reports. LogistiCare issues report cards monthly to each transportation provider in Nevada to provide an unbiased, documented assessment of performance quality.

SAMPLE TRANSPORTATION PROVIDER PERFORMANCE REPORT				
Transportation Provider:	*Happy Transport Company*			
Period of time:	*March 2015*			
Key Performance Indicators	*Provider's Actual*	*Standard*	*Nevada Actual*	*Score*
Complaints				
Substantiated Complaint Percentage	*0.61%*	***≤ 0.19%***	*1.00%*	*Unsatisfactory*
Provider No Show Percentage	*0.00%*	***≤ 0.25%***	*0.13%*	*Exceeds Expectation*
On-Time Performance				
A-Leg Pick-Up	*96.35%*	***≥ 90%***	*89.99%*	*Meets Standard*
A-Leg Drop Off	*90.61%*	***≥ 95%***	*86.75%*	*Needs Development*
B-Leg Return	*89.24%*	***≥ 90%***	*88.72%*	*Needs Development*
Ride Time	*99.95%*	***≤ 0.99%***	*99.70%*	*Exceeds Expectation*
Compliance				
Insurance	*100%*	*100%*	*100%*	*Pass*
Driver Compliance	*100%*	*100%*	*100%*	*Pass*
Vehicle Compliance	*100%*	*100%*	*100%*	*Pass*
Additional Data				
Cancellation %	*26.47%*			
Reroute %	*10.67%*			
Safety Issues per Mile Ratio (Contributory)	*0: 26668*			
Safety Issues per Mile Ratio (Non-Contributory)	*0: 26668*			
Rider No Show Complaint %	*38%*			
Rider No Show Cancellation %	*4%*			
Trips Provided	*3102*			

Figure 7. Transportation Provider Performance Report. *This management tool scores each transportation provider, comparing performance against standard measures and other same-type transportation providers.*

This management tool scores each provider, comparing performance against standard measures and other same-type providers. The report cards assess our providers on seven key performance indicators:

1. ***Number of complaints or infractions against the provider as a percent of the provider's gross trips, including provider "lates" (PLs), provider no shows (PNSs), complaints (TPs), or injuries (INJs)***
2. ***Ratio of the complaint percent to gross volume percent***
3. ***Cancellation percentage***
4. ***Percent of trips dropped off at the "A leg" of the destination on time, or within 15 minutes of on time***
5. ***Percent of gross trips rerouted***
6. ***Percent of gross trips upgraded***
7. ***Compliance of provider's drivers, vehicles, and insurance***

In Nevada, we also meet face-to-face with each provider quarterly to discuss the report ratings and the provider's standing, compared to other providers in the state. This program has proven effective in keeping our providers aware of their performance and motivated to focus continually on service quality.

Face-to-face individual meetings with transportation providers enhance our efforts to better understand their situation and improve provider relations and performance. The meetings afford our management team an opportunity to learn how we and our processes can better support the transportation providers and help them improve both their service and their business practices.

ADDITIONAL INVESTMENTS TO IMPROVE SERVICE LEVELS AND TIMELINESS

Due to LogistiCAD's open architecture design, we can expand its functionality and interconnectivity based on client needs and requirements. Such expansion is under way with the implementation of our proprietary Advanced Transportation Management System (ATMS). LogistiCare has been carefully implementing ATMS, which incorporates mobile device based (tablet) technology in several of our markets. We have taking the time to understand and meet specific client needs, identifying how to maximize the benefits, mitigate the risks, and standardize such technology across all markets.

We will modify our recruitment, credentialing, and contracting process to include the provision that transportation providers use a GPS tracking system. Mobile devices in the vehicles currently provide a path for technology to significantly improve business processes for the transportation providers. With the approval of DHCFP, we will implement a tablet-based routing, trip assignment, confirmation, and claims system in the state. This application of technology builds on the data and real-world lessons gleaned from managing current GPS requirements in other programs; competitive research; and our research and development with leading mobile routing and trip assignment companies.

Our Advanced Transportation Management System provides:

Advanced Transportation Management System (ATMS)	
Features	**Benefits**
Assignment of trips from LogistiCare to the transportation providers	✓ ***Exchanges GPS Data among transportation providers, drivers and recipients***
Provide instant distribution of scheduling updates	✓ ***Real time vehicle locations***
Make route adjustments as the daily manifest changes	✓ ***Provides increased detection and elimination of incidents of fraud, waste and abuse***
Turn-by-turn instructions (routing/rerouting)	
Monitor on-time performance and complaint resolution	✓ ***Provides superior tools for quality control and cost containment***
Safe messaging between drivers and dispatchers	
Real-time data capture of odometer readings and times	✓ ***Delivers a safer, more responsive and comprehensive NET solution***
Exchange and view electronic driver manifests	✓ ***Provides enhanced service flexibility to recipients***
Review and edit completed trip data uploaded from GPS software	
Accept electronic driver logs with signatures	✓ ***GPS time stamp and signature capture***
Submit approved completed trip data from transportation providers to LogistiCare's billing department	✓ ***Reduces number of missed trips and late service***
Complete post trip audits through access to GPS coordinates	✓ ***Provides an effective tool for compliance monitoring and daily operations***

ATMS is a future technology enhancement in Nevada and provides the most latitude for transportation providers to migrate toward a GPS solution. Figure 8 ***depicts the PC-based tracking and routing view available to LogistiCare and transportation providers under ATMS.***

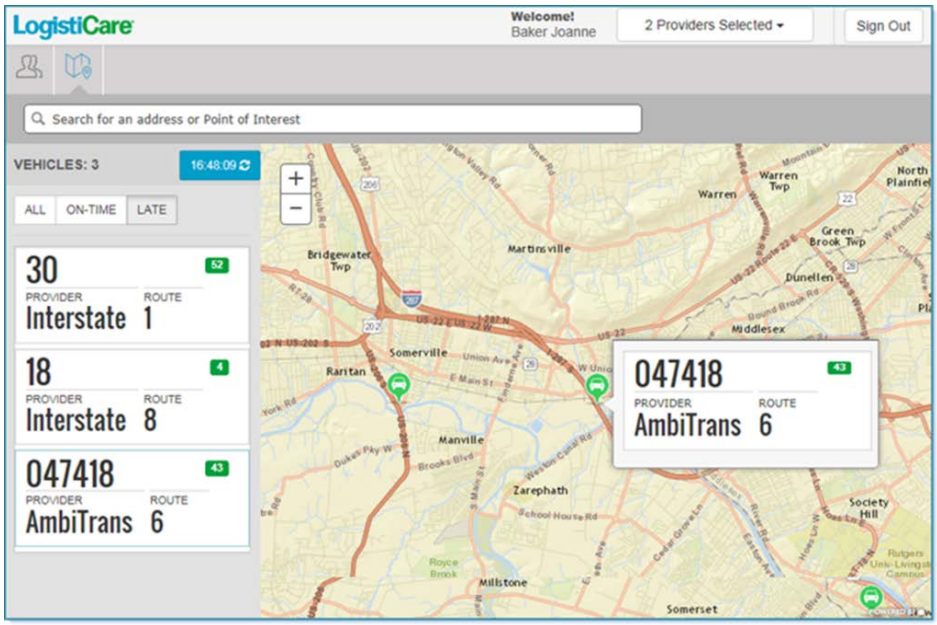
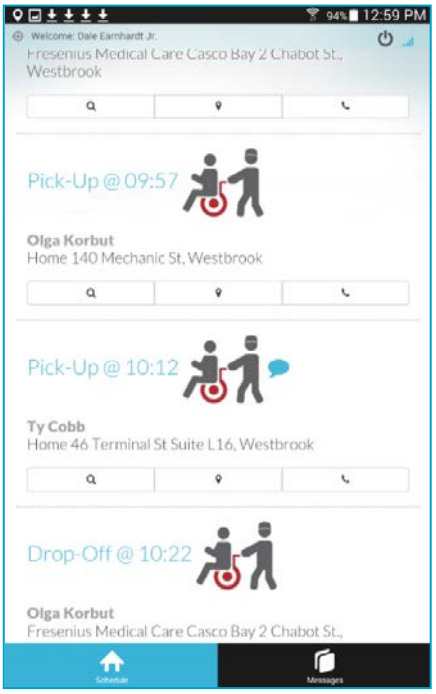
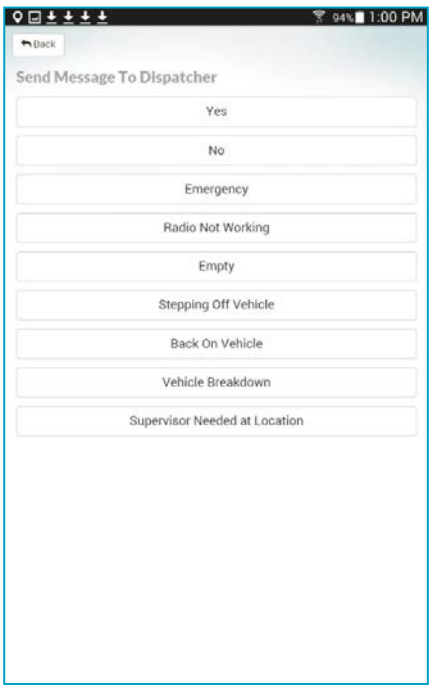


Figure 8. Tracking Vehicle Location for Routing via our Advanced Transportation Monitoring System (ATMS). *The tracking view provides a real-time view of transporting vehicles in a specified service area. In the case of a hospital discharge transportation request, a LogistiCare staff member would enter the hospital location into the system. The view reveals that two vehicles from Interstate and one vehicle from AmbiTrans are located within the service route. Vehicles that are on time appear in green. If a vehicle was running late, it would appear in orange and would not be considered for the discharge trip assignment.*

Figure 9, below depicts sample screenshots for exchanging trip-related tracking data and real-time GPS vehicle tracking data between LogistiCare and Network Providers via our mobile solution.





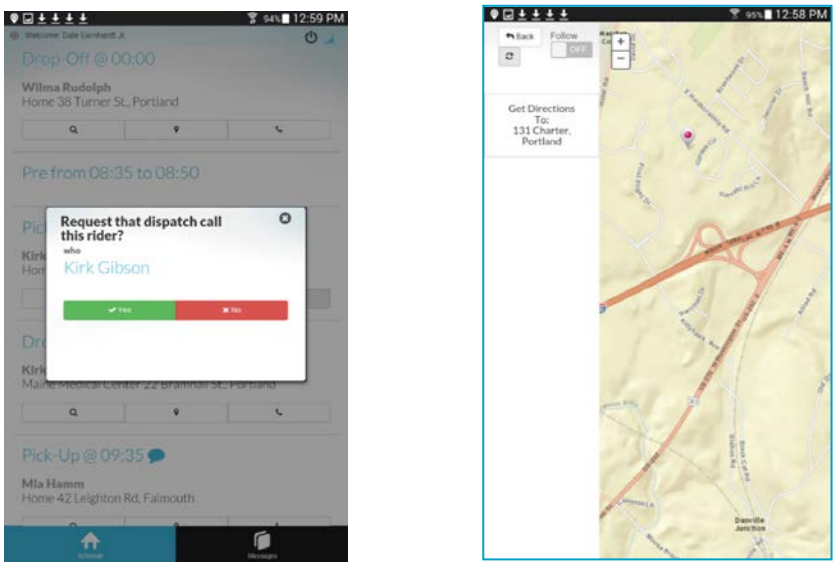


Figure 9. Sample Screenshots for the Exchange of Trip-Related Data and Real-time Vehicle Tracking. *The screenshots depict some of the information that is exchanged through our mobile solution. It contains both GPS tracking data and trip-related data.*

When transportation providers use mobile devices in their vehicles to manage trips, stakeholders in Nevada receive the following benefits:

- ***LogistiCare, DHCFP, and transportation providers gain a real-time view of recipient trips, provider locations, and capacity through the Automatic Vehicle Locator (AVL) Portal. This results in quick resolution times for "Where's My Ride" calls, urgent trip requests, and hospital discharges.***
- ***Each provider late, provider early, provider no show, and rider no show complaint is researched and resolved by reviewing routing reports containing GPS data for the date and time in question.***
- ***During routine utilization audits, routing reports, which record GPS timestamps of trip events, assist in the confirmation of accurately recorded pick-up and drop-off times.***
- ***Results in a better recipient experience and increased utilization/efficiency for facilities in getting recipients discharged properly.***
- ***LogistiCare staff obtains GPS data from mobile devices and provide reports that confirm the transportation event occurred. This is part of our attendance review and recovery process. It also allows LogistiCare to gain daily transparency on the effectiveness of all transportation providers in the network and take corrective action, if necessary, for providers not achieving performance metrics.***
- ***When safety complaints arise involving speed of the vehicle, GPS tracking and routing systems provide data indicating what speed the vehicle was traveling and, therefore, if driver safety is a concern.***
- ***Transportation providers using GPS technologies are able to track their vehicle's locations and make routing adjustments as needed to keep their manifest running on time.***
- ***Transportation providers can track mileage of the vehicles in their fleets and issue notification that the vehicle is approaching a maintenance milestone.***

After a trip is completed, transportation claims are uploaded to LogistiCare without the need for data entry. This facilitates claims processing and payment and eliminates exchange of paper-based claims – minimizing processing time and operation costs for claim adjudication, for both the transportation provider and LogistiCare. The application allows for electronic signature which speeds up transportation provider payment and claims adjudication. The signatures are stored with the trip information as part of the overall encounter record.

Enhanced Recipient Experience. The same benefits, functions, and features provided on our Recipient Services Portal will be accessible by recipients in real time on mobile devices (smart phone, tablet) upon award, making it easier for recipients to schedule and manage NET services. The Trip Manager App on the recipient's mobile device provides the following functions and features:

- ***Enrollment - Provides a capability for recipients to sign up for NET services***
- ***Add a Member - Provides a capability to add family members to the account***
- ***Account Management - Allows recipients to change important information (e.g., phone number; email address)***
- ***Make/Change/Cancel Reservations - Using the Trip Manager App, recipients can manage their reservations***
- ***Manage Interactions - Recipients can more effectively communicate with drivers and transportation providers using their mobile device***
- ***Where's My Ride? - Provides a capability for recipients to use their mobile device instead of a toll-free number to check on the status of their ride***
- ***Will Call - Provides a capability for recipients to use their mobile device to notify LogistiCare when they are ready for a return pick-up as opposed to using the Ride Assist Line***
- ***View Pick-Up/Drop-Off - GPS timestamps enable verification of pick-up and drop-off times and locations***
- ***View Schedule and Alerts/Notifications - Provides a capability for recipients to use their mobile device to track the location of their ride and receive notification if it is going to be late or early.***

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:

We have a detailed, sequential set of process steps to manage the activities from an initial call for transportation through reimbursement of the transportation provider and subsequent data analysis. These steps are summarized in our responses to the subsections below.

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.

HANDLING THE INCOMING REQUEST (3.4.5.1)

For user convenience, LogistiCare accepts trip request from recipients, their representatives and healthcare facilities through a variety of methods, including:

- ***Telephone (recipient, representative, healthcare facility)***
- ***Web portals (recipient, representative, healthcare facility)***
- ***Mobile devices using LogistiCare's Trip Manager App (recipient Smartphone/Android application)***
- ***Faxing (healthcare facility)***

This flexibility provides NET stakeholders (recipients, their representatives, and healthcare facilities) with the freedom to use the most convenient or preferred method for initiating a trip request.

Regardless of how we receive a trip request, we collect the recipient's information, screen for eligibility, and match recipients to the least costly, medically appropriate level of service and mode of transportation for a Medicaid-covered service. We process trip requests from recipient, their primary care giver or a recipient's healthcare provider for:

- ***Routine trips up to 30 days in advance.***
- ***Less than five (5) business days' notice. (same day or next day trips)***
- ***Urgent trips.***
- ***Standing order trips.***

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

VERIFYING MEDICAID ELIGIBILITY

Our gatekeeping system allows us to determine whether the caller (or authorized representative) is eligible for the transportation requested, based on eligibility information and criteria provided by DHCFP. LogistiCAD captures all the data required for screening, assigning, dispatching and monitoring the complete reservation, verification, and assignment process.

As part of the initial process for each trip request, a CSR enters the recipient's name into the reservations intake screen. Twice a month, the LogistiCAD database is updated with new eligibility information provided by DHCFP. Based on this information and additional data stored in our system, the recipient's specific eligibility is displayed on the reservation screen.

If the reservation request is from a first-time caller and he or she is not in our database, instead of placing the caller on hold, the CSR arranges a call back, takes the caller's information, and passes it to the Lead CSR for verification. This ensures minimum hold time for the recipient.

The Lead then attempts to verify eligibility. If eligibility is confirmed, the CSR calls the recipient and continues with the reservation process by proceeding through the various authorization questions.

If the recipient appears ineligible based on this screening process, no trip can be created. In this situation, the trip denial explanation is made to the recipient via a return call from the Lead CSR.

LogistiCare provides an ineligible rider report daily to identify all trips scheduled for persons no longer included in the database of eligible recipients. This process allows LogistiCare to eliminate any trip reservations already in the system for recipients who have lost their eligibility status subsequent to making the reservation request.

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.

DETERMINING THE APPROPRIATE SERVICE

LogistiCare wants recipients to receive the care they need and we also have a contractual obligation for responsible management of the state's and federal government's resources. To this end, we conduct screening activities, including Medicaid eligibility, no other means of transportation, and if the trip is for a Medicaid covered service, then we establish the recipient's specific medically based transportation need. We described our processes for determining the appropriate level of service in detail earlier in this document in Section 3.3.

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.

ASSIGNING THE TRIP

To determine the vehicle type and service level needed by the recipient, the CSR asks a series of questions regarding the recipient's appointment and mobility. CSRs use responses to assign the appropriate mode of transportation (e.g., fixed route, ambulatory, or wheelchair accessible car or van) based on criteria established and approved by DHCFP. LogistiCare evaluates all requests to assign the most cost-effective and most medically appropriate mode of transportation for each trip.

LogistiCare supports the CSR by reinforcing the DHCFP, state, and federal regulations and policies. The LogistiCAD system aids in this process by informing CSRs what the minimum transportation level requirement is to help ensure consistency in determining the level of service.

LogistiCAD allows for different modes of transport between the "A Leg" and "return Leg" trips. For example, a recipient may take the bus to dialysis, but come home in a sedan or wheelchair vehicle, due to weakness after treatment. Although at times we may approve the upgrade of a trip for safety or health reasons, LogistiCare does not

allow service-level changes to be made by transportation providers without our prior approval.

If we deny the service for any reason other than not Medicaid eligible our denial process is engaged, which includes required notifications and is described in more detail in Sections 3.3.5 and 3.8.1.

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

CHECKING WITH THE HEALTHCARE PROVIDER

If a recipient requests a higher level of service than the system approves, we takes steps to determine a medical need. This includes contacting their medical provider.

It is LogistiCare's policy to verify the client's appointment when reasonable, considering such factors as medical urgency or cost effectiveness of the mode or the frequency of the transportation. The verification of urgent same-day and next-day appointments is an important part of cost control. By reaching out to the healthcare providers, we can verify the need for waiving the five-day notice for booking a trip.

In the instance of life-sustaining transportation (short or same day notice) temporary authorization will usually be made so the recipient can get to their appointment and we will work with the providers for future trips. We always authorize transports for trip request for life sustaining services.

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.

CONFIRMING THE ARRANGEMENTS

Once all necessary information is entered in LogistiCAD, the CSR verifies the accuracy of the information with the caller and saves the reservation. It automatically assigns a reference number to the reservation, which the CSR provides to the caller along with all the necessary trip information. In the event the CSR is not able to complete the trip request at the time of the call, the CSR will call the recipient back to confirm all transportation details. Every call is recorded to a historical reference of all the necessary details surrounding a particular transport.

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.

REMINDING THE RECIPIENT

Nevada's transportation providers call recipients the day prior to the scheduled pick-up to re-confirm the trip and will continue to do so under the new contract. This helps with no-shows and timely pick-up.

In addition, we are proposing to implement (in the next contract period if we are selected) a text-based (SMS) reminder system for the Nevada NET program as part of our on-going investment in improving services to recipients. Our Trip Manger App will send a text to recipients that have downloaded the app. The text will remind the

recipient of the appointment and with one click, cancel the trip if needed. This feature will help increase the satisfaction of recipients and transportation providers.

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

COMPLETING THE PICK-UP

Once the trip is assigned to a provider, LogistiCare will review with the caller trip details and the pick-up window time frame. An extensive description of our processes for managing timely pick-ups and drop-offs is included in Section 3.4.4 above. In summary, we take the following steps so that clients are picked up promptly for scheduled appointments:

1. ***Ensure that the information provided to recipients is accurate and complete.***
2. ***Confirm the transportation provider's scheduled arrival time to the recipient.***
3. ***Route trips to providers based on a proper allocation of service area, hours of operation and Level of Service (LOS).***
4. ***Require drivers to have a cell phone or two-way radio in the vehicle to inform LogistiCare of delays or inabilities to transport scheduled recipients.***
5. ***Inform recipients, caregivers, and healthcare facilities when delays occur, while aggressively working to identify an alternate transportation resource to meet scheduled pick-up and appointment times.***
6. ***Contract with multiple providers in all our service areas to allow for sufficient backup capacity and competition and correlate trip volumes to performance ratings as a way to promote better performance.***

After a trip is completed, the actual pick-up and drop-off times are entered and recorded in the LogistiCAD system from driver logs submitted during the billing process. We use this data to generate on-time performance reports for each network provider to record and track trends.

If awarded the new contract for NET services for Nevada recipients, LogistiCare will continue the implementation of our ATMS solution (elements of ATMS are currently in place). This system leverages tablet and Smartphone/Android technology and automatically collects time and GPS information about each trip. It also includes the ability to collect an electronic signature from the recipient at the conclusion of the trip. This functionality provides LogistiCare with exact details to pick-up and drop-off times and locations. This has proven to increase on-time performance and member satisfaction by eliminating human error. By automating the process, transportation providers will see efficiencies in claims filing and complaint investigations. ATMS is described in more detail in Section 3.3.4 and 3.9 and implementation of ATMS is located in Attachment 2.

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.

MAKING PAYMENTS

LogistiCare has proven methods for ensuring that subcontractors, recipients (mileage reimbursement) and volunteer transportation providers are paid efficiently, accurately, in a timely manner and according to best-practice accounting procedures. If a trip is identified as not complete or accurate or cannot be paid for any reason the transportation provider is sent a denial letter. If we suspect some form of fraud, we will reach out to the medical facility to verify the appointment was for a covered medical service. Each payment to our transportation provider includes a detailed list of what the provider claimed, what was paid, what was denied, and the reason for the denial. More information on our payment process in provided in Section 3.6.1.2.

Investing in Nevada....

Logisticare's invoicing process is uncomplicated and reimbursement is timely and efficient. It has been a pleasure partnering with Logisticare over the last several years and we look forward to continue working with them in the future.

Steven LaTulippe
CAREVANS MEDICAL TRANSPORT SERVICES, LLC

Our , reliable payment of provider invoices address the primary concern of many providers: getting paid on time. In fact, in 2014, in Nevada we paid 100 percent of "clean" claims within 30 days with the average clean claim paid in 19.5 days from submission, exceeding our contractual requirements with the transportation providers. This consistently prompt payment process provides financial stability for transportation providers in our network by providing predictable, reliable cash flow. This is especially important in Nevada as 35% of the providers in our network rely solely on LogistiCare and Nevada NET for business. An example of where the lack of good relationships between the transportation network and the broker can have a damaging result occurred recently in the State of Wisconsin:

> "*The disastrous treatment of Wisconsin transportation companies has led to a huge exodus of companies willing to provide rides for medical visits to Medicaid recipients. Prior to the brokerage system, Janet Zander testified, "Wisconsin had approximately 200 specialized medical vehicle (SMV) providers. Today, there are only about 80 providers operating in the state." Especially hard hit are rural areas". Ref. Madison.com* http://host.madison.com/opinion/column/sen-kathleen-vinehout-stranding-elderly-and-disabled-just-not-acceptable/article_0b9f521f-0f87-5d6b-a42b-bc0cb0e65990.html.

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.

PROCEDURES FOR PUBLIC TRANSPORTATION

LogistiCare has developed long-term relationships with public transportation providers who serve as an integral part of the NET provider network in Nevada. We purchase transportation passes in bulk and make payments efficiently and quickly.

We prioritize the use of public transportation both to control costs and to maximize beneficiary independence. As part of this strategy, we will maintain the excellent relationships we have built with the transit companies in the state. If selected to continue to manage the NET program in Nevada, we will continue to explore ways to continue to grow the use of public transit resources for all ambulatory recipients for whom it is available and appropriate.

MILEAGE REIMBURSEMENT AND VOLUNTEER PROGRAMS

When trip requests are assessed for level of service, the recipient is asked whether they can transport themselves or be provided a ride by a family member or friend. If they have a vehicle or can obtain the required transportation themselves, LogistiCare provides mileage reimbursement for transport to a covered appointment.

Mileage reimbursement is paid at a specified rate per mile for each mile that the recipient is driven in the vehicle. The distance of the trip is determined by LogistiCAD, based on mapping technology included in the system.

In Nevada, the current reimbursement rate is $0.24 per mile. This is based on the current Federal Medical rate and is subject to change. In 2014, we reimbursed drivers for a total of 678,964 miles relating to 14,986 trips. Reimbursement payments are made by mail and are paid on average 16 days after receipt of a submitted request.

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 DIVISON upon request) a need for additional information and how the extension is in the recipient's interests.

AUTHORIZATION TIMEFRAMES

Recipients requesting services are informed of their authorization immediately in the vast majority cases, either during the initial call or via a return call after review by a LogistiCare specialist. All assessments requiring medical documentation are completed within three (3) days of receipt.

In Nevada, the LogistiCare Utilization Review role is assigned to our Quality Assurance Representatives, who are specially trained to understand the intricacies of covered and non-covered Medicaid services.

Authorization can take longer if the recipient requests a higher level of service, in which case we review the requirement with their medical provider for more information. Another reason that authorization may not be immediate is if a paratransit assessment is required.

In no case will a recipient be denied transportation while waiting for authorizations. If the appointment is urgent the recipient will be authorized for transport in the mode they are requesting until a determination is made.

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.

AUTHORIZATION TIMEFRAMES FOR ALREADY-SCHEDULED SERVICES

We currently meet all requirements for authorization timeframes and will continue to under the new contract. When a standard service authorization could jeopardize the health or well-being of a recipient, he or she qualifies for urgent-care trip requests. We specifically train our CSRs to identify and assign urgent care trip requests to protect the health of recipients.

All trip decisions that require escalation due to medical necessity or urgent trip concerns initially go to our QA Supervisor. In the past 12 years, our internal management team has handled all transportation authorizations.

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.

REDUCING NO-SHOWS THROUGH EDUCATION

We strive to improve satisfaction in the program by educating recipients and transportation providers. Our objective is to reduce the number of no-shows for medical services and other healthcare appointments. To accomplish this, LogistiCare provides ongoing education to recipients who do not comply with established program policies and procedures.

Our recipient education policy covers "no-shows" and recipients who are chronically late or who exhibit unacceptable and/or threatening behavior that poses a safety hazard during transport. Incidents of all these behaviors are documented promptly in LogistiCAD and then reported to DHCFP. We also monitor cancellation reports from the providers to track their reported recipient no-shows.

If a recipient has three (3) or more no-shows, we send a DHCFP approved warning letter based on a feature in LogistiCAD that tracks no-shows.

<u>Disruptive or Abusive Behavior.</u> Recipients who are disruptive or abusive to drivers or other passengers require immediate intervention. The recipient will receive direct verbal education following the report of the incident. We record and track such behavior in the recipient's file within LogistiCAD to a.) Remain aware of the circumstance, and b.) Monitor continued disruptive behavior for potential escalation to DHCFP.

The recipient receives DHCFP-approved education on NET program rules and prohibited behaviors. After a trip in which a recipient creates an incident, the recipient receives a follow-up counseling call to reinforce program expectations before their next trip. If possible and appropriate, healthcare facility social worker staff involved with recipient care are notified and may assist in the counseling.

If the behaviors persist with recipients who have been counseled and educated, LogistiCare will consult with a DHCFP representative for guidance on possible changes in service (e.g., removing standing order privileges) or suspension of service for a determined period of time.

Harmful or Threatening Behavior. ***In extreme cases of harmful or threatening behavior, drivers are instructed to stop the vehicle, notify LogistiCare, and wait for the proper authorities and/or medical transportation to arrive. In this case, LogistiCare immediately makes arrangements to provide alternate transportation for other passengers as necessary. All recipient incidents are electronically recorded in LogistiCAD and can be accessed at any time. For each incident, we record the reason for special handling and the transportation options for the recipient. LogistiCare seeks DHCFP guidance on a case-by-case basis or as determined by the terms of the contract.***

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.

REPEATED NO-SHOWS

Whenever a recipient no-show occurs, our providers are required to call us so we can contact the recipient and if possible recover the trip. If the recipient cannot be reached, we call the healthcare provider to alert them to the possible non-attendance of the recipient at the scheduled healthcare appointment. If the recipient is reached, we confirm their cancellation and document the reasons for it. If the reasons are not compelling, we counsel the recipient on the importance of keeping scheduled healthcare appointments and canceling at least one (1) day in advance. If a recipient repeatedly misses transportation, they may be subject to suspension or reduction of services. We will seek prior approval from the State before taking any action. We will document all notification of such action in a recipient education letter including their right to a fair hearing.

Tracking and Educating Chronically Late or No-show Recipients. ***When a recipient is chronically late or has a reputation of no-showing, we typically hear from our transportation providers first. This behavior impacts NET services in a variety of ways including making others late for their appointments, increasing transportation cost and negatively impacting satisfaction results from all stakeholders, but most importantly the health of the recipient. LogistiCare has experience handling difficult transportation situations and works with all parties toward a solution. Our recipient education typically resolves the issue.***

Educating and Counseling. ***We approach all recipients with dignity, respect and sensitivity in all our efforts. When a transportation provider has identified a recipient with concerns about being late or no-showing, we reach out to the recipient to work with them. Our initial education procedures for handling chronically late or no-show behavior includes:***

- ***Inform recipients of their rights and responsibilities during the reservation process.***
- ***Discuss program policies and potential impact on other recipients through one-on-one conversations.***
- ***Collaborate with healthcare providers and case managers at facilities as part of our outreach efforts.***
- ***All education and counseling of recipients is carried out in accordance with DHCFP and State standards, always deferring to DHCFP guidelines.***

Standing-order recipients who no-show more than three(3) times in a month lose their standing order privileges. For the next 30-day period, the recipient is required to call in for each of his or her trips. After 30 days of no additional no-show issues, the facility can re-initiate standing orders privileges. Additional suspension steps are discussed with DHCFP before taking further action. These recipients have the right to a Fair Hearing.

LogistiCAD has a specific module that tracks rider "restrictions" or suspensions to ensure that a CSR is aware of any recipient issues when that recipient calls for a reservation.

3.4.8 Develop And Implement A Monitoring Plan

MONITORING PROVIDERS

We have in place and currently use a comprehensive compliance plan in Nevada that is based on the standard LogistiCare Quality Assurance model, which in turn has been refined in multiple states over our years of NET management experience. Details of our monitoring processes are described in the sub-sections below.

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.

MONITORING PROVIDERS

Monitoring of transportation provider performance actually starts with the recruitment and on-boarding processes, and effective communication of required standards.

LogistiCare does not own or operate any vehicles, with that we understand that we are ultimately responsible for all services provided by our subcontracted transportation provider network and must ensure that the network meets all the requirements in this RFP.

We first conduct a rigorous credentialing process with providers before we contract with them. They are required to submit extensive compliance documentation to LogistiCare to ensure compliance with Federal, State laws, regulations and any special permit requirements. We also inspect each transportation provider's vehicles and engage in extended operations process discussions with management staff to ensure the provider clearly understands expectations and standards.

Our on-boarding process includes, at minimum, drug screening, criminal background checks and drivers' annual safety record checks. Further, LogistiCare will exclude any transportation provider in the network if the Centers for Medicare and Medicaid Services (CMS) has sanctioned, or the Division has prohibited, the provider from participating in the Medicaid program. Before the contracting process, LogistiCare checks all transportation providers, owners thereof, and/or drivers, as applicable, against the following:

- ***Federal List of Excluded Individuals/Entities***
- ***Excluded Individuals/Entities by the governing state's Office of Inspector General (OIG)***

- ***Comptroller of Public Accounts Debarred Vendor List***
- ***Comptroller of Public Accounts Certificate of Account Status***
- ***Secretary of State SOS Direct***
- ***Internet Computerized Criminal History (CCH)***
- ***Office of Inspector General (OIG) monthly check to ensure that they have not committed fraud & abuse against Medicaid or Medicare***
- ***National Sex Offender Registry***

All providers, owners and drivers are continually screened against the monthly updates of the applicable exclusionary databases.

Once we receive and review information submitted from providers in response to our recruitment package, those providers who pass screening are required to submit the actual compliance documentation to LogistiCare, including an certificate of insurance, criminal background checks for drivers, recent maintenance schedules, drivers' licenses, required business licensing, such as the "Letter of Exemption" that all NET providers must carry in their vehicles and other records.

Each driver's license and other credentials are recorded and maintained in our management database. Based on information recorded in the system, LogistiCare notifies subcontractors when license and criminal records verification expiration dates are forthcoming for each driver to maintain total compliance throughout the contract period. This information is also available on our provider web portal 60-days before expiration, allowing providers to flag upcoming expirations and address them before they occur.

The only way to make sure the driver and vehicle records meet the standards of the program is to physically review the documents and confirm their compliance. That is why LogistiCare requires that all driver and vehicle credentialing documentation be submitted in hard copy format for our review and retention.

Some of our competitors merely ask that the provider sign an attestation that all their vehicles and drivers are in compliance. LogistiCare does rely on a mere attestation to ensure compliant and safe transportation for the recipients entrusted to us.

THE LOGISTICARE CORPORATE QA ROLE AND PROVIDER PERFORMANCE REPORTS

We focus on consistency with transportation providers in all aspects of operations and in our enforcement activities. We enforce the same rules with all transportation providers, evaluating performance based on a standardized provider performance reports that is shared with providers regularly to help drive quality.

A key differentiator of LogistiCare is our use of our corporate headquarters' resources to enable a rigorous, consistent approach to monitoring and quality. Our Corporate Credentialing Department collects, reports, and monitors compliance daily on behalf of our Nevada operations.

Daily and weekly compliance reports are generated and every manager reviews these reports diligently. We monitor and discuss performance against contractual standards with providers and establish performance improvement plans for providers who are not meeting established standards and goals. In cases where providers fall below our standards, we establish corrective actions, sometimes assessing liquated

damages, or as a last resort, requiring the removal of a driver or vehicle from the network, or termination of the provider's contract.

This type of provider monitoring includes:

- ***Proactively monitoring NET provider compliance by using LogistiCAD and compliance reports.***
- ***Conducting unannounced visits to provider sites to validate records.***
- ***Conducting Operation "Clean Sweep" - an initiative we plan to implement in our Nevada operation (explained in Section 3.4.8.2)***

We also record all relevant insurance information for the provider including renewal data of the various insurance policies required, the provider's coverage area, the dates during which the provider was active and the reasons for any suspension or termination of service.

Vehicle identification information is also maintained, including the seating capacity of each vehicle and the Vehicle Identification Number (VIN), as well as information related to inspections, certifications, and activity status. The provider does not receive payment for any trips performed by a vehicle (or driver) that was not fully compliant and on active status on the date of service.

Additional information on our monitoring programs can be found in Section 3.4.8 and 3.5.3 and Section 3.4.8.2 immediately below.

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.

MONITORING TRANSPORTATION PROVIDERS FOR COMPLIANCE

LogistiCare takes compliance very seriously and the Nevada operations office leverages the technical capabilities of the corporate Compliance Department for collecting, monitoring, and reporting compliance information. We will continue our monitoring practices to ensure compliance with 3.4.8.2 and all other requirements in this RFP. Compliance reports are generated weekly and monthly to confirm focused actions are taken as needed to remedy and correct any out-of-compliance situations.

As we mentioned above, LogistiCare has developed and fine-tuned several mechanisms to monitor provider compliance with all aspects of performance and adherence to contractual standards. Several of these are described below.

<u>Automated Notifications.</u> Expiration dates of credentials are tracked by LogistiCAD, and information regarding upcoming expirations are available to providers on their Provider Web Portal. In addition, LogistiCare managers track ongoing compliance with various credentialing requirements by generating reports from LogistiCAD that combine compliance-related data in a variety of ways to validate multiple aspects of compliance. For example, LogistiCare managers run the Expired Detail Insurance report every month to identify providers with upcoming insurance expirations in the coming months. We send reminder letters out to providers cautioning them that they will be rendered inactive by failure to document renewed compliance in a timely manner.

Each month, a list of upcoming expirations is sent to every provider to ensure contract compliance. If the requested information is not received by LogistiCare, the provider may receive a reduction in trips, be assessed liquidated damages or be suspended entirely from the network until all information is received.

<u>Vehicle Inspections.</u> LogistiCare inspects all vehicles twice a year to ensure that they are safe, reliable, meet quality standards and are comfortable. Vehicles failing inspection due to a health, safety or serious comfort issue are immediately removed from service until deficiencies are corrected and verified by LogistiCare.

Recent investments in our Nevada program have allowed us to migrate the inspection process to a tablet-computer-based system, which greatly expedites the process. A description of the tablet-based process is provided in Section 3.5.2.2.

Using the LogistiCAD system, our Transportation Department tracks providers' compliance with maintenance schedules, operating conditions and any licensing requirements.

LogistiCare also performs frequent field inspections of our network fleet. In order to keep viable, robust network of vehicles, we occasionally furnish providers with small but necessary items. For example, a LogistiCare inspector might provide a transportation company with a missing item from a first-aid kit or a seatbelt extender. However, when we discover more serious compliance violations, we take prompt action that reflects the severity of the violation.

<u>Vehicle Inspection Process</u>. All vehicles are required to pass inspection. Our Field Monitors will ensure vehicle safety inspections are conducted, passed and revalidated to assure recipient's safe travel by issuing an appropriate sticker noting the status of the inspection.

<u>Pass Inspection (Green) –</u> Valid for 6 months

Vehicles that pass inspection are issued a dated green inspection sticker, which remains valid for a period of one year. This sticker will be placed on the inside lower corner of the front windshield of all vehicles.

<u>Minor Infractions (Yellow)</u> – Probationary Status

Vehicles that do not pass inspection, because of minor violations (not affecting the safety and comfort of riders) will be passed on a probationary status and given a dated yellow sticker. Examples of conditions that might receive probationary status include damaged upholstery, a missing insurance card or a missing first aid kit item.

The provider will have ten (10) days to remedy and bring the vehicle into compliance. Our Vehicle Safety Manager will schedule a re-inspection to confirm the required improvements. Failure to pass the second inspection will result in the vehicle being assessed liquidated damages and placed out of service. Any vehicle deficiencies and actions taken against the provider are documented and become a permanent part of the vehicle's and the driver's LogistiCare records.

<u>Serious Infractions (Red)</u> – Removed From Service

If the vehicle fails inspection due to a health, safety or a seri-

ous comfort issue, it is given a red sticker to indicate it is out-of-service. Some examples of these types of violations include:

- ***No seatbelts***
- ***No fire extinguisher***
- ***Malfunctioning brake lights***

In accordance with our provider agreement, we redline and immediately remove from service any vehicle that does not meet LogistiCare standards, and/or is found to be in unsafe condition (bald tires, broken mirrors, cracked windshield, for example), and/or presents a serious comfort issue. LogistiCare must verify that deficiencies have been corrected before a redlined vehicle may return to service. Transports that occur in a redlined vehicle are not approved for reimbursement and may result in removal of the provider from the NET program.

LogistiCare's Field Monitor performs both scheduled and unannounced vehicle inspections. Unannounced inspections are conducted randomly, or as needed in response to recipient comments or other operational issues.

On-Site Observations. ***LogistiCare's Field Monitor regularly conducts unannounced visits to transportation pickup and drop-off locations to observe and record driver compliance with operational and customer service standards. The Field Monitor may inspect vehicles for required documents and equipment, in addition to observing drivers' behavior. Driver behaviors of all kinds are tracked through the complaints and field investigation processes. Often undetected by the driver, these behavioral observations allow us to record driver compliance with operational and customer service standards, including courtesy to recipients.***

Personal Visits. ***LogistiCare staff conducts visits to transportation provider's operational locations to review files for required qualification documents. We may also check records for provider compliance with insurance, state and federal laws, regulations and permit requirements.***

By following this process, we can ensure safe, compliant drivers and vehicles. This is an important safety concern and requires oversight so that a provider will not simply sign a statement saying, "Everyone is in compliance," as is the practice of some of our competitors.

Provider Performance Report. ***A valuable form of oversight and communication that we continue to use with our Nevada providers is the Provider Performance Reports that we issue monthly to each transportation provider in our network. As mentioned earlier, it provides an unbiased, documented assessment of performance quality. This management tool scores each provider, comparing performance against standard measures and against other similar providers. LogistiCare management staff meets face to face with each provider at least quarterly to discuss Provider Performance Reports ratings and the provider's standing in comparison to other providers in the state.***

A New Program Enhancement, Operation Clean Sweep. ***We are introducing a new LogistiCare process in Nevada known as Operation Clean Sweep. It involves bringing our Director of Operations, Field Monitor, the General Manager, and other LogistiCare staff together in the field to monitor transportation providers at various pickup and drop-off locations over an unannounced period (several consecutive days). We***

welcome someone from the Division to participate and will provide the schedule of event during contract award. After each sweep is completed, we will address non-compliance issues immediately and schedule a provider meeting for all transportation providers to review the findings.

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.

ADDRESSING NON-COMPLIANCE

LogistiCare will continue to maintain written procedures for taking appropriate corrective action whenever inappropriate or substandard services are furnished or services that should have been furnished are not. Our procedures also address transportation providers found out of compliance with federal, state, or local laws or regulations.

In general, LogistiCare's Director of Operations in Nevada is responsible for reviewing transportation quality data, issuing monthly transportation performance report and devising corrective actions with providers. LogistiCare informs the provider of deficiencies, meets to discuss possible corrective actions, and outlines the consequences of failure to improve. If sufficient improvements are not voluntarily made, LogistiCare will apply a full range of sanctions, including liquidated damages, withholding of trip assignments, and termination (as outlined in our subcontractor agreement) to enforce performance standards.

LogistiCare uses a practical, common sense approach to the subject of termination. Except for the most egregious situations, there are no set provisions mandating the termination of a provider. For example, if we find that a provider has been operating without insurance, LogistiCare makes immediate arrangements to have all of that provider's work performed by another provider. Termination will follow if the provider does not have a viable rectification plan, or if we determine that the violation was deliberate, longstanding or that it involved fraudulent reporting to us.

Certain actions such as willful and egregious billing fraud, counterfeiting doctors' authorizations or recipient signatures, the forging of drug compliance records, or committing other types of intentional fraud, will lead to immediate termination. In most cases, however, termination is the last step in a long sequence of counseling, corrective action plans, process changes, and other collaborative efforts by LogistiCare and the Provider to correct substandard performance and effect lasting improvements. Termination decisions are made by our General Manager in consultation with the Senior Vice President.

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.

DHCFP' desire for quality is clear, and LogistiCare designed our NET management model to provide quality, cost-effective services to our clients' programs, including ensuring appropriate liability insurance coverage. Along with quality, DHCFP seeks "appropriate NET services." We believe appropriate NET services are ensured when well-designed policy and procedures are implemented, reinforced by training and monitored for compliance, and corrected as needed to stay on course. Our Total Quality Management (TQM) program is the result of our commitment to quality all day, every day on behalf of our clients. We named the program Q365. It is a corporate and locally managed initiative supported by corporate sponsors. We understand that the Division reserves the right to make quality assurance reviews on services at any time without notice and in an anonymous manner. See Attachment 3 for a copy of Q365, LogistiCare's proposed Quality Assurance Plan.

REQUIRED INSURANCE COVERAGE

LogistiCare Solutions, LLC carries Commercial General Liability, Automobile Liability, Worker's Compensation and Professional Liability insurance that meets or exceeds the insurance required in the RFP and will continue to do so under the new contract.

We require our providers to carry both auto liability and general liability coverage of $1,500,000 as stipulated in our provider agreements. Furthermore, we require that we be named on their policies as an additional insured and be informed by the insurance company if a policy lapses. We also maintain records in LogistiCAD documenting the providers' policies, their numbers, the insurers, and the coming expiration dates of these policies. We send reminders to providers before the expiration dates so that they have plenty of time to maintain their coverage.

ACCIDENT REPORTING

LogistiCare has written accident reporting forms and procedures, which are contained in the Provider Manual that is given to each provider during their orientation training. Under these policies, the transportation provider must immediately notify LogistiCare via phone immediately of any accidents or incidents that occurred while a recipient was in the vehicle. In turn, LogistiCare promptly notifies the Division in writing as well.

We also require transportation providers involved to send a completed Accident Investigation Report to us within 24-hours of the incident. This report is a comprehensive document that details all of the information regarding the accident. It includes information about the vehicle and driver, insurance carrier name and policy number, documentation on any injuries sustained, a detailed description of the accident, a diagram of how the accident occurred and any witness information available. This form is included in the vehicle information packet stored in the driver compartment or securely stored on or in the driver's side visor.

LogistiCare policy also requires that all drivers involved in an accident receive remedial training before returning to duty. The driver's supervisor is expected to perform an Accident Review with the driver, determine a remedial training plan and any disciplinary action that may be required, and forward those records to LogistiCare for review.

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.

SOLICITING FEEDBACK TO IMPROVE PERFORMANCE

LogistiCare constantly seeks to improve quality and performance and actively seeks feedback from the NET stakeholders. We will coordinate with DHCFP with our plans in the new contract period. If awarded the next contract, we will produce a quarterly report on these efforts and outcomes to DHCFP.

Feedback from Medical Providers and Facilities. ***LogistiCare staff meets regularly with Nevada healthcare facilities' staff to identify opportunities to improve service. Such professional relationship building at all levels of the organization promotes trust and quality service.***

We have worked closely with healthcare providers to determine ways to improve services, such as reducing no-shows, which cause facilities to loss of time and revenue. As discussed earlier, we plan to implement a new automated reminder calling and/or (SNS) texting system that will automatically send a reminder to help reduce no-show rates.

Feedback via the Web. ***In 2010, we implemented a new web portal called "We Care", where recipients, facilities, providers, or any interested stakeholder can file a complaint or make a suggestion. Users can complete a simple online form to have their issue addressed in a timely manner. Any complaint filed via the website also gets the immediate attention of our National Ombudsman, NV General Manager and the SVP of Operations and is tracked and followed up through resolution. We have found this invaluable in providing insights for quality improvements. We have also found that we receive general questions and compliments through this site.***

In-Person Visits. ***LogistiCare will continue to collaborate with healthcare facilities and with DHCFP. We have been visiting healthcare facilities quarterly with DHCFP staff, meeting face-to-face with facility staff, in order to emphasize the importance of receiving prior authorization from LogistiCare for hospital discharges, to conduct training and to build relationships. We will also continue to provide a quarterly report to DHCFP on these efforts and their outcomes.***

Feedback via Interactive Voice Response. ***As stated in Section 3 as part of the investments we will make if selected, we propose to implement interactive voice response (IVR) capability that automates the collection of feedback after call. We will closely with the Division and select a statistically significant number of incoming calls to survey. This toll can be modified on a regular basis to continue to enhance real-time feedback from all stakeholders. Using this technology, callers are provided the opportunity, on a volunteer basis (i.e. "Dial 1 to Complete a Brief Survey…"), to answer a brief set of questions regarding their experience with LogistiCare. The re-***

sult will be a rich set of data to use in targeted quality improvement and immediate feedback on a CSRs performance.

Feedback via Surveys. Recipients are surveyed every six (6) months. Each year we select a random sample of recipients and call them to solicit feedback. Our recent survey indicated a 97.1% satisfaction rating.

When we conduct a survey, we ask them a series of pre-approved questions. In 2014, we used the phone to contact recipients for surveys because we find that we get more responses than when we use mailed surveys. A more complete description of our survey process is provided in Section 3.7.2.3

Nevada Connections. This year we are creating an advisory group made up of key NET stakeholders. This committee will meet quarterly to discuss the NET program in general and what is working and what is not in particular. The goal is to find ways we can enhance the recipient's experience through adjustments to the program and adoption of new processes and technologies.

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.

OPERATIONS PROCEDURES MANUAL

We have an existing Policies and Procedures manual in place (we refer to it as the Operations Manual), which governs all our activities as we execute our current responsibilities for managing the day-to-day activities Nevada's NET program.

If selected to continue to manage the program, we will revise the Nevada NET Operations Manual, along with supporting forms and reports, to reflect any updates to our operations introduced under this RFP and the new contract. We will submit three (3) copies of this manual to the Division for review and approval, 20-days prior to the start of the new contract. Any modifications will be completed within ten (10) days of notification. We will not begin operations without an approved operations manual.

Our Operations Manual contains all the standard policies and procedures for operating according to LogistiCare's standard model and additionally incorporates all policies and procedures specific to Nevada and required by DHCFP.

This manual is used in the training of all of LogistiCare's staff that support the Nevada NET program. Its specific policies and procedures are also integrated into, and reflected in LogistiCAD. This ensures that Nevada-specific information drives interactions and decisions by leading CSRs step-by-step through the process.

Provider Operations Manual. ***We also provide an operations manual specifically for transportation providers, the Provider Operations Manual. The Provider Operations Manual includes program background material, key performance and credentialing requirements, sample forms, and other information about LogistiCare procedures.***

Our Provider Operations Manual also includes written policies and procedures outlining the inquiry, complaint, grievance and appeal processes for both healthcare providers and our network providers. It includes a comprehensive contact list of LogistiCare departments and personnel, as well as the types of questions or issues that each is responsible for addressing. This information is continually shared during regular meetings with the Director of Operations and our network transportation providers.

Our manuals are updated as needed, but at least annually. In addition, in preparation for the next contract period, we have already begun a formal review of our Operations Manual to ensure that it reflects any required changes incorporated in this RFP. If selected, we will provide the required copies of the manual to DHCFP for approval within the timeframes required. Copies of our current manuals are on file with the state.

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.

RISK-BASED CAPITATION PAYMENT MODEL

LogistiCare has operated under a capitated model for Nevada since we became the NET broker in 2003. We are not recommending any structurally different payment model, however we will bill in accordance with the format established by the Division our track record demonstrates that we understand the intricacies of operating within a capitated system in Nevada, and we will continue to closely manage transportation costs, administrative costs and utilization for Nevada's NET program.

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.

DOCUMENTED POLICIES FOR SELECTION AND RETENTION OF PROVIDERS

Our uncompromising standards for recruiting, credentialing, and training have resulted in the development of our network of 72 transportation providers who consistently deliver courteous, safe, quality, and timely NET services. We maintain written policies and procedures for the selection and retention of providers who comply with the state's requirements for proper insurance, licensure and certifications. Lo-

gistiCare keeps records of all documented compliance such as copies of insurance, operating business licenses for our entire network. These files can be provided to the Division upon request.

More information on our provider recruitment, selection and credentialing processes is provided in our responses to Sections 3.5.1.

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.

MAINTAINING RECIPIENT CONFIDENTIALITY

LogistiCare fully complies with and will continue to comply with HIPAA requirements for Protected Health Information (PHI). We actively protect the privacy of NET recipients.

To oversee our compliance with HIPAA and other privacy and security requirements, we have a dedicated HIPAA officer and a dedicated Information Systems Security Officer and staff. As part of our HIPAA Compliance Plan, we make sure PHI for DHCFP's recipients is released only as permitted under HIPAA regulations, the Business Associate Agreement we have in place with the Division and other applicable law. In the unlikely event LogistiCare were to inadvertently disclose protected health information (PHI) in a manner not authorized by the Division or by law, we would assume all liabilities under both federal and state law.

We constantly review and update our technology infrastructure and procedures to be in full compliance with all applicable rules and regulations including the Technical Security Rule and the HITECH Act of February 2010. We will continue to monitor and maintain our HIPAA compliance program in accordance with all applicable federal and state requirements and regulations.

We have a policy in place to inform the Division within 24-hours if we receive a request for Medicaid information from any individual, entity, corporation, partnership or otherwise. LogistiCare will not disclose the data except through the written per-

mission of DHCFP. In cases where the information requested by an outside source is releasable under the Freedom of Information Act (FOIA), and when directed by DHCFP, LogistiCare will provide support for copying and invoicing such documents.

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.

COMPLIANCE WITH HIPAA AND RELATED REQUIREMENTS

As part of our standard operating procedures, LogistiCare adheres to all Health Insurance Portability and Accountability Act (HIPAA) and HITECH regulations. The following discusses just a portion of the measures we take to protect our client's data.

Secured Email and Recipient Information Release. ***LogistiCare's internal security policies mandate that we send recipient information via secured email at any time. Further, our policies dictate that names and any other identifying information about the Medicaid eligible recipients we serve will not be released without prior written permission from the Division. LogistiCare uses an encrypted email system for secure communications with our state recipients. If needed, LogistiCare can provide log-ins for this system to appropriate the Division staff so they are able to communicate securely with Nevada operations personnel.***

Transmission Security. ***LogistiCare protects our information technology (IT) systems with extensive physical and electronic security. We currently comply with the following security standards: NIST 800-52, 800-77 and FIPS 140-2. Following is a discussion that defines how we meet these stringent security standards.***

Physical Access. ***The majority of our IT systems are housed in our two (2) hardened Level-1 Network Operations Centers (NOCs) located in Atlanta, Georgia, and Phoenix, Arizona. These NOCs are protected by a badge security system, which grants only approved individuals with access to network rooms. Access to these rooms is logged and reviewed monthly. Third-party contractors who work on our IT systems are required to have a LogistiCare employee present at all times while in sensitive areas. Network and phone rooms at our operation centers and regional offices are locked, and access is limited to top local management employees only.***

Network Security. ***LogistiCare has designed a highly secure network using a multi-layered approach to protect our systems, data and services. Each layer of the network provides just the level of access to the authorized employee needed to execute the specified task. Each appliance within the data path has a hot standby to provide full availability in the case of a hardware failure. Each data route is set up with multiple transmission paths so a loss of one path will not disrupt the network.***

Encryption and Authentication. ***Although no system can be completely immune to external threats, LogistiCare's multi-layered security model enables us to establish***

multiple barriers to unauthorized access and to respond rapidly to any threats. All data communications among LogistiCare offices are encrypted with Cisco VPN technology using AES 256-bit encryption to protect data and inter-company communications. We also employ a rotating key exchange that occurs every 30 minutes. For all remote office communications, a defined Access Control List (ACL) is used to validate the originating IP address for all VPN tunnels and to route them into their defined Demilitarized Zone (DMZ). Further, LogistiCare utilizes shared authentication and encryption keys to guard against possible attacks. Finally, internal routers utilize additional ACLs that define allowed and expected network protocols and destinations.

Scanning Tools. ***Email scanning tools, anti-virus software and anti-spyware software scan all systems and network traffic for spam, viruses, spyware and hacking tools. These are updated daily and perform detailed pattern-matching against known threats. Heuristic scanning technologies are also deployed to provide an additional layer of security. Traffic patterns within the network are constantly scanned and logged. Patterns are matched against a set of defined filters to identify any possible breaches or data loss. By employing traffic pattern analysis and correlating the results with other devices on the network, LogistiCare increases the likelihood of identifying traffic that does not belong in our environment.***

Security Audit Processes*. In cooperation with an independent, third-party security firm, LogistiCare participates in a Continuous Security Improvement Program. The program consists of monthly internal security scans along with a semi-annual external penetration study. The scans create work lists of issues that require resolution. The Continuous Security Improvement Program provides the IT staff with a focused set of objectives to accomplish. Issues are prioritized based upon the severity of the security warnings identified. The IT group is then able to quickly and effectively address issues related to each network device (such as firewalls, VPNs, and routers), telephone switch, server, printer and workstation at every location within the infrastructure. The monthly scanning program enables LogistiCare engineers to immediately see the results of their actions and fine-tune the network to reduce any potential vulnerability. The semi-annual penetration study enables LogistiCare to identify any issues that might allow outside attackers unauthorized access to our systems.***

Device and Media Control. ***LogistiCare's policies and procedures for media and device destruction fully comply with governmental and contractual requirements. LogistiCare uses Iron Mountain for hard copy media storage and destruction. All our offices have secure bins where hard copy media with protected health information (PHI) and other confidential information is placed after it is no longer needed. Iron Mountain shreds all paper and media deposited in the bins on-site and certifies the destruction of this information. A LogistiCare employee supervises the secure destruction of all paper and media, and retains the certification paperwork for our records.***

DHCFP can be assured that LogistiCare will continue to keep all Medicaid recipient data completely secure and protected. We remain constantly alert to new state or federal regulations that might affect the security of the recipient's information.

3.4.12 Maintain Adequate Staff And Facilities

LogistiCare has worked in partnership with DHCFP over the past twelve years. We have served as a dedicated partner for consistency, cost efficiency, and program refinement. We recognize that the best-designed NET program can succeed only as the

result of qualified, trained, empowered people to implement, operate, innovate, and interface with program stakeholders. LogistiCare employs the most qualified and experienced operations and call center management staff in the NET industry. Of all the NET brokers in the country, we represent the most qualified and most prepared to accomplish the objectives and functions of the DHCFP NET Program.

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.

LogistiCare has read, acknowledges, and will continue to 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. The core of LogistiCare's staff for the new contract is currently in place and fully functioning effectively in Nevada. Our people, all of whom are committed to the organization and to the goals and objectives DHCFP set forth for the NET program, continue to provide the best service possible for Nevada recipient. The existing staff is prepared to meet the any new contract requirements and represent the best opportunity to seamlessly train onboarding staff to proficiency. LogistiCare staff knows Nevada NET Program. LogistiCare staff knows the stakeholders, which along with DHCFP includes recipients, transportation providers, facilities, legislators, and advocacy groups. Under the new contract, the staff listed in this section will continue to cultivate the working relationships of DHCFP stakeholder community.

STAFFING LEVELS

Reinforcing LogistiCare's position as the leading NET broker is our ability to attract and retain key leadership. We have transitioned numerous NET programs from existing brokers and in several cases, within 30 days. This is due to the superior teams we build to meet deliverables, and the NET expertise and experience we deliver to plan for and mitigate risks. We deploy the right resources to meet the critical success factors of the implementation, operational and turnover phases. Our talented local management team is focused on service delivery and meeting the specific needs of its stakeholders. The local team is supported from day one of implementation by an array of centralized corporate functions that offer special expertise in such areas as training, human resources (HR), quality assurance (QA), finance, legal, and provider relations. The organizational chart below shows the reporting structure of our dedicated Nevada staff.

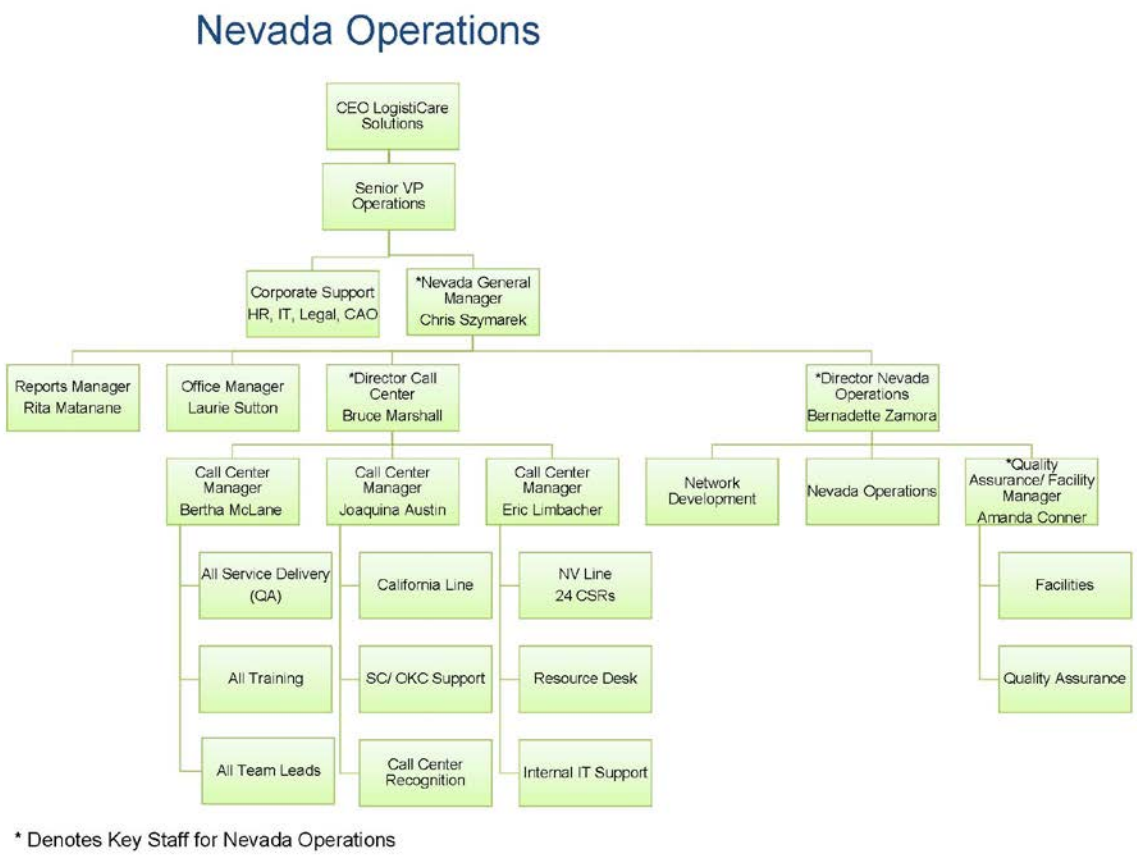


Figure 8: Local Operations. The organizational chart above provides the reporting structure of the local operations in Nevada.

DEPTH OF LOCAL RESOURCES

Of all the advantages LogistiCare offers DHCFP none is more significant than the depth of resources provided by our people. With the entire operations center located in Las Vegas, our experienced leadership team is able to more quickly direct, monitor and assess our effectiveness in managing the NET program.

The staffing table below reflects the roles and locations for each position.

Name	Job Title	ST	Reports to
Chris Szymarek*	General Manager (Business Manager)	NV	SVP
Bernadette Zamora*	Director of Nevada Operations	NV	GM
Bruce Marshall *	Director, Call Center Operations	NV	GM
Amanda Conner*	Manager, QA and Facility	NV	Director Operations
Eric Limbacher	Mgr, Nevada Call Center	NV	Director, Opera-

Name	Job Title	ST	Reports to
			tions
Ariana Ortiz	Supervisor, Facilities	NV	Mgr, QA / Facilities
Nicholas Sanchez	Supervisor, Transportation	NV	Director Opera-tions
Mary Rodeles Vina Salas	Supervisors, Call Center	NV	Mgr. CSC
Larry Mora	Field Monitor	NV	Sup, Transporta-tion
Teriann Shell	ATC Specialist	NV	Sup, Transporta-tion
Dianne Wright	Router lead	NV	Sup, Transportation
Christina Chamber-lin	Public Transit Lead	NV	Sup, Transportation
Brittany Blanken-ship	CST/RTC	NV	Sup, Transportation
Tinesha McCullah	CSR/RTC	NV	Sup, Transportation
Marilu Martinez Amy Borba Lisandra Matthews	Public Transit Specialist	NV	Sup, Transportation
Cherise Clary	ATC	NV	Sup, Transportation
Dainne Marbach Rocio Perez Debra Shelley	Facility Representative	NV	Sup, Facility
Darrin Hotson	Lead Quality Assurance	NV	Sup, Facility
Crystal Torres	QA Representative	NV	Sup, Facility
24 CSR	Customer Services Repre-sentatives	NV	Sup, Call Center
4	Claims Specialist	AZ	Director, of Claims
Rita Matanane	Reports Manager	NV	Director, Operations
Laurie Sutton	Office Manager	NV	General Manager
* Key Staff			

The above individuals represent the core of the local team under the new contract. With this highly competent team of managers and staff in place in Nevada, DHCFP will experience continuous service without disruptions often inherent following new contract procurement. LogistiCare represents the best partner for DHCFP for continued quality NET service.

KEY NEVADA PROJECT STAFF

Below is a brief introduction to our key Nevada project staff. Their resumes can be viewed in Tab VIII- Attachment G- Proposed Staff Resumes. In the event there are key staffing changes in our Nevada operations, LogistiCare will notify the Division within seven (7) business days, as required by the RFP.

CHRIS SZYMAREK	GENERAL MANAGER (BUSINESS MANAGER)
YEARS IN NV: 12	LOCATION: NEVADA
MS. SZYMAREK HAS SERVED AS NEVADA BUSINESS MANAGER FOR 12 YEARS. SHE HAS BUILT AND MAINTAINED STRONG STAKEHOLDER RELATIONSHIPS, RESULTING IN IMPROVED CLIENT SATISFACTION. SHE RETAINS A SUCCESSFUL RECORD OF MANAGING THE NEVADA OPERATIONS SINCE WE STARTED THE PROGRAM. SHE WAS INSTRUMENTAL IN THE DEVELOPMENT OF CREATING A NETWORK AND WORKING WITH THE RTC. SHE OVERSEES ALL ASPECTS OF THE NEVADA NET PROGRAM IN THE LAS VEGAS OPERATIONS/CALL CENTER. SHE PROVIDES STABILITY AND STRUCTURE TO OPERATIONS, INCREASING PRODUCTIVITY IN ALL ASPECTS. SHE WORKS WITH OUTREACH STAFF TO ESTABLISH NET CONTINUING EDUCATION PROGRAMS FOR RECIPIENTS, MEDICAL PRACTITIONERS, AND TRANSPORTATION PROVIDERS TO ENHANCE SAFE, RELIABLE ACCESS TO NECESSARY HEALTHCARE.	

BRUCE MARSHALL	DIRECTOR, CALL CENTER OPERATIONS
YEARS IN NV: 1	LOCATION: NEVADA
MR. MARSHALL HAS SERVED AS CALL CENTER MANAGER AT LOGISTICARE'S NEVADA OPERATION FOR ALMOST 1 YEARS. HE HAS 10 YEARS OF EXPERIENCE IN OPERATING IN A SUPERVISORY CAPACITY IN CALL CENTER ENVIRONMENTS IN THE LAS VEGAS AREA. MR. MARSHALL HAS IMPLEMENTED A "PAY-FOR-PERFORMANCE" PROGRAM WHICH HAS INCREASED CALL CENTER SATISFACTION. HE DIRECTED THE DEVELOPMENT OF CALL CENTER AGENT SUPPORT DESK DESIGNED TO IMPROVE OPERATIONAL EFFICIENCIES. HE ALSO DEVELOPED AND DIRECTED THE IMPLEMENTATION OF THE PERFORMANCE MANAGEMENT PROGRAM ESTABLISHING METRICS THAT ALIGN INDIVIDUAL PERFORMANCE WITH ORGANIZATIONAL KEY PERFORMANCE INDICATORS.	

BERNADETTE ZAMORA	DIRECTOR, NEVADA OPERATIONS
YEARS IN NV: 12	LOCATION: NEVADA
MS. ZAMORA BRINGS MORE THAN 12 YEARS OF NET OPERATIONAL EXPERIENCE TO THE NEVADA OPERATIONS MANAGEMENT TEAM. OVERSEES DAILY OPERATIONS OF THE TRANSPORTATION DEPARTMENT INCLUDING MASS TRANSIT AND NETWORK DEVELOPMENT. SHE OVERSEES THE DAILY MANAGEMENT OF THE TRANSPORTATION DEPARTMENT. OVERSEES QUALITY ASSURANCE DEPARTMENT; MONTHLY REPORTING; AND STAKEHOLDER VISITS.	

AMANDA CONNER	MANAGER, QUALITY ASSURANCE / FACILITY
YEARS IN NV: 8	LOCATION: NEVADA
SHE HAS BEEN WITH LOGISTICARE FOR 8 YEARS WORKING WITH FACILITIES IN THE STATE OF NEVADA. CURRENTLY THE MANAGER OF QUALITY ASSURANCE AND FACILITIES, MRS. CONNER STARTED AS FACILITY REPRESENTATIVE. AS MANAGER OF QUALITY AND FACILITIES, SHE MANAGES THE DAY-TO-DAY ACTIVITIES OF THE DEPARTMENT AND STAFF, INCLUDING THE FACILITY DEPARTMENT SUPERVISOR, ADULT DAY HEALTHCARE FACILITY SPECIALISTS, NURSING HOME FACILITY SPECIALISTS, ANCILLARY SERVICE COORDINATORS, AND GENERAL FACILITY SUPPORT SPECIALISTS; CONDUCTS OUTREACH AND OVERSEE ANY OUTREACH CONDUCTS THE FACILITY SUPERVISOR. OPERATIONALIZE FIELD FINDINGS; TRACK REPORTED DATA; DELEGATE CHANGES TO THE FACILITY DEPARTMENT SUPERVISOR AND FACILITY REPRESENTATIVES; AND MONITOR FACILITY TELEPHONE CALLS TO PROVIDE QUALITY CONTROL AND ENSURE EXCEPTIONAL CUSTOMER SERVICE. AS QUALITY MANAGER SHE MONITORS ALL NEVADA COMPLAINTS AND WECARE INQUIRIES. MANAGES THE Q365 PROGRAM AND ENSURES CONTRACT COMPLIANCE WITHIN OPERATIONS.	

CORPORATE RESOURCES

At LogistiCare, we have foundational corporate values that are consistently communicated and permeate the entire organization from each associate in our local operations to our executive team in the corporate office. These values reinforce our commitment to integrity, compassion, quality service and innovation.

DHCFP has, and will continue to, benefit from LogistiCare's commitment to our values and the structure we operate under in order to execute accordingly. Our local Nevada team has a collective 75 years of working the NET program in Nevada and is intimately familiar with the uniqueness and nuances of the program. Similarly, our corporate executive team (resumes are provided in Tab VIII for your convenience) has 130 years of experience in the industry and will continue to be a strong resource in support of our efforts in Nevada. This combination of the local Nevada team and LogistiCare's corporate executives, effectively serving as an extension of Nevada team, allows the local team to focus on providing excellent service to recipients and transportation providers while leveraging corporate resources to identify best practices and potential new methodologies.

As is the case for most expanding or adapting organizations, occasionally we reorganize our structure to generate improved effectiveness and efficiency. We are in the midst of changing our regional responsibilities for our operations' Senior Vice Presidents which presents a unique opportunity for DHCFP if we are awarded the new contract. The SVP position has general oversight of the Nevada operation, ensures the operation meets the contractual requirements, and commits any LogistiCare resources needed to support the program. We have two (2) Senior Vice Presidents particularly qualified and appropriate to oversee our Nevada Operation. Both options, Gregg Bryars and Chuck DeZearn, offer a rich history with LogistiCare and NET programs. They have 20 and 25 years of transportation management experience respectively as well as vast NET experience. Gregg provides the added advantage of having been the Senior Vice President (SVP) overseeing Nevada for nearly 5 years,

before rotating off to other responsibilities. He presently oversees several of our state operations west of the Mississippi River including Utah, Texas, Oklahoma, Kansas, Missouri, and Louisiana. Chuck, since 2007, has been the executive in charge of LogistiCare's operations in Tennessee, Wisconsin, Mississippi, Alabama, Florida, South Carolina, and Georgia. Many of these operations are similar to Nevada in scope (ie urban vs rural geography) and scale (ie size of population), so Chuck would bring similar insights to Nevada. See resumes for both in Tab VIII. The Senior Vice President will be available to DHCFP as needed. Along with the General Manager, Chris Syzmarek, the Senior Vice President will work with DHCFP to ensure the Division's satisfaction with LogistiCare. Given the timing of this RFP, we are offering DHCFP, if desired, to indicate a preference for one of these individuals. In either case, DHCFP will get the commitment and experience it requires, but by seeking DHCFP's input we are increasing the probability of the right "fit" going forward for the Nevada program.

The role and applicable experience of the members of our extended Nevada team are described below.

LOGISTICARE EXTENDED TEAM MEMBERS

Name and Experience	Roles and Responsibilities
Herman Schwarz	**Chief Executive Officer**
• Senior executive with experience serving many large corporate and start-up companies • Over 25 years of experience as a leader with accountability for P&L, strategy, operations, financials, mergers, acquisitions, sales, and marketing • Based in LogistiCare's corporate office in Atlanta, GA	• Oversees performance on all LogistiCare contracts to guide overall success of projects • Oversees all programmatic components are operating as planned and contracted • Develops key client relationships with NET/NEMT stakeholders, including Medicaid Directors, Health Secretaries/Commissioners, and Governors
Albert Cortina	**Chief Administrative Officer**
• Financial and operational manager with extensive experience in logistics, healthcare, and transportation management • 25-years of experience developing operational and financial systems for physician groups and medical clinics to increase operating efficiencies • Based in LogistiCare's corporate office in Atlanta, GA	• Directly manages key financial and operational aspects of all of LogistiCare's transportation management projects • Oversees BMS Beneficiary encounter information and all performance and financial compliance audits • Negotiates, authorizes, and verifies contract compliance
M. Chinta Gaston	**General Counsel**
• Senior Executive Counsel with 25-years of broad experience in the public and private sectors, including compliance, contracting, litigation, and transactional work • 10-years of experience leading LogistiCare's legal department • Based in Charlottesville, VA	• Oversees all legal matters, including contractual and regulatory compliance • Responsible for Company's Code of Conduct and Compliance and Ethics Program and Training

Name and Experience	Roles and Responsibilities
Ed Ringer	**Chief Information Officer**
• Senior Executive with 30-years of commandeering IT Strategy, leading technical teams and introducing new technology. • 5-years of experience leading technology architecture for large companies • Based in Atlanta, GA	• Oversees both technology and telephony systems • Establish a Data Architecture to provide easy secure access to data • Launched massive effort overseeing teams of programmers to review and write key software applications • Implemented change control and process documentation for all aspects of the business
Gregg Bryars*	**Senior Vice President of Operations**
• Joined the LogistiCare management team in January of 2008. • Senior executive with leadership experience at leading national service corporations. • Over 20-years of transportation and management experience P&L management, strategy, sales and marketing, operations and leadership • Proven competence regarding the leadership, development, and motivation of effective work teams. • Based in LogistiCare's corporate office in Atlanta, GA	• Fosters successful ongoing operation of the full NET/NEMT operation • Confirms NET/NEMT operation has all necessary resources required • Will Works with DHCFP executives, administrators, legislators, and transit and healthcare associations • Collaborates with General Manager to facilitate quality and customer satisfaction and corporate leadership support for the General Manager to maintain a flexible, scalable organization to meet ongoing requirements
Chuck DeZearn*	**Senior Vice President of Operations**
• Joined the LogistiCare management team in January of 2007. • Senior executive with leadership experience at leading national service corporations. • Over 25 years of distribution experience. P&L management, strategy, sales and marketing, operations and leadership • Proven competence regarding the leadership, development, and motivation of effective work teams. • Based in LogistiCare's Greenville, SC office	• Fosters successful ongoing operation of the full NET/NEMT operation • Confirms NET/NEMT operation has all necessary resources required • Will Work with DHCFP executives, administrators, legislators, and transit and healthcare associations • Collaborates with General Manager to facilitate quality and customer satisfaction and corporate leadership support for the General Manager to maintain a flexible, scalable organization to meet ongoing requirements

Name and Experience	Roles and Responsibilities
Jenny Southern	**Corporate VP, Human Resources**
• 20-years of experience managing all aspects of human resources management • More than 8-years of experience in regulatory and contract compliance • More than 10-years of experience implementing all LogistiCare statewide contracts (since 2002) • 20-years of experience developing policy, directing HR activities, and advising management on HR best practices	• Directs and coordinates with the local office on human resources activities such as hiring, employment, compensation, employee and labor relations, benefits training, and employee services • Develops policy and advises on HR policies, regulations, and standards
Ray Blanco	**Director of Provider Relations**
• Director who maintains positive relationships with Independent Business Partners • Over 24-years as a transit professional with business, network development, management and operations experience	• Oversees Provider Relations Group, directs network development, and manages a Paratransit transportation system • Acts as a member of the Paratransit Steering Committee of the Taxi, Limousine, and Paratransit Association
Namon Huddleston	**Director, Corporate Quality**
• 16-years of experience emergency medical services and managed care environments • Over 8-years of experience in measuring /evaluating key performance indicators and executing initiatives • 7-years of experience overseeing implementations for NET/NEMT programs. • Based in LogistiCare's corporate office in Atlanta, GA	• Oversees the development, implementation, and ongoing monitoring of corporate Quality Improvement Program • Oversight of companywide URAC accreditation • Oversees the company's systems to establish standards relating to quality activities and measures performance against established standard • Works with leadership to confirm out-of-compliance issues are handled in accordance with existing policy

Ensuring Appropriate Training

The training curriculum for our operations staff in Nevada encompasses a wide range of training activities, including online courses, classroom programs, policies and procedures, facilitated reviews, role play/job shadowing activities, and continuing access to job aides.

We maintain a full time dedicated training facility within the Nevada Operations. Our approach to training reflects our belief that continuous training leads to productive, efficient, accurate and high quality customer service. Our training plan includes initial training programs, refresher training, and corrective action training programs.

<u>Initial Training.</u> Initial training consists of an intensive two (2) week session, shadowing a well-qualified representative on live calls; and taking live calls with the assistance of a team lead, trainer, or exemplary CSR. New members of our team are each assigned a job coach, who acts as a trainer and a mentor in order to accelerate the training process and provide insights and advice beyond the scope of the traditional elements of the training program.

Every new employee proceeds through training by completing particular tasks, either as part of structured activities or using job aids, appropriate to each module learned. All training courses, trainer tools, and job aides are accessible as a resource for staff to refer back to if necessary.

Competency Testing. ***Each online course provided to a staff member includes a "Proof of Learning" section that tests the knowledge of the employee after completion. The minimum score for standard courses is 85%. The employee has two (2) opportunities to achieve minimum scoring; if a third attempt is required, the employee is monitored by training staff to ensure there are no technical difficulties in the online program and that employees understand the material.***

In an effort to mitigate memorization, we substantially change the exams by leveraging a test-bank that randomly populates test questions. Until an employee receives a score of 85% or greater, he or she cannot take any calls from recipients. All scores are recorded and maintained within the online training program.

Additional Training. ***In addition, LogistiCare requires that all employees complete seven (7) compliance-based training courses annually. We also require that they complete a URAC acknowledgment and an Employment Handbook acknowledgment each year. The courses include:***

- ***Business Ethics and Code of Conduct***
- ***Medicare/Medicaid Compliance and Fraud Waste and Abuse***
- ***Preventing Harassment and Discrimination (one version for supervisors/managers and another version for associates)***
- ***Information Security***
- ***Workplace Diversity and Cultural Competency***
- ***Americans with Disabilities Act (ADA)—including Service Animal Requirements (one version for supervisors/managers and another version for associates)***
- ***HIPAA , all employees are required to sign a HIPAA agreement each year***

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

Chris Szymarek our General Manager of Nevada Operation is designated at the Business Manager for the Nevada NET program. She is empowered to manage day-to-day operations and authority to manage the entire program. Ms. Szymarek works on-site in the office location that has been approved by the Division and can be easily reached by telephone at (702) 395-0411 extension 2618 during regular working hours.

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.

DHCFP NOTIFICATIONS AND COMMUNICATIONS

Per the requirements of the RFP, LogistiCare will continue to notify the Division of any key staffing changes within seven (7) business days. Any changes in key staff will be pre-approved by the State before any final offer is made to the key candidate. As the incumbent, LogistiCare has an established non-residential business office in Nevada, located at 3280 N. Cimarron Road, Set 107, Las Vegas, Nevada 89129. The office hours are from 8:00 a.m. to 5:00 p.m. local time, Monday through Friday excluding State holidays. Nevada recipients can reach a live operator 24 hours a day 365 days a year (24/7/365).

This office serves has our Nevada Operations center. All staff assigned to the Nevada contract work out of this office, except claims processing, which is a corporate function managed out of our headquarters. We support the Divisions desire to have a physical presence in the State and have exceeded the requirement by having call center operations in Nevada as well. We have expanded our presence in the State by making the Nevada Operations Center our Western operations hub. By 2016, the local Nevada office will have approximately 400 employees handling multiple business lines.

Investing in Nevada....

Las Vegas BUSINESS PRESS
Posted August 16, 2015

LogistiCare adding jobs to keep pace with growth

"The company has promoted 95 percent of middle management from within and has experienced a 93 percent job retention rate. To keep pace with national enrollment and program utilization, LogistiCare Nevada continues to invest in call center operations by quadrupling the number of staff to serve new programs primarily in California and the Midwest."

http://businesspress.vegas/logisticare-adding-jobs-keep-pace-growth

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.

AFTER HOURS COMMUNICATIONS

LogistiCare acknowledges and will continue to comply with the above requirement. After-hours calls, including last-minute, urgent reservations, "Where's My Ride?" calls and hospital discharge requests, are seamlessly rolled over to our NET operations in Phoenix, Arizona and handled by live CSRs, who are trained on the Nevada program and have the Nevada call script automatically available within our LogistiCAD system.. These CSRs will efficiently respond to callers' requests. Callers will have continuous access to a live representative who can help with NET services or address real-time transportation services issues. Additionally, all LogistiCare managers have voicemail on their administrative lines and carry cell phones in the event the Division needs to reach them during non-business hours.

Email and Fax. LogistiCare has the ability to send and receive faxes and email messages to and from our Nevada Operations.

Phone. LogistiCare has two (2) administrative telephone numbers, one (1) local and one (1) toll free, that enable the Division to reach the Nevada staff directly without going through scheduling staff. These numbers are 1-888-737-0831 (toll free) and 702-395-0411 (local).

Reproducing Documents. LogistiCare has the ability to reproduce documents as requested.

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.

RECORD STORAGE

LogistiCare maintains complete records of all NET activities. This information is stored electronically in LogistiCAD, which also serves as the source for providing comprehensive reports on any aspect of the program, such as our transportation subcontractors' on-time performance.

All records pertaining to the Nevada contract will continue to be made available in hard copy for review at the request of the Division. LogistiCare will maintain records under its broker contract for a period of six (6) years following contract termination, and longer if an audit is in process.

BUSINESS CONTINUITY AND DISASTER RECOVERY PLAN

LogistiCare has very detailed Disaster Recovery and Business Continuity plans for each location. We based these plans on extensive policies and procedures that define the business requirements for each location and the plans for continuation of the business processes in times of disaster. Our DHCFP-approved Disaster Recovery Plan for Nevada is on file with the state and included in Attachment 4.

LogistiCare operates three (3) 24/7/365-operations centers outside of Nevada, each with complete diesel powered backup generator systems. In case of an in-state emergency or communication equipment or power failure, we will always be prepared to provide services to DHCFP recipients, healthcare facilities, and transportation providers with 24/7/365 back-up access to live operators, as indicated earlier in this section.

Our carrier's Enhanced Toll Free (ETF) platform enables us to completely control the routing of our toll-free numbers. We do not rely on the carrier to make programming and routing changes to our toll-free numbers. LogistiCare has complete control over the numbers and can react immediately to any routing needs that arise.

Our enterprise software systems and data centers are designed with safeguards including daily backups, alternative power sources, and physically and digitally secure locations. These systems are configured to allow fault tolerance and automatic failover in the event of any service or hardware failure. Additionally, LogistiCare has maintenance services agreements with our major suppliers to assure a rapid solution in the event of hardware issues.

LOGISTICARE'S PRIVATE CLOUD INFRASTRUCTURE

<u>Geo-redundant Cores within Hardened Data Centers</u>: The foundation of our private cloud includes two (2) geographically diverse and redundant system core locations within hardened data centers, known as "carrier hotels" or carrier co-location "co-lo" centers. These centers provide the highest levels of physical security, power, and cooling, along with direct peering to multiple voice and data carriers. The cores house our telecom systems to provide maximum resiliency and allow shared use by all operation centers. Enhanced features developed for one market can easily be deployed to other markets.

REDUNDANT CONNECTIVITY

The connectivity layer of our private cloud includes robust MPLS "multi-protocol label-switching" data networks capable of prioritizing various types of voice, video, and data network traffic. We employ separate and redundant MPLS networks from two different carriers to provide enhanced network survivability for all LogistiCare call center locations. Our data centers are also connected directly via fiber optic "wavelength" circuits for even further resiliency.

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.

Nevada needs a NET broker who can provide an exceptional implementation and smooth operation of NET services for its recipients and community. LogistiCare offers the most opportunity for DHCFP to achieve the smoothest implementation, based on our current established relationships with recipient, transportation providers, facility staff, and advocacy groups in Nevada. We have collaborated with DHCFP over the past twelve years to ensure uninterrupted NET services. In addition, LogistiCare has an extensive resume of successful implementations of NET programs na-

tionwide, several accomplished under extreme circumstances and time constraints, as depicted in the table below.

LogistiCare NEMT Implementations		
State NEMT Contract	**Monthly Trips**	**Startup Days**
Virginia Expansion (Regions 2, 3, 4, 7)	214,000	21
Missouri	70,000	30
Arkansas (3 Regions)	45,000	30
Colorado (8 Counties)	24,000	30
Kentucky (Region 6)	43,000	45
Georgia (3 Regions, 1997)	140,000	60
Mississippi	60,000	60
Oklahoma	55,000	60
Virginia Startup (Regions 1, 5, 6)	52,000	60
Delaware	45,000	60
Nevada	**59,000**	**60**
South Carolina (4 Regions) 2007	121,000	90
South Carolina (1 Region) 2011	33,370	90
South Carolina (3 Regions) 2012	160,000	60
Long Island	150,000	90
Connecticut (2 Regions)	50,000	90
Philadelphia County	450,000	120
New Jersey	180,000	120

Figure 9 Implementation Timeline. *LogistiCare has extensive experience implementing NET programs in 21-days to 120-days..*

We will apply our experience in NET program implementations and resource our exceptional staff to provide a smooth implementation of the new DHCFP contract in the required timeframe. Our formula for successful implementations is listen, respond, and review. First we "listen" to client needs through a thorough study of the RFP requirements. We respond by customizing all materials used in the operations (LogistiCAD protocols, manuals, educational materials, etc.); establish the necessary infrastructure (robust transportation network, call center, staffing needs, NET community engagement, etc.); and review each action through the lens of our Total Quality Management (TQM) program to ensure we meet our client's needs and requirements as well as our own established quality assurance metrics. See Attachment 3 for a copy of our TQM program.

IMPLEMENTATION WORK PLAN

The proposed Implementation Plan is a "living" document, subject to change, based on DHCFP requirements, mutual agreement, or collaboration throughout the Implementation Phase. LogistiCare works to proactively identify potential concerns or challenges to keep the schedule of deliverables on track and provide a smooth implementation for our clients. The implementation plan will be provided to Nevada within ten (10) days of contract award and will provide the path of a complete 90-day implementation. LogistiCare will be ready for a readiness review 30-days prior to the new contract "go live" date.

The Nevada Operations is prepared and will participate in the readiness review 30-days prior to the start of the new contract.

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.Divison.state.nv.us.

MEDICAID MANUAL

LogistiCare has accessed, and is very familiar with, the Medicaid Policy Manual and its implications and requirements for the State of Nevada's NET program. We curretny follow these policies daily to ensure our NET program compliance, benefit the Division, and for the Medicaid recipients we serve. We will continue to do so under the new contract.

3.5 NETWORK

THE TRANSPORTATION PROVIDER NETWORK IN PLACE IN NEVADA

LogistiCare currently manages a provider network that conducts NET services throughout the state. This credentialed and impassioned transportation network provides service 24 hours a day, 7 days a week, including weekends, and holidays.

The current Nevada network includes 72 independent, sub-contracted transportation providers who represent a combined fleet of more than 900 vehicles. The network also leverages public transportation to provide NET service and volunteer drivers. We also promote mileage reimbursement for recipients that can drive themselves or receive transportation from family or friends.

SPECIAL CHALLENGES WE OVERCAME IN NEVADA

When we first assumed operation of Nevada's NET program in 2003, there were challenges with meeting service standards and providing adequate access. Taxis were widely used for NET services, but Nevada recipients did not take priority over the demands of the tourist industry.

The permitting process for Medicaid NET providers was regulated by the Transportation Services Authority (TSA), now known as the Nevada Transportation Authority (NTA). This made recruiting an exclusive Medicaid transportation provider network practically impossible. By working with DHCFP and the state's legislators, we were able to effect change resulting in Senate Bill 401, which eases the permitting requirements for providers who plan to contract with LogistiCare to provide exclusive Medicaid transportation services. This change enabled us to recruit more transportation companies for the network and reduce reliance on cabs from 40% to a mere 1% to 2% of trips today, resulting in more reliability and lower trip costs.

Today, we have strong working relationships with all of the transportation providers with the necessary capacity to provide quality services to Nevada's recipients. We also have agreements with transit services where available. All of these supplement the mileage reimbursement and volunteer driver programs. Our objective is to provide the level of service required by the recipient at the lowest cost, and to provide timely, safe, and efficient transportation to Nevada's NET-eligible recipients.

LogistiCare's accomplishment in Nevada is that we essentially have built a NET specific provider network "from scratch. Our ability to keep the network in place and grow it as necessary is a foundation of our value to the state of Nevada.

DELIVERING QUALITY AND TIMELY SERVICES

The transportation network we built and manage for Nevada delivers consistent quality and timely services to Nevada's NET recipients. It delivers medically necessary effectively across both of the state's urban and remote counties and can meet a variety of service level requirements.

We also have the advantage of being able to leverage other LogistiCare operations and their contracted providers in the states bordering Nevada to easily provide out-of-state transport and additional transportation service in remote areas of the state.

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.

RECRUITING AND MAINTAINING AN ADEQUATE NETWORK IN NEVADA

As we have done across the country and in Nevada, LogistiCare will continue to recruit, credential, and contract with quality transportation providers, including all modes of transportation, sufficient to meet the evolving needs of the Nevada NET program. We will maintain sufficient transportation provider resources under contract to continual transportation services in accordance with the requirements of the contract.

RECRUITING PROVIDERS

To recruit transportation providers, we follow a three-phase process for building our reliable transportation networks.

Phase One: Recruitment. By choosing LogistiCare, DHCFP will benefit from the diverse network of skilled and reliable transportation providers already in place as well as our ability to recruit additional providers.

We begin setting standards and expectations with transportation providers at recruitment. In our recruitment efforts, we reach out to existing high-quality local providers and organizations currently providing NET services and contract with those providers wherever possible. To develop other qualified providers, LogistiCare identifies candidates, builds relationships with them and helps them develop the capabilities needed in order to provide NET services.

Investing in Nevada....

Logisticare's work with Executive has caused Executives medical transportation to expand over the last three years. This has been good for the State of Nevada, because we have hired an additional 12 team members, 30 drivers and purchased more than 15 new vehicles to properly address the increased need for ridership.

Carol and Jim Jimmerson,
Executive Las Vegas

A major element of LogistiCare's mission is that our providers represent a broad and diverse pool of businesses including disadvantaged, small, minority, and women-owned firms. Our objective is to create viable, long-term business relationships with

diverse, small providers guided by best practices that will allow their continued growth and development for years to come. The inclusion of these small businesses is a contract performance expectation and is a core element of LogistiCare's value-added services. We emphasize having transportation providers in our network that mirror the cultural needs of the population served, such as Spanish and other populations with limited English proficiency.

Phase Two: Credentialing. LogistiCare's transportation network development methodology includes a comprehensive provider credentialing process, which is central to network development and oversight. The on-boarding process includes, at minimum, drug screening, criminal background checks, and driving record checks. Further, LogistiCare will not allow any transportation provider in the network if it has been excluded from participating in the Medicaid program. Before the contracting process, LogistiCare performs the following checks for all transportation providers, the owners thereof, and the drivers, as applicable:

- ***Verify drivers and owners through the System for Awards Management during the credentialing process and monthly***
- ***Check the Office of Inspector General exclusion list monthly to verify that transportation providers have not committed fraud and/or abuse against Medicaid or Medicare and drivers are not excluded***
- ***Perform initial and annual checks of the National Sex Offender Registry***

Once we receive and review information submitted from Providers in response to our recruitment package, those Providers who pass screening are submit compliance documentation to LogistiCare, including a certificate of insurance, criminal background checks for drivers, recent maintenance schedules, drivers' licenses, required business licensing, and other records.

LogistiCare is completely committed to safe, high-quality service for the recipient population in Nevada. To this end, we also inspect vehicles, making sure that the provider has the equipment in place that they represented to us, and to verify the vehicles on record are the vehicles transporting clients.

Phase Three: Contracting and Orientation. If all such reviews are satisfactory, the third phase begins, which involves verifying the training of transportation provider drivers and finalizing the contractual relationship. The transportation provider receives a thorough orientation that involves a walk-through of our Provider Contract and the Nevada Transportation Provider Manual. These two (2) important documents contain all the performance standards of the contract as well as all our best practices and operating procedures, built up from our many years of experience managing NET programs as a full-risk broker.

We also offer access to industry leading driver training programs at discounted rates, and we educate transportation providers regarding our expectations and requirements. In addition, we invest in our relationships with the providers, for example by inviting them to visit the Operations to meet with the whole management team.

We capture and maintain records in LogistiCAD for all transportation providers, drivers and vehicles that comprise the network. This includes identification information, contracts, vehicle records and driver records.

MAINTAINING AN ADEQUATE NETWORK

We currently manage a network of providers that meets the needs of the covered population while providing excellent services within the target performance metrics.

We have also demonstrated our ability to meet rapid changes on demand. As an example, although the covered recipient population basically doubled in size after enactment of the Affordable Care Act, we were able to anticipate the change and work with providers to increase capacity to ensure our ability to provide uninterrupted high quality services.

As we did then, in order to ensure excellent coverage and service, LogistiCare will respond to any notification or identification of insufficient transportation resources and we will recruit the necessary additional providers to provide the meet capacity required using the process described in the section immediately above.

In all likelihood, we would be able to anticipate required changes in capacity based on our own monitoring and our close relationships with the Nevada providers long before any service delivery issues emerged. We proactively analyze trend data intensely and take steps to address changes in requirements.

Information on how we determine capacity requirements and forecast changes in the required fleet are provided in Section 3.5.1.1 below.

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.**

CONSIDERATIONS IN DETERMINING REQUIRED CAPACITY

In determining the required number of transportation providers and vehicles for a NET program, LogistiCare considers a comprehensive range of factors. This includes the number of and expected usage of services by eligible clients, the numbers and types of providers and vehicles required to furnish the contracted services and the geographic distribution of transportation providers and clients, among other factors.

We used these factors as we built the transportation network in Nevada when we assumed responsibility for NET services in 2003. We continually assess the adequacy of the network by monitoring detailed data and quality information, such as complaints, on-time performance, missed trips, re-routes, and other network operations information.

The analysis of this data often provides the first indications of any shortage of network capacity. We forecast network coverage issues by closely tracking trends that might indicate a need for additional provider recruitment in a specific area. By carefully examining service complaints, re-routing trends, and handling provider management issues, our staff is be able to recognize when it is time to shift trips to an-

other provider, recruit additional providers or, in extreme cases, stop using a current provider altogether.

Based on the type of analysis described above, we have a transportation network in place that meets the requirements of the covered population. It includes a fleet of vehicles owned and operated by local Nevada business and is described below in Section 3.5.1.9 on a county-by-county basis.

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.

MEETING STATE STANDARDS FOR TIMELY ACCESS

An extensive discussion of our processes for providing timely pickup and drop-off services is provided in section 3.4.4 of this document. The processes described therein have allowed us to achieve a 98.6% on-time rate.

3.5.1.3 Establish mechanisms to ensure compliance by providers.

MECHANISMS TO ASSURE COMPLIANCE BY PROVIDERS

A comprehensive description of our monitoring process and program is provided in sections 3.4.8.1 and 3.4.8.2. It describes mechanisms in place including advance notification of upcoming requirements, vehicle inspections, on-site observations, personal visits, report cards and Operation Clean Sweep.

LogistiCare has employed our monitoring program in Nevada since 2003, and we continue to ensure that all drivers and attendants comply with the requirements outlined in the RFP.

Compliance standards are incorporated into our State of Nevada Provider Transportation Agreements and our Provider Manual. We continuously communicate the standards to drivers during training sessions and are reinforced during quarterly meetings with our transportation providers.

We continuously monitor provider credentials throughout the contracting relationship to assess continued compliance with all organizational, driver, and vehicle standards. We take the necessary proactive steps to ensure every aspect of service delivery to comply with federal, state, and local legal requirements; Medicaid; ADA requirements; state EMS; and all other applicable regulations and contractual requirements.

THE ROLE OF DATA ANALYSIS IN ASSURING COMPLIANCE

LogistiCAD plays a key role in our compliance program because it stores all the information needed to identify the contracted provider, their capabilities, capacities, and compliance with basic organizational credentialing requirements.

LogistiCare managers are able to track ongoing compliance by generating reports that combine compliance-related data in numerous ways to validate various aspects of compliance. As an example, LogistiCare managers run an Expired Detail Insurance report every month to identify providers with upcoming insurance expirations. Reminder letters are sent out cautioning them that they will be rendered inactive by failure to document renewed compliance in a timely manner.

Each month, a list of upcoming expirations is sent to each provider to review contract compliance due dates. If the requested information is not received, the provider may see a reduction in trips, be assessed liquidated damages, or be removed from the network until all information is received. The information, disseminated to each provider, is extracted from the following standard, automated compliance reports.

Standard Automated Compliance Reports for Providers	
Report	**Description**
Vehicle by Provider	***This report shows a detailed record of all vehicles registered to each transportation provider, which are used to transport LogistiCare riders.***
Expired Insurance Detail	***Lists a provider's insurances and associated expiration dates. This report can be broken down further by:*** • ***Expired Vehicle Insurance*** • ***Expired General Liability Insurance*** • ***Expired Worker's Compensation Insurance***
Subcontractor Expiration Detail	***Provides a detailed record of all expirations pending for each subcontractor (e.g., drivers' licenses, training certifications, etc.).***
Subcontractor Driver Licenses. Expiration	***Shows a detailed record of drivers' license expirations for each subcontractor.***

3.5.1.4 Monitor providers regularly to determine compliance.

MONITORING PROVIDERS

As described in sections 3.4.8.1, 3.4.8.2 and section 3.5.1.4 directly above, LogistiCare will continue to monitor regularly providers in multiple ways, including:

- ***Monthly reporting / provider performance reports***
- ***Bi-annual on-site vehicle inspections***
- ***On-site anonymous observations at facilities***
- ***Random visits to provider sites to validate records***
- ***Operation Clean Sweep***

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

CORRECTIVE ACTIONS

As necessary, LogistiCare will continue to take corrective action against network providers to address any failures to comply.

Responses to transportation performance issues vary according to the severity and immediacy of the problem ranging from establishing corrective action plans, reductions in trip volume, to elimination from the network.

The processes that govern our actions, and the types of non-compliance they address, are described in detail in section 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.

DELIVER SERVICES IN A CULTURALLY RESPONSIVE MANNER

We work hard to provide services that are delivered in a culturally competent manner. The diverse recipient population in Nevada includes English speaking individuals as well as recipients with limited English proficiency (Hispanic, Latino, Asian, American-Indian, and others).

Our mission is to provide each recipient with access to NET services for which he or she is eligible under the Nevada Medicaid program and applicable regulations. Achieving this mission begins with having the means to communicate effectively with each recipient.

Some of the mechanisms we have in place to help the diverse recipient population in Nevada access NET services

Cultural Sensitivity Training. LogistiCare provides its employees with culturally sensitivity training that is repeated annually and requires that staff gain skills and understanding about appropriate treatment of recipients, regardless of culture, language, ethnicity, or other diversities. All recipients deserve respect, courtesy, and patience when accessing NET services.

Printed Materials in Languages other than English. We offer all our printed materials, composed at an eighth grade reading level, in English and Spanish, which are the prevalent languages in Nevada. If recipients are illiterate, we provide verbal education to the recipient when the recipient connects to the operations center.

Spanish speaking CSRs. Since we staff our operations centers with English and Spanish speaking CSRs, there is always a live person ready to respond to recipients who speak these languages.

Translation services. All callers with limited English proficiency have 24/7/365 access to interpretation services. We provide free access to our vendor, Voiance. This vendor provides HIPAA compliant, telephonic interpretive services for more than 150 different languages to all current and potential Nevada Medicaid recipients. Recipients who need interpretive/translation services are connected within an average of 10 – 20 seconds, to an experienced translator who listens to the caller, analyzes the message, and accurately conveys the meaning to a LogistiCare CSR. Specially trained communication assistants complete all calls and remain on the line to relay information to LogistiCare CSRs. This service is available 24-hours every day with limitless access on the call length or number of calls that can be placed. We train all LogistiCare employees on how to use relay services.

Drivers with Local Language Capability. LogistiCare's transportation providers hire local drivers who speak the prevalent languages in their service areas and drivers also receive training in courtesy and helpfulness, regardless of differences. Whenever possible, we assign providers with drivers who speak the required language. We also provide drivers with access to our phone interpretation services so that recipients are never put in a situation where there is no way for them to communicate with the drivers taking them to their appointments.

Tracking Language Needs. ***Our CSRs make detailed notes in the LogistiCAD system concerning any special language needs of NET recipients. This information is available to providers to help them prepare to assist recipients with special language needs.***

Services for All Recipients. ***We also offer services for recipients with visual, hearing, and speech impairments. Our operations have the capabilities to provide full telephone accessibility to callers with communication barriers. We also provide large print and braille materials as appropriate.***

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.

RECRUITING AND MAINTAINING AN ADEQUATE NETWORK

We describe processes that we use to build and manage an adequate network in section 3.5.1 and 3.5.1.1 above. The Nevada network will be comparable to transportation resources available to the general public.

The network in place includes 72 subcontracted transportation providers. It also includes service providers including public transportation providers, paratransit providers, volunteers and mileage reimbursement arrangements for recipients who can provide their own transportation.

The network in place has been proven adequate to meet and exceed all service requirements in our current contract with DHCFP, and will do the same under the requirements defined in this new RFP.

BACKUP CAPACITY AND COMPETITION

We contract with multiple providers in all our service areas to allow for sufficient backup capacity and high quality performance. We correlate trip volumes to transportation provider performance ratings to create incentives for better performance.

We strike the right balance with our provider network. If we had too few, it would allow individual providers to maximize their investments in staff, vehicles, and equipment, but would put LogistiCare at risk for not being able to adequately cover all transportation needs of the recipient population. While having too many transportation providers could ensure that LogistiCare always has transportation available when needed, it could also drive an individual provider out of business due to not generating enough revenue.

As the number of recipients in the Nevada Medicaid program increases or as utilization trends change, we will continuously monitor the key performance indicators to

assess the adequacy of our network capacity. We will be quick to add new providers or expand existing ones as appropriate.

LEVERAGING PUBLIC TRANSPORTATION

Because of our in depth knowledge of Nevada and the relationships we have built with the Rural Transit community we have been successful at transitioning recipients to public transportation; today more than 70% of the trips are assigned to public fixed route or para transit.

We work very hard with transit agencies and DHCFP to move as many recipients as possible to public transit, provided they are physically and cognitively capable. See Section 3.3.6 for more details on our customized processes with the local RTC.

We have built and currently maintain strong relationships with the following agencies:

- ***RTC Las Vegas/ RTC Paratransit in Las Vegas***
- ***JAC/JAC Assist in Carson City***
- ***RTC Reno/RTC ACCESS in the Reno area***

REDUCING COSTS BY OFFERING MILEAGE REIMBURSEMENT

LogistiCare is experienced in the administration of mileage and gas reimbursement programs for Medicaid recipients. While we have moved several former mileage reimbursement recipients to free transportation or lower cost transit, the mileage reimbursement program remains a good option for many of Nevada's recipients. Mileage reimbursement keeps program costs low, offers fair reimbursement and provides maximum travel control and flexibility to recipients. It is of particular value in the rural, remote areas of the state.

EXTENDING SERVICE AREAS BY USING VOLUNTEER DRIVERS

Compensated volunteer drivers provide another cost-effective supplement to the primary NET service network. In Nevada, we currently have an active network of volunteer drivers.

Vehicles and drivers used in volunteer transportation must meet the same compliance standards as commercial providers (with the exception of their level of insurance). Volunteers must comply with the following:

- ***Appropriate state licensing and insurance***
- ***Vehicle equipment such as seatbelts***
- ***Functional heating and air conditioning in vehicle***
- ***Semi -annual vehicle inspections***
- ***No driver may have convictions for substance abuse or sexual crimes or crimes of violence***
- ***Driver must complete driver training, just like commercial providers***

INVESTING IN TRANSPORTATION PROVIDER VALUE-ADDED BENEFITS

LogistiCare is supported by a vast transportation provider network comprised of small and large businesses located throughout the nation. It is the objective of the Provider Relations Group to provide transportation industry related education and training resources, and other benefits such as access to NET vehicle insurance agents and driver credentialing services. Although network transportation providers are expected to fulfill contractual requirements, LogistiCare connects needs to resources through access to regulatory, administrative and training/education supports. Many resources are offered at little to no charge and are located on the Transportation Provider section of the LogistiCare informational website. As an ongoing investment in our transportation provider network, LogistiCare works with national as well as regional vendors to leverage the size of our network in negotiating discounts for our transportation providers. The following are the benefits that LogistiCare providers have access to:

Discounts on Training Resources. LogistiCare offers significant discounts on nationally recognized and industry-leading training through the Community Transportation Association of America (CTAA) and the National Safety Council to our network transportation providers. This includes:

- ***Defensive Driving Course***
- ***First Aid Course***
- ***Passenger Sensitivity Training***
- ***Wheelchair Securement Course***

Access to NEMT Vehicle Insurance. LogistiCare recognizes the challenges faced by our network in obtaining competitively priced insurance, and through an on-going and proven working relationship with Sovereign Risk Solutions, Inc., LogistiCare offers network transportation providers access to a noted and reputable industry specialist. Sovereign has direct representation of the leading insurance companies writing medical transportation insurance who will aggressively work with a LogistiCare credentialed transportation provider to negotiate the best rates available in accordance with the transportation provider's current loss history. We help providers find competitive rates through our relationship with an insurance agent who understands the higher level of training and safety required for LogistiCare's transportation providers. We also work with this agent to offer an insurance payment deduction program to qualifying transportation providers including payroll deduction of the insurance premiums. This program is optional for transportation providers. This program is available in all states and is optional for the highest performing and long-standing providers.

Driver Credentialing Discounts. LogistiCare provides transportation providers with the tools needed to initiate and successfully complete the hiring process and has negotiated discounted rates with a national company to supply the contractually required credentialing elements for drivers. This program provides discounted pricing for:

- ***Motor Vehicle Driving Record Review***
- ***Substance Abuse Testing***
- ***Criminal Background Check***
- ***Sexual Offender Record Check***

- ***Social Security Check***

<u>Vehicle Purchase and Maintenance Discounts</u>. LogistiCare leverages the size of our national transportation provider network to negotiate national and regional discounts with a variety of transportation related suppliers. We receive no benefit from these opportunities except for creating value for our contracted transportation providers. These include discounts for vehicle purchase, fuel, vehicle repair, and auto parts.

- ***Discount programs with Advantage Funding for vehicle financing***
- ***Discounts with Jiffy Lube for vehicle maintenance***
- ***Discounts with Maaco for vehicle repairs and body work***
- ***Discounts with Seat Belt Extender Pro and other companies for specialized vehicle parts***

We are also in discussions with additional vendors. These include a Fuel Discount Program—one of the highest expenses for transportation providers—and discounts with the largest provider of new and used vehicle parts in the nation.

<u>Group Purchasing Benefits.</u> A new group purchasing power benefit will be extended to include the transportation provider's drivers and staff through a company savings portal that provides discounts on a variety of entertainment and retail purchases. Seasonal specials that are offered will be posted on the LogistiCare Transportation Provider webpages. The expansive portfolio of offers includes nationwide discounts to events and venues such as:

- ***Amusement park tickets***
- ***Broadway theater and movies***
- ***Sporting events***
- ***Hotels***
- ***Merchant gift certificates***
- ***Online shopping and service discounts with select partners***

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.

ASSURING NO DISCRIMINATION IN REGARD TO PROVIDERS

LogistiCare has read, acknowledges, and will continue to comply with the above RFP requirement. It is LogistiCare policy not to discriminate against any network provider acting within the scope of its license or certification under applicable state law solely on the basis of that license or certification. In addition, we do not discriminate against network providers that serve high-risk populations or specialize in condi-

tions that require costly treatment. All of LogistiCare's transportation providers are prepared to transport any recipient in a manner consistent with their fleet vehicle types.

We work with any provider who meets our contract requirements. Whenever we decline to contract with an interested provider, we furnish them written notice of the reasons 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.

SUPPORTING DOCUMENTATION REGARDING CAPACITY

We have mechanisms, tools and experience that guide us in determining the required capacity to provide access to healthcare for the covered population, and we built and manage the NET transportation network in Nevada today. See the following table on the next page.

Page removed for confidentiality. Please see separate binder marked Part I B Confidential Technical Proposal

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.

MEETING THE NET NEEDS OF RECIPIENTS

Our contracted transportation network includes public, non-profit, and for-profit organizations, as well as individually qualified providers in all counties in Nevada. It has proven able to meet the needs of the recipient population as evidenced by the fact that no request has ever been denied during our tenure for lack of available transportation, and by our outstanding on-time performance (98.56%) and high customer satisfaction (97.1%).

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

MANAGING SCHEDULED EMERGENCIES

As per the RFP requirement, we will continue to arrange transport for scheduled emergencies according to our Same Day Transport policies and have adequate resources in our transportation network to accommodate those recipients' needs. We understand a scheduled emergency, as defined by the Medicaid Service Manual Chapter 1900, Section 1903.1D.2, to be any of the following:

- ***Transportation of a medically stable recipient to a location where an organ transplant will occur***
- ***Hospital-to-hospital transfer of a medically stable recipient***
- ***Hospital to mental health facility transfer with a qualified escort of a seriously mentally ill adult, an individual with dementia, or a severely emotionally disturbed child who is not a danger to self or others but whom, during transit, may need minimal chemical or physical restraints that are within the scope of service of an escort who is qualified as an EMT-Basic. This is in accordance with NRS 433.***

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

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 au-

thorization decisions and consult with the requesting provider when appropriate.

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.

HANDLING REQUESTS FOR ESCORTS

Escorts are an important element of a NET program, providing comfort and increasing safety for recipients. We are diligent to ensure recipients eligible for an escort receive this service.

LogistiCare permits escorts to ride with individuals according to the DHCFP policies. LogistiCAD allows for the storage of detailed information about individual needs, passengers requiring escorts are flagged before trips are booked. LogistiCAD can also anticipate vehicle capacity constraints caused by the need for escorts and assigns trips appropriately.

LogistiCare does not authorize transportation services for minor children unless a parent or legally responsible adult or other willing adult caregiver (over the age of 18) accompanies the child. For a facility–to-facility transport, such as a hospital or mental health facility transfer, the legally responsible adult must provide us with an authorized Minor Transportation Restriction Form. However, child under the age of 18 must travel with an escort at all times, unless the minor is emancipated, pregnant, married or seeking family planning services or when authorized in a facility-to-facility transport.

Our policies and procedures for requiring additional escorts are included in Nevada Operations Manual. These policies and procedures have been reviewed by and comply with DHCFP rules, and we enforce the consistent authorization of service for transportation requiring escorts or additional services by embedding the policies and procedures into our CSRs' call scripts and the LogistiCAD system.

Requests for additional escorts or services will follow our approval process and be in accordance with Nevada requirements.

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.

MANAGING ACCESS FOR RECIPIENTS WITH LIMITED ENGLISH PROFICIENCY

Supporting recipients with limited English proficiency is critical to ensuring the population of understand the services available how to use NET services. We have a number of mechanisms in place to support Spanish speakers as well as other languages. We employ bi-lingual CSRs, provide written materials in Spanish, large print, and braille, provide interpretation service 24 hours a day to callers into our operation center, riders, and providers as well. Please see section 3.1.1 above for more details.

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.

PREVENTING CONTRACTING WITH PROVIDERS WHO HAVE COMMITTED FRAUD

LogistiCare does not contract with any provider that has been determined to have committed fraud or abuse by the Medicaid program. We check the state's termination list to verify that any existing providers have not committed fraud since they were initially contracted. Any such provider is immediately terminated. In an effort to target fraud and abuse, we do more than just monitor our own personnel; we also incorporate multiple efforts specifically focused on identifying and eliminating potential abuses throughout the NET program.

Our Fraud and Abuse Department is tasked with researching all inquiries/complaints received regarding suspected fraud, waste, or abuse activities. Inquiries are logged and tracked in LogistiCAD.

LogistiCare's plan for preventing fraud is based on the fundamental structure of the broker-based model, and woven into many of our processes.

Broker Model Reduces Fraud. ***When implemented correctly, the fundamental design of a full-risk, broker-based NET model reduces fraud. By fully separating administration of the program from the provision of the rides, a system of competing interests between the broker and providers are established that reduce the opportunities for fraud dramatically.***

Beyond the structural inhibitions to fraud, explicit fraud prevention processes are designed into the methodology we use to manage and monitor NET programs. Described below, these processes create a system of checks that reduce the opportunity for fraud and abuse at each point in the cycle of the program.

Relationships and Education Reduce Fraud. ***We communicate with program recipients concerning program rules, program procedures, and the consequences of non-compliant behavior. By providing quality services and treating NET Providers professionally and fairly, we foster loyalty and goodwill among program stakeholders, thus reducing any motivations to manipulate or circumvent the system.***

In most cases, clearly letting NET Providers and recipients know how LogistiCare operates and the higher standards we expect ends the majority of unacceptable activities and even curtails much of the deliberate fraud. We accomplish this through communication with recipients as well as formal and informal meetings and encounters with NET Providers and recipients, both in our offices and in the field.

As these communication efforts result in a better understanding of acceptable practices by all stakeholders throughout the system, tips of suspected fraudulent activity are reported to us. Often recipients, facilities, or other NET Providers report persons or organizations they believe are engaging in fraud.

Additional fraud prevention mechanisms are described below:

Training Employees to Detect Fraudulent Activity. ***LogistiCare employees are trained specifically on tools and methods used in the detection of suspected fraud. In addition, all of our employees who deal with trip authorization, Provider and driver cre-***

dentialing, billing, and standing order management also are, by definition, on our fraud prevention team. These employees are trained in areas relevant to their primary job function that also play a role in fraud, including looking at billing trend analysis for anomalous patterns and building general awareness of other activities that might indicate fraud.

Audit Processes to Detect Medicare/Medicaid Double Payments. Semi-annually, LogistiCare runs a query to identify paid trips that are potentially covered as "Medicare Primary". The following parameters are used to screen for potential double payments:

Audits to Prevent Billing Fraud. By examining comparative Provider data (such as no-show rates and average mileage) and by conducting random phone audits and field visits, LogistiCare has developed additional, highly effective safeguards against fraudulent billing. Our Facilities Department will conduct monthly audits of all prescheduled standing order trips to confirm with facilities that recipients were in attendance for all prescheduled appointments. Any missed appointments are cross-referenced against NET Provider billings to detect billing for trips that did not occur.

On-Site Inspections to Confirm Trip Details. Field monitors conduct random and on-street inspections at pick-up and drop-off sites. These inspections are used to confirm rider identity, confirm the medical condition of riders, identify the ownership of personal vehicles, ascertain the nature of questionable medical services, etc. The results of these inspections are audited against billings to confirm accuracy of the invoices.

Identifying Overstated Reports or Up-coded Levels of Service. Due to the significant variation in costs between various modes of service, it is not uncommon to uncover attempts to bill for a more expensive mode of transportation than is medically necessary. The LogistiCare billing processes block such attempts since we pay only for the level of service that was authorized and indicated in the trip record forwarded to the NET Provider.

The NET Provider cannot "up code" the level of service without LogistiCare's prior approval. Approval might be given, for instance, if an NET Provider got to a location and discovered an ambulatory-coded rider was actually in a wheelchair.

Flagging Requests for Inappropriate Services. Another pattern of fraud that we monitor is collusion between transportation Providers and medical facilities for requests for inappropriate levels of service. Collusion of this nature could consist of kick-backs to the healthcare facility for making such requests, or it could consist of simply failing to inform LogistiCare that the requested class of service appeared to be inappropriate. LogistiCare requires NET Providers, as part of their contract with us, to inform us of any instances where the class of service appears to be higher than needed. Failure to inform us of such a situation represents a contract violation, and potentially a form of fraud if the inappropriate class of service is billed for.

Preventing Overstated Mileage. Another typical type of over-billing that we prevent involves exaggeration of mileage. However, since LogistiCare pays only the mileage calculated by our reservation system and printed on the NET Provider's trip assignment, this kind of billing fraud is eliminated.

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.

PREVENTING CONTRACTING WITH OTHER PROHIBITED PROVIDERS

LogistiCare will continue to check all providers against the following:

- ***Federal Office of Inspector General (OIG) List of Excluded Individuals/Entities (includes both drivers and provider company owners)***
- ***Excluded Individuals/Entities by Nevada Office of Inspector General (OIG)***
- ***Comptroller of Public Accounts Debarred Vendor List***
- ***Comptroller of Public Accounts Certificate of Account Status***
- ***Secretary of State SOS Direct***
- ***Internet Computerized Criminal History (CCH)***

LogistiCare does not contract with providers who are on the list of debarred individuals by the OIG, or prohibited based on other provisions of this requirement. We validate this information for our contracted providers monthly to verify that their status has not changed. If we discover a change in status that indicates one of the previous conditions, we terminate that provider from the network.

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.

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.

PROHIBITIONS ON OWNERSHIP

We innovated the NET brokerage model, and we are passionate about its potential for delivering improved customer service, greater transparency, and reduced costs. LogistiCare has read, acknowledges, and will continue to comply with the above RFP requirement.

Unlike many of our competitors who retain an operational role or ownership interest in the delivery side of NET, we operate in almost all our programs as a pure broker, with no ownership or operating role (the few exceptions are generally temporary situations where we have been asked by a client or agency to take an authorized operating role to overcome a gap in capacity or services). The result is that we are able to maximize the benefits of the brokerage model: aligned interest between the broker and the agency to reduce costs, prevent fraud, and deliver excellent service.

We certify that LogistiCare is not an owner, in full or in part, of any organization participating as a transportation provider in the Nevada Medicaid program. We further certify that we do not have an equity interest in, nor are we involved with the management of any such organization or entity. This certification applies to family members of vendor owners and managers, as well as to any administrative or management services vendor on this project.

LogistiCare has no financial or transactional relationships with NET providers other than those specified by the Provider Agreements we hold with each of our subcontracted transportation providers. We understand and agree that such relationships and transactions are not permitted without written approval of the DHCFP administrator. DHCFP has access to our provider network information and has approved our current Provider Agreements.

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.

SUBCONTRACT REQUIREMENTS

Our Provider Agreements currently stipulate and describe all the above listed requirements and we will make any changes necessary to ensure continued compliance. Copies of our Provider Agreement, Provider Manual and Provider Handbook are currently on file with the state and available upon request.

Should we be selected to continue to provide NET services for Nevada, we will use the implementation period to update our Provider Manual, our agreements and other documentation and to meet with each provider to review planned changes to the program.

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.

PROVIDER LOGS

Each week, network providers submit their invoices to LogistiCare, summarizing the number and types of trips performed and the amount to be paid for each trip. Included with these invoices are detailed driver logs which include all of the information specified by this RFP requirement and will meet all the requirements above.

While this system is effective and has been used successfully since 2003 in Nevada, in the next contract period, if we are selected, we will implement an enhanced process and technology whereby all driver log information will be collected through web-based interfaces from providers, resulting in reduced time and process efficiency, improved accuracy, and more expedient payment processes.

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.

RESPONSIBILITY FOR SUBCONTRACTED FUNCTIONS

LogistiCare does not currently, and will not if awarded a new contract, delegate to subcontractors, including dedicated transportation providers, any of the roles or responsibilities of the NET vendor. Pursuant to Section 3.5.1.15 above, the selected NET vendor is strictly prohibited from performing transportation services or having an ownership or financial interest in a provider of Medicaid NET services. Therefore, to comply with the intent and spirit of Section 3.5.1.15, the dedicated transportation providers who are contracted to perform transportation services should not also be delegated roles or responsibilities of the NET vendor.

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.

NON-DISCRIMINATION

It is LogistiCare policy not to discriminate against any network provider acting within the scope of its license or certification under applicable state law this practice will continue with the new contract. In addition, we do not discriminate against network providers that serve high-risk populations or specialize in conditions that require costly treatment.

All LogistiCare's network providers are prepared to transport all manner of recipients, consistent with their fleet vehicle types. Whenever we must decline to contract with a provider that wants to participate in our network, we provide them written notice of the reasons for our decision.

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.

DRIVER AND VEHICLE REQUIREMENTS IN SUBCONTRACTOR AGREEMENTS

Our Provider Agreements clearly outline all of the local, state, and federal requirements our providers must meet, abide by, and maintain in order to begin and continue to provide service to DHCFP recipients. These requirements include specifications for all manner of vehicles from sedans, to wheelchair vans, to stretchers vans and cover topics ranging from safety, to equipment, to operator requirements. Our current Provider Agreement has been reviewed and approved by DHCFP, and we will resubmit the Provider Agreement for approval again if awarded a new contract. We understand that any future changes to the Provider Agreement that we might wish to implement must be approved by the Division.

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.

DOCUMENTING AND MONITORING DRIVER REQUIREMENTS

LogistiCare has read, acknowledges and will continue to comply with all requirements in Section 3.5.2.1 A through-K. All items in this section of the RFP are covered in our Provider Agreement and Provider Manual. In addition, all these requirements are included under our monitoring plans, which include tracking of driver

documentation, visits to provider facilities and spot checks at pick-up and drop-off locations.

Regarding driver education (Item K), LogistiCare requires all drivers (including volunteers) employed by our network of transportation providers are fully trained before providing service to Nevada Medicaid recipients. We have implemented a Provider/Driver Training Program that is unique in the NET industry because it calls for all network drivers to successfully complete three training programs created by nationally accredited institutions (or similarly accredited courses).

The three accredited classes encompass defensive driving, first aid and CPR, and basic Passenger Assistance Sensitivity and Safety (PASS). Drivers who transport wheelchair or stretcher passengers are required to take an additional three-hour "hands-on" class. These courses are offered at substantial discount because LogistiCare purchases them in bulk and passes the savings on to our providers. Providers further benefit from this training because their commercial insurance rates are typically lowered. Following is a detailed description of the training programs.

National Safety Council Defensive Driving Course (NSCDDC). The training includes instruction in defensive driving strategies and techniques to reduce the chance of collision; how drugs, alcohol, physical conditions and emotions affect driving decisions; how to deal with driver distractions and fatigue; and the importance of occupant safety devices and how to use them. Particular attention is given to safety concerns, including:

- ***Properly assisting clients in seating as necessary, and ensuring all riders have been buckled before the vehicle moves and remain buckled while inside the vehicle***
- ***Ensuring that the number of riders does not exceed the vehicle's approved seating capacity***
- ***Preparing drivers with Defensive Driving modules, including proper parking to confirm clients do not have to cross the street to enter their destination***
- ***Assisting clients needing different levels of assistance, including hand-to-hand and door-to-door needs; also including proper parking of the vehicle for such clients***
- ***Managing and de-escalating crisis situations, such as improper client behavior that could jeopardize the safety of other clients or the driver/attendant***

National Safety Council First Aid, CPR and AED (Defibrillator) Course. This program is designed to teach the lay-person basic First Aid and CPR including how to handle: bleeding and wound care; shock from burns; serious injuries to bones, joints and muscles; sudden illness during transport; emergencies due to extreme cold or heat; and blood borne pathogens. Additionally, drivers are trained on the protocols for using an automated external defibrillator and how to administer CPR when responding to breathing and cardiac emergencies in adults, children and infants. This program meets or exceeds all OSHA and Industrial First Aid and CPR standards.

These training programs are interactive, cost effective, and allow providers to determine a training schedule that is convenient for them. After completing the training programs each participant will be equipped with the knowledge and skills required to be a safe, responsible, knowledgeable and courteous driver. All drivers and attend-

ants must successfully complete all required courses before operating in any capacity for LogistiCare.

<u>The Community Transportation Association of American, Passenger Assistance Sensitivity and Safety (PASS) Hands-On.</u> The Community Transportation Association of America (CTAA) offers the Passenger Assistance Sensitivity and Safety (PASS) Driver Certification Program. This program is designed to provide community transportation drivers with current expertise in passenger assistance techniques and sensitivity skills appropriate for serving persons with disabilities.

In Nevada, we recently had CTAA conduct training for all our providers in the Nevada network. Each provider was able to send one representative, who upon completion of the program would, in turn, be a certified instructor and able to train others in their company. LogistiCare covered the expense for the entire program.

The course outline includes:

Day 1: Introduction: Pre-test, Stress Management, Americans with Disabilities Act

- ***You as a Professional***
- ***Customer Service: Who are your Customers; Communication; Stress Management***
- ***Americans with Disabilities Act***
- ***Service Animals***
- ***Disability Awareness: Assisting the Visually Impaired; Hidden Disabilities; Stroke; Epilepsy and Seizure Disorders***

Day 2: Principles of Crisis Management

- ***Blood Borne Pathogens (Hepatitis A,B,C; HIV, Dialysis)***
- ***Wheelchairs***
- ***Lift Operating Procedures (Hands On Training)***
- ***Wheelchair and Occupant Securement (Hands On Training)***
- ***Emergency and Evacuation Procedures***
- ***Driver / Passenger Sexual Improprieties***
- ***Driver Certification Examination***

If a driver is responsible for a wheelchair/stretcher, specifically for wheelchairs or stretchers, an additional hands-on class is required. This class lasts approximately three hours and teaches the following:

- ***Wheelchair and stretcher restraint systems***
- ***Lift operating procedures***
- ***Wheelchair and occupant restraints techniques***

3.5.2.2 Requirements for Provider Vehicles

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.

COMPLYING WITH VEHICLE STANDARDS AND ADA REGULATIONS

All vehicles in our transportation network are and will continue to be required to comply with all regulatory requirements for vehicle safety, operation, and maintenance.

Before being placed into NET service, all vehicles in our transportation network must comply with applicable city, county, state, and federal requirements, which include ADA regulations, licensing, and insuring all vehicles used to transport recipients.

Our provider contracts stipulate that transportation providers must keep their vehicles in proper physical and mechanical condition at all times. LogistiCare's vehicle standards for transportation providers specify a multitude of conditions, including all of the requirements outlined below.

Investing in Nevada....

Tablet-based vehicle inspections increase efficiency of the process

LogistiCare inspects 100% of all NET Provider vehicles before allowing them to begin NET service, and at least twice per year after that. We also inspect provider documents to confirm compliance with applicable licensing standards and coordinate with other licensing agencies with jurisdiction over particular types of Providers. Our tablet based vehicle inspections are more efficient and allow the transportation provider to get their vehicles back in service sooner.

LogistiCare's Field Inspectors perform both scheduled semiannual and unannounced vehicle inspections. Unannounced inspections are random or may be conducted as needed in response to recipient comments or other operational issues. Our Field monitors make certain that vehicle safety inspections are conducted, passed, and re-validated to assure each recipient's safe travel. See Section 3.4.8.2 for more details on our inspection process.

In accordance with our Transportation Provider Agreement we remove from service any vehicle that does not meet LogistiCare standards, is found to be in unsafe condition (e.g., bald tires, broken mirrors, cracked windshield), or presents a serious comfort issue. LogistiCare must verify that deficiencies have been corrected before a redlined vehicle may return to service. Transports that occur in a redlined vehicle are not approved for payment and may result in removal of the Provider from the NET network. Any deficiencies and actions taken are documented and become part of the vehicle's permanent

<u>Vehicle Problems.</u> A vehicle that does not pass LogistiCare's inspection, but has no violations that pose an immediate threat to the safety and comfort of riders, will be passed on a probationary status and given a dated yellow sticker. The vehicle will be re-inspected in ten (10 days to confirm its subsequent compliance. Any vehicle failing to pass the second inspection will be given a red sticker and may not be used to provide NET transportation services. If the vehicle fails inspection due to a health, safety, or serious comfort issue, it is given a red sticker and may not be used for transportation.

<u>Leveraging Tablet Computers and the Cloud.</u> When field monitors are observing processes and inspecting vehicles, working with paper forms can be a challenge. The

field monitor is often out in open weather, and the resulting paper forms can be hard to read and difficult to verify.

To address, this, we have implemented a cloud-based solution that uses mobile devices for data collection during inspections. Using this application, field monitors simply select the appropriate fields and answers on a tablet or smart phone to provide access and provide vehicle information. The benefits of the application are that it automatically captures the date time and geo location of the inspection or monitoring activity and allows photographic evidence of the vehicles condition to be collected and stored. Once entered through the mobile device, the information is fed back to LogistiCare. The end result is a report in spreadsheet format, which allows all the information to be easily viewed, analyzed and printed. At least one of the national brokers has a similar technology but the inspection happens while the broker staff sits in another state and the transportation provider self-reports the requirements. Because of the risk of self-reporting, we are physically on site for every inspection.

Figure 10. LogistiCare Field Monitor using our new table-based vehicle inspection application

We are upgrading this application to supply real time compliance information to the field staff during the inspection. This way, they will know immediately if a vehicle or driver is compliant with all credentialing requirements and can complete all prescribed compliance checks and all vehicle inspections using the same program.

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.

MEETING VEHICLE REQUIREMENTS

LogistiCare has read, acknowledges, and will continue to comply with the above RFP requirements. Items A through O of this section of the RFP are addressed by LogistiCare through a combination of initial vehicle inspections, on-going vehicle tracking, our program of vehicle inspections and documented requirements in our Provider Manual.

Regarding Item O, LogistiCare actively enforces all driver and vehicle compliance and credentialing standards. Any driver or vehicle found to be non-compliant with RFP and contract requirements, or state or federal regulations, is immediately removed from service until LogistiCare verifies that such deficiencies have been corrected.

All instances of non-compliance and our actions toward resolution are documented in our records for the appropriate provider, driver and vehicle. For example, if a driver fails to maintain appropriate licensing, we require the driver's immediate removal from the program until they are properly licensed.

Likewise, any driver who exceeds the moving violation or chargeable accident terms specified in the RFP will no longer be allowed to provide service. Any vehicles found to be non-compliant with the requirements set forth in the RFP and the provider agreement are removed from service and not allowed back into network until they are re-inspected and found to be in compliance.

Regarding Item P, LogistiCare currently and will continue to inspects all vehicles in the Nevada provider network at least twice a year and more often if needed; for example, in response to rider complaints, or in case a vehicle has been in an accident. LogistiCare inspection process exceeds the requirements to help ensure the safety of Nevada's recipients.

Our initial and ongoing inspection process is outlined above in Section 3.4.8.2.

Regarding Item Q, we affirm that all our vehicles carry a copy of the Letter of Exemption issued by DHCFP, at all times. This letter is actually a result of the efforts we undertook with DHCFP when we began working in Nevada in 2003, which resulted in the passage of Senate Bill 401. We will continue to require and confirm through inspections that these Letters of Exemption are carried in the vehicle.

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:

OVERSIGHT OF TRANSPORTATION PROVIDERS

Per the above RFP requirement, LogistiCare will continue to ensure adequate oversight of subcontracted transportation providers and ensure that providers comply with all applicable Local, State and Federal laws, regulations and permit requirements. A comprehensive description of our oversight and monitoring processes and programs is provided in Sections 3.4.8. and 3.5.3.

As described in those sections, oversight of our transportation network begins with our initial recruitment and selection and continues through stringent credentialing and contracting processes. We are diligent in our efforts to confirm providers are in compliance with local, state and federal laws; licensing regulations; permitting; and other regulations such as insurance requirements.

Among the areas of compliance and performance included in our oversight programs are processes for:

- ***Validating ongoing compliance with basic credentialing requirements such as insurance, driver background checks and vehicle standards;***
- ***Enforcing performance requirements such as being on time, driving safely, providing passenger assistance, and treating recipients with dignity and courtesy; and***
- ***Checking all transportation providers, vehicle owners, and drivers against the Office of Inspector General (OIG) monthly to be sure they have not committed***

fraud or abuse against Medicaid or Medicare. LogistiCare uses the Federal List of Excluded Individuals/Entities (LEIE) database to check on new transportation providers; and

- ***Completing Federal, state and local criminal background checks, including sex offender lists.***

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;

COMPLIANCE WITH NAC 706.191

Our entire fleet of provider network vehicles is in compliance with NAC 706.191 and carries a minimum of $1,500,000 combined single limit insurance coverage on all vehicles. This is validated through obtaining and examining provider records. Our provider contracts continue to require this level of coverage. LogistiCare takes the extra step to obtain and retain a copy of an insurance certificate for each provider, and the terms of our provider contracts allow us to contact the provider's insurance agent or carrier directly to verify coverage information.

We record the expiration date in the LogistiCAD to alert us and providers of upcoming expirations. We are able to validate insurance renewals and receive renewal certificates. We do not accept attestation as an adequate validation of compliance. We will provide notice of the status of all related polices to the Administrator of Nevada Medicaid as required.

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

TESTING PROGRAM

LogistiCare makes every effort to reduce the risk of accidents and injuries resulting from the misuse of alcohol or use of controlled substances by drivers. All of the network drivers, including volunteer drivers, are subject to an initial and periodic alcohol and substance abuse testing program that actually exceeds the five-panel U.S. Department of Transportation Federal Motor Carrier Safety Division standards and will comply with the standards listed above. All drivers in the NET program must pass a 10-panel drug screening prior to enrolling in training and must retake the testing annually.

As a benefit to our provider network, we contract with a national employee screening services firm, Occuscreen, to offer reasonably priced drug and alcohol assessments. However, providers can also use any other accredited screening agency that can meet our 10-panel screening requirements.

We require our transportation providers to remove immediately from service any driver suspected of violating drug and alcohol policy requirements until a satisfactory review has been completed. Additionally, LogistiCare reserves the right to have removed from service any driver that we or the state feels is not in compliance with DHCFP regulations.

3.5.3.3 Criminal background checks conducted periodically that assure criteria in MSM Chapter §100 are met;

CONDUCTING CRIMINAL BACKGROUND CHECKS

All of the drivers in the Nevada NET network, including volunteers, are subject to an initial criminal background check to confirm that criteria at MSM §103.12A are met and is repeated annually thereafter per contract requirements. LogistiCare checks all transportation providers, owners thereof, and/or drivers, as applicable, against the following:

- ***Federal List of Excluded Individuals/Entities –Drivers and owners checked***
- ***Excluded Individuals/Entities by the Dept. of Health & Human Services Office of Inspector General***
- ***Comptroller of Public Accounts Debarred Vendor List***
- ***Comptroller of Public Accounts Certificate of Account Status***
- ***Secretary of State SOS Direct***
- ***Internet Computerized Criminal History (CCH)***
- ***Office of Inspector General (OIG) monthly check to verify that they have not committed fraud & abuse against Medicaid or Medicare***

A key savings program we offer to the provider network is the nationally discounted background-screening program operated by our national partner Occuscreen, which includes screening for Motor Vehicle Registry, Substance Abuse, Sexual Offender, Criminal Backgrounds, and more. However, providers can also use any other accredited screening agency that meets MSM §103.12A criteria.

LogistiCare refuses to utilize in the program any individual who fails to meet these mandated criteria. Furthermore, we immediately remove from the program any individual who fails to meet these criteria during our mandated, periodic testing.

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

VEHICLE SIGNAGE REQUIREMENTS

LogistiCare's network of subcontracted vehicles clearly exhibit signage identifying those that are operating under an exemption from the NTA regulation. We will continue to validate that the appropriate signage is in place during vehicle inspections and through regular, random field monitoring. As an example transportation providers are not allowed to advertise their phone numbers because they are not for hire, they are only allowed to transport NET recipients. This is a requirement from the NTA and part of the collaboration we developed during implementation in 2003.

3.5.3.5 Documentation in each vehicle of any exemption from NTA regulation; and

VEHICLE DOCUMENTATION REQUIREMENTS

LogistiCare requires all of our provider's vehicles to carry a copy of the Letter of Exemption issued by DHCFP. We validate that these Letters of Exemption are carried in every vehicle though inspections and random field monitoring.

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.

PERMITTED EXEMPTIONS RELATING TO PROVIDERS WITH EXISTING AGREEMENTS

LogistiCare certifies that all vehicles in our network, including those with the exemptions described above, are subject to the same rules for vehicle inspection described earlier in this section. They will also be required to carry and show proof of liability insurance, certificate of insurance, or surety, equal to, or the same as, the level required by the Department of Motor Vehicles. We further certify that all drivers are, and will be subject to background and drug tests described in this document.

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.

VOLUNTEER DRIVERS AND MILEAGE REIMBURSEMENT

LogistiCare administers mileage and mileage reimbursement programs for Medicaid recipients in states across the US, and has been managing these programs in Nevada. We will continue to use volunteer drivers in Nevada as appropriate. These programs keep costs low, offer fair reimbursement, and provide maximum travel control and flexibility to recipients.

The volunteer driver programs in Nevada have proven to be particularly valuable in remote areas with little commercial or public transportation available. The use of volunteer drivers is carefully coordinated with our commercial providers to encourage an atmosphere of collaboration rather than competition. Private vehicles and

drivers in the compensated volunteer program must meet certain standards, including the following:

- ***Appropriate state licensing and insurance***
- ***Seatbelts and child safety seats when appropriate***
- ***Functional heating and air conditioning in vehicle***
- ***No driver may have convictions for substance abuse, sexual crimes, or crimes of violence***

LogistiCare reimburses volunteer transportation providers for their expenses on a per-mile basis from mile one (1).

In addition to volunteers, the Nevada NET program also leverages mileage reimbursement arrangements for recipients who use their own transportation.

Per DHCFP policy, if a recipient owns a vehicle, they can use it and receive reimbursement for mileage. We provide reimbursement beginning at mile one (1).

If a recipient does not own a vehicle, but has a family member or friend who does, and they are not legally responsible for the recipient's care, these individuals can receive reimbursement from the recipient's residence and double the Federal Medical Rate.

In both cases above, the recipient must contact LogistiCare to schedule the trip, allowing us to verify eligibility, appointment time, and the need for the visit – as we would for any NET trip. Our staff confirms that all drivers eligible for mileage reimbursement meet program criteria related to licensing, vehicle registration, and insurance.

A mileage reimbursement form is completed by the recipient and signed by the medical provider to document that every reimbursed trip was actually taken. All trip mileage is accurately calculated and recorded using geo-based technology in our database system. Distances and confirmations are reviewed by billing staff before any payments are made.

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.

REIMBURSEMENT RATES

LogistiCare will continue to negotiate fair and reasonable rates with transportation providers and reimburses them for NET transportation claims on a timely basis, accurately, and in accordance with the standards of their contract and the RFP. We know that treating providers fairly is critical to maintaining the overall strength of the transportation network, and we will continue to earn the trust of providers by compensating them fairly for the critical service they provide.

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.

PROVIDER PAYMENT TIMING

LogistiCare understands that making timely payments to providers plays an important role in every NET brokerage program. These payments are even more critical in Nevada where 35% of the transportation providers rely entirely on Medicaid NET services for their revenue.

Our payment system complies with all state and federal statutes and regulations, and exceeds the RFP payment requirements of "paying providers within forty-five (45) calendar days of receipt of a valid invoice" and performing 100% verification on mileage reimbursement and when appropriate on all other trip types. In practice, LogistiCare exceeds Nevada standards. Our process calls for payment of clean claims within 30-calendar days from receipt of invoice, and average we pay in 19.5-days. At the same time, we use the claims validation steps detailed below to inspect claims submitted for payment; these steps are a critical element of our fraud detection process.

LogistiCare has two (2) proven methods for processing and paying provider claims.

Method One- Manual Claims Submissions. While this method remains available, it is the least efficient and is rarely used. This method requires the provider to create a paper invoice outlining all of the pertinent trip information and submit it every two (2) weeks with supporting documentation.

Providers are also required to send in the detailed drivers' logs containing the name of the recipient transported, the recipient's signature, LogistiCare assigned job number, trip date, and pick-up and drop-off times, pick-up and destination locations, and other essential information as specified by the recipient.

LogistiCare Claims Processors process claims daily. They verify and validate trips by comparing the driver's logs to the original reservation information entered into our LogistiCAD information system.

Our verification process eliminates attempted fraudulent billing activity. Through specific validation procedures, LogistiCare confirms that trips submitted for payment meet the following criteria for a clean claim using, among other sources, a trip/vehicle manifest and encounter data:

- ***There is a valid LogistiCare authorization job number***
- ***Mileage invoiced is accurate according to geo-base programming definitions***
- ***The provider submitting the invoice is the authorized transportation company***
- ***The driver who performed the transport is properly credentialed and active***
- ***The vehicle used is active and has passed its field inspection***
- ***Signature of recipient has been obtained, if he or she is able to sign***
- ***Pick-up and drop-off times have been provided***
- ***Escorts or attendants provided have been documented***
- ***Provider is requesting reimbursement for the authorized level of transport, unless unusual circumstances documented in the electronic trip record, require the upgrade of such transport***

Most providers submit claims through our secure provider Web portal, described below. However, the manual billing process currently remains for providers who may not have sufficient computer capabilities.

<u>Method Two- Billing via the an Electronic Method.</u> We will have 2 ways for transportation providers to submit electronic claims information in the new contract. Currently all transportation providers can submit via our "web billing" system and for the new contract we will add our "new tablet based" system.

> ***<u>Method A</u>: Our standard "Web billing" system is the second available method for validating billed trips and for paying all clean claims to transportation providers within an established bi-weekly schedule. The majority of our Nevada providers take advantage of this system, approximately 70% of all claims are submitted via this method.***
>
> ***After receiving a user ID and password, the provider accesses our secure Web site and log-in screen. The provider chooses from a number of different options, including viewing current and upcoming trip lists, notifying LogistiCare of any trip cancelations, entering completed trip information, reviewing payment schedule, and displaying vehicle and driver reports.***
>
> ***Providers enter data on completed trips through this secure Web portal and submit the signed route logs. Our Billing Clerks review the signed driver logs, and vehicle manifests data sent in by the provider and compare them to data previously entered by the provider, which is now available in our LogistiCAD system.***
>
> ***For providers, the benefits of using the Web Interface System include:***
>
> - ***Trip data is already in the system, speeding up the processing of provider payments by eliminating time-consuming extra data entry.***

- ***The system is intuitive and easy to use, typically taking only 10-15 minutes to learn.***
- ***Access to trip information any time they wish, allowing them to work on their routing at their convenience.***
- ***Immediate notification of trip assignment changes via the Web interface.***
- ***Capability to enter trip re-routes and cancellations electronically, saving them time and reducing billing errors.***
- ***View capability for valuable reports, such as driver and vehicle revenue-per-day, helping them know how efficiently they are operating.***

For the Nevada NET program specifically, the benefits of using the Web Interface System include:

- ***Providers are responsible for entering completed trips, reducing potential conflicts around the issue of whether we properly recorded the data from their driver logs.***
- ***LogistiCare can communicate important performance information to providers in a cost-effective way.***

Method B: ***Our new "tablet based" system will be available to our transportation providers under the new contract. This real time claim submission process meets all requirements for Nevada. Once the transportation provider starts the trip process by clicking "start trip" on their tablet our system will begin tracking and recording all the required documentation for a clean claim submission as required by the RFP. The GPS feature will identify the pick-up and drop-off addresses and collect recipient signatures. Once the transportation provider clicks "trip complete" all documentation automatically uploads to LogistiCare and the claims process as started. In other markets this process as quickly taken over as the preferred method of claims submission and we expect similar results in Nevada.***

Third Party Billing: We have read and agree to the requirements of third part or other health care coverage NET services as listed above.

INVESTING IN NEVADA CLAIMS PROCESS

LogistiCare has been in the process of deploying a substantial upgrade to the systems used to process and pay claims. The upgrade is focused on the most important aspect of the NET program from the provider's perspective: Accelerating the Payment Process.

The overall initiative is referred to internally simply as the Claims Processing Systems Upgrade, or CPSU, but behind the bland name are important changes that have resulted in a more integrated process that delivers payments faster. By combining several technologies into a single, integrated and seamless system, claims are now processed, validated and paid in one continuous process.

CPSU leverages the provider claims website already in place and includes changes to the site that make it easier for providers to submit or upload information. One key benefit is that claims are verified in "real time," so that the provider is notified immediately if required claims information is missing. This allows them to resubmit the claim with the necessary correction immediately. This is a vast improvement over the

previous model, in which providers only learned of a denied claim when they received payments and discovered the unpaid items.

On the back end, the system has much-expanded ability to include embedded business rules and enhanced data analysis capabilities. The system also leverages claims data for analysis. Using "Big Data" analytic techniques, CPSU provides tools to LogistiCare's claims experts in our constant efforts to reduce fraud, waste and abuse.

PAYMENT PROCESS STEPS AFTER SUBMISSION

Calculating Payments. If the scheduling information in LogistiCAD agrees with the trip information submitted by the transportation provider, the trip is validated and authorized for payment. The value of each trip is automatically calculated using mileage, class of service, and rate table information for each provider incorporated into the LogistiCAD system.

Payment Denials. If there is a disparity between a submitted invoice and the authorized trip record in LogistiCAD, the trip is denied for payment and sent back to the transportation provider with a detailed Explanation of Payment (EOP) report. The EOP report details the amounts paid for each trip and the reasons for any trip denial.

Resubmissions. The transportation provider then corrects and resubmits any denied trips. The vast majority of denied claims result from incomplete documentation on the part of providers. If a provider continues to appeal a trip denial, it is resolved by LogistiCare's Claims Manager or, if necessary, the General Manager. Clean claims are processed within 30-days of submission.

Disbursement Schedule. All providers are given a disbursement schedule that shows when payments will be made for clean claims submitted during each two-week period. This payment schedule is included in the NET Provider Manual and online through our Provider Web portal.

Monitoring. The claims payment process is monitored electronically through LogistiCAD. A claims payment report is uploaded into Epicor, our corporate accounting software, which generates the twice-monthly check payments and accounts payable aging reports.

Electronic Payments. LogistiCare is able to remit payments electronically via wire transfers to those transportation providers capable of accepting electronic payments. Otherwise, manual checks are issued. LogistiCare's finance and accounting department is responsible for overseeing the claims payment process.

Reporting. After all trips in an invoice batch have been verified, a report is generated from the LogistiCAD system depicting the number of billed trips for each date of service, when the invoice (claim) was received by LogistiCare, when the invoice was submitted to accounts payable for payment, when it was paid, and the amounts billed and paid for each transportation provider. The report also indicates the number of days it took to process and pay the claim.

Billing process. Providers will continue to receive a detailed Billing Procedures during the initial contracting and orientation process and are introduced to their company's specific billing representative. If a transportation provider calls in to inquire about a claim, the call is routed to the assigned claims person, who retrieves the relevant EOP report and explains the payment process. Information regarding pro-

cessing procedures for Third Party Liability payees is also detailed in the Provider's Billing Procedures Manual.

DEVELOP SAFEGUARDS AGAINST TRANSPORTATION PROVIDER AND RECIPIENT FRAUD

LogistiCare has developed safeguards against fraud. As with transportation providers, we will report all suspected recipient fraud and abuse incidents within the required time frames as identified in the Nevada provider manual.

Our preventive and application controls set us apart from our competitors. Most NET recipients would never consider attempting to defraud the Medicaid program. However, for the comparatively low number who might attempt to commit fraud or abuse the program, LogistiCare has developed numerous safeguards. The following overview provides brief descriptions of our safeguards against recipient fraud. See Attachment 16 for the Nevada Draft Quality Assurance Plan. Our operations manual includes written policy and procedures and standards of conduct consistent with all applicable federal and state laws pertaining to fraud, waste, and abuse. Upon contract award, LogistiCare will submit for approval an operations manual specific to NET operations in Nevada.

Urgent Trip Request Verification. ***We verify recipients who request urgent NET services are in actual need of immediate medical care due to a medical necessity. Our CSRs and team contact the recipients' healthcare providers to verify the need for expedited treatment.***

Safeguards in Use of Technology. Another type of overbilling involves exaggeration of mileage. We combat this type of billing fraud, waste, and abuse by authorizing and paying only the mileage calculated by our geo-based and commercial mapping data. This mileage is included on the transportation provider's trip assignment list prior to the trip occurring.

Safeguards in Experience. ***We recognize that a transportation provider may collude with a recipient or healthcare facility to request an inappropriately expensive level of service. This collusion may consist of kickbacks to the recipient or healthcare facility for making such requests. Transportation providers may also simply fail to inform LogistiCare that the requested level of service appeared to be inappropriate. To mitigate this potential for fraud, waste, and abuse, LogistiCare's service agreements with NET transportation providers requires informing us of any instances in which the level of service appears incorrect; for example, if a person indicated as wheelchair-bound walks out to the vehicle. Failure to inform us of such a situation could be a form of fraud, waste and abuse, particularly if the inappropriate level of service is billed. One of the primary functions of our Field Monitors is to look for this type of behavior.***

Misrepresentation of Medical Information to Justify Referrals. ***A NET transportation provider may attempt to get the level of service changed at the time of transport based on alleged discrepancies between the actual needs of the recipient and those indicated on the company's trip manifest sent by LogistiCare. This kind of attempted level of service adjustment is rare, and any pattern of such requests becomes readily apparent triggering a prompt investigation by LogistiCare.***

Fraudulent Use of a Medicaid Number. ***Attempts by a non-eligible person to use an eligible recipient's Medicaid identification (ID) to book a trip by phone constitutes***

identity fraud. This is a rare, particularly unlikely occurrence with respect to urgent trip reservations, because verbal appointment confirmation from the healthcare provider is always required. In most other cases, this ruse will not work because LogistiCare validates a high percentage of trips for which some aspect of medical necessity must be verified with healthcare providers. Should a circumstance of potential identity fraud be raised, we may require the recipient to show a photo ID to confirm that he or she is the authorized person.

Rides to Non-Medical Locations/Appointments. ***Occasionally, eligible recipients attempt to schedule a trip for a non-medical purpose, such as trips to the grocery store. As part of our gatekeeping process and because of our tenure in Nevada, we have compiled, maintain and regularly update a comprehensive file of Nevada medical facilities. Our extensive database enables us to check and validate if a trip request is associated with a legitimate medical facility.***

Misrepresenting Medical Necessity. ***Some recipients may misrepresent their medical conditions or the medical necessity of going to a particular healthcare provider to avoid using public transit. The authorization process itself resolves many of these issues because all recipients in Nevada not using public bus transportation are required to go through the paratransit application process. Additionally, our verification process for urgent, same-day, and next-day appointments is designed to help prevent abuse. Our practice of contacting medical facilities to confirm these types of trips with a subsequent review by our Nevada staff eliminates the misrepresentation of medical necessity.***

Fraudulently Using Public Transit Passes. ***LogistiCare makes public transportation available to Nevada recipients by providing transit passes (where available) for schedule trips, along with assistance on which routes to take. We contact the medical providers to verify that recipients that were issued passes attended their appointments. Although not every trip is verified in this manner, we conduct attendance verification on a random sample of recipients to provide us with a metric to confirm that public transit trips are being taken. LogistiCare collaborates with transit agencies to help prevent fraud or abuse of this service.***

Random Sample Audit. In addition to routine, pre-trip verification of urgent trips and our post-trip attendance checks for standing order trips, LogistiCare verifies a random sample of all scheduled trips by contacting the medical provider to verify that a recipient had scheduled and attended an appointment for a covered medical service. LogistiCare distributes the verifications proportionally across all trip types.

3.6.1.3 Balance billing by providers is prohibited.

BALANCE BILLING

LogistiCare understands and will continue to uphold the prohibition of balance billing of Nevada's Medicaid recipients by providers. We monitor our transportation providers on a regular basis to confirm their compliance with their Provider Agreement, the state's NET contract, and the RFP requirements.

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.

VENDOR LIABILITIES

LogistiCare understands, acknowledges, and affirms that Nevada's Medicaid recipients are not liable for, and are not to be held liable for, the items described in items A through F above. The applicable details of the above requirements are included in our Provider Agreement.

We will continue to administer the checks and balances in place to monitor our transportation providers and to validate that Medicaid recipients are, at no time, required to pay any portion of their transportation.

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.

RECIPIENT PAYMENT RESPONSIBILITIES

Although this is not something we typically encounter, LogistiCare understands and acknowledges that when a service provided by a Medicaid provider 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. We will uphold this requirement in our processes and through our monitoring processes.

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.

SECURITY DEPOSIT

We current have security deposits in place as part of our contractual arrangements for our current role as the broker for Nevada's NET program.

We understands and acknowledges that we are required to provide a performance security deposit to DHCFP in order to guarantee our obligations under this contract. We also confirm that the security deposit must conform to the requirements of items A through C of this section, and agree to provide the required deposit should we be selected to continue to manage the NEW program.

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.

THIRD PARTY LIABILITY

We understand we are required to take all reasonable measures to identify legally liable third parties and treat verified TPL as a resource of Medicaid. LogistiCare will request the list of recipients known to have third party coverage.

When circumstances exist where a recipient has a third party insurance plan that covers NET service, the recipient's insurance coverage information will be annotated in LogistiCAD, our NET management system. We will incorporate the state's list of recipients known to have third party coverage into LogistiCAD to accommodate cross-reference when recipients schedule transportation appointments.

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

AUTHORIZED AGENT

LogistiCare currently complies with and will continue to comply with, if selected, all requirements of this section. This includes, but is not limited to, utilizing the state's EVS eligibility system to determine if casualty claims are filed and will recover costs through subrogation on behalf of both Medicaid.

As the payer of last resort, LogistiCare will reimburse the provider for any remaining balance after verifying the amount paid by the Third Party, via appropriate documentation (i.e., EOB) and up to our NET contract rate. All information on the third party, including collections and collection attempts, will be reported to DHCFP in a format prescribed by the state.

3.7 REPORTING

LogistiCare uses our transaction processing system, LogistiCAD, to maintain complete records of all NET activities, and all the information stored in the underlying database is available for use in reports. LogistiCAD generates a large number of reports on all aspects of the NET program by default, and can provide custom reports as required.

Information in the LogistiCAD system is tracked on a real-time basis. Data can be retrieved and reported by recipient ID, recipient name, dates of trips, facility attended, NET Provider, mileage, expenditure, and many other data fields. Based on these capabilities, LogistiCare produces a wide range of standard reports capable of conveying impressive detail, including Verification Reports, Eligibility Reports, Trip Reports, Compliance Reports, Performance Reports, Complaint Reports, Accident and Incident Reports, and Reports of Service Denial and Fair Hearings.

In addition, our Call Center systems provide us with the ability to capture and report information such as number of incoming calls, length of call, length of time in queue, and number of calls abandoned. We also produce reports of live monitoring of CSRs to guide quality improvement of our customer service.

The current reports we produce and will produce if selected to continue as Nevada's NET broker are described in the sections below.

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:

SUBMITTING MANAGEMENT REPORTS

Our Nevada NET Operations team currently provides a variety of required reports to DHCFP that address the requirements of this RFP as well as our current contract. We will continue to provide all the necessary reports upon award of the new contract. We do so using data captured and maintained in LogistiCAD, and we will continue to do so if selected to manage the NET program in Nevada for another contract period.

LogistiCAD maintains complete records of all NET activities and is used to document that our operations adhere to all Medicaid medical transportation rules and regulations, as well as those of DHCFP. LogistiCAD serves as the source for providing DHCFP with comprehensive reports on every aspect of the NET program.

We have the flexibility to produce virtually any type of operational, management, or ad hoc report and we use the reports we produce to examine and strengthen our performance and procedures, as well as to provide DHCFP with insight into program operations. Information in LogistiCAD is tracked in "real-time," and is immediately accessible for a number of uses including daily operations, service authorization, trip scheduling, provider reimbursement, recipient monitoring, trend analysis, and fraud detection.

LogistiCAD has almost 250 standard reports that help us to manage all aspects of the NET program. These standard reports address issues such as verification, eligibility, utilization and trip details, compliance, performance, and denials and fair hearings. In addition to the standard reports we already produce, LogistiCare has the capability to produce virtually any type of report the state may request. In addition, the Division has access to a Web-based reporting application (Client Services Web Portal) that allows DHCFP users to log in and call up standard reports or customize reports for specific periods and activities.

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.

TRANSPORTATION SUMMARY REPORT

LogistiCare submits a Standard Monthly Report to the Division that includes all components that are required in the Transportation Summary Report and will continue to provide under the new contract. The following table lists the set of data groups, specific to transportation, that are included in our Standard Monthly Report. This report is currently produced by LogistiCAD and will be provided within ten (10) business days of the close of each month in a new contract period as required by this section of the RFP.

Standard Monthly Report / Transportation Summary	
Report	**Description**
Year at a Glance	*This report provides a Year to date summary overview of the program, and depicts total trip volume, level of service distribution, mileage distribution, distribution of standing orders, and call statistics.*
Standard Trip Report	*Depicts trip data for gross, cancelled and net authorized trips by level of services*
Commercial Air Transports	*Depicts all transportation by commercial air carrier and includes: trip date, destination, origin, cost, recipient, purpose, and traveling with / without an escort.*
Denials	*Depicts numbers of denials by reason code and the percent of denials vs. total trips requested.*
Facility Data	*Depicts number of trips by facility type and percentage of total trips by facility type.*
County Data	*Depicts total trips by county*
Unduplicated Rider	*Depicts number of unduplicated riders and number of unduplicated trips by level/ mode of service (A, W/C, S, BLS, Mass Transit A, Mass Transit W/C, Mileage Reimbursement A, Mileage Reimbursement W/C, Volunteer Driver A , and Volunteer Driver W/C*

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.

CALL CENTER REPORT

LogistiCare uses Avaya's Call Management System (CMS) to generate our call center activity reports. This system is capable of isolating a variety of elements pertaining to the operation of call center equipment and related statistics, and consolidating them into comprehensive reports. Benefits include the flexibility to adjust reports based on modifications DHCFP may request in the future, as well as the capability to generate reports at various intervals.

Our Nevada team managers use standard utilization reports to analyze and track our performance to verify that Nevada's Medicaid recipients' requests are met expediently and with excellent customer service. Our ACD reporting system and our digital recorder enable us to report in detail on virtually every aspect of call center service quality. We leverage the data found in these reports to identify and correct deficiencies, as well as to determine what practices and processes are working well. By doing so we can standardize on the most successful practices in order to incorporate constant improvements as we meet or exceed the State's requirements.

DHCFP currently receives our Call Center Performance Reports as part of our Standard Monthly Report described above and as required by the contract and the RFP, and we will continue to provide these reports within 10 business days after the close of month and in a format approved by the Division for the new contract period. The table below lists the call center specific reports that we will provide.

Standard Monthly Report / Call Center Reports	
Report	**Description**
"Where's My Ride" Calls	*Depicts call data for WMR calls, including: Total Incoming Calls, Calls Answered by Staff, Average Speed of Answer,# of Abandoned Calls, Average Abandonment Time, Average Talk / Hold Time, % in Service Level, and Daily Abandonment Rate*
Facility Calls	*Depicts call data for Facility calls, including: Total Incoming Calls, Calls Answered by Staff, Average Speed of Answer,# of Abandoned Calls, Average Abandonment Time, Average Talk / Hold Time, % in Service Level, and Daily Abandonment Rate*
Provider Calls	*Depicts call data for Provider calls, including: Total Incoming Calls, Calls Answered by Staff, Average Speed of Answer,# of Abandoned Calls, Average Abandonment Time, Average Talk / Hold Time, % in Service Level, and Daily Abandonment Rate*
Spanish Calls	*Depicts call data for Spanish calls, including: Total Incoming Calls, Calls Answered by Staff, Average Speed of Answer,# of Abandoned Calls, Average Abandonment Time, Average Talk / Hold Time, % in Service Level, and Daily Abandonment Rate*
Reservation Calls	*Depicts call data for Reservation calls, including: Total Incoming Calls, Calls Answered by Staff, Average Speed of Answer,# of Abandoned Calls, Average Abandonment Time, Average Talk / Hold Time, % in Service Level, and Daily Abandonment Rate*

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.

RECIPIENT SATISFACTION REPORT

In compliance with our current contract and this RFP, LogistiCare currently submits and will continue to submit, if selected, a Recipient Satisfaction Survey Report to the Division no later than ninety (90) days following the mailing of the Independent Customer Satisfaction Surveys.

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.

GRIEVANCE LOG SUMMARY

All grievances and complaints, whether received verbally or in writing (including e-mail), are documented immediately in LogistiCAD. LogistiCAD then allows complaints to be tracked according to any field of interest and a variety of variables, such as provider; recipient; agency; date; and type of complaint.

We track all negative comments received, whether they are formally identified by the recipient or caller as a complaint. This ensures that all feedback is available and that grievance and complaints are not underreported because they are categorized differently.

We currently provide the Division a Grievance Log which summarizes complaints received and their resolution and will continue to provide under the new contract. This log is provided within 20-business days following the close of the reporting month as required by the contract and RFP, and we will continue to provide the log if selected. All complaint reporting components currently available are shown in the following table.

Complaint Reports Description	
Report	**Description**
Individual Complaint Data	• *Provides a detailed record of user-selected complaints, including detailed information on a complaint, the complaining party, whom the complaint was against, trip information, and the complete complaint activity listing along with the closing code*
Provider Detail	• *Shows a listing, grouped by provider, of the complaint type, date, trip identifiers, and closing code of complaints made during a user-specified date range* • *Provides totals by complaint type and transportation provider* • *Generated for complaints that are open, closed, or both*
Provider Summary	• *Shows a summary, grouped by provider and region, of complaint types and the number of times they have occurred during a user-specified date range* • *Provides complaint totals by transportation provider* • *Generated for complaints that are open, closed, or both*
County Detail	• *Includes a listing, grouped by transportation provider and region, of the complaint type, date of complaint, trip identifiers, and closing code of complaints made during the user-specified date range* • *Provides totals by complaint type, region, and transportation provider* • *Generated for complaints that are open, closed, or both (selection criteria include all or selected regions only)*
County Summary	• *Shows a summary of complaint types, grouped by transportation provider and region, and the number of times they have occurred during a user-specified date range* • *Provides totals by transportation provider* • *Generated for complaints that are open, closed, or both (selection criteria include all or selected regions only)*
County by Closing Code	• *Summarizes the number of complaints sorted by region, complaint type, and closing codes; the complaints are further segmented by the complaining party and grouped by region and complaint type* • *Generated for complaints made during a user selected date range, for user-selected regions, and for complaints that are open, closed, or both*
Facility	• *Shows a summary of the number of occurrences of each complaint type, grouped by facility and complaint type* • *Generated for complaints made during a user-selected date range, for the user-selected facilities, and for complaints that are open, closed, or both*
Facility Type	• *Summarizes the number of each complaint type, by facility type, within a user-defined period; grouped by facility type and com-*

Complaint Reports Description	
Report	**Description**
	plaint type. • *Generated for complaints made during a user-selected date range, for user-selected facilities, and for complaints that are open, closed, or both.*
Aging Complaints	• *Provides a summary of the number of open complaints broken down by age and grouped by county and complaint type* • *Generated for complaints made during a user-defined date range, for user-selected counties, and for complaints that are open, closed, or both*
Resolution Letters	• *Generates all complaint resolution letters requested by the user*

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.

ANNUAL TRANSPORTATION REPORT

LogistiCare currently provides the Division with an Annual Transportation Report describing the NET project and contracted services, major issues and how they were addressed, and future plans for improvement. The report we produce includes the required statistical summary of provided services and other pertinent information that is requested by the Division.

We have consistently met this requirement over the past twelve years, providing the Division with our Annual Transportation Report within sixty (60) business days after the close of each year of operations, and the final report submitted within thirty (30) business days of receipt of Division comments. We will continue to submit the Annual Transportation Report as required under a new contract award.

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.

HIGH COST USERS REPORT

Our Nevada Operations team developed a High Cost Users Report specifically for DHCFP, and we welcome the inclusion of this report as a requirement since it can provide valuable information on how to reduce waste in the program.

The report includes a summary of a detailed customer trip count, monthly miles, level of service, cost, and cost per mile, recipient ID number, location, and the name of the transportation provider. This report helps us identify the percentage of high cost users and provides the opportunity to assess and evaluate their levels of service. We currently do, and will continue to, provide this report within the required timeframe of 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.

MONTHLY COST REPORT

We currently provide the state a Monthly Cost Report showing costs associated with the NET program by the type of transportation and by the amount spent per recipient. If selected, we will continue to produce this report and provide it to DHCFP.

LogistiCare has also developed a variety of additional utilization and other analytical reports to help us manage NET programs. Our Matrix Reports are one example. These reports are multi-faceted and include trip data by provider, recipient, and level of service, cost, and county and healthcare facility type. The report group is used by our management team to analyze month-end trip data for trending, cost comparison, and utilization—to make adjustments as necessary for a successful and cost efficient operation.

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

AD HOC REPORTS

LogistiCare can and will provide DHCFP virtually any other operational, management and ad hoc reports that utilizes the underlying data we capture and which the Division requests. In addition, the Division can access reports themselves through their Client Service Web Portal, as described in section 3.7.1.11.

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

OTHER REPORTS

LogistiCare will provide DHCFP with any of the more than 250 standard reports LogistiCAD can produce upon request. If we are awarded the contract going forward, we will review the entire set of available reports and determine with DHCFP any that could provide additional insights and which should be provided to DHCFP.

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.

REPORTING ON FRAUD AND ABUSE

We consistently report fraud and abuse information to the Division in accordance with 42 CFR 455.1(a) (1), and with our own policies and procedures. On occasions

when such reports are required, we are sure to include the number of identified claims or observations of fraud and abuse made that warrant preliminary investigation by the DHCFP. Each report of each instance warranting investigation contains all the requirements states in RFP 3.8.1.10.7 through 3.8.1.10.12 above. We will continue to provide the required reporting on fraud and abuse if awarded a new contract to continue as the State's NET vendor.

LogistiCare's reports track trends in travel by variables such as recipient, transportation provider, type of service, destination facility, and other information such as no-show rates. We use these reports to identify non-standard patterns that may suggest abuse.

For example, additional analysis and scrutiny is initiated if: a transportation provider has a much lower cancellation rate than other transportation providers, if certain recipients or facilities show sharp increases in ridership, or if a facility requests a much higher proportion of wheelchair trips than similar facilities. Actions taken as a result of retrospective reports and analysis have enabled LogistiCare to dramatically reduce abuse in the state NET programs we manage.

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.

DELIVERY OF REPORTS

Our Nevada operations team currently emails our monthly reports to the DHCFP Transportation Program Manager no later than the 15th business day of each month, and we will continue to be diligent in doing so if awarded a new contract.

LogistiCare also has the capability of providing DHCFP "real-time" reporting through our client Web site described below.

Real Time Reporting via the Web. LogistiCare offers DHCFP on-demand, Web-based access to "real-time" management and operations reports. Standard reports offered by the system include monthly summary reports, recipient reports, and utilization reports. DHCFP can set up multiple "users" to view single trips or complaints, review recipient eligibility or demographic information, and create reports and chart or trend data. The Web site meets all HIPAA requirements.

The web site we provide allows DHCFP users to log in and call up standard reports or customize reports for the periods and activities they want to review. This site is operational 24-hours a day and provides DHCFP with access at the times most convenient to them. Using the site and the reports available through the site, the Division can monitor progress, performance, and research NET activity trends. It is important to note that reports obtained online do not replace the official scheduled reports requested by the DHCFP. Instead, the online reports are used to supplement the scheduled reports and provide another view into the program to increase the overall trenchancy of the program.

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.

TIMELY REPORTING

Our Nevada operations team consistently provides accurate, complete and timely reports to DHCFP according to the reporting deadlines required by our contract and the RFP, and will continue to do so. We acknowledge and understand that this requirement is a prerequisite for authorization of monthly payments to LogistiCare and that failure to comply could result in consequences such as delay or suspension of payment or contract suspension or termination.

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.

PROVIDING UTILIZATION DATA

We have consistently provided accurate and timely Medicaid utilization data to the Division's contracted actuary when requested. We understand the value and importance of this requirement and will continue providing this information as required if we are selected to continue to act as the state's NET broker, including the provision that data be separated between Medicaid.

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.

PROVIDING ENCOUNTER DATA

LogistiCare has provided encounter data to the state, including the required data elements described in this section of the RFP, in the format specified by DHCFP. We will continue to provide this information in ANSI X12 837 or any other format as required by Nevada under a future contract.

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.

OTHER FORMATS

LogistiCare will upgrade to any subsequent versions of the ANSI X12 837 format, within the timeframes specified in this requirement. We have an IT staff that is famil-

iar with the Nevada NET program and available to work with DHCFP and to work through any requests or issues that may develop regarding data exchange.

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.

RECIPIENT SURVEYS

LogistiCare's client surveys are a standard part of the operational model we use in every state in which we manage NET services for Medicaid recipients. Surveys are currently being used in Nevada, and will continue to be used if we are selected as the vendor to provide NET services in Nevada in the upcoming contract period. Our surveys are designed to reveal any aspects of our service delivery that can be improved upon. The survey's schedule will meet the RFP requirements above.

In order to ensure objectivity and consistency, our corporate headquarters team -- not our Nevada team -- conducts recipient satisfaction surveys. Survey questions touch on a wide range of topics and aspects of LogistiCare NET service delivery, including interactions with our Operations Center staff, driver behavior and appearance, timeliness, overall satisfaction.

Using a quantitative research design, the survey team from LogistiCare's corporate organization complete the following tasks:

- ***Complete interviews among the recipient population***
- ***Perform data tabulation and editing***
- ***Analyze results of the survey***

- ***Prepare a presentation to the LogistiCare Nevada team and DHCFP including actions we will initiate to correct any deficiency suggested by clients' responses***

Raw survey results will also be made available to DHCFP upon request. Corrective actions and quality improvement plans are devised, as appropriate, to respond to patterns of substandard performance revealed by the survey results.

The most recent survey conducted in Nevada resulted in a 97.1% overall satisfaction rate for LogistiCare performance across 17 categories.

In addition to the above survey, we are offering the new real time after call survey. This survey allows callers the option to opt in or opt out before the call in answered by a live operator. The LogistiCare employee answering the call is unaware of the callers decision. We will work with the Division on the types of questions asked and the sampling size. The real-time survey allows for immediate feedback and additional training opportunities for CSRs.

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.

NOTICES OF DECISION

Our mission is to provide increased access to care through non-emergency medical transportation and to fulfill that mission LogistiCare authorizes the least costly, medically-appropriate mode of transportation that is consistent with a recipient's needs. However, we also have a responsibility to manage costs and ensure services are used only as defined by law and DHCFP policies.

If a reservation request for NET service is denied, the CSR informs the caller that the trip request is denied and explains their right to and the process for an appeal. LogistiCAD generates a reservation "denied" status, allowing the CRS to enter a reason for the denied trip. This, in turn, triggers an automated denial and appeals communication process whereby a Notice of Decision is mailed to the recipient within 72-hours, exceed the states ten (10) day notice.

This will increase the educational benefit provided by those denial letters.

The Notice of Decision form provides an explanation for the decision to deny service, and reasons for the denial. It also includes a Hearing Information and Hearing Request Form, which outlines the Division's rules and process for requesting a formal hearing, as required by 3.8.1.1 through 3.8.1.9 of the RFP.

A weekly denial report is produced and our General Manager reviews the information and meets with our quality assurance staff to discuss reasons for denials and appropriate corrective action if necessary. We will continue this process if awarded a new contract.

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.

RECORDING GRIEVANCES AND COMPLAINTS

Verbal and written complaints are a very important source of information that help us improve service. For this reason, we log and will continue to log EVERY negative comment, regardless of the context or subject matter, as a complaint.

The graphic below, Figure 5.1.4-55 succinctly depicts our complaint process. We use graphics and narrative to describe the natural flow of the entire complaint process.

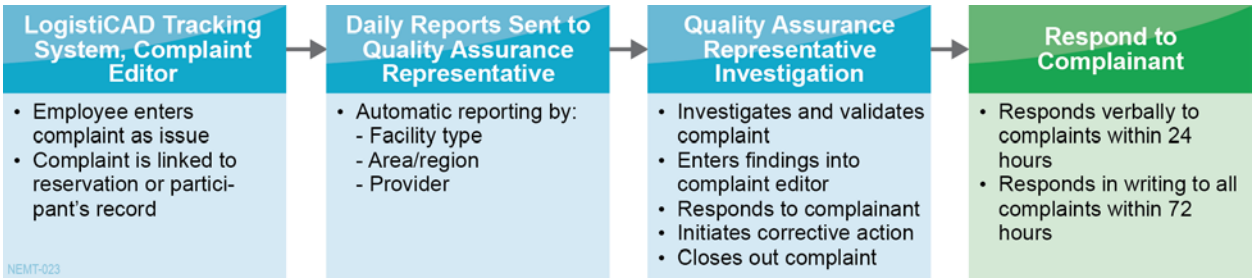


Figure 10. Complaint Tracking and Resolution Process. *Our tracking and resolution process gives us the detailed information needed to resolve customer complaints quickly, which increases customer satisfaction.*

We handle complaints with urgency and resolve them as expediently and courteously as possible. Complaints can be filed by anyone — recipients, providers, facility staff, and other Medicaid service providers.

For example, LogistiCare's Transportation Coordinators and CSRs register and code any real-time call to the "Where's My Ride?" phone line as a complaint; This is not the common practice among other brokers, as it increases the number of apparent "complaints".

Information about each complaint is entered into our LogistiCAD Complaint Editor (Figure 11 below) as an "Issue" which links the information to the appropriate reservation, or customer record. This capability allows for instant referencing whenever the customer calls in, or when trip records are audited.

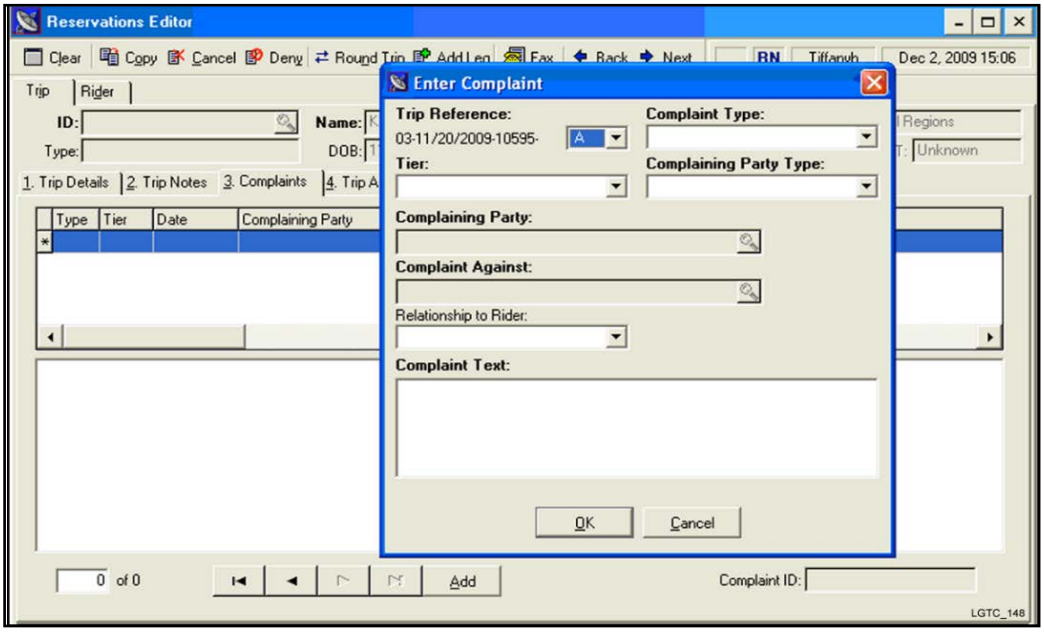


Figure 11. Enter Complaint from Reservation Screen. *LogistiCAD accommodates entering complaints without leaving the Reservations Editor screen, for process efficiency. A CSR may enter initial complaint information for follow up by the QA team.*

Our performance in Nevada is characterized by a very low level of complaint average. In 2014, the Nevada NET program had a 99.7 percent complaint-free performance rating. We will continue to aim for zero complaints as our target. Nationally, LogistiCare maintains an average 99.5 percent complaint-free performance rating across our major state NET operations.

Recipients can also file any comments, suggestions or complaints through our "We Care" portal in the recipient's section of our Web site at www.LogistiCare.com. This same "We Care" Web portal functionality is also available to facility staff and transportation providers in their respective sections of our Web site.

Our Nevada General Manager and our National Ombudsman receive ongoing communication regarding all complaints entered into LogistiCAD to aid their follow-up and resolution of each complaint. Additionally, each complaint recorded at the "We Care" Web link is automatically forwarded to the Senior Vice President responsible for Nevada for review and follow-up discussion with the local management team.

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.

RESPONDING TO GRIEVANCES

When we receive grievances, either verbally or in writing, we attempt to resolve them immediately, in "real-time" in the initial call if possible (for verbal complaints). We will continue to always respond within 24-hours to verbal complaints and within 72-hours to written complaints.

Since all issues are logged into LogistiCAD, the system is able to generate a response and the individual initiating the grievance is mailed the response within 72 hours. The letter outlines resolutions and describes the recipient's right to appeal.

When an issue cannot be resolved immediately, the individual is provided a realistic timeframe in which they can expect a resolution. Serious complaints receive immediate remedial action from our quality assurance staff, the Director of Operations, the General Manager and/or the senior vice President.

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.

DOCUMENTED FORMAL GRIEVANCE PROCESS

Our written grievance processes, policies, and procedures are currently approved by DHCFP; these processes will continue to be used if we are selected for an additional contract period and will be updated and modified as required to meet any changes in the requirements.

Our subcontracted transportation providers are also aware of, and knowledgeable about, our grievance procedures and policies. This information is provided to all transportation providers at the time they enter into an agreement with us and ongoing education is also provided to remind them of the process.

We use a tiered approach to addressing complaints and track each step via our LogistiCAD system. Depending on the type of complaint selected when it is entered into the system, LogistiCAD automatically assigns the appropriate tier classification based on the severity of the complaint type, described below.

Tier I "Serious"	Issue involving safety (e.g., traffic accident, abandoned rider, reckless driving, vehicle unsafe, evidence of weapon, assault, inappropriate sexual behavior, fraud, etc.)
Tier II "Major"	Issue involving service, behavior and timeliness (e.g., provider no show, habitual member no show, driver rudeness, CSR rudeness, are conditioner broken, etc.)
Tier III "Moderate"	Issue involving service or behavior (e.g., isolated provider late, long hold times, poor customer service)
Tier IV "Minor"	Complaint/issues not involving safety, behavior or timeliness (e.g., dirty vehicle, driver odor, etc.)

Our local Director of Operations is responsible for handling and documenting appropriate action for each complaint and communicating to appropriate staff.

- ***Tier I complaints are immediately reported to the Director of Operatons or Manager of QA, who notifies DHCFP of the incident. LogistiCare immediately commences an investigation, and works with affected parties to resolve concerns.***
- ***Tier II complaints are investigated and resolved within 72-hours from the time of the submission. Complaints involving a transportation provider are faxed to the provider and a returned response is required from them within 24-hours. Resolution could include correspondence with relevant parties and documentation of corrective action. Tier II complaints are reported to the Director of Operations daily and reported to DHCFP monthly.***
- ***Tiers III and IV complaints are reviewed by the Director of Operations and forwarded to the appropriate LogistiCare team representative for resolution. For example, vehicle issues are forwarded to the Field Monitor and Operations Director for resolution.***

All complaints are acknowledged, tracked, and monitored for relevant trends identified. If a pattern is noted, we raise the awareness and resolution to the next appropriate Tier level, in accordance with the severity.

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.

RESOLVING GRIEVANCES IN A TIMELY MANNER

As outlined in the sections above, we attempt to resolve grievances immediately, in "real-time" and always respond within 24-hours. Serious complaints receive immediate remedial action from our Nevada operations team. All complaints are logged into LogistiCAD and the complainant is mailed a response within 72-hours.

We strive to resolve every complaint within 30-days and no later than 90-days as required by the RFP. The vast majority of complaints, however, are resolved within 24-48 hours.

Complaints that have been disputed will continue to be resolved within 90 days from the date the complaint is received by LogistiCare or one of our network providers. Any complaints received by LogistiCare regarding a transportation provider are faxed immediately to the applicable provider, to afford them an opportunity to respond to the complaint.

As required by item A, our team will assist any recipient requiring help with filing a complaint and offers assistance at the time the call is received, including referring the complainant to our interpretative services and TTY/TTD lines.

Our notification processes were described in sections 3.8.2.1 and 3.8.2.2 above. As required by Item B, we promptly and courteously acknowledge receipt of all complaints received, if not immediately, then within 24-hours.

In accordance with Item C above, LogistiCare process requires that individuals who make decisions on grievances are not involved in any previous level of review or decision-making. Grievances are escalated to and through the various levels of our management team, as appropriate.

Per item D, every complaint results in written notifications. An automated closing code is assigned to every complaint and a resolution letter is generated and mailed to the complainant with a copy to DHCFP. We will continue to follow the above processes under the new contract.

Our Nevada team analyzes all complaints using a variety of variables and integrates the results into our quality improvement plan, as appropriate. We will continue to provide DHCFP information regarding all complaints in the monthly reporting package we provide to the Division.

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.

PROVIDER GRIEVANCES

We will continue to utilize the processes in place to resolve provider grievances that are separate from complaints submitted by or on behalf of recipients.

LogistiCare has comprehensive written policies and procedures regarding inquiries, complaints, and the appeal process for our subcontracted transportation providers and healthcare providers.

Our grievance policies and procedures are incorporated into our provider operations manual, which is distributed to all network providers at the time of contract. The information is also shared regularly during scheduled meetings with our network providers.

In general, we believe (and act on the belief) that investing in relationships is the best way to reduce complaint with providers. In the process of building the transportation network in Nevada and working closely with the providers, we have built and maintained long established relationships with our transportation providers.

Our Nevada staff members are extremely committed to maintaining open lines of communications with providers to achieve complete and timely response to any inquiries. To promote staff availability and efficient functional processes, we do not assign a single contact for our providers. Instead, inquiries are received and fielded by the individual or individual most knowledgeable about the subject matter. Our provider manual contains a comprehensive contact list of departments and personnel with corresponding areas of responsibility for inquiries and complaints.

We make every effort to fully address inquiries before they escalate to a complaint. In the same manner as recipient complaints, all inquiries, regardless of subject matter or source, are acknowledged within 24-hours. Complainants receive written notification within 72-hours, as appropriate, including notice of the provider's right to appeal.

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.

GRIEVANCES RECEIVED BY PROVIDERS

We accept grievances and complaints directly from providers and handle them in accordance with our formal grievance policy, described in section 3.8.2.2 above. All process and timelines for issue resolution apply to grievances received directly by providers as well as those received from other sources, including DHCFP. Final decision will be made in writing no later than 90-days after the grievance is filed.

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.

INVESTIGATING AND DOCUMENTING GRIEVANCES AND COMPLAINTS

LogistiCare has comprehensive written policies and procedures for handling grievances and complaints regardless of the source or subject matter, which are described in section 3.8.2.2 above. These policies and procedures will continue to govern our management of complaints and grievances if we are selected to continue in the role of broker and manager for Nevada's NET program.

We are diligent in attempts to resolve grievances using our proven complaint resolution methodology. This methodology, which has been reviewed and approved by the

Division, includes recording complaints in our LogistiCAD system, using reporting mechanisms to track and analyze complaints, documenting resolution and closing of complaints, and maintaining a permanent log of complaints including factual information collected during investigation, corrective action as appropriate, and resolution, and applying lessons learned to our quality improvement plans.

We also offer DHCFP on-demand, web-based access to real-time management and operations reports including real-time information about complaints.

We enter all details of any complaint, investigation, and corrective action into LogistiCAD, which logs and retains all complaint information.

LogistiCAD uses a high-performance relational database management system that allows complaints to be tracked according to any field of interest and a variety of variables, such as provider; recipient; agency; date; and type of complaint. As part of our standard reporting package, DHCFP receives a monthly complaint report and a summary complaint report by the 20th working day following the close of the reporting month. These reports are easily modified to address any changes required by the Division.

The monthly complaint summary includes information such as the following:

- ***Complaints received***
- ***Dates received***
- ***Description of the resolution***
- ***Complaints that have been resolved***
- ***Date of resolution***
- ***Complaints not yet resolved***
- ***Complaints in the process of resolution***

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.

MANAGING THE APPEALS PROCESS

LogistiCare has read, acknowledges, and will continue to comply with the above RFP requirement. In our current position managing the NET program for DHCFP, we follow the Division's appeals process as described above relative to a recipient's appeal of any decision denying, terminating or reducing their services, including the requirement to record each all aspects of each appeal, and to issue a final resolution, in writing, within thirty (30) days after the appeal is filed. The appeal process is outlined on the Division of Health Care Financing and Policy's Notice of Decision for Payment Authorization Request Form, as described in the sections above. This form is provided to recipients upon a denial for service. Our Internal Appeal process ensures we make every effort to resolve the recipient issues prior to escalation to the state appeal process.

We will continue to abide by these processes if awarded a new contract.

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).

PROCESS FOR HEARINGS

We currently meet requirements for a fair hearing process and will continue to do so if awarded the new contract for managing the NET program for Nevada. We understand the guidelines that determine grievances eligible for the State Fair Hearing process.

A LogistiCare management staff member attends any Fair Hearings that is scheduled as a result of the defined process, and the results are documented in the recipient's LogistiCAD record. Fair Hearings information is included in monthly reports to DHCFP and integrated in the operational quality improvement plans. All Fair Hearing Summaries are filed and stored with LogistiCare records.

While a fully defined and documented set of graduated appeals steps is absolutely critical to managing a NET program in a fair and transparent manner, it is also true that a well-run program will result is fewer requirements to use all levels of the process. In our experience as the State's NET vendor, very few issues proceed to the fair hearing process; most issues are resolved prior to an appeal, and most appeals are settled prior to a formal hearing.

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.

STATE FAIR HEARINGS FOR PROVIDERS

At the time we enter into an agreement with a transportation provider, we inform them of their right to submit a written request for a State Fair Hearing directly to DHCFP, pursuant Nevada Revised Statute 422.306. All of our current providers have been duly notified, and providers we recruit in a future contract period will also be properly notified.

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.

RECIPIENT RIGHTS; NO ADVERSE EFFECTS

LogistiCare has read, acknowledges, and will continue to comply with the above RFP requirement. All LogistiCare staff members are trained to encourage recipients to exercise their rights and inform them that by doing so, no adverse effect will result. Our staff members are extremely conscientious about treating every recipient with respect and courtesy, and that includes while in the process of discussing or handling complaints.

LogistiCare staff members receive ethics training annually and understand that it is each person's responsibility to report any negative behavior exhibited toward any recipient to management so that immediate action can be taken. We are dedicated to treating all recipients fairly and without prejudice.

3.9 INFORMATION SYSTEMS AND TECHNICAL REQUIREMENTS

Our software system, LogistiCAD, is at the primary tool of our operating model. It is a key differentiator for LogistiCare because it encapsulates the best practices we have identified and lessons we have learned about effectively managing non-

emergency medical transportation (NET) programs in more than 25-years of experience managing NET programs.

We designed and built LogistiCAD ourselves for the sole purpose of managing NET operations. It is a sophisticated, state-of-the-art software suite that provides a broad set of functions for every aspect of managing an NET program in one integrated application, without requiring us to build custom interfaces between different software components.

The fact that LogistiCAD is our own, in-house solution is a huge advantage for our customers, because it means we have no outside dependencies when it comes to configuring the system to reflect the specific requirements and service parameters for a specific population of recipients. LogistiCare's development team responds to our customer's individual needs and priorities. Examples include configuration of a service parameter (such as maximum travel distance to a mass transit stop), the need for a custom report, a requirement to import a specific data set or a request to encode an entirely new function.

In addition to LogistiCAD, our integrated NET solution includes two other major components.

Other Components of Our Technology Platform.

- ***The first is our Centralized Advanced Telecom System (CATS). Through CATS, each of our nationwide operations centers (call centers) connects to and shares a world-class platform for managing, recording and reporting on call activities. CATS is centralized and hosted within LogistiCare's own private cloud, eliminating vendor dependencies, and is fully redundant to provide uninterrupted operational support 24/7/365. It provides scalability, redundancy, failover and flexibility to handle fluctuating workloads across LogistiCare's national network of operation centers. See Attachment 2 for more details on CATS.***
- ***The second is our Advanced Transportation Management System (ATMS). ATMS is a set of technologies and processes that integrate our transportation providers more completely into our solution. This includes enhancements already in place in Nevada, such as improvements to our Provider Web Portal, as well as additional capabilities such as the incorporation of tablet computers into vehicles that are planned for implementation in Nevada in the next contract period. More details on the ATMS system can be found in Section 3.4.4. and our plans for deployment can be found in Attachment 2.***

3.9.1 Establish And Maintain A Transportation Database

We described LogistiCAD in our response to 3.9 immediately above, and have referenced it throughout this document. LogistiCAD includes the database of all recipient information, provider information including driver and vehicle data, DHCFP program rules, CSR screens embedding best practices reporting capabilities and much more.

In this section, we provide an overview of LogistiCAD from a more technical perspective.

LogistiCAD is built with a combination of modern technologies. The system is hosted and runs on Microsoft Windows operating systems, and is supported by tools from Microsoft for managing the software development life cycle. LogistiCAD also is comprised of the following technologies:

- ***Web-based components of LogistiCAD are built on Microsoft ASP.NET/C# technology, and hosted on Microsoft's Internet Information Services servers***
- ***Geographic components of LogistiCAD are built upon Microsoft's Bing Maps services to provide up-to-date address normalization, geocoding, and mileage calculation services***
- ***IBM DB2 Enterprise Universal Database is used to store and manage data and for its robust transaction processing capabilities, including the following:***
    - ***The clustered servers store data on a fault-tolerant, redundant EMC SAN***
    - ***Data is replicated in near real-time to a secondary hardened NOC using EMC RecoverPoint***
- ***LogistiCAD is deployed on clustered servers, which provide high availability through redundancy and fail-over; we use Microsoft Clustered Servers for Windows servers and LifeKeeper for Linux for Linux systems.***
- ***EDI file processing in LogistiCAD is supported by IBM Sterling B2B Integrator to support efficient data exchange in HIPAA-compliant file formats.***
- ***Secure remote access to LogistiCAD is supported by Citrix NetScalar Gateway appliances for authentication and virtual private network (VPN) services with granular control of the supplied services.***

Context-sensitive online help is built and managed using the Flare authoring and publishing toolset, which also is used for multi-channel publishing of electronic and printed versions of our user guides optimized for the target platforms and compliant with Web Content Accessibility Guidelines (WCAG) standards.

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.

CAPTURING RECIPIENT DATA

LogistiCAD is a sophisticated, multi-user, transaction-based application suite that LogistiCare designed and built to provide all the capabilities needed to manage the processing and delivery of transportation and logistics services. LogistiCAD is at the center of our processes for capturing client data and determining client eligibility, facilitating ride authorizations, managing complaints, maintaining compliance, managing transportation subcontractors, and reconciling billing. LogistiCAD is a HIPAA compliant database that is sufficient to meet the needs of Nevada NET program. It includes all the data elements and can capture, manage and report on the specific person-data identified in items A through R above.

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.

MAINTAINING TRIP LOGS

We will continue to maintain all of the required data elements included above in LogistiCAD. LogistiCAD builds and validates a daily, computerized trip log from the data we collect and maintain. The system is used to perform the following functions:

- ***Validate and verify Medicaid recipient information and eligibility***
- ***Process requests for reservations***
- ***Validate the closest locations of Medicaid-certified healthcare facilities***
- ***Identify the most cost-effective and appropriate level of service***
- ***Assess transportation provider capabilities***
- ***Manage timely trip assignments***
- ***Automatically obtain geo-base calculations for efficient trip assignment***
- ***Manage and monitor provider credentials and compliance***
- ***Maintaining all provider, vehicle and driver information for expedient access***
- ***Verify services provided***
- ***Authorize claims and make payments***
- ***Provide accurate and reliable, HIPAA-compliant claims data***

All of the required elements listed in A-T above are currently captured by LogistiCAD. As required, LogistiCare will include the drivers' insurance policy name and number on the trip log produced by LogistiCAD.

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.

MILEAGE CALCULATION AND TRIP RECORDS

LogistiCAD incorporates a Geographic Information System (GIS) for validating addresses and calculating mileage. When a CSR enters a recipient's pick-up and drop-off addresses, LogistiCAD automatically and correctly codes each address and calculates the trip mileage. This information, along with other significant trip data captured in LogistiCAD's reservations screen, is later used for billing and trip verification. Although LogistiCAD has built-in geo-base capabilities to determine mileage, we also use Microsoft Bing (formerly MapPoint) web service to validate the information in LogistiCAD. This process verifies accuracy of addresses and point-to-point mileage calculations for NET trips.

LogistiCare will continue to maintain both electronic and hard copy files on all completed trips. The electronic records are available and can easily be printed in hard copy format if needed. Our billing department will continue to maintain and stores the drivers' hard copy trip logs.

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.

TECHNOLOGY FUNCTIONS

Our CRSs undergo training to follow a DHCFP-approved call script to document recipient trip requests, intake interview, and trip log data into our LogistiCAD system. All trips are tracked in detail through the reservation cycle, from initial assignment to completion or reassignment, and are carefully linked in the system.

In addition, transportation providers send daily and weekly trip log data, including cancellations or no-shows, to LogistiCare for entry into LogistiCAD.

LogistiCAD currently (and will continue to do so if selected) accommodates all of the functions required for a computer system described in this RFP, as well as additional functions that make our operations the most efficient in the industry. Details about the functions for daily operations, service authorization, trip scheduling, provider reimbursement, and Division monitoring are provided below.

LogistiCAD captures information in "real time". The data is immediately entered and stored in our database, and is easily accessible for daily operations, service authorization, trip scheduling, subcontractor reimbursement, agency monitoring, and report generation.

The database is backed up nightly. Our backup procedures follow industry standards for ensuring data security, and all data written to tape is encrypted. Backup software is used to create daily full backups of all data and programs on LogistiCare servers.

We also employ technology to replicate our data in near-real-time to another database cluster at our backup data center. This technology allows us to be up and running within minutes if one of our data centers were to go down; which means the Division's data is always available to manage Nevada's NET program.

All recipient and provider information can be retrieved, reviewed, and reported as needed, to create a history of approvals and denials. Information can be retrieved by recipient ID, recipient name, trip date, facility attended, and transportation provider. We store recipient records in our system for 10-years, including all of Nevada's NET program.

Archived data can easily 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.

NO COSTS ASSOCIATED WITH SOFTWARE AND COMPUTER SYSTEMS

We understand and acknowledge that LogistiCare is responsible for all programming functions and costs associated with the maintenance of our database.

LogistiCare has full ownership and control of LogistiCAD, our transportation information platform. It is backed by our own team of developers and programmers. We are able to set our own priorities for software development and can enhance our system to satisfy our customers' evolving requirements, without having to depend upon another company's financial and marketing priorities.

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.

INTERFACING WITH MMS

LogistiCare will continue to submit encounter data for all trips made by recipients in accordance with DHCFP's file specifications. We routinely conduct secure file transfers to and from MMICS at Clemson University using an interface called the LogistiCAD Proprietary Interface Protocol (LPIP). We currently meet contractual requirements by following DHCFP's file specifications for the transfer of data as required.

LogistiCare's IT group is invested in continuing to upgrade our capability in this area so DHCFP can be assured that as the requirements of this capability evolves, LogistiCare will continue to meet DHCFP needs going forward

3.9.2 Establish And Maintain A Telephone Call Center

Local Operation Center. Nevada recipients currently access our Las Vegas operations, which operates from 8:00 a.m. to 5:00 p.m. (PST) for NET trip requests. If we are selected for the next contract award, we will retain the current local staff, many of whom have multiple years of experience with serving Nevada recipients and the NET community in Nevada. The Nevada operations is quickly becoming a Central Hub for our NET operations in other states as well and will expand to approximately 450 - employees by this time next year.

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.

PROVIDING PROFESSIONAL, PROMPT COURTEOUS SERVICE

LogistiCare's Nevada location currently meets the requirement to deliver prompt and courteous service to recipients who contact us through our operations and will continue to do so under the new contract. There are several key elements that allow us to meet and exceed expectations in this area, including, but not limited to, treating all callers with dignity and respect; respecting all callers' right to privacy and confidentiality; timely, responsive and courteous service; staff that greets callers and identify themselves by name; communication in the language needs of recipients, and referring or transferring calls to 911 when appropriate.

Staff Training. ***Our CSRs undergo extensive training, both before they take their first call and continuously afterward. Our training materials and processes build the skills and experience that lead to excellent service to recipients.***

LogistiCAD. ***LogistiCAD leads our CSRs through every transaction. By embedding standard procedures from initial greeting through final disposition, LogistiCAD illustrates the "correct" action for the CSR to take at every step of the process.***

Teamwork. ***The LogistiCare team in the call center is designed so that every issue has a clear path to resolution. When a topic arises with a CSR that requires additional expertise, the right person is standing by to take the handoff and handle the issue.***

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.

RECEIVING CALLS

The systems and processes we have in place in our Nevada operations allow us to exceed these requirements for receiving calls. All incoming calls, no matter when received, are handled by a live CSR. The local Nevada operations is open from 8 AM – 5 PM Monday-Friday, except holidays. After-hour calls are handled in our Phoenix Operations center 24/7/365 for urgent transportation request.

Voicemail and answering machines are unnecessary because all calls received from recipients, healthcare providers, and network transportation providers are answered by a live CSR 24/7/365 . We only provide voice mail capability for our select general administrative line dedicated to LogistiCare management.

We consistently educate recipients as opportunities are presented; and will continue to do so upon award particularly for those recipients who habitually call after regular working hours for routine scheduling of trips.

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.

TOLL FREE NUMBERS

LogistiCare maintains separate toll-free numbers specifically dedicated to receiving NET reservations, "Where's My Ride?" requests, facility requests to schedule transportation, and transportation provider calls. In addition to providing normal reserva-

tion services, live CSRs are available 24/7/365 to answer urgent-care calls, such as late hour emergency room discharges.

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.

LogistiCare's operation is today and will continue to be appropriately staffed to handle Nevada reservations and after-hour calls promptly and courteously, in accordance with the contract and the RFP. We currently comply with these metrics and will invest whatever is required in terms of technologies, processes and people to continue to do so.

In addition to our courteous and capable CSR staff, our Nevada operations office employs Transportation Coordinators who respond to calls and work to promptly resolve real-time transportation issues. All of our staff members are cross-trained to assist with call overflow.

We respond promptly to all call inquiries, and have a telephone management system and call board that provide instantaneous information regarding number of calls waiting, number of calls in queue, and length of time calls are on hold. The availability of this information allows anyone in the call center to monitor and provide assistance when needed, so recipients' calls are answered promptly and within the timeframe required by our contract and the RFP.

LogistiCare purchases voice lines and phone system ports to handle 200% of the normal expected call volume to ensure that callers never receive a busy signal and to ensure that our system can always answer a call in five rings or less. If calls were ever to exceed that 200% threshold, we have the capability to queue calls on our long distance carrier's enhanced toll free network, which would allow us to still answer their calls.

Using our ACD system, each call type is directed into a separate waiting group (queue) for: reservation calls, customer service calls, administrative calls, Spanish language calls, and other special skill groups. In each group, incoming calls are queued for the next available CSR. Should multiple CSRs be available, a rotating system is employed so that all have an even distribution of calls. Calls received on our toll-free ride assistance "Where's My Ride" number are forwarded to the top of the transportation queue and are answered by the first available and most appropriate CSR.

Our telephone system automatically routes calls to the appropriate department or staff so that callers never receive a busy signal. This feature is essential to LogistiCare's success and ability to route calls to qualified and cross-trained CSRs.

Ensuring that a sufficient number of trained CSRs are available to handle call volume is a critical component of any call center's responsiveness. Our call volume monitoring in real-time using our sophisticated telephone management systems described

above, help us to better manage staff workloads, determine when more staff is required to sustain capacity, and determine when remedial training is required to improve quality of call handling. In some cases, additional capacity may be required to accommodate exceeded thresholds.

Data regarding peak call demand and queue utilization is integrated with the employee scheduler (built into our LogistiCAD transportation management system) to help our Nevada General Manager develop and optimize employee schedules. LogistiCare staffs according to proven forecasting methods and cross-trains additional staff to accommodate unexpected increases in call volume, unplanned events, and/or disaster recovery activities. We can easily scale to any size or scope of operation required by DHCFP.

Our operations consistently exceeds DHCFP performance goals by answering all calls within 60 seconds after callers hear our initial greeting and are informed that the call is being recorded.

We have internal call center performance goals, which are listed below. They ensure that individuals calling our facility can easily and conveniently reach a CSR in the least amount of time, and accomplish the purpose of their call.

- ***90% of all calls will be answered with five (5) rings during normal business hours***
- ***A call pick-up systems that places calls in queue***
- ***Blocked call rate of 5% or less on an average daily basis***
- ***90 % of call calls in queue shall be answered by a live operator in less than two (2) minutes on a daily basis***

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 CENTRALIZED ADVANCED TELECOM SYSTEM (CATS)

We implemented an updated call center platform in 2014, the Centralized Advanced Telecom System (CATS), and it is in use in Nevada. With CATS, LogistiCare will continue to provide a redundant call center capability for Nevada recipients that ad-

dresses all the requirements of the NET program and measures each of the items identified in Items A through J above.

CATS delivers the following four (4) key benefits.

1. ***Consolidation. CATS combines 20-plus ACD systems into one (1) centralized system***
2. ***Nationwide Collaboration. Management, CSRs and Quality Assurance (QA) expertise is shared across all locations in support of DHCFP NET program requirements***
3. ***Rapid Scalability and Implementation. Significant reductions in the time and effort to deploy new call centers, implement disaster recovery routing, and increase capacities***
4. ***Resiliency. Systems located at hardened data centers offer superior business continuity and capacity management that cannot be matched by facility-based technology***

CATS improves on standard ACD functionality and performance by providing intelligent routing and resource assignment features. Although our Nevada operations is staffed with knowledgeable local expertise, our modernized telephony infrastructure provides access to a broadened pool of expertise comprising agents and experts from our nationwide network of operation centers.

Our CATS solution provides the latest telephony technologies. In the case of an extremely high call volume or power outage or disaster, our nationwide CATS infrastructure is capable of immediately transferring support to one of our 19 backup call centers. Our first option is to transfer the calls to our Arizona Operations Center, which is already familiar with the DHCFP program from its after-hours support.

Telephony Reporting. As part of the CATS project, LogistiCare implemented the Avaya one-X® Call Management System (CMS) Supervisor. The CMS collects call-traffic data, formats management reports, and provides an administrative interface to the ACD feature on the CMS. The CMS records and aggregates the information referenced in Items A through J above.

The CMS stores ACD data in real time and historical relational database tables. Real-time databases include tables for the current intra-hour interval data and the previous intra-hour interval data in 15-minute increments. Historical databases include tables for the intra-hour, daily, weekly, and monthly data. The historical database stores 62-days of intra-hour historical data, 5-years of daily historical data, and 10-years of weekly and monthly historical data.

Our managers, supervisors, and representatives have additional tools to evaluate performance and the quality of our service through access to Avaya one-X®'s historical and real-time reporting resources. Our call center personnel leverage the strength of the reporting capabilities of the CMS to analyze customer trends; work with call center staff to establish performance benchmarks; and obtain, measure, and report call center/customer service data.

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.

NEVADA OPERATION DOCUMENTATION

LogistiCare has developed and has in place all of the necessary operational policies and procedures, manuals, forms, and reports for a smooth operation of all of our operations centers. These materials have all been reviewed and approved for use by DHCFP. We also acknowledge that a demonstration of our telephone system and staffing capability will be required as part of the readiness review.

LogistiCare is guided by ensuring we deliver the highest quality NET program to all our clients. Our commitment to quality is proven through URAC accreditation and well documented in our Quality Assurance Plan in Attachment 3. The Q365 Quality Assurance Program which is designed as a learning tool and reference guide that works to instill key QA principles and initiatives in our employees - in every facet of their work – 365-days a year. All processes, policies and procedures, were designed to foster our team's compliance with the contract requirements, the Q365 mandate and the URAC standard. LogistiCare was the first broker in the industry to be accredited by URAC in 2009, which recognized us as a company committed continually to improve and deliver quality healthcare services. We remain as the only transportation broker to achieve accreditation at the enterprise level. This means that we have invested in achieving URAC high standards at our headquarters in Georgia and all 20-operational centers, including the Nevada operations.

ACCREDITED
CORE
Expires 02/01/2017

What this means for the Nevada NET program is that every LogistiCare employee will strive to provide a consistent, uniform level of services throughout the organization. Our URAC partnership monitors our efforts and ensures we deliver on our contractual obligation to DCHFP, your recipients, and all its stakeholders.

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.

MONITORING CALL CENTER PERFORMANCE

The services our CSRs provide must meet stringent quality standards. To help maintain the highest levels of service and customer satisfaction, a number of mechanisms are used:

<u>Call Recording.</u> A voice recording system is used at LogistiCare call centers to record all calls coming through the ACD system. Call recordings are stored for up to 12-months to facilitate staff review and evaluation. Our automated greeting informs callers that their calls are being recorded.

<u>Auditing Calls.</u> Weekly monitoring of each CSRs and taping of all reservation calls allows LogistiCare management the opportunity to measure and evaluate the overall accuracy, courtesy, and helpfulness of call-taking services. The Supervisors pull five (5) random calls for each CSR to monitor. Supervisors and corporate quality assurance auditors have the ability to audit calls from any call center location, archive the audit, and email a copy to the CSR, management, or to DHCFP. In addition to the weekly monitoring, live calls are also routinely spot-reviewed to ensure quality.

***CSR Evaluations*. LogistiCare has also developed an evaluation form to document our CSRs' performance, which outlines clear, quantifiable performance goals. The Quality Control Monitors and Supervisors monitors recorded calls from our telephone systems and reviews each CSR's performance. The performance is graded on the Monthly CSR Score Card. DHCFP may randomly audit any of the reservation calls.**

***Incentive Pay.* We also motivate our CSRs to exceed the monthly performance standards by offering a monthly pay for performance incentive. By offering a pay for performance program, LogistiCare strives to accomplish the following:**

- ***Lower error rate and minimize re-work – reduce costs***
- ***Provide greater customer satisfaction – increase quality, improve customer service to "customer's" recipients.***
- ***Increase job satisfaction - lower employee turnover***
- ***Increase individual productivity – reduces cost***
- ***Maintain a strong industry-wide reputation – LogistiCare sets the standard in quality, care and cost management***

Monitoring quality involves many aspects of NET program management that goes beyond call center accessibility and customer service. LogistiCare will continue to offer a comprehensive Total Quality Management program (TQM) that includes timely resolution of service issues, the promotion of quality service from transportation providers, and the application of policies and procedures lace to make certain DHCFP standards are met or exceeded.

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.

THE IMPORTANCE OF ACCESS TO HEALTHCARE SERVICES

Our Nevada NET program has established and will continue to maintain the right capacity of subcontracted transportation providers to meet the unique needs of Nevada's Medicaid recipients. We will continue to assign recipients to most appropriate mode of service, based on their assessed level of need while considering least costly mode of transportation. We do not allow healthcare verification or authorization processes to interfere with recipient's receiving transportation.

If the requested healthcare authorization is not immediately available, our CSRs schedule the transportation at the level requested. LogistiCare's Quality Assurance and team work quickly and diligently with healthcare providers until the necessary verification information is received.

IN CONCLUSION

The LogistiCare team in Nevada takes its responsibilities very seriously.

We understand that the health and well-being of Nevada's Medicaid recipients depends upon the ability to access transportation to medical care, and we believe we have a duty to provide the transportation needed by recipients to access the healthcare they need.

Acting on this belief, we have made investments in people, programs, facilities and technologies in Nevada to build a comprehensive, efficient, effective and compassionate NET program on behalf of DHCFP. We believe we are the state's best choice because we understand how to leverage and extend those investments to deliver continuing service improvements to the program, while at the same time providing valuable continuity for recipients as well as the transportation providers and other stakeholders in the program.

We are eager to continue to make investments in the next contract period in order to further the mission we share with DHCFP: Providing increased access to health care for the recipient population in Nevada.

TAB VII: 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.

4.1 VENDOR INFORMATION

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

Question	Response
Company name:	***LogistiCare Solutions, LLC***
Ownership (sole proprietor, partnership, etc.):	***LogistiCare is wholly owned subsidiary of The Providence Service Corporation, which, while not involved in the day-to-day operations of LogistiCare, sets broad policy regarding legal matters.***
State of incorporation:	***Delaware***
Date of incorporation:	***August 30, 1999 (As LogistiCare Solutions, LLC)***
# of years in business:	***25 years***
List of top officers:	• ***Herman Schwarz, Chief Executive Officer*** • ***Albert Cortina, Chief Administrative Officer*** • ***Ed Ringer, Chief Information Officer*** • ***Steven Linowes, Executive Vice President*** • ***M. Chinta Gaston, General Counsel***
Location of company headquarters:	***Atlanta, Georgia***
Location(s) of the company offices:	***We have over 20 Operations Centers throughout the nation. A map of those offices is provided as Attachment 5.***
Location(s) of the office that will provide the services described in this RFP:	***1. Primary Location (Primary Hours):*** ***Nevada Call Center and Operation Center, 3280 N. Cimarron Road, Suite 107, Las Vegas, Nevada 89129*** ***2. Secondary Location (Live CSRs After-Hours and Weekends):*** ***LogistiCare – Arizona Operations*** ***4832 E. McDowell Road, Suite 100 Phoenix, AZ 85008*** ***3. Corporate Location (Oversight and Support):*** ***LogistiCare Corporate Headquarters*** ***1275 Peachtree Street NE, 6th Floor*** ***Atlanta, GA 30309***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***We have over 50 local employees (Nevada Residents) dedicated to support the contract currently.***
Number of employees nationally with the expertise to support the	***Nationwide, we have over 3,200 employees dedicated to NET programs.***

Question	Response
requirements in this RFP:	
Location(s) from which employees will be assigned for this project:	***The local employees assigned to provide the services described in this RFP are located in our Nevada Operation Center, located at 3280 N. Cimarron Road, Suite 107 Las Vegas, Nevada 89129***

4.1.2 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.

LogistiCare Solutions, LLC is the legal entity that is and would continue to conduct business with DHCFP; we are in compliance with all aspects of NRS §80.015. Our Nevada business license number is NV20041034149.

4.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at http://sos.state.nv.us.

Question	Response
Nevada Business License Number:	***NV20041034149***
Legal Entity Name:	***LogistiCare Solutions, LLC***

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

Yes	***X***	No	

If "No", provide explanation.

4.1.4 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

LogistiCare currently maintains all required State of Nevada business licenses required in order to provide the functions described in the RFP. We understand that we must be proactive in ensuring that all required licenses are in-place in order to legally provide the services described.

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

Yes	X	No	

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	Response
Name of State agency:	***Health and Human Services, Division of Heath Care Financing and Policy***
State agency contact name:	***Rochelle Van Der Poel*** ***Management Analyst II***
Dates when services were performed:	***December 2003 to Present***
Type of duties performed:	***Non-Emergency Management Services***
Total dollar value of the contract:	***Approximately $10,000,000 annually***

4.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	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.

4.1.7 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:		

4.1.8 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.

We will present an updated Certificate of Insurance upon the award of a contract for these services.

4.1.9 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.

INTRODUCTION TO LOGISTICARE

With every contract period and each accompanying competitive RFP process, DHCFP has the opportunity to reevaluate who can provide the best services at the best value to the State's recipient population. This periodic competition is an effective mechanism for ensuring that the state receives the best possible services at the most advantageous cost.

We appreciate the opportunity this process provides to tell you about our company's history, the processes and system we have in place, the improvements we have made in the NET program, and next steps and investments we propose to undertake. Our goal is to convey why we believe we are the most qualified vendor with the ability, the resources, and the determination to manage the program and to continue to drive program improvements in the next contract period.

A few themes are clear in the paragraphs below about the NET programs we manage in other states. These include:

- ***We are the "go to" company for intervening and turning around NET programs.***
- ***We provide very significant fraud and abuse detection and mitigation, resulting in more cost-effective NET programs.***
- ***We are often asked to undertake expansion of service responsibilities based on the success we achieve in managing NET programs.***

LOGISTICARE'S EXPERIENCE

Background and Experience in Managing NET Services. The following table provides a succinct look at LogistiCare's background and experience in providing NET services and how our experience can be applied effectively to the Nevada NET program.

LogistiCare's Experience in NEMT	How DHCFP Benefits
We are the nation's largest Transportation Coordinator with over 250 NEMT contracts.	We have demonstrated capabilities, experience, financial stability, resourcefulness, innovation, reliability and dedication over a period of change in the NET landscape.
We manage 56 million NEMT trips annually, 1 million of which are specialized trips.	We know how to respond proactively to specialized requests and how to scale NET programs to meet changing capacity requirements
We operate in 39 states and the District of Columbia.	We have demonstrated cultural responsiveness to local populations, partnerships with diverse stakeholder groups and adaptability to changing local legislative environments. See Attachment 5 for Operations Map.
We provide oversight of more than 5,000 transpor-	We have the incentive and motivation to create innovative software to streamline processes such as recruitment, credentialing,

LogistiCare's Experience in NEMT	How DHCFP Benefits
tation providers.	inspecting, communicating with and managing providers.
We serve 21 million eligible Medicaid/Medicare Members.	We have learned how to deliver NET services effectively, with excellent customer service, at large scale.
We operate 20 NET-dedicated operation centers.	We have multiple operations that share core best practices, collaborate to share solutions, use common, proven training programs, and provide redundancy and capacity to adjust to changing capacity requirements. See Attachment 5 for Operations Map.
We enjoy a 98.8% satisfaction rate.	We deliver on our core mission to provide safe, effective, courteous and timely NET services to recipients.

The table below highlights NET contracts of similar, type, size, and scope of services described in this RFP. We have highlighted projects with the states of Nevada, Oklahoma, Maine, New Jersey, South Carolina, Delaware, and Virginia. See Attachment 6 for detailed descriptions of each program. The following comparison table identifies basic commonalities to Nevada's NEMT program.

	Nevada	Oklahoma	Maine	New Jersey	South Carolina	Delaware	Virginia
Membership 400,000 or greater	x	x		x	x		
Calls Received 250,000 or greater	x	x		x	x		x
Total Trips 700,000 or higher	x	x	x	x	x	x	x
Statewide Service Area	x	x	x	x	x	x	x
Number of Transportation Providers in Network More than 50	x	x		x	x	x	x
Jobs Created More than 100	x			x	x		x

LogistiCare's Qualifications

LogistiCare is completely qualified to provide the services relating to non-emergency medical transportation described in the RFP. Here are highlights of our qualifications.

Our Experience. ***We have been building and operating NET programs in states across the US since the 1990's. The result is that we have the proven ability to manage programs successfully across a variety of geographies and environments. For example, we have learned how to operate to effectively in extremely low-density areas as well as compact urban centers. We have built networks in states with highly supportive, existing providers and in the face of hostility from encamped providers. The benefit for Nevada is that what we have seen and learned elsewhere can be used to drive continuous improvements in the local NET system here.***

We Embed Best Practices Into Our Model. ***The innovations, the lessons we have learned, and the practices proven in other states are embedded into our services delivery model and the systems we use in delivering services. We actively cultivate cross-program information sharing through our regional management structures, cross-program assignments for staff, and educational programs that we deliver across the boundaries of each state program.***

Nevada-Specific Experience. ***We currently operate the NET program for the State of Nevada. Through their experience in building the provider network and working with the program's users, our in-state team members bring established relationships with medical providers, regional transit operators and community service organizations, as well as ambulatory transportation providers. In the case of Nevada's transportation providers, we have especially deep and trusted relationships, because we helped many of them enter the NET services space and mentored them through their development as small businesses. This is a unique aspect of the NET program in Nevada, where an available group of NET transportation providers were not in place when we assumed management responsibilities for the program in 2003.***

Superior Technology Platform. ***Our technology platform includes three integrated systems that work together to automate, monitor and report on virtually all aspects of the Nevada NET program.***

- ***Centralized Advanced Telecom System (CATS). CATS is a major internal technology initiative that LogistiCare has executed. The centerpiece is the transition to a centralized solution, hosted in LogistiCare's private cloud, for call management, call recording and reporting on call activities. The result is that all our operations centers share a flexible, common system that can scale readily (rather than each operating center having an independent call system). CATS provides each operations center with access to common tools and shared resources. The result is increased sharing of resources, improved capabilities for load balancing to meet target performance measures and increased redundancy.***
- ***LogistiCAD. Our proprietary NET management platform, LogistiCAD, is the backbone of our infrastructure for providing operational support to our NEMT clients. It provides all the capabilities needed to manage the processing and delivery of efficient, high-quality transportation logistics in a single integrated package. Capabilities include: taking reservations, managing call center operations, verifying eligibility, tracking compliance, handling complaints, assigning and dispatching service work, processing payments to third-party business partners, management reporting, scheduling, and timekeeping for employees. We designed the system with features that promote quality, detect potential fraud and support NET compliance.***

- ***Advanced Transportation Management System (ATMS). ATMS is a set of technologies and processes focused on increasing the automation and integration of processes involving transportation providers. It includes improvements to the Transportation Web Portal and related APIs and integrations that allow Transportation Providers to access and submit information more easily and faster, resulting in saved time and faster payments. The next phase of ATMS implementation in Nevada will extend the system directly into [provider vehicles with smartphone and tablet technology that will allow GPS tracking and signature collection, increasing our monitoring capabilities and eliminating the requirement for separate logs.***

Documented Processes that have evolved based on Experience. The LogistiCare operating model comprises an extensive set of processes and practices used across all our NET operations. They are extremely mature, detailed and well documented. For virtually every aspect of each NET operation, there is a written operating procedure, which is used to define standards, train staff members, and measure performance against.

Experienced Local Team Members. The LogistiCare employees responsible for ensuring the successful delivery of NET services in Nevada include General Manager, Directors, managers to CSRs. Most LogistiCare team members have extensive experience executing their role in administering a NET program and delivering the required services to the clients. For example, our General Manager (local program director), Chris Szymarek, has more than 12-years' experience with LogistiCare and Nevada.

Proven Ability to Solve Problems. When we began working as Nevada's NET broker in 2003, we encountered a number of challenges relating to taxi companies in Las Vegas who were performing over 40 percent of all trips for Medicaid eligible recipients. The demand for taxicabs caused by the tourist industry often led to recipients missing their appointments. To resolve this disparity, we worked in partnership with the NTA to build dedicated transportation providers for Nevada's NET.

Proven Ability to Adjust to Requirements. We also demonstrated the ability to scale that network effectively. After the expansion of the Medicaid program under the affordable Care Act, the covered population essentially more than doubled and demand for NET services in Nevada increased dramatically. We were able to meet the demand effectively, with no material impact on quality or timeliness, by anticipating and preparing for the change and leveraging our existing provider relationships.

Our accomplishments in building, maintaining and growing a transportation provider network in Nevada is one of our most important qualifications. It demonstrates commitment, innovation and persistence to ensure that the needs of the covered population are met with high quality services, and reduces the risk in terms of publicity and litigation that would exist if the provider network were lacking.

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

We have been providing NET services under contract to the State of Nevada since 2003. Nationwide, we have been providing NET management services in states across the US for 25 years.

4.1.11 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.

4.1.11.1 Dun and Bradstreet Number

This information is provided in a separate binder Part VII Confidential Financial Information.

4.1.11.2 Federal Tax Identification Number

This information is provided in a separate binder Part VII Confidential Financial Information.

4.1.11.3 The last two (2) years:

A. Profit and Loss Statement

B. Balance Statement

This information is provided in a separate binder Part VII Confidential Financial Information.

4.2 SUBCONTRACTOR INFORMATION

4.2.1 Does this proposal include the use of subcontractors?

Yes		No	X

We do not plan to utilize the services of any subcontractor, with the exception of transportation providers, which per the RFP are not defined as subcontractors.

If "Yes", vendor must:

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

4.2.1.2 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).

4.2.1.3 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.

4.2.1.4 Provide the same information for any proposed subcontractors as requested in Section 4.1, Vendor Information.

4.2.1.5 Business references as specified in Section 4.3, Business References must be provided for any proposed subcontractors.

4.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.

4.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in Section 4.2, Subcontractor Information. The vendor must receive agency approval prior to subcontractor commencing work.

We understand and will comply with the requirement to notify the agency if our plans for the utilization of subcontractors changes.

4.3 BUSINESS REFERENCES

4.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last three (3) years.

4.3.2 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:		**Oklahoma Statewide NEMT Brokerage**	
Company Name:		LogistiCare Solutions, LLC	
Identify role company will have for this RFP project (Check appropriate role below):			
x	***VENDOR***		***SUBCONTRACTOR***
Project Name:	**Oklahoma Health Care Authority (OHCA)**		
Primary Contact Information			
Name:		Gertrude Hurd-Bowler	
Street Address:		4345 N. Lincoln Blvd.	
City, State, Zip:		Oklahoma City, Ok 73105	
Phone, including area code:		405-522-7642	

Facsimile, including area code:	405-530-3228
Email address:	gertrude.hurd-bowler@okhca.org
Alternate Contact Information	
Name:	Kevin Rupe
Street Address:	4345 N. Lincoln Blvd.
City, State, Zip:	Oklahoma City, Ok 73105
Phone, including area code:	405-522-7498
Facsimile, including area code:	405-530-3228
Email address:	kevin.rupe@okhca.org
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:	**Scope of Service**: Statewide NEMT **2014 Annual Trips**: 1,052,670 **2014 Annual Call Volume**: 537,003 **2014 Covered Lives**: 732,940 **Transportation Provider Network**: 159 **Transportation Volunteer Network**: 31 **Call Center Staff**: 45 in Oklahoma City, OK The Oklahoma Healthcare Authority (OHCA) awarded a statewide contract to LogistiCare for the SoonerRide Medicaid NEMT program in May 2003. We subsequently commenced operations in Oklahoma in October of that year and initially provided NEMT services to nearly 250,000 Medicaid Members. Once we had exhibited an ability to provide high-quality NEMT services, the state entrusted an additional 190,000 lives to our care. In 2008, the OHCA awarded a multi-year renewal contract to LogistiCare. LogistiCare has successfully developed and implemented appropriate cost-containment initiatives in the State of Oklahoma—all the while providing consistent, safe, high-quality NEMT service to the eligible Medicaid population. In 2009, LogistiCare saved the SoonerRide program as much as $6.3 million by actively encouraging the public to leverage the availability of gas reimbursement options. We also saved the State nearly $2 million by promoting the use of volunteer drivers and nearly $250,000 by educating the public about the availability of free mass transit tickets. Having reaped the benefits of Logisti-

	Care's proactive cost savings measures; OHCA most recently awarded a five (5) year NEMT contract to LogistiCare in 2013.
Original Project/Contract Start Date:	2003
Original Project/Contract End Date:	NA
Original Project/Contract Value:	Approximately 30 Million
Final Project/Contract Date:	Estimated to be 2018.
Was project/contract completed in time originally allotted, and if not, why not?	Yes, implementation was on time.
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Operation is still ongoing. We have never had to request additional funding outside our original pricing proposal.

Reference #:	**Maine – Large Regional brokerage**		
Company Name:	LogistiCare Solutions, LLC		
Identify role company will have for this RFP project (Check appropriate role below):			
x	***VENDOR***		***SUBCONTRACTOR***
Project Name:	**Department of Health and Human Services (DHHS), Office of MaineCare Services (OMS)**		
Primary Contact Information			
Name:	Roger Bonderson		
Street Address:	242 State St.		
City, State, Zip:	Augusta, ME 04333		
Phone, including area code:	(207) 287-5735		
Facsimile, including area code:	(207) 287-9369		
Email address:	roger.bonderson@maine.gov		
Alternate Contact Information			
Name:	April Gosling		
Street Address:	242 State St.		
City, State, Zip:	Augusta, ME 04333		
Phone, including area code:	(207) 287-5735		
Facsimile, including area code:	(207) 287-9369		
Email address:	april.gostin@maine.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:	**Scope of Service**: Regional (Regions 1, 2, 6, 7, 8) **2014 Annual Trips**: 1,061,970 **2014 Annual Call Volume**: 178,013 **2014 Covered Lives**: 81,388 **Transportation Provider Network**: 39 Transportation Providers **Call Center Staff**: 27 in Kennebunk, ME and 60 in Portland, ME Beginning in August of 2013, LogistiCare undertook the design, implementation (i.e., transition from a state-managed program), and operation of an NEMT program on behalf of the Maine Department of Health and Human Services (DHHS), Office of MaineCare Services (OMS) in what the state refers to as Region 8. We initially served a population of 4,581 NEMT eligible Members. In February 2014, MaineCare Medicaid Members who had participated in an independent Customer Service Satisfaction survey ***gave LogistiCare a 95.8% satisfaction rating***—a score we achieved less than seven (7) months after introduction of the new NEMT program. In February 2014, OMS decided to take action when another broker in the state failed to deliver adequate services to Members in MaineCare Regions 1, 2, 4, 5, 6, and 7. On the heels of the subsequent RFP process, OMS continued its dramatic re-engineering of the capitated, full-risk NEMT model: MaineCare awarded four (4) additional NEMT contracts to LogistiCare in Regions 1, 2, 6 and 7. We undertook implementation of each of the additional regions in August 2014 while under significant media scrutiny and the specter of a hotly-contested governor's race. The NEMT transition never became an issue in the press or the political arena—a testament to the seamless nature of LogistiCare's takeover. One of the significant challenges in Maine was the transportation environment was significantly underdeveloped to support the demand of the program – especially in the rural regions of the state. We have demonstrated a clear commitment to the success of the NEMT program in Maine by recruiting and retaining an increasing number of qualified, credentialed transportation providers. We have worked with the existing local transportation providers to support the expansion of their businesses and brought in ad-

	ditional companies, as needed, to ensure adequate capacity to meet the needs of the Medicaid program.
Original Project/Contract Start Date:	2013
Original Project/Contract End Date:	NA
Original Project/Contract Value:	Approximately 30 Million
Final Project/Contract Date:	Projected 2017-2018
Was project/contract completed in time originally allotted, and if not, why not?	Yes, implementation was completed on time
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Operation is still ongoing. We have never had to request additional funding outside our original pricing proposal.

Reference #:	**State of Delaware**		
Company Name:	LogistiCare Solutions, LLC		
Identify role company will have for this RFP project (Check appropriate role below):			
x	***VENDOR***		***SUBCONTRACTOR***
Project Name:	**Delaware Department of Health and Social Services, Division of Medicaid and Medical Assistance**		
Primary Contact Information			
Name:	Stephen M. Groff, Director DMMA		
Street Address:	PO Box 906		
City, State, Zip:	New Castle, DE 19720		
Phone, including area code:	302-255-9626		
Facsimile, including area code:	303-255-4413		
Email address:	stephen.groff@state.de.us		
Alternate Contact Information			
Name:	Lisa Zimmerman, Dep. Dir., DMMA		
Street Address:	PO Box 906		
City, State, Zip:	New Castle, DE 19720		
Phone, including area code:	302-255-9535		
Facsimile, including area code:	303-255-4413		
Email address:	lisa.zimmerman@state.de.us		

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:	**Scope of Service**: Statewide NEMT **2014 Annual Trips**: 1,353,637 **2014 Annual Call Volume**: 122,037 **2014 Monthly Average Covered Lives**: 189,417 **Transportation Provider Network**: 60 **Call Center Staff**: 17 in Dover, DE In October 2002, the State of Delaware awarded a statewide Medicaid NEMT contract to LogistiCare. Under the original contract terms, LogistiCare managed the entire NEMT program for over 121,000 Delaware Medicaid Members and delivered services that included the following: eligibility screening; scheduling; billing; third party contracting; and quality assurance. Delaware's Medicaid transportation needs have changed significantly during our tenure, and we have adapted to every change. LogistiCare is committed to providing sufficient NEMT service coverage and to fostering the ongoing continuity of services to the state's growing number of eligible Medicaid population. After extending our original contract for the maximum allowable periods, on April 1, 2011, the State of Delaware again selected LogistiCare as the result of a competitive procurement and awarded a new two (2) year NEMT service contract to LogistiCare. We are now continuing to operate under the available option year clauses.
Original Project/Contract Start Date:	2002
Original Project/Contract End Date:	NA
Original Project/Contract Value:	Approximately 18 million
Final Project/Contract Date:	Projected to end 2015-2016
Was project/contract completed in time originally allotted, and if not, why not?	Yes, implementation was completed on time.
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Operation is still ongoing. We have never had to request additional funding outside our original pricing proposal.

4.3.3 Vendors must also submit Attachment F, Reference Questionnaire to the business

references that are identified in Section 4.3.

As required LogistiCare has confirmed that our references used Attachment F and sent completed questionnaires directly to Nevada.

4.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

We have confirmed that all our references have submitted Attachment F to Nevada by the required date of September 23, 2015. Nevada should have received the following references.

- ***State of Oklahoma***
- ***State of Maine***
- ***State of Delaware***

4.3.5 It is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in Section 8, RFP Timeline for inclusion in the evaluation process. Reference Questionnaires not received, or not complete, may adversely affect the vendor's score in the evaluation process.

We understand and agree to comply with the above requirement.

4.3.6 The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

We understand and welcome the opportunity for our clients to speak about our services.

ATTACHMENT G – PROPOSED STAFF RESUME

Vendors must include all proposed staff resumes per Section 4.4, Vendor Staff Resumes in this section.

This section should also include any subcontractor proposed staff resumes, if applicable.

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:	***LogistiCare Solutions, LLC***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Christine Szymarek***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***General Manager***		
# of Years in Classification:	***25***	**# of Years with Firm:**	***12***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

- Distribution/Logistics – Over 25 years of facility distribution and logistics experience in transportation, shipping and receiving, unions, OSHA, team development and cost control.
- Operations - Demonstrated ability to successfully manage daily operating procedures for a facility with multiple operations.
- Call Center Operations – Effective leadership for a large operation with various programs to support.
- Project Management – Proficient in coordinating efforts to produce desired results and exceed customer expectations. Hands-on experience in planning, development, budgeting and execution of projects.

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.

2003 to present- General Manager **LogistiCare Solutions LLC - Las Vegas, Nevada**

Transportation broker client contract responsible for the transportation of all Medicaid clients for the state of Nevada.

- Created a sound infrastructure in Nevada to compliment corporate operations
- Negotiated contracts with all vendors and transportation providers as the broker for the State of Nevada including new contract renewal responses
- Responsible for all business development and contracting
- Maintains all logistical scheduling for network providers
- Monitors all financial reporting and budget analysis for corporate and state objectives
- Established government and legislative contacts to support the state broker contract
- Developed operational strategies to reduce costs and improve on-time performance
- Initiated process for new transportation companies to develop and become successful
- Conducts the training and development of all staff positions
- Maintains multiple projects for vendors and contracted providers to improve operations

Oversight of 400 seat Call Center operation – national disaster recovery center.

- Corporate back-up operations for LogistiCare operations across the country.
- Administers Workforce Management program to promote operational efficiency.

1990 to 2001 – Business Manager **United Parcel Service - Las Vegas, Nevada**

Large package delivery company responsible for disposition of over 800,000 packages per day.

- Focus on all logistical distribution for a large package operation
- Responsible for salary administration as well as staffing and retention
- Maintained all business relationships in a union environment as well as management, hourly employees and customer service clerks
- Developed and implemented yearly operating plans and budgets for all departments
- Responsible for training and coaching employees at all levels
- Managed all new accounts and sales for the division
- Handled customer complaints and problem resolution
- Conducted performance evaluations and progressive disciplinary action

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

American Intercontinental University Master of Business Administration/March 2006
Online program

University of Phoenix Master of Organizational Management – April 2009
Phoenix, Arizona

Slippery Rock University of Pennsylvania Bachelor of Science – Management/ December 1985
Slippery Rock, Pennsylvania

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

No certifications

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Carol Jimmerson
CEO
Executive Las Vegas
(702) 646-4661 Ext. 1017
Fax (702) 227-7316
cjimmerson@executivelasvegas.com

Kenny Rodriguez
Manager of Customer Service
RTC of Southern Nevada
(702) 676-1523
Fax (702) 676-1518
rodriguezk@rtcsnv.com

Jake Van Natta
Owner & Operator
Schou-Van Inc.
(702) 423-8701
No fax number
Jake VanNatta <jake.schouvan@yahoo.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:	***LogistiCare Solutions, LLC***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Bruce C. Marshall***		**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Director of Call Center Operations***			
# of Years in Classification:	***10***	**# of Years with Firm:**		***1.8***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

- Experience managing large call centers
- Comprehensive understanding of business operations for Nevada program
- Developed and monitor performance matrix
- Effectively multi-tasks to achieve project objectives and meet tight deadlines

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.

2014 to Present - Director, Call Center Operations **LogistiCare Solutions, LLC - Las Vegas, Nevada**

Directs the daily operation of the Customer Service Department consisting of over 100 employees. Provides strategic and tactical leadership in the development and implementation of operational initiatives. Creates policies and procedures that support a culture of employee engagement and operational efficiencies that achieve organizational objectives. Developed and executed workforce management program resulting in achievement of service level objectives. Directed the development of call center agent support desk designed to improve operational efficiencies. Developed and directed the implementation of the performance management program establishing metrics that align individual performance with organizational key performance indicators.

2007 to 2014 – Manager, Call Center Operations **Allegiant Travel Company - Las Vegas, Nevada**

Provided leadership and direction in the daily operation of the Customer Care Department consisting of 125 Employees, which included call center functional groups - Quality Assurance, Workforce Management, Executive Escalations, Training and Recruitment Teams. Developed and executed strategies that resulted in consistently meeting and achieving call center service level goals. Directed the call center transition from cost to profit center that resulted in consistently increasing overall net revenue / net revenue per passenger year-over-year.

2005 to 2007 – Customer Care Manager **Tele Pacific/MPower Communication - Las Vegas, Nevada**

Directs the daily operation of the customer care department consisting of 45-50 employees. Provided leadership and direction for call center functional groups: Quality Assurance, Workforce Management, Training and Recruitment. Directed the development of call center metrics and achievement of department objectives. The position was the result of a promotion from Customer Care Supervisor.

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

University of Phoenix — **Master of Business Administration - 2011**
Las Vegas, Nevada

National University — **Bachelor of Business Administration - 1991**
San Diego, California

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Call Center Manager Certification Support Technologies - Las Vegas, Nevada **-** 2001

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Glen Scott
Director Call Center Operations
Allegiant Travel Company
(702) 806-2978
No fax available
Glen.scott@allegiantair.com

Mike Marino
Account Manager
Dell, Inc.
(702) 290-0299
No fax available
Michael_Marfino@dell.com

James Maliniemi
Call Center Supervisor
CSAA Insurance Company
(702) 631-7121
No fax available
James.maliniemi@csaa.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:	***LogistiCare Solutions, LLC***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Bernadette Zamora***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Director of Operations***		
# of Years in Classification:	***8***	**# of Years with Firm:**	***12***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

- Extensive experience in all functions of non-emergency medical transportation (NEMT) programs
- Experiences in providing excellent customer service
- Comprehensive understanding of business operations for Nevada program
- Developed and trained customer service staff
- Effectively multi-tasks to achieve project objectives and meet tight deadlines

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.

Transportation broker client contract responsible for the transportation of all Medicaid clients for the state of Nevada.

2007 to 2015 – Director of Operations **LogistiCare Solutions, LLC – Las Vegas, Nevada**

Oversee daily operations of the transportation department including mass transit and network development; oversee the daily management of the facility department; as well as call center management. Oversee quality assurance department; monthly reporting; and stakeholder visits. Provides NEMT outreach to medical facilities and advocacy groups.

2005 to 2007 – Transportation Supervisor **LogistiCare Solutions, LLC – Las Vegas, Nevada**

Overseen the development of the transportation provider network including maintaining contracts, compliance requirements; educated network on NEMT responsibilities and expectations; managed staff.

2004 to 2005 – Field Monitor/Compliance Coordinator **LogistiCare Solutions, LLC – Las Vegas, Nevada**

Managed annual vehicle inspections and compliance records for the transportation provider network including driver and vehicle records**.** Completed daily Ride Monitoring of riders' scheduled trip within the provider network.

2003 to 2004 – Customer Service/Quality Assurance Rep. **LogistiCare Solutions, LLC – Las Vegas, Nevada**

Managed "Where's My Ride", Transportation Provider, and Facility call queues. Management of complaint processing.

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

University of Phoenix BA Business Management/June 2011
Las Vegas, Nevada

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Community Transportation Association of America-Passenger Service and Safety (**PASS**) Training - 2012

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Steven H. LaTulippe
Owner/Operations Director
Carevans Medical Transport Services, LLC
Office: (702) 522-7700
Cell: (702) 493-9139
Fax: (702) 522-7701
steve@carevansllc.com

Laurie McMasters
Walker River Health Clinic
(775) 773-2005
Fax: (775) 773-2576
Email: lmcmasters@wrpt.us

Carol Jimmerson
CEO/ Executive Las Vegas
(702) 646-4661
Fax: (702) 227-7316
Email: CJimmerson@executivelasvegas.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:	***LogistiCare Solutions, LLC***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Hortensia (Amanda) Conner***		**Key Personnel: (Yes/No)**	***Y***
Individual's Title:	***Quality Assurance and Facility Manager***			
# of Years in Classification:	***1 year/9 mo.***	**# of Years with Firm:**		***7***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

- Quality Assurance policy development and oversight
- Complaint resolution management
- Assists and manages interactions with program health care facilities

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.

2013 to Present –Quality Assurance/Facility Manager LogistiCare Solutions, LLC – Las Vegas, Nevada

Responsible for managing facility representatives, customer service representatives and quality assurance associates ensuring client contractual obligations are met. Maintains the integrity of company policies and procedures, resolves facility transportation provider complaints and resolves WeCare inquiries. Oversees and participates in routine facility visits, presentations, and development and outreach efforts, supervises member level of service assessments (utilization), maintains service levels and client rapport. Attends regional peer review and Quality Assurance meetings, and corporate facility managers meetings. Acts as liaison for other departments within the organization when required and a resource for all management staff and colleagues.

2011 to 2013 – Quality Assurance/Facility Supervisor LogistiCare Solutions, LLC – Las Vegas, Nevada

Supervised department quality assurance representatives, facility representatives and customer service representatives, process and resolve customer complaints, implement directives and policies for the facility department, deliver information and education on policies and guidelines, monitor standing order detail reports, recertification reports, circle reports and quarterly standing orders to corporate, maintain Medicaid manual and updates as required, preserve and monitor relationships with facilities, and State contacts with follow up on complaints or requests, manage assessment of member service levels including correspondence for medical necessity.

2008 to 2011 – Facility Representative LogistiCare Solutions, LLC – Las Vegas, Nevada

Performed as bi-lingual Spanish customer service representative, responsible for standing order requests, completed circle reports for dialysis, substance abuse and supported employment. Assisted facility supervisor with assessments of members to determine level of service and reviewed of letters of medical necessity and additional support as needed, participated in facility visits and out-of-state implementations, processed end of day manifest and verified member appointments.

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Pasadena City College — Course study in General Education and Telecommunications/1986-1988
Pasadena, California

John Muir High School — General Studies Diploma/1986
Pasadena, California

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

No certifications

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Edward G. Silverhardt, LCSW, QMPH
Applied Behavioral Sciences
Tel. (775) 250-4359
Fax (775) 335-1045
Applied_behavioral_sciences@hotmail.com

Sue Klein, MSW, LSW
DaVita Desert Springs
Tel. (702) 696-9768
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Sue.klein@davita.com

Marie H. Vervinck, Transportation Coordinator
Mojave Mental Health
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hvervinck@medicine.nevada.edu

Corporate Resumes

Herman Schwarz

Chief Executive Officer

CAREER SUMMARY

LogistiCare Solutions, LLC, Atlanta, Georgia 2009 - Present
Chief Executive Officer

- Responsible for development of overall corporate growth and organizational development strategies.
- Responsible for managing departmental officers, establishing priorities, and contribute leadership to industry organizations relating to community transportation, medical access, and human service transportation coordination.

LogistiCare Solutions, LLC, Atlanta, Georgia 2007 - 2009
Chief Operating Officer

- Responsible for success of all existing operations. Ensured that financial, customer service, and provider network development goals were achieved in all existing operational areas.
- Directly managed corporate operations directors and corporate technology support units.
- Participated in staffing and managing of new business implementation teams.

C3 Marketplace, LLC, Atlanta, Georgia 2005 - 2006
Founder and Partner

- Created a buying service and sourcing venture that delivers direct pricing from Asia to small and medium sized retailers and manufacturers.
- Partnered with associate to provide leadership through the start-up phase. Primary responsibilities included raising capital, business development, designing infrastructure, and managing financial, legal, and accounting matters.

Aegis Communications, Inc. Atlanta, Georgia 2001 - 2004
President, Chief Executive Officer and Director

- Leader of the country's seventh largest publicly traded provider of outsourced call center services. Implemented new corporate governance changes as required by Sarbanes-Oxley legislation. Led negotiations with lenders and investors to extend credit line expiration and allow for the orderly sale of the company.

CAREER HIGHLIGHTS

*Over **20 years** of experience and proven skills in profit and loss accountability, strategy development, operations management, mergers and acquisitions, sales and marketing, organizational development, and the application of public company requirements including Board of Director, investor relations, and Sarbanes-Oxley compliance.*

Aegis Communications, Inc. Atlanta, Georgia 2000 - 2001
President, Elrick & Lavidge

- Directed the financial turnaround of this marketing research division of Aegis with offices and production facilities in seven locations.
- Improved margins through a staff resizing and the introduction of financial accountability measures down to the individual.
- Executed a wholesale upgrade in management personnel and new incentive programs to exact a cultural from a comfortable, intellectual atmosphere to a results oriented, business environment creating positive financial results within nine months.

EDUCATION

University of Pennsylvania, Philadelphia, Pennsylvania
M.B.A. Finance – 1989

University of Virginia, Charlottesville, Virginia
B.S. Commerce - 1984

Passed CPA Exam – 1984 (non-current license)

Albert Cortina

Chief Administrative Officer

CAREER SUMMARY

LogistiCare Solutions, LLC, Atlanta, Georgia 2007 - Present
Chief Administrative Officer

- Responsible for negotiating client and provider contracts. Ensures compliance with contracts.
- Participates in staffing and managing of new business implementation teams.
- Oversees the development of transportation network.
- Assists CEO and COO in development of overall corporate growth and organizational development strategies.

LogistiCare Solutions, LLC, Atlanta, Georgia 2000 - 2007
COO and Executive Vice President for Operations

- Responsible for successful operation of all existing operations.
- Ensured that financial, customer service, and provider network development goals were achieved in all existing operational areas.
- Directly managed regional operations directors and corporate technology support units.
- Participated in staffing and managing of new business implementation teams.
- Assisted CEO in development of overall corporate growth and organizational development strategies.

LogistiCare Solutions, LLC, Atlanta, Georgia 1997 - 2000
Executive Vice President – Finance and Strategic Planning

- Responsibilities ranged from setting up financial and operational systems (such as staffing and reporting structures) to relocating and consolidating all financial services for the corporate headquarters in Georgia.
- Represented the organization through the State budgeting and legislative sessions and sub-appropriations committees responsible for the statewide Medicaid transportation developmental programs. Prepared presentations for quarterly board meetings.
- Developed transportation agreements and negotiated rates with governmental and commercial providers.
- Created financial trends for operations centers in Connecticut, Florida and Georgia.
- Monitored monthly transportation provider costs and assisted in developing a strategic plan that allows for additional utilization within the same cost structure.
- Responsible for annual budget and quarterly projections.
- Negotiated financing for capital improvements and developments.

CAREER HIGHLIGHTS

*Senior executive and technology manager with more than **17 years** of financial and operational management experience. Extensive experience developing financial and operational systems for physician groups and medical clinics. Skilled in increasing operating efficiencies.*

Premier Practice Management, Los Angeles, California 1996 - 1997
Chief Financial Officer

- Responsibilities ranged from setting up financial and operational systems of a startup company for over 85 physician and consolidation of similar functions.
- Developed and presented Physician Compensation Committee standards for establishing physician base and bonus compensations.
- Developed a Practice Acquisition Model and Financial Due Diligence checklist.
- Negotiated all aspects of acquiring new practices.
- Participated with the CEO, Medical Director and Chairman in the development of business initiatives.

EDUCATION

Florida State University, Tallahassee, Florida
B.S. Accounting

Certifications
Certified Public Accountant, Georgia
Certificate #12009 - 1995

Gregg Bryars

Senior Vice President of Operations

CAREER SUMMARY

LogistiCare Solutions, LLC, Atlanta, Georgia 2008 - Present

Senior Vice President of Operations

- Responsible for all aspects of LogistiCare's contracts in Texas, Louisiana, Missouri, Oklahoma, Kansas, Nevada, and Utah.
- Additionally responsible for LogistiCare's Provider Relations and Network Development departments.
- Develops programs to enhance the quality, effectiveness, and efficiency of all day-to-day operational functions: operational implementation of new business contracts including staffing, training, technical (telephone, hardware and software systems), network development, policies, and procedures; financial and operational analysis.
- Fosters positive relationships with Local and State government officials, medical facility staff, and patient advocacy groups to ensure confidence in the LogistiCare brokerage system.

GCA Services Group, Inc., Houston, Texas 2004 – 2008

Senior Vice President of Sales

- Key change agent in transitioning the sales team from a transactional focus to a consultative, value-based driven sales model.
- Effectively mentored existing staff in implementation of the new model. Recruited, trained and deployed top performers into the region in order to increase sales effectiveness.
- Designed and executed the sales strategy that significantly increased revenue within one year, with pipeline revenues exceeding $40M. Played a substantial role in growing the revenue from $190M to over $400M through organic growth and carefully selected acquisitions.
- Managed sales and marketing integration for acquired companies exceeding $50M in revenues.

National Linen Service, Atlanta, Georgia 1998 – 2003

Senior Vice President of Sales and Marketing

- Accountable for revenue, sales forces, national & major accounts, contract management, marketing and budgeting.
- Executive committee member responsible for company's P&L.
- Restructured National Account group and grew revenues from $37M to $58M.
- Grew Healthcare segment annual revenues from $38M to $81M.
- Grew Lodging segment annual revenues from $6M to $10M.

CAREER HIGHLIGHTS

*An accomplished senior executive with over **25 years** of management experience in operations and transportation, with 6 years of experience specifically managing large non-emergency transportation operations.*

Wells Fargo Armored & ATM Service Corporation, Atlanta, GA

1990 – 1998

Vice President of Operations

- Accountable for the $75M Northeast Division including revenue, sales, pricing, operations, compliance, union negotiations and P&L management. Division consisted of 24 operations and employed more than 1,000 associates.
- Increased revenue per route hour by 24.8% and reduced route hours per day by 23.9%.
- Reduced cargo claims by 55% and cargo losses to by 49%.
- Negotiated union contracts.
- Completed NYC branch turnaround from an annual operating loss exceeding $1M to double digit operating margins.

EDUCATION

Nicholls State University

B.S. Business Administration

Charles DeZearn

Senior Vice President of Operations

CAREER SUMMARY

LogistiCare Solutions, LLC, Atlanta, Georgia 2007 - Present

Senior Vice President of Operations

- Responsible for all aspects of LogistiCare's NEMT accounts and operations in five states: South Carolina, Florida, Georgia, Mississippi, and Tennessee
    - Currently has full responsibility and oversight of the management of South Carolina's NEMT program

- Develop programs to enhance the quality, effectiveness, and efficiency of all day-to-day operational functions: operational implementation of new business contracts including staffing, training, technical (telephone, hardware and software systems), network development, policies, and procedures; financial and operational analysis

- Fosters positive relationships with Local and State government officials, medical facility staff, and patient advocacy groups to ensure confidence in the LogistiCare transportation brokerage system

- Has significant control over local South Carolina operations organizational structure, personnel decisions, and operating strategy for meeting customer service and financial goals

- Analyze productivity utilizing spreadsheets, recommend revenue enhancing and cost cutting measures, develop and manage budgets, research variances

- Collaborate with Project Managers to ensure quality, customer satisfaction and corporate leadership support for the NEMT program to maintain a flexible, scalable organization capable meeting all contractual requirements

General Manager South Carolina, 2007 – 2008

- Responsible for LogistiCare's overall performance of the Medicaid NEMT contract in South Carolina
- Oversee operations at four (4) South Carolina call center locations

CAREER HIGHLIGHTS

25 years of distribution experience and a record of critical thinking that produce quality and productivity in the area of customer service.

DHL Global Mail, Weston, Florida, 2006
Southeastern Regional Director of Operations

APX Logistics, Sante Fe Springs, California, 1997 - 2006
Regional Manager of Operations for Nine Distribution Facilities

Ace Marketing, Atlanta, Georgia 1983 - 1996
Operations Manager

EDUCATION

University of Tennessee, Knoxville, Tennessee
B.S. Business Administration and Marketing

Additional Training
Leadership, Teambuilding and Cultural Change Program
Greenbelt Continuous Improvement
CISQ Implementation Program
CAN NOVELL System Administrator Certification
Behavior Management and Stress Management CEUs

Ed Ringer

Chief Information Officer

CAREER SUMMARY

LogistiCare Solutions, LLC, Atlanta, Georgia 2015 - Present

Chief Information Officer

Reporting to the President/CEO, recruited to establish IT strategy and direct all aspects of Technology for national transportation broker network. Oversee all IT functions including technology strategy, Systems management, vendor relationships, technical support, application development, financial monitoring and disaster recovery planning. Challenged to improve productivity and reduce costs through improved uses of technology.

- Establish state of the art Technology Architecture to improve the experience of the clients, transportation providers, stakeholders and members we serve.
- Utilize methodologies and collaborate with department managers to analyze and document process and system workflows.
- Establish a Data Architecture to provide easy access to data both inside and outside of LogistiCare.
- Launched massive effort overseeing teams of programmers to review and rewrite key software applications to support cloud and mobile computing.
- Implemented change control and process documentation for all aspects of the business including new software and telephony upgrades.

Innotrac, Johns Creek, Georgia 2012 - 2015

Vice President and Chief Information Officer

Directed all information technology execution and strategy for a leading internet fulfillment company. (10 facilities and over 4 million square of warehouse) Directed staff of 90 information technology (IT) professionals who are responsible for integration and providing fulfillment execution for fortune 500 clients including Target, Michael Kors, J Crew, Ann Taylor, and Microsoft.

- Implemented two mobile applications for Client dashboard tracking of labor and warehouse performance. (Smarthub Labor and Smarthub Mobile)
- Established long term technology strategy and successfully implemented technology refresh.
- Provided clients with individual data marts for analytics utilizing Qlikview. (Smarthub Discovery)
- Integrated 10 new fortune 500 clients and assisted in growing revenue over 25 % per year each.

CAREER HIGHLIGHTS

*Highly accomplished and customer-focused Information Technology Executive, with a track record of success spanning over **30 years**. Commandeering IT strategy, leading technical teams, introducing new technology, completing IT turnarounds, system integrations, and implementations of technology that maximize the value to the business.*

Metadigm Services, Atlanta, Georgia 2011 - 2012

Chief Information Officer

Managed overall information technology for a Utility service company that provides implementation and maintenance services for the Smart Grid. Consolidated all information technology resources and established strategy for company's future growth.

- Implemented new field service work order management and routing system.
- Consolidated all infrastructure components including email, data warehouse and application services and moved to the cloud.
- Implemented IOS based audit system integrated with SharePoint for field service audits.

National Envelope Company, Frisco, Texas 2006 - 2011

Vice President of IT

Directed all aspects of information technology for an $850,000,000 manufacturing business with 17 plants and 5,000 employees. Held responsibility for infrastructure, operations, application support, application development, business process analysis, PMO, training and application deployment, new technology and IT strategy development. Consolidated four IT organizations and four operating platforms into one single platform with a customer focused IT support organization. Oversaw project management organization, business process and business analysts group. Managed electronic connections with the customer for transacting business, including traditional EDI, AS2, Ariba, information portals, punch out to web services. Developed customer sites for ordering and providing inventory and order information online.

- Implemented Cognos 10 BI data warehouse (sales and inventory) to serve as single source of corporate dash boards, OLAP cubes and overall metrics reporting.
- Consolidated 17 independent graphics departments into two central hubs to provide graphics support for the entire company, including the completion of soft proofing with the customer and detailed data tracking of all jobs thru the system resulting in annual savings of $550,000.
- Successfully consolidated and transferred Data Centers between New York, Atlanta and Dallas resulting in over $900,000 annual savings.
- Developed Christmas card catalogue website and implemented online customer ordering including direct web to plate implementation.
- Completed several direct customer electronic interfaces including Web to Plate, punch-out, Ariba Network, and EDI across diverse operating platforms.
- Designed and implemented electronic shop floor data collection to reduce waste and change time across two operating platforms.

EDUCATION

University of Colorado, Boulder, Colorado

B.S. Engineering Design and Economic Evaluation - 1978

John Trotter

Corporate Director of Claims

CAREER SUMMARY

LogistiCare Solutions, LLC, Atlanta, Georgia, 2013 - Present
Director of Claims

- Manages Corporate Claims Adjudication, Claims Billing and Claims Collections functions.
- Reduced the average time to pay by 2 days by transitioning to a bi-weekly check run schedule.
- Began initiative to standardize processes throughout the Claims Department in order to find best practices and increase productivity and quality.
- Launched Customer Service initiatives to increase Claims Department accountability to Operations.
- Initiated process changes which increased Claims Department productivity by 5%.

LogistiCare Solutions, LLC, Atlanta, Georgia, 2011 - 2013
Director of Accounting

- Manage Corporate Accounting and Accounts Payable functions.
- Manage the claims processing, billings and collections department based in Tempe, AZ.
- Work directly on financial and statutory audits.
- Transitioned a $21 Million annual revenue operation from Hayward, CA to Tempe, AZ.
- Managed the collection of $1.8 Million of cash (77% of the past due receivables) related to the Hayward, CA transition.
- Redesigned the process of accounting for transportation costs. This resulted in better visibility and analysis for management, Finance and Operations.
- Established the financial reporting process and deliverables for the Fee-For-Service business.
- Audited and redesigned the mass transit pass accounting process which has resulted in a monthly cost saving of $500K.

Mohawk Industries, Marietta, Georgia, 2010 - 2011
Manager of Accounting

ERNST & YOUNG, Atlanta, Georgia, 2005 - 2010
Senior Auditor

CAREER HIGHLIGHTS

Highly experienced with over 10 years in the areas of finance and accounting. Leaded the implementation of statewide NEMT plans and directed the transition of major operations centers. Reduced the average time to pay transportation provider claims by 2 days by transitioning to a bi-weekly check run schedule.

EDUCATION

Georgia State University, Atlanta, Georgia
Bachelor of Science in Accounting May 2005

Florida State University, Tallahassee, Florida
Bachelor of Arts, Finance (Concentration in Finance and Accounting)
Bachelor of Arts, English/Creative Writing

CERTIFICATIONS

Certified Public Accountant, Georgia

Namon Huddleston Jr.

Corporate Director of Quality Assurance

CAREER SUMMARY

LogistiCare Solutions, LLC, Atlanta, Georgia 2013- Present
Corporate Director of Quality Assurance (QA)

- Assure enforcement of quality assurance and improvement policies and procedures company-wide
- Ensure all local Quality Assurance managers providers are performing according to LogistiCare QA and URAC Core Accreditation standards
- Lead Customer Experience Team program and implement directives across all plans

LogistiCare Solutions, LLC, Atlanta, Georgia 2008 - 2013
Corporate Director of Operations

Manages LogistiCare's company-wide and industry leading quality assurance program "Q-365." Directs the activities of ongoing and focused quality initiatives that when combined create a culture of continuous process improvement. Such initiatives include:

- Call center call monitoring standardization and improvement pilot
- New hire training performance review and assessment
- Internal operational contractual performance assessments

American Medical Response, Denver, Colorado 2008 - 2013
Director of Client Services

Managed a high volume Client Service Team that included geographically diversified Account Executives, Quality Assurance Teams and Service Recovery Specialists. In addition, responsible for implementing all new government and health plan projects that includes all managed care ambulance and non-ambulance contracts.

Responsibilities include:

- Project implementation lead for all contracts, including operational readiness. Lead all phrase of NEMT contract implementations all aspects of the operations
- Point of contact for external customer relations. Led monthly meetings to review program status and compliance. As well as the lead for all client audits.
- Training of all new staff specific for contract implementation. Training covering, contract requirements, software, policy and procedures and other topics.

CAREER HIGHLIGHTS

*Over **8 years** experience in the non-emergent medical transportation (NEMT) industry in the areas of Project Implementation Leader, Client Services, Quality Assurance (URAC accreditation) and training. An organized and driven leader that has created and worked with diversified teams to meet and exceed internal and external corporate goals and directives. Adept at using quality matrixes to identify, recommend and then implement strategic improvements for clients and company.*

Joint Commission Resources, Oakbrook Terrace, Illinois 2002 - 2008
International Ambulance Consultant and Surveyor

Provide consulting services to prepare organizations for accreditation survey and education to strengthen clinical and operational areas. Consultant in areas of management, quality assurance strategic planning, facility planning, accreditation, managed care and other specialties. Assist countries or regional groups to develop their own evaluation system that can be used for accreditation, licensure, credentialing or other regulatory purposes, or evaluation of individual facilities or systems.

American Medical Response/Pathways National Call Center,
Wisconsin/Colorado/Louisiana 1990- 2002
International Ambulance Consultant and Surveyor

Nationally accredited medical transportation high volume call center with a customer base of private citizens, Health Maintenance Organizations, Preferred Provider Organizations, hospital groups, demand management agencies, transport providers and other communication centers.

American Medical Response/Pathways National Call Center,
Pleasant Prairie, Wisconsin 1999- 2002
Clinical Manager

Managed the Quality Improvement and Training operating divisions. Managed a team of individuals that handled customer service inquires along with setting up mechanism that monitored quality assurance and performance. Created and managed all employee training, including new hire and continuous education requirements, in order to maintain the centers' international accreditation as a center of excellence. Managed team that handled the daily continuous quality improvement duties to maintain our national accreditation.

EDUCATION

B.S in Business Administration, University of Phoenix, Chicago, Illinois
Masters, Business Management, University of Phoenix, Chicago, Illinois

TAB IX: OTHER INFORMATIONAL MATERIAL

Vendors must include any other applicable reference material in this section clearly cross referenced with the proposal.

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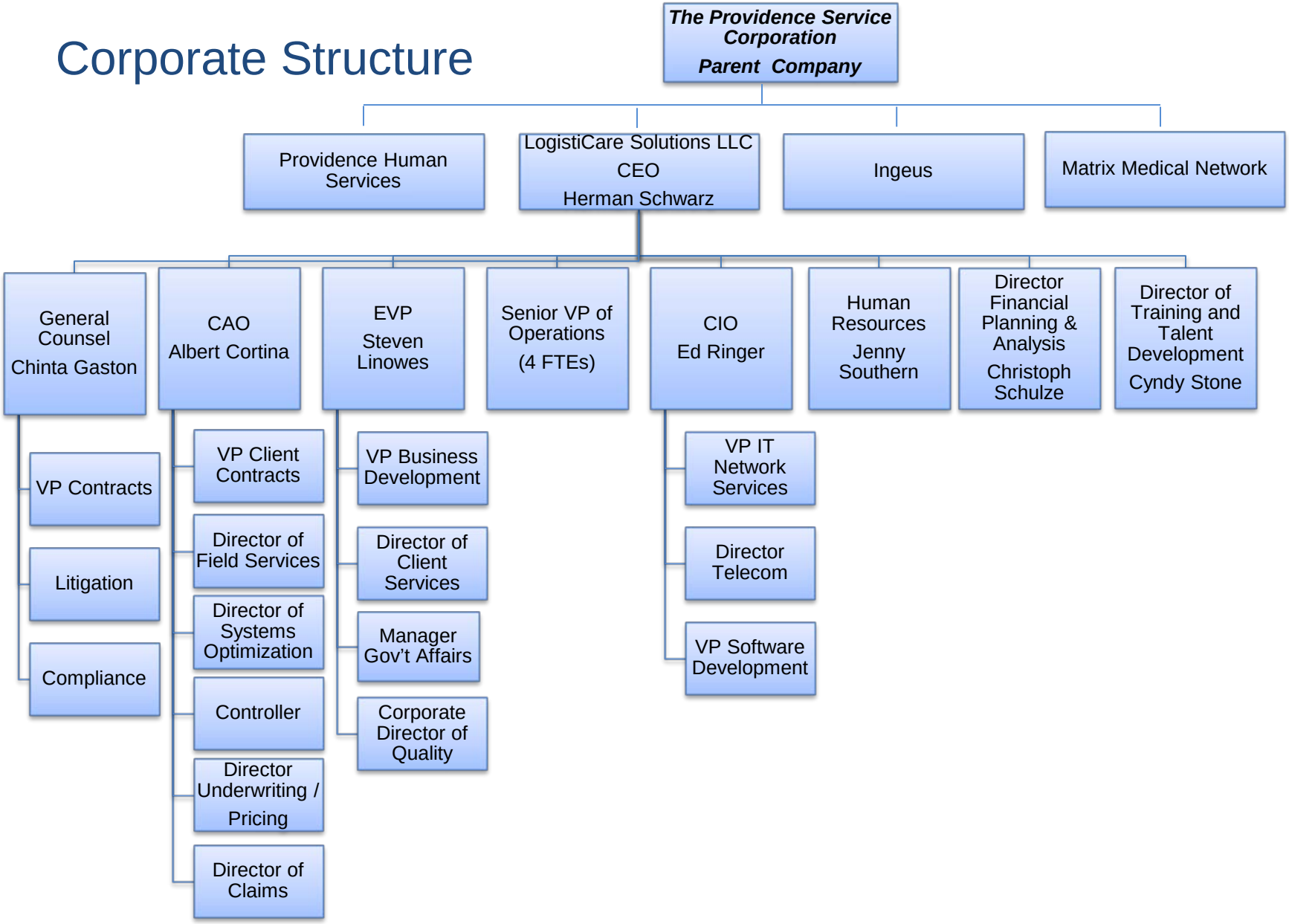
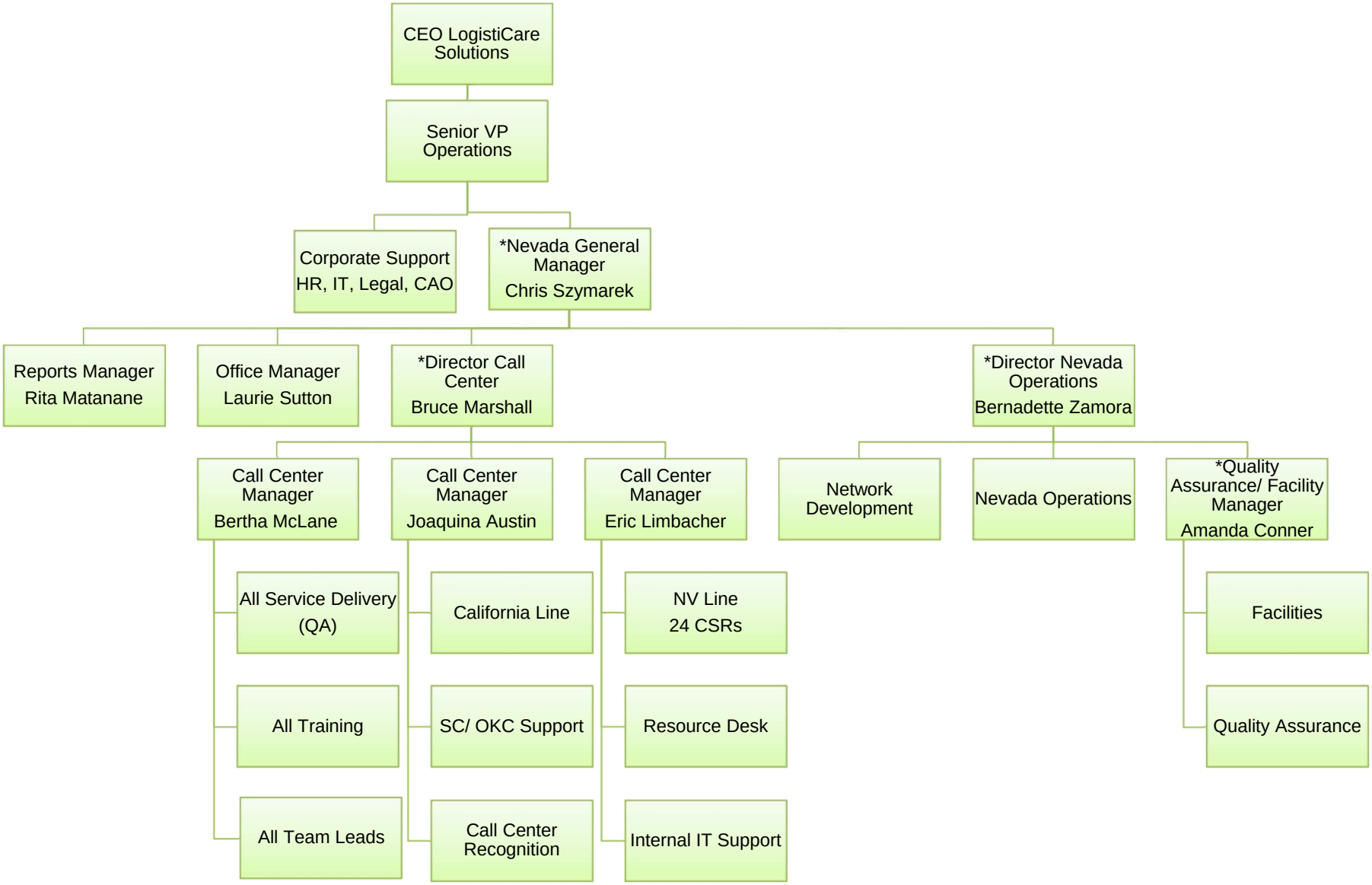
Attachment 1

Corporate Structure



Nevada Operations



* Denotes Key Staff for Nevada Operations

Attachment 2

Centralized Advanced Telecom System (CATS).

Through CATS, each of our nationwide call centers is configured with the most effective technology, coupled with processes evolved over a quarter century of NET customer service experience. CATS is fully redundant to provide uninterrupted call center support 24/7/365. It provides scalability, redundancy, failover, and flexibility to handle fluctuating workloads with real-time handling of calls for disaster recovery scenarios. CATS continues to provide a unified, highly personalized call center experience for Nevada Recipients.

As part of the CATS project, LogistiCare implemented the Avaya one-X® Call Management System (CMS) Supervisor. The CMS collects call-traffic data, formats management reports, and provides an administrative interface to the ACD feature on the CMS. The CMS records and aggregates the following information:

- Number of incoming calls daily
- Number of answered calls daily
- Average number of calls answered daily
- Average speed to answer in seconds
- Average call wait time
- Average talk time in seconds
- Number of calls placed on hold
- Average time on hold in seconds
- Number of calls abandoned daily
- Average time on hold before abandonment in seconds
- Number of available operators by time of day/day of week

The CMS stores ACD data in real-time and historical relational database tables. Real-time databases include tables for the current intra-hour interval data and the previous intra-hour interval data in 15-minute increments. Historical databases include tables for the intra-hour, daily, weekly, and monthly data. The historical database stores 62-days of intra-hour historical data, 5-years of daily historical data, and 10-years of weekly and monthly historical data.

The CMS is configured for High Availability (HA), which provides data redundancy to protect against data loss should there be an issue with the CMS or call center. We have two CMS systems operating in parallel at two locations. All CMS data is sent to the Avaya one-X® Contact Analyzer and NetLert N-Focus Plus systems in real time and cached for use by other systems for maintenance, upgrades, or events resulting in downtime.

The CMS Supervisor provides real-time monitoring for all areas of call center performance (e.g., number of abandoned calls, average hold time, number of calls in a queue) as depicted in ***Figure 1 below***. Call Center Supervisors manage and monitor CSRs and the health response of the call center when they are away from their desks through the CMS Mobile Supervisor, a real-time reporting tool that displays summary views of skills and CSR activity with the capability to drill down to individual CSR details.

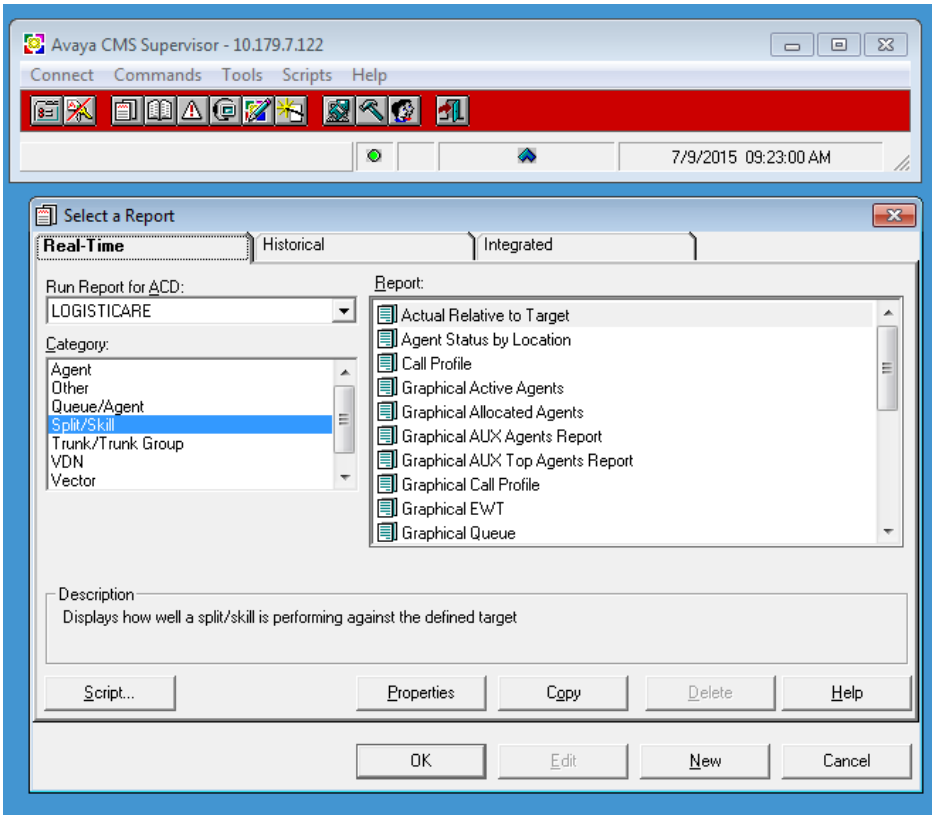


Figure 1, Avaya CMS Supervisor. *Nevada will receive real time monitoring for all areas of call center performance (e.g., number of abandoned calls, average hold time, number of calls in a queue)*

LogistiCare complies with each ACD, call recording, and call aggregation requirement described in the RFP. We use the Calabrio ONE call recording solution to capture, store, archive, and retrieve calls. Calabrio ONE enables our local call center team to meet applicable security, regulatory, and HIPAA guidelines for the recording and storage of NET-related calls. **Figure 2** depicts how access to specific calls is accomplished.

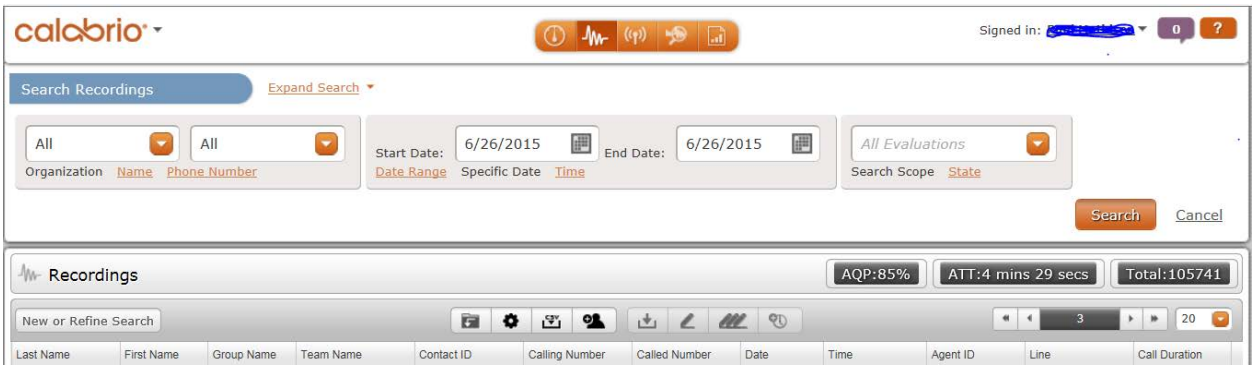


Figure 2. Screenshot of Calabrio ONE Call "Search Recordings" mechanism. *Call recording solution captures, stores, archives, and retrieves calls enabling our local call center team to meet applicable security, regulatory, and HIPAA guidelines for the recording and storage of NET calls.*

Tech savvy reviewers will appreciate the following graphic (***Figure 3***), which depicts the collaboration between the particular software applications.

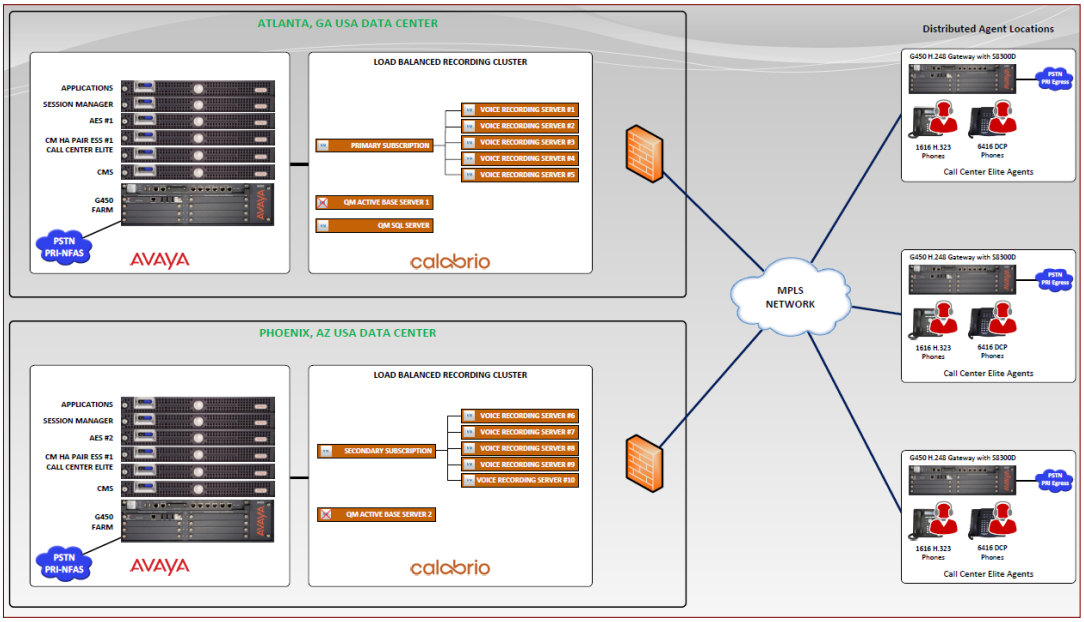


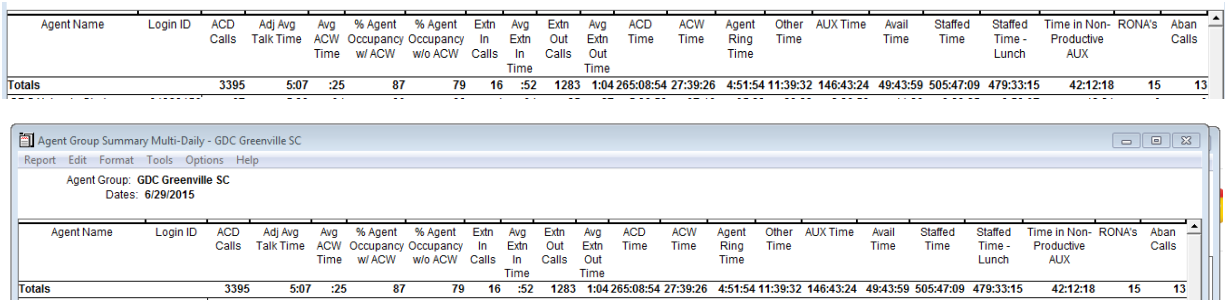
Figure 3. Centralized Private-Cloud Infrastructure. *LogistiCare's solution of state-of-the-art technology provides Nevada with the call enter infrastructure required in this RFP.*

CATS delivers the following efficiencies:

- ***Consolidation***—20 plus ACD systems to one
- ***Nationwide Collaboration***—Management, CSRs and Quality Assurance (QA) expertise is shared across all locations in support of DHCFP NET Program requirements
- ***Rapid Scalability and Implementation***—Significant reductions in the time and effort to deploy new call centers, implement disaster recovery routing, and increase capacities
- ***Resiliency***—Systems located at hardened data centers offer superior business continuity and capacity management that cannot be matched by facility-based technology

We use the Avaya one-X™ CMS Supervisor and N-Focus Plus platforms to support DHCFP aggregation and reporting requirements. These key components of CATS offer our call center managers the management and reporting functionality typically unavailable in non-enterprise-level systems. ***Our supervisory call center personnel manage calls more effectively, because they are able to apply the right resource to the right queue and anticipate surges in call center usage before they occur***. Avaya CMS Supervisor and NetLert N-Focus Plus collect call center traffic data, format management reports, and provide an administrative interface for the ACD feature on the CMS.

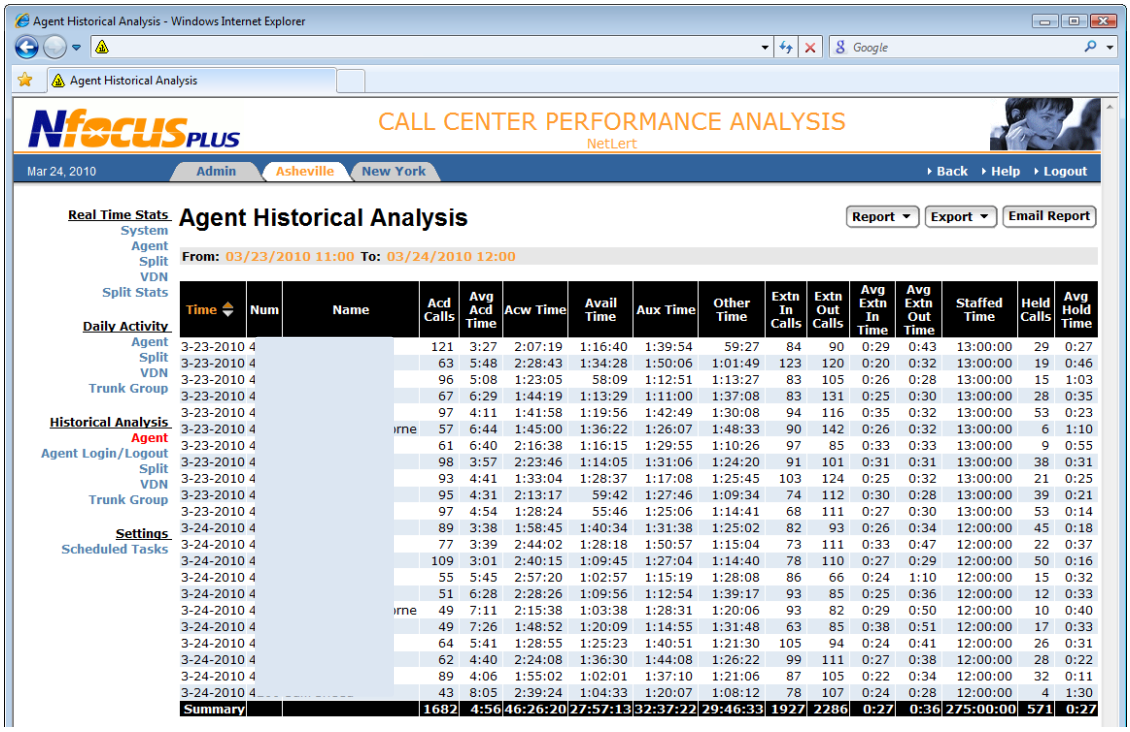
The CMS Supervisor module provides tools for call center managers to generate reports in real time (***Figure 4***).



Agent Name	Login ID	ACD Calls	Adj Avg Talk Time	Avg ACW Time	% Agent Occupancy w/ ACW	% Agent Occupancy w/o ACW	Extn In Calls	Avg Extn In Time	Extn Out Calls	Avg Extn Out Time	ACD Time	ACW Time	Agent Ring Time	Other Time	AUX Time	Avail Time	Staffed Time	Staffed Time - Lunch	Time in Non-Productive AUX	RONA's	Aban Calls
Totals		3395	5:07	:25	87	79	16	:52	1283	1:04	265:08:54	27:39:26	4:51:54	11:39:32	146:43:24	49:43:59	505:47:09	479:33:15	42:12:18	15	13

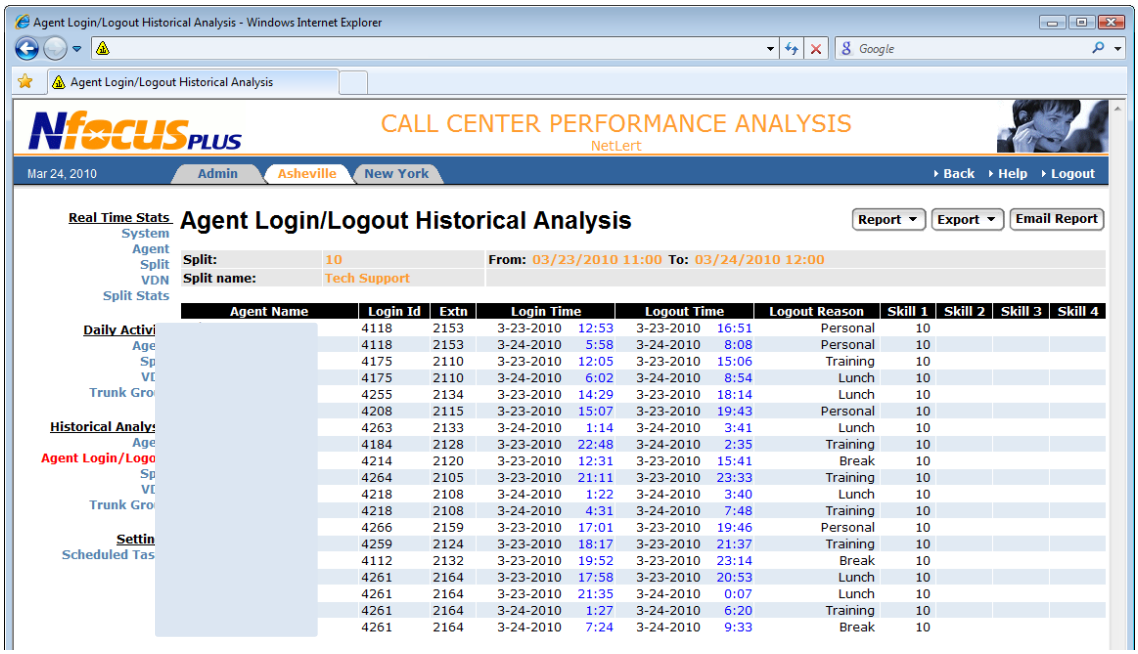
Figure 4. Avaya one-X® CMS Client Sample Agent Report. *Sample Screenshot shows headings for real-time, detailed reports available.*

The capabilities of NetLert N-Focus Plus and the CMS allow call center managers to detect and address operational challenges before they become critical. ***Figures 5*** NetLert N-Focus Plus Agent Historical Analysis Report and ***Figure 6,*** NetLert N-Focus Plus Agent Login/Logout Historical Analysis Report are examples of the kind of reporting data that NetLert N-Focus Plus extracts from the Avaya CMS Supervisor.



Time	Num	Name	Acd Calls	Avg Acd Time	Acw Time	Avail Time	Aux Time	Other Time	Extn In Calls	Extn Out Calls	Avg Extn In Time	Avg Extn Out Time	Staffed Time	Held Calls	Avg Hold Time
3-23-2010 4			121	3:27	2:07:19	1:16:40	1:39:54	59:27	84	90	0:29	0:43	13:00:00	29	0:27
3-23-2010 4			63	5:48	2:28:43	1:34:28	1:50:06	1:01:49	123	120	0:20	0:32	13:00:00	19	0:46
3-23-2010 4			96	5:08	1:23:05	58:09	1:12:51	1:13:27	83	105	0:26	0:28	13:00:00	15	1:03
3-23-2010 4			67	6:29	1:44:19	1:13:29	1:11:00	1:37:08	83	131	0:25	0:30	13:00:00	28	0:35
3-23-2010 4			97	4:11	1:41:58	1:19:56	1:42:49	1:30:08	94	116	0:35	0:32	13:00:00	53	0:23
3-23-2010 4		rne	57	6:44	1:45:00	1:36:22	1:26:07	1:48:33	90	142	0:26	0:32	13:00:00	6	1:10
3-23-2010 4			61	6:40	2:16:38	1:16:15	1:29:55	1:10:26	97	85	0:33	0:33	13:00:00	9	0:55
3-23-2010 4			98	3:57	2:23:46	1:14:05	1:31:06	1:24:20	91	101	0:31	0:31	13:00:00	38	0:31
3-23-2010 4			93	4:41	1:33:04	1:28:37	1:17:08	1:25:45	103	124	0:25	0:32	13:00:00	21	0:25
3-23-2010 4			95	4:31	2:13:17	59:42	1:27:46	1:09:34	74	112	0:30	0:28	13:00:00	39	0:21
3-23-2010 4			97	4:54	1:28:24	55:46	1:25:06	1:14:41	68	111	0:27	0:30	13:00:00	53	0:14
3-24-2010 4			89	3:38	1:58:45	1:40:34	1:31:38	1:25:02	82	93	0:26	0:34	12:00:00	45	0:18
3-24-2010 4			77	3:39	2:44:02	1:28:18	1:50:57	1:15:04	73	111	0:33	0:47	12:00:00	22	0:37
3-24-2010 4			109	3:01	2:40:15	1:09:45	1:27:04	1:14:40	78	110	0:27	0:29	12:00:00	50	0:16
3-24-2010 4			55	5:45	2:57:20	1:02:57	1:15:19	1:28:08	86	66	0:24	1:10	12:00:00	15	0:32
3-24-2010 4			51	6:28	2:28:26	1:09:56	1:12:54	1:39:17	93	85	0:25	0:36	12:00:00	12	0:33
3-24-2010 4		rne	49	7:11	2:15:38	1:03:38	1:28:31	1:20:06	93	82	0:29	0:50	12:00:00	10	0:40
3-24-2010 4			49	7:26	1:48:52	1:20:09	1:14:55	1:31:48	63	85	0:38	0:51	12:00:00	17	0:33
3-24-2010 4			64	5:41	1:28:55	1:25:23	1:40:51	1:21:30	105	94	0:24	0:41	12:00:00	26	0:31
3-24-2010 4			62	4:40	2:24:08	1:36:30	1:44:08	1:26:22	99	111	0:27	0:38	12:00:00	28	0:22
3-24-2010 4			89	4:06	1:55:02	1:02:01	1:37:10	1:21:06	87	105	0:22	0:34	12:00:00	32	0:11
3-24-2010 4			43	8:05	2:39:24	1:04:33	1:20:07	1:08:12	78	107	0:24	0:28	12:00:00	4	1:30
Summary			1682	4:56	46:26:20	27:57:13	32:37:22	29:46:33	1927	2286	0:27	0:36	275:00:00	571	0:27

Figure 5. NetLert N-Focus Plus Agent Historical Analysis Report. *Reports like this capture sample data that include the number of incoming daily calls; the average amount of time spent on incoming calls in seconds; the average call waiting time in seconds; the actual number of calls placed on hold; the average hold time in seconds, etc.*



Agent Name	Login Id	Extn	Login Time		Logout Time		Logout Reason	Skill 1	Skill 2	Skill 3	Skill 4
	4118	2153	3-23-2010	12:53	3-23-2010	16:51	Personal	10			
	4118	2153	3-24-2010	5:58	3-24-2010	8:08	Personal	10			
	4175	2110	3-23-2010	12:05	3-23-2010	15:06	Training	10			
	4175	2110	3-24-2010	6:02	3-24-2010	8:54	Lunch	10			
	4255	2134	3-23-2010	14:29	3-23-2010	18:14	Lunch	10			
	4208	2115	3-23-2010	15:07	3-23-2010	19:43	Personal	10			
	4263	2133	3-24-2010	1:14	3-24-2010	3:41	Lunch	10			
	4184	2128	3-23-2010	22:48	3-24-2010	2:35	Training	10			
	4214	2120	3-23-2010	12:31	3-23-2010	15:41	Break	10			
	4264	2105	3-23-2010	21:11	3-23-2010	23:33	Training	10			
	4218	2108	3-24-2010	1:22	3-24-2010	3:40	Lunch	10			
	4218	2108	3-24-2010	4:31	3-24-2010	7:48	Training	10			
	4266	2159	3-23-2010	17:01	3-23-2010	19:46	Personal	10			
	4259	2124	3-23-2010	18:17	3-23-2010	21:37	Training	10			
	4112	2132	3-23-2010	19:52	3-23-2010	23:14	Break	10			
	4261	2164	3-23-2010	17:58	3-23-2010	20:53	Lunch	10			
	4261	2164	3-23-2010	21:35	3-24-2010	0:07	Lunch	10			
	4261	2164	3-24-2010	1:27	3-24-2010	6:20	Training	10			
	4261	2164	3-24-2010	7:24	3-24-2010	9:33	Break	10			

Figure 6. NetLert N-Focus Plus Agent Login/Logout Historical Analysis Report. *Reports like this capture sample data regarding the number of available operators by time of day and day of the week. This helps optimize CSR performance levels and assignments to meet call center demands and ensures that they apply the necessary resources to each call queue.*

The CMS and NetLert N-Focus reporting tools generate and securely transmit reports as email, PDF files, or Excel files. Call center staff forward reports to DHCFP using the same system through which they manage the call center. The reports provide DHCFP management with detailed insight into Nevada call center operations. The reports are delivered as requested or at regular intervals as specified by the DHCFP.

LogistiCAD.

Our proprietary NET management platform, LogistiCAD, is the backbone of our infrastructure for providing operational support to our NET clients. It provides all the capabilities needed to manage the processing and

delivery of efficient, high-quality transportation logistics in a single integrated package. Capabilities include: taking reservations, managing call center operations, verifying eligibility, tracking compliance, handling complaints, assigning and dispatching service work, processing payments to third-party business partners, management reporting, scheduling, and timekeeping for employees. We designed the system with features that promote quality, detect potential fraud, and support NET compliance.

As mentioned in previous sections, LogistiCare's core information system is LogistiCAD, a multi-user, transaction-based application suite that enables the processing and delivery of transportation and logistics services. LogistiCAD is integral to the following NET tasks:

- Capturing Recipient data and determining Recipient eligibility
- Providing gate keeping and ride authorization
- Managing complaints and ensuring compliance
- Managing transportation providers
- Reconciling billing
- Providing rich operational, management, and ad hoc reports
- Encounter data reporting in a variety of formats

All trips are tracked in detail through the order cycle, from initial assignment to completion or reassignment, and expenditures are also linked in the system. Transportation providers send LogistiCare daily trip information, information about cancellations or no-shows, and weekly driver logs, all of which is entered into the system's verification module. System-generated reports verify trips and expenditures, with information cross-referenced as to date, provider, client, and actual trip via a unique job number.

The core LogistiCAD application runs from LogistiCare file servers over the company Wide Area Network (WAN). Employees access the application either through desktop icons on company-supplied computers or using the Citrix Access Gateway. All data communications between offices are encrypted with Cisco VPN technology using AES 256-bit encryption to protect data and intra-company communications.

LogistiCAD runs against a high-performance IBM DB2 Enterprise relational database system. These database systems are housed in LogistiCare's secured Network Operations Centers (NOCs) in Atlanta, Georgia and Phoenix, Arizona.

Information is shared with outside stakeholders using telephone communications, faxes, secure electronic exchanges (secure FTP, secure e-mail, or exchange of encrypted files), and secured web sites using certificates from external certificate authorities.

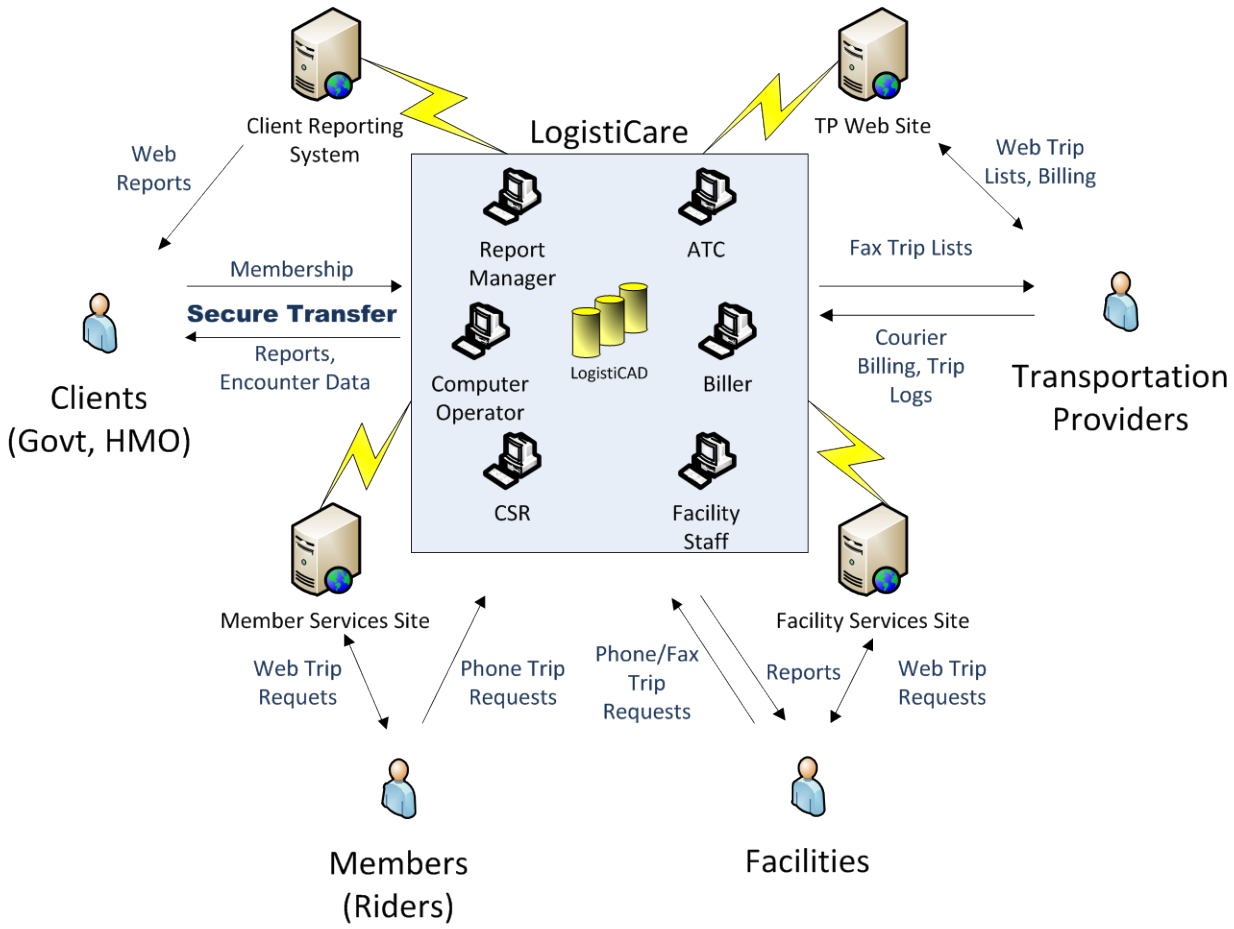


Figure 7. LogistiCAD Wide Area Network (WAN).

Software

The LogistiCAD software suite is a Microsoft Windows client-server application developed and maintained by LogistiCare's in-house software engineering group. Their main focus is to enhance and maintain LogistiCare's software system to provide the best service for the company's clients and Recipients. LogistiCare's software is not sold on the open market.

The system tracks all of the information in real-time. The information is immediately stored in the database and is accessible for daily operations, service authorization, trip scheduling, provider reimbursement, agency monitoring, and report generation. The information can be retrieved, reviewed, and reported on as needed to create the history of approvals and denials for any Recipient. Information can be retrieved by Recipient ID, Recipient name, trip date, facility-attended, and transportation provider.

External web sites are supplied to supplement LogistiCare's ability to communicate and exchange information with all stakeholders. Each web site targets a specific audience and is designed to address their business needs. These include a site for the transportation providers, the government or managed care clients, treating facilities, and the riders.

The LogistiCare **Transportation Provider Web Interface** system is a multi-user, web-based application suite that helps to manage the flow of information between LogistiCare and the transportation providers. This web site allows transportation providers to enter and retrieve certain information about trips they were assigned by LogistiCare. It also provides some specific performance reports to help them manage their work with LogistiCare. To access the site, transportation provider companies must sign up for the site and fill out certain Electronic Data Interchange (EDI) forms.

The LogistiCare **Facility Services Website** supports transportation requests by healthcare facilities on behalf of their clients. The goal of the site is to provide a system to request and manage trip requests online without the need to call a LogistiCare call center. The Facility Services Website allows a user to enter a single trip or

standing order request for review and approval by a LogistiCare Facility Representative; look up and view trip requests; modify or update pending requests; and withdraw pending requests.

The LogistiCare **Recipient Services Website** is very similar to the Facility Services Website except its focus is on the riders. After a user has successfully logged in they will be able to request new trip reservations, edit pending requests, view pending requests and processed reservations, withdraw pending requests, and cancel existing reservations. Requests will be placed in a request queue within the LogistiCAD database for review by call center personnel through the LogistiCAD software.

The LogistiCare **Client Reporting System** is provided as a service to LogistiCare's clients. These are typically state Medicaid agencies or managed care organizations. This interface allows them to monitor basic statistics of their business and resolve simple questions and complaints. Summary reports of trip volume, complaints, and utilization are available as well as detailed reports for single trips, single complaints, and Recipient eligibility.

The LogistiCare **Trip Manager** is accessible by Recipients as a free application software (App) easily downloaded through Google Play or Apple App Store onto a personal cell phone or tablet. Trip Manager makes it easier for Recipients to schedule and manage their personal NET services.

ATMS Implementation Options for Transportation Providers

Due to LogistiCAD's open architecture design, we can expand its functionality and interconnectivity based on client needs and requirements. Such expansion is under way with the implementation of our proprietary Advanced Transportation Management System (ATMS). LogistiCare has been carefully implementing ATMS, which incorporates mobile device based (tablet) technology in several of our markets. We have been taking the time to understand and meet specific client needs, identifying how to maximize the benefits, mitigate the risks, and standardize such technology across all markets.

Pending DHCFP approval, we will modify our recruitment, credentialing, and contracting process to include the provision that transportation providers use a GPS tracking system upon contract award. Mobile devices in the vehicles provide a path for technology to significantly improve business processes for the transportation providers. With the approval of DHCFP, we will implement a tablet-based routing, trip assignment, confirmation, and claims system in the state. This application of technology builds on the data and real-world lessons gleaned from managing current GPS requirements in other programs; competitive research; and our research and development with leading mobile routing and trip assignment companies. LogistiCare's experience with using GPS software in markets of similar size and scope (e.g., New Jersey) confirms that a "one-size-fits-all" approach to exchange GPS data is not the best offering to our transportation providers who will use this system. The provision to provide GPS solutions is an industry-wide challenge encountered by all NET Brokers and is not resolved by simply mandating the use of a specific solution. Mandating a specific approach will be met with resistance by transportation providers who may not want to invest in new technology (after all many are small businesses with limited financial resources) and don't want Transportation Coordinators and the state to have oversight/insight into their other books of business. Others may have already purchased a GPS software solution and the requirement of a Broker to purchase a new GPS product capable of meeting their specific needs could impose significant costs.

LogistiCare's approach focuses on balancing the needs of the management and oversight specifically required in this contract with the needs of the transportation providers. This is different from other Transportation Coordinators in that we offer choices to the transportation provider so they can make an informed decision as to the best solution for their company in the form of three (3) ATMS options that offer flexibility in acquiring GPS software, see table below. This approach allows us to honor current financial investments that transportation providers may have in third party GPS/Dispatch software, offer solutions when considering other third party GPS/Dispatch software; and provide a free solution to transportation providers who have no plans or budget for GPS/Dispatch software. The following table details the three (3) options:

Options Available to Transportation Providers	Option Approach
Gold Seal Partner GPS Software Integration	***Option 1***—Numerous third party vendors offer GPS solutions through the use of mobile devices. LogistiCare has developed relationships with preferred vendors that we refer to as our Gold Seal Partners. Through these partner relationships, we

Options Available to Transportation Providers	Option Approach
	have created system interfaces that can exchange trip and billing data. The Gold Seal Partners include RouteMatch, CTS Software and MediRoute, frequently used GPS vendors. Transportation providers can select this option and LogistiCare will assist with integration.
Integrating Other Third Party GPS Software	***Option 2***—Transportation providers can choose their own vendor and/or purchase a turnkey GPS system and LogistiCare will develop a system interface with their chosen vendor.
LogistiCare Transportation Provider App (No cost to the Transportation Provider)	***Option 3***—If the transportation provider does not want to use their current GPS system or does not have one in place at all, LogistiCare offers the option to simply download the LogistiCare Transportation Provider App.

Option One—Gold Seal Partner GPS Software Integration

Numerous third party vendors offer sophisticated and functionally rich GPS solutions through the use of mobile devices. For our approach, LogistiCare has undertaken a major enhancement to our network vehicle tracking and reporting capabilities with investment in tight integration of our proprietary NET management platform, LogistiCAD, with industry leading transportation routing application and system vendors. Utilizing the tablet-based routing and tracking systems they provide, we can interface with real-time vehicle tracking and routing technology partners, such as RouteMatch, CTS Software, and others, to provide tablet-based, real time vehicle tracking and routing.

LogistiCare has partnered with several Gold Seal preferred vendors to offer the GPS technology to transportation providers in the Nevada NET network. Working with these vendors in ongoing development, LogistiCare is creating the data bridges that allow Application programming Interface (API) integration and the direct communication of trip manifests, real-time routing or re-routing information, and electronic verification of arrival times and locations.

By partnering with the top application/hardware vendors as Gold Seal Partners, we are able to deliver the broadest acceptance of the program within the transportation provider network. Applications, such as RouteMatch, are device and platform independent and will most likely work with any existing investment in technology that the transportation providers have made. LogistiCare will provide the same proven, in-house IT support structure for its integration with the vendors application, focusing its expertise to the back-office integration that will deliver NET program data interoperability and communications with real-time vehicle tracking and routing technology. Our Gold Seal partners will also support training and help desk support for the routing applications and any related hardware that they provide.

Key benefits include real-time insight into the performance of service during operations, seamless updates to advance day and same day changes. The interface manages single demand trips, return trips, add-on trips and standing orders thus improving overall service delivery and management of the transportation program. The interface solution and data transmission is encrypted and maintains HIPAA compliance with respect to patient information for the purpose of providing medical transportation services. The export file of completed trips complies with Federal ANSI standards 837 specification but can be modified to meet specific contractual requirements obligated by LogistiCare in management of transportation services. This process significantly improves the process, tracking and management of complaints and investigations as the data is readily available from our providers using RouteMatch or other Gold Seal vendors, see ***Figure 10.***

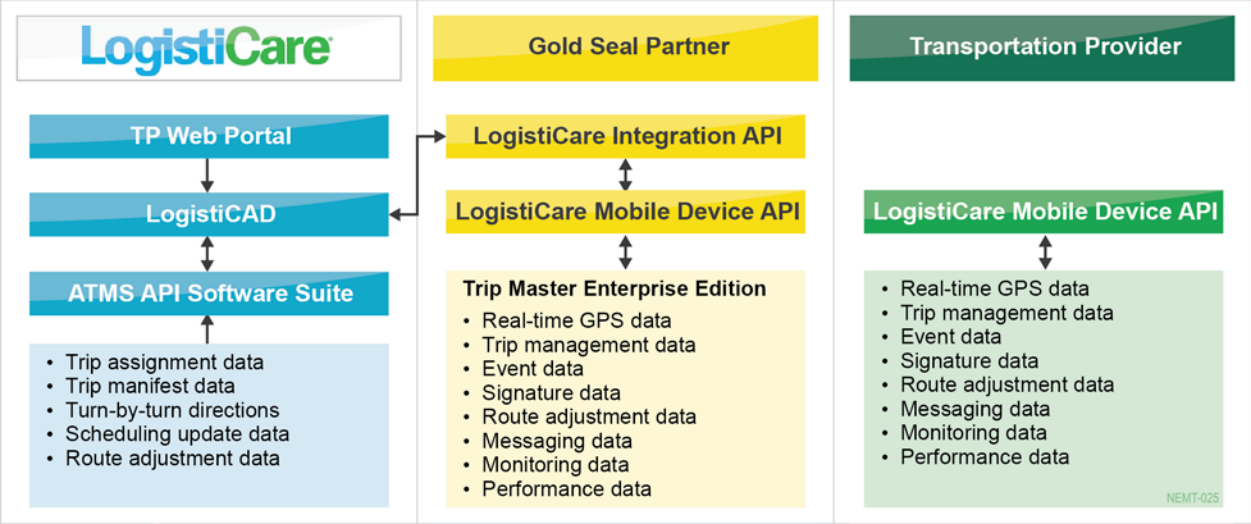


Figure 10. ATMS Software Architecture depicts the ATMS software architecture and the trip data exchanged for Option 1 – Gold Seal Partner.

Option 2—Integrating Other Third Party GPS Software

This option accommodates transportation providers choosing another third party vendor's GPS software (other than the Gold Seal Partners) and is an extension of Option 1 above. This option applies the same technical approach and management processes used to integrate with the Gold Seal Partner's applications with that of another third party vendor's GPS software. Once the transportation provider identifies that third party vendor, we perform a vendor qualification analysis to explore the potential of establishing a formal relationship with that vendor. During the vetting process LogistiCare performs the following activities:

- Determines vendor's willingness to collaborate in the effort
- How personal health information (PHI) is handled
- Determines degree of HIPAA compliance
- Determines the security features embedded in the software
- Performs a technology exchange
- Determines interface requirements
- Develops interfaces
- Performs integration testing

After completing the above, LogistiCare will assess the results and make a determination as to whether or not the proposed vendor interface is compatible. If not, the transportation provider will be asked to select from the other two options available. This is solely the decision of the transportation provider to decide which option they will pursue. LogistiCare does not voice a preference and accepts any choice that is made by the transportation provider.

Option 3—LogistiCare Transportation Provider App

The Transportation Provider App offers transportation providers a no cost GPS solution. This option is not dependent on third party vendors and is developed, managed and supported by LogistiCare directly. It offers a simple Dispatcher App and a Driver Smartphone App. It reduces installation costs, uses devices already owned or easily purchased, and is rapidly deployable. This option has three (3) components:

- The ATMS API Software Suite hosted on LogistiCare platforms

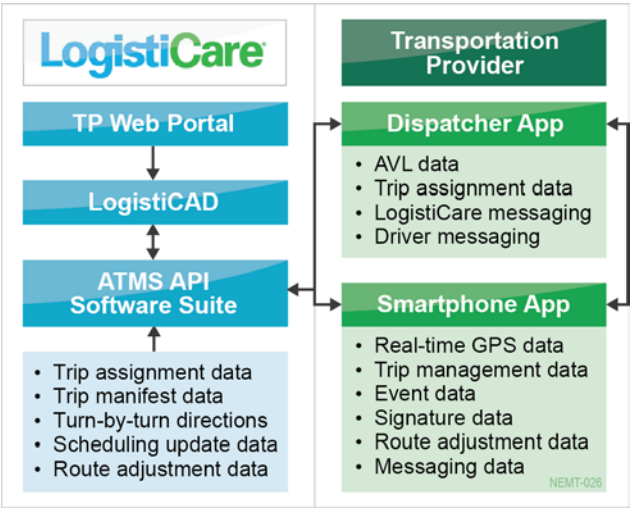


Figure 11. Transportation Provider App. Integration with LogistiCare Trip Manager—Recipient Mobile App.

- The Smartphone App installed on the driver's Smartphone
- The Dispatcher App residing with the transportation provider's dispatcher

***Figure 11*:** Transportation Provider App depicts the exchange of trip data among the three (3) components of the Transportation Provider App.

The ATMS API Software Suite—this component resides on LogistiCare platforms and queries the LogistiCAD repository for data, packages it and transmits to the Driver Smartphone App and the Dispatcher App the following data:

- AVL Data
- Trip Manifest
- Trip Re-routing
- Trip Cancellation
- Trip Billing

The Dispatcher App—this component exchanges the following data with the Dispatcher App:

- Real-time GPS Data
- Trip Management Data
- Event Capture Data
- Signature Capture Data
- Route Guidance
- Driver Messaging

The Driver Smartphone App—this component exchanges the following data with the Driver Smartphone App:

- AVL data
- Trip Assignments
- Driver Messaging
- LogistiCare Messaging

The LogistiCare ATMS works in harmony with the newly developed LogistiCare Trip Manager, which is a mobile app that easily downloads to a Recipient's personal cell phone or other mobile device. Please see **Figure 12** on the following page.

Recipients in Nevada will now be able to schedule and manage NET services through the exchange of real-time GPS data through the interface with ATMS. It provides a consistent look and feel compatible with standard LogistiCare navigational web sites, and is a user-friendly, time efficient option for Recipients who desire real time management and access to transportation services.

Figure 12. Representative Sample of Trip Manger's Functions and Features provides sample LogistiCare's Trip Manager Screens.

ATMS Education and Training—Transportation Providers

LogistiCare will support the implementation of GPS software through a schedule of education, training and outreach efforts. Tailoring this effort in regard to a vast, dispersed and diverse network of transportation

providers would be a challenge if it were not for the established relationships and channels of communication that are currently in place.

In addition to these meetings, training materials will be provided on-line and made accessible through the Transportation Provider Web Portal and the Transportation Provider Manual. Such things as Frequently Asked Question (FAQs), step-by-step how to guides, training manuals, quick reference cards, webinars and other training materials will be included.

Attachment 3

LogistiCare

LogistiCare Solutions, LLC

Quality Management Plan
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is provided in binder entitled

Part I B Technical Confidential

of this proposal

Attachment 4

LogistiCare

LogistiCare Solutions, LLC

Disaster Recovery Plan
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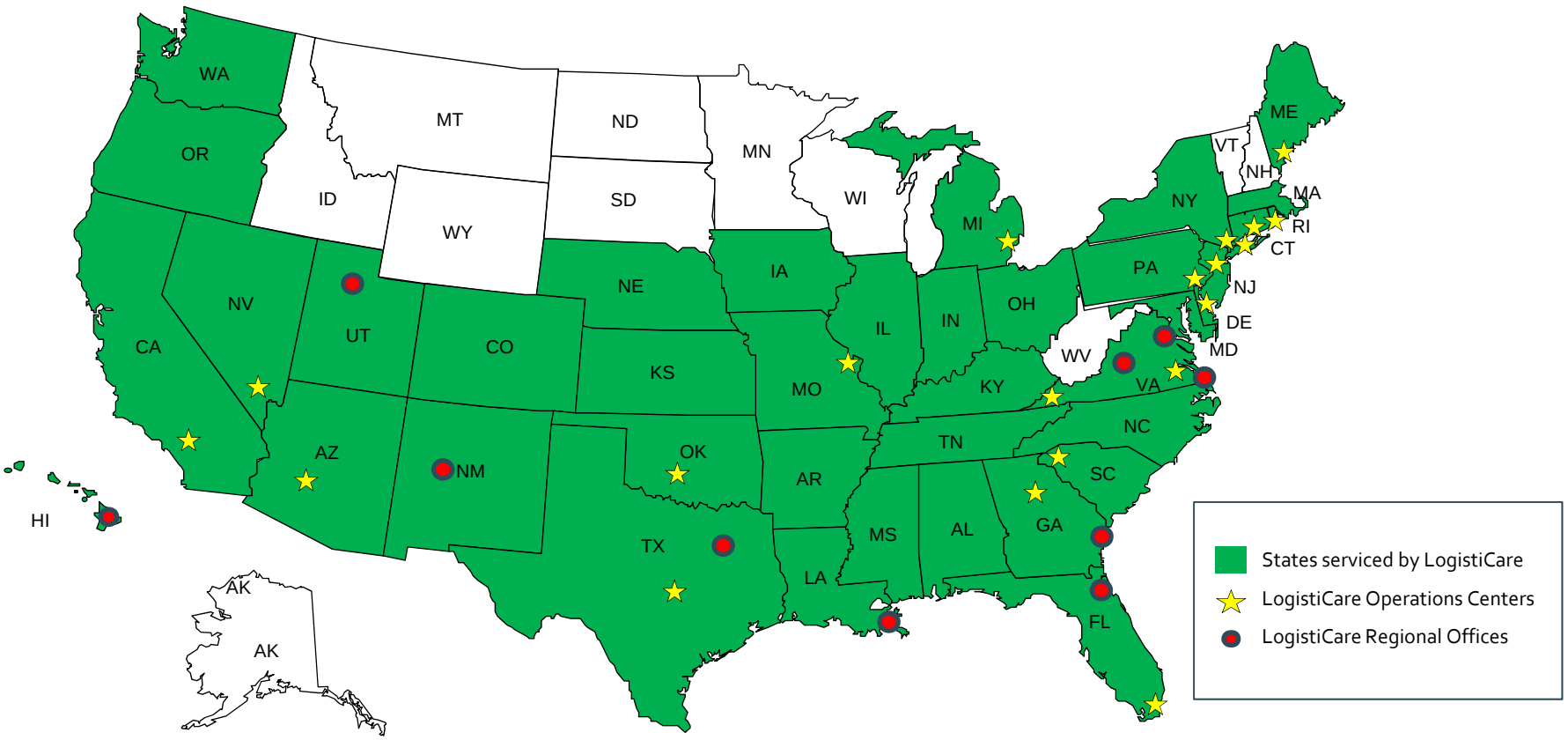
Part I B Technical Confidential

of this proposal

Attachment 5

LogistiCare Operations Center Locations



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Attachment 6

Similar State Program Descriptions

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The following program summaries highlight LogistiCare's state transportation coordination experience.

CONNECTICUT

Department of Social Services (DSS)
1996 – Present
Scope of Service: Statewide NEMT
2014 Annual Trips: 4,913,764
2014 Annual Call Volume: 1,216,611
Transportation Provider Network: 62
Operations Center Staff: 237 in North Haven, CT; **(**90 specific to NYC program)

LogistiCare currently manages the Medicaid non-emergency medical transportation program under a statewide administrative services only (ASO) contract. LogistiCare began to serve Connecticut Health Maintenance Organization (HMO) Medicaid Members in 1996. We assumed complete responsibility for the State's non-emergency medical transportation services at that time. LogistiCare also opened the Connecticut call center that same year. In 1998, when the State adopted the Broker model for its non-MCO members, we entered into partnership with the Department of Social Services ("DSS" or "The Department"). At that point, we began to serve Medicaid Members in two (2) of the state's five (5) regions. The Department subsequently awarded two (2) additional regions to LogistiCare in 2002 and the remainder of the state was awarded to us in 2011.

The Department made a second statewide NEMT program award to LogistiCare in 2013. With this award, DSS successfully transitioned the model from a full risk model into an ASO model. This type of state-wide transition is what South Carolina requires with the new contract. Our experience in Connecticut is directly applicable to what South Carolina should expect in its transition. The state also heralded LogistiCare as the "go-to" transportation broker for its Social Services and Emergency Planning Centers. As the incumbent broker of some, or all, of Connecticut's state-based NEMT program for the past seventeen (17) years, we have partnered with DSS, its fiscal agent, local transportation providers, and healthcare facilities to design, develop, and execute a high-performing NEMT program

DELAWARE

Department of Health and Social Services (DHHS),
Division of Medicaid and Medical Assistance (DMMA)
2002 – Present

Scope of Service: Statewide NEMT
2014 Annual Trips: 1,353,637
2014 Annual Call Volume: 122,037
2014 Covered Lives: 189,417
Transportation Provider Network: 60
Operations Center Staff: 17 in Dover, DE

In October 2002, the State of Delaware awarded a statewide Medicaid NEMT contract to LogistiCare. Under the original contract terms, LogistiCare managed the entire NEMT program for over 121,000 Delaware Medicaid Members and delivered services that included the following: eligibility screening; scheduling; billing; third-party contracting; and quality assurance.

Delaware's Medicaid transportation needs have changed significantly during our tenure, and we have adapted to every change. LogistiCare is committed to providing sufficient NEMT service coverage and to fostering the ongoing continuity of services to the state's growing number of eligible Medicaid population. After extending our original contract for the maximum allowable periods, on April 1, 2011, the State of Delaware again selected LogistiCare as the result of a competitive procurement and awarded a new two (2) year NEMT service contract to LogistiCare. We are now continuing to operate under the available option year clauses.

GEORGIA

Department of Community Health (DCH)

1997 – Present

Scope of Service: Regional (3 Regions)
2014 Annual Trips: 1,980,413
2014 Annual Call Volume: 1,544,961
2014 Covered Lives: 760,000
Transportation Provider Network: 295 Providers
Operations Center Staff: 135 in Atlanta, GA; 9 in Savannah, GA; 2 in Albany, GA

In July 1997, Georgia's Department of Medical Assistance (now Department of Community Health) awarded three (3) regional contracts to LogistiCare and immediately tasked us with providing capitated NEMT services to more than 500,000 Medicaid members in those regions. This was the first state agency award under a brokerage system and forged new ground in meeting the agency's objectives in servicing their healthcare system and members. We immediately reduced overall program costs by more than thirty percent (30%) and brought Georgia's per-trip costs in line with the national average. We also introduced fraud detection procedures in Georgia that led to the high-profile convictions of several NEMT providers. LogistiCare concurrently supported increased NEMT ridership of approximately three hundred percent (300%) in part by increasing the availability of NEMT services to twenty-nine (29) previously under-served rural counties.

In May 2000, the State of Georgia renewed each of LogistiCare's three (3) regional contracts for an additional five (5) years and awarded a fourth region as well. Over the course of the next five (5) years, LogistiCare scheduled, monitored, and paid for a total of two (2) million trips. LogistiCare was subsequently re-awarded regional contracts in competitive procurements in 2006 and 2011. In 2014, LogistiCare served three (3) regions in Georgia—the maximum number now allowable under the State's program.

MAINE

Department of Health and Human Services (DHHS),
2013 - Present

Scope of Service: Regional (Regions 1, 2, 6, 7, 8)
2014 Annual Trips: 1,061,970
2014 Annual Call Volume: 178,013
2014 Covered Lives: 81,388
Transportation Provider Network: 39 Transportation Providers
Operations Center Staff: 27 in Kennebunk, ME and 60 in Portland, ME

Beginning in August of 2013, LogistiCare undertook the design, implementation (i.e., transition from a state-managed program), and operation of an NEMT program on behalf of the Maine Department of Health and Human Services (DHHS), Office of MaineCare Services (OMS) in what the state refers to as Region 8. We initially served a population of 4,581 NEMT eligible Members. In February 2014, MaineCare Medicaid Members who had participated in an independent Customer Service Satisfaction survey ***gave LogistiCare a 95.8% satisfaction rating***—a score we achieved less than seven (7) months after introduction of the new NEMT program. In February 2014, OMS decided to take action when another broker in the state failed to deliver adequate services to Members in MaineCare Regions 1, 2, 4, 5, 6, and 7. On the heels of the subsequent RFP process, OMS continued its dramatic re-engineering of the capitated, full-risk NEMT model: MaineCare awarded four (4) additional NEMT contracts to LogistiCare in Regions 1, 2, 6 and 7. We undertook implementation of each of the additional regions in August 2014 while under significant media scrutiny and the specter of a hotly-contested governor's race. The NEMT transition never became an issue in the press or the political arena—a testament to the seamless nature of LogistiCare's takeover.

One of the significant challenges in Maine was the transportation environment was significantly underdeveloped to support the demand of the program – especially in the rural regions of the state. We have demonstrated a clear commitment to the success of the NEMT program in Maine by recruiting and retaining an increasing number of qualified, credentialed transportation providers. We have worked with the existing local transportation providers to support the expansion of their businesses and brought in additional companies, as needed, to ensure adequate capacity to meet the needs of the Medicaid program.

MICHIGAN

Department of Community Health (MDCH)

2010 – Present

Scope of Service: Regional (Macomb, Oakland and Wayne Counties) NEMT
2014 Annual Trips: 2,347,890
2014 Annual Call Volume: 1,247,924
2014 Covered Lives: 777,494
Transportation Provider Network: 150
Operations Center Staff: 130 in Southfield, MI

In October 2010, the Michigan Department of Community Health ("MCDH" or "The Department") awarded a two (2)-year contract to LogistiCare to administer the NEMT brokerage services program in three (3) counties—Wayne, Oakland and Macomb. Our program went live on January 1, 2011. Initially, we covered a Medicaid population of 198,098. LogistiCare has successfully provided NEMT services on behalf of the Department since that time. Currently, we now serve an NEMT eligible Medicaid and Medicare population of over 900,000 Members in the Detroit metro area (Macomb, Oakland and Wayne Counties) on an annual basis.

LogistiCare manages NEMT services in the tri-county area that encompasses all of the following: ambulatory vans; wheelchair lift vans; taxicabs; public transportation; gas reimbursement; and out-of-state travel (including meals and lodging), if required. As of March 2015, LogistiCare employs 130 center staff members in Michigan. In 2014, our local operation ***answered more than 1,247,000 calls*** and ***successfully handled a total of 2,347,890 trips***.

MISSOURI

Department of Social Services (DSS)
2005 – Present
Scope of Service: Statewide NEMT
2014 Annual Trips: 1,643,823
2014 Annual Call Volume: 732,672
2014 Covered Lives: Over 800,000
Transportation Provider Network: 99
Operations Center Staff: 76 in St. Louis, MO

LogistiCare began to deliver NEMT services in Missouri in 2005 under emergency conditions. The broker chosen to perform the services previously had been unable to meet its obligations. Within thirty (30) days, LogistiCare had performed all of the following implementation tasks: assembled a viable NEMT network; equipped, staffed and trained a call center; and commenced provision of statewide NEMT services. We helped the State of Missouri to save more than $10 million during the first year of our NEMT contract—owing mainly to implementation of thorough transportation provider management and gatekeeping protocols. LogistiCare retained its statewide NEMT contract in Missouri until October of 2010. At that point, implementation of severe Medicaid budget constraints forced the state to re-bid the NEMT program contract. Though the State of Missouri assigned the highest score to LogistiCare's technical proposal, it chose not to partner with us for the October 2010 contract term for pricing reasons. Within eleven (11) months of implementation, the new broker—which had submitted an inexplicably low priced proposal and had previously failed to provide acceptable NEMT services in 2005—acknowledged that it could not sustain performance of the services for which it had been retained at the price it had quoted. At that point, the State of Missouri asked LogistiCare to resume management of the program. LogistiCare quickly resumed operations following a less than thirty (30)-day transition period for the second time in approximately six (6) years.

We have facilitated over two (2) million NEMT trips on behalf of Missouri's Medicaid Members since October 30, 2011. We have also ***achieved a complaint-free ratio of 99.9%*** in the state. The State of Missouri re-awarded the statewide NEMT program contract to LogistiCare in early 2013. As of March 2015, we employ seventy-six (76) call center staff members in Missouri. In 2014, our local operation ***answered more than 732,000 calls*** and ***successfully handled a total of 1,643,823 trips***.

NEW JERSEY

Department of Human Services, Division of Medical Assistance and Health Services (DMAHS)

2009 – Present

Scope of Service: Statewide NEMT
2014 Annual Trips: 6,753,855
2014 Annual Call Volume: 1,705,728
2014 Monthly Average Covered Lives: 1,480,755
Transportation Provider Network: 180
Operations Center Staff: 181 in Edison, NJ; 50 in Las Vegas, NV

The New Jersey Division of Medical Assistance and Health Services (DMAHS) made the switch to a brokered NEMT program in an effort to control costs, reduce billing fraud, increase the use of transit services, and improve overall service quality and expand access to medically necessary appointments. New Jersey entered into an NEMT services contract for specific levels of transportation service with LogistiCare in July 2009 covering approximately 500,000 Medicaid participants. LogistiCare initially provided livery (ambulatory) services in Hudson, Atlantic and Essex counties exclusively. Because of LogistiCare's successful launch of operations and effective program management, the State ultimately expanded our responsibility and LogistiCare became the first statewide NEMT broker in New Jersey history in 2010.

Today, LogistiCare manages the NEMT program in all twenty one (21) counties of New Jersey where millions of chronically ill recipients rely on the Medicaid program for transportation to life sustaining medical care such as kidney dialysis and treatment for severe mental illnesses. New Jersey ranks 2nd nationally in the need for recurring rides for behavioral health services.

NEW YORK

Department of Health (DOH), Office of Insurance Programs

2009 – Present

Scope of Service: New York City (5 Boroughs) NEMT—July 2015 - Nassau & Suffolk Counties

2014 Annual Trips: 8,071,267

2014 Annual Call Volume: 1,074,320

2014 Monthly Average Covered Lives: 5 Boroughs -3,076,497—July 2015 Nassau & Suffolk Counties – 340,810

Transportation Provider Network: 320

Operations Center Staff: 174 in Long Island City, NY; 90 in North Haven, CT; 65 in Melville, NY

In 2012 and early 2013, LogistiCare was responsible for the largest implementation of Medicaid non-emergency medical transportation in history. The NY State Department of Health (DOH) Office of Health Insurance Programs contracted LogistiCare under and ASO model in which the state sets the rates and pays the transportation providers directly. As the ASO broker, we have implemented various cost control measures, helped reduce billing fraud, and to increase mass transit and livery (ambulatory) utilization for over 3.4 million enrollees.

In an effort to "right-size" service levels, LogistiCare launched an "ambulette identification" campaign in conjunction with the Department which required medical facilities to re-evaluate, re-examine, and update current level of service practices. In the wake of the ambulette initiative, overall ambulette usage dropped 58%. The New York City Medicaid program has reaped substantial cost savings as a direct result of LogistiCare's proactive approach to the ambulette level of service issue.

LogistiCare's New York City NEMT program is a massive daily operation which spans the five (5) city boroughs of Bronx, Brooklyn, Manhattan, Queens and Staten Island. During New York City's transition to the new brokerage model, LogistiCare successfully coordinated the implementation of an on-line access platform for the City's Medicaid enrollees and healthcare facilities. LogistiCare's New York City operation processes more than 2,000 enrollee and /or healthcare facility Web based trip requests daily.

The fall to winter (2014-2015) brought weather related challenges to the New York City program which prompted the New York team to initiate Disaster Recovery/Hazardous Weather protocols on seven (7) occasions. The seasoned team responded with the flexibility acquired through tested implementation protocols and met the trials of providing enrollees' necessary transportation during the extremely debilitating weather conditions.

In July 2015, LogistiCare went "live" and began operations for the Nassau and Suffolk County DOH NEMT contract in our newest Call/Operations Center located in Melville, New York. LogistiCare added 65 local employees in the Long Island location to handle every aspect of the Nassau/Suffolk NEMT program.

OKLAHOMA

Oklahoma Health Care Authority (OHCA)
2003 - Present
Scope of Service: Statewide NEMT
2014 Annual Trips: 1,052,670
2014 Annual Call Volume: 537,003
2014 Covered Lives: 732940
Transportation Provider Network: 159
Transportation Volunteer Network: 31
Operations Center Staff: 45 in Oklahoma City, OK

The Oklahoma Healthcare Authority (OHCA) awarded a statewide contract to LogistiCare for the SoonerRide Medicaid NEMT program in May 2003. We subsequently commenced operations in Oklahoma in October of that year and initially provided NEMT services to nearly 250,000 Medicaid Members. Once we had exhibited an ability to provide high-quality NEMT services, the state entrusted an additional 190,000 lives to our care. In 2008, the OHCA awarded a multi-year renewal contract to LogistiCare.

LogistiCare has successfully developed and implemented appropriate cost-containment initiatives in the State of Oklahoma—all the while providing consistent, safe, high-quality NEMT service to the eligible Medicaid population. In 2009, LogistiCare saved the SoonerRide program as much as $6.3 million by actively encouraging the public to leverage the availability of gas reimbursement options. We also saved the State nearly $2 million by promoting the use of volunteer drivers and nearly $250,000 by educating the public about the availability of free mass transit tickets. Having reaped the benefits of LogistiCare's proactive cost savings measures; OHCA most recently awarded a five (5) year NEMT contract to LogistiCare in 2013.

PENNSYLVANIA

Department of Public Welfare (DPW) PA Department of Health Services (DHS)
2006 - Present

Scope of Service: Regional (Philadelphia County) NEMT
2014 Annual Trips: 4,809,541 (4,254,813 Completed Trips)
2014 Annual Call Volume: 787,655 (711,029 Calls Answered)
2014 Monthly Average Covered Lives: 485,272
Transportation Provider Network: 22
Operations Center Staff: 102 in Philadelphia, PA

In November 2006, the Commonwealth of Pennsylvania's Department of Public Welfare (DPW) awarded an NEMT contract to LogistiCare—tasking us with management of Philadelphia County's Medical Assistance Transportation Program (MATP). LogistiCare initially provided NEMT services for over 410,000 Medicaid recipients enrolled in the MATP. Having observed the success of LogistiCare's NEMT operation in Philadelphia as well as the low complaint rate— 99.97% complaint-free trips—associated with the operation, the DPW extended its Philadelphia County contract award to LogistiCare by two (2) years. Using a collaborative marketing, management and process approach, LogistiCare facilitated a significant increase in the Philadelphia County Medicaid population's utilization rate for public transportation from 238,341 trips in 2006 to 3,460,777 trips in 2014. The Commonwealth awarded a follow-up three (3) year NEMT contract to LogistiCare in August 2011 with an option to extend the contract for an additional two (2) years.

A distinctly urban district, Philadelphia County boasts the most extensive public transportation system in Pennsylvania and the fifth-largest public transportation system in the country. LogistiCare arranges funding for free ridership on the county's public transit system for Philadelphia County Medicaid recipients seeking transportation for medical treatment. Over 40,000 recipients utilized the MATP NEMT program for an average of 25+ trips in 2014.

RHODE ISLAND

Executive Office of the Department of Health and Human Services (EOHHS)
2014 – Present

Scope of Service: Statewide NEMT
Annual Trips: 1,038,285
Annual Call Volume: 59,802*
Covered Lives: 253,284
Transportation Provider Network: 50
Operations Center Staff: 56 in Cranston, RI
**Data only available for three (3) months*

In May 2014, Rhode Island's Executive Office of the Department of Health and Human Services (EOHHS) awarded a full-risk NEMT services contract to LogistiCare. According to our contract with EOHHS, LogistiCare has been retained to provide NEMT services for eligible Medicaid members with an added responsibility to provide transport services for the Rhode Island Division of Elderly Affairs. In keeping with the provisions of our contract, LogistiCare transports those aged 60 and over to senior center/community meal sites and cafes in addition to select medical facilities.

LogistiCare's Rhode Island Operations Center has partnered with the Long Term Care Coordinating Council (an organization led by Lt. Governor Daniel McKee), The Alliance for Better Long Term Care (led by Rhode Island State Ombudsman Kathleen Heren), the Rhode Island Chapter of the Alzheimer's Association and Leading Age Rhode Island. By establishing and building these relationships, LogistiCare has become an integral collaborator in the development, education and management of the programs serving some of the State's most fragile populations.

Prior to May 1, 2014, the state of Rhode Island possessed a very limited network of transportation providers. Under LogistiCare's management and in an effort to better meet the needs of the state's eligible Medicaid members and the elderly, the transportation network has doubled in size. We manage an extremely robust mass transit network designed to accommodate those individuals healthy enough to utilize public transit. We provide monthly bus passes for the convenience of those enrolled in the program.

TEXAS

Health and Human Services Commission (HHSC)
2012 – Present
Scope of Service: Regional (Regions 7, 11, SDA 1) NEMT
2014 Annual Trips: 1,373,042
2014 Annual Call Volume: 589,499
2014 Monthly Average Covered Lives: 371,433
Transportation Provider Network: 73
Operations Center Staff: 180 in Austin, TX

LogistiCare initiated operations in the Texas SDA1 region in April 2012 and by January 2014, had already exceeded HHSC's requirements and expectations for the program. Early on, LogistiCare demonstrated a willingness to work hard, to remain flexible and to adjust and expand upon the scope of its operations in Texas. We are pleased to say that our efforts paid off in short order. HHSC asked LogistiCare to undertake management of NEMT services in three (3) additional adjacent counties within the first ninety (90) days. While most implementations typically require a ramp up time of no less than 60 days, we absorbed the operations for those three (3) additional counties within two (2) weeks.

The SDA 1 Region in Texas includes the Dallas-Fort Worth Metroplex (i.e., Dallas, Tarrant and Denton Counties) as well as several other counties within the surrounding rural areas. LogistiCare quickly implemented multiple new NEMT processes and programs in Texas: Many of the aforementioned changes led to significant cost savings for our client – to the tune of a $7M rebate to the state of Texas.

In 2014, through an additional statewide RFP procurement effort, LogistiCare was awarded 2 additional Regions in Texas. This award has tripled the size of LogistiCare's footprint in the Texas market. Those additional Regions were implemented without incident during the fall of 2014. In March of 2015, LogistiCare was subsequently selected to assume operational responsibility in one additional region from another broker unable to meet HHSC's contractual requirements.

UTAH

Department of Administrative Services, Division of Medicaid and Health Financing (DMHF)

2004 – Present

Scope of Service: Statewide NEMT
2014 Annual Trips: 56,677
2014 Annual Call Volume: 24,816
2014 Monthly Average Covered Lives: 233,593
Transportation Provider Network: 11
Operations Center Staff: 3 in Salt Lake City, UT

LogistiCare has been delivering NEMT brokerage services to eligible Utah MCO (managed care organization) recipients since February 2014. In late 2013, the Utah Department of Administrative Services, Division of Medicaid and Health Financing, awarded a statewide NEMT brokerage contract to LogistiCare. On February 1, 2014, we began to manage transportation services for all of the state's eligible Medicaid recipients.

LogistiCare believes in the power of community and its ability to produce measurable positive outcomes by participating in supportive community activities. Our Utah operation is a multi-year participant in their building's annual food drives and will join other LogistiCare employees nationwide in their local 2015 National Kidney Foundation walk.

VIRGINIA

Department of Medical Assistance Services (DMAS)
2001 – Present
Scope of Service: Statewide NEMT
2014 Annual Trips: 5,199,565
2014 Annual Call Volume: 919,675
2014 Monthly Average Covered Lives: 259,253
Transportation Provider Network: 782
Operations Center Staff: 195 in Norton, VA; 65 in Mechanicsville, VA

The Commonwealth of Virginia awarded a Non-Emergency Medical Transportation (NEMT) brokerage contract to LogistiCare which was implemented in 2001 for three of the seven Virginia regions. The Commonwealth contracted with LogistiCare to assist its Department of Medical Assistance Services (DMAS) with tackling several challenges including high complaint levels, little to no gatekeeping, and a Medicaid transportation system struggling with fraud, waste and abuse. In 2002, DMAS asked LogistiCare to assume management of the state's remaining four regions when the broker awarded those regions was unable to fulfill its contractual obligations to DMAS. The Commonwealth awarded a second multi-year statewide contract to LogistiCare in 2005. LogistiCare's ability to provide the necessary management and gatekeeping has all but eliminated fraud and has saved the state millions of dollars.

In 2011 the Commonwealth awarded for a third time, a statewide, multi-year NEMT contract to LogistiCare. LogistiCare' s two Virginia-based operation centers have coordinated over 11 million trips and handled over 2.75 Million calls from October 2011 through December 2014. Over 99% of trips completed were complaint free. In addition to managing 100% of the Medicaid members in the DMAS fee for service contract, LogistiCare oversees NEMT services for five of the six Managed Care Organizations in Virginia.

Attachment 7

DRAFT

NEVADA
TRANSPORTATION PROVIDER
OPERATION PROCEDURES
MANUAL

Table of Contents

PROVIDER OPERATIONAL PROCEDURES MANUAL **2**

MANUAL PURPOSE **4**

THE BROKER'S RESPONSIBILITIES **5**

LCTG'S NON-EMERGENT TRANSPORT AND GEOGRAPHIC CONSIDERATIONS IN TRANSPORTING RECIPIENTS 5
LCTG'S OFFICES AND HOURS OF OPERATION 6
Nevada Operations Center *6*
Georgia Corporate Office *6*

SCHEDULING PROCESS **7**

GATE KEEPING 7
BOOKING A TRIP RESERVATION 7
ENSURING ACCURATE PICK-UP OR DROP-OFF TIMES 7
TRIP DENIALS 7
LEVELS OF SERVICE (LOS) 8
SAME DAY URGENT CARE 8
ESCORT AND ADDITIONAL PASSENGER(S) 8
COMPLAINT PROCESS 9
THE TRANSPORTATION PROVIDER'S TRIP MANIFEST 9
THE B LEG PICK-UP TIME OR "WILL CALL" 10
REROUTES 10
CANCELLATION REPORT 10
ASSIGNMENT OF TRIPS TO TRANSPORTATION PROVIDERS 10

PROVIDERS' ADMINISTRATIVE RESPONSIBILITIES **11**

PROVIDER'S PICKUP AND DELIVERY RESPONSIBILITIES 12
REQUIREMENTS CONCERNING VEHICLE INSPECTION 12
PROVIDER'S GENERAL VEHICLE RESPONSIBILITIES 13
PROVIDER'S WHEELCHAIR VEHICLE RESPONSIBILITIES 15
PROVIDER'S STRETCHER VEHICLE RESPONSIBILITIES 17
DRIVER AND ATTENDANT QUALIFICATIONS 18
DRIVER AND ATTENDANT JOB DUTY REQUIREMENTS 19
VERIFIED COMPLAINTS ABOUT DRIVERS OR ATTENDANTS 19
PROVIDER'S RESPONSIBILITIES CONCERNING DRIVER TRAINING 20
ATTENDANT TRAINING 20
INSURANCE, LICENSURE & CERTIFICATION 20
REIMBURSEMENT TO PROVIDERS 21
Invoicing *21*
Payment Terms *22*
CHARGES AGAINST INVOICES *22*
PROVIDER MAINTENANCE OF RECORDS 22
DRIVER/TRIP LOG 23
LOGISTICARE GATE KEEPING 24

APPENDIX **25**

NOTE: ALL THE FOLLOWING FORMS ARE EXAMPLES ONLY. ASK LOGISTICARE FOR A CLEAN COPY FOR YOUR RECORDS AND USE. 26
APPENDIX A- RE-ROUTE FORM 26
APPENDIX B- TRIP MANIFEST 27
APPENDIX C- VEHICLE INSPECTION FORM IS EXTERNAL AND ELECTRONIC 29
APPENDIX D- EMPLOYEE UPDATE FORM IS EXTERNAL 29
APPENDIX E- DRIVER/TRIP LOG FORM IS EXTERNAL 29
APPENDIX F- INVOICE FORM IS EXTERNAL 29
APPENDIX G- ACCIDENT/INCIDENT REPORT 29
APPENDIX H- CANCELLATION REPORT 34

MANUAL PURPOSE

The purpose of the manual is to provide transportation providers with an overview of the Medicaid non-emergency transportation *(or NET)* program and some of the most important guidelines. In particular the manual will:

- provide a general description of the NET program;
- discuss the broker's responsibilities and organization;
- discuss transportation scheduling procedures;
- discuss transportation scheduling requirements;
- discuss transportation performance standards;
- discuss transportation delivery procedures; and
- discuss the transportation provider’s responsibilities.

To supplement the information in this manual orientation by a LogistiCare (*LCTG)* employee will be provided to make face-to-face contact with a new provider's staff and describe in more detail how LCTG and the transportation provider need to work together to make NET operate properly. Orientation includes:

- overview of the NET Program and division of responsibilities between broker and
- transportation provider;
- vehicle requirements;
- procedures for handling accidents, moving violations and vehicle breakdowns;
- driver qualifications;
- driver conduct;
- the use of attendants;
- scheduling procedures during regular operating hours, including criteria for
- determining the most appropriate mode of transportation for the recipient;
- "after hours" scheduling procedures;
- Same/Urgent care procedures;
- criteria for trip assignment;
- dispatching and delivery of services;
- procedures for obtaining reimbursement for authorized trips;
- driver customer service standards & requirements during pick-up, transport and
- delivery;
- record keeping and documentation requirements for scheduling, dispatching and driver and/or attendant personnel including completion of required logs;
- procedures for handling complaints from recipients, facilities, health care providers and transportation providers;

The orientation session encompasses the contractual requirements, including those pertaining to vehicles and drivers, and how various events are to be handled and reported. Emphasis is placed on safety, customer service aspect, and treatment of recipients by drivers with care, dignity, and a constant regard for safety. Record keeping, reporting, billing and payment are also addressed.

The Broker's Responsibilities

As broker for the Non-Emergency Medical Transportation *(NET)* of Medicaid recipients *(recipients)* *LCTG* is responsible for the following operational aspects of the program:

1. Administrative Oversight/Reporting: Responsibility for the management of overall day-to-day operations necessary for the delivery of NET services and the maintenance of appropriate records and systems of accountability to report to Nevada Department of Health Care Finance and Policy *(DHCFP)* and respond to the terms of the contract between the State of Nevada and ***LCTG***.

2. Recruiting and Negotiating with Transportation Providers: Establish a network of independent transportation providers to deliver transportation and negotiate individual service delivery rates with each qualified transportation entity. Any negotiated rate must be fully disclosed in the Agreement between the transportation provider and the Broker.

3. Gate-keeping: Determine recipient eligibility; assess recipient need for NET services; determine the most appropriate transportation method to meet the recipient's need, including any special transport requirements for medically fragile or physically/mentally challenged recipients; and provide education of recipients in the use of NET services.

4. Reservation and Trip Assignments: Receive recipients' requests for transportation and assign the trip to the most appropriate transportation provider. The Broker must assure that dispatching activities are performed, but may, with mutual consent from the transportation provider, delegate dispatch and routing activities to the transportation provider. Routing is defined as the process through which the Broker takes the reservation, and with a database of providers, vehicles, capacity and location determine the most available vehicle to assign to the trip.

5. Quality Assurance: Provide assurance that transportation providers meet health and safety standards for vehicle maintenance, operation, and inspection; driver qualifications and training; recipient problem/complaint resolution; and delivery of courteous, safe, and timely transportation services.

6. Payment Administration: Provide payment to each transportation provider based on authorized services rendered.

LCTG's Non-Emergent Transport and Geographic Considerations in Transporting Recipients

In general, the Medicaid recipient is to use the closest Medicaid provider, unless an existing relationship between doctor and patient is bonded.

LCTG is not required to serve recipients who reside[1] outside the area(s) it manages. However, ***LCTG*** is responsible for out-of-state NET services provided that there is a verifiable First Health Authorization for out-of state travel or if a Third Party Liability insurance exists.

[1] "Residence" is defined as the location specified on the recipient's Medicaid profile with the State office. This information may be corrected by having the recipient contact their Nevada Medicaid office and having their record up-dated.

LCTG's Offices and Hours of Operation

The Operations Center in Las Vegas administers the overall Net program through its administration, fraud and abuse, quality assurance, social services, technology, transportation, utilization review and call center departments.

LCTG accepts trip reservation calls Monday to Friday from 08:00 to 18:00 and takes urgent calls 24 hours a day, seven days a week. Reservations are not taken on New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

The Nevada office regular business hours are 07:00 to 18:00, Monday through Friday; and 0800 to 1700 on Saturdays. The Nevada office being responsible for a variety of provider, facility, recipient, quality assurance and transportation functions. These include:

1. Transportation provider's compliance
2. Arranging for the inspection of transportation providers' vehicles;
3. Reservations, Facility, and "Where's My Ride?" calls from healthcare facilities and recipients;
4. Reroutes and cancellations from transportation providers;
5. Investigating and responding to service complaints from recipients and others; and
6. Conducting quarterly meetings of transportation providers.

Nevada Operations Center

3280 N. Cimarron Rd. Ste. 107
Las Vegas, NV. 89129
Main Telephone: 1-888-737-0831
Main Fax: 1-866-435-9253
Transportation Provider Line 1-866-435-9338
Compliance Fax 1-877-316-2599

Georgia Corporate Office

1275 Peachtree St / 6th flr
Atlanta, Georgia 30309
Telephone: 404-888-5800
Fax: (404) 888-5999

SCHEDULING PROCESS

Gate Keeping

Gate-keeping begins when a recipient first speaks with a customer service representative *(CSR)* to make a trip reservation.[2] Gate-keeping includes determining recipient eligibility, assessing recipient need for NET services, determining the most appropriate transportation method and level of service *(LOS)*[3] to meet the recipient's need *(including any special transport requirements for medically fragile or physically/mentally challenged recipients)*, and providing education of recipients in the use of NET services.

Booking a Trip Reservation

Recipients are encouraged to set their Trip Reservations at least five days or more days in advance of their appointment. However, LCTG accepts Same Day/Urgent Care Requests based on medical need as verified with the receiving facility. The request may be by the recipient, a family member or guardian, or a health care professional. **Transportation providers are prohibited from attempting to make trip reservations for a recipient; as needed refer the recipient to LCTG.** After eligibility is verified a CSR enters a recipient's trip reservation information into the computer system. Trip reservation information consists of pick-up and drop-off locations and times, and a variety of information specific to the individual recipient's needs. The computer system provides a unique job number for the particular date-of-service *(DOS)*.

Ensuring Accurate Pick-Up or Drop-Off Times

The pick-up time is based on trip distance and /or level of service type. However, transportation providers can suggest a different time as required to efficiently multi-load. Providers are encouraged to first speak to the recipient about any change and be aware that recipient travel time cannot exceed the normal travel time by more than 45 minutes. **The recipient's appointment time must be met.**

Trip Denials

Not all trip requests are accepted. Examples of denials include:

- Recipient is not currently receiving Medicaid benefits
- Recipient has other access to transportation
- Transportation is to a location not billing Medicaid for the service; and no third party liability insurance exists (example, an obese person going to a health club for exercise)
- Transportation is not to the closest appropriate provider of service; and there is no pre-existing doctor/patient relationship
- Recipient is not eligible with Medicaid
- Recipient exhibits uncooperative behavior or misuses/abuses NET services
- Recipient is a danger to self or others

If you are asked to do an additional trip leg please refer caller to LCTG's Reservation line at 1-888-737-0833. Otherwise, LCTG may not be responsible to reimburse you the Provider for that trip.

[2] See Appendix M for a more detailed overview of gate-keeping.
[3] There are 3 levels of service *(or LOS)*: ambulatory, wheelchair and stretcher.

Levels of Service (LOS)

The NET program is for recipients whose level of service includes ambulatory, wheelchair, stretcher, and bariatric stretcher. The NET service does not cover emergency ambulance transports. The LOS assigned to a rider is based on the LCTG Assessment Process, which reviews the physical and medical need of the recipient as determined by information received from the recipient's care physicians.

Recipients often prefer a higher level of service than is medically necessary and disagreements sometimes arise with recipients who feel they require or are entitled to a higher level of service than operating guidelines specify. However, **an important function of the transportation provider is to follow the assigned level of service or risk non-payment.** If a transportation provider feels that an incorrect LOS has been ordered for a recipient and that a lower or higher level of service is appropriate, then the provider should contact ***LCTG.*** If it is a situation that needs to be fixed immediately to complete a specific transportation request, then they should speak with the Transportation Department in Nevada.

Some special considerations concerning LOS include:

- Wheelchair bound recipients must provide their own wheelchair. Exception is on a hospital discharge when medical equipment is required from the transportation provider. LCTG will notify you during the reservation request.

- Documentation from a physician may be requested to substantiate higher levels of service.

- Transportation to emergency departments for a new injury or acute evaluation *(i.e., of a condition which could be potentially a threat to life or limb)* these trips are viewed as Emergent and are not covered.

Same Day Urgent Care

The pick-up of a "same day urgent call" must occur within 1-4 hours from the time when the call came in to ***LCTG.*** There are 3 kinds of urgent care trips:

1. Discharges from hospitals.
2. Walk-in Urgent Care visits (example Quick Care or a non-emergent Emergency Room visit)
3. Medical Appointment--An unscheduled episodic situation in which there's no immediate threat to life or limb but the recipient must be seen on the day of the request and treatment cannot be delayed until the next day.

Except for hospital discharges ***LCTG*** will first contact the provider of the medical service to confirm the need for urgent care transportation. Upon confirmation ***LCTG*** staff will contact the transportation provider(s). The actual pick-up time for an same day urgent is determined operationally by when the transportation service is available. After transportation has been arranged, ***LCTG*** staff will (a) fax the trip sheet to the transportation provider and (b) inform the caller of the pick-up time and provider.

Escort and Additional Passenger(s)

Escorts: An escort is an individual whose presence is required to assist a recipient during transport and/or while at the place of treatment. The escort leaves the vehicle at its destination and remains with the recipient. ***LCTG*** will authorize, without charge to the escort or recipient, one escort to accompany a recipient based on medical necessity only. The manifest denotes whether an escort will accompany the recipient. Transportation providers are not responsible for arranging for escorts. Transportation providers are not paid for escorts.

Children under the age of 18 must be escorted either by a parent, caretaker or legal guardian.

Additional passengers: the transportation provider should follow only what LCTG has on the trip manifest. Additional passengers are usually not permitted as multi-load providers have limited space and space only for the recipient that has the medical appointment.

Complaint Process

Recipients, medical and other health care facilities and transportation providers may file complaints by contacting ***LCTG.*** Transportation providers may register complaints by contacting the Nevada Office or in the case of an issue with the Nevada Office, the Director of Operations. All billing issues should be directed to the director of operations or the general manager for Nevada. Contacting the Nevada Claims manager could delay resolutions. The Regional Office will distribute to transportation providers at least quarterly a report on verified complaints.

Complaints about a recipient that are verified can result in the loss of the recipient NET privilege. Complaints about a facility that are verified may result in remedial action if so required by DHCFP.

Complaints about a transportation provider that are verified can result in liquidated damages. Excessive complaints may result in a decrease in work or removal of a driver or even a transportation provider from the NET transportation network.

Complaints with concerns your company will be reported to your company on a daily/weekly basis, via telephone or fax. LCTG is responsible for responding to complaints within 24 hours if a serious injury, and reporting complaint data monthly to DHCFP/State Client. As a result the affected transportation provider is required to provide the Nevada Office a verbal or written response (incident report appendix G) within 24 hours from request. This response should include a detail of the facts involved and any corrective action that will be taken to ensure that the problem does not occur again. Failure to provide "your side of the story" to ***LCTG*** may result in disciplinary actions such as volume recall.

The Transportation Provider's Trip Manifest

Pre-registered and eligible Transportation Providers are able to upload their trip manifest via transporationco.com. To register speak with the Nevada director of operations. For all other providers, the LCTG Transportation Department faxes a trip manifest within 24 hours prior to the date of service *(See Appendix B)*. That is, each day the transportation provider receives a manifest for a future day as well as cancellations or add-ons, as illustrated.

Manifest sent on:	Includes these trips:
Monday	Tuesday's cancellations & add-ons. Tuesday's trips
Tuesday	Wednesday cancellations & add-ons. Wednesday's trips
Wednesday	Thursday's cancellations & add-ons. Thursday's trips
Thursday	Friday's cancellations & add-ons. Friday's trips
Friday	Cancellations & add-ons for Saturday, Sunday & Monday. Monday's trips
Saturday	Cancellations & add-ons for Sunday and Monday
Sunday	***NO TRIPS ARE SENT***

The manifest shows every leg *(i.e., "A" leg, "B" leg, "C" leg)* of all work that has tentatively been assigned to each company. Transportation companies must review this list to:

1. Identify add-ons, cancellations or changes to LOS since the manifest was sent out previously.
2. Ensure that all trips meet the service levels that they provide.
3. Ensure that all trips are in the geographical area that they serve. Any reservations not in this area must be sent back to the Regional Office as a reroute within 24 hours of receipt of the trip manifest *(use the Re-Route Form which is Appendix A).*

4. Under the “TP Comments” you must review particulars about the trip request i.e. “rider needs a door-to-door assist’.

Important! Review manifest to know if a travel companion exists: ESC= escort PCA= personal care attendant CHD= child

It is essential that transportation providers review the manifest daily and pay particular attention to cancellations and additional trips for the next day’s work. Manifests are faxed to the number that you provided to ***LCTG*** in your contract. If this number changes, you need to update the Nevada Office and the Transportation Department.

Only those trips on the manifest are authorized for reimbursement. If the trip is not on the Manifest you will not get paid for the transport. A hard fax will be sent for same-day urgent trips if a request is called into your office by a **LCTG** staff member.

The B Leg Pick-Up Time or “Will Call”

Return trips *(or B leg trips)* are authorized during the reservation process. However, frequently recipients do not or cannot know their return time. In those “will call” circumstances the return time shows as “will call” on the manifest. **When the appointment ends, the recipient *(or the staff at the health care facility)* may contact your company for pick-up: please refer caller to LCTG “Where’s My Ride line at 1-888-737-0829. LCTG needs to record call in time and estimated time of arrival of the provider. Your company has 90 minutes after the recipient calls to make the pick-up. Your driver must record the actual pick-up time on the log.**

Reroutes

It is expected that transportation providers will complete all assigned work barring extenuating circumstances. However, trips the provider cannot do must be rerouted to the Regional Office within 24 hours of their receipt of the trip manifest using the Reroute Form *(Appendix A).* Trips you reroute must include a reason. If you continually receive excessive work then contact the Regional Manager or the Transportation Manager *(at the Operations Center in Nevada)* to ensure that our figures for your vehicle capacity are correct. If you continually reroute without a valid reason *(as defined by LCTG)*, or reroute late, you may find your workload has been decreased and reassigned to another transportation provider. If you reroute so late that we cannot locate an alternate then your company could be held responsible for the resulting no show.

Cancellation Report

Trips that did not occur must be cancelled. Daily the provider must fax to the Nevada office a completed Daily Cancellation Report *(Appendix H)* listing all of the trips that were scheduled for the previous day that were not completed. Providers must not bill for cancelled trips. Billing for cancelled trips could result in substantial liquidated damages. Your company will be penalized financially for failure to send in the cancellation report every Monday through Saturday.

Assignment of Trips to Transportation Providers

Trips are assigned to transportation providers based on numerous changing factors the most basic of which are level of service, cost and coverage. In which case the LCTG router will assign a tentative provider based on the criteria of which includes the level of service, county of origination, and cost and the quality of available transportation providers. Note: Transportation providers are encouraged to build a base schedule with accepting standing orders from LCTG, as these standing order selected for high performance providers meet the providers service area efficiently.

72-hours prior to the DOS the Transportation Department reviews all trip reservations and assigned providers and makes any necessary assignment changes in order to ensure that the:

1. Assigned transportation company provides the indicated LOS
2. Assigned transportation company actually serves the pick-up area/county
3. Amount of trips assigned the transportation provider does not exceed its capacity
4. Trips are assigned in most cost effective manner

The trip assignment process is not complete until 48 hours prior to the DOS. As a result, the recipient is not provided the name of the transportation provider assigned to pick them up until the date of service. Trip assignment is at the discretion of LCTG.

While there is no direct choice, callers and other medical service providers can influence ***LCTG's*** decision by reporting on-time performance and other transportation quality performance. However, if there is documentation that on-time or other performance issues have persisted, and if the transportation provider has been on probation to improve services and has not *(as determined by **LCTG**)*, then ***LCTG*** will reassign trips to an another provider(s). In doing so ***LCTG*** will take into consideration the preference or request of the recipient and/or health care facility.

Providers' Administrative Responsibilities

1. Have the capacity to receive the daily trip manifest and urgent care trip sheets by fax. In addition, have the capacity to accept urgent care trip requests by telephone.
2. Transport recipients at the LOS and time(s) specified in the manifest and in conformance with the driver, vehicle and other performance standards.
3. Take telephone orders for "will call" return trips from ***LCTG***, the recipient and make the pick-up within 90 minutes.
4. Reroute with sufficient notice *(i.e., 24 hours or at least two hours prior to trip date of service)* so we can make alternative arrangements. If notice is insufficient and we must make premium-priced alternate arrangements, re-routes will count against a provider overall performance.
5. Maintain and staff dedicated telephone and fax lines during normal business hours (answering machines are not an acceptable option). Provide us a way to reach you or a supervisor any time your company is transporting a recipient. If your company is an exclusive area provider then you must have a manned phone lines(s) 24 by 7.
6. Maintain in strictest confidentiality of any and all information about recipients. As a dedicated transportation provider for LogistiCare your company has signed and must abide by the Health Insurance Portability & Accountability Act of 1996 (HIPAA).
7. Attachment I –external doc.
8. Occasionally a provider becomes aware of a recipient who is a danger to himself and/or others. Upon becoming aware the provider should immediately contact the Nevada Office and then document the situation by sending the Nevada Office an Incident Report *Appendix G)*. ***LCTG*** may deny a trip or trips to a recipient who:
    - Is a threat to the health, safety and/or welfare of him/herself or others.
    - Exhibits uncooperative behavior.
    - Misuses or abuses NET services.
    - Prevents or inhibits the safe operation of the vehicle.
9. Provider shall use only those vehicles that are properly registered to and insured by the provider, and approved for use in performing Medicaid NET services.
10. Provider shall require the proper use of seat belts and shoulder restraints by all occupants, including the driver. Provider requires the use of child safety seats for all occupants less than five (5) years of age.
11. Provider shall provide supportive invoice documentation that shall be retained by provider for 1 year beyond the duration of the transportation agreement with ***LCTG***, including any extensions.
12. Upon reasonable notice, the provider shall permit ***LCTG*** (or designee) to examine and/or audit trip documentation for Medicaid recipient and will assist ***LCTG*** in examining all requested documentation.

Provider's Pickup and Delivery Responsibilities

Provider must assure that transportation services are provided which comply with the following minimum service delivery requirements:

1. Arrive on time for the scheduled pickup. Applies equally to "A" or "B" leg pick-ups.
2. Know that while arrival before the scheduled pickup time is permitted the recipient isn't required to board before the scheduled pickup time.
3. Your driver isn't required to wait for the recipient to board more than ten (10) minutes after the scheduled pickup time, unless a 15-minutes wait time is incurred. In the case of stretcher transport, your staff is also not required to wait at a healthcare facility with a stretcher patient for the staff there to "release" your stretcher.
4. For a scheduled "will call" "B" leg *(or return trip)* pickup by your vehicle must arrive within 90 minutes of the time you are notified of the return trip. Usually the notification comes from ***LCTG.*** However, the recipient or the staff at the healthcare facility may call your company directly, if this occurs direct call to the "Where's My Ride line at 1-888-737-0829.
5. Drop-off recipients on time for their appointments. Except for dialysis appointments any deviation from the scheduled time of more than 20 minutes is not acceptable as timely service. For dialysis appointments any deviation of more than 15 minutes can result in a substantial financial penalty or recall of future pre-scheduled trips.
6. No recipient *(in a multi-load situation)* shall remain in the vehicle more than 90 minutes longer than the average travel time for a public transit trip from the point of pickup to the destination.
7. Your company will manage its own on-time performance quite well if you require drivers to notify dispatcher *(by two-way communications)* of the status of the vehicle, including arrival times at each interim pickup and drop-off location. Dispatchers should log that information, as it comes in, somewhere where you can readily see it. Actual pick-up and drop-off times *(including late pickups and drop-offs)* must be recorded on the driver/trip log. And during the billing process enter the known times; your honesty is appreciated. In addition, the driver/trip log must be signed by the recipient[4]. The signed logs themselves must accompany your Billing/Invoice to ***LCTG***. You area advised to keep copies of each.
8. Ensure that drivers report expected late arrival times to dispatch and that LogistiCare first then the health care facility *(or recipient as applicable)* is notified of the expected late arrival.
9. Again, dispatchers and/or supervisors should monitor drivers' on-time performance continually to ensure that recipients are delivered to their appointments and homes in a timely manner.
10. Again, if a delay occurs in the course of picking up scheduled riders, dispatcher/providers must contact waiting recipients at their pickup points to inform them of the delay in arrival of vehicle and related schedule. Providers must advise scheduled riders of alternate pickup arrangements when appropriate. LCTG must be informed of delays as well.

Should a provider wish to make changes to a pick-up time, this information must be called into ***LCTG*** *and LCTG must note it on the rider's trip note.*

Requirements Concerning Vehicle Inspection

Each vehicle must pass inspection by LCTG prior to its use in the NET program, and is subject to at least an annual inspection by LCTG as well as interim inspections as required by LCTG in its sole discretion. After inspection a vehicle is certified as "passed," "Provisional/In A service "or" out-of-service *(redlined)*."

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[4] Drivers should never sign for a recipient. The staff of the healthcare facility may sign for recipients too weak or incapable of signing themselves. Notify LogistiCare if the rider is "Unable to Sign" themselves, we can note it on rider records.

In this context the word “Provisional / In-service” denotes a vehicle that did not meet every inspection criteria but did not threaten the safety and comfort of recipients. A re-inspect date will be scheduled for vehicles certified as in-service. Failure to pass the second inspection will result in the vehicle being certified as out-of-service or red-lined.

A vehicle that failed inspection is certified as out-of-service and cannot be used until all repairs have been made and the vehicle has passed inspection. Transports that occur in an out-of-service vehicle will not be reimbursed. The use of out-of-service vehicles may result in the removal of the provider from the NET system.

Any decommissioned vehicle must be reported to ***LCTG***.

Inspectors utilize a standard checklist *(see Appendix C)*.

Provider’s General Vehicle Responsibilities

Any vehicle failing to meet all of the listed requirements, at any time, must be removed from service until repairs or replacements are made which allow the vehicle to operate in conformance.

1. The Transportation Provider shall only utilize their own vehicles and the vehicles must be insured under “Any Auto” coverage.

2. The Transportation Provider must provide and use a two-way communication system linking each vehicle with the Transportation Provider's major place of business. The two-way communication system shall be used in such a manner as to facilitate communication. Cell phones are permissible if the driver uses it with discretion and not for personal use for attention should be on driving. Bluetooth is also acceptable.

3. Each vehicle must be equipped with adequate heating and air conditioning for driver and passengers. Both must be functional year round.

4. Each vehicle must have functioning, clean and accessible seat belts for each passenger seat position; and in the case of wheelchair vehicle the straps shall be stored off the floor when not in use.

5. Each vehicle must utilize child safety seats when transporting children under age five (5) and those seats must not be secured in the front seat of the vehicle. The provider can deny transport if no car seat in available. Provider is not responsible to provide the child seat.

6. Each vehicle shall have at least one seat belt extensions available, when applicable. Additionally, each vehicle shall be equipped with at least one seat belt cutter, mounted in the vehicle, for use in emergency situations.

7. Each vehicle must have a functioning speedometer and odometer.

8. Each vehicle must have a functioning interior light within the passenger compartment.

9. Each vehicle must have adequate sidewall padding and ceiling covering.

10. Each vehicle must be smooth riding, so as not to create passenger discomfort.

11. Each vehicle must have two operable exterior rear view mirrors, one on each side of the vehicle.

12. Each vehicle must be equipped with an interior rearview mirror which shall be either clear-view laminated glass or clear-view glass bonded to the back which retains the glass in the event of breakage. This interior mirror shall be for monitoring the passenger compartment.

13. Each vehicle's exterior must be clean and free of broken mirrors or windows, excessive grime, rust, chipped paint or major dents which detract from the overall appearance of the vehicle.

14. Each vehicle interior must be clean and free from torn upholstery or floor covering, damaged or broken seats, and protruding sharp edges, and shall be free of dirt, oil, grease or litter.

15. Each vehicle's floor must be covered with commercial anti-skid, ribbed rubber flooring or carpeting if applicable. Ribbing in vehicles equipped to transport wheelchair passengers shall not interfere with wheelchair movement between the lift and the wheelchair positions.

16. Each vehicle must have the Transportation Provider's name, vehicle number, and ***LCTG's*** name and telephone number prominently displayed within the interior. This information must also be available in written form on each vehicle for distribution to riders upon request.

17. All vehicles must have the name and other identifying information of the transportation provider displayed on the exterior of the vehicle in accordance with Public Service Commission requirements.

18. Each vehicle must have the following signs posted in the interior, easily visible from the passenger compartment:

- "No Smoking, Eating or Drinking"
- "All Passengers Must Use Seat Belts."

19. All vehicles must have a LCTG Complaint Process (see Appendix L) available for request by the rider.

20. All vehicles must be equipped with one or more functional fire extinguishers at least 2.5 pounds each in size or one 5.0 pounds in size (preferably ABC or Halon type), and shall display a current inspection tag or sticker. The fire extinguisher(s) shall be secured within reach of the driver and visible to passengers for use in emergencies when the driver is incapacitated.

21. Each van must include a retractable step, step stool, or running boards as approved by ***LCTG*** to aid in passenger boarding, if applicable. The step stool shall be used in minimize ground-to-first- step height, should have four (4) legs with anti-skid tips, sturdy metal with non-skid tread, with a height of 8.25", a width of 15", and a depth of 14" or an equally suitable replacement.

22. Each vehicle must have on board three (3) portable triangular reflectors mounted on stands. Use of flares is prohibited and may not be carried onboard.
23. All vehicles must include a vehicle information packet to be stored in the driver compartment, or securely stored on or in the driver's side visor. This packet will include:

- Vehicle registration
- Insurance identification cards
- Accident procedures and forms
- Company Exemption Letter

24. Each vehicle must be provided with a fully equipped first aid kit which, at a minimum, must contain band-aids, gauze, antiseptic pads, scissors, tweezers, latex gloves, antibiotic cream, instant cold pack, first aid tape, and a "spill kit" including: liquid spill absorbent, latex gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer.

25. Each vehicle must contain a GPS or mapping system or hand held device to refine a search of the area with sufficient detail to locate Medicaid recipients and medical destinations.

26. Each vehicle and all components must comply with or exceed the manufacturers, state and federal, safety and mechanical operating and maintenance standards for the particular vehicle and model.

27. Each vehicle must comply with all applicable federal laws including the Americans with Disabilities Act (ADA) regulations.

28. Each vehicle must remain compliant with Nevada Department of Motor Vehicles licensing requirements, safety standards, and ADA regulations, state and federal requirements for vehicles performing transportation on behalf of Medicaid recipients, and the requirements of the Transportation Agreement.

29. Each vehicle must have the state approved exemption letter to operate in Nevada or equivalent per Nevada Transportation Authority (NTA) guidleines.

Provider's Wheelchair Vehicle Responsibilities

All vehicles used to transport wheelchair passengers must, at a minimum, meet the additional requirements listed below. Each Wheelchair Vehicle is subject to an initial and annual inspection by ***LCTG*** as well as interim inspections as required by ***LCTG*** in its sole discretion. Any Wheelchair Vehicle failing to meet all of the listed requirements, at any time, must be removed from service until repairs or replacements are made which allow the Wheelchair Vehicle to operate in conformance-

1. Wheelchair Vehicle must maintain a floor-to-ceiling height clearance of at least fifty-six (56) inches in the passenger compartment.

2. Each Wheelchair Vehicle must have an engine-wheelchair lift interlock system which requires the Wheelchair Vehicle's transmission be placed in park and emergency brake engaged to prevent vehicle movement when the lift is deployed when applicable.

3. Each Wheelchair Vehicle must have a hydraulically or electro-mechanically powered wheelchair lift which is mounted so as not to impair the structural integrity of the vehicle that meets the following specifications:

    - is capable of elevating and lowering a 600 pound load and shall not cause the outer edge of the lift to sag, or tilt downwards more than one inch, nor shall the platform deflection be more than three (3) degrees under 600 pound load;

    - the lift platform is at least thirty (30) inches wide and forty-eight (48) inches long;

    - the lift platform shall not have a gap between the platform surface and the roll-off barrier greater than 5/8 of an inch. When raised, the gap between the platform and the vehicle floor shall not exceed 1/2 inch horizontally and 5/8 inch vertically;

- the lift controls shall be operable and accessible from inside and outside the vehicle, and shall be secure from accidental or unauthorized operation;

- the lift shall be powered from the vehicle's electrical system. In the event of a power failure, the lift platform shall be able to be raised/lowered manually with passengers, and shall provide a method to slow free-fall in the event of power or component failure,

- the lift operation shall be smooth without any jerking motion. Movement shall be less than or equal to six (6) inches per second during lift cycle and less than or equal to twelve (12) inches per second during stowage cycle-,

- when in storage in the passenger compartment, the lift platform shall not be capable of falling out of or into the vehicle, even if the power should fail;

- all sharp edges of the lift structure which might be hazardous to passengers shall be padded and all sharp edges should be ground smooth;

- the lift platform shall have a properly functioning, automatically engaged, anti-roll off barrier, with a minimum of 1 (one) inches on the outbound end, to prevent ride over;

- it is preferable, but not required, that the platform, when in a stored position, not intrude into the body of the vehicle more than twelve (12) inches and shall be equipped with permanent vertical side plates to a height of at least two (2) inches above the platform surface;

- the lift platform surface shall be of a non-skid expanded metal mesh or equivalent to all for vision through the platform;

- the lift shall be furnished with reflector tape on each side except the side adjacent to the vehicle and all step edges, thresholds, and the boarding edge of the lift platform; and

- the lift platform on vehicles must be equipped with a handrail on both sides of the lift platform for the purpose of loading or unloading ambulatory passengers. The handrail shall meet the following requirements:
    - ✓ maximum height range thirty to thirty-eight (30 - 38) inches;
    - ✓ knuckle clearance hand hold 1 1/2 inches minimum;
    - ✓ must be able to withstand force of 100 pounds; and
    - ✓ the handrail shall not reduce the lift platform width of at least thirty (30) inches.

4. Each Wheelchair Vehicle shall have, for each wheelchair position, a device to secure the wheelchair which shall:

- be placed as near to the accessible entrance as practical, providing clear floor area of thirty (30) inches by forty-eight (48) inches. Up to six (6) inches may be under another seat if there is nine (9) inches height clearance from the floor. All wheelchairs shall be forward facing,

- be tested to meet a 30 mph/20gm standard,

- securely restrain the wheelchair during transport from movement forward, backward, lateral, and overturning movements in excess of two (2) inches,

- be adjustable to accommodate all wheel bases, tires (including pneumatic) and motorized wheelchairs;

- be a lock system, belt system, or both and acceptable to ***LCTG***. If a belt system is used, the securement strap shall be retractable or stored on a mounted clasp or in a storage box when not in use. A tract mounting lock system on the floor for wheelchair securement shall be flush with the floor so as not to be an obstruction or become a tripping hazard. In all cases, the straps shall be stored properly when not in use; and

- provide seat belts and shoulder harness that are attached to the floor or to the sidewall of the vehicle, which shall be capable of securing both the passenger and the wheelchair.

- Operate must secure wheelchairs that are not in use.

5. Each Wheelchair Vehicle entrance door shall:

    - maintain a minimum vertical clearance of fifty-six (56) inches and a minimum clear door opening of thirty (30) inches wide,

    - have no lip or protrusion at the door of more than 1/2 inch; and

    - be equipped with straps or locking devices to hold the door open when the lift is in use.

Provider's Stretcher Vehicle Responsibilities

All vehicles used to transport stretcher passengers must, at a minimum, meet the additional requirements listed below. Operator must staff stretcher vehicle with two (2) employees at all times when a recipient is on board. Each Stretcher Vehicle is subject to an initial and annual inspection by ***LCTG*** as well as interim inspections as required by ***LCTG*** in its sole discretion. Any Stretcher Vehicle failing to meet all of the listed requirements, at any time, must be removed from service until repairs or replacements are made which allow the Stretcher Vehicle to operate in conformance:

1. Stretcher Vehicle must have at least one (1) stretcher that is capable of supporting 400 pounds or more.

2. Each gurney must have the capability to be lowered and raised from a height of 18" to a height necessary to load the stretcher into the liter vehicle without requiring the stretcher to be manually lifted from the ground.

3. Stretcher must be equipped with no less than no less than three (3) safety straps/belts: one (1) at knees, one (1) at waist and one (1) at chest.

4. Stretcher Vehicle must have manufactured and professionally installed gurney mounts that will securely lock the gurney in place while in the vehicle.

Prior to the beginning of service under the Transportation Agreement with ***LCTG***, the Transportation Provider will submit to the Regional Office a Vehicle Inventory listing all vehicles, which will be engaged in the provision of NET services. That listing will include Manufacturer, Model, Model Year, Vehicle Identification Number (VIN), and Nevada DMV License Plate Number. The provider will provide updated registration and insurance information to ***LCTG*** before the

expiration date. And ***LCTG*** is required to keep compliance records of all provider vehicles and does notify providers of upcoming expiration dates.

Driver and Attendant Qualifications

All drivers must meet the qualifications listed below. Transportation providers will provide LCTG their Employee Form (Appendix D), a copy of the driver's NV license and social security number, and the driver's Motor Vehicle Record, drug screening and criminal background check results before a driver is permitted to enter into training. Drivers must complete training provided by a reputable Training Program. Providers will provide LCTG annually updated MVR, drug screening and criminal background check results on drivers in order for drivers to continue to drive under the NET program. Credentialing services are offered through Occsucreen-this information is provided at time of contracting or you can speak with your LCTG representative for assistance. In addition, each driver's record and qualifications are subject to interim inspections as required by LCTG in its sole discretion. Any driver failing to meet all of the listed qualifications, at any time, shall be prohibited from providing service. Finally, all records concerning driver and attendant qualifications must be faxed to the Compliance department located in Las Vegas, NV at 1-877-316-2599. And electronic copy is sent to our corporate office.

1. LCTG reserves the right to disallow any driver or attendant from performing services.

2. Each driver utilized under the NET program must be registered with the compliance department and logged into the LogistiCare (L-Cad) system before being assigned any Medicaid NET transports. The LCTG compliance department must be notified of all company employment changes including new hires and "terminated" employees via the employee update form *(Appendix D).*

3. Each driver must be legally licensed by the State of Nevada to operate the transportation vehicle to which he/she is assigned, and be at least 18 years of age.

4. Each driver and/or attendant shall complete training, before providing NET services, in defensive driving, first aid, CPR, "spill kit" use, biohazard removal, passenger assistance, safety and sensitivity training. Each driver shall also attend additional training sessions for ongoing safety and sensitivity at the company's and LCTG discretion.

5. Each driver must be competent in his or her driving habits.

6. Each driver must be courteous, patient and helpful to all passengers.

7. Each driver must be neat and clean in appearance.

8. Each driver and attendant must have no prior convictions for substance abuse or sexual crime or a crime of violence.

9. Any person convicted of a felony other than substance abuse or sexual crime or a crime of violence during the past five (5) years prior to his application as a driver for a NET operator will drive and/or attend passengers only after satisfactory review by ***LCTG*** and the DHCFP.

10. Providers shall not utilize drivers who are known abusers of alcohol or known consumers of narcotics or drugs/medications that would endanger the safety of recipients. Transportation providers shall immediately remove from service any driver or attendant suspected of operating under the influence of alcohol, narcotics or drugs/medications.

11. Any individual who has had within the 5 years prior to application as a driver for a transportation provider, or currently has, a suspended or revoked driver's license, commercial or other, is prohibited from driving.

12. The Operator shall not hire a driver who:
    A. Has been convicted of more than two (2) moving violations within twelve (12) months.
    B. Had more than one (1) at fault accident resulting in personal injury or property damage within two (2) years.
    C. Or a combination of an accident (as described in "B") and one (1) moving violation (as described in "A").

13. In addition, a driver who receives either "A", "B", or "C" during the term of the contract shall be removed from service.

Driver and Attendant Job Duty Requirements

1. No driver or attendant shall use alcohol, narcotics, illegal drugs, or drugs that impair ability to perform while on duty and no driver shall abuse alcohol or drugs at any time.

2. All drivers and attendants must wear or have visible, easily readable proper identification indicating the name of the company and the driver or attendant.

3. At no time shall drivers or attendants smoke, eat or consume any beverage while in the vehicle or while involved in recipient assistance entering or exiting the vehicle or while in the presence of any Medicaid eligible.

4. Drivers and attendants must not wear any type of headphones at any time while on duty.

5. Drivers must exit the vehicle to open and close vehicle doors when passengers enter or exit the vehicle and provide assistance as necessary to or from the main door of the destination, if the client requires assistance and/or the trip manifest indicates a need for assistance.

6. Drivers must properly identify and announce their presence at the entrance of the building at the specified pick up location if a curbside pick up is not apparent.

7. Drivers, while on board, must assist the passengers in the process of being seated,
8. including the fastening of the seat belt. Drivers shall confirm, prior to allowing any vehicle to proceed, that wheelchairs and wheelchair passengers are properly secured and that all passengers are properly belted in their seats.

9. Drivers must assist all passengers in the process of exiting the vehicle and in moving to the building access of the passenger's destination.

10. Drivers must provide support and oral directions to passengers. Such assistance shall also apply to the movement of wheelchairs and mobility-limited persons as they enter or exit the vehicle using the wheelchair lift. Such assistance shall also include stowage by the driver of mobility aids and folding wheelchairs.

11. Drivers shall not be responsible for passenger's personal items.

Verified Complaints about Drivers or Attendants

The transportation provider must remove a driver *(or attendant)* from public contact or have the driver re-trained if there have been 2 substantial, verified complaints about the individual within a

90 day period. Similarly an individual with 4 substantial, verified complaints within a consecutive 12 month period must be removed from public contact or terminated from transporting LCTG/Medicaid clients.

Provider's Responsibilities Concerning Driver Training

All drivers must successfully complete the necessary training before providing NET services:

- General Orientation
- Customer Service, Courtesy, and Sensitivity Awareness
- Driver Conduct
- Vehicle Orientation, Pre-Trip Inspections
- National Safety Council DDC-4 Defensive Driving Course (or approved equivalent)
- Passenger Assistance Techniques Course (or approved equivalent)
- Proper Handling and Securement of Mobility Aids
- Record keeping Requirements
- Emergency Procedures
- Overview of Basic First Aid
- Use of a "spill kit" and the removal of biohazards

Attendant Training

All attendants must successfully complete the necessary training before beginning to provide NET services:

- General Orientation
- Customer Service, Courtesy, and Sensitivity Awareness
- Passenger Assistance Orientation
- Overview of Basic First Aid

Insurance, Licensure & Certification

All insurance, licensure and certification records should be sent to the Compliance department via fax at 1-877-316-2599 /Compliance Fax number

1. The provider shall provide documentation affirming its current registration *(to provide transportation)* with the **Public Service Commission** or granted **Exemption Letter** from DHCFP. Further, if the provider provides non-emergency ambulance services under the transportation agreement, then the provider shall provide documentation affirming its current certification by the DHCFP. Provider shall maintain such registration and certification throughout the term of the transportation agreement with ***LCTG*** and produce evidence of the same to ***LCTG*** within three days upon request.

2. The provider shall represent that it has never been terminated from participation in the Medicaid program or been determined to have committed Medicaid fraud.

3. The provider shall maintain all other licensure and certification required by federal, state, county and local governments.

4. The provider shall submit to ***LCTG*** evidence of compliance with statutory requirements regarding insurance throughout the term of the transportation agreement and submit evidence of the same to ***LCTG*** upon signing the agreement.

    - <u>Vehicle Liability Coverage</u> - This should include coverage for bodily injury and
    - property damage arising from the operation of any owned, non-owned or hired

- automobile**.** Policy should provide at least $1,500,000 (or current statutory limits) Combined Single limits for each occurrence**.**
- Comprehensive General Liability Coverage - This should cover, at a minimum, bodily injury and property damage arising from premises and operations liability, personal injury liability and contractual liability. Coverage should be a $2,000,000 with the following limits:
  1. Premises and Operations Coverage with $1M limit
  2. Personal Injury with $1M limit
  3. Contractual with $1M limit
- Workers Compensation and Liability Insurance - must meet State statutory limits. Liability Insurance Coverage must have limits of at least $1M for each accident covered by Bodily Injury by Accident, and Bodily Injury by Disease of $1M per employee.

> Comprehensive General Liability Coverage. $ 2,000,000 with "Broad Form" coverage including contractual liabilities as well as liabilities for sexual abuse and molestation.

5. All insurance coverage shall name *LCTG* as "Additional Insured" and shall be primary with respect to claims and co-insurance determinations. Insurance policies shall indicate that *LCTG* will be informed in writing on at least 30 days prior notice of any termination of insurance coverage. The provider shall provide ***LCTG*** with original certificates of insurance listing ***LCTG*** as "Certificate Holder" within 10 days of the execution of the transportation agreement.

6. The provider's coverage shall indemnify, protect and hold harmless ***LCTG*** and the Nevada Department of Health Care, Finance and Policy from and against any and all claims, actions, suits, proceedings, costs, damages, injuries, and/or liabilities of any kind or nature whatsoever arising from actions connected with services provided by or at the direction of the provider, including the cost of reasonable attorney fees and other expenses incurred by or assessed against ***LCTG*** or the DHCFP.

7. The transportation provider must notify LCTG immediately of any accident or incident resulting in driver or passenger injury or fatality. In addition , the provider will send the Nevada operations an Incident Report *(Appendix G)* describing in detail **any**:
   - Injury to a recipient, including an injury or potential injury that your driver merely witnessed (e.g., recipient toppled from wheelchair as nursing home staff member wheeled recipient toward your vehicle).
   - Injury to a member of the provider's staff which occurred during performance of NET duties.
   - Vehicle collision involving provider's vehicle transporting recipients.
   - Potential liability involving transported recipients or recipients awaiting transport.

The Nevada Operations must receive the Incident Report no later than 3 days following the incident(s) in question.

8. The provider shall operate as an independent contractor in providing services under the Transportation Agreement with ***LCTG***, and not as an agent, representative, or employee of ***LCTG***.

Reimbursement to Providers

Invoicing

Please Note: Providers must not bill for trips that were cancelled.

Each business day the provider must fax *(or otherwise transmit electronically)* a completed Cancellation Report to Nevada Operations. For the Cancellation Report, the Provider must list all trips which were scheduled to be performed the previous business day, but were not completed for any given reason.

In network providers (dedicated LogistiCare TP), can utilize the on line billing service provided to them at orientation; however, all other providers must utilize the following billing process.

Twice per month the provider can invoice ***LCTG*** for all assigned and completed trips for the previous weeks. The provider invoices us by submitting (1) the completed Invoice/Billing Form OR LOGISTICARE BATCH REPORT FROM THE ONLINE SERVICE (2) accompanying and completed Driver/Trip Logs *(and Attendant Logs if appropriate)* sorted by date of service *(DOS)*. The Invoice/Billing Form *(see Appendix F)* shows the summary of charges based on the completed trips reflected in the driver/trip logs. **A driver/trip log is incomplete if** DOS or LOS is not included or is incorrect and if the log is missing a rider's signature, job number is incorrect.

LCTG will verify all trips submitted for payment against computer records of trips assigned and performed. Again, trips for which all information is not supplied on the trip log will be denied payment. To prevent delays in payment, DO NOT LEAVE ANY LINES BLANK!

There will be no payments made for the transportation of escorts.

Payment Terms

In the event of a dispute with respect to amounts owed to provider, provider shall provide supporting invoice documentation. After ***LCTG*** reviews the documentation to verify charges, and should a discrepancy continue to exist, ***LCTG*** will pay the uncontested portion and work with provider to reconcile any differences. Provider shall continue to perform its obligation hereunder irrespective of any outstanding contested amounts.

LCTG will pay invoices by check or electronic transfer every two weeks, if any payment date falls on a weekend or holiday, payments will be made on the next succeeding working weekday.

CHARGES AGAINST INVOICES

Provider agrees that all invoices submitted more than 60 days after the DOS will be assessed a 10% fee and any invoices submitted more than 120 days after the DOS will not be assessed. In addition, please ensure that re-submitted invoices are provided to LCTG within 14 days from the date of denial. We cannot guarantee payment for invoices that are submitted outside of this timeframe.
Providers that make good faith efforts, as determined by ***LCTG*** in its sole discretion, to submit proper invoices within the required time frame may be allowed extensions to the invoice submission time frame without penalty.

In the event that DHCFP is unable or unwilling to pay ***LCTG*** amounts validly due under the Brokerage contract ***LCTG*** may delay payments to providers until such time DHCFP pays outstanding amounts.

Provider Maintenance of Records

Providers must establish, maintain and provide within 3 days' notice upon request by ***LCTG*** or as required under the transportation agreement, the following records and related information:

1. Vehicle records, including at a minimum the following documentation for each vehicle:
   - manufacturer and model;

- model year;
- vehicle identification number;
- odometer reading at the time the vehicle enters service under this agreement;
- type of vehicle (minibus, wheelchair van, stretcher van);
- capacity (number of passengers);
- license tag number;
- insurance certifications;
- copy of exemption letter
- special equipment (lift, etc.).

2. Driver records, including at a minimum the following documentation for each:
   - name, date of birth and social security number
   - copy of the Nevada driver's license
   - prior driving record for previous five years obtained from the Nevada DMV
   - 10 Panel Drug Screen
   - Criminal Background Check 10 years
   - driver training certificate(s)
     - Defensive Driving
     - Passenger Assistance and Safety
     - Basic First Aide
   - OIG and SAM checks
   - documentation of any complaints received about the driver and any accidents or moving violations involving the driver.

Driver/Trip Log

Providers are responsible for ensuring that each driver completes the Driver/Trip Log (see Appendix E) daily for every recipient that was transported, as scheduled by ***LCTG***. Driver/Trip logs must contain the following information:

- date of service
- ***LCTG*** job number
- transportation provider name
- vehicle number
- last 6 digits of the VIN
- vehicle driver name
- recipient name
- name of attendant (if applicable)
- actual arrival time at the pick-up place
- actual departure time from the pick-up place
- pick-up address
- actual arrival time at the drop-off place
- drop-off address
- recipient's signature
- Trip cost

Driver/trip logs must be signed by every recipient transported by the provider. If the recipient is incapable of signing then they should be evaluated for “Unable to sign” (UTS). Once LCTG knows that a rider is unable to sign, we note it on the rider’s information so as no future signature is required.

LogistiCare Gate Keeping

To ensure successful gate keeping, ***LCTG*** utilizes customer service-oriented call takers *(CSRs)* who are trained with a thorough understanding of the service guidelines *(see Appendix N)* and ***LCTG's*** proprietary software. This software maintains a Medicaid recipient database that is updated monthly from information provided by DHCFP.

Recipients in need of NET services contact ***LCTG*** 5 days in advance of their appointment and speak with a CSR whose first responsibility is to determine the caller's eligibility for NET. Determination of eligibility is a 3 step process:

1. Individual Eligibility. The CSR determines initial eligibility by locating the caller's Medicaid number in the database of eligible Medicaid recipients. If the database determines that the caller is receiving Medicaid benefits, then the CSR is provided the recipient's address and phone number from the database.
2. Destination Eligibility. The second step is determination of destination eligibility. This involves affirming that the service at the recipient's point-of-destination is an approved Medicaid-billable service. Recipients can only be transported to locations wherein an approved, billable service will be (a) provided on the particular day of transport, (b) billed by the service program on that same day and (c) paid by Medicaid.
3. The third and final step is affirming if there is an alternative means of transportation thorugh our assessment process.

Call intake and verifying eligibility for NET are 24 by 7 processes. CSRs frequently are required to update addresses, alter the level of transportation service or change other information based on communication from recipients, social workers, medical facilities, transportation companies, drivers and ***LCTG's*** regional and/or field-investigations staff. This process is continual and extends to maintaining accurate standing orders *(subscription or regularly reoccurring trips*), up-to-date public transit routes and schedules and the availability of volunteer services. This attention to detail helps eliminate fraud, control unwarranted costs and significantly improve service. Scarce resources are not wasted on repeated no-show patients so please report ride no shows through the cancellation process. And know that trips to distant medical providers are spot checked for legitimacy by random verification checks by the CSR's all to avoid cancellations.

Appendix

NOTE: All the following forms are examples only. Ask LogistiCare for a clean copy for your records and use.

LogistiCare

Appendix A- Re-Route Form

Date:_____ Date of Service:_____ Provider: _____

Phone:_____ Time Faxed: _____ Address: _____

Fax # _____

Re-Route Form Only – Do Not Use For Cancellations. Use for only 1 day's Re-Routes.

Please check box if do not have any re-routes for this day

Job #	Medicaid #	Client Name	Code	Pick Up Time	Pick Up County

This form must be completed daily & faxed daily to the Las Vegas Office so it is recv'd 24 hours or more before the scheduled pickup time or within 2 hours of when faxed from us was received. Fax to : 866-435-9352

Appendix B- Trip Manifest

The one page sample manifest shown on the next page is for a Monday. It was sent to the provider the previous Thursday.

The actual trip manifest is faxed by ***LCTG*** to providers with assigned work plus any add-ons, cancellations and changes to the trips from the previous faxed manifest. Please recall from an earlier section of the manual that the provider is sent an initial trip manifest 24 hours prior to the date of service as outlined below.

Manifest sent on:	Includes these trips:
Monday	Tuesday's cancellations & add-ons. Tuesday's trips
Tuesday	Wednesday cancellations & add-ons. Wednesday's trips
Wednesday	Thursday's cancellations & add-ons. Thursday's trips
Thursday	Friday's cancellations & add-ons. Friday's trips
Friday	Cancellations & add-ons for Saturday, Sunday & Monday.Monday's trips
Saturday	Cancellations & add-ons for Sunday and Monday
Sunday	***NO TRIPS ARE SENT***

Transportation Provider Daily Trip List

Trips for Tuesday 01/18/2005

Sample Transportation Provider Manifest shortened to one page

07-5554-A ** Active ** DCC-Clark County
Member 1 – Name withheld purposefully Age: 89
04:45 PU RESIDENCE (702) 892-9171
1234 Clarice Ave. Las Vegas, NV.89107
05:27 D Gambro Dialysis Center (702) 892-8008
2881 Bussiness Park Ct. Las Vegas, NV.89129
LOS WC PCA 0 AEsc 0 CEsc 0 Seats 0 Miles 2
DO DIR: staff

01-5778-A ** Active ** DCC-Clark County
Member 2 – Name withheld purposefully Age: 94
04:45 PU Pine View Health Care (702) 624-2437
402 St. Louis St. Las Vegas, Nv. 89104
05:50 D UMC Hopital (702) 783-0200
1800 W. Charleston Blvd Las Vegas, NV 89108
LOS S PCA 0 AEsc 0 CEsc 0 Seats 0 Miles 16
DO DIR: Dr. , Surgery
Comments:

01-3295-A ** Active ** DCC-Clark County
Member 3 – Name withheld purposefully Age: 65
05:00 PU Residence (702) 627-2382
12641 Canyon Rd. Las Vegas, NV. 89115
05:55 D Hawkinsville Dialysis Center (702) 892-8008
1235 Lone Mountain Rd. Las Vegas, NV. 89129
LOS W T T S PCA 0 AEsc 0 CEsc 0 Seats 0 Miles 26

Appendix C- Vehicle Inspection Form is external and electronic

Appendix D- Employee Update Form is external

Appendix E- Driver/Trip Log Form is external

Appendix F- Invoice Form is external

Appendix G- Accident/Incident Report

The transportation provider must notify LCTG immediately of any accident or incident resulting in driver or passenger injury or fatality. In addition, the accident and incident report on the next 3 pages must be used to report all accidents of incidents which occur while delivering NET services. The report must be completed and submitted to the LCTG Regional Office within 5 working days of the accident or incident. State regulations require that:

"This form must be included in the vehicle information packet stored in the driver compartment or securely stored on or in the driver's side visor."

LCTG Accident/ Incident Report

Date of Accident/Incident: _____ Time of Accident/Incident: _____

Transportation Provider: _____ **Date Reported to LCTG:** _____

Contact Person: _____ **Telephone #:** _____

Address: _____ **Fax #:** _____

Driver of Provider's Vehicle: _____ **Driver's License #** _____

Make, Model & Year of Provider's Vehicle _____

Vehicle Tag #: _____ **VIN** _____

Vehicle Owner: _____ **Insurance Carrier:** _____ **Policy #** _____

Damage to Provider's Vehicle: _____

Driver of Other Vehicle: _____ **Driver's License #** _____

Make, Model & Year of Other Vehicle _____

Vehicle Tag #: _____ **VIN** _____

Vehicle Owner: _____ **Insurance Carrier:** _____ **Policy #** _____

Damage to Other Vehicle: _____

Detailed Description of accident/incident: (attach additional pages if necessary) _____

_____

_____

_____

_____

_____

_____

_____

Check all that apply
Injuries: No _____ Yes _____ Minor _____ Serious _____ Fatal_____
Injured: Recipient (s) _____ Driver _____ Attendant _____ Escort _____ Other _____

Name #1: _____ Medicaid #: _____ Phone #: _____

Address: _____

Description of Injury: _____
Treated at: Scene _____ Medical Facility _____ Name Med. Facil.: _____

Brief Description of Treatment: _____

Name #2: _____ Medicaid #: _____ Phone #: _____

Address: _____

Description of Injury: _____
Treated at: Scene _____ Medical Facility _____ Name Med. Facil.: _____

Brief Description of Treatment: _____

Name #3: _____ Medicaid #: _____ Phone #: _____

Address: _____

Description of Injury: _____

Treated at: Scene _____ Medical Facility _____ Name Med. Facil.: _____

Brief Description of Treatment: _____

Name #4: _____ Medicaid #: _____ Phone #: _____

Address: _____

Description of Injury: _____
Treated at: Scene _____ Medical Facility _____ Name Med. Facil.: _____

Brief Description of Treatment: _____

Were emergency services called? 911___ Police ___ Ambulance___ Tow truck ___ No____

If Motor vehicle accident, who was charged? _____
Attached: Police Report _____ Other _____

Report Submitted by: _____ Phone #: _____ Date: _____
Print/type name

_____
Signature

Provider: Do not write below this line. For LCTG use only.

Immediate corrective action taken by LCTG

_____

_____

_____

_____

_____

Appendix H- Cancellation Report

This form should be completed each day for reservations that were cancelled, a no show or the recipient refused transport for specific reason. The second sheet of this appendix is a listing of the appropriate cancellation codes to be utilized.

NET Cancellation Report

Date of Service: _____ Date Faxed: _____ Provider : _____

Phone #: _____ Time Faxed: _____ Address: _____

Fax #: _____

_____

PLEASE DO NOT PUT MORE THAN ONE DAY OF SERVICE ON THIS FORM. USE DIFFERENT FORM EACH DAY.

Directions: Complete daily and then fax to the Nevada Office by 12:00 Noon following the day of service.

Fax to 1-877-326-2599

Job #	A/B/C	Client Name	Code	Pick Up Address

CANCELATION CODES FOR THE PROVIDER'S USE

BAD- BAD ADDRESS
CLSD- FACILITY CLOSED
CLSR - A CLOSER HEALTHCARE PROVIDER IS AVAILABLE
CX - CANCELLED BY
CXCP - CANCELLED BECAUSE PROVIDER HAS BEEN CHANGED
CXFR- CANCELLED ON THE BASIS OF FACILITY REPORT
DG - RIDER NO LONGER GOES TO HEALTHCARE FACILITY
DECEASED- RIDER HAS DIED
DROV - RIDER DROVE THEMSELVES TO APPOINTMENT
DUP - DUPLICATE CALL
ELIG - **NO LONGER TRAVELING** / ELIGIBLE
FF - RIDER TRANSPORTED BY FAMILY MEMBER OR FRIEND
FGAS - RESERBATION SWITCHED **FROM** GAS REIMBURSEMENT
HOL – HOLIDAY
HOSP - RIDER IS IN THE HOPSITAL
LC - LATE CANCELLATION
LM - LOGISTICARE MISTAKE
LNA - LOCATION NOT ACCESSIBLE
LOS - WRONG LEVEL OF SERVICE ASSIGNED
NVA - NO VEHICLE OR TRANSPORTATION AVAILABLE
OC - RIDER TRANPORTED BY ANOTHER TRANSPORTATION PROVIDER
OM - RIDER TRANSPORTED BY OTHER MEANS
OT – OTHER
RCSN - RIDER CANCELLED WITH SUFFICIENT NOTE
RES - APPOINTMENT WAS RESHEDULED
RNS - RIDER NO SHOW
RQDN - REQUEST DENIAL FROM BROKER CLIENT
RR - RE-ROUTED **24+ HOURS** NOTICE
RR25 - RE-ROUTED **24+ HOURS** NOTICE-**OUTSIDE PROVIDER AREA**
RRLL - RE-ROUTED **LESS THAN 24 HOURS** NOTICE-**INCORRECT LOS**
RRLS - RE-ROUTED **24+** HOURS NOTICE- **INCORRECT LOS**
RROA - RE-ROUTED **LESS THAN 24 HOURS** NOTICE -OUTSIDE PROVIDER'S AREA
RROT- RE-ROUTED **LESS THAN 24 HOURS** NOTICE
RT - RIDER REFUSED TRANSPORTATION
RTPU - RIDER REFUSED TRANSPORTAION AT PICK UP POINT
SICK - RIDER IS SICK
TGAS - RESERVATION SWITCHED **TO** GAS REIMBURSEMENT
TPNS - TRANSPORTATION PROVIDER NO SHOW / LATE
WALK - RIDER WALKED TO APPOINTMENT
WTHR – WEATHER

Attachment 8

LogistiCare

LogistiCare Solutions, LLC

Implementation Chart
CONFIDENTIAL

is provided in binder entitled

Part I B Technical Confidential

of this proposal