9.2.3.1 TAB I – TITLE PAGE

Part I A – Technical Proposal	
RFP Title:	Non-Emergency Transportation
RFP:	3207
Vendor Name:	***Access2Care, LLC***
Address:	***6200 South Syracuse Way, Suite 200*** ***Greenwood Village, CO 80111***
Opening Date:	October 8, 2015
Opening Time:	2:00 PM

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9.2.3.3 TAB III – VENDOR INFORMATION SHEET

9.2.3.4 TAB IV – STATE DOCUMENTS

A. Original Signature Page(s) from all Amendments

B. ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

C. ATTACHMENT C – VENDOR CERTIFICATIONS

D. ATTACHMENT J – CERTIFICATION REGARDING LOBBYING

E. Vendor Licensing Agreements and/or Hardware and Software Maintenance Agreements.

AVAYA

AVA-020
October 2009

Channel Service Agreement Order Form

Export Date: 04/18/13

12.4.1

Customer Name:	Emergency Medical Services Corporation	Contract #:	Page 1 of 2 total pages
Sold To number:	5380418		
Equipment Location Address:		Customer Contact:	Installation Date:
11900 E. Cornell Ave. - Ste. A		Jody Eli	4/1/2013
City State Zip		Customer Contact Telephone Number:	
Aurora CO 80014		303-495-1562	

Avaya bill commencement date for new support services orders is the first day of the second month upon Avaya's acceptance of the order. For support services renewal or recast orders, the start date will be the first billing cycle date following Avaya's acceptance of the order. The support services ordered hereunder and the associated billing may commence, in some cases, during the Avaya Product warranty period. If this order is for replacement services or changed services for a Product currently covered by another Avaya support service, Customer hereby agrees to terminate the replaced service effective the date of implementation of the replacement service. Customer acknowledges that termination charges may apply in accordance with Avaya's termination policy and Customer's commercial agreement.

This Order Form is subject to the terms and conditions of the attached General Conditions of Maintenance and Managed Services. However, if there is a Master Purchase/Service Agreement or Customer Agreement that includes Maintenance Services Terms (Attachment D) already in effect between the parties, this Order Form shall be subject to the terms and conditions of such agreement. The support services ordered hereunder are described and subject to the terms of the support service description (e.g., Service Agreement Supplement, statement of work, service description)(the "SAS") in effect as of the date of the Order, which SAS is incorporated by reference into this Order.

The Maintenance service unit price associated with Call Center Administered Agents and Administered Voice Mail Boxes will remain fixed based on the number of units located at the site at commencement of Maintenance services for that site. Such per unit charge will remain unchanged for the contracted term of maintenance support, independent of quantity changes recorded during true-ups.
Avaya will, at its discretion, perform a true up on no more than a quarterly basis to reconcile future billing on any items which have been added (activated) or removed (deactivated) during the previous period. No credits or cash payments will be issued against previously paid amounts.
Service charges for IP ports and certain Communication Manager applications (including but not limited to Wan Spare Processor, Local Spare Processor, Survivable Remote Processor & IP Agents) located at remote customer sites that are priced under the utility pricing methodology will be invoiced at customer's main/media server location. These service charges will be invoiced based on the coverage option and pricing reflected at the main site or location.
Under Support Advantage Essential or Preferred Support, voice terminals are entitled to remote support. In order for voice terminals to qualify for parts replacement, Support Advantage Parts or Onsite Support with Terminal Replacement coverage is required.

Customer authorizes Avaya to release information related to inventory and billing for this customer location to the authorized Avaya Business Partner/Distributor. This information will enable the Avaya Business Partner/Distributor to accurately quote to Customer future Avaya products and services. Unless otherwise specified, this authorization shall remain in effect until the earlier of written notification by the Customer or the termination/expiration of maintenance by the original Business Partner whose name appears on this Order Form.

Material Codes	Qty	Description	Term in months		Coverage	Monthly or Prepaid	Unit Price	Total Price
Location: Physical Location 1								
229655	377	AES 6.X BSC TSAPI RTU						
238268	377	SA PREF AES R6 BSC TSAPI 3YAN	36				$ 0.26	$ 1,117.43
238269	377	UPG ADV AES R6 BSC TSAPI 3YAN	36				$ 0.20	$ 904.80
Code	Qty	Description	Disc		First Invoice Amount	Cov Opt	Months	Ppd or Annual
Summary Maintenance Support:								
		Total Maintenance Support			$ 0.00			
Summary Support Advantage:								
238268	377	SA PREF AES R6 BSC TSAPI 3YAN	5.00%		$ 1,117.43		36	
		Total Support Advantage			$ 1,117.43			
Summary Upgrade Advantage:								
238269	377	UPG ADV AES R6 BSC TSAPI 3YAN	0.00%		$ 904.80		36	
		Total Upgrade Advantage			$ 904.80			
		Grand Total			$ 2,022.23			

Customer signature below indicates customer has read and agrees to the terms and conditions of the applicable agreement.

Customer Emergency Medical Services Corporation	Avaya Inc.
By: (Authorized Signature)	Accepted By:
Typed Name On: (Date)	Typed Name On: (Date)
Address 6200 S. Syracuse Way - Ste. 200	Address
City State Zip Greenwood Village CO 80111	City State Zip

Business Partner Co. Name: NACR	Business Partner Sales Associate (Preparer): Sandi Cliver
Business Partner HQ Address: 3344 Highway 149, Eagan, MN 55121	Phone Number: 651-796-6465
Main Telephone #: 800-431-1333	email: scliver@nacr.com
Avaya Siebel Parent ID: 539	Please e-mail electronic copy of this CSA Order form to bpccmto@avaya.com with format of subject line : BP Name/Customer Name/Sold to

Distribute to: Original (BPCC) Copy 2 (Customer) Copy 3 (Avaya/Authorized Business Partner)

Below this line is used for Distributors ONLY!!

FILL IN DISTRIBUTOR INFORMATION BELOW:

Distributor Co. Name:	Distributor Sales Associate:
Distributor HQ Address:	Phone Number:

Page 1 of 2

Main Telephone #:	email:
Avaya Siebel Parent ID:	**Please e-mail electronic copy of this CSA Order Form to bpccmtc@avaya.com with format of subject line: Distributor Name/Customer Name/Sold To**

Distribute to: Original (BPCC) Copy 2 (Customer) Copy 3 (Avaya Authorized Business Partner) Copy 4 (Distributor)

Channel Service Agreement Order Form for Distributors

Page 2 of 2

AVAYA

Account Number: 0102294699
Statement Number: 2733474402
Statement Date: 06-22-2015
Invoice Number: 2218670028

SERVICE AGREEMENTS

Purchase Order Number	Sales Quotation/Order Number	Date
	0051011726	June-01-2015
Customer Sold To: ******4824 EMERGENCY MEDICAL SERVICE CORP 6200 S SYRACUSE ST STE 200 GREENWOOD VILLAGE CO 80111 USA	Tax Jurisdiction Code 0600508701	Ship To: 0005374824 EMERGENCY MEDICAL SERVICE CORP 6200 S SYRACUSE ST STE 200 GREENWOOD VILLAGE CO 80111 USA

Remarks:
RANDAL G. OWEN

Product/Service Description	Material/ Service Code	Lic Fee	Quantity	Service				Installation/One Time Charges	Service Charge	Purch.Price/ Lic.Fees
				Billing Start	Billing End	Expiration Date	TRM			
SA PARTS NBD CM MED SRV 3YAN - CM PARTS N	230050		2.00	06/01/2015	05/31/2016	05/31/2016	12		2,462.40	
CM PARTS NBD ANNUAL PREPAID	245140		2.00							
SA PARTS NBD CM MED SRV 3YAN - CM PARTS N	230050		1.00	06/01/2015	05/31/2016	05/31/2016	12		1,231.20	
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
SA PARTS NBD CM MED GTWY 3YAN - CM PARTS N	230170		1.00	06/01/2015	05/31/2016	05/31/2016	12		570.00	
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
SA PARTS NBD CM LG GTWY 3YAN - CM PARTS N	230200		4.00	06/01/2015	05/31/2016	05/31/2016	12		2,964.00	
CM PARTS NBD ANNUAL PREPAID	245140		4.00							
SA PARTS NBD APPL MED SRV 3YAN - OTHER PART	230410		2.00	06/01/2015	05/31/2016	05/31/2016	12		1,710.00	
OTHER PARTS NBD ANNUAL PREPAID	245340		2.00							
SA PARTS NBD APPL MED SRV 3YAN - OTHER PART	230410		2.00	06/01/2015	05/31/2016	05/31/2016	12		1,710.00	
OTHER PARTS NBD ANNUAL PREPAID	245340		2.00							
SA PREF ONE-X AGT R2 AGENT 3YAN - CC PREF AN	238124		30.00	06/01/2015	05/31/2016	05/31/2016	12		984.96	
CC PREF ANNUAL PREPAID	245170		30.00							
UPG ADV ONE-X AGT R2 AGENT 3YAN - UA ONE X A	238125		30.00	06/01/2015	05/31/2016	05/31/2016	12		810.00	
UPGRADE ADVANTAGE ONE X AGENT SW ANNUAL PREPAID	245768		30.00							

AVAYA

Account Number: 0102294699
Statement Number: 2733474402
Statement Date: 06-22-2015
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SERVICE AGREEMENTS

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	0051011726	June-01-2015

Product/Service Description	Material/ Service Code	Lic Fee	Quantity	Service				Installation/One Time Charges	Service Charge	Purch.Price/ Lic.Fees
				Billing Start	Billing End	Expiration Date	TRM			
SA PREF AES R5 ASAI AURA R6 3YAN - CC PREF AN	238265		1.00	06/01/2015	05/31/2016	05/31/2016	12		3,648.00	
CC PREF ANNUAL PREPAID	245170		1.00							
UPG ADV AES R5 ASAI AURA R6 3YAN - UA AES SW	238266		1.00	06/01/2015	05/31/2016	05/31/2016	12		3,000.00	
UPGRADE ADVANTAGE AES SW ANNUAL PREPAID	245078		1.00							
SA PREF CCR6 ELITE AGT 101-250 3Y-AN - CC PREF AN	238379		203.00	06/01/2015	05/31/2016	05/31/2016	12		12,242.16	
CC PREF ANNUAL PREPAID	245170		203.00							
UPG ADV CCR6 ELITE AGT 101-250 3Y-AN - UA CC SW A	238380		203.00	06/01/2015	05/31/2016	05/31/2016	12		7,015.68	
UPGRADE ADVANTAGE CC SW ANNUAL P-REPAID	245588		203.00							
SA PREF CCR6 ELITE AGT 251+ 3YAN - CC PREF AN	238382		357.00	06/01/2015	05/31/2016	05/31/2016	12		21,529.20	
CC PREF ANNUAL PREPAID	245170		357.00							
UPG ADV CCR6 ELITE AGT 251+ 3YAN - UA CC SW A	238383		357.00	06/01/2015	05/31/2016	05/31/2016	12		12,337.92	
UPGRADE ADVANTAGE CC SW ANNUAL P-REPAID	245588		357.00							
SA PREF AURATM R6 EE 101-1000 N1 3YAN - CM PREF AN	238977		525.00	06/01/2015	05/31/2016	05/31/2016	12		10,354.08	
CM PREF ANNUAL PREPAID	245120		525.00							
UPG ADV AURATM R6 EE 101-1000 N1 3YAN - UA CM SW A	238983		525.00	06/01/2015	05/31/2016	05/31/2016	12		9,135.00	
UPGRADE ADVANTAGE CM SW ANNUAL P-REPAID	245618		525.00							
UPG ADV AURATM R6 EE 101-1K U1 3Y-AN - UA CM SW A	251372		905.00	06/01/2015	05/31/2016	05/31/2016	12		15,747.00	
UPGRADE ADVANTAGE CM SW ANNUAL P-REPAID	245618		905.00							
UPG ADV SM R6 SIP CONNECTION 3YAN - UA SM ANNU	251458		162.00	06/01/2015	05/31/2016	05/31/2016	12		1,458.00	
UPGRADE ADVANTAGE SM SW ANNUAL P-REPAID	245828		162.00							

AVAYA

Account Number: 0102294699
Statement Number: 2733474402
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Invoice Number: 2218670028

SERVICE AGREEMENTS

Purchase Order Number	Sales Quotation/Order Number	Date
	0051011726	June-01-2015

Product/Service Description	Material/ Service Code	Lic Fee	Quantity	Service				Installation/One Time Charges	Service Charge	Purch.Price/ Lic.Fees
				Billing Start	Billing End	Expiration Date	TRM			
SA PREF CCCM R6 PER USER 3YAN - CC PREF AN	**254936**		**3.00**	**06/01/2015**	**05/31/2016**	**05/31/2016**	**12**		**447.00**	
CC PREF ANNUAL PREPAID	245170		3.00							
SA PREF CCCM R6 S88/87XX CM CONN 3YAN - CC PREF AN	**254996**		**1.00**	**06/01/2015**	**05/31/2016**	**05/31/2016**	**12**		**1,568.64**	
CC PREF ANNUAL PREPAID	245170		1.00							
SA PREF CCCM R6 CMS CONN 3YAN - CC PREF AN	**255032**		**1.00**	**06/01/2015**	**05/31/2016**	**05/31/2016**	**12**		**941.16**	
CC PREF ANNUAL PREPAID	245170		1.00							
SA PREF CCCM R6 1X AGENT CONN 3YAN - CC PREF AN	**255044**		**1.00**	**06/01/2015**	**05/31/2016**	**05/31/2016**	**12**		**941.16**	
CC PREF ANNUAL PREPAID	245170		1.00							
UPG ADV CCCM R6 PER USER 3YAN - UA AV CCCM	**255417**		**3.00**	**06/01/2015**	**05/31/2016**	**05/31/2016**	**12**		**171.00**	
UA AVAYA CC CONTROL MANAGER ANNU-AL PREPAID	245603		3.00							
UPG ADV CCCM R6 S88/87XX CM CONN 3YAN - UA AV CCCM	**255447**		**1.00**	**06/01/2015**	**05/31/2016**	**05/31/2016**	**12**		**600.00**	
UA AVAYA CC CONTROL MANAGER ANNU-AL PREPAID	245603		1.00							
UPG ADV CCCM R6 CMS CONN 3YAN - UA AV CCCM	**255465**		**1.00**	**06/01/2015**	**05/31/2016**	**05/31/2016**	**12**		**360.00**	
UA AVAYA CC CONTROL MANAGER ANNU-AL PREPAID	245603		1.00							
UPG ADV CCCM R6 1X AGENT CONN 3YAN - UA AV CCCM	**255471**		**1.00**	**06/01/2015**	**05/31/2016**	**05/31/2016**	**12**		**360.00**	
UA AVAYA CC CONTROL MANAGER ANNU-AL PREPAID	245603		1.00							
SA PREF AURATM R6 EE 101-1K U1 3Y-AN - CM PREF AN	**257043**		**905.00**	**06/01/2015**	**05/31/2016**	**05/31/2016**	**12**		**17,848.44**	
CM PREF ANNUAL PREPAID	245120		905.00							
SA PREF SM R6 SIP CONNECTION 3YAN - MM PREF AN	**257128**		**162.00**	**06/01/2015**	**05/31/2016**	**05/31/2016**	**12**		**3,139.56**	
MM PREF ANNUAL PREPAID	245220		162.00							

Subtotals	0.00	135,286.56	0.00
Shipping Charges			0.00
Federal Excise Taxes			0.00
State/Local Taxes			5,906.44
Grand Total (US Dollars)			**141,193.00**

MapQuest.com, Inc.
Contract No.: _____

Confidential

MAPQUEST
Advantage API

AGREEMENT

between

MapQuest, Inc. ("MapQuest")

and Abbott Ambulance, Inc. ("Licensee")

dated as of May 15, 2006 (the "Effective Date")

This Advantage API Service Agreement, including each of the Schedules hereto (collectively, this "Agreement") is entered into as of the Effective Date set forth above, by and between MapQuest, a Delaware corporation with its principal place of business at 555 17th Street, Suite 1600, Denver, CO 80202 and Licensee, a corporation with a principal place of business at 2500 Abbott Place, St. Louis, MO 63143. MapQuest and Licensee may be collectively referred to herein as the "Parties" and individually, as a "Party".

This Agreement sets forth the terms and conditions upon which MapQuest will provide access to the MapQuest Service. The initial term of this Agreement will commence on the Effective Date and shall end one (1) year from the Start Date (defined below) (the "Initial Term"). This Agreement will automatically renew for additional terms of one (1) year (each such renewal term, a "Renewal Term," and together with the Initial Term, collectively referred to herein as the "Term") unless either Party provides at least thirty (30) days written notice of its desire to terminate the Agreement to the other Party prior to the date of automatic renewal. If one Party provides timely notice of non-renewal, all licenses and rights granted to Licensee hereunder, and this Agreement, shall terminate one (1) year from the Start Date or (1) year from the start of the most recent Renewal Term, as applicable (the "Expiration Date") and Licensee's access to the MapQuest Service (defined herein) shall discontinue as of the Expiration Date. Upon the Expiration Date, Licensee shall immediately: (i) cease all access to the MapQuest Service and discontinue use of the Access Codes; (ii) deliver to MapQuest or otherwise destroy or erase all intellectual property, Documentation (defined herein), software and other tangible or intangible property belonging to MapQuest (collectively, the "MapQuest Property") in Licensee's possession or control, including all copies thereof; and (iii) certify in writing to MapQuest that Licensee has completed all actions set forth in section (i) and (ii) above.

Pursuant to the terms and conditions set forth in this Agreement, the MapQuest Service may be used during the Term solely at the World Wide Web page(s) accessed by the following URL(s): www.abbottems.org (collectively, the "Licensee Sites").

Licensee __ does / X does not (check one) have the right to sublicense the MapQuest Service Material and provide access to the MapQuest Service through Additional Sites (defined below) on the terms and conditions set forth in Schedule B. Initials ___/___

Any notice, approval or other communication under this Agreement shall be directed to the following addresses, in accordance with the procedure set forth herein:

If to Licensee: Attn: Mark Corley
2500 Abbott Place
St. Louis, MO 63143

To MapQuest: Attn: Business Manager
555 17th Street, Suite 1600
Denver, CO 80202

With copy to: AOL, LLC
Attn: Deputy General Counsel
Fax: 703-265-1105
22000 AOL Way
Dulles, VA 20166-9323

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the Effective Date.

ABBOTT AMBULANCE, INC.

By: _____

Print Name: Mark Corley

Title: Chief Operating Officer

Date: 5/25/06

MAPQUEST, INC.

By: _____

Print Name: Lynn Schutzman

Title: Director of Sales

Date: 5/23/06

MQAPI v1.1 092705

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SCHEDULE A

TERMS AND CONDITIONS

ARTICLE I – DEFINITIONS

1.1 **Definitions**. The following capitalized terms when used in this Agreement shall have the meanings set forth below, unless a different meaning is otherwise expressly stated elsewhere in this Agreement.

a) "API Functionality" shall mean the functionality Licensee may access pursuant to the licenses in this Agreement and the results generated by such functionality as set forth in the Documentation including: (i) Maps; (ii) Driving Directions; (iii) geocoding and reverse geocoding; and (iv) proximity search.

b) "Confidential Information" shall mean any information which is, or should be reasonably understood to be, confidential or proprietary to the disclosing Party, including, but not limited to, the terms of this Agreement, the MapQuest Service, any parts thereof, the Access Codes, technical processes and formulas, source codes, product designs, sales, cost and other unpublished financial information, product and business plans, projections and marketing data, and Documentation.

c) "Coordinates" shall mean the point of origin and/or point of destination data entered by an End-User into fields on the Licensee Sites or provided by Licensee in order to generate Maps and/or Driving Directions, and shall include some or all of the following, to the extent permitted by MapQuest: street addresses, intersections, city, Zip/postal code, state/province, country, and latitude/longitude.

d) "Documentation" shall mean the published user guides and manuals related to the MapQuest Service in existence on the Effective Date which MapQuest makes generally available to its commercial customers, including either the Technical User Guide or the Migration Guide.

e) "Driving Directions" shall mean graphical point-to-point routes represented on Maps and/or any text or data based point-to-point routes, drive times, or driving distances generated by the MapQuest Service (as MapQuest makes generally commercially available) and any data set forth or contained in any of the foregoing.

f) "Driving Directions Transaction" shall mean the serving of any Driving Directions to Licensee.

g) "End-User" shall mean any authorized user of the MapQuest Service.

h) "Licensee Points of Interest" shall mean location data owned, developed or licensed by Licensee and licensed to MapQuest for use with the API functionality in accordance with the terms of this Agreement. Licensee Points of Interest shall be submitted to MapQuest in accordance with the Documentation.

i) "Map" or "Maps" shall mean the graphical representation of geographic locations (as MapQuest makes generally commercially available) and any data set forth or contained in any of the foregoing.

j) "Map Transaction" shall mean the serving of any Map to Licensee.

k) "Mapping Data" shall include all raw data owned or licensed from third parties by MapQuest, hosted by MapQuest and used in connection with the MapQuest Service to provide API Functionality, whether contained in one or more databases.

l) "Mapping Functionality" shall mean the software and other technology owned or licensed by MapQuest from third parties, hosted by MapQuest and made generally commercially available by MapQuest for the purpose of generating API Functionality from the Mapping Data.

m) "MapQuest API" shall mean the proprietary set of access methods and application programming interfaces, provided either in object code form or via an http interface (at Licensee's discretion), which shall be used by Licensee for the sole purpose of (i) transmitting Coordinates from the Licensee Sites to the Mapping Functionality; (ii) transmitting Maps and/or Driving Directions generated by the search functionality for use in conjunction with the Licensee Sites; and (iii) incorporating or overlaying Licensee Points of Interest (whether maintained by Licensee or MapQuest) onto any Map or displaying such Licensee Points of Interest.

n) "MapQuest Competitor" shall mean any entity, site, service or provider offering one or more of the following: mapping, routing, driving directions, traffic alerts, and/or related content or services.

o) "MapQuest Marks" shall mean the following trademarks and/or logos of MapQuest: "MapQuest.com," "MapQuest.com, Inc.," "MapQuest, Inc.," "MapQuest," "Powered by MapQuest," "MapQuest Advantage API," "MapQuest Advantage," "MapQuest Services" and "MapQuest Business Solutions."

p) "MapQuest Powered Page" shall mean any World Wide Web pages (or any portion thereof or frame therein) within any Licensee Site on which MapQuest generated API Functionality results are displayed.

q) "MapQuest Service" shall mean, collectively, the Mapping Functionality and the Mapping Data resident on MapQuest servers, as well as the MapQuest Service Material, collectively used as permitted by the terms of this Agreement to generate the API Functionality.

r) "MapQuest Service Material" shall mean (a) the MapQuest API; (b) sample code; and (c) the passwords and logon identifications necessary to access the MapQuest Service ("Access Codes"), each as made generally commercially available by MapQuest to similarly-situated commercial customers.

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s) "MapQuest Technical Resource Center" shall mean the MapQuest web page located at http://trc.mapquest.com designed to provide the MapQuest Service Material to Licensee as well as to provide Licensee access to automated technical support for the Licensed Modules.

t) "Search" shall mean the MapQuest functionality which allows Licensee to connect to a MapQuest-hosted database of Licensee Points of Interest, and to use such Points of Interest with the API Functionality.

u) "Start Date" shall mean the Effective Date if there is no Schedule D made part of this Agreement and shall mean the Transition Date (defined in Schedule D) if Schedule D is made part of this Agreement.

v) "Transaction" shall mean each Map Transaction and each Driving Direction Transaction generated by the MapQuest Service.

w) "Upgrades" shall mean any and all revisions to the MapQuest Service Material but specifically excluding discrete applications or plug-ins (e.g., yellow pages or traffic alerts) providing significantly different or additional functionality.

x) "Usage Reports" means the reports provided by MapQuest to Licensee via the MapQuest Technical Resource Center.

ARTICLE 2 – FINANCIAL TERMS AND SCOPE OF USE

2.1 **License Fees**. Licensee shall pay the following fees annually to MapQuest during the Term, commencing on the Start Date:

a. Annual License Fee. Licensee shall pay to MapQuest an "Annual License Fee" for access to the MapQuest Service Material of **$15,000** (**Fifteen Thousand** Dollars)

b. Extended Geographic Coverage License Fee. In the event Licensee elects to expand geographic coverage beyond the United States, Licensee shall pay to MapQuest an "Annual Extended Geographic Coverage License Fee" (as such geographic coverage may be available) as follows (insert "N/A" if Licensee has not elected to expand the geographic coverage):

Coverage:	Annual Extended Geographic Coverage License Fee:
N/A	N/A

In addition to the terms and conditions applicable to Licensee's use of the MapQuest Service Material, the terms and conditions set forth on Schedule C (if any) apply with respect to the extended geographic coverage set forth above.

c. Additional Language Routing Fee. As part of the Annual License Fee, Driving Directions are provided in one language of Licensee's choice (the "Base Driving Directions Language"). For Driving Directions in languages other than the Base Driving Directions Language, Licensee shall pay to MapQuest a fee equal to an additional five percent (5%) of the Annual License Fee.

2.2 **Baseline Transaction Threshold**. As part of the Annual License Fee set forth above, Licensee shall be entitled to a specified number of Transactions ("Baseline Transaction Threshold") as follows:

Baseline Transaction Threshold 300,000 (three hundred thousand)

The Baseline Transaction Threshold is cumulative for all Map and Driving Direction Transactions, for use by Licensee in any combination of Transactions up to the threshold.

Payment of an Annual Extended Geographic Coverage License Fee does not entitle Licensee to any Transactions beyond those included in the Annual License Fee.

2.3 **Transaction Fees**. Licensee is subject to the fees set forth below in the event it exceeds the Baseline Transaction Threshold in any year of the Term after the Start Date ("Excess Transaction Fee"). Depending upon Licensee's usage, Licensee may be subject to multiple Excess Transactions Fees in any given year. In the event Licensee is subject to two or more Excess Transaction Fees in any given year, MapQuest and Licensee may negotiate in good faith a modification to the Baseline Transaction Threshold amount and cost for any subsequent Renewal Terms as well as a modification to the Excess Transaction Fee on a going-forward basis.

Excess Transaction Fee: $1,750 (One Thousand Seven Hundred Fifty Dollars)

for each set of an additional 100,000 (one hundred thousand) Transactions purchased by Licensee. The Excess Transaction Fee shall be paid monthly in arrears.

2.4 **Service and Support Fees**. In the event Licensee requires service or support beyond that provided as part of the Annual License Fee, Licensee shall pay MapQuest $175 (One Hundred Seventy Five Dollars) per hour of such additional service or support. This fee may be changed from time to time by MapQuest in its sole discretion upon reasonable notice to Licensee.

2.5 **Miscellaneous Fees**. Licensee shall pay the following additional fees: N/A_____

2.6 **Increases in Fees**. MapQuest reserves the right to increase any and all fees set forth in this Agreement for any Renewal Term by providing Licensee with at least sixty (60) days written notice of such increases.

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2.7 **Payment Terms**.

a) Time of Payment. Except as otherwise specified in this Agreement, Licensee shall pay all fees within thirty (30) calendar days after receipt from MapQuest of an invoice.

b) Late Payment. In addition to any other rights hereunder, Licensee shall pay to MapQuest interest equal to the then-current Prime Rate plus two percent (2%) of any unpaid fee which is not disputed, for each thirty (30) day period, or portion thereof, in which any such fee remains unpaid. For purposes of this Section, "Prime Rate" shall mean the rate of interest per annum publicly announced from time to time by Citibank, N.A. as its prime rate in effect at its principal office in New York City, New York.

ARTICLE 3 - SERVICE AND SUPPORT

3.1 **MapQuest Service**. MapQuest will provide Licensee access to the MapQuest Service during the Term. Such access allows Licensee to remotely access the Mapping Data and the Mapping Functionality on MapQuest servers through the MapQuest API, in applications designed to run across the World Wide Web in an Internet, Intranet, wireless, or Extranet environment, all only as expressly set forth herein. Licensee's access to the MapQuest Service allows Licensee to generate API Functionality.

3.2 **Technical Service and Support**.

a. Included Technical Services. Licensee's payment of the then-current Annual License Fees entitles it to the items set forth below (collectively the "Included Technical Services") during the Initial Term and any applicable Renewal Term:

i. up to twenty-five (25) hours support in the aggregate, at Licensee's discretion, for API Functionality with such support to include:
   a. e-mail technical support (for up to two (2) Licensee representatives with regard to installation and use of the MapQuest Service);
   b. telephone technical support (for up to two (2) Licensee representatives during MapQuest's business hours, Monday through Friday, except U.S. national holidays);
ii. access to the MapQuest Technical Resource Center (described below); and
iii. Upgrades (described below).

b. MapQuest Technical Resource Center. The MapQuest Technical Resource Center provides current technical and other information about the MapQuest Service, including Usage Reports, and is available twenty-four (24) hours per day, seven (7) days per week, excluding maintenance or other scheduled downtime and excluding unanticipated periods of unavailability. Licensee shall not provide access information to the MapQuest Technical Resource Center to any third party.

c. Upgrades. If MapQuest makes any Upgrades generally available to its unaffiliated commercial customers and Licensee has paid its Annual License Fees, such Upgrades shall be provided as part of the MapQuest Service free of charge within a commercially reasonable time. MapQuest may from time to time update or modify the Mapping Data in its discretion. MapQuest is under no obligation to provide Licensee with notice of any such update or modification.

3.3 **End-User Technical Support**. Licensee is solely responsible for furnishing technical and other support to End-Users.

ARTICLE 4 – LICENSE GRANT AND RESTRICTIONS

4.1 **MapQuest Service Material**. Subject to the terms and conditions hereof, MapQuest grants to Licensee during the Term a non-exclusive, non-transferable (without a right to sublicense except as set forth on page 1 of this Agreement), limited right and license to use the MapQuest Service Material to build MapQuest Powered Pages to access the MapQuest Service.

4.2 **API Functionality**. Subject to the terms and conditions hereof, MapQuest grants to Licensee during the Term a non-exclusive, non-transferable (without a right to sublicense except as set forth on page 1 of this Agreement) limited right and license to display API Functionality to End-Users only on MapQuest Powered Pages and to internally use the API Functionality in conjunction with the MapQuest Service.

4.3 **Documentation**. Subject to the terms and conditions hereof, MapQuest grants to Licensee during the Term a non-exclusive, non-transferable (without a right to sublicense except as set forth on page 1 of this Agreement) limited right and license to use the Documentation. Licensee shall limit access to the Documentation to its internal use only.

4.4 **Marks**. Subject to the terms and conditions hereof, MapQuest grants to Licensee the right to use the MapQuest Marks on Licensee marketing, promotional and other materials to promote or advertise the Licensee Sites (collectively, "Promotional Materials"). MapQuest retains all right, title and interest in and to the MapQuest Marks, and Licensee shall not use any MapQuest Marks except as expressly set forth herein. Licensee shall not take any action contesting or impairing the rights of MapQuest in and to the MapQuest Marks. Any use of the MapQuest Marks in any Promotional Materials is subject to the prior written consent of MapQuest. Once approved, Promotional Materials may be used by Licensee until such approval is withdrawn with reasonable prior notice. In the event such approval is withdrawn, existing inventories of Promotional Materials may be depleted. To the extent Licensee is providing Licensee Points of Interest which require inclusion of the trademarks of Licensee or a third-party, Licensee grants to MapQuest a license to use such marks for the purposes envisioned herein. If such marks are not owned by Licensee, Licensee represents and warrants that it has full right and authority to grant such a license to MapQuest.

4.5 **New Technologies**. As new technologies for displaying API Functionality arise, Licensee may request permission from MapQuest for an extension of the license granted to Licensee hereunder to cover such new technologies, which permission may be withheld in the sole discretion of MapQuest. MapQuest, upon evaluation of the proposed opportunity, reserves the right to negotiate with Licensee the terms and conditions of such additional licenses.

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4.6 **Licensee Points of Interest**. Licensee grants to MapQuest during the Term a non-exclusive, worldwide right and license to modify, use, reproduce, distribute, seam, transmit, display, and adapt the Licensee Points of Interest for Licensee's use in conjunction with the MapQuest Service and the API Functionality.

4.7 **General Restrictions**.

a. Use of MapQuest Service. Licensee shall have no rights with respect to the MapQuest Service or any portion thereof and shall not use the MapQuest Service or any portion thereof except as expressly set forth herein. Without limiting the generality of the foregoing, Licensee shall not (i) modify or create derivative works of the MapQuest Service Material or API Functionality; (ii) sublicense (except as expressly permitted by this Agreement), lease, rent, assign, distribute, repackage, rebrand, or otherwise transfer or disclose the MapQuest Service, any portion thereof or any Documentation to any third party; (iii) use the MapQuest Service on or in connection with any World Wide Web page other than any MapQuest Powered Page within a Licensee Site; (iv) use the MapQuest Service to operate a service bureau and/or interactive voice recognition system, or to process or generate data for any third party (other than the generation of API Functionality for End-Users as expressly permitted hereunder); (v) access the Mapping Functionality or the Mapping Data other than by use of the MapQuest Service Material; (vi) use the MapQuest Service Material for any purpose other than to access the Mapping Functionality and the Mapping Data; or (vii) cause, assist or permit any third party (including an End-User) to do any of the foregoing.

b. Use of API Functionality. Licensee acknowledges and agrees that API Functionality is limited to the individual and personal use of the End-User that entered the Coordinates to generate such API Functionality. Without limiting the generality of the foregoing, Licensee shall not (i) record, save, archive, store, create a database of or otherwise copy in any manner any API Functionality (or any portion thereof) other than as may be necessary (and then only on a temporary basis reasonably satisfactory to MapQuest) to allow the End-User that entered the Coordinates (or on whose behalf the Coordinates were entered) to generate such API Functionality to view and print them on a temporary basis; (ii) sublicense, lease, rent, assign, distribute, repackage, rebrand, or otherwise transfer or disclose any API Functionality to any third party (other than to the End-User that entered the Coordinates, or on whose behalf the Coordinates were entered, to generate such API Functionality); (iii) use any API Functionality to operate a service bureau or to process or generate any data for any third party; or (iv) cause, assist or with knowledge permit any third party (including any End-User) to do any of the foregoing.

c. Exclusions from License. Specifically excluded from the license set forth in Section 4.1 are any use or operation of the MapQuest Service in connection with (i) any Internet site other than the Licensee Sites; and (ii) products, systems or applications capable of navigation, positioning, tracking, or routing of a movable asset.

d. Sublicensees. Licensee shall not grant the right to, or permit (in the event that Licensee acquires the knowledge) any third party to include or integrate into any World Wide Web page any hypertext link to any Licensee Site for the primary purpose of retrieving API Functionality from the MapQuest Service, unless sublicensing is authorized pursuant to page 1 of this Agreement, and then only upon the terms and conditions set forth in Schedule B.

e. Geocodes. All latitude and longitude coordinates ("MapQuest Geocodes") assigned to locations either (i) by MapQuest's geocoding services or (ii) by material licensed hereunder, shall be used by Licensee solely in conjunction with the MapQuest Service specifically licensed hereunder. The MapQuest Geocodes shall not be used by Licensee for any other purpose, including without limitation, use with any computer software not licensed hereunder, and uses or products which modify the delivered latitudes and longitudes.

4.8 **Other Restrictions / MapQuest Rights**.

a. Copies. Licensee shall have the right to make one (1) copy of the Documentation solely for archival or back-up purposes and such copy shall contain any and all MapQuest Marks as set forth on the original Documentation. Such copy shall be and remain the sole and exclusive property of MapQuest, and upon termination of this Agreement, shall promptly be returned to MapQuest or shall be destroyed by Licensee (with such complete return or destruction certified in writing to MapQuest by an authorized officer of Licensee).

b. No Representations and Warranties. Licensee shall not make any representations or warranties of any kind whatsoever to any third party with respect to the MapQuest Service, any component thereof or any API Functionality.

c. Third Party Agreements. Licensee shall not enter into any agreement or other arrangement with any third party which in any way restricts, prevents or hinders the ability of MapQuest to provide to such third party the MapQuest Service or any other MapQuest product or service on any platform whatsoever.

d. Required Notices and Disclaimers. Each result from API Functionality served into any MapQuest Powered Page shall include (i) the "MapQuest.com" logo, the "Powered by MapQuest.com" logo or any other MapQuest Marks or third party marks as determined by MapQuest in its sole discretion and (ii) copyright attribution of MapQuest and MapQuest's data suppliers as determined by MapQuest in its sole discretion. Licensee also must include on any MapQuest Powered Page (i) the following or similar (with MapQuest's written approval) statement: "Maps/Directions are informational only. User assumes all risk of use. MapQuest, [Licensee], and their suppliers make no representations about content, road conditions, route usability, or speed."; and (ii) a hypertext link, in a typeface and font no smaller than the disclaimer in part (i) above to MapQuest's then-standard end-user disclaimer and terms and conditions and copyright notice. Licensee shall not obscure or minimize the aforementioned statement or disclaimer.

e. Additional Data Provider Restrictions. The use of some or all of the MapQuest Data is subject to terms and conditions imposed by third party data providers upon MapQuest. MapQuest has taken efforts to include all relevant MapQuest Data restrictions. However, such third party data providers may occasionally modify or add restrictions applicable to Licensee. If such modified or additional restrictions are imposed, MapQuest will notify Licensee of such modified or additional restrictions via the notice procedure. If Licensee fails to object to the terms set forth in such a notice within thirty (30) days, Licensee hereby agrees to become bound by such modified or additional terms to the same extent as if such terms were included directly in this Agreement. In the event Licensee objects to the terms in such a notice within thirty (30) days of receipt

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of such notice, Licensee may terminate this Agreement by providing MapQuest with written notice of its intent to terminate the Agreement. Such notice shall specify a termination date thirty (30) days from the date notification of termination is delivered.

f. Permitted Modifications. In the event that Licensee (or any permitted sublicensee) uses the MapQuest Service Material to develop or otherwise use any functionality or features in conjunction with, or as a complement to, any API Functionality or the MapQuest Service ("Permitted Modifications"), Licensee (or sublicensee) shall provide to MapQuest (at no cost to MapQuest) APIs to such Permitted Modifications (and a license during the Term to use such APIs) so that such Permitted Modifications can interoperate with (including use of the principal functions of) the MapQuest Service for the benefit of Licensee; provided, however, that, to the extent that such APIs are insufficient to enable such interoperability, Licensee (or sublicensee) shall modify, as promptly as commercially practicable, the APIs (at no cost to MapQuest), and/or such Permitted Modifications to enable such interoperability. Licensee makes no representations and warranties with respect to the functionality of such Permitted Modifications.

ARTICLE 5 – AGREEMENT GENERAL TERMS

5.1 **Ownership.**

a. MapQuest Intellectual Property. Licensee acknowledges and agrees that the MapQuest Service, the Documentation, and the API Functionality are works for purposes of copyright law, and embody valuable, confidential, trade secret information of MapQuest, the development of which required the expenditure of substantial time and money (except as expressly excluded in Section 5.1(b) below). MapQuest shall retain all right, title, and interest in and to the MapQuest Service, the Documentation, each copy thereof, and the API Functionality (and any of the data set forth therein) (except to the extent expressly excluded in Section 5.1(b) below). Licensee shall not acquire any rights, express or implied, in the MapQuest Service, the Documentation or in any API Functionality by virtue of this Agreement other than otherwise expressly set forth herein.

b. Licensee Points of Interest. Licensee shall retain all right, title and interest in and to the Licensee Points of Interest. If MapQuest hosts the Licensee Points of Interest on its servers, MapQuest shall not license or serve such Points of Interest to any third party.

5.2 **Termination.**

a. Termination for Breach. Except as otherwise expressly provided in this Agreement, either Party may terminate this Agreement (i) at any time in the event of a material breach of a material provision (including, without limitation, the Branding requirements) by the other Party which remains uncured after thirty (30) days written notice thereof (provided that the cure period with respect to any scheduled payment shall be fifteen (15) days from the date for such payment provided for herein), or (ii) immediately following written notice to the other Party if the other Party ceases to do business in the normal course, becomes or is declared insolvent or bankrupt, is the subject of any proceeding related to its liquidation or insolvency (whether voluntary or involuntary) which is not dismissed within ninety (90) days or makes an assignment for the benefit of creditors. Notwithstanding the foregoing or any other provision contained herein, (a) in the event of a material breach by Licensee of the license terms set forth in Article 4, MapQuest may terminate this Agreement upon written notice of such breach to Licensee and (b) in the event of a material breach of a provision that expressly requires action to be completed within an express period shorter than thirty (30) days, either Party may terminate this Agreement if the breach remains uncured after written notice thereof to the other Party and expiration of such express period.

b. Termination for Change in Control. MapQuest, in its sole discretion, may terminate this Agreement at any point during the Term upon a Change in Control of Licensee to a MapQuest Competitor. For purposes of this Section, "Change in Control" means the acquisition of Licensee by a third party, such that, as a result thereof, such third party obtains fifty percent (50%) or more of the outstanding voting securities of Licensee or obtains the contractual power to designate fifty percent (50%) or more of the board of directors of Licensee.

c. Consequences of Termination or Expiration. Within five (5) business days after the expiration or termination of this Agreement, Licensee shall immediately: (i) discontinue all use of the MapQuest Service and Access Codes; (ii) deliver to MapQuest or otherwise destroy or erase all components of the MapQuest Property then in Licensee's possession or control, including but not limited to all Access Codes; and (iii) certify in writing to MapQuest that Licensee has completed all actions required by this Section.

5.3 **Confidentiality.**

a. Confidentiality. Each Party agrees that, during the Term and for a period of three (3) years thereafter, it shall not use or disclose to third parties any Confidential Information of the other Party other than for purposes of this Agreement (and then only on a confidential basis satisfactory to the other Party). Each Party shall restrict knowledge of the other Party's Confidential Information to its respective employees who must have access to such Confidential Information for such Party to perform its obligations hereunder, provided that such employees agree to comply with this Section. Notwithstanding the foregoing, nothing in this Section shall prevent a Party (the "Receiving Party") from disclosing any information which such Party can demonstrate through written evidence: (i) was part of the public domain prior to the Effective Date; (ii) was independently developed by the Receiving Party without use of the other Party's Confidential Information; or (iii) is required to be disclosed by law or by order of a court or other governmental body (provided that the Receiving Party promptly notifies the other Party in writing and takes all reasonable steps to limit or prevent such disclosure to the maximum extent permitted by law).

b. Public Statements. Each Party shall submit to the other Party, for its prior written approval, any press release or similar public statement ("Press Release") regarding the transactions contemplated hereunder, with the exception that factual references by MapQuest to the existence of a business relationship between the Parties shall not require approval of Licensee (i.e. listing Licensee on a customer list for the MapQuest Advantage API Service). Notwithstanding the foregoing, either Party may issue Press Releases and other disclosures as required by law without the consent of the other Party and in such event, the disclosing Party shall provide at least five (5) business days prior written notice of such disclosure (unless otherwise required by law). The failure by one Party to obtain the prior written approval of the other Party prior to issuing a Press Release (except as required by law) shall be deemed a material breach of this Agreement.

5.4 **Representations and Warranties.**

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a. Authority. Each Party represents and warrants that (i) it has the full corporate right, power and authority to enter into this Agreement; (ii) the execution of this Agreement and performance of its duties and obligations hereunder do not and will not violate any agreement to which it is a party or by which it is otherwise bound; and (iii) when executed and delivered by it, this Agreement will constitute its legal, valid and binding obligation, enforceable against it in accordance with its terms.

b. MapQuest Service. MapQuest warrants that, during the Term, the MapQuest Service shall perform substantially in accordance with the Documentation. As Licensee's sole and exclusive remedy for a failure to comply with this warranty, and provided such non-compliance is reported to MapQuest in a timely manner, MapQuest will, in its sole discretion, use commercially reasonable efforts to either: (i) correct any verifiable errors so that the MapQuest Service complies with such warranty; or (ii) replace the MapQuest Service with a conforming product that has substantially similar functionality.

c. Exclusions. Notwithstanding the provisions of Section 5.4(b), MapQuest does not warrant that (i) the MapQuest Service or any API Functionality will meet Licensee's requirements; (ii) Licensee's or End User's use of the MapQuest Service will be uninterrupted, error-free, or available at all times; (iii) any interruptions or errors identified by Licensee can or will be corrected; or (iv) any API Functionality (or the contents thereof) is accurate, complete or correct. Without limiting the generality of the foregoing, MapQuest shall have no obligation or other liability with regard to any error or non-compliance with the warranty set forth in Section 5.4(b) hereof that is caused, in whole or in part, by (a) modifications to the MapQuest Service made by Licensee or any third-party; (b) use of the MapQuest Service other than as described in the Documentation; (c) hardware, software or other products not provided by MapQuest; or (d) the negligence, misuse or improper use of the MapQuest Service by Licensee or any third-party.

d. Additional Warranty Limitations. THE RESPECTIVE WARRANTIES OF MAPQUEST AND LICENSEE SET FORTH IN THIS SECTION AND SECTION 4.4 ARE THE SOLE AND EXCLUSIVE WARRANTIES MADE BY THE PARTIES. EXCEPT AS EXPRESSLY SET FORTH IN SECTION 5.4(b), THE MAPQUEST SERVICE AND ALL API FUNCTIONALITY ARE AND SHALL BE PROVIDED ON AN AS-IS BASIS. MAPQUEST EXPRESSLY DISCLAIMS, TO THE FULLEST EXTENT PERMITTED BY LAW, ALL OTHER WARRANTIES, WHETHER EXPRESS, IMPLIED OR STATUTORY, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, NON-INFRINGEMENT, TITLE AND DATA ACCURACY. IF THIS EXCLUSION IS HELD UNENFORCEABLE, THEN ALL EXPRESS AND IMPLIED WARRANTIES SHALL BE LIMITED IN DURATION TO A PERIOD OF THIRTY (30) DAYS AFTER THE EFFECTIVE DATE, AND NO WARRANTIES SHALL APPLY AFTER THAT PERIOD.

5.5 **Indemnification.**

a. Indemnification by MapQuest. MapQuest shall indemnify, defend and hold harmless Licensee from and against all damages, costs (including reasonable attorneys' fees) and other liabilities (collectively, "Damages") directly arising out of any claim or suit (each, a "Claim") alleging that the MapQuest Service or any MapQuest Mark infringes a third-party's duly-registered U.S. patent, copyright or trademark, provided that Licensee (i) promptly notifies MapQuest of any such claim; (ii) permits MapQuest to control the defense or settlement of such claim, at MapQuest's expense; and (iii) provides MapQuest with all reasonable assistance necessary for the defense or settlement of such claim. Licensee shall have the right, at its cost, to be represented by counsel of its choosing in connection with any such Claim. In the event that Licensee is, or in MapQuest's reasonable judgment may be, the subject of any Claim, then MapQuest shall, in its sole discretion, do any of the following, as Licensee's sole and exclusive remedy: (a) replace or modify the MapQuest Service or any portion thereof so that it is non-infringing; (b) obtain, at MapQuest's expense, a license for Licensee to use the MapQuest Service; or (c) terminate Licensee's right to use the MapQuest Service and refund to Licensee the license fee paid hereunder, pro-rated for the number of months remaining until the end of the then-current Term year. MapQuest shall have no liability to indemnify, defend or hold harmless Licensee to the extent the alleged infringement is based on: (v) a modification of the MapQuest Service by anyone other than MapQuest; (w) use of a previous version of the MapQuest Service where the infringement could have been avoided by using the latest version; (x) use of the MapQuest Service other than in accordance with the terms and conditions of this Agreement; (y) use of the MapQuest Service in combination with any software, data, or systems not provided by MapQuest; or (z) the Licensee Sites. This Section 5.5(a) sets forth the sole and exclusive obligation of MapQuest with regard to any Claim of infringement with respect to the MapQuest Service.

b. Indemnification by Licensee. Licensee shall indemnify, defend and hold harmless MapQuest and its affiliates, and its and their officers, directors, agents, affiliates and employees from and against any Damages arising out of any Claim based in whole or in part upon (i) a modification of the MapQuest Service by anyone other than MapQuest; (ii) any infringement upon any third-party's proprietary or intellectual property rights in connection with the use of a previous version of the MapQuest Service where the infringement could have been avoided by using the latest version; (iii) use of the MapQuest Service other than in accordance with the terms and conditions of this Agreement (including but not limited to improper or unauthorized Sublicensee use); (iv) any infringement upon any third party's proprietary or intellectual property rights in connection with the use of the MapQuest Service in combination with any software, data, or systems not provided by MapQuest, (v) any representations and warranties made by Licensee or Sublicensee to any third-party with respect to the MapQuest Service or any Maps and/or Driving Directions; (vi) the actual or alleged infringement by the Licensee Points of Interest, the Licensee Marks or any Licensee Site (including any World Wide Web page that is part of or within the domain of any Licensee Site and all content thereof) of any third-party's intellectual property rights; and (vii) any physical injury or bodily harm to an End-User, all provided that in each such circumstance MapQuest: (a) promptly notifies Licensee of any such claim (provided, however, that any failure to so notify Licensee of such claim shall relieve Licensee of its obligations under this provision only to the extent, if any, that Licensee suffers damages attributable to such failure); (b) permits Licensee to control the defense or settlement of such claim, at Licensee's expense; and (c) provides Licensee with all reasonable assistance necessary for the defense or settlement of such claim. MapQuest shall have the right, at its cost, to be represented by counsel of its choosing in connection with any such Claim.

5.6 **Limitation of Liability.** TO THE EXTENT PERMITTED BY LAW, AND EXCEPT WITH RESPECT TO A BREACH BY LICENSEE OF ARTICLE 4 OR A BREACH OF THE CONFIDENTIALITY PROVISIONS OF THIS AGREEMENT, UNDER NO CIRCUMSTANCES SHALL EITHER PARTY BE LIABLE TO THE OTHER PARTY FOR INDIRECT, INCIDENTAL, CONSEQUENTIAL, PUNITIVE, SPECIAL OR EXEMPLARY DAMAGES (EVEN IF THAT PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES), ARISING

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FROM OR RELATED TO THIS AGREEMENT. EXCEPT WITH RESPECT TO LICENSEE'S UNAUTHORIZED USE OF THE MAPQUEST SERVICE (INCLUDING, WITHOUT LIMITATION, A BREACH BY LICENSEE OF ARTICLE 4), ANY INDEMNITY PURSUANT TO SECTION 5.5 HEREOF, OR A PARTY'S BREACH OF A CONFIDENTIALITY OBLIGATION, EACH PARTY AGREES THAT THE MAXIMUM LIABILITY OF ONE PARTY TO THE OTHER PARTY FOR ALL CLAIMS ARISING IN CONNECTION WITH THIS AGREEMENT WILL NOT EXCEED, IN THE AGGREGATE, THE TOTAL FEES PAID BY LICENSEE TO MAPQUEST UNDER THE PROVISIONS OF THIS AGREEMENT AS OF THE DATE SUCH LIABILITY ARISES, PROVIDED THAT EACH PARTY SHALL REMAIN LIABLE FOR THE AGGREGATE AMOUNT OF ANY PAYMENT OBLIGATIONS OWED TO THE OTHER PARTY UNDER THE PROVISIONS OF THIS AGREEMENT.

5.7 **Force Majeure**. Neither Party shall be deemed in default of this Agreement to the extent that performance of its obligations or attempts to cure any breach are delayed or prevented by reason of any fire, flood, explosion, war, strikes, threatened strikes, stoppage of work, slowdowns, picketing, boycotts, embargoes, requirements imposed by governmental regulations, civil or military authorities, acts of God, internet slowdowns, shutdowns, or other forms of internet delay, or other causes that are beyond the reasonable control and without the fault or negligence of the Party unable to perform; provided that such Party gives reasonably prompt notice under the circumstances of such condition(s) to the other Party.

5.8 **Assignment**. Licensee shall not assign this Agreement or any right, interest or benefit under this Agreement without the prior written consent of MapQuest. Assumption of this Agreement by any successor to Licensee (including by way of merger or consolidation, or to a purchaser of substantially all of the assets and business of Licensee) shall be subject to MapQuest's prior written approval. Subject to the foregoing, this Agreement will be fully binding upon, inure to the benefit of and be enforceable by the Parties hereto and their respective permitted successors and assigns. MapQuest shall have the right to assign this Agreement to any affiliate of MapQuest without the prior written consent of Licensee. Any other assignment by MapQuest shall be subject to the prior written consent of Licensee, such consent not to be unreasonably withheld. In the event Licensee fails to give MapQuest such consent, MapQuest shall have the right to terminate this Agreement upon thirty (30) days notice to Licensee and Licensee shall be entitled to a pro-rated refund of fees paid for the remainder of the current year of the Agreement.

5.9 **Applicable Law; Submission to Jurisdiction**. This Agreement shall be interpreted, construed and enforced in all respects in accordance with the law of the Commonwealth of Virginia, except for its conflicts of laws principles. Each Party irrevocably consents to the exclusive jurisdiction of the courts of the Commonwealth of Virginia and the federal courts situated in the Commonwealth of Virginia, over any and all claims and any and all actions to enforce such claims or to recover damages or other relief in connection with such claims.

5.10 **Survival**. Schedule A, Sections 2.7, 4.7, 4.8, 5.1, 5.2(c), 5.3, 5.4, 5.5, 5.6, 5.9, 5.10, and 5.11 and Schedule B, Sections 5, and 6 hereof shall survive the expiration, termination or cancellation of this Agreement. In addition, all payment terms of this Agreement shall survive the expiration, termination or cancellation of this Agreement

5.11 **Miscellaneous**.

a. Independent Contractors. The Parties to this Agreement are independent contractors. Neither Party is an agent, representative or partner of the other Party. Neither Party shall have any right, power or authority to enter into any agreement for or on behalf of, or incur any obligation or liability of, or to otherwise bind, the other Party.

b. Notice. Any notice, approval, or other communication under this Agreement shall be given in writing and shall be deemed to have been delivered and given for all purposes (i) on the delivery date if delivered personally to the Party to whom the same is directed; (ii) one business day after deposit with a commercial overnight carrier, with written verification of receipt, or (iii) five business days after the mailing date, whether or not actually received, if sent by U.S. mail, return receipt requested, postage and charges prepaid, or any other means of rapid mail delivery for which a receipt is available. Each such notice shall be directed to the Party's address set forth on the cover page of this Agreement, or to such other address as a Party may designate in writing from time to time.

c. No Waiver. The failure of either Party to insist upon or enforce strict performance by the other Party of any provision of this Agreement or to exercise any right under this Agreement shall not be construed as a waiver or relinquishment to any extent of such Party's right to assert or rely upon any such provision or right in that or any other instance; rather, the same shall be and remain in full force and effect.

d. Entire Agreement. This Agreement, including all Schedules hereto, sets forth the entire agreement and supersedes any and all prior agreements of the Parties with respect to the transactions set forth herein.

e. Amendment. No amendment of this Agreement shall be valid unless set forth in a written instrument signed by the duly authorized representatives of each Party.

f. Construction; Severability. In the event that any provision of this Agreement conflicts with the law under which this Agreement is to be construed, or if any such provision is held invalid by a court with jurisdiction over the Parties to this Agreement, (i) such provision shall be deemed to be restated to reflect as nearly as possible the original intentions of the Parties in accordance with applicable law; and (ii) the remaining terms, provisions, covenants and restrictions of this Agreement shall remain in full force and effect.

g. Equitable Remedies. Licensee acknowledges and agrees that monetary damages would be insufficient to compensate MapQuest for an actual or anticipated breach of this Agreement by Licensee. Licensee agrees that in such circumstances MapQuest shall be entitled to equitable remedies (including preliminary and permanent injunctions), in addition to any other remedies available to MapQuest at law or hereunder.

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SCHEDULE B/C
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MAPQUEST

Amendment No. 1 to Advantage API License Agreement

THIS AMENDMENT (the "Amendment") is entered into between MapQuest, Inc., a Delaware corporation with principal offices at 555 17th Street, Suite 1600, Denver, CO 80202 ("MapQuest"), and Abbott Ambulance, Inc., a[n] Missouri corporation with principal offices at 2500 Abbott Place, St. Louis, MO 63143 ("Licensee") (individually, a "Party" and collectively, the "Parties") with respect to a certain Advantage API License Agreement between the Parties dated May 15, 2006 (the "Agreement"). This Amendment takes precedence over any conflicting provision of the Agreement, effective May 15, 2007 ("Effective Date").

Licensed Functionality Before and After this Amendment (please specify):	
API Functionality Licensed Prior to this Amendment:	API Functionality Licensed Under this Amendment:
☒ Maps: Classic	☐ Map Type Licensed: <Classic, Imaged, Hybrid, Tiled> *
☒ Driving Directions	☒ Driving Directions **
☒ Search	☒ Search
☒ Geocodes	☒ Geocodes
☐ MapQuest Points of Interest	☐ MapQuest Points of Interest
☐ Sublicensing Authorization (applicable Schedule req'd)	☐ Sublicensing Authorization (attach Schedule A, if new)
☐ Local Spatial Search Server (applicable Schedule req'd)	☐ Local Spatial Search Server (attach Schedule B if new)
☐ Asset Tracking (applicable Schedule required)	☐ Asset Tracking (attach Schedule C, if new)
Licensed Functionality under this Amendment may be used only in conjunction with:	
☒ MapQuest Advantage API Product.	

Financial Terms:		
☐ Existing Fee Structure applies to this Amendment	or	☒ A New Fee Schedule is attached.

Term of this Agreement:		
☒ Existing Term will continue according to Agreement	or	☐ The Term is extended through ____/___, 200____.

Defined Terms:

* "Map" or "Maps" shall mean the graphical representation of geographic locations, which may or may not display as an overlay the graphical depiction of a point to point route(s) resulting from a Driving Direction Transaction, (as MapQuest makes generally commercially available) and, with the exception of Licensee Points of Interest, any data set forth or contained in any of the foregoing.

"Map Transaction" means each of (a) the initial serving of any Map to Licensee (or a permitted Sublicensee), including each individual Map accompanying Driving Directions (each constituting a separate Map Transaction), (b) any alteration to the zoom level of a Map, (c) any serving of a different Map Type for the same or different location; or, (d) any single action by an End User, any series of consecutive actions by an End User, or any use by an End User of functionality driven by programmatic instructions that have been implemented by Licensee as part of its mapping solution to facilitate changes in the Map display, where any of the foregoing, either alone or combined, results in a cumulative change of at least forty percent (40%) of the viewable area of a Map(s), where neither a change in zoom level nor the serving of a different Map Type occurs prior to such forty percent (40%) cumulative change (solely for Imaged, Hybrid or Tiled Maps). For clarification, the percentage of change is calculated by adding the percentage of change from the previously viewed Map to the then current Map until either the forty percent (40%) threshold is reached or until any of the events enumerated in (a), (b) or (c) occur.

* "Map Type" means (a) Classic (static graphical) Maps; or the following Maps that have "drag and pan" capability, (b) Imaged Maps (aerial or satellite imagery), (c) Hybrid (an Imaged Map overlaying a Tiled Map) or (d) Tiled (graphical) Maps.

** "Driving Directions" shall mean any one or more of the following: (i) graphical point-to-point routes, which may in turn be represented on Maps; (ii) any text or data based point-to-point routes; (iii) drive times; (iv) driving distances; and (v) except for Licensee Points of Interest, any data set forth or contained in any of the foregoing (each as MapQuest makes generally commercially available and as generated by the MapQuest Service). For purposes of clarification, each Map used to display a graphical point-to-point route or otherwise used or displayed in conjunction with a Driving Direction Transaction shall constitute a separate Map Transaction. Any reference to "Routes" is redesignated as "Driving Directions".

MapQuest, Inc.	Licensee: Abbott Ambulance, Inc.
By:	By:
Name/Title: Lynn Schutzman/Director, Sales Director	Name/Title: Mark Corley/Chief Operating Officer
Date Signed: 3/30/07	Date Signed: 3/21/07

MQ API5.0 Upgrade v1.1 (12-11-06)

Fee Schedule (Effective Date: May 15, 2007)	
1. Annual Fees	
A. Transitional Issues:	☐ A final invoice under old Fee Schedule will be issued to Licensee on or about ___/___/200___, or ☒ Annual Fees payable under the new Fee Schedule will factor in transition from old Fee Schedule.
B. New Annual Fees:	Licensee will pay an Annual License Fee of **$10,000** (Ten Thousand Dollars). The Annual License Fee shall be invoiced in full on the Effective Date and annually thereafter, payable net thirty (30) days. The Annual License Fee is in addition to any Usage-Based Fees & Expenses.
2. Usage-Based Fees	Payment of Annual Fees entitles Licensee to use licensed API Functionality up to the Baseline Threshold(s) described below for the then-current year of the Term. Annual Fees are non-cancelable and nonrefundable except as stated in the Agreement. Activity beyond the Baseline Threshold(s) is billable monthly in arrears at the rates and using the pricing methods specified below. If Pre-Purchased Sets of Transactions or Tracked Assets are specified below, Licensee shall give advance notice of its need for Pre-Purchased Sets; otherwise, the per-item rate shall apply.
Annual License Fees pay for Transactions up to an Annual Baseline Transaction Threshold of:	**Excess Transactions beyond the Annual Baseline Transaction Threshold are billed at the following rates:**
All Driving Direction Transactions are priced under one Baseline Threshold:	
A. Transactions	
300,000 Maximum Transactions.	$1,000 per set of 100,000 pre-purchased Transactions.
B. Geocoding Transactions	
Geocoding Transactions Are Not to be counted as Transactions against the above Baseline Transaction Threshold and Excess Transaction Fees (if not so counted above, please specify below a separate price plan for Geocoding Transactions):	

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AMENDMENT NO. 4 TO
MAPQUEST PLATFORM: ENTERPRISE EDITION AGREEMENT
DATED May 15, 2006 ("Amendment No. 4")

between MapQuest, Inc. ("MapQuest")

and Access2Care, LLC ("Licensee")

with such Amendment dated as of April 1, 2012 ("Amendment Effective Date")

RECITALS

WHEREAS, MapQuest and Licensee are parties to that certain MapQuest Platform: Enterprise Edition Agreement dated as of May 15, 2006 (the "Agreement"), pursuant to which MapQuest grants to Licensee a non-exclusive, non-transferable, limited license to use the MapQuest Service on the terms and conditions set forth therein; and

WHEREAS, MapQuest and Licensee desire to amend the Agreement in order to extend the Term thereof;

NOW, THEREFORE, in consideration of the above recitals and of the mutual agreements contained herein and in the Agreement, the receipt and sufficiency of which are hereby acknowledged, MapQuest and Licensee agree as follows:

1. **License and Transaction Fees**. The Fees in the Agreement are hereby replaced with the following:

"**License Fees**. Licensee shall pay the following fees annually to MapQuest during the Term, commencing on the Amendment Effective Date:

Annual License Fee. Licensee shall pay to MapQuest an "Annual License Fee" for access to the MapQuest Service and the MapQuest Service Material of $11,250 (Eleven Thousand Two Hundred Fifty Dollars).

Annual Fees are non-cancelable and nonrefundable except as stated in the Agreement.

Baseline Transaction Threshold. As part of the Annual License Fee set forth above, Licensee shall be entitled to a specified number of Transactions ("Baseline Transaction Threshold") as follows:

Baseline Transaction Threshold: 1,500,000 (one million five hundred thousand) per year

The Baseline Transaction Threshold is cumulative for all Mapping and/or Driving Directions Transactions for use by Licensee in any combination of Transactions up to the threshold. Geocoding Transactions, licensed per the Geocode Restrictions in the Agreement, are not to be counted as Transactions against the above Baseline Transaction Threshold.

Payment of an Annual Extended Geographic Coverage License Fee does not entitle Licensee to any Transactions beyond those included in the Annual Licensee Fee.

Transaction Fees. Licensee is subject to the fees set forth below in the event it exceeds the Baseline Transaction Threshold in any year of the Term after the Amendment Effective Date ("Excess Transaction Fee"). Excess Transaction Fees are billable monthly in arrears at the rates and using the pricing methods specified below. If Pre-Purchased Sets of Transactions are specified below, Licensee shall give advance notice of its need for Pre-Purchased Sets; otherwise the per-item rate shall apply.

Excess Transaction Fee Table:

Total Transactions	Price per each additional Transaction
1,500,000	$0.0070

Service and Support Fees. In the event Licensee requires service or support beyond that provided as part of the Annual License Fee, Licensee shall pay MapQuest $175 (One Hundred Seventy Five Dollars) per hour of such additional service or support. This fee may be changed from time to time by MapQuest in its sole discretion upon reasonable notice to Licensee.

MQ EE Renew v1 1-05-2009

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2. **Effect of Amendment**. Except as otherwise amended hereby, the Agreement shall remain in full force and effect and is hereby ratified and confirmed in all respects.

3. **Counterparts and Facsimile Delivery**. This Amendment may be executed in one or more counterparts, each of which shall be deemed an original and all of which taken together shall be deemed to constitute one and the same document. The parties may sign and deliver this Amendment by facsimile transmission. MapQuest and Licensee each agree that the delivery of the Amendment by facsimile shall have the same force and effect as delivery of original signature pages and that each party may use such facsimile signatures as evidence of the execution and delivery of the Amendment by all parties to the same extent that an original signature could be used.

4. **Capitalized Terms**. All capitalized terms not defined herein shall have the same meanings ascribed to them in the Agreement.

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment as of the date first written above.

MAPQUEST, INC.

By: _____

Print Name: Tiff Herrick

Title: VP

Date: 3/28/2012

Access2Care, LLC

By: _____

Print Name: Steven G. Murphy

Title: President

Date: March 27, 2012

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SHBA2013

mapquest | Enterprise

AMENDMENT NO. [5]
Effective May 15, 2015 ("Amendment Effective Date")

TO
MAPQUEST PLATFORM: ENTERPRISE EDITION AGREEMENT
dated May 15, 2006

between MapQuest, Inc. ("MapQuest")

and Access2Care, LLC ("Licensee")

RECITALS

WHEREAS, MapQuest and Licensee desire to amend the Agreement in order to extend the Term thereof;

NOW, THEREFORE, in consideration of the above recitals and of the mutual agreements contained herein and in the Agreement, the receipt and sufficiency of which are hereby acknowledged, MapQuest and Licensee agree as follows:

1. **Renewal Term.** The Renewal Term of the Agreement shall be May 15, 2015 through May 15, 2016 ("Renewal Term").

2. **Licensed API Functionality.**

API Functionality Licensed Under this Amendment, solely for use in accordance with the License Grant and Restrictions article(s) of the Agreement:
☒ Map Type Licensed: <Standard, Imaged, Hybrid, Tiled>
☒ Driving Directions
☒ Search (May only be licensed with either Maps or Driving Directions)
☒ Geocodes (Standard)

3. **License and Transaction Fees.** The Fees in the Agreement are hereby replaced with the following:

"**License Fees**. Licensee shall pay the following fees annually to MapQuest during the Term, commencing on the Amendment Effective Date. Notwithstanding anything to the contrary, MapQuest may adjust fees for the next Renewal Term.

Annual License Fee. Licensee shall pay to MapQuest an "Annual License Fee" for access to the MapQuest Service and the MapQuest Service Material of $16,500 (sixteen thousand five hundred dollars).

Annual Fees are non-cancelable and nonrefundable except as stated in the Agreement.

Baseline Transaction Threshold. As part of the Annual License Fee set forth above, Licensee shall be entitled to a specified number of Transactions ("Baseline Transaction Threshold") as follows:

Baseline Transaction Threshold: 5,000,000 per year

The Baseline Transaction Threshold is cumulative for all Mapping and/or Driving Directions and/or Geocode Transactions for use by Licensee in any combination of Transactions up to the threshold. Geocoding Transactions, licensed per the Geocode Restrictions in the Agreement, are to be counted as Transactions against the above Baseline Transaction Threshold.

Transaction Fees. Licensee is subject to the fees set forth below in the event it exceeds the Baseline Transaction Threshold in any year of the Term after the Amendment Effective Date ("Excess Transaction Fee"). Excess Transaction Fees are billable monthly in arrears at the rates and using the pricing methods specified below. If Pre-Purchased Sets of Transactions are specified below, Licensee shall give advance notice of its need for Pre-Purchased Sets; otherwise the per-item rate shall apply.

Excess Transaction Fee Table:

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Total Transactions	Price per each additional Transaction
>5,000,000	$.01

Service and Support Fees. In the event Licensee requires service or support beyond that provided as part of the Annual License Fee, Licensee shall pay MapQuest $175 (One Hundred Seventy Five Dollars) per hour of such additional service or support. This fee may be changed from time to time by MapQuest in its sole discretion upon reasonable notice to Licensee.

Miscellaneous Fees. Licensee shall pay the following additional fees: N/A"

4. **Effect of Amendment**. Except as otherwise amended hereby, the Agreement shall remain in full force and effect and is hereby ratified and confirmed in all respects.

5. **Counterparts and Facsimile Delivery**. This Amendment may be executed in one or more counterparts, each of which shall be deemed an original and all of which taken together shall be deemed to constitute one and the same document. The parties may sign and deliver this Amendment by facsimile transmission. MapQuest and Licensee each agree that the delivery of the Amendment by facsimile shall have the same force and effect as delivery of original signature pages and that each party may use such facsimile signatures as evidence of the execution and delivery of the Amendment by all parties to the same extent that an original signature could be used.

6. **Capitalized Terms**. All capitalized terms not defined herein shall have the same meanings ascribed to them in the Agreement.

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment as of the date first written above.

MAPQUEST, INC.	**LICENSEE**
By: _____	By: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

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MAPQUEST

MAPQUEST PLATFORM: ENTERPRISE EDITION

AMENDMENT NO. 2 TO MAPQUEST ADVANTAGE API AGREEMENT DATED May 15, 2006

("Amendment No. 2")

between MapQuest, Inc. ("MapQuest")

and Access2Care, LLC ("Licensee")

with such Amendment dated as of May 15, 2009 ("Amendment Effective Date")

RECITALS

WHEREAS, MapQuest and Licensee are parties to that certain MapQuest Advantage API Agreement dated as of May 15, 2006 (the "Agreement"), pursuant to which MapQuest grants to Licensee a non-exclusive, non-transferable, limited license to use the MapQuest Service on the terms and conditions set forth therein; and

WHEREAS, MapQuest and Licensee desire to amend the Agreement in order to increase the Annual Baseline Transaction Threshold thereof;

NOW, THEREFORE, in consideration of the above recitals and of the mutual agreements contained herein and in the Agreement, the receipt and sufficiency of which are hereby acknowledged, MapQuest and Licensee agree as follows:

1. **Agreement Name.** The name of the Agreement shall be changed to "MapQuest Platform: Enterprise Edition Agreement."

2. **Enterprise Edition.** All references to "Advantage API" in the Agreement shall be stricken and replaced by "Enterprise Edition."

3. **License and Transaction Fees.** The Fees in the Agreement are hereby replaced with the following:

"**License Fees.** Licensee shall pay the following fees annually to MapQuest during the Term, commencing on the Amendment Effective Date:

Annual License Fee. Licensee shall pay to MapQuest an "Annual License Fee" for access to the MapQuest Service and the MapQuest Service Material of **$10,000** (Ten Thousand Dollars). Annual Fees are non-cancelable and nonrefundable except as stated in the Agreement.

Baseline Transaction Threshold. As part of the Annual License Fee set forth above, Licensee shall be entitled to a specified number of Transactions ("Baseline Transaction Threshold") as follows:

Baseline Transaction Threshold: 500,000 (five hundred thousand)

The Baseline Transaction Threshold is cumulative for all Mapping and/or Driving Directions Transactions for use by Licensee in any combination of Transactions up to the threshold. Geocoding Transactions, licensed per the Geocode Restrictions in the Agreement, are not to be counted as Transactions against the above Baseline Transaction Threshold.

Transaction Fees. Licensee is subject to the fees set forth below in the event it exceeds the Baseline Transaction Threshold in any year of the Term after the Amendment Effective Date ("Excess Transaction Fee"). Excess Transaction Fees are billable monthly in arrears at the rates and using the pricing methods specified below. If Pre-Purchased Sets of Transactions are specified below, Licensee shall give advance notice of its need for Pre-Purchased Sets; otherwise the per-item rate shall apply.

Excess Transaction Fee Table:

Total Transactions	Price per each additional Transaction
500,000 Maximum Transactions	$0.00725

Service and Support Fees. In the event Licensee requires service or support beyond that provided as part of the Annual License Fee, Licensee shall pay MapQuest $175 (One Hundred Seventy Five Dollars) per hour of such

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additional service or support. This fee may be changed from time to time by MapQuest in its sole discretion upon reasonable notice to Licensee.

Miscellaneous Fees. Licensee shall pay the following additional fees: N/A

4. **Effect of Amendment**. Except as otherwise amended hereby, the Agreement shall remain in full force and effect and is hereby ratified and confirmed in all respects.

5. **Counterparts and Facsimile Delivery**. This Amendment may be executed in one or more counterparts, each of which shall be deemed an original and all of which taken together shall be deemed to constitute one and the same document. The parties may sign and deliver this Amendment by facsimile transmission. MapQuest and Licensee each agree that the delivery of the Amendment by facsimile shall have the same force and effect as delivery of original signature pages and that each party may use such facsimile signatures as evidence of the execution and delivery of the Amendment by all parties to the same extent that an original signature could be used.

6. **Capitalized Terms**. All capitalized terms not defined herein shall have the same meanings ascribed to them in the Agreement.

7. **Other**. MapQuest hereby consents to the assignment of this Agreement from Abbott Ambulance, Inc. to its sister-company, Access2Care, LLC. Abbott Ambulance, Inc. is hereby released from any further obligations or liabilities as of the effective date of this Amendment. All obligations or liabilities shall be the responsibility of Access2Care, LLC.

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment as of the date first written above.

MAPQUEST, INC.	**Access2Care, LLC**
By:	By:
Print Name: David Cole	Print Name: Steven G. Murphy
Title: Director, Sales	Title: President
Date: 5-13-09	Date: May 8, 2009

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AMENDMENT NO. 3 TO
MAPQUEST PLATFORM: ENTERPRISE EDITION AGREEMENT
DATED May 15, 2006 ("Amendment No. 3")

between MapQuest, Inc. ("MapQuest")

and Access2Care, LLC ("Licensee")

with such Amendment dated as of April 1, 2011 ("Amendment Effective Date")

RECITALS

WHEREAS, MapQuest and Licensee are parties to that certain MapQuest Platform: Enterprise Edition Agreement dated as of May 15, 2006 (the "Agreement"), pursuant to which MapQuest grants to Licensee a non-exclusive, non-transferable, limited license to use the MapQuest Service on the terms and conditions set forth therein; and

WHEREAS, MapQuest and Licensee desire to amend the Agreement in order to extend the Term thereof;

NOW, THEREFORE, in consideration of the above recitals and of the mutual agreements contained herein and in the Agreement, the receipt and sufficiency of which are hereby acknowledged, MapQuest and Licensee agree as follows:

1. **Renewal Term.** The Renewal Term of the Agreement shall be April 1 through March 31 of each subsequent year ("Renewal Term").

2. **License and Transaction Fees.** The Fees in the Agreement are hereby replaced with the following:

"**License Fees.** Licensee shall pay the following fees annually to MapQuest during the Term, commencing on the Amendment Effective Date:

Annual License Fee. Licensee shall pay to MapQuest an "Annual License Fee" for access to the MapQuest Service and the MapQuest Service Material of $11,250 (Eleven Thousand Two Hundred Fifty Dollars).

Annual Fees are non-cancelable and nonrefundable except as stated in the Agreement.

Baseline Transaction Threshold. As part of the Annual License Fee set forth above, Licensee shall be entitled to a specified number of Transactions ("Baseline Transaction Threshold") as follows:

Baseline Transaction Threshold: 1,250,000 (one million two hundred fifty thousand) per year

The Baseline Transaction Threshold is cumulative for all Mapping and/or Driving Directions Transactions for use by Licensee in any combination of Transactions up to the threshold. Geocoding Transactions, licensed per the Geocode Restrictions in the Agreement, are not to be counted as Transactions against the above Baseline Transaction Threshold.

Payment of an Annual Extended Geographic Coverage License Fee does not entitle Licensee to any Transactions beyond those included in the Annual Licensee Fee.

Transaction Fees. Licensee is subject to the fees set forth below in the event it exceeds the Baseline Transaction Threshold in any year of the Term after the Amendment Effective Date ("Excess Transaction Fee"). Excess Transaction Fees are billable monthly in arrears at the rates and using the pricing methods specified below. If Pre-Purchased Sets of Transactions are specified below, Licensee shall give advance notice of its need for Pre-Purchased Sets; otherwise the per-item rate shall apply.

Excess Transaction Fee Table:

Total Transactions	Price per each additional Transaction
1,250,000	$0.0075

Service and Support Fees. In the event Licensee requires service or support beyond that provided as part of the Annual License Fee, Licensee shall pay MapQuest $175 (One Hundred Seventy Five Dollars) per hour of such

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additional service or support. This fee may be changed from time to time by MapQuest in its sole discretion upon reasonable notice to Licensee.

3. **Limitation of Liability**. Section 5.5(c) "Limitation of Liability" shall be stricken and replaced with the following:

(c) Limitation of Liability. EXCEPT WITH RESPECT TO (i) LICENSEE'S (OR SUBLICENSEE'S, IF APPLICABLE) BREACH OF ANY LICENSE GRANT, RESTRICTION OR COVENANT UNDER THIS AGREEMENT; (ii) ANY INDEMNITY OBLIGATION OF LICENSEE; AND (iii) A PARTY'S BREACH OF A CONFIDENTIALITY OBLIGATION HEREUNDER:

(A) UNDER NO CIRCUMSTANCES SHALL EITHER PARTY BE LIABLE TO THE OTHER PARTY FOR INDIRECT, INCIDENTAL, CONSEQUENTIAL, PUNITIVE, SPECIAL OR EXEMPLARY DAMAGES (EVEN IF THAT PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES), ARISING FROM OR RELATED TO THIS AGREEMENT.

(B) EACH PARTY AGREES THAT THE MAXIMUM LIABILITY OF ONE PARTY TO THE OTHER PARTY FOR ALL CLAIMS ARISING IN CONNECTION WITH THIS AGREEMENT WILL NOT EXCEED, IN THE AGGREGATE, THE TOTAL FEES PAID BY LICENSEE TO MAPQUEST UNDER THE PROVISIONS OF THIS AGREEMENT AS OF THE DATE SUCH LIABILITY ARISES, PROVIDED THAT EACH PARTY SHALL REMAIN LIABLE FOR THE AGGREGATE AMOUNT OF ANY PAYMENT OBLIGATIONS OWED TO THE OTHER PARTY UNDER THE PROVISIONS OF THIS AGREEMENT.

(C) MAPQUEST'S MAXIMUM LIABILITY UNDER SECTION 5.5(A) ("INDEMNIFICATION BY MAPQUEST") FOR ALL CLAIMS SHALL NOT EXCEED $10,000 IN THE AGGREGATE.

TO THE MAXIMUM EXTENT PERMITTED BY LAW, UNDER NO CIRCUMSTANCES SHALL THE AOL COMPANIES (EXCLUDING MAPQUEST) BE LIABLE TO LICENSEE FOR ANY DAMAGES WHATSOEVER ARISING FROM OR RELATED TO THIS AGREEMENT (EVEN IF SUCH PARTIES HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES).

4. **Effect of Amendment**. Except as otherwise amended hereby, the Agreement shall remain in full force and effect and is hereby ratified and confirmed in all respects.

5. **Counterparts and Facsimile Delivery**. This Amendment may be executed in one or more counterparts, each of which shall be deemed an original and all of which taken together shall be deemed to constitute one and the same document. The parties may sign and deliver this Amendment by facsimile transmission. MapQuest and Licensee each agree that the delivery of the Amendment by facsimile shall have the same force and effect as delivery of original signature pages and that each party may use such facsimile signatures as evidence of the execution and delivery of the Amendment by all parties to the same extent that an original signature could be used.

6. **Capitalized Terms**. All capitalized terms not defined herein shall have the same meanings ascribed to them in the Agreement.

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment as of the date first written above.

MAPQUEST, INC.	**Access2Care, LLC**
By:	By:
Print Name: Jeff Derrick	Print Name: **Steven G. Murphy**
Title: Sr Director	Title: **President**
Date: 5/27/2011	Date: **May 23, 2011**

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nacr.

AVAYA CONNECT Platinum Partner

Attachment B

Rider Number:	QUO-624430-0BSC9B
Date:	4/18/2013
Page No.:	Page 1 of 1
VCP Cust:	NO
VCP ID #:	

Master Agreement Rider

AES software adds for CallRex recording

Bill To: Emergency Medical Services Corporation
Attn. To: Jody Eli
Address: 6200 South Syracuse Way
Suite 200
Greenwood Village, CO 80111

Ship To: Emergency Medical Services Corporation
Attn. To: Jody Eli (303) 495-1562
Address: 11900 E Cornell Ave. - Ste. A
Aurora, CO 80014

Customer P.O.:	Customer ID	Master Agreement No.	Shipping	Payment Terms	National Account Manager
00150-437796	EMEMED0001	M1699	UPS GROUND	UPON RECEIPT	Name: Sandi Cliver E-Mail: scliver@NACR.com Phone: 651-796-6465

Item	Description	Quantity	Unit Price	Ext. Price
229655	AES 6.X BSC TSAPI RTU	377.00	$30.40	$11,460.80
	SERVICES	1.00	$447.50	$447.50
			Sub-total:	**$11,908.30**

Subtotal:	**$11,908.30**
Tax:	**Not Included**
Freight:	**Not Included**
Grand Total:	**$11,908.30**

Accepted By:

Buyer: _____ Date: _____ Seller: _____ Date: _____
Title: _____ Title: _____

This document and the information hereon is both **CONFIDENTIAL AND PROPRIETARY**. North American Communications Resource, Inc. ("NACR") owns such information, and only the party for whom or for which this document was prepared may use the information for purposes that NACR expressly authorized. Any unauthorized use of such information, without the prior express written consent of NACR, is strictly prohibited. Failure to obtain NACR's written consent to disclose this document or the information hereon may cause the breaching party to be liable to NACR for damages, including (but not limited to) fees for designs that NACR prepared.

North American Communications Resource, Inc. 10311 Mica Way Parker, CO 80134 800-431-1333 651-994-6801 (fax)

AVAYA

Customer Care Center
14400 Hertz Quail Spring Pkwy
Oklahoma City, OK 73134

PO # 17995-515513

SUMMARY INVOICE

Account Number: 0102294699
Summary Invoice Number: 2733143717
Summary Invoice Date: 06-22-14

For ordering, balance or inquiries:
call 1-800-852-2436
For repair services:
call 1-800-242-2121

------ manifest line ---------

EMERGENCY MEDICAL SERVICE CORP (PER
GAIL COSEGROVE
6200 S SYRACUSE ST STE 200
GREENWOOD VILLAGE CO 80111

New Charges	Purchase Agreements/Milestone Billing		
	Product	0.00	
	Service	0.00	
	Software	0.00	
	License	0.00	
	Freight	0.00	
	Total Purchase Agreement/Milestone Billing		0.00
	Service Agreements		
	Hardware	22,526.40	
	Software	125,012.76	
	License	0.00	
	Total Service Agreement		147,539.16
	Miscellaneous Services		0.00
	Total New Charges		**147,539.16**
	Federal Excise Tax	0.00	
	State/Local Taxes	6,129.22	
	Total Taxes on New Charges		**6,129.22**
	Total New Charges and Taxes		**153,668.38**
	Late Fee		**0.00**
	Total New Charges		**153,668.38**

001290 1/9

Payment is Due Immediately Upon Receipt - For outstanding balance, call number above

To ensure proper credit, please detach this portion and return with remittance.

EMERGENCY MEDICAL SERVICE CORP (PER
6200 S SYRACUSE ST STE 200
GREENWOOD VILLAGE, CO 80111

Remittance Document

AVAYA

Please direct any correspondence to Customer Care Center address at top.

Account Number: 0102294699
Summary Invoice Number: 2733143717
Summary Invoice Date: 06-22-14

Please make checks payable to:

AVAYA INC.
PO BOX 5332
NEW YORK NY 10087-5332

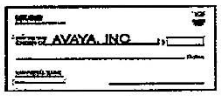
Amount Due:	153,668.38
Amount Enclosed:	

01022946998 27331437171 001536683892

AVAYA

IMPORTANT CORRESPONDENCE INFORMATION

PAYMENT INSTRUCTIONS

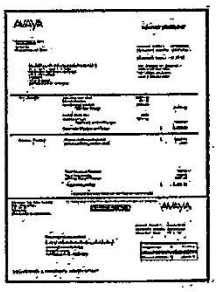


Payment is due immediately upon receipt of the summary invoice.

Delinquent payments are subject to a late payment charge of one and one half percent (1.5%) per month, or portion thereof, of any undisputed balance.

To ensure proper credit, please indicate your account number on your check.

QUESTIONS REGARDING YOUR BILL

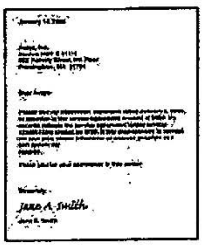


If you disagree with the amount on this summary invoice, please notify us at the number listed on the front or email uscare@avaya.com within 60 days of the original summary invoice date. Delays in notification may cause you additional expense and the reconciliation of any questioned amounts may be delayed

SERVICE AGREEMENT CHANGES

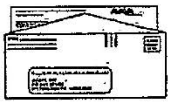
Any changes to your service agreement need to be in writing and should be sent to mycontract@avaya.com

CORRESPONDENCE



Please do not send correspondence with your payment. Direct any correspondence to: 14400 Hertz Quail Springs Parkway, Oklahoma City, OK 73134 or email uscare@avaya.com.
Cancellations to service contracts must be in writing and should be sent to mycontract@avaya.com.

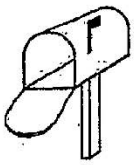
PAYMENT LOCATIONS



Please remit payment to the address as noted on the remittance document.

ADDRESS CORRECTION

If you relocate, please notify us by either telephone or in writing, using the phone number or address listed on the front of this summary invoice.



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DST X133-1 (3/06)

AVAYA

Account Number: 0102294699
Summary Invoice Number: 2733143717
Summary Invoice Date: 06-22-14

SERVICE AGREEMENTS

Purchase Order:	Order Number/Service Contract Number: 0051011726	Invoice Date: 06-01-14	Invoice Number: 2217541188
Sold To: 0005374824 EMERGENCY MEDICAL SERVICE CORP 6200 S SYRACUSE ST STE 200 GREENWOOD VILLAGE CO 80111	Tax Code: 0600508701 Value Added Tax: Clarify Contract ID:		

Remarks: RANDAL G. OWEN

Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service Billing Period Start	Service Billing Period End	Service Expiration Date	Service TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
SA PARTS NBD CM MED SRV 3YAN - CM PARTS N	230050		2.00	06-01-14	05-31-15	05-31-16	36		2,462.40	
CM PARTS NBD ANNUAL PREPAID	245140		2.00							
SA PARTS NBD CM MED SRV 3YAN - CM PARTS N	230050		1.00	06-01-14	05-31-15	05-31-16	36		1,231.20	
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
SA PARTS NBD CM MED GTWY 3YAN - CM PARTS N	230170		1.00	06-01-14	05-31-15	05-31-16	36		570.00	
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
SA PARTS NBD CM LG GTWY 3YAN - CM PARTS N	230200		4.00	06-01-14	05-31-15	05-31-16	36		2,964.00	
CM PARTS NBD ANNUAL PREPAID	245140		4.00							
SA PARTS NBD APPL MED SRV 3YAN - OTHER PART	230410		2.00	06-01-14	05-31-15	05-31-16	36		1,710.00	
OTHER PARTS NBD ANNUAL PREPAID	245340		2.00							
SA PARTS NBD APPL MED SRV 3YAN - OTHER PART	230410		2.00	06-01-14	05-31-15	05-31-16	36		1,710.00	
OTHER PARTS NBD ANNUAL PREPAID	245340		2.00							
SA PREF ONE-X AGT R2 AGENT 3YAN - CC PREF AN	238124		30.00	06-01-14	05-31-15	05-31-16	36		984.96	
CC PREF ANNUAL PREPAID	245170		30.00							
UPG ADV ONE-X AGT R2 AGENT 3YAN - UA ONE X A	238125		30.00	06-01-14	05-31-15	05-31-16	36		810.00	
UPGRADE ADVANTAGE ONE X AGENT SW ANNUAL PREPAID	245768		30.00							
SA PREF AES R5 ASAI AURA R6 3YAN - CC PREF AN	238265		1.00	06-01-14	05-31-15	05-31-16	36		3,648.00	
CC PREF ANNUAL PREPAID	245170		1.00							

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AVAYA

Account Number: 0102294699
Summary Invoice Number:2733143717
Summary Invoice Date: 06-22-14

SERVICE AGREEMENTS
(Continued)

Purchase Order:	Order Number/Service Contract Number: 0051011726							Invoice Date: 06-01-14		Invoice Number: 2217541188
Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service Billing Period Start	Billing Period End	Expiration Date	TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
SA PREF CCCM R6 CMS CONN 3YAN - CC PREF AN	255032		1.00	06-01-14	05-31-15	05-31-16	36		941.16	
CC PREF ANNUAL PREPAID	245170		1.00							
SA PREF CCCM R6 1X AGENT CONN 3YAN - CC PREF AN	255044		1.00	06-01-14	05-31-15	05-31-16	36		941.16	
CC PREF ANNUAL PREPAID	245170		1.00							
UPG ADV CCCM R6 PER USER 3YAN - UA AV CCCM	255417		3.00	06-01-14	05-31-15	05-31-16	36		171.00	
UA AVAYA CC CONTROL MANAGER ANNUAL PREPAID	245603		3.00							
UPG ADV CCCM R6 S88/87XX CM CONN 3YAN - UA AV CCCM	255447		1.00	06-01-14	05-31-15	05-31-16	36		600.00	
UA AVAYA CC CONTROL MANAGER ANNUAL PREPAID	245603		1.00							
UPG ADV CCCM R6 CMS CONN 3YAN - UA AV CCCM	255465		1.00	06-01-14	05-31-15	05-31-16	36		360.00	
UA AVAYA CC CONTROL MANAGER ANNUAL PREPAID	245603		1.00							
UPG ADV CCCM R6 1X AGENT CONN 3YAN - UA AV CCCM	255471		1.00	06-01-14	05-31-15	05-31-16	36		360.00	
UA AVAYA CC CONTROL MANAGER ANNUAL PREPAID	245603		1.00							
SA PREF AURATM R6 EE 101-1K U1 3YAN - CM PREF AN	257043		905.00	06-01-14	05-31-15	05-31-16	36		17,848.44	
CM PREF ANNUAL PREPAID	245120		905.00							
SA PREF SM R6 SIP CONNECTION 3YAN - MM PREF AN	257128		162.00	06-01-14	05-31-15	05-31-16	36		3,139.56	
MM PREF ANNUAL PREPAID	245220		162.00							
		Subtotal							135,286.56	
		Shipping Freight								
		Taxes		Federal Excise Tax					0.00	
				State/Local Tax					5,906.44	
		Total this invoice							141,193.00	

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Access2Care
Non-Emergency Transportation Brokerage Services
STATE OF NEVADA

AVAYA

Account Number: 0102294699
Summary Invoice Number: 2733143717
Summary Invoice Date: 06-22-14

SERVICE AGREEMENTS
(Continued)

Purchase Order:	Order Number/Service Contract Number: 0051011728	Invoice Date: 06-01-14	Invoice Number: 2217541164
Sold To: 0005374586 EMERGENCY MEDICAL SERVICES CORPORAT 210 S 77TH ST OMAHA NE 68114	Tax Code: 2805503001 Value Added Tax: Clarify Contract ID:		

Remarks: RANDAL G. OWEN

Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Service: Billing Period End	Service: Expiration Date	Service: TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
SA PARTS NBD CM SM GTWY 3YAN - CM PARTS N	230140		1.00	06-01-14	05-31-15	05-31-16	36		478.80	
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
		Subtotal							478.80	
		Shipping Freight								
		Taxes		Federal Excise Tax						0.00
				State/Local Tax						33.51
		Total this invoice								512.31

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Access2Care
Non-Emergency Transportation Brokerage Services
STATE OF NEVADA

AVAYA

Account Number: 0102294699
Summary Invoice Number: 2733143717
Summary Invoice Date: 06-22-14

SERVICE AGREEMENTS
(Continued)

Purchase Order:	Order Number/Service Contract Number: 0051011730							Invoice Date: 06-01-14		Invoice Number: 2217541266
Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Billing Period End	Expiration Date	TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
SA PARTS NBD APPL MED SRV 3YAN - OTHER PART	230410		2.00	06-01-14	05-31-15	05-31-16	36		1,710.00	
OTHER PARTS NBD ANNUAL PREPAID	245340		2.00							
		Subtotal							3,511.20	
		Shipping Freight								
		Taxes			Federal Excise Tax					0.00
					State/Local Tax					0.00
		Total this invoice								3,511.20

Purchase Order:	Order Number/Service Contract Number: 0051011736	Invoice Date: 06-01-14	Invoice Number: 2217533251
Sold To: 0003351240 AMERICAN MEDICAL RESPONSE INC. 1606 ROLLINS RD BURLINGAME CA 94010-2302	Tax Code: 0508104401 Value Added Tax: Clarify Contract ID:		
Remarks: RANDAL G. OWEN			

Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Billing Period End	Expiration Date	TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
SA PARTS NBD CM SM GTWY 3YAN - CM PARTS N	230140		1.00	06-01-14	05-31-15	05-31-16	36		478.80	
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
		Subtotal							478.80	
		Shipping Freight								
		Taxes			Federal Excise Tax					0.00
					State/Local Tax					0.00
		Total this Invoice								478.80

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Access2Care
Non-Emergency Transportation Brokerage Services
STATE OF NEVADA

AVAYA

Account Number: 0102294699
Summary Invoice Number: 2733143717
Summary Invoice Date: 06-22-14

SERVICE AGREEMENTS
(Continued)

Purchase Order:	Order Number/Service Contract Number: 0051013733	Invoice Date: 06-01-14	Invoice Number: 2217541159
Sold To: 0005374577 EMERGENCY MEDICAL SERVICES CORPORAT 2500 ABBOTT PL ST LOUIS MO 63143	Tax Code: 2651012701 Value Added Tax: Clarify Contract ID:		

Remarks: RANDAL G. OWEN

Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Billing Period End	Expiration Date	TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
SA PARTS NBD CM MED GTWY 3YAN - CM PARTS N	230170		1.00	06-01-14	05-31-15	05-31-16	36		570.00	
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
		Subtotal							570.00	
		Shipping Freight								
		Taxes		Federal Excise Tax				0.00		
				State/Local Tax				0.00		
		Total this invoice						570.00		

Purchase Order:	Order Number/Service Contract Number: 0051014759	Invoice Date: 06-01-14	Invoice Number: 2217541170
Sold To: 0005374590 EMERGENCY MEDICAL SERVICES CORPORAT 2500 NW 29TH MANOR POMPANO BEACH FL 33069	Tax Code: 1001113201 Value Added Tax: Clarify Contract ID:		

Remarks: RANDAL G. OWEN

Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Billing Period End	Expiration Date	TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
SA PARTS NBD CM SM SRV 3YAN - CM PARTS N	230020		1.00	06-01-14	05-31-15	05-31-16	36		376.20	
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
SA PARTS NBD CM MED GTWY 3YAN - CM PARTS N	230170		1.00	06-01-14	05-31-15	05-31-16	36		570.00	

Continued

AVAYA

Account Number: 0102294699
Summary Invoice Number: 2733143717
Summary Invoice Date: 06-22-14

SERVICE AGREEMENTS
(Continued)

Purchase Order:	Order Number/Service Contract Number: 0051014759							Invoice Date: 06-01-14		Invoice Number: 2217541170
Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Billing Period End	Expiration Date	TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
		Subtotal							946.20	
		Shipping Freight								
		Taxes		Federal Excise Tax				0.00		
				State/Local Tax				56.77		
		Total this invoice						1,002.97		

Purchase Order:	Order Number/Service Contract Number: 0051014760	Invoice Date: 06-01-14	Invoice Number: 2217536365
Sold To: 0005067284 AMERICAN MEDICAL RESPONSE 5151 PORT CHICAGO HWY CONCORD CA 94520	Tax Code: 0501307401 Value Added Tax: Clarify Contract ID:		
Remarks: RANDAL G. OWEN			

Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Billing Period End	Expiration Date	TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
SA PARTS NBD CM SM GTWY 3YAN - CM PARTS N	230140		1.00	06-01-14	05-31-15	05-31-16	36		478.80	
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
		Subtotal							478.80	
		Shipping Freight								
		Taxes		Federal Excise Tax				0.00		
				State/Local Tax				0.00		
		Total this invoice						478.80		

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Access2Care
Non-Emergency Transportation Brokerage Services
STATE OF NEVADA

AVAYA

Account Number: 0102294699
Summary Invoice Number: 2733143717
Summary Invoice Date: 06-22-14

SERVICE AGREEMENTS
(Continued)

Purchase Order:	Order Number/Service Contract Number: 0051016985	Invoice Date: 06-01-14	Invoice Number: 2217541252
Sold To: 0005376072 EMERGENCY MEDICAL SERVICES CORP 4099 MCEWEN STE 200 FARMERS BRANCH TX 75244	Tax Code: 4411310501 Value Added Tax: Clarify Contract ID:		
Remarks: RANDAL G. OWEN			

Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Service: Billing Period End	Service: Expiration Date	Service: TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
SA PARTS NBD CM SM SRV 3YAN - CM PARTS N	230020		1.00	06-01-14	05-31-15	05-31-16	36		376.20	
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
SA PARTS NBD CM MED GTWY 3YAN - CM PARTS N	230170		1.00	06-01-14	05-31-15	05-31-16	36		570.00	
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
		Subtotal							946.20	
		Shipping Freight								
		Taxes			Federal Excise Tax					0.00
					State/Local Tax					78.06
		Total this invoice								1,024.26

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AVAYA

Account Number: 0102294699
Summary Invoice Number: 2733143717
Summary Invoice Date: 06-22-14

SERVICE AGREEMENTS
(Continued)

Purchase Order:	Order Number/Service Contract Number: 0051016990	Invoice Date: 06-01-14	Invoice Number: 2217536423
Sold To: 0005076234 AMERICAN MEDICAL RESPONSE 517 DIVISION AVE S GRAND RAPIDS MI 49503	Tax Code: 2308106401 Value Added Tax: Clarify Contract ID:		

Remarks: RANDAL G. OWEN

Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Service: Billing Period End	Service: Expiration Date	Service: TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
SA PARTS NBD CM SM SRV 3YAN - CM PARTS N	230020		1.00	06-01-14	05-31-15	05-31-16	36		376.20	
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
SA PARTS NBD CM MED GTWY 3YAN - CM PARTS N	230170		2.00	06-01-14	05-31-15	05-31-16	36		1,140.00	
CM PARTS NBD ANNUAL PREPAID	245140		2.00							
		Subtotal							1,516.20	
		Shipping Freight								
		Taxes			Federal Excise Tax State/Local Tax				0.00 0.00	
		Total this Invoice							1,516.20	

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Access2Care
Non-Emergency Transportation Brokerage Services
STATE OF NEVADA

AVAYA

Account Number: 0102294699
Summary Invoice Number: 2733143717
Summary Invoice Date: 06-22-14

SERVICE AGREEMENTS
(Continued)

Purchase Order:	Order Number/Service Contract Number: 0051016996	Invoice Date: 06-01-14	Invoice Number: 2217536811
Sold To: 0005119192 EMERGENCY MEDICAL SERVICES 6101 PACIFIC ST ROCKLIN CA 95677	Tax Code: 0506160401 Value Added Tax: Clarify Contract ID:		
Remarks: RANDAL G. OWEN			

Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Billing Period End	Expiration Date	TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
SA PARTS NBD CM SM GTWY 3YAN - CM PARTS N	230140		1.00	06-01-14	05-31-15	05-31-16	36		478.80	
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
		Subtotal							478.80	
		Shipping Freight								
		Taxes		Federal Excise Tax				0.00		
				State/Local Tax				0.00		
		Total this Invoice						**478.80**		

Purchase Order:	Order Number/Service Contract Number: 0051017483	Invoice Date: 06-01-14	Invoice Number: 2217536643
Sold To: 0005107569 AMERICAN MEDICAL RESPONSE 1041 FEE DR SACRAMENTO CA 95815-3908	Tax Code: 0506729401 Value Added Tax: Clarify Contract ID:		
Remarks: RANDAL G. OWEN			

Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Billing Period End	Expiration Date	TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
SA PARTS NBD CM SM SRV 3YAN - CM PARTS N	230020		1.00	06-01-14	05-31-15	05-31-16	36		376.20	
CM PARTS NBD ANNUAL PREPAID	245140		1.00							
SA PARTS NBD CM MED GTWY 3YAN - CM PARTS N	230170		2.00	06-01-14	05-31-15	05-31-16	36		1,140.00	

Continued

AVAYA

Account Number: 0102294699
Summary Invoice Number: 2733143717
Summary Invoice Date: 06-22-14

SERVICE AGREEMENTS
(Continued)

Purchase Order:	Order Number/Service Contract Number: 0051017483							Invoice Date: 06-01-14		Invoice Number: 2217536643
Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Billing Period End	Expiration Date	TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
CM PARTS NBD ANNUAL PREPAID	245140		2.00							
		Subtotal							1,516.20	
		Shipping Freight								
		Taxes		Federal Excise Tax				0.00		
				State/Local Tax				0.00		
		Total this invoice						1,516.20		

Purchase Order:	Order Number/Service Contract Number: 0051019000	Invoice Date: 06-01-14	Invoice Number: 2217541377
Sold To: 0005380418 EMERGENCY MEDICAL SERVICES CORPORAT 11900 E CORNELL AVE STE A AURORA CO 80014	Tax Code: 0600100301 Value Added Tax: Clarify Contract ID:		

Remarks: CSA Signed By:Gail Cosgrove Date 3/27/2013

Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Billing Period End	Expiration Date	TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
SA PREF AES R6 BSC TSAPI 3YAN - CC PREF AN	238268		2.00	06-01-14	05-31-15	05-31-16	36		5.88	
CC PREF ANNUAL PREPAID	245170		2.00							
UPG ADV AES R6 BSC TSAPI 3YAN - UA AES SW	238269		2.00	06-01-14	05-31-15	05-31-16	36		4.80	
UPGRADE ADVANTAGE AES SW ANNUAL PREPAID	245078		2.00							
SA PREF AES R6 DMCC FULL 3YAN - CC PREF AN	238304		1.00	06-01-14	05-31-15	05-31-16	36		12.12	
CC PREF ANNUAL PREPAID	245170		1.00							

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Access2Care
Non-Emergency Transportation Brokerage Services
STATE OF NEVADA

AVAYA

Account Number: 0102294699
Summary Invoice Number: 2733143717
Summary Invoice Date: 06-22-14

SERVICE AGREEMENTS
(Continued)

Purchase Order:	Order Number/Service Contract Number: 0051019000							Invoice Date: 06-01-14		Invoice Number: 2217541377
Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Service: Billing Period End	Service: Expiration Date	Service: TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
UPG ADV AES R6 DMCC FULL 3YAN - UA AES SW	238305		1.00	06-01-14	05-31-15	05-31-16	36		14.40	
UPGRADE ADVANTAGE AES SW ANNUAL PREPAID	245078		1.00							
		Subtotal							37.20	
		Shipping Freight								
		Taxes			Federal Excise Tax			0.00		
					State/Local Tax			2.31		
		Total this invoice						39.51		

Continued

AVAYA

Account Number: 0102294699
Summary Invoice Number: 2733143717
Summary Invoice Date: 06-22-14

SERVICE AGREEMENTS
(Continued)

Purchase Order:	Order Number/Service Contract Number: 0051019000	Invoice Date: 06-02-14	Invoice Number: 2217612146
Sold To: 0005380418 EMERGENCY MEDICAL SERVICES CORPORAT 11900 E CORNELL AVE STE A AURORA CO 80014	Tax Code: 0600100301 Value Added Tax: Clarify Contract ID:		
Remarks: CSA Signed By:Gail Cosgrove Date 3/27/2013			

Product/Service Description	Material/ Service Code	Lic. Fee	Qty	Service: Billing Period Start	Service: Billing Period End	Service: Expiration Date	Service: TRM	Installation/ One Time Charges	Service Charge	Purchase Price/ License Fees
SA PREF CC R6 ELITE MULTI CH 1YPP - CC PREF 1X	236180		5.00	06-01-14	05-31-15	05-31-15	12		336.60	
CC PREF 1X PREPAID	245172		5.00							
		Subtotal							336.60	
		Shipping Freight								
		Taxes		Federal Excise Tax				0.00		
				State/Local Tax				12.62		
		Total this invoice						349.22		

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001290 9/9

Access2Care
Non-Emergency Transportation Brokerage Services
STATE OF NEVADA

Purchase Agreement

300 Littleton Road, Suite 200 Parsippany, NJ 07054
Sales/Billing: (888) 777-7280
Service: (888) 777-7281

Account Executive: Allyson DeBastiani
888-777-7280

Number: Q10031974
Rev#: 0
Date: 11/10/2014
Valid Through: 12/25/2014

Account
ENVISION HEALTHCARE
AMR-EMCARE-EVOLUTION HEALTH
6200 S. SYRACUSE WAY
SUITE 200
ENGLEWOOD, CO 80111
Kimberly Trinca
Phone: 8136251758
Email: kimberly.Trinca@evhc.net

Bill To
ENVISION HEALTHCARE
AMR-EMCARE-EVOLUTION HEALTH
6200 S. SYRACUSE WAY
SUITE 200
ENGLEWOOD, CO 80111

Phone:
Email:

Description	Quantity	Unit Price	Total Amount
EWFM ASPECT TCS HISTORICAL	1.00	0.00	$0.00
APS ANALYTICS INTF IBM ROYALTY TRACKING	1.00	0.00	$0.00
APS CMS INTFS DEPLOY SVCS	1.00	0.00	$0.00
CMS WFM INTEGRATION REAL TIME	1.00	0.00	$0.00
APS CMS INTFS DEPLOY SVCS	1.00	0.00	$0.00
PROFESSIONAL SERVICES	1.00	0.00	$0.00
TOTAL SOFTWARE & SERVICES	1.00	13,700.00	$13,700.00

Page 1 of 2

Number: Q10031974

Total: $13,700.00

Payment Terms: Total amount does not include taxes and shipping.

Phased or multi-site engagements of a long term nature may require staggering invoices as individual project phases are completed. If your company policy does NOT allow multiple invoices to be rendered against a single Purchase Order, additional Purchase Orders may be requested.

This Purchase Agreement shall be governed by the SPS Terms and Conditions at www.spscom.com/terms-and-conditions [user name & password is spsterms] in the absence of a bona fide written agreement between the parties. Customer's signature below acknowledges that signatory is duly authorized to accept this Purchase Agreement. Acceptance by SPS is evidenced by an authorized signature.

ENVISION HEALTHCARE		**Strategic Products and Services**	
Authorized Signature	**Date**	**Authorized Signature**	**Date**
Printed Name		**Printed Name**	

TO PAY BY CREDIT CARD, PLEASE GO TO http://www.spscom.com/payment

Page 2 of 2

Workforce Management Proposal

Presented To:

Workforce Management

Date: December 9th, 2014

Submitted By:

Andrew MacKay,
Group Elite Communications
andrew.mackay@groupelite.ca

December 9th 2014

Kimberly Trinca

Envision Healthcare

Email: Kimberly.trinca@evhc.net

Dear Kimberly,

Thank you for the opportunity to submit the enclosed proposal to Envision Healthcare for your Workforce Management upgrade. In preparing this proposal we have considered your business and technical requirements and believe that we present the best solution to address both. This proposal represents our recommendations and provides Envision Healthcare with an overview of our capabilities, experience and differentiators.

We are confident we can deliver the results you are looking for while providing significant value. We look forward to the opportunity to review our response with you in detail, answer any questions you may have, and outline for you the many benefits of NICE Systems' market leading solutions and Group Elite's unique ability to deliver on them.

Sincerely,

Andrew Mackay

andrew.mackay@groupelite.ca

(416) 509-1425

4422 Suite A, Louis-B-Mayer, Laval, QC, Canada, H7P 0G1 (514) 375-0347

GROUPELITE COMMUNICATIONS

Legal Statement

This document submission is made with the understanding that it is for evaluation purposes only. Upon selection of GEC as a provider of services and products, GEC will negotiate the terms and conditions of the contract to mutual agreement. Please note that the functionality described in this document represents a variety of solution options and may not reflect the initial configuration prepared for an individual customer at the proposal stage. Further technical discovery will be needed to finalize the solution design.

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GROUPELITE COMMUNICATIONS

1. Executive Summary

1.1 Introduction

Group Elite Communications Inc. in concert with NICE Systems is pleased to provide this proposal to Envision Healthcare for Customer Engagement Solutions. In this document, we have described the recommended solution, outlined the total investment and provided a high level overview of our services offering. Our team has presented our recommended solution for Envision Healthcare, which enables you to maximize the value of customer interactions.

1.2 Group Elite Communications

Group Elite Communications Inc. (GEC) specializes in Customer Engagement Solutions to optimize each part of the customer journey. GEC uses a broad base of skills and market expertise to Consult, Recommend and Deliver on the business and technical goals of our customers.

GEC is a Platinum Partner of NICE Systems, the worldwide leader of intent-based solutions that capture, analyze interactions, transactions and extract and leverage insights to deliver the impacts to customers business in real time.

Our success is driven by a strong, innovative and committed team. We pride ourselves by recognizing the value of our people. GEC continues to challenge itself as we raise the bar to exceed our customer's expectations.

The Group Elite Difference:

SPECIALIST SALES
Business and technical consultation to recognize immediate opportunities and build a roadmap for long term success.

PROCESS PERFECTION
A client-focused approach with communication as the cornerstone ensures that our team sets and delivers on expectations.

TECHNICAL TALENT
Our highly-skilled team of experienced professionals are committed to success!

COMMERCIAL CHOICE
Premise-Based, Hosted, SaaS, Cloud, Managed Service, purchase or lease

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1.3 The NICE Portfolio

NICE helps you get closer to your customers to deliver the right experience at every interaction, consistently across the customer journey. We do that by enabling organizations to **capture customer interactions** from all communication channels and **extract insights**, leveraging Big Data analytics. We then help **drive the next best action in real time** and **close the loop across customer touchpoints**, to continuously improve employee performance and optimize service, sales, marketing and compliance processes.

Page 6

The NICE Customer Interaction Management offering provides integrated solutions that enable organizations to:

- Drive better customer experience
- Improve operational efficiency
- Increase revenue growth
- Enhance regulatory compliance

The NICE Customer Interaction Management Portfolio

NICE integrated solutions include:

- **Proactive Compliance** – Enhance compliance, protect customers' rights and keep them safe from misconduct by ensuring regulatory adherence and enforcing compliance processes
- **Fraud & Authentication** – Strengthen & streamline processes to keep legitimate customers happy, while stopping fraudsters
- **Workforce Optimization** – Align and engage your teams to deliver a better customer experience at a lower cost of care

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- **Call Volume Reduction** – Address customer needs efficiently in every interaction, and proactively anticipate future needs
- **Handle Time Optimization** – Reduce call handle time while maintaining the right service and customer experience levels
- **Voice of the Customer** – Improve customer satisfaction and provide a consistent and compelling experience across all channels
- **Customer Retention** –Identify customers with high risk to churn and proactively address in real time
- **Sales Optimization** – Leverage sales opportunities via voice and mobile channels and drive employee performance.

1.4 Proposed Solution

The proposed solution for Envision Healthcare includes the following:

- **Workforce Management Advanced:** Precision forecasting and schedule based on your multi-skilled workforce and managed across contact channels and sites.

Additional components that can be added to the solution include:

- **Performance Management Module:** System for aligning the organization around common data and goals, motivating self-correction and targeting coaching at the right people and behaviors.
- **Workload Manager:** Forecast and schedule delayed response customer contact media to simplify service management in multi-channel environments including email, fax, chat and administrative work, based on operational configurations such as channel-specific teams, blended multi-channel agents, or dedicated time-based channel processing.
- **Desktop Application Monitor**: Captures and analyzes the desktop activity of contact center agents in order to provide visibility into desktop process inefficiencies and discovery of best practices. Its integration with WFM provides supervisors with real-time and historical insight into employee schedule adherence and desktop application usage.

1.5 Business Impact

The proposed set of NICE solutions delivers the following benefits:

- **Workforce Management**
  - Forecast and schedule with precision by accounting for the multiple skills of your workforce
  - Manage multiple channels, sites and scheduling methodologies from one solution
  - Report on intraday issues and rapidly adjust schedules (drag and drop)
  - Improve first call resolution by scheduling the right agents with the right skills at the right time
  - Enhance agent satisfaction through tools designed to give agents access to schedule bidding, time-off requests and performance information.

1.6 NICE Unique Differentiators

NICE is the clear choice for the following reasons:

- Market leadership both in terms of market share and technological innovation
- Deep and broad range of solutions for creating business value for customers
- Unmatched domain expertise and consulting service ensuring on-time project delivery and rapid ROI
- Global account management with local presence in all relevant regions to ensure highest level of responsiveness and support
- Largest network of strategic partnerships with technology leaders
- Flexibility for commercial terms
- Consistently replacing our top competitors in their key accounts
- Demonstrated financial stability, with total cash and equivalents as of June 30, 2013 at $503 million and no debt

1.7 Next Steps

The GEC team looks forward to the opportunity to provide Envision Healthcare with the tools to achieve maximum business value. We are available to answer any questions, provide additional information and present our offering to your organization.

2. NICE Systems

2.1 Corporate Overview

NICE Systems (NASDAQ: NICE), is the worldwide leading provider of software solutions that enable organizations to take the next best action in order to improve customer experience and business results, ensure compliance, fight financial crime, and safeguard people and assets. NICE's solutions empower organizations to capture, analyze, and apply, in real time, insights from both structured and unstructured Big Data. This data comes from multiple sources, including phone calls, mobile apps, emails, chat, social media, video, and transactions. NICE solutions are used by over 25,000 organizations in more than 150 countries, including over 80 of the Fortune 100 companies. For more information, please visit our corporate website at www.nice.com. In Canada NICE operates as NICE Systems Canada, Inc.

2.2 Revenue Visibility & Financial Stability

NICE is a strong and stable company with the financial wherewithal to remain a reliable long-term partner. Our ongoing profitability reflects our continuous success in executing our strategy:

- As of June 30, 2013, total cash and cash equivalents, short term investments and marketable securities were $503 million, with no debt
- Final 2013 revenues were $1.0 billion, up nearly 10% year over year
- Founded in 1986 with a diversified stakeholders community with no single entity owning more than 50%

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- Company financials available at http://www.nice.com/investor-relations

2.3 Customer Satisfaction & Market Leadership

NICE is the recognized market leader in Workforce Optimization, Performance Management, Workforce Management and Interaction Analytics, driving contact center and enterprise performance:

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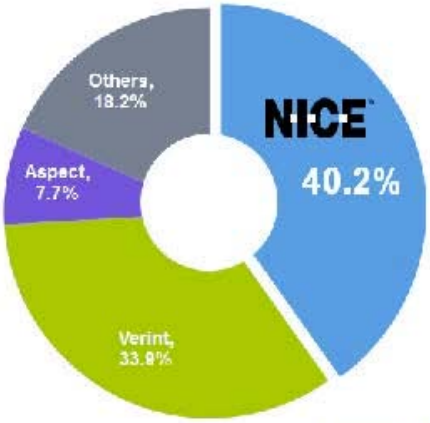
- Market leader according to analysts such as Gartner, Frost & Sullivan, Datamonitor and Ventana
- Strategic partnerships with over 30 industry leaders including: Cisco, BT, Alcatel, Avaya, Etrali, IPC, Nortel, Siemens and others
- Award-winning solutions – over 40 product and solution awards since 2000

Market share figures from industry-leading analysts are shown below:



2012 Contact Center Workforce Optimization Market Share

Source: DMG Consulting 2013 Market Share Report
Workforce Optimization (Quality Management./Liability Recording)

Customer satisfaction ratings are shown below:

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Customer Satisfaction Ratings

	NICE	Verint
Product	4.7	4.3
Training	4.7	4.0
Workshops	5.0	4.3
Professional Svcs	4.7	4.0
Innovation	5.0	4.3

1=Not Satisfied, 5=Completely Satisfied

Source:
DMG Consulting 2012 Speech Analytics Market Report

Customer Satisfaction Ratings

	NICE	Verint
Product	4.58	4.10
Implementation	5.0	4.33
Innovation	4.66	4.33
Professional Svcs	5.0	4.0
Pricing	4.33	3.33

1=Not Satisfied, 5=Completely Satisfied

Source: DMG Consulting 2013 Contact Center Workforce Management Report

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2.4 Organization

NICE as a company has invested significant resources for both internal, organic growth and growth through acquisitions. Over the last three years, NICE has dedicated over $327 million to R&D and made ten acquisitions of targeted solutions and companies to expand our portfolio, demonstrating our commitment to providing our customers with the most technologically advanced solutions reflecting the latest in business trends.

Constant innovation and client success comes through close collaboration with the industry's largest installed base:

- 25,000 customers in over 150 countries
- Over 80 of the Fortune 100
- Thriving NICE User Group (NUG) with 6,200-plus members from more than 1,100 companies globally

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2.5 Enterprise Customers

NICE key customers include:

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3. Group Elite Service Delivery

When you invest in NICE technology with Group Elite Communications, you can rely on Group Elite and NICE to stand behind it, ensuring it continues to function as promised long after it is deployed. With GEC Support Services, we deliver proactive maintenance and upgrades for installed systems and offer flexible service level agreements (SLAs) to meet the level of service your organization needs. Expert NICE engineers and maintenance specialists are on call for GEC Support customers addressing any hardware or software issue that may arise. NICE developed and built your system, and our Certified Staff know exactly how to support it.

GEC Support Services offer various SLAs so you can choose the level of support that fits the unique demands of your enterprise. For mission-critical operations and business processes, for example, choose stringent SLAs that provide the shortest response times and longest coverage hours.

The following sections detail our support program for Canadian and US customers.

- 24/7 Help desk and remote support for critical errors
- Customer access to NICE online support portals for product documentation, troubleshooting techniques and a web-based trouble reporting tool
- Minor releases (update packs, hot fixes) developed and generally released for software error correction
- Major releases of the NICE software licenses are provided as they become generally available to all customers

3.1 Response Times

GEC delivers a single, comprehensive support program for all of the products in the NICE Enterprise on-premise suite. Enterprise severity definitions are as follows:

- Severity 1 - Critical customer business impact: A failure in the operation of the NICE Solution or a NICE Solution Component in a production environment that results in critical impact to customer's business. No available workaround.
- Severity 2 - Significant customer business impact: 1) An intermittent failure in the operation of the NICE Solution or a NICE Solution Component in a production environment that results in a significant impact to customer's business; or 2) A failure in the operation of the Solution or a Solution component in a lab or development environment that results in a critical impact to such lab or development environment. No available workaround.
- Severity 3 - Minimal customer business impact: A non-essential problem that results in diminished functionality of the Solution or a Solution Component where the NICE products are substantially operational. Includes reported issues with NICE documentation.
- Severity 4 - No business impact: Issue(s) or questions(s) related to the Solution or a Solution Component, but there is no impact on customer operations.

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Response Times to Customer Service Request:

	CRITICAL SEVERITY 1	CRITICAL SEVERITY 2	CRITICAL SEVERITY 3	CRITICAL SEVERITY 4
Call Back Response Time	60 minutes	120 minutes	Next business day	Next business day

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3.2 Major and Minor Releases

The GEC customer support program provides customers with the latest NICE software upgrades, patches and fixes to ensure that the Solution stays current with the latest industry leading NICE technology. The software upgrades and updates are delivered based on the specific software package and number of licenses purchased by customer, and can be easily downloaded at the NICE Software Delivery Center (SDC.)

The following terminology applies to the NICE product versioning:

- Major releases X.x.x
- Minor releases x.X.x
- Maintenance releases and patches (update pack) x.x.X

3.3 Remote Support

Rapid response by GEC and the delivery of our NICE support services requires that prompt remote access to the NICE Solution is provided via a customer supplied VPN, or other form of remote access tool. In the event that remote access is required by GEC but is unavailable, GEC may not be able to meet the service levels advertised. Any on-site visits required due to inadequate remote access will result in additional costs to the customer.

3.4 Warranty

Please refer to the following warranty details:

	START DATE	END DATE	DURATION	SUPPORT DELIVERY
WARRANTY	Shipment	Shipment + 3 months	3 months	Enhanced Support
MAINTENANCE SUPPORT	Shipment	Shipment +15 months	15 months	Enhanced Support

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4. The Solution

4.1 Solution Overview

NICE provides comprehensive capabilities to measure, manage and motivate employees, ensuring consistent performance and optimized utilization of resources. It enables placing the right employee, with the right skills at the right time, identifying performance gaps and delivering targeted coaching. The NICE solution suite provides visibility into individual and group performance via tailored dashboards and helps motivate employees with performance-based incentives. Using real-time cross-channel analytics, including speech, desktop and text analytics, NICE identifies meaningful events that help understand the context of the interaction. By leveraging this information together with the customer intelligence and workforce performance data, the NICE real-time decisioning engine provides recommended next-best-action, and guides the employee to efficiently execute.

The following sections detail the specific capabilities of the NICE Customer Interaction Management offering. Please note that not all features and functionalities described below may be proposed for Envision Healthcare's final configuration.

4.2 Workforce Management

NICE IEX Workforce Management encompasses Essential features as well as Advanced, Advanced Plus and Optional modules. **WFM Essentials** provide a solid foundation for effective workforce management including forecasting, planning, scheduling and daily management – everything the center needs to achieve quick and meaningful results. **WFM Advanced** provides features that build upon the solid foundation of the essentials module providing Time-off Manager, WebStation Plus, SmartSync Exchange, Agent Availability, and more. **WFM Advanced Plus** includes all WFM Advanced features in addition to value-added Performance Manager Module (PMM) PMM combines performance analytics, planning, and reporting to enable service organizations to analyze their business. Its robust capabilities include performance analysis from cross-channel sources and dashboards for front line employees up to senior executives.

Please find below a list of general capabilities of NICE IEX Workforce Management. Please note that the final configuration may not include all features outlined on the following pages.

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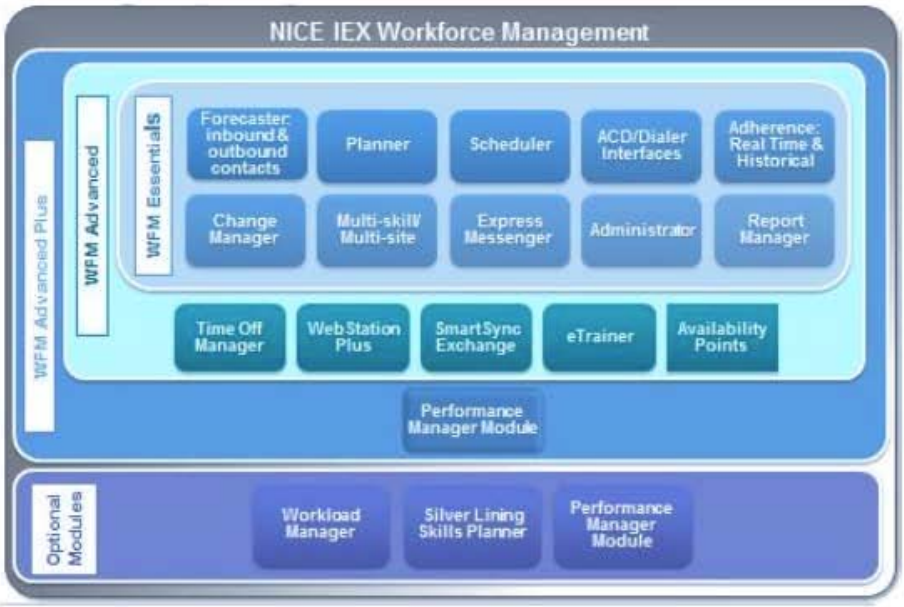

NICE WFM Essentials:

WFM Essentials provides the basic functionality needed to accomplish common workforce management tasks for single site or multi-site, as well as multi-skill organizations and back office environments. Features include:

- *Forecaster:* Uses patented, self-adjusting algorithms to generate accurate forecasts that can be adjusted for unusual events or key business drivers and includes inbound and outbound contacts.
- *Planner:* Provides a variety of planning views and the ability to perform 'what if' analysis.
- *Scheduler:* Generates schedules based on rules selected by the user, offers preference-based scheduling and enables multiple-week schedule bidding.
- *ACD Dialer/Interfaces:* Standardized interfaces to ACDs and other contact routing systems and applications to collect information on queues and agents.
- *Adherence – Real Time and Historical:* Real Time Adherence provides real-time tracking of employees' adherence to schedules, reduces 'wasted' time and improves performance. Historical Adherence provides comprehensive adherence reports for past days, comparing scheduled to actual activity and documenting how well individuals and groups followed their schedules.
- *Change Manager:* Presents updated information throughout the day, allowing the organization to make timely, informed decisions in real time and under changing conditions.
- *Multi-skill/ Multi-site:* Offers patented technology with embedded simulation that enables centers to realize the full potential of skills-based routing and multi-skilled employees, while providing a single view of the enterprise with the ability to plan, forecast, schedule and manage change across multiple locations, even outsourced operations.

- *Express Messenger:* Automatically communicates schedule changes to employees and their supervisors via email to the office, home or wireless phone.
- *Administrator:* Provides critical audit and control processes through advanced security and permissions designed to protect system integrity.
- *Report Manager:* Enhances performance by providing reports and analysis for use by employees, supervisors and planning personnel.

NICE WFM Advanced:

Includes all WFM Essentials features in addition to value-added advanced solutions purchased by the majority of NICE IEX customers.

- *TimeOff Manager:* Allows managers to automate vacation and holiday planning while providing online bidding capabilities for employees.
- *WebStation Plus:* Supplies a Web-based, thin-client application for employees and supervisors that help increase productivity and agent satisfaction by automating time-consuming tasks and allowing access to schedule and performance information.
- *SmartSync Exchange:* Provides easy, trouble-free data exchange with enterprise systems and applications to improve interoperability and streamline data flow.
- *eTrainer:* Offers employees hands-on, self-paced training on the WFM WebStation Plus feature through an online module.
- *Availability Points:* An innovative feature that provides organizations the opportunity to empower their employees to enter and manage their own availability.

NICE WFM Advanced Plus

Includes all WFM Advanced features in addition to value-added Performance Manager Module.

- *Performance Manager Module (PMM):* Motivates employees to self-manage his or her performance by opening up access to information. Through the Performance Scorecards PMM provides a consolidated, holistic view of employee and operational performance.

NICE WFM Optional Modules:

These features can be licensed as individual add-ons to the WFM Essentials and WFM Advanced packages, and licensed per agent.

- *Workload Manager:* Forecast and schedule delayed response customer contact media to simplify service management in multi-channel environments including email, fax, chat and administrative work, based on operational configurations such as channel-specific teams, blended multi-channel agents, or dedicated time-based channel processing.
- *Desktop Application Monitor:* Captures and analyzes the desktop activity of contact center agents in order to provide visibility into desktop process inefficiencies and discovery of best practices. Its integration with WFM provides supervisors with real-time and historical insight into employee schedule adherence and desktop application usage.

4.3 Why NICE WFM?

NICE IEX WFM has attracted the world's largest and most exacting community of WFM professionals, and this latest release includes the most requested capabilities. In our experience NICE IEX WFM V6 can transform your operation by helping you realize far greater efficiency while simultaneously engaging employees across the frontline and back office.

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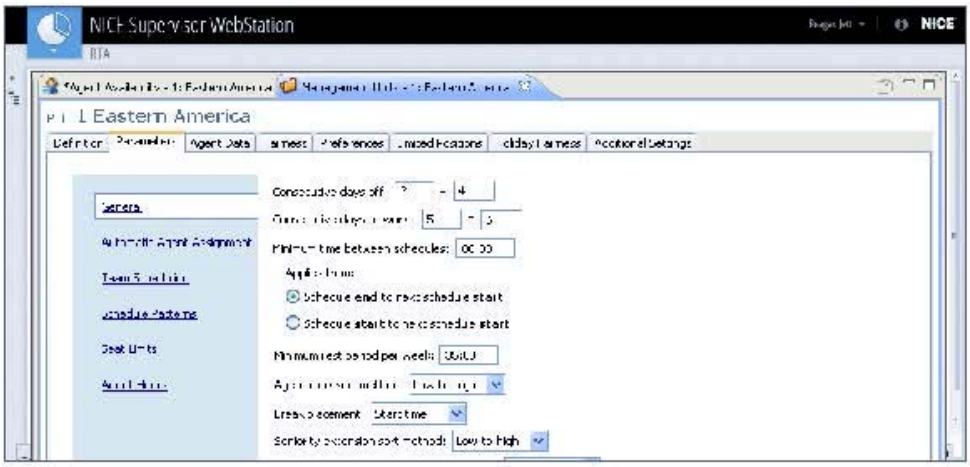
NICE IEX WFM V6 added capabilities fit into three groups—some examples of new capabilities that you can introduce to your organization are included below:

1. **Efficiency**. Continuously tune your operation to make the best use of people and resources.
    a. Schedule Change Policies. How do you handle employee requests for shift changes and time-off? And how do you set rules for packaged shifts, consecutive shifts, min/max work hours and more? Shift Change Policies allows you to configure simple or complex rules to automate all this work—defining parameters so your solution can auto-approve/deny employee requests and schedule changes.



    b. Activity Notes. Attach a note to any WFM activity—meetings, breaks, shifts, etc—and make it visible only to supervisors/managers or also to employees. Use it to document outcomes or simply to improve communication.

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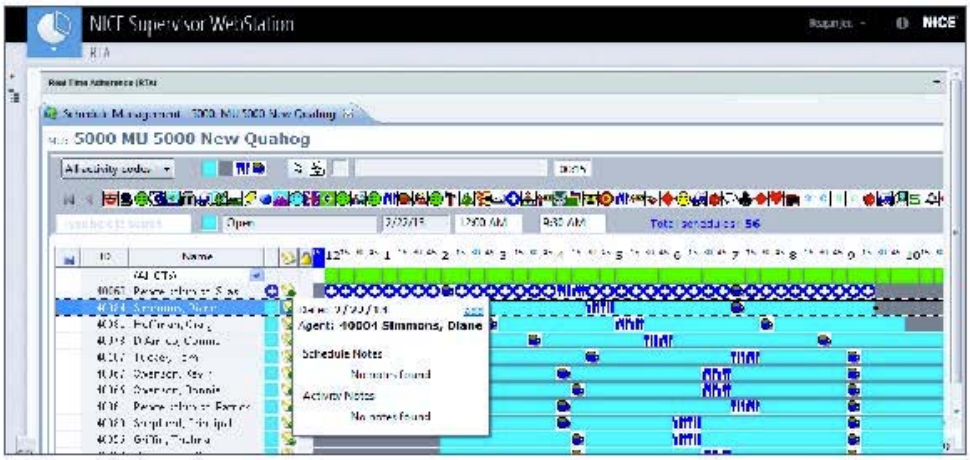

c. Timeboard. How do employees learn about available overtime or opportunities to leave early? Timeboard facilitates the entire process—WFM professionals can post overtime/leave early opportunities and employees can claim them (first-come, preferential, etc.) until none remain.

2. **Engagement**. Use technology as an enabler—a means to engage your employees to own their schedules, changes and performance.

   a. Supervisor WebStation. NICE IEX WFM's one-stop portal has been optimized for supervisors with a single view of time-off requests, approval queues, adherence reporting and more. Give your supervisors everything they need to achieve their targets and engage their team.

   b. Real-time adherence. WFM professionals and supervisors can now monitor adherence in real-time (rather than retroactively) via the thin client (rather than on their workstation). The solution will highlight employees that are out of tolerance, and show patterns across time so that problems can be quickly addressed.

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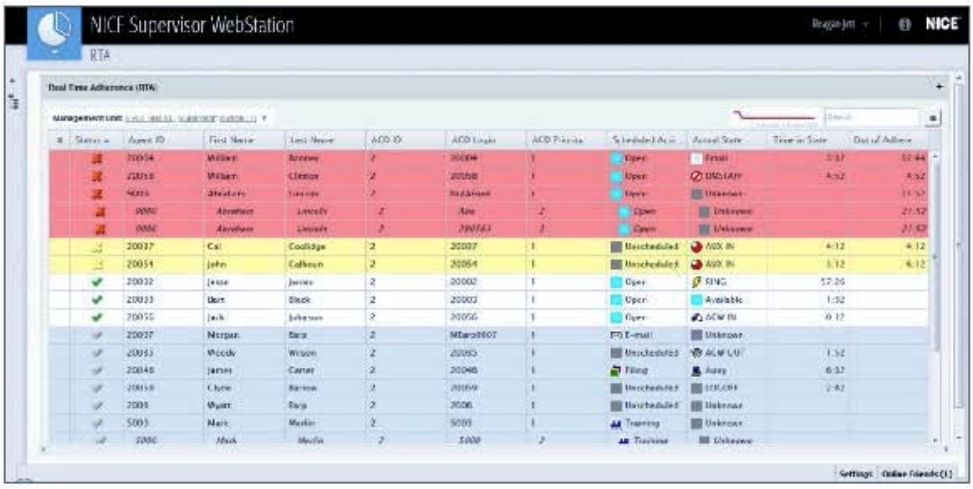

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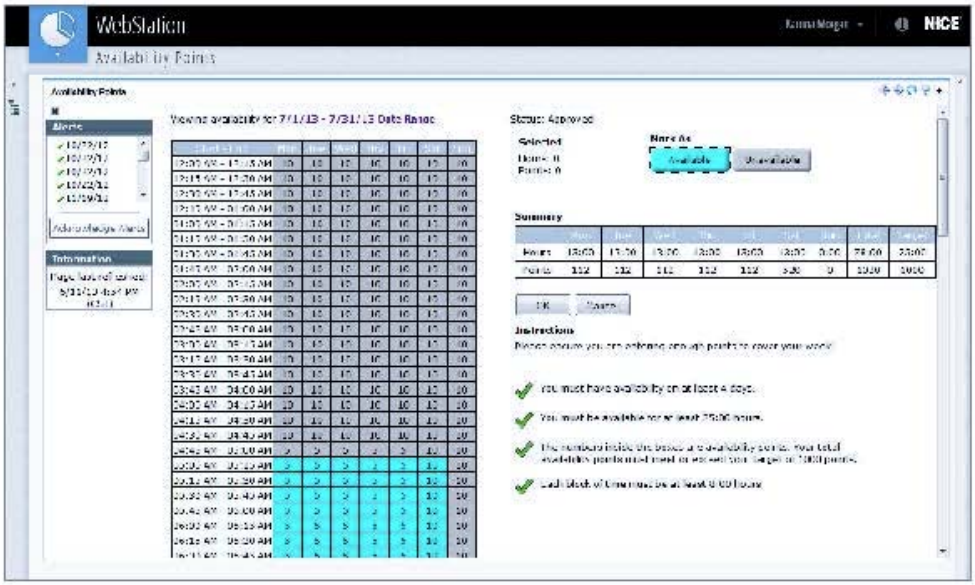
c. Availability Points. NICE IEX WFM expands its unmatched support of different scheduling methods to include Availability Points. Assign each employee a point quota; then assign points to each shift (where the least desirable shifts have the most points). Then let employees select the set of shifts that meet their quota while maximizing their utility.



d. Social Collaboration. V6 includes a new set of social capabilities that can be toggled on/off and permissioned by your organization. That includes blogs, wikis and chat to help employees engage with one another, and polls so that leaders can quickly ask employees for feedback on training, documents or customer issues.

3. **Impact**. Amplify the value of your NICE IEX WFM investment by using the data to make better decisions and take the right actions.

a. SmartSync API. NICE IEX WFM includes APIs built specifically to connect your WFM solution and data to other systems across your organization. That can, for example, help you better route contacts to the right people, or correlate WFM and Quality data. Customers use SmartSync to connect WFM to:

i. Data Warehouses

ii. Human Resource Management

iii. Performance Management

iv. Learning Management / eLearning

v. Interactive Voice Response

vi. And many more...

b. Shared Portal. NICE IEX WFM V6 shares a common portal with NICE Performance Management and NICE Incentives and Compensation Management. When those two solutions are also purchased and implemented, your employees can access their schedule, performance and pay from one central location. And your IT / WFM professionals benefit from Unified User Administration.

The above highlights just a few of the capabilities in NICE IEX WFM V6. This solution represents a significant step ahead of the market in functionality—helping you transform your approach to operational efficiency and employee engagement.

4.4 NICE IEX WORKFORCE MANAGEMENT VALUE

Our more than two thousand customers and one-and-a-half million end users generally describe the value of NICE IEX WFM across three dimensions:

1**. Solution Configurability**: A solution tailored to meet the most complex (multi-skilled, multi-site, multi-method) environments.

2. Employee Engagement: Drives accountability by making it easy for employees to own their schedule, time-off requests, and adherence.

3. Portfolio Integration: Connects WFM data to analytics to improve forecasts. Report adherence along with other critical performance KPIs. Raise the visibility of WFM in the organization.

The following pages will showcase some of the most used and valued features of NICE IEX WFM as they relate to these three areas of value.

SOLUTION CONFIGURABILITY

Multi-Skill Simulation

Frontline employees are not restricted to one skill set. In fact, most have multiple skills—and can therefore handle different contact and work types. If your technology can only assign them one skill, then your forecasts and schedules are inefficient. Only NICE IEX WFM offers multi-skill simulation, so you can optimize your schedules based on EXACT (not estimated) employee skills.

Multi-Scheduling Methodology

Many WFM solutions favor one scheduling methodology (assignment, bidding, etc.) NICE IEX WFM allows you to select the approach that best suits your operation. Furthermore, rather than impose a single methodology across the organization, you can maintain different scheduling methodologies for different sites or departments.

This feature makes NICE IEX WFM ideal for multi-site contact centers and operations deploying WFM across their contact center, back office and branches.

Policies Management

NICE IEX WFM provides the flexibility to set policies to match local regulations and/or company rules. For example, you can set minimum and maximum work rules to balance schedules and work-life balance. Shift policies can be established to sequence the order in which shifts are assigned to employees. Additionally, definitions for time-off policies (so that employee requests that within guidelines) are auto-approved rather than collected for manual review. By setting clear policies in the solution, the WFM professional can streamline scheduling and automate otherwise time-consuming activities.

Change Management

Business needs change on a day-to-day basis...contact volumes fluctuate and backlogs can spike. It is in this setting where NICE IEX WFM shines. The WFM professional can immediately re-simulate forecasts to assess the impact of schedule adjustments on coverage and results, then 'drag-and-drop' frontline employees from one activity to another to instantly change service levels. With NICE IEX, WFM professionals have the tools to plow through a backlog or service queue in close to real-time.

NICE IEX WFM offers you the flexibility to fit forecasting and scheduling to your specific environment. The solution puts maximum control in the hands of the WFM professional, so they can enjoy the confidence of precision forecasting. As business needs and customer demands change, NICE IEX WFM makes it easy to adjust forecasts and service levels in real-time.

Features include:

EMPLOYEE ENGAGEMENT

Real-Time Adherence

Supervisors can verify that all employees, regardless of work type, are following scheduled assignments. NICE IEX WFM captures real-time data streams from multiple ACDs (Automatic Call Distributors), predictive dialers, multimedia routers, and the employee desktop to give managers a comprehensive view of employee activity—even in blended environments where people handle both inbound and outbound calls and back office work items.

WebStation Portal

Employees are able to see their schedules, bid for shifts, and request time off by utilizing WebStation Portal. WebStation makes it easy for employees to interact with WFM schedules and data, and it can also be connected to NICE Performance Management and NICE Incentive Compensation Management, so employees can keep tabs on their progress (behavioral and financial).

WebStation Collaboration

New features can now be added to the foundation WebStation portal to increase collaboration amongst employees. These include chat, wikis and blogs, managed within WebStation, so employees can easily share ideas and best practices.

Webstation collaboration extends to polls that WFM professionals can 'pop' within WebStation to ask frontline employees about the reasons for volume spikes, backlogs or other issues, delivering instant intelligence.

Time Off Manager

WebStation allows employees to automate time-off and holiday planning. They can view an up-to-date summary of their earned, taken, planned and remaining time off. This feature can also be configured to auto-process requests in batches, or first-come-first-serve, according to company policies and time-off remaining. This feature is unique in that it easily allows employees to take ownership of their schedule.

Availability Points

With NICE IEX WFM employees can be rewarded for great performance with Availability Points. The organization can ensure they have covered service requirements and then allow employees to use points to 'bid' for their preferred shifts. This scheduling aid can work hand-in-hand with your organization's rewards and recognition program and allows you to empower top-performing agents.

A Workforce Management solution can only drive business impact if it is widely adopted. It needs to engage both the WFM professional and frontline users. The configurability of NICE IEX WFM connects with WFM professionals.

And its ability to drive accountability and ownership engages frontline users—that is why more than one million users log into NICE IEX WFM every day. Features include:

Performance Manager Module

NICE Performance Manager Module (PMM) is a lighter weight version of market-leading NICE Performance Management, designed specifically for NICE IEX WFM. PMM presents every employee in your organization with visibility into their performance across WFM, ACD and Quality metrics. It helps supervisors target their efforts at the people and

issues that need the most attention. NICE PMM is a powerful step towards using WFM data to build a performance-driven culture.

PORTFOLIO INTEGRATION

SmartSync

NICE IEX WFM offers a set of APIs that allows for seamless data exchange with other contact center, back office and branch applications. SmartSync enables your systems to communicate with one another to reduce manual processes, data entry, risk and cost.

Real-Time Impact

Real-time desktop monitoring, in combination with WFM, delivers new insight into employee productivity killers. By connecting NICE IEX WFM to NICE Real-Time Impact, an organization can see how employees are really spending their time, and develop objective measurements to assess real employee efficacy and efficiency.

Incentive Compensation Management

NICE's flagship compensation management solution can be presented via the same portal as NICE IEX WFM. By utilizing this solution, your service and salespeople can see their schedule, their performance and their compensation in one place. Your organization can more easily connect WFM and performance to individual incentives and recognition.

Workforce Management is not a point solution—you can unlock a huge amount of value in your organization by making WFM part of a Workforce Optimization platform. It is important to note that NICE IEX WFM integrates with more routers, recording solutions, coaching solutions, and email management systems than any other solution; it is designed to be part of a platform rather than stand alone and generate data in a silo. Ultimately, this connects WFM to larger business initiatives and increases the visibility and impact of the WFM professional.

Here are some of the natural connection points for NICE IEX WFM in your organization:

Analytics

NICE IEX WFM generates a massive amount of data, NICE's Analytics solutions can help you use that data to further fine-tune forecasts. Analytics can help you determine the root cause of repeat calls, high handle times, customer dissatisfaction and other issues that can be partially resolved by changing forecasting algorithms and scheduling different employee skill sets. Ultimately, the end result is that NICE IEX WFM and Analytics work together to deliver a better customer experience at lower cost.

CSAT

NICE IEX WFM offers the most complete and configurable solution; one that engages employees across the organization. The value of the technology is amplified by NICE's emphasis on delivery. This is consistently reinforced by third party analysts, where year-after-year NICE is ranked highest on its ability to execute, and on customer satisfaction.

At the end of the day, our commitments to innovation and to customer satisfaction are the reason we have the largest global community of WFM fanatics. We would be excited to add you to that passionate Community of professionals.

GROUPELITE COMMUNICATIONS

5. Project Management and Training

5.1 Solution Delivery Services

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GEC Solution Delivery Services employ proven methodology to translate the customer's vision into a working solution. Whether the customer is implementing individual products or solutions, or complete NICE offerings, they can count on GEC for an end-to-end implementation: from initial design and configuration to final handover to their trained users and administrators. GEC Solution Delivery Services offer the surest, most efficient way to fully integrate NICE capabilities into their operations and deliver its benefits to the organization.

GEC Solution Delivery Services use a proven delivery approach that spans configuration and project management tailored to NICE's applications, the customer's operations and overall customer needs. GEC implementation experts have in-depth knowledge of NICE technology and process implementation and have already deployed the full range of NICE technologies worldwide. They intimately understand the NICE offering, the customer's environment and the way NICE solutions interact with other systems, ensuring that the implementation is on time and on budget.

5.2 Project Management

The GEC Project Management team oversees implementation and takes full responsibility for all NICE-related activities - from inception and planning to the final hand over to the customer. GEC Professional Services has established a comprehensive standard methodology for implementing both new and migration projects. These standards define the approved methodology, tools and processes for quality project implementation to ensure the delivery of projects at single or multiple sites.

A dedicated Project Manager (PM) serves as a single focal point coordinating each key implementation phase, ensuring that best practices are used throughout large-scale projects. GEC Project Managers work with the customer's team to:

- Define and document all requirements concerning NICE solutions in a statement of work and project plan
- Manage the GEC and NICE resources and activity that the implementation requires
- Control the scope of the project
- Identify any potential risks and take action to mitigate them
- Provide regular project reports about NICE-related elements
- Ensure that the project is completed on schedule, according to the approved budget and at the planned quality level
- Manage the installation, configuration and testing of the NICE solution
- Coordinate the training needs of the customer's end users
- Hand over a working solution to the customer's staff and the support organization

GROUPELITE COMMUNICATIONS

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- Initiation: After the customer places the order, a GEC Project Manager accepts the statement of work and schedules a kick-off meeting with all parties involved. They review the customer's requirements, key dates and touch points with the customer.
- Planning: The GEC Project Manager prepares a project plan detailing the schedule, resources and any necessary preparation required. NICE also verifies the proposed solution and design, and makes sure it is aligned with the customer's requirements. The GEC Project Manager creates and outlines site preparation documents to capture the needs and information prior to the installation.
- Execution: GEC performs all necessary hardware and software installation, then oversees exhaustive testing by GEC engineers using established installation test procedures and documenting all details and status. In addition, GEC and NICE train the customer's trainers and/or users as agreed.
- Control and Monitor: To get the project underway, the GEC Project Manager oversees the delivery of all NICE services and activity involved, while delivering regular progress reports. GEC also matches its progress with the original plan to demonstrate how the project is performing relative to the established process reviews and metrics.
- Closure: The customer and the GEC Project Manager review the entire project to confirm that it is complete and implemented as agreed. A detailed site report documenting precisely how the customer's system was installed and configured is provided to the customer. The GEC Project Manager then hands the project over to the customer's staff and the GEC support team, who will take over the day-to-day interaction with users and administrators. This is done in a formal meeting where GEC reviews all site documents, maintenance procedures and contact information with the customer.

5.3 Training

The real long-term value of technology is derived from how it is used. To help gain maximum return on your investment in NICE technology as quickly as possible, GEC Customer Training Services provides users with the knowledge and skills needed to take full advantage of its capabilities right from the start.

5.4 Experienced Training Professionals

NICE education specialists have developed and delivered thousands of projects to customers worldwide. NICE trainers possess unmatched experience and expertise in training users of all levels on best-practice utilization of NICE technologies. Plus, our training development team keeps all learning aids fresh and up-to-date, covering the latest versions of our offerings and employing cutting-edge, best-in-class techniques for adult learning.

5.5 Training and Readiness Services

Our end-to-end approach includes full training for all your users at all levels, to ensure your organization is fully ready to roll out the solution and extract maximum value:

- Align your solution with your processes
- Equip your key users with expert knowledge
- Certify your IT team to handle system maintenance
- Prepare your end users to operate the solution
- Ensure a smooth, quick rollout
- Ensure long-term knowledge retention

5.6 NICE Training Services Portfolio

- Key-user application courses: Hands-on training covering the full functionality and capability of NICE applications for administrators, Quality Management staff, compliance and risk officers, business analysts and managers, conducted at the customer's site.
- End-user training: Instructor-led, web-based or blended training covering the processes and functionality of NICE applications for supervisors, team leaders and other end-users, provided onsite at the customer location.
- Train-the-Trainer courses: NICE provides specialized programs that enable in-house trainers to conduct internal courses for NICE users, all based on the techniques and content our own trainers have found most effective. This will help extend NICE solution skills throughout the organization and maintain high levels of proficiency over time.
- Technical courses: Onsite or campus-based hands-on training for IT personnel covering the technical aspects of NICE technologies focused on system monitoring, maintenance and troubleshooting.

Online learning: The Education Portal offering a wide selection of eLearning solutions for all user types, including both self-paced and live lessons.

GROUPELITE COMMUNICATIONS

6. Financial Proposal

The following is our financial proposal for a new 346 Seats (Named Agents) Nice Systems IEX 6.x Workforce Management Advanced solution. The proposed solution includes the following:

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Workforce Management Advanced Package

Key capabilities for WFM Advanced package include:

- Forecaster (inbound and outbound)
- Planner
- Scheduler
- Adherence: Real Time & Historical
- Change Manager
- Multi-Skill / Multi-Site
- Express Messenger
- Administrator
- Report Manager
- Time-Off Manager
- WebStation Plus
- SmartSync Exchange.
- eTrainer
- Availability Points:

Professional Services

Installation, Project Management, LDAP DR integration and 2 x SmartSync integrations and On-Site Training are all included in the proposal. Envision may not require more than 1 x SmartSync and may decide not to implement LDAP integration. These configurations are yet to be defined, and if this is not required we will not invoice against work we do not carry out.

Trainers travel and expenses will be invoiced separately and will be the lowest cost flights and hotels available.

GROUPELITE COMMUNICATIONS

Pricing

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Products

Description	Part Number	Quantity	Total Sell Price
Software			
Workforce Management Advanced (New Solution): 315 X NICE IEX Workforce Management Advanced Package, Per Agent	NICE-SOL-WFMA	346	$125,425
Total Software:			**$125,425**

Professional Services

Description	Part Number	Quantity	Total Price
Technical Implementation / Installation			
Technical Implementation for WFM Workforce Management, for Up to 1,000 agents, Single Server Architecture Inc. PM & Installation	PS-TEC-WFM-STD-01	1	$6,300
Technical Implementation Bundle for NIM-WFM Integration, 3,000 agents, Inc. PM & Installation (Price per Data Hub)	PS-TEC-NIMWFM-INTG-01	1	$6,600
Technical Implementation for WFM Workforce Management, LDAP Configuration Inc. PM & Installation	PS-TEC-WFM-LDAP-01	1	$4,500
SmartSync installation, price is per integration	PS-INS-SMC-WFM-SMSY-01	2	$11,700
Educational Services			
WFM Advanced Training Package - above 200 agents	PS-TR-WFM-ADVN-01	1	$25,200
Travel & Expenses			
Travel & Expenses - to be invoiced at cost	PS-INS-TE-01		
Total Professional Services:			**$54,300**

Maintenance

Description	Part Number	Net Annual Maintenance
GEC Enterprise Maintenance enhanced 24x7 Per Annum	PS-MNT-ENH-DIR	$25,085

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Payment Schedule

Solution Price	US$ 125,425	Due at placement of order
Professional Services	US$ 54,300	Due upon commencement of Implementation Services
Maintenance PA	US$ 25,085	Due upon acceptance
Grand Total	US$ 204,810	

Payment Terms are NET 30

Proposal Acceptance

This quotation is submitted subject to the application of the Group Elite Communications Inc. standard terms and conditions of sale, licence and, where applicable, support. All terms and conditions are available upon request.

This quotation and the information set forth herein contains the confidential and/or proprietary information of Group Elite Communications Inc., and should not be distributed to anyone, other than the Customer.

Customer Name: _____

Authorized Customer Signature: _____

Date: _____

4422 Suite A, Louis-B-Mayer, Laval, QC, Canada; H7P 0G1 (514) 375-0347

NICE AUTHORIZED PLATINUM PARTNER

AVAYA

GENERAL CONDITIONS OF MAINTENANCE AND MANAGED SERVICES. The undersigned Customer agrees that these General Conditions of Maintenance and Managed Services (the "**Agreement**") will govern the purchase of certain Services (defined below) by Customer from Avaya Inc. ("**Avaya**").

1. ORDER, PROVISION AND SCOPE OF SERVICES

1.1 Order and Provision of Services. In return for the payment of the fees specified in the order, Avaya will provide the Maintenance/Managed Services options for Supported Products or Supported Systems at Supported Sites, as described further in this Agreement and the SAS or Service Description ("**Services**"). In the event of a conflict between the SAS/Service Description and this Agreement, the terms of this Agreement will control. The **"Service Agreement Supplement"** (**"SAS"**) or the **"Service Description"** is the Avaya Service Agreement Supplement or Service Description then current as of the date of Avaya's acceptance of an order for Services and available to Customer upon request. As used in this Agreement, "SAS" or "Service Description" may refer, as applicable, to either the Service Agreement Supplement or Service Description or, where the parties have executed a statement of work describing specific Services to be provided by Avaya, to the statement of work. "**Supported Products**" are: (i) hardware or software products identified in the order; and (ii) Added Products (defined in Section 1.8). Supported Products may include non-Avaya products to the extent they are specified in the order. **"Supported Systems"** are a group of products or networks specified in the order. "**Supported Sites**" are locations specified in the order. Orders are subject to acceptance by Avaya. Avaya may accept an order by beginning to perform the Services. Terms and conditions contained in Customer purchase orders or other Customer documents will have no effect.

1.2 Monitoring. Avaya may electronically monitor Supported Products and Supported Systems for the following purposes: (i) remote diagnostics and corrective actions; (ii) to determine system configuration and applicable charges; (iii) to verify compliance with applicable software license terms and restrictions; (iv) when providing managed Services, to assess Customer needs for additional products or Services; (v) as otherwise provided in the SAS.

1.3 Error Correction. Some Services options may include correction of Errors. An "**Error**" means a failure of a Supported Product to conform in all material respects to the manufacturer's specifications that were currently applicable when the Supported Product was purchased or licensed.

1.4 Help Line Support. Where the selected Services option includes help line support, Avaya will provide it in accordance with the coverage option (service hours, target response intervals, etc.) that Customer has selected.

1.5 Updates. Where the selected Services option includes the provision of Updates, Avaya will make Updates available to Customer as the manufacturer makes them generally available to its other customers. An "**Update**" is a change in software that typically provides maintenance correction only. It typically is designated as a change in the digit to the right of the second decimal point (e.g. n.y.[z]). Avaya will provide Updates via a website, email or post mail, at Avaya's option. Updates may be remotely installed by Avaya or delivered to Customer for self-installation.

1.6 End of Support. Periodically, Avaya or a third party manufacturer may declare "end of life," "end of service," "end of support," "manufacture discontinue" or similar designation ("**End of Support**") for certain Supported Products. Customer may access Avaya's user support website (www. support.avaya.com) for End of Support notifications and register an e-mail address to receive e-mail notifications of the same, when published by Avaya.. For Products subject to End of Support, Avaya will continue to provide the support described in the applicable Service Description, except for the End of Support exceptions listed therein ("**Extended Support**"). If the Service Description does not include Extended Support information, Avaya will make available the description of Extended Support (if available) for the Products concerned at the same time as its End of Support notification. For Products not subject to Extended Support, if Services are discontinued for a Supported Product, the Supported Product will be removed from the order and rates will be adjusted accordingly..

1.7 Replacement Hardware. Replacement hardware provided as part of Services may be new, factory reconditioned, refurbished, re-manufactured or functionally equivalent. It will be furnished only on an exchange basis. Returned hardware that has been replaced by Avaya, will become Avaya's property.

1.8 Added Products. If Customer acquires additional products of the same type and manufacturer(s) as the existing Supported Products and locates them with existing Supported Products at a Supported Site, they will be considered "**Added Products**", and will be added to the order automatically for the remainder of the term. Added Products purchased from a party other than the manufacturer or an authorized reseller are subject to certification by Avaya at Avaya's then current rates. If Added Products fail certification, Avaya may choose not to add them to the Supported Products.

1.9 General Limitations. Unless the SAS provides otherwise, Avaya will provide software Services only for the unaltered current release of the software and the prior release. The following items are included in the Services only if the SAS specifically includes them: (i) support of user-defined applications; (ii) support of Supported Products that have been modified by a party other than Avaya (except for installation of standard, self-installed Updates provided by the manufacturer); (iii) making corrections to user-defined reports; (iv) data recovery services; (v) services associated with relocation of Supported Products; (vi) correction of Errors arising from causes external to the Supported Products (such as power failures or surges); and (vii) Services for Supported Products that have been misused, used in breach of their license restrictions, improperly installed or configured, or that have had their serial numbers altered, defaced or deleted.

2. INVOICING AND PAYMENT.

2.1 Invoicing. Avaya will invoice Customer for Services in advance unless another payment option is specified in the order, or the Service Description.

2.2 Payment. Payment of undisputed invoices is due within thirty (30) days from the date of Avaya's invoice. Customer will pay all bank charges, taxes, duties, levies and other costs and commissions associated with nonstandard methods of invoicing and payment. Overdue payments will be subject to a late payment charge of the lesser of 1.5% per month or the maximum rate allowed by applicable law. Unless Customer provides Avaya with a tax exemption certificate, Customer is solely responsible for paying all required taxes, (including, but not limited to, property, sales, use or excise taxes with respect to the provision of Avaya Equipment) except for any income tax assessed upon Avaya.

3. CUSTOMER RESPONSIBILITIES

3.1 General. Customer will cooperate with Avaya as reasonably necessary for Avaya's performance of its obligations, such as: (i) providing Avaya with full, free and safe access to its facilities; (ii) providing telephone numbers, network addresses and passwords necessary for remote access; and (iii) providing interface information for Supported Products and necessary third party consents and licenses to access them. All items will be provided by Customer at Customer's expense. If Avaya provides an Update or other new release of software as part of the Services, Customer will implement it promptly. Customer will reasonably use, safeguard and return to Avaya any items that Avaya loans to Customer ("Avaya Tools") for the purpose of providing Services under this Agreement, such as, but not limited to, the Secure Intelligent Gateway. Avaya Tools shall not be considered Products.

3.2 Provision of Supported Products and Systems. Except for Avaya hosted facilities identified in the SAS, Customer will provide all Supported Products, Supported Systems and Supported Sites. Customer continuously represents and warrants that: (i) Customer is either the owner of, or is authorized to access and use, each of them; and (ii) Avaya, its suppliers, and subcontractors are

AVAYA

authorized to do the same to the extent necessary to provide the Services in a timely manner.

3.3 Moves of Supported Products. Customer will notify Avaya in advance before moving Supported Products. Avaya may charge additional amounts to recover additional costs in providing the Services as a result of moved Supported Products.

3.4 Vendor Management. Where Avaya is to instruct or request products or services on Customer's behalf from third party vendors under Customer's supply contracts with the third party vendors ("**Vendor Management**"), Customer will provide Avaya upon request a letter of agency or similar document, in form reasonably satisfactory to Avaya, permitting Avaya to perform the Vendor Management. Where the third party vendor's consent is required for Avaya to be able to perform Vendor Management in a timely manner, Customer will obtain the written consent of the vendor and provide Avaya a copy of it upon request.

3.5 Third Party Hosting. In the event one or more network address(es) to be monitored by Avaya are associated with systems owned, managed, and/or hosted by a third party service provider ("**Host**"), Customer will: (i) notify Avaya of the Host prior to commencement of the Services; (ii) obtain the Host's advance written consent for Avaya to perform the Services on the Host's computer systems and provide Avaya with a copy of the consent upon request; and (iii) facilitate necessary communications between Avaya and the Host in connection with the Services.

3.6 Access to Personal Data. From time to time, Customer may require Avaya to access a Supported Product or Supported System containing employee, customer or other individual's personal data (collectively, "**Personal Data**"). Where Customer instructs Avaya to access any Personal Data, or to provide Customer or a third party identified by Customer with access, Customer will (i) notify all relevant employees and other individuals of the fact that Avaya will have access to such personal data in accordance with Customer's instructions and (ii) indemnify Avaya and its officers, directors, employees, subcontractors and affiliates against, and hold each of them harmless from, any and all liabilities, costs, damages, judgments and expenses (including reasonable attorney's fees and costs) arising out of Avaya accessing or providing access in accordance with Customer's instructions.

4. **TITLE AND RISK OF LOSS TO EQUIPMENT.** Title to Avaya-installed replacement hardware provided as part of Services will pass to Customer when installed. Title to all other hardware provided as part of Services will pass to Customer when it arrives at the Supported Site.

5. **SOFTWARE LICENSE.** Where Services include provision of patches, Updates or feature upgrades for Supported Products ("**New Software**"), they will be provided subject to the license grant and restrictions contained in the original agreement under which Customer licensed the original software from Avaya. Where there is no existing license from Avaya, New Software will be provided subject to the manufacturers then current license terms and restrictions for the New Software. New Software may include components provided by third party suppliers that are subject to their own end user license agreements. Customer may install and use these components in accordance with the terms and conditions of the "shrinkwrap" or "clickwrap" end user license agreement accompanying them.

6. **CONFIDENTIAL INFORMATION.** "**Confidential Information**" means either party's business and/or technical information, pricing, discounts and any other information or data, regardless of whether in tangible or other form if marked or otherwise expressly identified in writing as confidential. Information communicated verbally will qualify as Confidential Information if designated as confidential or proprietary at the time of disclosure and summarized in writing within 30 days after disclosure. Confidential Information excludes information that: (i) is publicly available other than by an act or omission of the receiving party; (ii) subsequent to its disclosure was lawfully received from a third party having the right to disseminate the information without restriction on its dissemination and disclosure; (iii) was known by the receiving party prior to its receipt and was not received from a third party in breach of that third party's confidentiality obligations; (iv) was independently developed by the receiving party without use of the disclosing party's' Confidential Information; or (v) is required to be disclosed by court order or other lawful government action, but only to the extent so ordered, provided the receiving party provides prompt written notification to the disclosing party of the pending disclosure so the disclosing party may attempt to obtain a protective order. In the event of a potential disclosure in the case of subsection (v) above, the receiving party will provide reasonable assistance to the disclosing party should the disclosing party attempt to obtain a protective order. Each party will protect the secrecy of all Confidential Information received from the other party with the same degree of care as it uses to protect its own Confidential Information, but in no event with less than a reasonable degree of care. Neither party will use or disclose the other party's Confidential Information except as permitted in this Section or for the purpose of performing obligations under this Agreement. The confidentiality obligations of each party will survive expiration or termination of the Agreement. Upon termination of the Agreement, each party will cease all use of the other party's Confidential Information and will promptly return, or at the other party's request destroy, all Confidential Information, including copies, in tangible form in that party's possession or under its control, including Confidential Information stored on any medium. Upon request, a party will certify in writing its compliance with this Section.

7. **WARRANTIES.** Avaya warrants to Customer that Services will be carried out in a professional and workmanlike manner by qualified personnel. If the Services have not been so performed and Avaya receives Customer's detailed request to cure a non-conformance within 30 days of its occurrence, Avaya will re-perform those Services. This remedy will be Customer's sole and exclusive remedy and will be in lieu of any other rights or remedies Customer may have against Avaya with respect to the non-conformance of Services.

EXCEPT AS REFERENCED AND LIMITED IN THIS SECTION, NEITHER AVAYA NOR ITS LICENSORS OR SUPPLIERS MAKES ANY OTHER EXPRESS OR IMPLIED REPRESENTATIONS OR WARRANTIES WITH RESPECT TO THE SERVICES. IN PARTICULAR, THERE IS NO WARRANTY THAT ALL SECURITY THREATS AND VULNERABILITIES IN A SUPPORTED PRODUCT, SUPPORTED SYSTEM OR NETWORK WILL BE DETECTED OR THAT SERVICES WILL RENDER THEM SAFE FROM SECURITY BREACHES. TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, AVAYA DISCLAIMS ALL IMPLIED OR STATUTORY WARRANTIES, INCLUDING, BUT NOT LIMITED TO, ANY WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, AND NON-INFRINGEMENT.

8. **LIMITATION OF LIABILITY.** IN NO EVENT WILL EITHER PARTY OR ITS RESPECTIVE LICENSORS OR SUPPLIERS HAVE ANY LIABILITY FOR ANY INCIDENTAL, SPECIAL, STATUTORY, INDIRECT OR CONSEQUENTIAL DAMAGES, LOSS OF PROFITS OR REVENUE, LOSS OR CORRUPTION OF DATA, TOLL FRAUD, COST OF COVER, OR SUBSTITUTE GOODS OR PERFORMANCE. THE LIABILITY OF EITHER PARTY FOR ANY CLAIM ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT WILL NOT EXCEED AN AMOUNT EQUAL TO THE AGGREGATE TOTAL AMOUNT OF ALL FEES PAID OR PAYABLE UNDER THIS AGREEMENT IN THE TWELVE (12) MONTH PERIOD IMMEDIATELY PRECEDING THE DATE OF THE EVENT GIVING RISE TO THE CLAIM. THE LIMITATIONS OF LIABILITY IN THIS SECTION WILL APPLY TO ANY DAMAGES, HOWEVER CAUSED, AND ON ANY THEORY OF LIABILITY, WHETHER FOR BREACH OF CONTRACT, TORT (INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE), OR OTHERWISE, AND REGARDLESS OF WHETHER THE LIMITED REMEDIES AVAILABLE TO THE PARTIES FAIL OF THEIR ESSENTIAL PURPOSE. HOWEVER, THEY WILL NOT APPLY IN CASES OF WILFULL MISCONDUCT, PERSONAL INJURY OR BREACHES OF AVAYA'S LICENSE RESTRICTIONS. THE LIMITATIONS OF LIABILITY IN THIS SECTION ALSO WILL APPLY TO ANY LIABILITY OF

AVAYA

DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND SUPPLIERS.

9. **GOVERNING LAW AND DISPUTE RESOLUTION.** This Agreement and any disputes arising out of or relating to it ("**Disputes**") will be governed by New York State laws applicable to contracts entered into and performed in New York, excluding conflict of law principles and the United Nations Convention on Contracts for the International Sale of Goods. Actions on Disputes between the parties must be brought in accordance with this Section within three years after the cause of action arises.

10. **TERM AND TERMINATION.** This Agreement will be effective from the date Avaya accepts the order unless terminated earlier in accordance with this Section. Unless a different term is defined in the order or mandated in the applicable Service Description, Avaya will provide Services for an initial term of one year. Services will be renewed automatically for successive one year terms (unless a longer period is mandated by the applicable Service Description) applying the then most similar current generally available support plan offering and then current rates, unless either party gives the other written notice of its intent not to renew at least 30 days prior to the expiration of the applicable initial or renewal term. Unless otherwise specified in the Service Description, Customer may terminate Services in whole or in part upon 30 days written notice subject to the cancellation fees equal to Maintenance Services fees for 12 months or the remaining term, whichever is less.

Either party may terminate this Agreement by written notice to the other party effective immediately upon receipt if the other party fails to cure any material breach of this Agreement within a thirty (30) day period after having received a written notice from the non-breaching party detailing the breach and requesting the breach be cured.

11. **MISCELLANEOUS.** Avaya may assign this Agreement or any associated order to any of its affiliated entities or to any entity to which Avaya may sell, transfer, convey, assign or lease all or substantially all of the assets used in connection with its performance under this Agreement. Avaya may subcontract any or all of its obligations, but will retain responsibility for them. Neither party will be liable for any delay or failure in performance to the extent the delay or failure is caused by events beyond the party's reasonable control, including without limitation, fire, flood, act of God, explosion, war or the engagement of hostilities, strike, embargo, labor dispute, government requirement, civil disturbances, civil or military authority, and inability to secure materials or transportation facilities. The failure of either party to assert any of its rights under this Agreement is not a waiver by that party of its right later to enforce this Agreement in accordance with its terms. This Agreement constitutes the entire understanding of the parties with respect to its subject matter and will supersede all previous and contemporaneous communications, representations or understandings, either oral or written, between them relating to that subject matter. It will not be contradicted or supplemented by any prior course of dealing between the parties. All notices under this Agreement and any modifications or amendments to this Agreement must be in writing which in no event shall include any form of electronic communication (such as e-mail).

CUSTOMER: (Company Name):

_____

Signature: _____

Name: _____

Title: _____

Date: _____

Company Address	2095 W. Pinnacle Peak Road Suite 110 Phoenix, AZ 85027 USA	Created Date	3/14/2014
		Quote Number	00005769
		Opportunity #	000486026
End User Account Name	American Medical Response (AMR) Of South Carolina		

Prepared By	Amy Holcomb	Contact Name	Jeff McDaniel
Phone	602-789-2736	Phone	303-495-1549
E-mail	aholcomb@telrex.com	Email	jeff.mcdaniel@emsc.net
		Fax	(303) 495-1588

Bill To Name	American Medical Response (AMR) Of South Carolina	Ship To Name	American Medical Response (AMR) Of South Carolina
Bill To	34 C Trotter Rd West Colombia, SC 29169 United States	Ship To	34 C Trotter Rd West Colombia, SC 29169 United States

Quantity	Product Code	Product	List Price	Sales Price	Total Price
50.00	PLTM-RENEW-AE-P	Renewal Platinum Support for Enghouse Interactive Agent Evaluation Perpetual	USD 59.80	USD 59.80	USD 2,990.00
373.00	PLTM-RENEW-CR-P	Renewal Platinum Support for Enghouse Interactive Call Recording Perpetual	USD 59.80	USD 59.80	USD 22,305.40

Total Price USD 25,295.40

Notes

The support contract expired September 30, 2014
To renew through February 28, 2015 (all locations)
Payment is required before a support plan is renewed
Fixed Wing - 33 call recording 8 agent evaluation licenses
Idaho - 33 call recording 18 agent evaluation licenses
Omaha - 34 call recording 24 agent evalution licenses
Houston - 60 call recording licenses
St. Louis 93 call recording licenses
SC - 43 call recording licenses
Ft. Lauderdale - 77 call recording licenses

Terms and Conditions

Hardware is not included unless otherwise stated. Third party OS and database software is also not included unless otherwise stated. Please consult with your Enghouse Interactive account manager for the latest hardware requirements document if not detailed on the attached quote.

Effective from and as of the last dated signature here on, the parties hereby novate all and any Agreements between the parties and any entity owned by Enghouse Interactive so that: (i) Enghouse Interactive replaces any prior entity under the Agreement as a party to the Agreement; and (ii) a reference in the Agreement to prior entity shall and must henceforth be read as a reference to Enghouse Interactive.

Software - 100% invoiced upon shipment or presentment of download link of software ("Delivery"). Software is accepted upon Delivery. All invoices are strictly payable within 30 days.

Professional Services - 100% payment is due upon invoice. Professional Services are deemed accepted upon the earliest of (i) signed

customer acceptance of the services, (ii) expiration of a pre-defined acceptance testing period, or (iii) upon Customer placing the work into production. All invoices are strictly payable within 30 days. If applicable, installation services shall be invoiced after services are delivered.

Support / Maintenance - 100% invoiced upon Delivery. All invoices are strictly payable within 30 days. Unless otherwise addressed in an existing Agreement between the parties, Support services start upon the earlier of: (i) placing the product into production or (ii) 30 days after Delivery. Support is mandatory for the first 12 months on all software licenses.

The current version of Enghouse Interactive Quality Management Suite (formerly CallRex) is 5.0. When maintenance is renewed, customer understands and acknowledges that while support may be provided on an earlier version of CallRex, any code changes or software defect resolutions will be performed against the current version of CallRex only

This quotation is valid for 30 days unless otherwise noted and all quotes are in US Dollars. All prices exclude sales tax. The terms and conditions in the existing agreement or the terms attached hereto apply.

Use this communication as our offer of notice, informing you that all our agreements have been assigned to our new unified entity, Enghouse Interactive. Enghouse Interactive will be the service provider and licensor under any agreement you may have with any of the Enghouse Interactive brand companies. Effective with this communication, you will receive notices and invoices from Enghouse Interactive and will be with whom you may purchase additional product and services, and with whom support services will be provided.

Quote Acceptance Information

Signature _____

Name _____

Title _____

Date _____

Envision HEALTHCARE

Check Requisition

Per

Envision
Accounts Payable Department
6200 S Syracuse Way Suite 200 MS500
Greenwood Village, CO 80111
Phone (303) 495-1222

** Required Fields*

** Type of Check Request:* [X] *NRC - AMR/EMCARE* [ ] *HCA* [ ] *IHV* [ ] AHAH

[ ] *Managed Transports - non manual* [ ] Other type _____ ie: CF; MSA; FRE; GMR

* Vendor Name: Salesforce.com	* Requested By: Susan Norris
Vendor Number: 5663399	Name
* Vendor Address: 1 Market Street	850-483-8190 — Phone # — 8/4/2015 Date
Address 1	* Authorized By:
Address 2: Suite 300	x Roylene Rhodes
San Francisco — City; CA — State; 94105 — Zip	Signature
	x Roylene Rhodes
* Please check the appropriate box (Document Type)	Printed Name
[ ] Manual — Same Day; [X] Priority — 10 Days from receipt; [ ] Advice — Back up w/check/special routing	[ ] Manual CapEx — Same Day Capital Expense

Request for payment must qualify or be approved as such per the AP policy

* ENTITY	* DEPT.	* ACCOUNT #	* SUB ACCT.	*CONTRACT #	*SUB TOTAL
25851	160	70525	0000	0000	16800.00
				Sales Tax	

NRC ACCOUNTS AUG 13 2015 PAYABLE

*** Total Amount to be Paid** $16,800.00

*** Expense Description:**

SPECIAL HANDLING REQUIREMENTS FOR CHECK:

IF THIS AREA IS LEFT BLANK OR INCOMPLETE, THE CHECK WILL BE MAILED VIA U.S. POSTAL SERVICE TO VENDOR

[ ] * Return to Requestor [ ] via mail or [ ] FedEx * Address: _____

[ ] FedEx to vendor - * need over night address

[ ] Other _____

[ ] *Certified Funds ---- 2 Business day process*

Must include a physical street for all overnight requests

Updated March 2013

salesforce.com, inc.
San Francisco, CA 94105
United States

INVOICE

Bill To:
Emergency Medical Services Corporation**
Attn: Roylene Rhodes*
850 South Palafox Street
Pensacola, FL 32502
US

Ship To:
Pensacola, FL 32502
US

Invoice Number:	
Invoice Date:	7/31/2015
Invoice Due Date:	8/30/2015
Payment Terms:	Net 30
Payment Method:	Check
Account Number:	3-102860
Contract Number:	01128614
Invoice Amount:	USD 16,800.00

Remittance Information

Remit To:
Salesforce.com Inc
P.O. Box 203141
Dallas, TX 75320-3141
United States

Wire Transfer To:

Bank Name:	Wells Fargo
A/C Name:	SALESFORCE.COM INC (AR)
A/C No:	4121519896
ABA No.:	1210-0024-8

Please reference invoice number 07319208 with your payment.

Invoice Details

Vendor: Salesforce.com

Purchase Order #: 07311502

	Service	Quote #	Months	Qty	Unit Price+	Tax Rate	Tax	Total
1	Customer Community - Enterprise Edition (500 Members) Service Dates: 8/1/2015 - 7/31/2016	Q-00205725	12.00	1	1,000.00	0%	0.00	12,000.00
2	Data Storage (500MB) Service Dates: 8/1/2015 - 7/31/2016	Q-00205725	12.00	3	106.25	0%	0.00	3,825.00
3	Sales Cloud - Enterprise Edition Service Dates: 8/1/2015 - 7/31/2016	Q-00205725	12.00	1	81.25	0%	0.00	975.00
								Subtotal: USD 16,800.00

Salesforce.com Total Charges: USD 16,800.00

+ The unit price shown above has been rounded to two decimal places for display purposes. As many as eight decimal places may be present in the actual price. The total price for this invoice was calculated using the actual price, rather than the unit price displayed above, and is the true and binding total for this Invoice.

Please note: Access to salesforce.com CRM subscription services is through remote Internet browser. This on-demand CRM service does not include the transfer of any software.

For more information regarding billing for your account, please view your account summary at: https://store.salesforce.com/apex/statementlist *

For answers to frequently asked billing questions, please visit our Billing FAQ at:http://www.salesforce.com/company/faq.jsp

To log a case regarding a billing query, please click here:https://www.salesforce.com/form/contact/billing-contact.jsp

contact customer service at 415-901-8457 for any questions.

This invoice was generated using Salesforce.

* Requires login access to Checkout.

Software Order Acknowledgement __2906_____

Software Order Acknowledgement

Date: 4/18/2013

SELLER: **North American Communications Resource, Inc.**
3344 Hwy 149
Eagan, MN 55121
(800) 431-1333
FAX (651) 994-6801

BUYER: **Emergency Medical Services Corporation**
6200 South Syracuse Way
Greenwood Village, CO 80111
(303) 495-1562
FAX

BUYER (also referred to herein as "Customer") acknowledges the following:

(1) Customer confirms that it has ordered the software ("Software") listed on Master Agreement Rider No. QUO-624430-0BSC9B (attached hereto) (issued under Master Sales Agreement No. M1699 between Seller and Buyer (the "Agreement")) at the price set forth therein ("Price");

(2) The Software is non-returnable;

(3) The terms and conditions of the Agreement govern the purchase and sale of the Software;

(4) Customer will remit the Price for the Software upon receipt of an invoice therefor; and

(5) Customer certifies that the Software is being purchased for use by Customer and not for resale; and

(6) Customer agrees that it has read, understood, and will abide by the terms and provisions of the software license pertinent to the Products purchased hereunder. Such software license may be found on the Internet at www.nacr.com.

Version 2 - 7-24-08

F. Applicable Certifications and/or Licenses.

Copies of Access2Care's applicable certifications and/or licenses follow.

URAC ACCREDITATION SUMMARY REPORT for Access2Care LLC

Accreditation Term: May 1, 2015–May 1, 2018

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

Access2Care LLC

Application Score as of URAC Committee Review : 98.83%

Total # of Mandatory Standard Elements with < Full (100%) compliance: 0

CORE	**Score:**	98.83%
	# of Mandatory Standard Elements with < Full (100%) compliance:	0

Accreditation Category

The Applicant's score places it in **FULL** category.
See "ACCREDITATION CATEGORY" section below.

Selecting an accreditation category is based upon evidence indicating whether or not the Applicant meets the intent of the standards, including application documentation examined on desktop review as well as onsite review verifications conducted.

Given current URAC policy on levels of accreditation and pending URAC committee decision, it appears that this Applicant is eligible for the following accreditation category for the accreditation program covered by the CORE, Version 3.0.

FULL.

Scope of the Accreditation — Books of Business Excluded

Books of Business Excluded

Scope of the Accreditation — Locations

Access2Care
16331Bay Vista Dr, Clearwater , FL 33760
Access2Care Iowa
5800 Fleur Dr, Des Moines, IA 50321
Access2Care Idaho
350 N Mitchell St, Boise, ID 83704
Access2Care Missouri
2500 Abbott Pl, St Louis, MO 63143

Standards	Score
CORE - 1 - Organizational Structure	
The *organization* has a clearly defined organizational structure outlining direct and indirect oversight responsibility throughout the *organization*. (2)	Full Compliance
CORE - 2 - Organization Documents	
Organization's documents address: (No Weight)	Non-weighted Standard
2.a) Mission statement; (2)	Full Compliance
2.b) Organizational framework for program; (2)	Full Compliance
2.c) The population served; **and** (2)	Full Compliance
2.d) Organizational oversight and reporting requirements of the program. (2)	Full Compliance
CORE - 3 - Policy and Procedure Maintenance, Review and Approval	
The *organization:* (No Weight)	Non-weighted Standard
3.a) Maintains and complies with written policies and documented procedures that govern core business processes of its operations related to the scope of the accreditation; (Mandatory)	Full Compliance
3.b) Maintains the ability to produce a master list of all such policies and procedures; (2)	Full Compliance
3.c) Reviews written policies and documented procedures no less than annually and revises as necessary; (3)	Full Compliance
3.d) Includes the following on the master list or on all written policies and documented procedures: (No Weight)	Non-weighted Standard
3.d.i) Effective dates, review dates, including the date of the most recent revision; **and** (2)	Full Compliance
3.d.ii) Identification of approval authority. (2)	Full Compliance
CORE - 4 - Regulatory Compliance	
The *organization* implements a regulatory compliance program that: (No Weight)	Non-weighted Standard
4.a) Tracks applicable laws and regulations in the jurisdictions where the *organization* conducts business; (Mandatory)	Full Compliance
4.b) Ensures the *organization's* compliance with applicable laws and regulations; **and** (Mandatory)	Full Compliance
4.c) Responds promptly to detected problems and takes corrective action as needed. (4)	Full Compliance
CORE - 5 - Inter-Departmental Coordination	
The *organization* establishes and implements mechanisms to promote collaboration, coordination and communication across disciplines and departments within the *organization*, with emphasis on integrating administrative activities, quality improvement, and where present, clinical operations. (3)	Full Compliance
CORE - 6 - Delegation Review Criteria	
The *organization* establishes and implements criteria and processes for an assessment prior to the *delegation* of functions. (3)	Non Applicable
CORE - 7 - Delegation Review	
Prior to *delegating* functions to another entity, the *organization:* (No Weight)	Non-weighted Standard
7.a) Establishes and implements a process to conduct a review of the potential contractor's written policies and documented procedures and capacity to perform delegated functions; **and** (3)	Non Applicable
7.b) Outlines and follows criteria and processes for approving *contractors*. (3)	Non Applicable
CORE - 8 - Delegation Contracts	
The *organization* enters into *written agreements* with *contractors* that: (No Weight)	Non-weighted Standard

8.a) Specify those responsibilities *delegated* to the *contractor* and those retained by the *organization*; (2)	Non Applicable
8.b) Require that services be performed in accordance with the *organization's* requirements and URAC standards; (Mandatory)	Non Applicable
8.c) Require notification to the *organization* of any material change in the *contractor*'s ability to perform *delegated* functions; (4)	Non Applicable
8.d) Specify that the *organization* may conduct surveys of the *contractor*, as needed; (2)	Non Applicable
8.e) Require that the *contractor* submit periodic reports to the *organization* regarding the performance of its *delegated* responsibilities; (3)	Non Applicable
8.f) Specify recourse and/or sanctions if the *contractor* does not make corrections to identified problems within a specified period; (2)	Non Applicable
8.g) Specify the circumstances under which activities may be further *delegated* by the *contractor*, including any requirements for obtaining permission from the *organization* before any further *delegation*; **and** (4)	Non Applicable
8.h) Specify that, if the *contractor* further *delegates* organizational functions, those functions shall be subject to the terms of the *written agreement* between the *contractor* and the *organization* and in accordance with URAC standards. (Mandatory)	Non Applicable
CORE - 9 - Delegation Oversight	
The *organization* establishes and implements an oversight mechanism for delegated functions within the scope of accreditation that includes: (No Weight)	Non-weighted Standard
9.a) A periodic review (no less than annually) of the *contractor*'s written policies and documented procedures and documentation of quality activities for related delegated functions; (2)	Non Applicable
9.b) A process to verify (no less than annually) the *contractor*'s compliance with contractual requirements and written policies and documented procedures; **and** (Mandatory)	Non Applicable
9.c) A mechanism to monitor financial incentives to ensure that quality of care or service is not compromised. (3)	Non Applicable
CORE - 10 - Review of Marketing and Sales Materials	
The *organization* follows marketing and sales practices that include: (No Weight)	Non-weighted Standard
10.a) Mechanisms to clearly and accurately communicate information about services inclusive of delegated activities; (3)	Full Compliance
10.b) A formal process of inter-departmental review of marketing and sales materials before dissemination to safeguard against misrepresentations about the *organization's* services; (3)	Full Compliance
10.c) Monitoring of existing materials for accuracy; **and** (3)	Full Compliance
10.d) Responds promptly to detected problems and corrective action as needed. (4)	Full Compliance
CORE - 11 - Written Business Agreements	
The *organization* maintains signed *written agreements* with all *clients* describing the scope of the business arrangement. (2)	Full Compliance
CORE - 12 - Client Satisfaction	
The *organization* implements a mechanism to collect or obtain information about *client* satisfaction with services provided by the *organization*. (3)	Full Compliance
CORE - 13 - Information Management	
The *organization* implements information system(s) (*electronic* and paper) to collect, maintain and analyze information necessary for organizational management that: (No Weight)	Non-weighted Standard
13.a) Provides for *data integrity*; (Mandatory)	Full Compliance
13.b) Includes a plan for storage, maintenance and destruction; **and** (2)	Full Compliance
13.c) Includes a plan for *interoperability*: (No Weight)	Non-weighted Standard
13.c.i) Between internal information systems; **and** (Leading Indicator)	Full Compliance
13.c.ii) With external entity information systems. (Leading Indicator)	Full Compliance

CORE - 14 - Business Continuity	
The *organization* implements a business continuity plan for program operations, including information system(s) (*electronic* and paper) that: (No Weight)	Non-weighted Standard
14.a) Identifies which systems and processes must be maintained and the effect an outage would have on the *organization's* program; (3)	Full Compliance
14.b) Identifies how business continuity is maintained given various lengths of time information systems are not functioning or accessible; (3)	Full Compliance
14.c) Is tested at least every two years; **and** (3)	Full Compliance
14.d) Responds promptly to detected problems and takes corrective action as needed. (3)	Full Compliance
CORE - 15 - Information Confidentiality and Security	
The *organization* provides for data confidentiality and security of its information system(s) (*electronic* and paper) by implementing written policies and/or documented procedures that address: (No Weight)	Non-weighted Standard
15.a) Assessment of the potential risks and vulnerabilities to the confidentiality, integrity and availability of information systems; (3)	Full Compliance
15.b) Prevention of confidentiality and security breaches; **and** (Mandatory)	Full Compliance
15.c) Detection, containment and correction of confidentiality and security violations. (Mandatory)	Full Compliance
CORE - 16 - Confidentiality of Individually-Identifiable Health Information	
The *organization* implements written policies and/or documented procedures to protect the confidentiality of *individually-identifiable health information* that: (No Weight)	Non-weighted Standard
16.a) Identifies how *individually-identifiable health information* will be used; (Mandatory)	Full Compliance
16.b) Specifies that *individually-identifiable health information* is used only for purposes necessary for conducting the business of the organization, including evaluation activities; (Mandatory)	Full Compliance
16.c) Addresses who will have access to *individually-identifiable health information* collected by the *organization*; (Mandatory)	Full Compliance
16.d) Addresses oral, written or *electronic* communication and records that are transmitted or stored; (Mandatory)	Full Compliance
16.e) Address the responsibility of *organization* employees, committee members and board members to preserve the confidentiality of *individually-identifiable health information*; **and** (Mandatory)	Full Compliance
16.f) Requires employees, committee members and board members of the *organization* to sign a statement that they understand their responsibility to preserve confidentiality. (Mandatory)	Full Compliance
CORE - 17 - Quality Management Program	
The *organization* maintains a *quality management program* that promotes objective and systematic measurement, monitoring and evaluation of services and implements quality improvement activities based upon the findings. (Mandatory)	Full Compliance
CORE - 18 - Quality Management Program Resources	
The *organization* employs *staff* and/or provides the resources necessary to support the day-to-day operations of the *quality management program*. (3)	Full Compliance
CORE - 19 - Quality Management Program Requirements	
The *organization* has a written description for its *quality management program* that: (No Weight)	Non-weighted Standard
19.a) Is approved by the *organization's* appropriate oversight authority; (2)	Full Compliance
19.b) Defines the scope, objectives, activities, and structure of the *quality management program*; (2)	Full Compliance
19.c) Is reviewed and updated by the Quality Management Committee at least annually; (2)	No Compliance
19.d) Defines the roles and responsibilities of the Quality Management Committee; **and** (2)	Full Compliance
19.e) Designates a member of senior management with the authority and responsibility for the overall operation of the *quality management program* and who serves on the Quality Management Committee. (3)	Full Compliance
CORE - 20 - Quality Management Committee	
The *organization* has a quality management committee that: (No Weight)	Non-weighted Standard

20.a) Is granted authority for quality management by the *organization's* oversight authority; (3)	Full Compliance
20.b) Provides ongoing reporting to the *organization's* oversight authority; (3)	Full Compliance
20.c) Meets at least quarterly; (3)	Full Compliance
20.d) Maintains approved records of all committee meetings; (2)	Full Compliance
20.e) If applicable, includes at least one participating provider or receives input from participating providers; (4)	Full Compliance
20.f) Provides guidance to *staff* on quality management priorities and projects; (3)	Full Compliance
20.g) Approves the *quality improvement projects* to undertake; (3)	Full Compliance
20.h) Monitors progress in meeting quality improvement goals; **and** (3)	Full Compliance
20.i) Evaluates the effectiveness of the *quality management program* at least annually. (3)	No Compliance

CORE - 21 - Quality Management Documentation

The *organization*, as part of its *quality management program*, provides written documentation of: (No Weight)	Non-weighted Standard
21.a) Objectives and approaches utilized in the quality management activities; (3)	Full Compliance
21.b) Identification and tracking and trending of *performance measures* relevant to the scope of the accreditation including, but not limited to: (Mandatory)	Full Compliance
21.b.i) Access to services; (3)	Full Compliance
21.b.ii) Complaints; **and** (3)	Full Compliance
21.b.iii) Satisfaction; (3)	Full Compliance
21.c) *Measures* that are quantifiable and used to establish acceptable levels of performance; (Mandatory)	Full Compliance
21.d) Measuring baseline level of performance; (Mandatory)	Full Compliance
21.e) Re-measuring level of performance at least annually; (Mandatory)	Full Compliance
21.f) The implementation of action plans to improve or correct identified problems or meet acceptable levels of performance on measures; (Mandatory)	Full Compliance
21.g) The mechanisms to communicate the results of such activities to relevant *staff*; **and** (3)	Full Compliance
21.h) The mechanism to communicate the results of such activities to the quality management committee. (3)	Full Compliance

CORE - 22 - Quality Improvement Projects

At any given time, the *organization* maintains no less than two *quality improvement projects* that address opportunities for *error* reduction or performance improvement related to the services covered by the accreditation. (Mandatory)	Full Compliance

CORE - 23 - Quality Improvement Project Requirements

For each *quality improvement project*, the *organization* will: (No Weight)	Non-weighted Standard
23.a) Establish measurable goals for quality improvement; (3)	Full Compliance
23.b) Design and implement strategies to improve performance; (3)	Full Compliance
23.c) Establish projected time frames for meeting goals for quality improvement; (3)	Full Compliance
23.d) Re-measure level of performance at least annually; (3)	Full Compliance
23.e) Document changes or improvements relative to the baseline measurement; **and** (3)	Full Compliance
23.f) Conduct an analysis if the performance goals are not met. (3)	Full Compliance

CORE - 24 - Quality Improvement Projects: Consumer Organizations

For an *organization* that interacts with *consumers*: (No Weight)	Non-weighted Standard
24.a) At least one of the two *quality improvement projects* must address consumer safety for the population served; **and** (Mandatory)	Full Compliance
24.b) If the *quality improvement project* is clinical in nature, then the *organization* demonstrates the involvement of a senior clinical *staff* person in judgments about the use of clinical quality *measures* and clinical aspects of performance. (Mandatory)	Non Applicable

CORE - 25 - Job Descriptions	
The *organization* has written job descriptions for *staff* that address requirements pertinent to the scope of the positions' roles and responsibilities: (No Weight)	Non-weighted Standard
25.a) Required education, training, and/or professional experience; (2)	Full Compliance
25.b) Expected *professional competencies*; (2)	Full Compliance
25.c) Appropriate *licensure/certification* requirements; **and** (2)	Full Compliance
25.d) Current scope of roles and responsibilities. (2)	Full Compliance
CORE - 26 - Staff Qualifications	
Staff meets qualifications as required in written job descriptions. (3)	Full Compliance
CORE - 27 - Staff Training Program	
The *organization* has an ongoing training program that includes: (No Weight)	Non-weighted Standard
27.a) Initial orientation and/or training for all *staff* before assuming assigned roles and responsibilities; (2)	Full Compliance
27.b) Training in current URAC standards as appropriate to job functions; (2)	Full Compliance
27.c) Conflict of interest; (4)	Full Compliance
27.d) Confidentiality; (Mandatory)	Full Compliance
27.e) Documentation of all training provided for *staff*; **and** (2)	Full Compliance
27.f) Ongoing training, at a minimum annually, to maintain *professional competency*. (2)	Full Compliance
CORE - 28 - Staff Operational Tools and Support	
The *organization* provides *staff* with: (No Weight)	Non-weighted Standard
28.a) Written policies and/or documented procedures appropriate to their jobs; (2)	Full Compliance
28.b) *Clinical decision support tools* as appropriate; **and** (2)	Non Applicable
28.c) Regulatory requirements as related to their job function. (2)	Full Compliance
CORE - 29 - Staff Assessment Program	
The *organization* maintains a formal assessment program for individual *staff* members, which includes: (No Weight)	Non-weighted Standard
29.a) An annual performance appraisal; **and** (2)	Full Compliance
29.b) A review of relevant documentation produced by that individual staff member. (3)	Full Compliance
CORE - 30 - Clinical Staff Credentialing	
The *organization* implements a written policy and/or documented procedure to: (No Weight)	Non-weighted Standard
30.a) *Primary source* verify the current *licensure* or *certification* of *staff* whose job description requires *licensure* or *certification* upon hire, and thereafter no less than every three (3) years; (Mandatory)	Non Applicable
30.b) Require *staff* to notify the *organization* in a timely manner of an adverse change in *licensure* or *certification* status; (Mandatory)	Non Applicable
30.c) Implement corrective action in response to adverse changes in *licensure* or *certification* status; **and** (Mandatory)	Non Applicable
30.d) *Primary source* verify current *licensure* and *certification* upon hire, and thereafter no later than scheduled expiration. (Leading Indicator)	Non Applicable
CORE - 31 - Senior Clinical Staff Requirements	
The *organization* designates at least one senior clinical *staff* person who has: (No Weight)	Non-weighted Standard
31.a) Current, unrestricted clinical *license(s)* (or if the *license* is restricted, the *organization* has a process to ensure job functions do not violate the restrictions imposed by the state licensure board); (Mandatory)	Non Applicable
31.b) Qualifications to perform clinical oversight for the services provided; (Mandatory)	Non Applicable

31.c) Post-graduate experience in direct patient care; **and** (Mandatory)	Non Applicable
31.d) *Board certification* (if the senior clinical *staff* person is an M.D. or D.O.). (3)	Non Applicable
CORE - 32 - Senior Clinical Staff Responsibilities	
A senior clinical *staff* person's program responsibilities include: (No Weight)	Non-weighted Standard
32.a) Provides guidance for clinical operational aspects of the program; (3)	Non Applicable
32.b) Is responsible for oversight of clinical decision-making aspects of the program; (Mandatory)	Non Applicable
32.c) Has periodic consultation with practitioners in the field; **and** (3)	Non Applicable
32.d) Ensures the organizational objective to have qualified clinicians accountable to the *organization* for decisions affecting *consumers*. (Mandatory)	Non Applicable
CORE - 33 - Financial Incentive Policy	
If the *organization* has a system for reimbursement, bonuses or incentives to *staff* or health care providers based directly on *consumer* utilization of health care services, then the *organization* implements mechanisms addressing how the *organization* will ensure that *consumer* health care is not compromised. (Mandatory)	Non Applicable
CORE - 34 - Access to Services	
The *organization* implements written policies and/or documented procedures to ensure *access* to services covered by the accreditation. (Mandatory)	Full Compliance
CORE - 35 - Consumer Complaint Process	
The *organization* maintains a formal process to address *consumer complaints* that includes: (No Weight)	Non-weighted Standard
35.a) A process to receive and respond in a timely manner to *complaints*; (Mandatory)	Full Compliance
35.b) Notice (written or verbal) of final result with an explanation; (4)	Full Compliance
35.c) Informs *consumers* of the avenues to seek further review if an additional *complaint* review process is available; (4)	Full Compliance
35.d) Evidence of meeting the *organization's* specified time frame for resolution and response; **and** (4)	Full Compliance
35.e) Reporting analysis of the *complaints* to the quality management committee. (3)	Full Compliance
CORE - 36 - Coordination with External Entities	
The *organization* establishes and implements mechanisms to promote collaboration and communication with applicable external entities to coordinate health services for consumers. (1)	Full Compliance
CORE - 37 - Consumer Rights and Responsibilities	
The *organization* implements a mechanism for informing *consumers* of their rights and responsibilities. (4)	Full Compliance
CORE - 38 - Consumer Safety Mechanism	
The *organization* has a mechanism to respond on an urgent basis to situations that pose an immediate threat to the health and safety of *consumers*. (Mandatory)	Full Compliance
CORE - 39 - Consumer Satisfaction	
The *organization* implements a mechanism to collect or obtain information about *consumer* satisfaction with services provided by the *organization*. (3)	Full Compliance
CORE - 40 - Health Literacy	
The *organization* will implement written policies and/or documented procedures addressing *health literacy* that: (No Weight)	Non-weighted Standard
40.a) Require *consumer* materials to be in *plain language*; (Leading Indicator)	Full Compliance
40.b) Assess the use of *plain language* in *consumer* documents; **and** (Leading Indicator)	Full Compliance
40.c) Provide relevant information and guidance to *staff* that interfaces directly with, or writes content for, *consumers*. (Leading Indicator)	Full Compliance

Terms of Accreditation

FULL ACCREDITATION

The URAC Accreditation Committee has granted your organization Full Accreditation under the URAC standards.

Your accreditation is effective for the period stipulated and subject to the representations contained in the application for accreditation. URAC accreditation is assigned to the organization listed above and is not transferable. Please contact URAC within thirty (30) days if there are any material changes in the information contained in the accreditation application your company submitted to URAC, as stipulated in the Guidelines for Organizational Changes. Failure to notify URAC of changes in the stipulated time frame may affect your accreditation status.

Please be advised that your organization may be chosen for a monitoring onsite at any time during your accreditation period. Accredited organizations selected for a monitoring onsite will receive 1 to 5 business day notice of the monitoring onsite date via email to the primary contact person on the application. Please note that it is extremely important that URAC have current contact information on file as we will assume a non-response to indicate affirmation. It is possible that a multi-site or multi-accredited organization may have more than one site or program selected for a monitoring onsite.

Accredited organizations are required to submit an Annual Attestation and Organizational Update, signed by the Chief Executive Officer, to be submitted to URAC indicating that an organization is maintaining continued compliance with URAC standards as well as informing us of organizational changes. The attestation can be downloaded from URAC website and we are asking that all accredited organizations complete and return the attestation to URAC on an annual basis on May 1.

In addition, it is your responsibility to inform regulators, clients, vendors and others of your failure to provide timely notice to regulators of your accreditation status or any changes in your accreditation status, if applicable, may further affect your accreditation status.

Notes:

Per RFP Requirement 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." Following is a copy of our License Summary from the Secretary of State, Nevada.

ACCESS 2 CARE, LLC

Business Entity Information

Status:	Active	File Date:	11/15/2011
Type:	Foreign Limited-Liability Company	Entity Number:	E0617842011-2
Qualifying State:	MO	List of Officers Due:	11/30/2016
Managed By:		Expiration Date:	
NV Business ID:	NV20111711044	Business License Exp:	11/30/2016

Additional Information

Central Index Key:	

Registered Agent Information

Name:	CSC SERVICES OF NEVADA, INC.	Address 1:	2215-B RENAISSANCE DR
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89119
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

Financial Information

No Par Share Count:	0	Capital Amount:	$ 0

No stock records found for this company

Officers

☐ Include Inactive Officers

Manager - MISSION CARE SERVICES, LLC

Address 1:	6200 S SYRACUSE WAY	Address 2:	
City:	GREENWOOD VILLAGE	State:	CO
Zip Code:	80111	Country:	USA
Status:	Active	Email:	

Actions\Amendments

Action Type:	Application for Foreign Registration		
Document Number:	20110810685-92	# of Pages:	1
File Date:	11/15/2011	Effective Date:	

(No notes for this action)

Action Type:	Initial List		
Document Number:	20110816352-99	# of Pages:	1
File Date:	11/17/2011	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20120684972-01	# of Pages:	1
File Date:	10/5/2012	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20130678180-16	# of Pages:	1
File Date:	10/17/2013	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20140769812-10	# of Pages:	1
File Date:	11/20/2014	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20150442660-70	# of Pages:	1
File Date:	10/6/2015	Effective Date:	
(No notes for this action)			

ATTACHMENT M -- CERTIFICATION OF COMPLIANCE WITH RFP 3207

9.2.3.5 TAB V - ATTACHMENT B, TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

9.2.3.6 TAB VI – SECTION 3 – SCOPE OF WORK

3. SCOPE OF WORK

Access2Care's response complies with Chapter 1900 of the State of Nevada's Medicaid Services Manual and with all federal laws and regulations applicable to non-emergency transportation.

Figure 1 Corporate Organization Chart

The organizational chart shows the relationships with parent and related companies or corporate entities. Access2Care's defined corporate structure is currently delivering services to Medicaid recipients under contract with state agencies or managed care plans in 29 states.

Access2Care, LLC is a wholly owned subsidiary of AMR, Inc., and Envision Healthcare Holdings, Inc. (NYSE: EVHC) is the parent company for both AMR and Access2Care. The EVHC group of companies includes AMR, Evolution Health, and EmCare, which is the nation's largest hospital physician practice management company. Combined, our family of companies account for more than 15 million patient encounters each year. EVHC through its operating subsidiaries and their respective predecessor companies has provided continuous services for more than 100 years. Our ongoing and unprecedented success in the industries in which we work rests on our ability to continually fine-tune and upgrade our services to meet the evolving needs of our customers.

More information on Access2Care staff and key leadership organizational and support structure are included in Section 3.4 (3.4.12).

3.1 DUTIES AND RESPONSIBILITIES

In the following pages, Access2Care has addressed <u>every component</u> of the Scope of Work. Per the RFP requirement for Section 3, we only cite the section number and title in our response.

Access2Care will 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. We will provide transportation services under this RFP through a network of subcontracted, credentialed, and qualified transportation providers.

Access2Care
CREATIVE IDEA

<u>The arrow shown here indicates Access2Care's Creative Ideas for promoting access and reducing costs. You will find our Creative Ideas throughout our proposal.</u>

Access2Care will be responsible for payment of transportation services furnished through subcontracts with transportation providers. <u>Timely payment is a major concern for providers as cash flow is critical to their businesses. To address this concern, our proprietary A2C System features a provider portal that automates and speeds payment, while improving data collection.</u> Our payments to transportation providers are consistent with efficiency, economy and quality of care, and sufficient to enlist enough providers to ensure access for recipients.

Access2Care understands the critical role transportation plays in assuring access to Medical Care for Medicaid eligible recipients. This service is of particular importance to disabled recipients needing critical services such as dialysis, rehabilitation, physical therapy or chemotherapy.

Access2Care
CREATIVE IDEA

<u>Access2Care's Care Coordination Team (CCT) processes schedules and tracks high risk, high utilization, and recipients with recurring trips. CCT partners with agency staff, dialysis, adult day care, mental health, prescribed pediatric extended care (PPEC) and other facilities. Wherever possible, we work to schedule recurrent trips with preferred providers for consistency, improved performance, and high satisfaction.</u>

<u>The oversight of at-risk recipients' scheduling avoids gaps in medical service and thus improves health outcomes. The CCT serves as central contact and builds relationships with facilities that build trust, early awareness of concerns, and personalized service. Facilities have access to dedicated Toll Free Number and email address to make scheduling changes, add/discontinue recipients, and modify transportation around holiday schedules.</u>

Access2Care will ensure that all of these functions are performed properly and efficiently with an emphasis on customer service. We will inform and educate recipients regarding covered services and how to access them, as well as rights and Medicaid State Fair Hearings.

3.1.1 The successful vendor shall perform the following tasks:

(3.1.1.1) Communication to recipients (potential and enrolled), their caregivers and health care providers is important for a program to be successful. Access2Care will have written information about its services and access to services available upon request to recipients and potential recipients in the form of recipient brochures and a State-specific and Division-approved website. All printed and web-based information will be available in English and Spanish. Access2Care will also make free oral interpretation services available for any language as needed using LanguageLine. Examples of our recently developed brochures and communications for our partner programs are included as EXHIBIT 1.

(3.1.1.2) All printed and website material will explain that oral interpretation services in available for any language upon recipients' and potential recipients' request. Access2Care uses multiple strategies to address the oral communication needs of Limited English Proficiency (LEP) populations. To meet the language needs of this contract, Access2Care will use a combination of multilingual Contact Center Associates and translation services. Nationally we have 281 Contact Center Associates, 60 of whom are bilingual in English and Spanish. All recipients and potential recipients will be notified that oral interpretation is available for any language and written information is available in prevalent languages, and notified how to access this information.

We partner with a global leader in translations services, Transperfect Translations, to professionally translate any necessary materials into over 170 languages. We also utilize an outside vendor, LanguageLine Solutions® for over-the-phone interpretation (OPI) services. Regardless of the hour of the request, recipients are able to access OPI services for language assistance in over 200 languages. Using the Language Line, which provides translation services 24 hours a day, seven days a week, the trip scheduling process will take place through a three-way-conference call between the LEP caller, the Language Line interpreter, and the Contact Center Associate. Most recently, we provided our clients with recipient Intro Cards in English, Arabic, Chinese (simplified), Russian, Somali, Spanish, and Vietnamese.

(3.1.1.3) All written material will be in an easily understood format. Recipient materials will be at a sixth grade reading level and we will authenticate the reading level using the Flesch-Kincaid readability indicator. We will also develop appropriate alternative methods for communicating with visually and hearing-impaired recipients, and accommodating physically disabled recipients in accordance with the requirements of the Americans with Disabilities Act of 1990. All recipients and potential recipients will be informed that this information is available in alternative formats and told how to access those formats.

For hearing or speech-impaired callers, we use the Federal Communications Commission's 711 dialing code for access to Telecommunications Relay Services (TRS). This service permits persons to use the telephone system via text phone (TTY) or other device to place calls. We assure these callers do not spend more than three (3) minutes in queue and receive service from TTY/TDD-trained Associates using toll-free lines.

(3.1.1.4) Access2Care will provide informational materials about its services and access to services will be available upon request to recipients and potential recipients. The information will be provided for newly enrolled recipients and for all recipients once per year through the Medicaid District Offices, the Division of Welfare and Support Services offices, and the managed care organizations. Please see EXHIBIT 1 for examples of Access2Care communications. We will ensure all materials meet requirements and are approved by the State prior to being distributed. Because we understand that accessibility is critical, we will ensure that all materials and documents are translated and available in Spanish and, if necessary, any other prevalent language needed for a major subpopulation of recipients. We will notify all recipients and potential recipients that oral interpretation is available for any language and written information is available in prevalent languages.

The initial mailing will be at Access2Care's expense. After the initial mailing (3.1.4), Access2Care will make materials available as instructed by the Division.

Access2Care will meet all requirements and conditions for written materials noted in items 3.1.1.4., A-N with publications developed in cooperation with the Division during implementation and via a customized website for all stakeholders. All materials will be submitted to DHCFP for approval and will meet the following requirements:

- ***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 Access2Care's office and the days that the office is open and services are available;***
- ***Any restrictions on the recipient's freedom of choice among network providers;***
- ***Recipient rights and protections as specified in 42 CFR 438.100;***
- ***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;***
- ***Procedures for obtaining services, including authorization requirements;***
- ***The extent to which, and how, recipients may obtain services from out-of-network providers;***
- ***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;***
- ***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;***
- ***Procedures for accessing emergency and non-emergency services when the recipient is in and out of the vendor service area;***
- ***Information on grievance and fair hearing procedures and information as specified in 42 CFR 438.10 (h);***
- ***Information on procedures for recommending changes in policies and services;***
- ***Quality and performance indicators, including recipient satisfaction;***
- ***The vendor is also required to provide, to the recipient upon request, information on the structure and operation of the vendor; and***
- ***Notification of the recipient's responsibility to report any third-party payment service to the vendor and the importance of doing so.***

In addition to materials for current and potential recipients, Access2Care routinely creates communications for healthcare providers and facilities to help improve recipients' timely and effective transportation. We have found that these communications, such as Frequently Asked Questions (FAQs), while not a requirement, help others involved in arranging transportation and coordinating care to do so most effectively and as a result they improve access and satisfaction, while also reducing costs through reductions in complaints and missed care.

(3.1.2) Access2Care will make updates available on the Access2Care Nevada NET website and via recipient written notice of any significant change, as defined by the State, in any of the enumerations noted above (3.1.1.4). Significant changes could include but are not limited to, changes in operating hours, changes to telephone numbers and office locations, changes to Access2Care's services, benefits or geographic service area, enrollment of a new population in the network, and additions and changes to the provider network.

In addition, Access2Care will update information to recipients and potential recipients monthly, when there are material changes that effect access to services, and we will maintain documentation verifying these updates.

(3.1.3) All materials printed and online materials will be reviewed annually and be made available to and approved by the Division, prior to use. The goal of communication is to inform and educate the target population about the transportation delivery system. Access2Care will also create supplemental written materials; please see EXHIBIT 1, Sample Communication Materials for examples of these types of materials from our operations in other states.

Access2Care will ensure all materials developed for distribution to recipients, potential recipients, or providers receive prior review and approval by the Division.

Access2Care will also develop and maintain a website with information regarding the transportation program including FAQs essential contacts, links to public transit websites, transportation program information, a glossary of transportation terms, and information on the modes of transport available for specific disabilities. Copies of all written materials and forms will be accessible from website, as well. Visitors to the site can also access information about the process to request transportation, register a complaint, file an appeal, or contact Access2Care staff.

Recipients will be able to enroll in our text messaging reminder program on our website. In addition to providing confirmation of rides, we monitor and reduce potential no-shows by text messaging recipients to remind them of upcoming appointments. For example, in Oregon, we have enrolled more than 2000 low-income recipients to receive text message reminders about scheduled trips. Most of these individuals are traditionally hard-to-reach due to communication barriers related to their income status or inability to speak English.

When a recipient has forgotten an appointment or forgotten to cancel an appointment, the text reminder prompts them to take appropriate action. This feature has to be authorized by the recipient with the provision of a cell phone number. This additional contact methodology allows both Access2Care and the provider to reach the recipient when new information needs to be shared. Text messaging also allows recipients to notify us if an appointment has been cancelled or rescheduled. We notify providers of cancellations, and re-assign them to other trips. This process ensures the best use of network capacity, and increases provider satisfaction and loyalty to the program.

(3.1.4) Prior to project implementation and at our own expense, Access2Care will notify all current recipients and providers of the changes in the transportation delivery system and the new toll-free number for requesting non-emergency transportation services. Initial education of recipients will happen at least 30 days prior to the start of business. Details regarding the plan to communicate the change in service to recipients will be provided in our implementation work plan, which will be submitted to the Division for review. The recipient brochure provides details of the pending changes and how to access services through Access2Care. Access2Care's marketing department will mail the brochure via U.S. Mail. The preferred method is mailing to Head of Households – First Class pre-sorted. The brochure will be provided to Medicaid District Offices, the Division of Welfare and Supportive Service and MCOs (see EXHIBIT 1) and will also be available for download from Access2Care's Nevada web site, and if approved, on the State's website. Access2Care will obtain approval from the State prior to launching a website and any content updates throughout the contract.

3.2 VERIFY RECIPIENT ELIGIBILITY

(3.2.1) Access2Care will receive and process all requests for non-emergency transportation services for all eligible Title XIX Medicaid program recipients residing in the State. We will arrange transportation into and out of the state when appropriate for eligible recipients residing in the State. Access2Care will also arrange transportation for recipients who are being treated outside of the State. Access2Care has a dedicated Case Management team in our Idaho operation that processes requests and coordinates travel for recipients across the country. This team will be available for trip request and travel coordination for this contract. During the 12-month period from July 2014-June 2015, this team coordinated 3,611 long distance trips.

(3.2.2) Access2Care will load the eligibility data into our automated system, A2C, utilizing the DHCFP-provided eligibility file. This file will be refreshed twice a month. Access2Care will utilize this information to build a recipient profile with as much data as is available from the Division feed (identification number and pertinent demographic data such as address and contact information). We will also enter the associated business rules for this contract into the A2C System to ensure we uphold Division protocols for eligibility, including the exceptions provided in the Medicaid Services Manual Chapter 1900. Our A2C System has a proven eligibility process to ensure that only eligible recipients receive authorized services; however, in the event that a recipient is showing as not eligible for services, our Associates are trained to refer the recipient to their Medicaid District office. In the past year, we have averaged 611 eligibility files processed each month, with turnaround times for loading such data within 5 to 18 hours.

Access2Care
CREATIVE IDEA

Access2Care recommends exchanging eligibility data more frequently than twice monthly. Exchanges that are more frequent improve service and reduce costs by reducing the number of referrals back to DHCFP for eligibility confirmation and reducing the number of calls recipients must make to schedule transportation. We can process the additional eligibility files at no additional cost to DHCFP.

3.3 ASSESS/AUTHORIZE TRANSPORTATION SERVICES

(3.3.1) Written policies and procedures govern our internal operations and the operations of our network of transportation providers. During implementation, we will finalize and update all written plans, processes, and manuals. We will submit all written policies and procedures to the Division prior to use or distribution. This will include the Policies and Procedures manual as well as the guides for requests for initial and continuing authorizations of service and any other identified requirements. Our A2C System will ensure that all protocols are consistent and compliant with the requirements of Medicaid Manuals and Nevada requirements. Building an automated system allows us to ensure that all program requirements are applied fairly and equitably. Copies of example policies and procedures and a provider manual are included as EXHIBIT 2.

In addition, Access2Care has a dedicated Care Management Team focused on ongoing or continuing authorizations for services for recipients, specifically high-risk, high-utilization populations. The Care Management Team partners with dialysis facilities, nursing homes, assisted living facilities, adult day care facilities, medical pediatric children's facilities, mental health treatment facilities and any other entities that need assistance with scheduling transportation for their challenged and/or high risk clientele with standing orders/recurring trips. We make every attempt to select the most appropriate providers to meet the unique needs of these recipients and prefer to utilze the same providers and drivers whenever possible to createcontinuity,consistency, and a sense of comfort for the recipient. After initial scheduling, the Care Management Team extends the trips from month-to-month to avoid gaps in service.

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

(3.3.3) Assessments will be in accordance with Division transportation policies and procedures as set forth in the Medicaid Services Manual (MSM) Chapter 1900 entitled "Transportation Services" and through any Division policy updates, revisions and State Plan Amendments. Access2Care understands that any recipient requesting higher services than those approved for previously must be referred to the District Medicaid offices and that we must keep track of all referrals per Chapter 1904 C. Access2Care has already begun to customize our Policy and Procedure manual to ensure that we follow all processes and requirements in Nevada's Medicaid Service Manual.

(3.3.4) Each recipient's program eligibility for non-emergency transportation will be verified on the date of service (3.3.4.1). Following eligibility verification, the Associate will verify that transportation is to and/or from a Nevada Medicaid service provider and that the service(s) are medically necessary (3.3.4.2). The Associate asks the recipient a series of questions to assess any other available transportation resources, such as the availability of a vehicle, family member, or friend who could provide transport to the appointment. If the recipient indicates there is an available vehicle, friend, or family member who could provide the transport, the Associate will enter the information in the recipient's profile of the A2C System for reference on subsequent trip requests (3.3.4.3). The Associate will also ask the caller a number of questions that will help determine or confirm the least costly, most appropriate level of service per Chapter 1904 C.1.b. (3.3.4.4); and that the recipient is using the closest provider (3.3.4.5). We will submit all Associate transportation needs assessment scripts to the Division for prior approval during implementation.

(3.3.5) All authorizations or denials will be based on Nevada's program requirements. Access2Care will authorize or deny based upon the criteria in 3.3.4.1 -3.3.4.5, and will not deny an elevated level of service without first checking with the recipient's primary care physician. The decision to deny a service authorization request or to authorize a service in amount, duration, or scope that is less than requested will be made by a healthcare professional who has appropriate clinical expertise in treating the recipient's condition or disease. Appropriate reasons for denial will be loaded into the application's business rules during implementation and will be in compliance with the Division's policies. Denial reasons are at the discretion of the Division and all denial letters will contain Division-approved language. If a service is denied, reduced, or terminated, the system will automatically generate a Notice of Decision Letter containing the recipient's appeal rights, which we will send to the recipient the following business day. The reason for a denial will be documented in the A2C System.

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

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

(3.3.8) During the call intake process, the Associate asks the caller a series of scripted questions designed to help determine or confirm the least costly, most appropriate level of service. This is particularly necessary for those requesting wheelchair service to ensure that mobility assistance is still required and not just a convenience. Although Access2Care will be rigorous in its application of policy, Access2Care will not deny an elevated level of service without first checking with the recipient's primary care physician.

A strong network ensures we provide the most cost effective transport for each request. Access2Care has successfully employed the following tactics and innovative strategies for delivering quality services efficiently, all of which have resulted in streamlined processes and reduced costs:

- ***Efficient Process for Appropriate Level of Service Screening: Access2Care's efficient process alleviates administrative burden and associated costs for the Division, while ensuring appropriate mode assignment based on the recipient's current level of mobility and functional independence.***
- ***Maximizing Personal Mileage Reimbursement: (Personal vehicle and volunteer driver) – Introducing and expanding mileage reimbursement is an effective way to increase independence and control for the recipient while reducing transportation cost. Recipients utilizing mileage reimbursement are more in control of their transportation and appreciate the benefits.***

Access2Care CREATIVE IDEA

In other states, Access2Care has checked for the availability of a licensed vehicle in the recipient's household. If one is found, our Associates inquire as to whether the recipient is able to transport him/herself. This reduces the use of State-paid services when the recipient can provide their own transportation. With DHFCP's assistance to work with other State agencies, this process can be implemented in Nevada.

- ***Consistency Through Proven Processes and Automation: Automated systems and proven processes quickly and accurately gather all data related to a trip, including the eligibility of the recipient, covered service, appropriate mode/level of service, and distance traveled, providing adherence to eligibility and authorization protocols, administrative and transportation cost efficiencies, and collection of important raw data for the program. Having automated systems in place reduces the risk of human error and supports a more efficient call intake.***

Access2Care CREATIVE IDEA

To maximize use of public transportation wherever appropriate, and at the approval of the Division, Access2Care can work with public transit organizations so that recipients with multiple trips can receive unlimited monthly passes that they may use for grocery shopping and to access other non-medical services. This gives recipients an incentive to accept public transit for NET, thus reducing total costs.

All public transit routes in our service areas are pre-loaded into our A2C System so that accurate assessment of appropriate use and availability of this low cost option is assessed for every trip accurately.

- ***Fraud and Abuse Detection and Mitigation: The ability to flag fraudulent claims and/or trip requests quickly reduces transportation costs. To detect fraud and inappropriate use, we may conduct pre-trip appointment verification, especially in cases of long distance trips, 100% post-trip attendance verification for all mileage reimbursement, 5% or more of all other trips, and require recipient signatures on 100% of all trip manifests. Access2Care maintains a diligent corporate culture of fraud detection and mitigation, and provides new-hire and ongoing training on prevention and identification methods.***

- ***Contact Center Efficiency and Expertise: Proven staffing models and our interactive voice response (IVR) system provide high quality customer service while maintaining cost-effectiveness. After the caller enters the recipient's Medicaid number into the IVR, the IVR routes the call to the appropriate Associate based upon the caller's needs. This reduces wait time and allows callers to quickly access the specific function needed (i.e. standard trip request, change a trip request, schedule a hospital discharge pickup, general program questions, etc.).***

- ***Innovative Technology: Using state-of-the-art telephony systems and our A2C System, Access2Care will provide administrative and transportation cost efficiencies through automated eligibility verification, appropriate mode assignment, documentation storage and retrieval, reporting, data collection, workforce management, and call routing.***

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

We have experience in assigning and overseeing the use of public transit for NET. We work with local public transit authorities (e.g., Regional Transportation Commission of Washoe County) to efficiently provide pre-paid trips to recipients at discounted bulk rates. Our Access2Care system has key integration capabilities with pre-loaded maps of major public transportation routes in order to better coordinate and provide guidance to recipients during their request about the availability and access of public transport.

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

(3.3.10) Access2Care will make every effort to utilize the lowest cost transportation provider. In the event the lowest cost provider is not used, we will document the reasons as described in Section 3.6.1. Authorizations for transportation to a provider under these exceptions, will be documented in the database with details on why the nearest provider was not assigned. 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.

(3.3.11) Access2Care will not use Medicaid funds to pay for transportation services that are otherwise available without charge to both Medicaid and non-Medicaid recipients. Access2Care will treat Medicaid as the payor of last resort generally, 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).

3.4 SCHEDULE, ASSIGN AND DISPATCH TRIPS

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

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

Urgent and Unscheduled Trips

(3.4.2) All hospital discharges will be scheduled within three (3) hours of the request and are not required to be verified by the medical provider. Not all trips can be scheduled within the 5-day window and Access2Care understands that there are other situations when the required 5-day notice cannot be given. In these cases, we will verify with the medical provider that the appointment is medically urgent and the trip will be scheduled with an available provider. Often these trips will require the Associate to call the transportation provider directly to ensure they can pick up the recipient on short notice. Access2Care has the capability to schedule last-minute requests from recipients including scheduling changes. When a trip is assigned to a provider with less than 24 hours notice, Access2Care staff will call the transportation provider with a notification that a "short lead time" trip has been assigned. Access2Care will provide additional education via telephone to those recipients who habitually request transportation less than 48 hours in advance of the appointment date. In all cases deemed not medically urgent we will make every reasonable effort to accommodate the recipient's request for transportation; however, if we cannot accommodate the trip request, we will deny the trip, educate the recipient on the parameters of "urgent" and "routine" requests, and ask the recipient to re-schedule the appointment; making the transportation request in the appropriate time frame. We will mail the auto-generated Notice of Decision no later than the next business day.

Late Running Vehicles and Missed Pickups

Transportation providers are trained to call Access2Care immediately if they are running late for pickups. All network providers are required to have the appropriate back up vehicles to assist them in their scheduling. When the transportation provider notifies Access2Care that they are late we will assess the issue and if necessary call another transportation provider to pick up the recipients that may be affected, or we may call the recipient to notify them that the vehicles are running late

Recipient No-Shows

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

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

(3.4.4) Nevada transportation providers will receive training on the above on-time performance standards. It is the NET provider's responsibility to ensure that recipients arrive promptly for appointments and do not wait excessively for their transportation. Access2Care monitors on-time performance through a variety of mechanisms including, complaints processing, and on-street observation.

As needed, Access2Care will work with transportation providers individually or collectively to ensure compliance to the Division's on-time performance standards. This will include training, monitoring, remedial training, and corrective actions as needed.

Transportation will be scheduled to ensure the average waiting time for pick-up or drop-off (delivery) does not exceed fifteen (15) minutes, and at least 90% of all pick-ups must be within fifteen (15) minutes of the scheduled pick-up time, measured on a monthly basis.

Table 1 Trip Performance Standards

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

3.4.5 Basic Steps

Arranging and Authorizing Transportation

(3.4.5.1—3.4.5.5) Access2Care provides an impressive and efficient technology platform in our A2C System. We were the first transportation management company to develop this ground-breaking comprehensive A2C technology platform, specifically designed for NET management. A2C handles all call intake, manages appropriate transportation mode (vehicle type) assignment, schedules and dispatches trips, facilitates claims processing, and is the system for complaint submittals and the entire resolution process. In addition to automating many aspects of the entire transportation process, A2C also stores all related data, and makes it easily accessible to our teams and yours.

A2C streamlines the gatekeeping process and incorporates carefully designed safeguards to help prevent errors. Using Division-provided eligibility and provider files, during the call with the recipient, our system works quickly to populate recipient identification and destination data into the scheduling system. This system protocol improves accuracy in arranging the trip and reduces each Associate's time required per call, thereby reducing costs while improving recipient and provider satisfaction.

NET Services Request: Scheduling Overview

Access2Care's objective in our call intake process and trip scheduling system is to make it simple for eligible recipients to schedule transportation while ensuring accuracy, consistency, and cost efficiency. The key to our system's success is that we have automated as much of the process as possible. For example, the A2C system automates collection of items such as date, time, and Associate identification and uses eligibility and provider data files to populate fields. This system allows the Associates to focus on delivering the best customer service while minimizing the chance for human error and potential for fraud, waste, and abuse. Though each of our contracts are unique, our general NEMT process remains consistent:

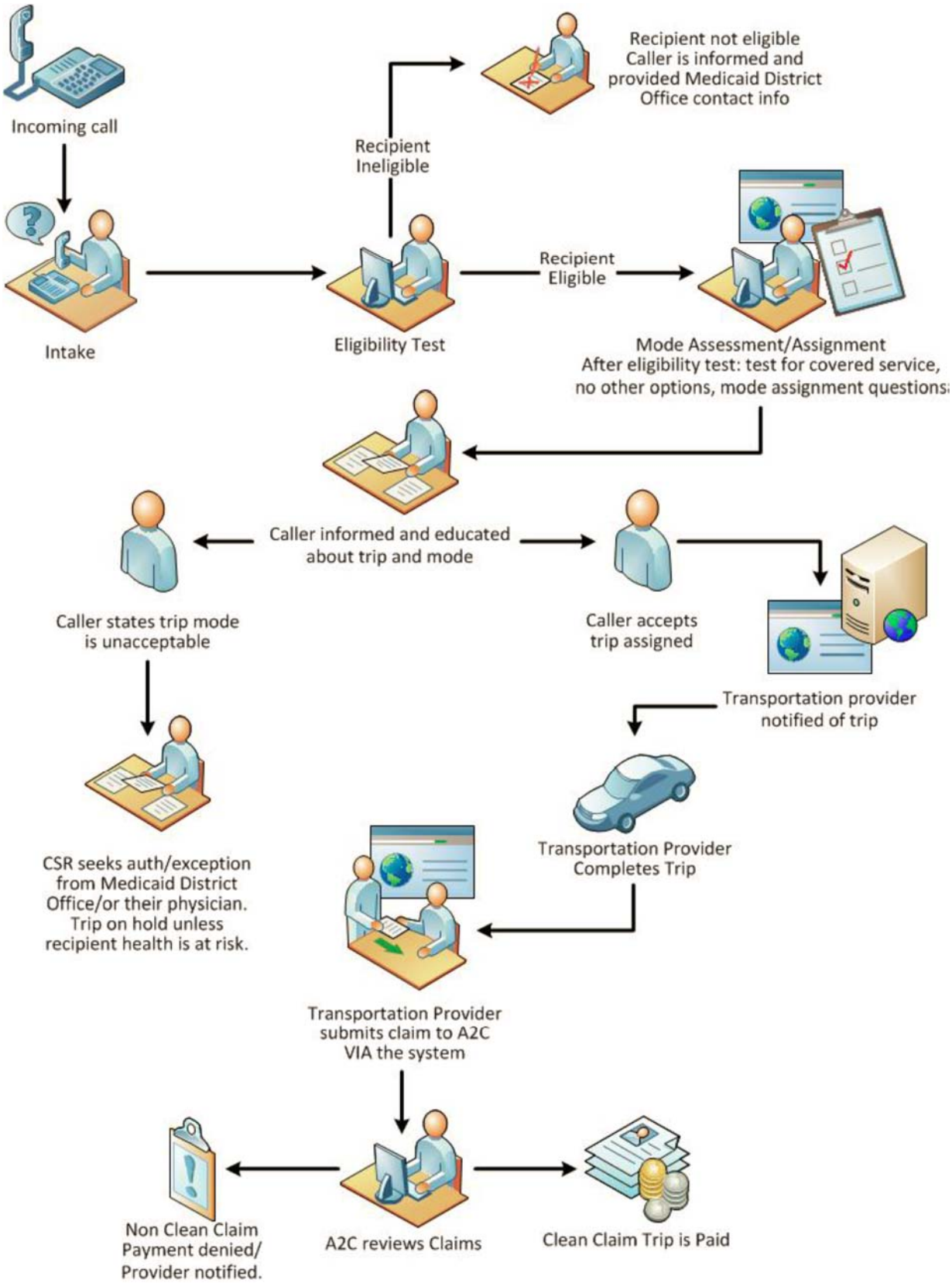
- ***Verifying eligibility***
- ***Determining appropriate trip mode/level of service***
- ***Scheduling a trip***
- ***Caller is informed about trip and mode***
- ***Provider notified of trip***
- ***Provider performs trip***

Our A2C system is strategically designed to complete all of the steps in a single interaction—whether by a call or online. The previously programmed, client-specific business rules effortlessly guide the Associate through the eligibility verification process, need assessment, and assignment of the appropriate mode of transport.

Our Associates are not dependent on potentially out of date reference documents posted at their desks, or on their memory of available public transit routes and schedules - all this information is loaded and maintained in the A2C system. As the Associate completes the necessary fields, the trip is assigned to a provider and the provider receives the trip request via a secure web portal within seconds. Before the Associate completes their initial call with the client, they are able to confirm authorization of the trip, inform regarding trip details, and often give the recipient the name of the transportation company that will be picking them up. A more detailed description of each step in the scheduling process is detailed in the following sections.

The graphic on the following page illustrates our call intake process from the initial request to provider payment.

Figure 2 Call Intake Process



Access2Care receives telephone calls from recipients and their representatives requesting non-emergency transportation services. The Associate reviews the trip request and verifies the recipient's Medicaid eligibility for the requested date of service. All trip information is collected and recorded including the date, time, name and address of the medical appointment. The Associate then assesses the recipient's eligibility for transportation services in accordance with current Medicaid transportation policy and verifies that the recipient has no other transportation available and that the trip is for a Medicaid covered service. Upon completion of the screening of an eligible recipient, Access2Care authorizes the transportation service and assigns the trip to the most appropriate and least costly subcontracted transportation provider available, consistent with the transportation needs of the recipient. If service authorization request is denied or reduced to a level that is less than requested, a Notice of Decision (NOD) is completed in compliance with Chapter 3100 of the Medicaid Services Manual. Notification of a denial includes a description of how to file an appeal and the reason for the denial will be documented and logged. When appropriate, the Associate may verify the transportation need by confirming the appointment with the medical provider.

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

Table 2 Contact Center Script

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

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

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

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

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

(3.4.5.9) Access2Care will make prompt payment to the transportation provider after the trip occurs and upon receipt of a properly completed and verified trip invoice. Access2Care may verify that the recipient received the authorized transportation service to a covered medical service. Our reimbursement program surpasses industry and contractual standards for timeliness; under our management, transportation providers often receive payment in less than 21 days through a simple, web-based process.

(3.4.5.10) Procedures applicable to subcontracted transportation providers may vary when public transportation, mileage reimbursement or other appropriate transportation services are used.

3.5 Timeframes

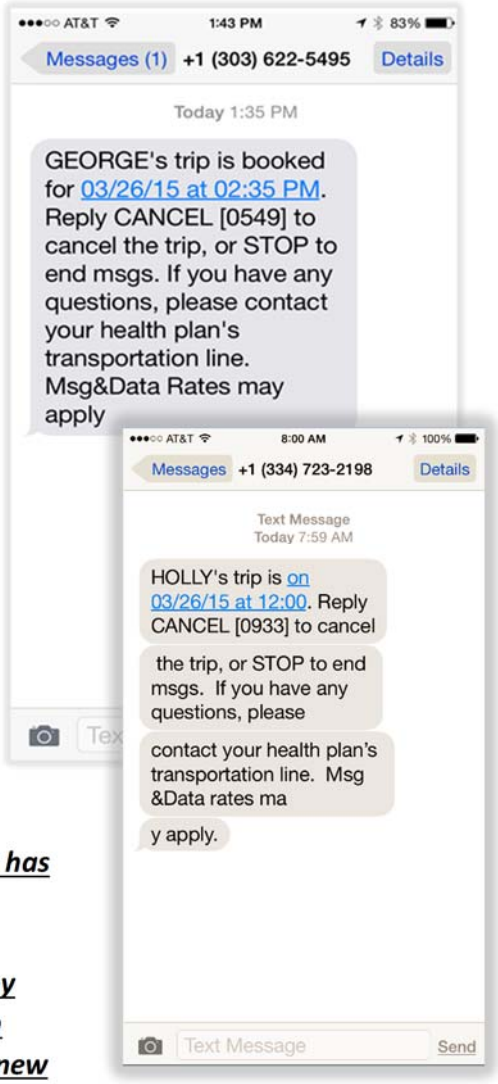
(3.4.6.1) It is standard for authorizations to be made at the time of the call; however, if we need to consult with the medical provider we may place the trip in a hold status until we have the required documentation to justify the mode of service requested. All trips pending medical justification will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

(3.4.6.2) Access2Care will make an expedited decision for already scheduled medical services that will occur prior to the 14 calendar days. Access2Care will work cooperatively with the State and the medical providers to ensure access to necessary health care. Access2Care will comply with all Division requirements and timeframes for urgent authorization decisions. Recipients will be allowed temporary approval of a higher mode if waiting would jeopardize their health. The CCM or supervisors will be able to override the system and ensure that transportation is available for standard authorization decisions.

3.6 Frequent No Shows

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

(3.4.7.2) Access2Care believes in a proactive approach to minimize recipient no-shows or failures to timely cancellation. Recipient no-shows greatly contribute to excess program costs. When not managed well, the transportation providers must charge more for completed trips to cover their expense of the no-shows and the program manager incurs the administrative cost for call intake, scheduling, and closing records for a trip that did not occur. Transportation no-shows may also create the downstream result of delayed medical care. Certainly no-show appointments increase the medical provider community's costs and create provider dissatisfaction and unwillingness to participate in Medicaid programs. We undertake continual efforts to educate individual recipient who have documented high no-show rates. We look forward to working with the Division to analyze root causes of no shows and implement targeted strategies to reduce them.



Text-Messaging

Our text-messaging program is a proven success strategy. We monitor and reduce potential no-shows by text messaging recipients to remind them of upcoming appointments. When a recipient has forgotten an appointment or forgotten to cancel an appointment the text reminder may prompt them to take appropriate action. This feature has to be authorized by the recipient by providing a cellular phone number. This additional contact information allows both Access2Care and the provider to reach the recipient when new information needs to be shared. Text messaging also allows recipients to notify us if an appointment has been cancelled or rescheduled. We notify providers of cancellations, and re-assign them to other trips. This process ensures the best use of network capacity, and increases provider satisfaction and loyalty to the program.

Upon request, we can provide the Division additional information on any or our technologies and a demonstration of the client portal.

Occasionally, a recipient's negative behavior requires intervention. Access2Care has created Policy #220 Client intervention and Denial Policy to assure these issues are addressed in a formal, equitable manner.

The Division will have final approval of the policy and all Access2Care policies prior to commencement of services. Our suggested process, pending Division approval follows:

- ***Excessive No-Shows/Failure to Cancel Transportation Services: three (3) missed consecutive appointments in a rolling one-month period. Neither Access2Care nor our transportation providers will charge a recipient for a no-show. We educate the recipient about the negative impact a no-show has on the program and their ability to access services in the future.***
- ***Unacceptable Recipient Behavior: three (3) validated instances of unacceptable, but non-violent behavior in a rolling one-month period.***
- ***Severe/Major Recipient Behavior Events: such as a threat to life or safety that would cause risk of injury to a driver or other passengers.***

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

3.7 Develop And Implement A Monitoring Plan

(3.4.8.1) Access2care will be responsible for all services provided by the subcontracted transportation providers and we will ensure adequate oversight of the providers. Our network coordinators monitor the local transportation providers to ensure they are compliant with all aspects of the program including State and Federal laws and requirements We have established detailed processes and procedures for ensuring the quality of transportation services including continuous monitoring, quality programs, and effective performance improvement plans. Our commitment to quality is further demonstrated by our recent perfect score in the Utilization Review Accreditation Commission's (URAC) review of our company's organizational and administrative practices. We have provided detail regarding monitoring of transportation providers in the responses below.

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

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

(3.4.8.3) Access2Care has all of the cited written procedures in place. In the event we find that a transportation provider is non-compliant with contractual standards of federal and/or state laws, we initiate swift corrective action through a Performance Improvement Plan (PIP). The provider placed on a PIP will receive a bi-monthly Performance Report until the completion of the PIP and the correction of the infraction. Dependent on the severity and frequency of occurrence or re-occurrence of a specific offense, such action includes written warnings, formal corrective action planning, suspension, or as a last resort, termination from the network. The Business Manager is responsible for designing and approving corrective action required to resolve identified quality-related issues. A corrective action plan will identify:

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

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

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

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

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

Quality Assurance

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

In a further demonstration of our commitment to quality and best practices, Access2Care has attained accreditation from URAC (Utilization Review Accreditation Commission) for all our locations.

As part of the Provider's Quality Score, we track Provider no-shows by the percentage of all trips accepted by the provider in which they failed to arrive at the pick-up location. We believe in aligning incentives so that success is shared by all stakeholders, including the transport provider community. When more than one Provider meets the business rules logic to be considered for a transport the system then looks at each provider's Quality Score. The Quality Score is a continuously updated indicator based on factors such as on-time performance, complaints, and no-shows. All other things being equal, the system assigns the request to the provider with the higher quality score. This aligns the incentives by rewarding exceptional performance with greater transport volume.

The Division will be able to access Performance Reports via their individual, password protected Access2Care Web portal.

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

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

Table 3 Transportation Provider Indicators and Standards of Quality

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

We achieve these indicators and standards through the following practices:

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

Overall Complaint Rate: Access2Care works proactively with providers to ensure they have all the tools necessary to make their businesses successful. We have found that if the providers' needs are being met, they will work harder to help us achieve and maintain a low complaint rate.

- ***Provider No-Shows: Transportation providers must contact Access2Care if the driver is running behind schedule or if the provider cannot complete a trip. This allows Access2Care the opportunity to re-assign the trip to an available provider.***

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

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

Sample Quality Assurance and Performance Monitoring Reports provided by Access2Care:

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

3.8 Coordinate with the Division and Community Service Providers

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

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

We have experience in establishing committees and facilitating advisory meetings. For example, in Idaho, we convene these meetings on an as-needed basis to address current issues, share best practices, and communicate changes in the program. In Iowa, we coordinate quarterly meetings with the State Agency. We schedule meetings, organize each agenda, take care of meeting notification, and prepare and distribute minutes. In Iowa, the goal of the NET Advisory Board is to meet on a quarterly basis to continually improve the program and to provide benefits to as many Iowa Medicaid Members as possible. The Advisory Board's intent is to discuss overall programmatic issues rather than member/recipient-specific issues. For instance, our Iowa leadership worked closely with the State and other Advisory team members to update an FAQ on the program.

3.9 Provide Administration Oversight

(3.4.10.1) Access2Care will provide focused and professional day-to-day oversight of the DHCFP's NET program, including all necessary processes to manage the transportation program. Upon notice of award, we will work with the Division to deliver all implementation tasks, including the operations procedures manual. The operations procedures manual is a combination of several manuals including the transportation provider manuals, facility manuals, and communication manuals. The complete operations manual is reviewed and updated annually and whenever changes in operation are made; this manual shall be incorporated into all mandatory orientation training programs for new employees and given to all subcontracted transportation providers. We will use the Division-approved manual as a foundation for all training activities associated with this contract. During implementation, Access2Care will submit a draft manual to the Division for review and approval at least 20 business days prior to the start of operations. Upon receipt of changes, the Nevada Business Manager will return the modified manual to the Division within 10 days of receipt. Access2Care will not use or distribute the manual until its content receives approval from the Division. Copies of example policies and procedures and a provider manual are included as EXHIBIT 2.

(3.4.10.2) Access2Care is proposing a risk-based capitation payment methodology.

(3.4.10.3) The operations manual includes policies and procedures on building networks. This includes the process used to select and retain transportation providers in the network. Transportation providers are provided a service agreement and a transportation provider manual. The service agreement has all the requirements to be included in the network, including all credentialing requirements: insurance minimums, vehicle safety and maintenance and driver background, training and licensure requirements and any special licenses.

Access2Care keeps copies of all documents required during credentialing in the transportation provider file and these are available upon request.

Access2Care upholds strict credentialing processes that ensure that only qualified and fiscally responsible Access2Care upholds strict credentialing processes that ensure only qualified and fiscally responsible transportation providers participate in our networks. Access2Care will ensure compliance with Nevada and federal requirements prohibiting contracting individuals excluded from participation under the terms and requirements set forth by Medicare and/or Medicaid. Prior to performing services, and monthly thereafter, these names are checked against the Office of Inspector General (OIG) and Excluded Parties List System (EPLS) databases. We validate approximately 6,000 names per month. Companies with a driver, an owner or controlling interest found on such lists are not allowed to contract or perform services. Our credentialing process consists of reviewing required documentation and a visual inspection of the providers' facility/vehicles.

For all Nevada providers, all records will be entered into our Community Credentialing Access Portal, which simplifies the credentialing process for providers and our Network Specialists. Once a transportation provider receives an invitation to join the Network Provider Community, they receive instructions on accessing the online portal and activating their account. Providers are prompted to add details regarding numerous credentialing factors including contact and vehicle information. Detailed instructions for our online credentialing portal are included in EXHIBIT 3.

Providers are able to add, remove, and update specific information items in the system in addition to upload copies of files (Driver Licenses, Acord certificates, etc.). Access2Care's Network Specialists maintain

control of the company/vehicle/driver credentialing status (active or inactive) by reviewing and approving documents submitted by providers.

We maintains a "tickler" file that provides our Network Specialists with critical expiration or renewal dates for such items as automobile liability insurance policies, driver's licenses, vehicle registrations, and inspections on a monthly basis to ensure there are no expirations or lapses in coverage. Access2Care requires all transportation providers to provide Access2Care with a minimum of 30-days' notice before any material insurance policy changes occur. The A2C System sends automatic reminders to our Network Specialists and the transportation providers for follow-up before the dates expire. DHCFP staff will be provided access to these logs.

3.10 Protect Recipient Confidentiality

(3.4.11.1) Access2Care is experienced in maintaining the confidentiality of Medicaid program information and will comply with all federal, state and Division requirements regarding retention and disclosure of this information. In cases where the information requested by outside sources is releasable under the Freedom of Information Act (FOIA), as determined by the Division, Access2Care will provide support for copying and invoicing such documents at our expense.

(3.4.11.2) Access2Care prudently safeguards and protects Medicaid recipient information while handling, processing, and using this protected health information. To ensure we maintain compliance with HIPAA requirements, Federal and State laws and regulations regarding confidentiality (including, but not limited to, 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009. We have developed a comprehensive Protected Health Information (PHI) and Personally Identifiable Information (PII) protection program, and all of our systems, electronic data exchanges, and on-line functions are fully HIPAA compliant.

Access2Care provides HIPAA Privacy and Security compliance training to all personnel at hire, and at least annually thereafter, with documentation of the trainings stored in our online learning management system tool. We ensure training standards are met and remain current and that all personnel learn the practical applications of HIPAA within the context of their specific jobs as well as within Access2Care's responsibilities. Providers also must train their staffs and provide signed compliance statements. Staff and providers must release PHI and PII only as permitted under applicable state or federal HIPAA regulations and with the written permission of the Division to authorized recipients.

We provide systems and resources for full compliance with the HIPAA Privacy, Security and Electronic Data Interchange regulations. There are firewalls and data back-up plans to protect against improper information access, and ensure integral information will be available for future use. Our assigned staff includes a Privacy Officer and a Security Officer responsible for the implementation of policies and procedures to ensure compliance with these regulations. Our Security Standards and Requirements include standards for physical security, network security, encryption, use of passwords, security in data transfers, and administrative management of all system access. These robust standards are based on industry best practices and comply with all federal and state confidentiality laws. We maintain written policies and procedures regarding storage and archiving of program data that meet HIPAA and security requirements of the contracts under our management.

3.11 Maintain Adequate Staff And Facilities

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

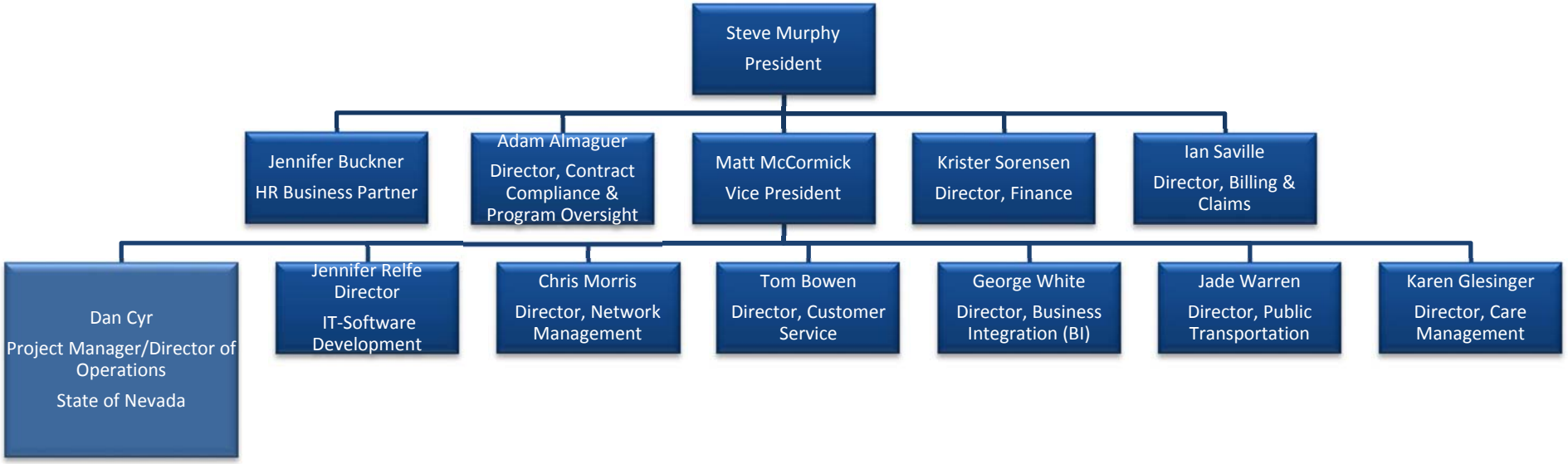
Table 4 Access2Care's Proposed Staffing Structure for the Nevada NET Program

Access2Care's Proposed Staffing Structure for the Nevada NET Program	
Staff Member/Position	**Role**
Project Director	• Oversees and assists operations of the Nevada implementation with the Business Manager and provides leadership for the business manager throughout the contract term.
Implementation Project Manager	• For implementation period only. Provides oversight and contact for implementation process.
Business Manager	• Locally-based program oversight, attends local meetings with the Division, Counties Social Services, and assures quality and compliance of program management.
Network Coordinator	• Locally hired individuals will provide needed support to transportation providers to ensure safety and contract compliance, facilitates provider education, oversees claims processing, safety and quality.
Public Transportation Coordinator	• Responsible to work closely with the local public transit coordinator. The PTC will order and mail all token/passes
Contact Center Manager	• Oversees all call center operations for the Idaho center. Ensures appropriate staffing to meet call center performs standards.
Customer Service Center Representative Supervisor	• Provides oversight and leadership of all call center operations ensuring excellent service, adherence to protocols and contract compliance. We are interviewing internal candidates for this position.
Contact Center Associates	• Veteran and new staff will provide friendly, professional customer service with every call. • Serves as the public "face" of the Division and Access2Care.
Claims Adjudicator	• Review submitted documentation for personal mileage reimbursement and volunteer drivers.
Process Improvement Coordinator	• Responsible for Quality review, complaints, and reporting.
Service Recovery Specialist	• Specially trained quality staff that handles all complaints from stakeholders; well-trained in complaint intake, investigations and the appropriate resolutions.
Transportation Coordinator	• Responsible to work with clinical case manager and network coordinators for complicated trip scheduling. • Responsible for all recurring trips, long distance, level of service overrides and managing referrals to the District Offices. • Specialized staff member that handles all long distance or out-of-state trips. Works closely with medical providers to ensure appropriate mode assignment.

Our Nevada team will be fully supported by Access2Care's responsive organizational structure. Our national leadership provides appropriate oversight, quality assurance, and focus on continuous improvement. Access2Care's quality management program promotes objective and systematic monitoring of customer service and satisfaction, information management, privacy and security of personal health information (PHI), and regulatory compliance.

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

Figure 3 Access2Care Organization Chart



Descriptions of the skills of our key personnel are listed below. Resumes are included in Tab VIII, Section 4.4 Vendor Staff Resumes.

Table 5 Access2Care Key Perssonnel and Skills Alignment

Key Team Member	Role(s)	High Level Skills aligned with Nevada Program
Steven Murphy	President, Access2Care	• Company Oversight and Support
Matt McCormick	Vice President, Access2Care	• Company Oversight and Support • Designer of Access2Care operations
Dan Cyr	Project Manager/Director of Operations	• Leads and is accountable for implementation and ongoing operations of the Project • Oversight of Nevada operation
Krister Sorensen	Director of Finance	• Oversight of financial performance • Rates/Cost proposals • Pro Forma for executive review • Budgets
Jennifer Buckner	Human Resources Business Partner	• Develop Job descriptions • General training • Recruitment and hiring
Tom Bowen	Director of Customer Service	• National Director of Call Centers • Call center performance • Call center operations and technology implementation
Chris Morris	Director of Network Management	• Provider Network Operations-National • FL operations
Adam Almaguer	Director, Contract Compliance and Program Oversight	• Quality Management • Client Services (ongoing relationships with clients) • Implementation/ Turnovers
Ian Saville	Director of Billing and Claims	• Billing and Claims • Fraud & Abuse Detection • Contents of electronic claims file submissions
George White	Director of Business Integration	• Technology for Access2Care • A2C System design and functionality • On-line request functionality
Jennifer Relfe	Director, IT-Software Development	• Technical design and implementation of all A2C system business requests • Business Requirements Analysis • Production System Support • A2C System Quality
Jade Warren	Director, Public Transportation	• Coordination of public transit services. • Increase utilization of safe, accessible, cost effective alternative transportation solutions.
Karen Glesinger	Director of Care Management	• Innovative strategies for member care management

Resumes for all key personnel are included in Tab VIII, Section 4.4 Vendor Staff Resumes.

(3.4.12.2) Subject to Division approval, Access2Care is proposing as the Business Manager for the Nevada Program, who will be onsite at our local Nevada business office and available to the State from 8:00 am – 5:00 pm (PST) Monday – Friday and via cell phone afterhours. The Business Manager will have day-to-day authority to manage the total project and will be available to the Division during regular business hours via a direct office line and/or their mobile phone.

(3.4.12.3) The Division will be notified within seven business days of all key staff changes. All changes in key staff will be prior-approved before any offer is extended. Access2Care will establish local operations in Nevada, geographically convenient to the Division. This office will be open from 8:00 am to 5:00 (PST) Monday – Friday except for state holidays. The local office will house the Business Manager, Clinical Case Manager and Network Coordinators. Access2Care is proposing that all call center activities (transportation scheduling) be conducted in our URAC-accredited call center located in Boise, Idaho. To further ensure high quality customer service and ease of implementation, we can utilize our veteran staff to lead and staff the Associate team for Nevada.

(3.4.12.4) The Nevada business office and the Idaho Contact Center will house sufficient technical and material equipment and supplies to meet contract needs. We will have 24-hour, seven days a week access by telephone to a live voice or answering machine that will immediately notify an on-call employee to handle transportation problems that may arise during non-office hours. We will be able to send and receive faxes and emails at our offices at all times. When a call or message is received, the caller, phone number, and details of the voice mail message will be documented in a call log. Call documentation will include the voice mail received date and the date retrieved. The call log will include the time and date of the initial voice mail and the system will record when a return call was made, and what action was taken.

The call center will contain sufficient staff to answer the calls in a manner that will comply with all RFP requirements. To reach Access2Care staff after normal business hours, on weekends, and during observed holidays, Nevada's dedicated the toll-free lines include a separate 24-hour IVR queue that prompts callers to various queues to schedule urgent transportation, answer questions, or register complaints. Our after-hour Contact Center staff will be fully trained to ensure a seamless quality call experience for recipients.

Division staff will have immediate access to the Business Manager via a direct office line and/or their mobile phone. We will also be able to reproduce documents, as requested by the Division.

(3.4.12.5) All records pertaining to the contract will be stored, retained and available for review according to the terms of the RFP at our central business office, approved by the Division. Records will be readily available for review at the request of the Division or its authorized representatives. The operations manual will include all record retention policies. Records will be maintained throughout the contract and for six years thereafter unless an audit is in progress, in which case records will be maintained for five years after the conclusion of the audit.

A disaster recovery plan is also in place to ensure business continuity in case of a catastrophic event. Our plan includes the following components:

- ***Continuous Phone Service: Access2Care has defined business continuity activities for each location that may transfer responsibilities and phone services to an alternate facility in the event of an interruption of local phone service.***
- ***Electrical Power: Each Contact Center is equipped with an Uninterruptible Power Supply (UPS) system for continuous operation in the event of a temporary interruption of power. This allows Access2Care to condition the power delivered to systems, to further protect those systems from damaging power spikes that could cause service interruptions.***
- ***System Infrastructure and Design: Access2Care has designed its infrastructure to provide multiple layers of redundancy.***

- ***Building Safeguards: We control access to all data centers, facilities, server rooms, and their critical systems and hardware with key access that maintains a log of individuals entering. Smoke detection and air-sampling equipment warn of problems and notify staff to shut off power in the event of an electrical fire. In real time, we monitor server-room conditions (heat, humidity, etc.) and have an independent A/C system to provide overall climate control.***

- ***Staff Safety: We conduct periodic safety training for all personnel including information on how to handle emergencies, building evacuation routes, and other relevant information.***

Our Disaster Recovery document and Business Continuity plan (updated September 2015 and annually to apply lessons learned) is provided in EXHIBIT 4. The business continuity procedures cover all system services including the Contact Center, scheduling and systems.

3.12 Implementation Work Plan

(3.4.13) Access2Care already completed the early stages of implementation following the previous intent to award. We have started customizing all of our manuals and policies and procedures based on the requirements within this RFP and the Medicaid Services Manual and related chapters. Many of the activities listed below in our implementation overview are already complete or in progress. We are in a unique position of being ready to pass a thorough readiness review by the Division 30 calendar days prior to service start date, and are able to complete the entire implementation within 90 days of contract award.

Transition and Operational Readiness Overview

The following narrative overview follows the progression of all proposed transition activities, in accordance with the RFP requirements and our best practices for NEMT implementation. Due to our extensive experience in medical transportation program management, we understand the tasks and activities required to transition a non-emergency transportation program to a new management model and will perform all necessary work to ensure a successful readiness review within 30 days prior to contract service start date.

- ***Project Start Up: Develop and submit a Transition Work Plan for Division approval within five (5) days of the Contract Effective Date. This plan will include a list of all pre-implementation activities and schedule for completion. We will assemble the Implementation Team, establish a regular meeting schedule, and update the schedule as needed.***

- ***Begin Recurring Task: Weekly written status reports on the progress of tasks against the approved Transition Work Plan will be submitted weekly. Throughout the transition, we will inform the Division of delays or setbacks to the critical path or project timeline no later than close of business on the day that any such issue or problem is identified.***

    - ***Project Implementation Management: The designated Implementation Specialist and Program Manager will oversee day-to-day and weekly development of the project's status. Our Quality Manager will collaborate with the two leaders to ensure we build appropriate quality metrics and monitoring into the program during the implementation phase.***

    - ***Begin Recurring Task: We will conduct weekly progress meetings with the Division initially from Nevada via phone conference and move to in-person meetings as the "go-live" date approaches.***

- ***Personnel Recruiting and Training: Our Human Resources Generalist will begin the recruiting process for unfilled positions and local staff. As much as possible, we will seek to employ qualified, local workers. We will ensure sufficient staff to meet customer service and quality standards. We will recruit qualified individuals with appropriate experience and conduct employment screenings to ensure high performance. Staff will receive sufficient training using Division-approved manuals and training materials to begin taking calls at least two (2) weeks before the "go-live" date.***

- ***Establish Contact Center: We will prepare the Contact Center facility in Idaho to accommodate the additional staff needed to conduct operations and finalize the ordering and installation of all hardware, software, office equipment, furniture, and fixtures. We will utilize veteran staff to oversee a smooth operational cutover.***

- ***Establish Technical Infrastructure: We will finalize the various hardware requirements for the operations center and review utilization data to prepare for potential modifications. We will obtain data associated with all existing recipients, and transfer previous activities from the previous NEMT broker. We will also establish a test environment and prepare a disaster recovery plan specifying hardware backup and how software and master files will be restored if management information systems are disabled. The disaster recovery plan will include alternative methods for continuing all required services.***

- ***Expand Telecommunication Systems: We will define, acquire, and install needed telecommunication components and toll-free lines. We will seek the Division's approval on all IVR scripts. We will test all phone lines, the Language Line, eligibility verification and test inbound and outbound exchange with the Division.***

- ***Customize Access2Care Software Modules: To ensure contract compliance from the very first call, Access2Care will enter the Division's protocols into our A2C System. The Web-based system supports demonstrations, prototyping, and modification, allowing us to make all necessary changes and completely test the system prior to conducting staff training. Customizations to the A2C System will include recipient eligibility verification, business rules, prior approval processes, trip assignment, complaint resolution and tracking, and reports modules. We will work with the Division to establish all project control and reporting systems and obtain Division approval. We will test each application to ensure full functionality.***

- ***Customize Policies and Procedures: Written policies and procedures govern our entire operation. Upon finalizing the system and operations, we will update all written plans, processes, and manuals. We will submit all written policies and procedures to the Division prior to use or distribution. This will include the Policies and Procedures manual as well as operational plans such as Complaint Resolution and Tracking, System and Data Security, Quality Assurance Plan, Disaster Recovery Plan, Transition Plan, Claims Review, and any other identified requirements.***

- ***Develop Communication and Written Materials: We will develop and submit to the Division for approval all communication and written materials including denial letters, brochures, and any other recipient correspondence requested. We will develop a distribution plan in***

collaboration with the Division. We will also prepare all forms, notices, documents, training manuals and training evaluation protocols that will be used for the program and obtain Division approval prior to use.

- ***Prior Authorization and Claims Review Processes: We will establish processes and procedures for review of driver manifests and claims documentation to ensure accuracy of payment authorization. We will work with the Division and its designee to establish efficient and Health Insurance Portability and Accountability Act (HIPAA)-compliant processes.***
- ***Conduct Operational Readiness Review: The Quality Manager will prepare an extensive readiness review and develop a comprehensive checklist for approval by the Division. Once finalized and approved, we will conduct a formal Operational Readiness Review with the Division, demonstrating that all functional areas are ready, and that we have completed the Transition Activities. The Division will have final approval of all readiness review activities. As part of the Readiness Review, we will submit a report template for each report to the Division for review and approval.***
- ***Operational Cutover: Upon successful completion of the readiness review, Access2Care will request the Division's authorization to commence services, including taking live calls, prior to the actual cutover date. This has proven to be an exceptionally helpful strategy in recent Access2Care implementations. We will transition the entire program's operation to Access2Care at the Division's direction.***

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

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

3.5 NETWORK

3.5.1 Recruit and Maintain An Adequate Transportation Provider Network

(3.5.1) To meet the needs of the State as we understand them today, we are proactively cultivating relationships and recruiting providers in anticipation of this partnership. Access2Care has already identified and contacted several local transportation providers to obtain letters of intent. If we are selected, we are positioned to assure a seamless transition to enhance continuity of care. Access2Care will maintain a sufficient network of appropriate providers supported by written agreements and able to provide adequate access to all non-emergency transportation services covered under the contract.

(3.5.1.1) During implementation and throughout the life of the contract, Access2Care monitors the resources in a given area for adequacy in number and service scope. The initial demand analysis and System Status Management (SSM) plan for the program service area uses the current available data to determine the number of vehicles required in each area and the optimum size of the network. Following the implementation of the contract, our analysts will use actual trip data to refine the SSM plan and the network configuration to ensure that adequate resources are available to meet both peak and continuous demand transport volume. Access2Care will also conduct a demand analysis from trip data for a 20-week period segregated by geographic area, type (level) of transport for each day of the week and each hour of the day. This complete demand analysis allows Access2Care to determine the number of vehicles, by vehicle type, that are needed in each geographic area throughout any given day. Our process takes into consideration the expected utilization of services, characteristics and health care needs of specific Medicaid populations under the contract, the numbers and types of providers required to fulfill the services, and the geographic location of providers and recipients including the provision of physical access for recipients with disabilities.

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

Our Network Development team has contacted 31 Nevada transportation providers and has already received five Letters of Intent. We will continue our outreach and recruitment to secure adequate network development throughout the State. The transportation providers we have contacted follow.

- ***Above and Beyond Care***
- ***A-Cab CO.***
- ***ACE Cab Co.***
- ***Almost Home Adult Day Care***
- ***A-North Las Vegas Cab***
- ***Baby Boomers Activities Club***
- ***Bell Trans***
- ***Beth Am Lied Adult Daycare***
- ***Carevans Medical Transport Servc***
- ***Checker Cab Co.***
- ***Deluxe Cab Co.***
- ***Desert Cab Co.***
- ***Eternitys Peak***
- ***GMT***
- ***Life Trans Inc***
- ***Lucky Cab Co.***
- ***Medic Coach Service/ Badly Scattered Land and Cattle Co.***
- ***Medlife Trans***
- ***Nellis Cab Co.***
- ***Nevada Adult Day Care Centers***
- ***Nevada Medical Transportation***
- ***Regency Palms Memory Care***
- ***Star Cab Co.***
- ***Union Cab Co.***
- ***Vegas Western Cab***
- ***Virgin Valley Cab***
- ***Western Cab Co.***
- ***Whittlesea Blue Cab***
- ***Willow Creek Memory Care West***
- ***Yellow Cab Co.***
- ***Because We Care***

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

(3.5.1.3) Access2Care conducts re-credentialing annually to ensure all transportation providers continue to meet the requirements of the program. We align incentives so all stakeholders, including the provider community, share success and we reward high quality service with trip volume. All providers have an associated Quality Score within the A2C System, which is considered when trips are offered; provider no-shows are factored into this score. When more than one provider meets the business rules logic to be considered for a transport, the System assigns the request to the provider with the higher Quality Score. The Quality Score tracks, at a minimum, percentages in several indicator categories, and the A2C System provides exception reports on unmet standards including On-time Performance, Provider No-Shows, Complaints/Transport ratio, Trip Acceptance, and Audit Results (all audited trips for which payments may be denied).

(3.5.1.4) We utilize a number of methods to monitor compliance including:

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

Access2Care has achieved a high standard of compliance among the current provider network. Ongoing and proactive monitoring of the network for improvement means consistent levels of quality and early detection of potential issues. The results yield a dependable network, free of deficiencies that could interrupt service delivery. We engage in a number of monitoring activities, including, but not limited to the following:

- ***Initial and annual credentialing of all drivers, attendants, and vehicles;***
- ***Monthly-Monitoring driver licensure, driving records, experience, certification, and training compliance;***
- ***Initial, annual, and random checks-Monitoring compliance with State and manufacturer vehicle requirements and vehicle inspection; and***
- ***Initial, annual, and random checks -On-street observations.***

Daily monitoring activities include:

- ***Reporting and reviewing accident/incident or moving violations;***
- ***Statistical reporting of trips and other behavior standards;***
- ***Ride-time performance measures;***
- ***Detailed complaint analysis;***
- ***Enforcing the completion of driver logs;***
- ***Monitoring driver communication with dispatcher;***
- ***Detailed analysis of canceled trips; and***
- ***Enforcing attendant and/or volunteer requirements.***

(3.5.1.5) Access2Care develops a corrective action plan when we identify issues or opportunities for improvement in care, safety or compliance. The Business Manager will be responsible for designing and approving corrective action required to resolve identified quality-related issues.
Our thorough review process focuses on proactive interaction with providers to avoid and address noncompliance with requirements.

- ***Reporting: Access2Care may inspect any vehicle at any time upon request. Also, with our Ride-Along and Mystery Rider programs, quality review takes place in real time. Vehicles or drivers found out of compliance are removed from service until the provider can verify the correction of deficiencies. For unmet requirements, we set stringent timelines for corrective action, depending on the degree of violation. We re-inspect vehicles prior to allowing back into service. We document all actions or deficiencies and maintain them as part of the provider's record of service. We also provide routine report cards on overall performance.***
- ***Train and Encourage: We offer follow-up training, and encourage and recommend programs and instruction to enhance the providers' levels of professionalism, ability, and efficiency. Training series cover topics such as first-aid training, driver skills training, city/state/federal credentialing, and others beyond our existing progressive requirements.***
- ***Monitor Significant Events: We track and investigate all concerns via our significant event and complaint resolution processes. Providers may be subject to actions, such as a performance improvement plan (PIP). We track progress and follow-up to ensure compliance. Providers outside of contractual compliance are subject to discipline up to and including termination from the network.***
- ***Gather Survey Data & Provide Feedback: We perform recipient interview surveys focused on provider performance and professionalism. Feedback is shared with providers and used to improve customer service. In addition, positive feedback is shared to encourage providers to continue sound practices that support overall program goals.***
- ***Random Trip Audit: We audit a percentage of completed trips to ensure compliance with all operational standards. We also audit all trips involved in a complaint or incident. These trips are paid when the audit is completed with satisfactory results.***

(3.5.1.6) Access2Care will participate in state and federal efforts to promote the delivery of services in a culturally competent manner to all recipients, including those with limited English proficiency and diverse cultural and ethnic backgrounds. Meeting the language needs of the people we serve improves customer satisfaction and is a demonstration of our cultural competency. To ensure we meet the communication needs of the recipients we serve, whether a recipient has limited English proficiency or is hearing or speech impaired, Access2Care recruits, hires, and retains call center staff and drivers with diverse language skills.

(3.5.1.7) Access2Care will recruit and maintain an adequate network of transportation providers to deliver NET transportation services to Medicaid recipients in the state. We have provided detail about our recruitment and adequacy of contracted commercial transportation providers in 3.5.1, above. . We will also work with public transit, free and reduced cost services, and community agencies to meet all of the non-emergency transportation needs of the Medicaid recipients in the State. We will ensure our network is diverse and includes private vehicles, non-emergency ambulance and air, wheelchair vans, and public transportation including bus, rail, and taxicabs. Access2Care consistently provides a standardized level of quality service from a diverse group of transportation providers of varied size and scope including, but not limited to, the following:

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

Access2Care will also conduct a demand analysis from trip data for a 20-week period segregated by geographic area, type (level) of transport for each day of the week and each hour of the day. This complete demand analysis allows Access2Care to determine the number of vehicles, by vehicle type, that are needed in each geographic area throughout any given day. Based upon the utilization data provided, we have started our recruitment and outreach efforts as described in 3.5.1.1.

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

(3.5.1.9) Access2Care agrees to provide documentation that demonstrates we offer 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. We will submit documentation at the time the contract is entered and at any time thereafter when a State-defined significant change has occurred.

(3.5.1.10) Our NET brokerage work in other states of similar size and scope demonstrates our ability to meet all state requirements and to meet the transportation services of recipients in all parts of Nevada. Existing private commercial transportation providers, as well as other public, private, for-profit and not-for-profit organizations will be contacted and vetted for inclusion in our network. We will also asses the geography of the State, considering the vast driving distances across Nevada. For example, our research shows from Reno to W. Wendover is approximately 400 miles and from Reno to Las Vegas is approximately 450 miles. Understanding the geography of the service area, helps us recruit appropriate resources for the provision of the service delivery model. Access2Care proactively recruits minority and women-owned businesses into our transportation provider networks. In some states up to 80% of all transportation providers are minority and women-owned.

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

Access2Care will be responsible for transportation that is not an emergency or specialty care transportation, including those requiring additional escorts according to the DHCFP's requirements.

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

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

(3.5.1.12) We recruit, hire, and retain call center staff and drivers with diverse language and communication skills to meet the communication needs of the recipients we serve; whether a recipient has limited English proficiency or is vision, hearing or speech impaired. We process calls for hearing or speech impaired callers through Teletype (TTY) and Telecommunications Devices for the Deaf (TDD) services. We provide access to the Language Line to support our multi-lingual staff and use tele-interpreters when needed. In addition to meeting the language needs of Nevada, Access2Care is also sensitive to cultural needs. We assess when a unique cultural consideration should be measured when assigning transportation providers to ensure sensitivity to particular traditions or customs. We provide training to our staff and modify our processes to meet the needs of a particular group without compromising our recipients' or CMS regulations. All of our services are designed to accommodate the requirements of the Americans with Disabilities Act of 1990. More information on our communication and education strategies is included in 3.1.1.

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

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

(3.5.1.15) Access2Care is (1) not an owner, in full or in part, of any organization participating as a transportation provider in the Medicaid program, and (2) has no equity interest in or being involved in the management of the organization or entity. Access2Care continues to be in compliance with Statute 42 CFR 440.170(a)(4)(ii) and is not prohibited from providing NET services.

Access2Care will 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. Our relationship with our parent company AMR was approved by CMS and there was no concern about conflicts of interest.

(3.5.1.16) Provider Service Agreements (subcontracts for the provision of transportation services) will specify the following minimum requirements:

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

We have provided a sample Nevada Provider Service Agreement as EXHIBIT 5. During implementation we will meet with your program or legal staff as necessary to ensure we have incorporated all necessary requirements into the model agreement.

(3.5.1.17) Access2Care will require the transportation provider drivers to maintain a daily paper or electronic log, containing, at a minimum, the following information:

- ***Date;***
- ***Driver's name;***
- ***Driver's signature (or authenticated log-in ID);***
- ***Vehicle ID number(s);***
- ***Transportation provider name and number;***
- ***Actual start time (from base station) in military time;***
- ***Each authorized recipient with actual pick up time (in military time);***
- ***Actual pick-up location;***
- ***No-show indicator;***
- ***Each actual drop off time (military time) for authorized recipient;***
- ***Actual drop-off location;***
- ***Authenticating recipient signature or ID card swipe;***
- ***Actual number of companions, per trip;***
- ***Actual return time (to base station) in military time;***
- ***Odometer mileage at each pickup and drop-off;***
- ***Authorized stamp and signature of transportation provider; and***
- ***Other pertinent information regarding completion of the trips.***

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

(3.5.1.18) Access2Care agrees to maintain oversight and responsibility for any functions and responsibilities it delegates to any subcontracted provider including compliance with all of the following:

- ***All subcontracts will fulfill the requirements of 42 CFR Part 438 that are appropriate to the services or activity delegated under the subcontract;***
- ***Access2Caree will evaluate each prospective subcontractor's ability to perform any activities to be delegated;***
- ***Access2Care will have a written agreement with 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***
- ***Access2Care monitors subcontractor's performance on an ongoing basis, which will be subject to formal review according to a periodic schedule established by the Division, consistent with industry standards or state laws and regulations.***
- ***Access2Care will 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.***

Our monitoring plan for transportation providers is detailed in Section 3.5.14.

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

3.5.2 Ensure Compliance With Driver And Vehicle Requirements

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

3.5.2.1 Requirements for Drivers

(3.5.2.1) Access2Care understands and agrees to all driver requirements. Transportation providers will be educated about the requirements of all drivers in their service agreement. Before any transportation provider can be included in our network they must meet all minimum requirements. See EXHIBIT 5 for a draft of the Nevada Service Agreement including driver requirements. We currently have a national network of over 600 transportation providers, each with a fleet of vehicles and drivers. Our compliance systems for driver qualifications are proven to ensure safe and appropriately qualified drivers.

3.5.2.2 Requirements for Provider Vehicles

(3.5.2.2) Access2Care will ensure all transportation providers maintain all vehicles adequately to meet the requirements of this RFP and resultant contract. Vehicles and all components shall comply with or exceed State, Federal, and manufacturer's safety and mechanical operating and maintenance standards for the vehicles. Vehicles will comply with the Americans with Disabilities Act (ADA) regulations and our Network Specialist can refer providers to acceptable sources for this training. Our credentialing and re-credentialing processes ensure safe transportation and mitigate risk. We uphold strict credentialing requirements and ensure compliance with Local, State and Federal requirements. Access2Care re-credentials all transportation providers annually, requiring them to pass desktop credentialing and vehicle inspections. Our local Network Specialist oversees the process.

(3.5.2.3) Access2Care understands and agrees to all vehicle requirements. Transportation providers will be educated to the requirements of all vehicles in their Service Agreement. Before any transportation provider can be included in our network they must meet all minimum requirements. See EXHIBIT 5 for a draft of the Nevada Service Agreement including vehicle requirements. We perform 100% vehicle inspections prior to contract go live and continue ongoing support to ensure this compliance. We perform inspections on all vehicles annually, at a minimum.

(3.5.3) Access2Care ensures adequate oversight of subcontracted transportation providers and ensures 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 the following requirements at all times:

- ***Insurance which complies with the standards at 49 C.F.R. 387 subpart B, N.A.C. §706.191(1-3), and which provide for notice of the status of the policy to the Administrator of Nevada Medicaid upon expiration, termination, or at any time requested by the Administrator (3.5.3.1);***
- ***An alcohol and substance abuse testing program which complies with standards at 49 C.F.R. Part 382 (3.5.3.2);***
- ***Criminal background checks conducted periodically that assure criteria in MSM Chapter §100 are met (3.5.3.3);***
- ***Signage on all vehicles identifying those operating under any exemption from Nevada Transportation Authority (NTA) regulation (3.5.3.4);***
- ***Documentation in each vehicle of any exemption from NTA regulation (3.5.3.5); and***
- ***Current provider agreements with Nevada Medicaid (3.5.3.6).***

Transportation providers will be educated about the requirements of all drivers and vehicles in their Service Agreement and will be offered ongoing education opportunities via classroom, website and written materials.

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

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

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

3.5.4 Volunteer Drivers

(3.5.4) Volunteer driver programs have great service characteristics such as supportive assistance, low cost services, the ability to cross jurisdictions and travel to multiple destinations and hard-to-serve areas, and customer-oriented service. Sponsors of volunteer driver programs include public transit agencies, paratransit services, community transit services, hospitals and health centers, aging and social services, volunteer and fellowship groups, churches and interfaith groups. Access2Care will use recipient vouchers and/or volunteer programs to provide the most cost efficient transportation service to the recipient if such transportation is appropriate to meets the recipient's needs.

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

3.6 FISCAL REQUIREMENTS

3.6.1 Provide Reimbursement For Transportation Services

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

Our reimbursement process will comply with requirements set forth in this RFP, including 3.6.1.1 – 3.6.1.5 below:

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(3.6.1.1) <u>During recruiting activities, Access2Care negotiates rates with transportation providers. Because of our equitable treatment of transportation providers, including our quick payment schedule, ability to assign trips electronically and the fact that we do not apply penalties to our network, they are more willing to negotiate fair rates. Access2Care's strategies ensure adequate transportation service capacity and accessibility to meet the needs of the Medicaid Program and its recipients.</u>

(3.6.1.2) Access2Care will provide timely payment to each contracted transportation provider based on the authorized services rendered. Full payment of all authorized trips will be made to the transportation provider within forty-five (45) calendar days of receipt of a valid invoice or clean claim. Access2Care's payment procedures ensure that transportation provider claims for reimbursement match verification of authorized trips and include one hundred percent (100%) verification of appointments with medical providers on recipient mileage reimbursement and when otherwise appropriate. Access2Care will validate that all transportation services paid for under this RFP are properly authorized and actually rendered. We will have adequate safeguards in place against fraudulent activity by transportation providers and recipients.

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Verifying that services paid were actually delivered is key to detecting and reducing fraud waste and abuse (FWA), and Access2Care uses multiple processes and tools to accomplish this. <u>Multiple teams within the organization have a role in our comprehensive approach to verification as a part of our overall FWA prevention initiatives, including our FWA Team that routinely performs audits to ensure compliance. We also routinely audit our process. The FWA team also analyzes all FWA activity, reviews all gathered findings, and advises of next steps. One of the primary benefits Access2Care brings to its contracts is the effective control and reduction of fraud. Access2Care will work to continually identify and eliminate fraudulent activities. Access2Care audits approximately 240,000 trips annually.</u>

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 Access2Care, we will require the provider submit a claim to Access2Care for reimbursement of any remaining co-payments. The provider will be required to attach the Explanation of Benefits (EOB) to the claim submitted and Access2Care will reimburse the claim up to the Medicaid maximum allowable, if any. We understand the State does not require prior authorization under these circumstances. We will include this claims submission policy in our network provider policies and procedures.

Access2Care, through our robust A2C System, has the ability to receive and process claims expeditiously and pay providers in compliance with current ANSI standards. Each provider is assigned a dedicated web-based provider portal, through which they can communicate with Access2Care, monitor assigned trips, submit and monitor claims and other business metrics. Access2Care was the first NET manager to use a provider portal, and we continue to lead innovation in the industry.

(3.6.1.3) Access2Care will prohibit balance billing by providers, as required.

(3.6.1.4) Access2Care will ensure that recipients are not held liable for any of the following:

- ***Access2Care's debts, in the event of insolvency;***
- ***For services provided to the recipient in the event of the provider failing to receive payment from Access2Care for such services;***
- ***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 Access2Care for such services;***
- ***For services provided to the recipient in the event Access2Care fails to receive payment from the State for such services; and***
- ***In the event of Access2Care's insolvency, Access2Care will cover continuation of services to recipients for duration of period for which payment has been made.***

Access2Care will include all requirements set forth in 3.6.1.4 A through E in all subcontracts.

(3.6.1.5) Access2Care understands when a service is provided by a Medicaid provider, which is not a Medicaid covered service, the recipient is only responsible for payment if a signed written agreement is in place prior to the service being rendered. Access2Care will obtain proper written agreement before service, as required.

3.12.1.6 Performance Security Deposit

(3.6.1.6) Access2Care will 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. The amount of the performance security deposit will be 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. Access2Care will secure and maintain a performance security bond specific to the State's requirements, and will deposit the bond with the State Treasure within 15 calendar days after the end of the first quarter of the contract.

Access2Care will also increase the performance security deposit after the initial contract year 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.

Access2Care has experience working with qualified companies in the issue of surety bonds. We will utilize a company that meets the State's standards including,

- ***A.M. Best A-VII rated insurance company;***
- ***Certified by the Department of Treasury, Financial Management Services for Nevada; and***
- ***Licensed by the Nevada Department of Business and Industry, Insurance Division.***

Access2Care will maintain the performance security deposit after the contract term, as determined by DHCFP to cover all outstanding liabilities.

3.13 Third-Party Liability and Subrogation

(3.6.2.1) Access2Care will take all reasonable measures to identify legally liable third parties and treat verified TPL as a resource of the Medicaid. Access2Care will work with the State to obtain a list of recipients known to have third party coverage. This information will be stored in our A2C System for easy retrieval during the service delivery process.

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

3.7 REPORTING

Access2Care understands how important accurate and timely information is to running a successful transportation program. We designed the A2C System to collect, store, retrieve, and aggregate program data to provide necessary internal and external reports. We use our data reporting expertise to support all phases of our program management. For example, complaint tracking and trending reports allow us to proactively identify areas for improvement and implement solutions that enhance rider experience. We also emphasize the analysis and application of reporting results to monitor program changes and apply improvements. Access2Care will provide the Division succinct narratives that explain trends and the effects of program changes. Our reporting is robust and transparent, and focuses on achieving the Division's program goals.

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

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

We can also supply any ad hoc reports to the State in most formats.

Delivery of reports can be provided through the Client portal, via e-mail, or SFTP sites. Report formats include Microsoft Excel, Acrobat PDF, or HTML via the web. Please refer to EXHIBIT 6 for sample reports.

3.7.1 Submit Management Reports

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Access2Care will submit accurate and complete management reports to Division at requested intervals or on demand, to be determined at implementation. Access2Care will provide all management reports listed in 3.7.1.1—3.7.1.13 to the Division in the frequency and the specified format indicated. <u>Our A2C System allows review of near-real time reporting via the Division's secure client Web portal.</u> At a minimum, Access2Care will provide the following:

- ***(3.7.1.1) Transportation Summary Report summarizing all adverse actions and authorizations for transportation services by type of transportation. This information will 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 will show utilization by Medicaid.***
- ***(3.7.1.2) Call Center Report summarizing call volume, nature of calls, number of calls abandoned, and information listed in Section 3.7 above, within ten (10) business days after the close of each month in format prescribed by the Division.***

- ***(3.7.1.3) Recipient Satisfaction Survey Report summarizing the results of the surveys described in Section 3.7.2.3 submitted to the Division in a timely manner, as detailed in Section 3.7.2.3***
- ***(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 will be delivered to the Division within twenty (20) business days of the close of each month.***
- ***(3.7.1.5) Annual Transportation Report describing the project and contracted services, major problems and issues and how they were addressed, and future plans. Also, Access2Care will provide a statistical summary of services and other pertinent information. We will submit a draft of the report to the Division within sixty (60) business days after the close of each year of operation and the final report will be submitted to the Division within thirty (30) business days of receipt of the Division's comments.***
- ***(3.7.1.6) High Cost Users Report summarizing the monthly miles, level of service, cost, cost per mile, recipient ID number, location, and the name of the transportation provider. We will deliver this report 45 days from the end of each fiscal quarter.***
- ***(3.7.1.7) Monthly Cost Report showing costs associated with providing NET by the type of transportation and by the amount spent per recipient.***

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(3.7.1.8) In addition, Access2Care will provide other operational, management and/or ad hoc reports as required by the Division, with reasonable notice or upon demand. We comply with all requests for routine and ad hoc reporting. <u>Our A2C System can conduct daily, weekly, monthly, and quarterly reviews of various data to evaluate overall success and contract compliance. Reports can be retrieved from the Division's dedicated portal.</u>

(3.7.1.9)We will also provide and produce any other report that may be of value to the Division.

(3.7.1.10) Access2Care has strict processes in place for reporting of suspected fraud, waste, and/or abuse. Pursuant to 42 CFR 455.1(a)(1), Access2Care will report fraud and abuse information to the State. At a minimum, our reports will include the number of complaints of fraud and abuse made that warrant preliminary investigation by the State. For each report that warrants investigation, we will also provide the following information to the State:

- ***The provider name/recipient name and ID number;***
- ***The source of the complaint;***
- ***The type of provider;***
- ***The nature of the complaint;***
- ***Approximate dollars involved; and***
- ***Legal and administrative disposition of the case.***

(3.7.1.11) Access2Care will deliver monthly reports via email to the current transportation manager upon project implementation, no later than the 15th business day of each month. We will work with the contract monitor to obtain the appropriate email address.

(3.7.1.12) Access2Care will ensure timely reports are delivered. We understand the receipt of reports is a prerequisite for authorization of monthly payment and that. failure to provide accurate and complete management reports by reporting deadlines may result in delay or suspension of payment to Access2Care until the reports are received and approved by the Division. Access2Care also accepts that failure to provide accurate and complete reports by reporting deadlines may also result in contract suspension or termination.

(3.7.1.13) We will provide utilization data as requested to the State's contracted actuary. Utilization data will be separated by Medicaid and Nevada Check-up.

3.7.2 Report Encounter Data On A Monthly Basis

(3.7.2.1) Access2Care will provide encounter data, in the format required, on all authorized and completed transportation services, on a monthly basis. In addition, the Division will experience timely delivery of reports and will have around-the-clock access to critical data.

Access2Care adjudicates encounter claims to validate the data is accurate and correct for inclusion on the encounter file. The data elements will 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. We will incorporate any changes to CMS' specifications or other data elements that may be specified by the Division. We will batch the encounter into an ANSI X12 837-file format for submission. If the file type specification changes at a future date, we will adjust the format to comply. Files are typically transferred via an SFTP to an inbound folder.

Nationally, we currently process more than 150 encounter files per month that include more than 213,567 records. We currently submit encounters with an acceptance rate greater than a 99.5%.

(3.7.2.2) Access2Care can provide encounter claims in the State's current required format. Access2Care will conform to upgrades and revisions in formats to encounter data submission. We will upgrade to subsequent versions of the Format as specified by the Division. After receiving an upgrade from the Division (within a minimum of 60 calendar day advance notice), Access2Care will provide data to the Division within 10 business days after the close of the month, using the specified mode of transmission and format.

In addition, because of our experience, we understand the testing and ongoing operational processes for numerous file format types including 834 eligibility, 820 payment, 837 claims, and 835 remittance, as well as ANSI 270, 277 and 999 transactions and files. We can interface with third party intermediaries to facilitate business edits of the data to ensure even higher acceptance rates of encounter records, and for coordinated receipt of response data.

Our Electronic Data Interchange (EDI) Specialist plays an integral role in our encounter management, analyzes encounter data, and ensures effective processing. Experienced working with health plan EDI transactions, our Specialist' s expertise includes ANSI 834, 835, 837, 270, 277 and 999 transactions and files, as well as HIPAA 5010 file formats. Our goal is to ensure our exchanges of encounter, eligibility and other data with our clients is seamless and error-free.

Access2Care will correct any erroneous data and resubmit to the Division within 30 days of notification of the error. Access2Care will adhere to all timeliness standards for corrections to encounter data. Our Quality Assurance staff is also responsible for monitoring the on-going quality of the encounter data recording from each call and initiating any necessary corrections. Our Director of Contract Compliance and Oversight ensures the data is sent within the required timeframes.

3.7.2.3 Independent Customer Satisfaction Survey

(3.7.2.3) As part of the QA Monitoring Plan, Access2Care will perform and submit an annual customer service survey regarding Medicaid transportation. The initial period will be the first twelve (12) months of the contract. The survey will 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:

- ***Convenience of scheduling trip;***
- ***Call answered promptly;***
- ***Operator courteous and respectful;***
- ***Satisfaction with NET provider's staff;***
- ***Confirmation of scheduled trip;***
- ***Driver arrive within 15 minutes of scheduled trip;***
- ***Driver and vendor staff courtesy;***
- ***Driver assistance when required;***
- ***Overall driver behavior;***
- ***Driver safety and operation of the vehicle;***
- ***Condition, comfort and convenience of the vehicle; and***
- ***Punctuality of arrival time.***

The survey will verify the availability, appropriateness and timeliness of the trips provided and the manner in which Access2Care's and transportation provider's staff interacted with recipients. We will ask that recipients respond to surveys within 60 days of mailing. Once sample responses are received, Access2Care will compile the results into a report to the Division. The report will include the original surveys and will be submitted to the Division no later than 90 days following the mailing of the survey.

In addition, Access2Care surveys recipient and customer satisfaction through a post-trip interview process instead of through a survey after the completion of the call. Through our 15 years of experience, we have developed what we have found to be a more useful survey method, because it assesses satisfaction with the transportation as well as service by the Contact Center.

We will conduct the survey on an ongoing basis and report findings in accordance with the contract. We will submit the interview questions for prior approval of DHCFP before its use.

Ongoing surveys of recipients are an essential part of quality management: monitoring satisfaction and identifying opportunities for improvement. Access2Care uses both quantitative and anecdotal information gathered from recipient surveys for these purposes.

3.8 GRIEVANCES, APPEALS, AND FAIR HEARINGS

3.8.1 Notice of Decision

(3.8.1) Access2Care will take action on a recipient's transportation service authorization request based on Medicaid guidelines set forth in Chapter 1900 of the Medicaid Services Manual and will follow the protocol outlined above for adverse actions. The Notice of Decision will be sent within 10 business days and will inform the recipient of reasons for the denial of a service authorization request and their rights to an appeal and fair hearing. All items identified by the Division will be included in the NOD and a sample NOD letter will be submitted for approval to DHCFP during implementation; a sample is included as EXHIBIT 7.

Our Notice of Decision will include the following information:

- ***The action Access2Care or our network provider has taken or intends to take (3.8.1.1);***
- ***The reasons for the action (including the MSM section that calls for the action) (3.8.1.2);***
- ***The recipient's right to request a State Fair Hearing (3.8.1.3);***
- ***The method of obtaining a State Fair Hearing (3.8.1.4);***
- ***The rules that govern representation at a State Fair Hearing (3.8.1.5);***
- ***The right of the recipient to request a State Fair Hearing and how to do so (3.8.1.6);***
- ***The right to request to receive benefits while the hearing is pending and how to make this request (3.8.1.7);***
- ***That the recipient may be held liable for the cost of transportation services if the hearing decision upholds the vendor's action (3.8.1.8); and***
- ***Access2Care will maintain records of grievances and NODs, which the State will review as part of the State's contract monitoring and management oversight (3.8.1.9).***

3.8.2 Grievances

(3.8.2) Access2Care will comply with all requirements for grievances and complaints in section 3.8.2. When Access2Care receives any written or verbal grievance/complaints from NET stakeholders including recipients, their representatives, advocates, transportation providers, or Division staff, it is logged in the A2C System to maintain accurate program records. Our highly visible complaint tracking and reporting provides the Division direct oversight to ensure that complaints are handled appropriately and that results are reviewed and applied toward program improvement. Nationally, 99.6% of our trips are complaint free. Access2Care believes every complaint is an opportunity to improve the services that we provide. Therefore, we have procedures in place to accept complaints from a variety of channels to maximize feedback. It is important to us to listen to the voice of the customer, whether it is a recipient, caregiver, transportation provider, ordering facility or community advocate in order to turn a complaint into a learning opportunity for change.

We share this information with you via a secure online portal. The online portal allows your staff to view the complaint process with full transparency. The transparency allows your staff to provide additional feedback and recommend change into our processes. We do this to become a preferred partner in efficient and cost effective health care delivery.

COMPLAINT PROCESS OVERVIEW

Our comprehensive complaint management philosophy can be summarized in four major steps:

- ***Receive: Complaints are received efficiently, gathering as much information in as friendly a manner as possible.***
- ***Track & Investigate: Complaints are tracked for retrieval, investigation, trending, and reporting.***
- ***Resolve: Complaints are managed quickly to resolution.***
- ***Improve: The outcomes from complaints are analyzed and used in quality improvement practices to minimize future occurrences.***

Receiving Complaints

To ensure Access2Care responds to all complaints in the appropriate timeframe, we thoroughly train all Associates on the complaint intake process. All Associates are able to receive and log complaints. Recipients do not have to call a different number, identify and reach "special" personnel, or wait until specific operating hours to file a complaint. We encourage complaints to be submitted in writing.

When Access2Care receives any written or verbal complaints from Medicaid stakeholders including Recipients, their representatives, advocates, transportation providers, or DHCFP staff, they are immediately logged into the A2C System to maintain accurate program records (3.8.2, 3.8.2.2.) Once the complaint is logged and an acknowledgment is generated within one (1) business day. Access2Care's Service Recovery Specialist contacts the reporting parties, gathering facts from all parties involved, and examining driver manifests and other documentation as necessary. As the investigation progresses, facts of the case are entered into the A2C System. Supervisory staff monitors the progress and timeliness of the investigation of all complaints.

Tracking and Investigating Complaints

Because tracking complaints is essential to assure timely response and to identify trends that need attention, our complaint management system is integrated into the A2C Software System. The System maintains all data collected during the complaint resolution process for the purpose of review and reporting. We will provide DHCFP a monthly complaint detail report in an approved format. Our complaints are part of our dashboard reporting; an example of a current report is included as EXHIBIT 6. The complaint report will capture applicable information including the following:

- ***Recipient Name***
- ***Recipient ID***
- ***Recipient Address***
- ***Complaint Category Types***
  - ***Issue with Brokerage***
  - ***Issue with NEMT Provider***
  - ***Issue with NEMT Vehicle***
  - ***NEMT Provider No-Show/Late Arrival***

    - *Recipient Incident/Injury*
    - *Other NEMT Issue*
- *Complaint Receive Date*
- *Complaint Details*
- *To Whom the Complaint is Against, i.e. Brokerage, Provider or Vehicle*
- *Name of NEMT Provider*
- *Result of Complaint Investigation*
- *Date of Complaint Resolution*
- *Complaint Received By: Recipient, Appointment Clinic, or Appointment Facility*

Because transparency with our clients is an important value for us, the A2C System allows DHCFP to review near real-time reporting on complaints by specific type, date range, complaint status, category (transportation provider, Contact Center, Recipient-generated complaints), and timeframe via our secure client web portal. Each complaint and information on its investigation is available there. How a particular complaint was received is also included in the report, as is the status of all complaints pending resolution. This functionality is in addition to the monthly Grievance Log we will submit as required in 3.7.1.4.

Generally, complaints fall into two categories: transportation provider related or Access2Care related. Access2Care Service Recovery Specialists, who conduct the investigation of complaints, research the issues by speaking with the complainant and the transportation provider, reviewing all transport information and/or listening to recorded calls, as appropriate to the complaint. We believe that speaking to all parties involved helps bring an expedited, satisfactory closure. We find this to be especially true when speaking with the complainants, as their firsthand knowledge and experience is invaluable in immediately identifying root cause solutions.

<u>Improvement and Quality Review</u>
The Program Oversight Department reviews all complaint data for trending and analysis. In addition to actions on a specific complaint, described above, formal quality improvement projects often result from identified trends in complaints. As an example, in one market, because of complaints about lack of proper securing of wheelchairs, a process was instituted in which a driver must submit video evidence of following correct securement procedure. Identified projects become a part of the annual Quality Work Plan.

<u>Management Review of Complaints</u>
To focus management attention on complaint causes and solutions, we review trends and report on actions taken to address findings each month at a Quality Improvement Team meeting (QIT). Complaints are tracked by type, by individual provider and by subject of complaint. Responsible departments report on actions they have taken to investigate and address trends. For the Contact Centers, actions may include staff retraining or modifying queues or IVR messages to eliminate confusion that causes complaints. For Transport Providers, actions may include re-training, instituting formal Performance Improvement Plans, restrictions on trip assignments, up to termination from the network.

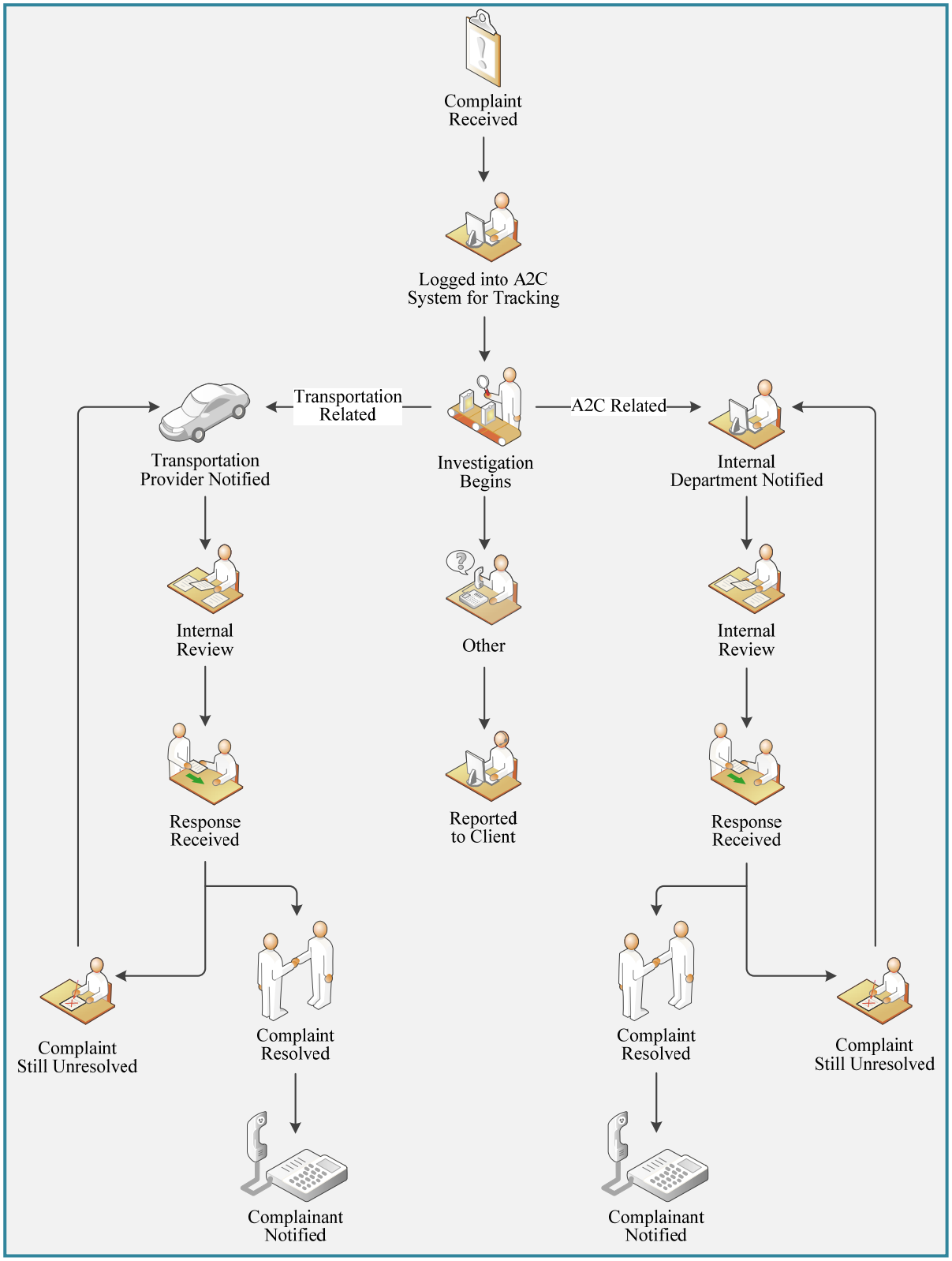
Service Recovery Specialists are responsible for the investigation, resolution, reporting and tracking of complaints. Once the complaint is logged, an acknowledgment is distributed within one (1) business day. The Service Recovery Specialist then contacts the reporting parties, gathering facts from all parties involved, and examining driver manifests and other documentation, as necessary. As the investigation progresses, notes are entered into the A2C System. Supervisory staff monitor progress and timeliness of the investigation of all complaints.

Once investigation is complete, the Service Recovery Specialist summarizes all findings and provides a recommended resolution, which is then forwarded to the responsible department (for example Network Management or Contact Center) for final review. It is the responsibility of that department to implement the resolution. When the Service Recovery Specialist has forwarded the recommendation, he/she also reports the resolution to DHCFP. All resolutions will be completed within 90 days (3.8.2.3, 3.8.2.5)

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

A graphic of our Complaint Resolution Process follows:

Figure 4 Complaint Resolution Process



Process

(3.8.2.1—3.8.2.6) Complaints or grievances are entered in the Access2Care system as they are received. The system utilizes a proven validation process to determine the information required to resolve each complaint. Feedback or additional information required is provided to appropriate parties as soon as possible. Once a problem is resolved, the resolution will be available in the Division's portal on the A2C System for review, and written notification will be supplied to the appropriate parties. The Division web portal allows the Division to review complaints at any time. Access2Care places a high priority on quickly responding to customer complaints. Staff will acknowledge verbal complaints within one (1) day while we will respond to written complaints within three (3) days (3.8.2.1). To ensure proper documentation and archival of electronic and hard copy complaint documents, the Quality Supervisor will manage the complaint process, including review of all complaints, before sending them to Division and/or any other entity. The chart below depicts the process flow for complaint resolution.

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

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

When Access2Care receives any written or verbal grievance/complaints from NET stakeholders including recipients, their representatives, advocates, transportation providers, or Division staff, it is logged in the A2C System to maintain accurate program records (3.8.2 5). Our highly visible complaint tracking and reporting provides the Division direct oversight to ensure that complaints are handled appropriately and that our complaint ratio does not exceed one complaint per 1,000 trips. Access2Care consistently maintains complaint rates as low as 0.0007 % (1 valid complaint per 2800 trips). We will issue a final decision in writing no later than 90 days after a grievance is filed.

Access2Care's written grievance process and procedures will be submitted to DHCFP for review and approval at the time of contract implementation. We will also provide information about our grievance process to all providers and subcontractors, at the time they enter into a contract. Figure 5 illustrates the process Access2Care has developed for the intake, processing and resolution of complaints. As needed, we will modify the process to meet the Division requirements.

In addition to the required reporting requirements, Access2Care offers additional grievance tracking and reporting in our user-friendly, real-time complaint reporting module. Our complaint management system is fully integrated into the A2C System. The system maintains all data collected during the complaint

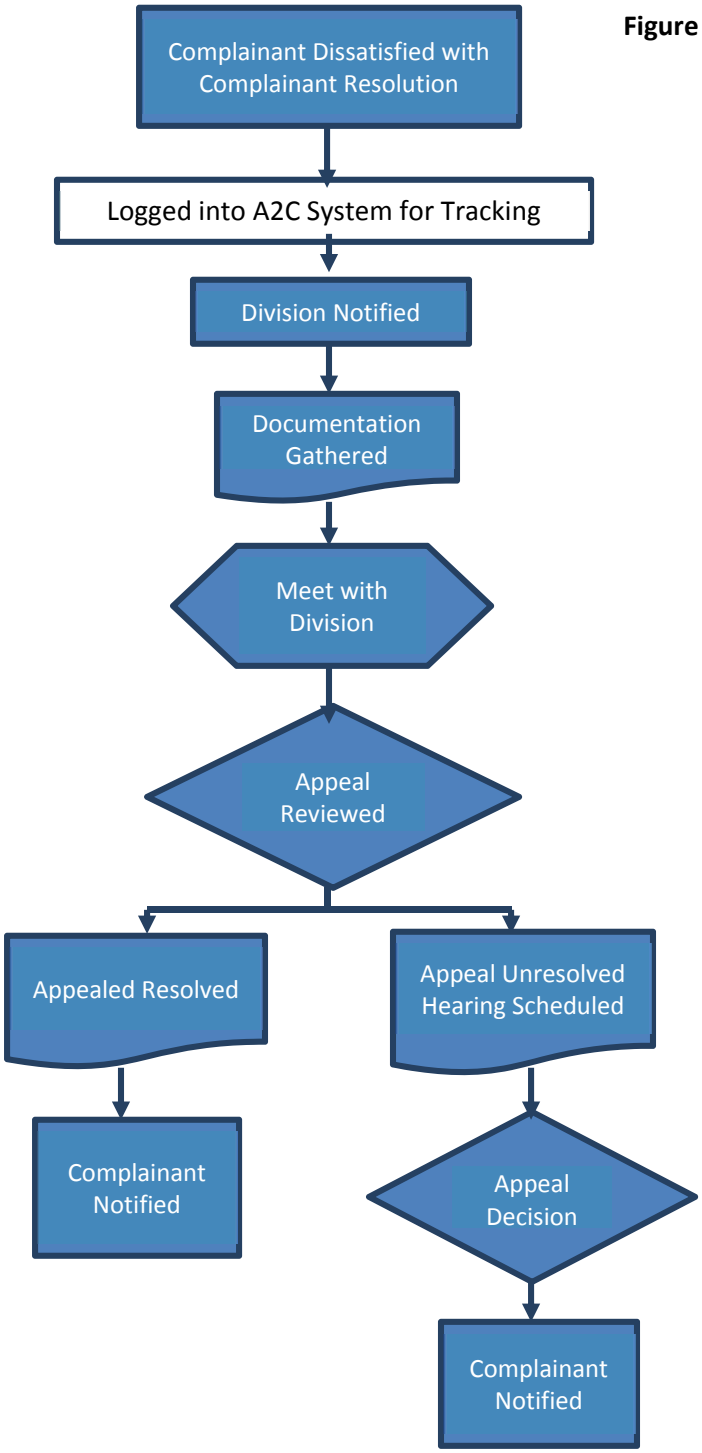
resolution process, including scanned documents for the purpose of review and reporting. The A2C System allows the Division to compile real-time reporting on complaints by specific type, date range, complaint status (open/closed), category (transportation provider, call center, recipient-generated complaints), and timeframe. Access2Care will also produce the following complaint/resolution reports on weekly and monthly bases.

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

3.8.3 Appeals

(3.8.3) In the event we must deny a request (in whole or part), we will send the recipient a Notice of Decision explaining the reason for the denial and the recipient's right to appeal. If a party is unhappy with the results of the complaint investigation, they will be educated on their rights to file a grievance appeal and fair hearing procedures. The following flowchart illustrates this process. We will comply with all State and Division requirements for appeals including 3.8.3.1-3 below:

Figure 5 Appeals Process (3.8.3)



(3.8.3.1) Access2Care will submit our existing appeals process to review any decision denying, terminating or reducing services and any decisions resulting from a grievance from a provider or a recipient to the Division for approval. 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 provider appeals policies and procedures have been revised or updated.

We will 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 will be followed by a written, signed appeal and the oral appeal will count as the initial date of appeal. We will 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. Access2Care will issue a final decision, in writing, no later than 30 days after an appeal is filed.

(3.8.3.2) Access2Care will cooperate and participate in fair hearings in the event an action is taken by the Access2Care 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. We will participate in the State Fair Hearing process, at our expense, in each circumstance in which a recipient for whom we have made an adverse determination requests a State Fair Hearing. We will be bound by the decision of the Fair Hearing Officer. Recipient grievances eligible for the State Fair Hearing process include:

- ***Denial or limited authorization of a requested service;***
- ***Reduction, suspension or termination of a previously authorized service; and***
- ***Failure of the vendor to meet specified timeframes (e.g., authorization, claims processing, appeal resolution).***

(3.8.3.3) Access2Care will notify providers of their rights to fair hearings according to state and federal regulations, pursuant to Nevada Revised Statute 422.306, and when a provider has exhausted the internal appeals process. Provider grievances eligible for the State Fair Hearing process includes:

- ***Denial or limited authorization of a requested service;***
- ***Reduction, suspension or termination of a previously authorized service;***
- ***Denial, in whole or in part, of payment for a service;***
- ***Demand for recoupment; or***
- ***Failure of the vendor to meet specified timeframes (e.g., authorization, claims processing, appeal resolution).***

3.8.4 Recipient Rights

(3.8.4) Pursuant to 42 CFR 438.100(c), Access2Care will 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 recipient is treated.

3.9 INFORMATION SYSTEMS AND TECHNICAL REQUIREMENTS

3.10 Establish And Maintain A Transportation Database

(3.9.1.1) Access2Care will establish and maintain a HIPAA compliant computer database sufficient to meet the needs of the transportation program. We will maintain person-level computerized data on recipients that contain the following data elements, at a minimum:

- ***Recipient's name;***
- ***Date of birth/age;***
- ***Sex;***
- ***Medicaid ID number;***
- ***Address;***
- ***Telephone/e-mail;***
- ***Directions to home;***
- ***Program eligibility;***
- ***Managed care program status;***
- ***Name of primary care provider (PCP);***
- ***Telephone of PCP;***
- ***Third party liability status;***
- ***Special needs (medical condition, language);***
- ***Required mode of transportation (wheel chair);***
- ***Verification of medical appointment, if applicable;***
- ***Notes (abusive behavior, complaint history, etc.);***
- ***Existence of a legally responsible individual; and***
- ***Authorized assessed level of needs.***

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

Automated Reservation, Scheduling, and Routing System

We designed and built the A2C software system specifically for medical transportation program management. The system integrates call intake, Medicaid eligibility verification, the recipient's level of mobility/functional independence screening, cost-effective trip assignment, and quality assurance functions into a single, Windows-based system. The A2C System design is based on web architecture, so scalability is only tied to the hardware and communication infrastructure. The system assigns public transit first where available, calculates mileage determination, identifies the county of origin, and provides significant system redundancy. To achieve cost efficiencies, the system automatically identifies public transit resources (where applicable) as the first option in mode assignment. The system uses a web-based mileage calculator to determine point-to-point distance for the transportation provider or personal mileage reimbursement.

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

(3.9.1.2) Access2Care's daily computerized Trip Log is recorded and managed in our A2C System. At a minimum, we included the following data elements:

- ***Recipient name;***
- ***Medicaid ID number;***
- ***Requester name (if different);***
- ***Date/time of request;***
- ***Date/time of medical appointment;***
- ***Mode of transportation requested/mode authorized;***
- ***Justification of mode authorized;***
- ***Scheduled time of pickup/drop off;***
- ***Actual time of pickup/drop off;***
- ***Scheduled companions or escorts;***
- ***Pickup location;***
- ***Drop off location;***
- ***Referral, approval, or denial (include reason) of transportation;***
- ***Ancillary expenses authorized (parking, tolls, etc);***
- ***Transportation provider number, assigned by vendor;***
- ***Date/time of notification to transportation provider;***
- ***Trip Mileage;***
- ***Staff member referring/authorizing/denying request;***
- ***Notes (cancellation, incomplete request, no-show, abusive behavior occurrence);***
- ***Driver name or ID#; and***
- ***Drivers' insurance policy name and number.***

The table below indicates where specific daily trip data is recorded in the system:

Table 6 Trip Data Collection

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

(3.9.1.3) We designed and built the A2C software system specifically for medical transportation program management. When developing our trip routing solution we partnered with MapQuest to integrate their software into our system to automatically calculate accurate mileage. The system uses MapQuest's web-based mileage calculator to determine point-to-point distance for the transportation provider or personal mileage reimbursement. In addition to our system electronic files, we will maintain hard copy files for as long as the Division requires, for all completed transportation trips, by transportation provider.

(3.9.1.4) The A2C System is configured to accommodate all necessary functions for efficient daily operations, service authorization, trip scheduling, provider reimbursement, and recipient monitoring and reporting. Our A2C System records recipient and trip log data, in a retrievable and readable database format that is backed-up on a daily basis, at a minimum. Information can be retrieved by data point, so we are able to pull by items such as recipient ID number, name, date or other identifier, to create a history of approvals or denials for at least a 24-month period. We can deliver these files to the Division within 24 hours of request, and they are ready in near-real time via the Divisions dedicated and secure Client Web Portal.

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

(3.9.1.5) Access2Care will be responsible for all programming functions and costs associated with the maintenance of this database.

(3.9.1.6) Access2Care's technology and implementation teams will work closely with DHCFP to create seamless interfaces with the MMIS system, including but not limited to the delivery of encounter data. We currently use MMIS to verify and validate member eligibility, as needed. Based on the contracted transfer frequency, we will accept a master file containing eligibility information for all persons eligible for Medicaid transportation. Access2Care currently maintains interfaces with systems as part of our operations in our existing state and health plan contracts.

3.11 Establish And Maintain A Telephone Call Center

(3.9.2.1) To ensure DHCFP's recipients and providers receive exceptional customer service, we will structured our Contact Center to with adequate staffing that receives sufficient training, support, and monitoring to assure all callers are treated with dignity and respect to the caller's right to privacy and confidentiality.

We designed our Contact Center Training Program to ensure competency in our employees and high customer satisfaction. Before answering the first phone call, new Access2Care Associates must complete and pass the Associate Training Program. This program not only includes training for DHCFP requirements and basic telephony and computer functions, but also teaches soft skills such as empathy, communicating with the elderly, articulation, accuracy, and dealing with difficult situations. We also ensure all Associates receive training on confidentiality, HIPAA compliance, performance standards, contractual obligations, and overall daily operational procedures.

Access2Care provides HIPAA Privacy and Security compliance training to all personnel at hire, and at least annually thereafter, with documentation of the trainings stored in our online learning management system tool. We ensure training standards are met and remain current and that all personnel learn the practical applications of HIPAA within the context of their specific jobs as well as within Access2Care's responsibilities. Providers also must train their staffs and provide signed compliance statements. Staff and providers must release PHI and PII only as permitted under applicable state or federal HIPAA regulations to authorized recipients.

We provide systems and resources for full compliance with the HIPAA Privacy, Security and Electronic Data Interchange regulations. There are firewalls and data back-up plans to protect against improper information access, and ensure integral information will be available for future use. Our assigned staff includes a Privacy Officer and a Security Officer responsible for the implementation of policies and procedures to ensure compliance with these regulations. Our Security Standards and Requirements include standards for physical security, network security, encryption, use of passwords, security in data transfers, and administrative management of all system access. These robust standards are based on industry best practices and comply with all federal and state confidentiality laws. We maintain written policies and procedures regarding storage and archiving of program data that meet HIPAA and security requirements of the contracts under our management.

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In addition, all Associates complete annual Cultural Awareness and Agility training, custom-designed to reflect the culture of the area. Our training recognizes that language is not the only potential challenge in providing services to culturally diverse communities. We cover topics such as, Fundamentals of Cultural Awareness and Agility; Health Disparities Among Under-Served Communities and the Newly Insured; the Impact of Personal Culture on Communication; Strategies for working with Low Health Literacy; and Strategies for Resolving "Cultural Bumps" and Cross Cultural Conflicts.

Access2Care will process all incoming telephone inquiries for non-emergency transportation services in a timely, responsive, and courteous manner. Our Associates will greet callers and identify themselves by name when answering. We will also ensure that the communication and language needs of recipients in the State are addressed. We partner with a global leader in translations services, Transperfect Translations, to translate necessary materials, giving us the capability to translate communication materials into over 170 languages. Most recently, we provided Intro Cards in English, Arabic, Chinese (simplified), Russian, Somali, Spanish, and Vietnamese. We also have Associates available during regular business hours who are bilingual in English and Spanish. For all other languages (and for Spanish after hours) we utilize LanguageLine Solutions® for over-the-phone interpretation (OPI) services. Regardless of the hour of the request, recipients are able to access assistance in over 200 languages.

Access2Care will also ensure that recipients with emergency requests are referred or transferred to 911 or an appropriate local emergency (ambulance) service.

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

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

Access2Care will 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 so information may be given to handle a transportation problem that may arise during non-office hours. When needed, we will educate recipients who habitually call after regular working hours and leave messages requesting transportation.

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All local staff and leadership, as well as Contact Center leadership, are available during call center hours and after hours via phone, email, and smart phones to ensure round-the-clock access.

(3.9.2.3) Through our existing Boise, Idaho Contact Center, we have the technological and staffing capacity to support the program fully from the first day of the contract. We have proven staffing schematics and system capacity to ensure the automated voice response system answers calls within three rings and that queue time after initial automatic voice responses is three minutes or less. In June 2015, we celebrated a $500,000 expansion of our Boise Contact Center, to handle the growing call capacity of our Medicaid and Medicare clients. The Boise Contact Center's trunk line and telephone capacity is ready to handle the State's expected calls; we can double the number of staff and calls we handle before we will need to add trunk-line capacity to our Contact Center.

We will have a properly functioning toll free telephone number of recipients and other callers to request services, obtain information about services, and register feedback and complaints. Recipients will not incur a charge for placing a call, other than those applicable to local calls. In addition, we have sufficient staffing in place today to handle all calls and act as troubleshooters and problem solvers for questions and problems that may arise regarding transportation.

(3.9.2.4) Access2Care consistently exceeds current standards of promptness and quality including:

- ***Ninety percent (90%) of telephone calls are answered within five (5) rings during live voice answering times;***
- ***We utilize a call pick-up system that places calls in queue, if needed;***
- ***Our blocked call rate (busy signal received) is five percent (5%) or less on an average daily basis; and***
- ***Ninety percent (90%) of calls in the queue are answered by a live operator in less than two (2) minutes, measured on a daily basis.***

At our current staffing level in our Boise Contact Center, we are ready and prepared to handle call volume from Nevada recipients immediately. We are also prepared to increase our staffing levels and customize our Contact Center configuration to meet the needs and requirements of future growth the State may

experience. An example of our current record of successful performance is efficient management of our Oregon contracts, providing transportation for over 365,000 members out of our Boise Contact Center. Our record of success for 2015, is shown in the table below.

Table 7 Oregon Performace Summary (January 2015--October 2015)

Arrivals	Accepts	Abandons	> 30	Avg. Dur. to Accept	Avg. Active Dur.	% Calls Ans. (30)	% Abandons
445,799	435,446	10,341	362,785	00:00:25	00:05:25	84%	2%

On June 10, 2015, we celebrated a $500,000 expansion of our Boise, Idaho Contact Center. This center is designed to handle the existing and growing call capacity of our Medicaid and Medicare recipients in Oregon, Washington, and Idaho. This Contact Center currently handles more than 240,000 calls per month from these states, utilizing a staff of approximately 60 Associates. Our Boise facility can accommodate over 90 Associates, which means we have more than the needed capacity to serve Nevada.

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

Our statistics reflect our national activities across our organization. Our client agreements govern performance standards and ensure our goals align with overall program requirements. Our national record of performance reliability is shown in the table below:

Table 8 National Contact Center Statistics

For calendar year 2014.	
Total calls offered (incoming calls recorded as received)	**2,572,911**
Total number of calls answered	**2,365,173**
Number of calls abandoned	**131,438**
% of calls abandoned	**5%**
Average Seconds to Answer (ASA)	**48 seconds**
% of calls answered in 30 seconds by CSR	**80%**
Average Handle Time	**00:05:07**

(3.9.2.5) Access2Care will use its existing automatic call distribution (SCD) and call reporting system to record and aggregate call information on an hourly, daily, weekly, and monthly basis, for the entire Contact Center and for individual Associates. At a minimum we will capture the following information:

- ***Total number of incoming calls;***
- ***Number of answered calls by vendor staff;***
- ***Average call wait time;***
- ***Maximum call wait time;***
- ***Percentage of calls answered by a live operator in under two (2) minutes;***
- ***Average talk time;***
- ***Number of calls placed on hold and length of time on hold;***
- ***Number of abandoned calls and length of time until call is abandoned;***
- ***Number of outbound calls; and***
- ***Number of available operators by time.***

In the unlikely event target wait times are exceeded, our system automatically routes calls to back-up, part-time operators.

Our telephony solution, Avaya S8800, is a robust ACD system that allows for a high number of simultaneous requests for service. Avaya is a completely interactive management system that provides the most comprehensive set of tools in the industry integrating voice, IVR, e-mail, Web interactions, fax, and agent tasks. These systems work in concert with our Web-based trip assignment A2C System. The system also accepts telephonic or fax requests for transportation and allows for requests made up to six months (or any period required by the Division) in advance. The Avaya system provides a robust voice mail system that logs the times of received and retrieved messages. The log includes caller phone number and details of the voice mail message. Call documentation includes the voice mail received/retrieved date. The call log also includes the time and date of the initial voice mail and when a return call was made, along with action taken. In addition, AES (Avaya Enablement Services) allows us connectivity to non-Avaya equipment, such as NICE recording servers. The integrated management information system (MIS) tool provides real-time phone system data reporting, and reporting for a longer period of time as specified by the report writer. We will use our Avaya system to record and aggregate critical performance and quality-related call information on an hourly, daily, weekly, and monthly basis for the full call center, different queues, and for individual Associates.

We also subscribe to the Avaya Site Administration Program for its Trunk Analyzer, System Alarm Monitor and Trunk Monitor. We update our equipment with the latest software and firmware updates when Avaya makes them available. Maintenance Contracts have a 4 hour Service Level Agreements for a tech on site in the event of an outage. We have disaster recovery routing to move system traffic seamlessly to cover planned and unplanned outages. We also utilize Office 365 Voicemail Integration and Avaya Enablement Services (allows connectivity to non-Avaya equipment, such as NICE recording servers) within our Telecommunications Framework.

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

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

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

(3.9.2.6) Access2Care has been successfully operating high-quality Contact Centers for over 10 years. All our Customer Contact Centers have received URAC Core Standards accreditation, which verifies our commitment to best practices in operational procedures and quality assurance. By establishing the Nevada Contact Center at our Boise location, we will leverage the operational expertise in our Idaho Center to benefit the Nevada program. We are able to establish telephone and staffing capabilities quickly by utilizing existing systems and veteran staff to quickly prepare for the required demonstration as part of the readiness review process.

Access2Care will develop operational procedures, manuals, forms, and reports necessary for the smooth operation of the Contact Center. As part of our readiness review prior to effective date of contract implementation, we will schedule a demonstration of our telephone system and staffing with the Division.

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

(3.9.2.8) Access2Care has a strong reputation ensuring recipients receive the lowest cost and most appropriate form of transportation. We will ensure the recipient's medical needs are met through the most appropriate form of transportation for each individual.

9.2.3.7 TAB VII– SECTION 4 – COMPANY BACKGROUND AND REFERENCES

Vendors must place their written response(s) in ***bold/italics*** immediately following the applicable RFP question, statement and/or section. This section must also include the requested information in ***Section 4.2, Subcontractor Information***, if applicable.

4. COMPANY BACKGROUND AND REFERENCES

4.1 VENDOR INFORMATION

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

Figure 6 Access2Care Company Profile (4.1.1)

Question	Response
Company name:	***Access2Care, LLC***
Ownership (sole proprietor, partnership, etc.):	***Limited Liability Company***
State of incorporation:	***St. Louis***
Date of incorporation:	***2006***
# of years in business:	***9***
List of top officers:	***Steven G. Murphy, President***
Location of company headquarters:	***6200 S. Syracuse Way Ste. 200 Greenwood Village, CO 80111***
Location(s) of the company offices:	• ***Texas Office: 7509 S Freeway, Houston, TX 77021*** • ***Idaho Office: 370 North Mitchell Street, Boise, Idaho 83704*** • ***Colorado office: 6200 S Syracuse Way, Denver, CO 80111*** • ***Florida Office 16331 Bay Vista Drive, Clearwater, FL 33760*** • ***Oregon Office, 1 SE 2nd Avenue, Portland, OR 97214*** • ***St. Louis Office, 2500 Abbott Place, St. Louis, MO 63143*** • ***Iowa Office, Des Moines Airport, 5800 Fleur Drive, Room 231, Des Moines, Iowa 50321***
Location(s) of the office that will provide the services described in this RFP:	• ***370 North Mitchell Street, Boise, Idaho 83704, Contact Center Services***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***We will hire employees upon contract award with the expertise to support the requirements of the RFP.***
Number of employees nationally with the expertise to support the requirements in this RFP:	***More than 360***
Location(s) from which employees will be assigned for this project:	***Idaho- 24 Colorado - 4 Texas--5***

1.1.2 **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.

(4.1.2) Prior to contract execution with the State of Nevada, Access2Care will register with the State of Nevada, Secretary of State's Office as a foreign corporation, and will fully comply with NRS 80.010 and NRS 80.015.

1.1.3 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.

(4.1.3) Access2Care has registered and is licensed to do business in the State of Nevada.

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

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

Yes	***X***	No	

If "No", provide explanation.

n/a

1.1.4 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.

(4.1.4) Access2Care has obtained all required licensing to perform the services defined in the Scope of Work.

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

Yes		No	***X***

(4.1.5) Access2Care has not ever been engaged under a contract by any State of Nevada agency.

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:	***n/a***
State agency contact name:	***n/a***
Dates when services were performed:	***n/a***
Type of duties performed:	***n/a***
Total dollar value of the contract:	***n/a***

1.1.6 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***

(4.1.6) Access2Care is not currently nor has within the last two years been an employee of the State of Nevada, any of its agencies, departments, or divisions.

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

n/a

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.

n/a

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

(4.1.7) Access2Care has no significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which we have been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. We have no 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.

1.1.8 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.***

(4.1.8) Access2Care is able to provide the insurance requirements specified in Attachment E, and upon contract award, will provide the Certificate of Insurance identifying the coverages specified in Attachment E, Insurance Schedule for RFP3207. Access2Care has no exceptions and/or assumptions to the insurance requirements. Our Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP, can be found in TAB IV.

1.1.9 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.

History and Structure

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

Access2Care has a wide breadth of successful experience in non-emergency transportation contract management. Nevada will benefit from the proven experience, processes, procedures, technology, and professional staff that we engage in every NET program. We have emerged as a national leader in medical transportation management due to our application of sophisticated technology, professional customer contact center management, and an uncompromising commitment to quality. We currently provide transportation management services for over 4.7 million trips each year, serving over 5 million lives in 29 geographically and demographically diverse states. These services include contracts with state and local governments and managed care organizations.

Complementing our transportation management expertise, Access2Care manages customer contact centers throughout the United States. Access2Care was recently granted full URAC Accreditation for quality in all of its operations. "By receiving URAC accreditation, Access2Care has demonstrated a commitment to quality healthcare," said URAC President and CEO Kylanne Green. "Quality healthcare is crucial to our nation's welfare and it is important to have organizations that are willing to measure themselves against national standards and undergo rigorous evaluation by an independent accrediting body." Our Idaho Contact Center exemplifies our commitment to best practices in operational procedures and quality assurance. By establishing the Nevada Contact Center at our Boise location, we will leverage the operational expertise in our Idaho Center to benefit the Nevada program. We are able to quickly establish telephone and staffing capabilities by utilizing existing systems and veteran staff to quickly prepare for the readiness review.

Strong, Capable Partner

Our unmatched organizational and financial strength allows us to provide the resources to ensure long-term program success and continuity, make the necessary investments in personnel and technology, and handle any future program expansion or modifications. Transitioning a Medicaid transportation management contract requires sizable working capital for the initial start-up expenses prior to the broker receiving payment. We have the flexibility to assign capital where needed at start-up and throughout the life of the contract, including making investments in Contact Center facilities, computer equipment, office automation, hiring and training of staff, and general support of the NET program during the interim between implementation and the State's payment cycle.

Access2Care Key Capabilities

Access2Care's Dedication to Quality

Our quality processes in our Contact Center in conjunction with our claims and utilization analyses provides superior fraud prevention. Our own operational assessments ensure continuous improvement of our processes and procedures. Nationally, better than 99.7% of our trips are complaint free. Our credentialing program includes 100% vehicle inspections as well as stringent driver requirements to ensure recipient safety and comfort. Random audits are conducted on all claims submitted by recipients, 100% of all personal mileage claims are audited for appropriate miles, eligibility and medical attendance. Annual audits are conducted on the programs to ensure that the contract requirements are meet.

As a demonstration of our commitment to quality, Access2Care was recently granted full URAC (Utilization Review Accreditation Commission) Accreditation for quality in all of its operations. The URAC Accreditation process assessed Access2Care's organizational and administrative policies to ensure we meet established national standards and promote continuous quality improvement. It includes a Core Standards accreditation component that addresses several critical areas of basic structure and process, including organizational structure, personnel management, quality improvement, oversight of delegated responsibilities, and consumer protection.

Ability to Implement Medicaid Rules and Regulations

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

Access to Key Utilization Data and Reports

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

Automated Systems to Support Coordination and Administration

Our state-of-the-art Avaya call distribution system and the A2C System allow our agents to focus on providing excellent customer service. The Integrated IVR System allows for the entering of information such as Medicaid recipient identification number or other number into the call intake screen prior to the interaction with the Associate, thus reducing the call processing time. Our recipient-friendly systems reduce the number of steps needed to complete a trip request, and hold recipient data in queue if more information is needed to complete the request.

Recruitment and Management of Transportation Providers

Access2Care currently contracts with more than 1,110 medical transportation providers across the United States, managing more than 9,400 vehicles, delivering over 4.7 million trips each year. We believe this success is a direct result of the relationships we have built with our transportation providers. Building upon a foundation of mutual trust we continually collaborate with the transportation providers to make certain we are maintaining fair and equitable contracting practices within the transportation provider community.

Access2Care has successfully recruited and credentialed entire transportation networks, within implementation timeframes. Utilizing local transportation resources (identified via Internet searches, media ads, and input from medical facilities) we contact providers and educate them about our company and requirements for inclusion in our network. Interested transportation providers provide detailed information about their operations, including business licenses, equipment and driver records (including background checks). We also visually inspect 100% of their vehicles to ensure compliance and safety. A review of each transportation provider's drivers, vehicles and business processes is conducted annually. In addition to our fair assessment and contracting practices, we have also developed automated tools that have improved our transportation provider's satisfaction. Through provider feedback we have learned our providers appreciate working with us not only because of our supportive staff, but our efficient tools and processes.

Access2Care views the reimbursement of our transportation providers as important as our internal payroll. We provide timely payment to each network transportation provider based on the authorized services rendered. It is important to note, our financial strength also gives us the ability maintain timely payments, regardless of when we receive our monthly payment from the state.

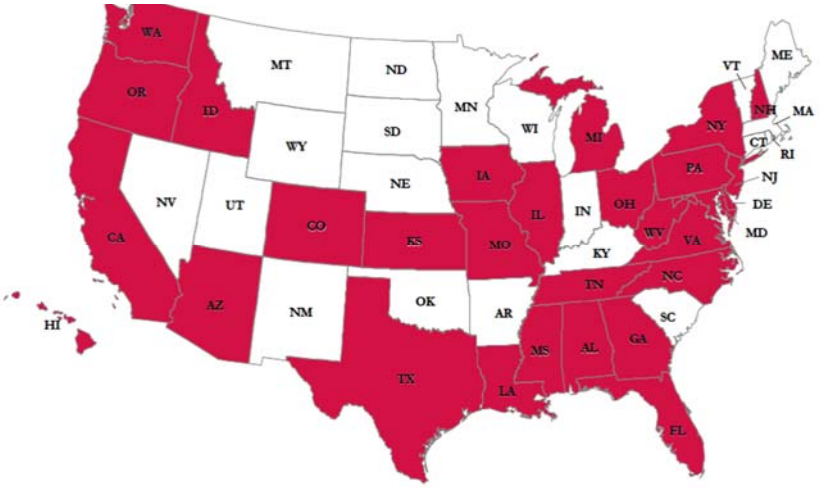
1.1.10 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.

No other company can boast the qualifications and capabilities Access2Care and its parent company, AMR, have built over the last 17+ years of managing transportation call centers for projects nationwide. NEMT is a complex business and few transportation management companies can meet all requirements. Access2Care has the corporate experience, staff qualifications, and financial strength and stability to meet all requirements and exceed industry standards.

AMR began its transportation experience in 1998, with a national NEMT program serving Kaiser Permanente's 4 million members. In 2006, AMR acquired Access2Care and began operating these services under the Access2Care brand.

Since then, we have grown and in 2014, we delivered over 4.7 million trips for over 5 million covered lives across urban, suburban, rural, and remote rural regions in 29 states and the District of Columbia.

Figure 7 Map of Access2Care's National Footprint



Access2Care provides transportation management to Medicaid and Medicare members through over 35 government and managed care organization (MCO) contracts, with customized programs for each unique region and diverse population. We serve our clients on time and within budget. Similar to the State of Nevada's program, we serve we manage transportation brokerage Medicaid programs in Texas, Idaho, and Iowa. We also manage several large MCO contracts including HealthShare/Family Care Coordinated Care Organizations (over 365,000 members/recipients) and the Florida Medicaid program transition to MCOs (over 1.2 million clients/recipients). Throughout our programs, we commit to increase access to healthcare services in a safe, reliable, cost-efficient manner.

1.1.11 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.

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

3.11.1.1 Dun and Bradstreet Number

3.11.1.2 Federal Tax Identification Number

3.11.1.3 The last two (2) years:

A. Profit and Loss Statement
B. Balance Statement

4.2 SUBCONTRACTOR INFORMATION

4.2.1 Does this proposal include the use of subcontractors?

(4.2.1) Per Amendment 1 to the RFP, question #76, transportation providers are not considered subcontractors.

Yes		No	***X***

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.

(4.2.1.1) Access2Care will not utilize subcontractors, as defined by the RFP.

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.

(4.2.1.1—4.2.1.7) Access2Care will not utilize subcontractors other than transportation providers so these items are not applicable.

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***		
Company Name:	***Access2Care, LLC***		
Identify role company will have for this RFP project (Check appropriate role below):			
✓	***VENDOR***		***SUBCONTRACTOR***
Project Name:	***State of Idaho, Department of Health and Welfare***		
Primary Contact Information			
Name:	***Sara Stith***		
Street Address:	***150 Shoup Ave #19***		
City, State, Zip:	***Idaho Falls, ID 83402***		
Phone, including area code:	***(208) 287-1173***		
Facsimile, including area code:	***(208) 364-1811***		
Email address:	***stith@dhw.idaho.gov***		
Alternate Contact Information			
Name:	***n/a***		
Street Address:	***n/a***		
City, State, Zip:	***n/a***		
Phone, including area code:	***n/a***		
Facsimile, including area code:	***n/a***		
Email address:	***n/a***		
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:	***Non-Emergency Medical Transportation Management ; Full Brokerage Model: Establish Contact Center, Call intake, Establishing local network of transportation, eligibility screening, appropriate mode assignment, reconciliation of all invoices, payment to transportation providers.***		
Original Project/Contract Start Date:	***September 2010***		
Original Project/Contract End Date:	***2015***		
Original Project/Contract Value:	***$22,325,900***		
Final Project/Contract Date:	***n/a***		
Was project/contract completed in time originally allotted, and if not, why not?	***Yes***		

Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Yes***

Reference #:	***2***		
Company Name:	***Access2Care, LLC***		
Identify role company will have for this RFP project (Check appropriate role below):			
✓	***VENDOR***		***SUBCONTRACTOR***
Project Name:	***FamilyCare Health Plans of Oregon***		
Primary Contact Information			
Name:	***Johanna Watson***		
Street Address:	***825 NE Multnomah Street, Suite 1400***		
City, State, Zip:	***Portland, OR 97232***		
Phone, including area code:	***(503) 471-2145***		
Facsimile, including area code:	***(503) 345-5720***		
Email address:	***johannaw@familycareinc.org***		
Alternate Contact Information			
Name:	***n/a***		
Street Address:	***n/a***		
City, State, Zip:	***n/a***		
Phone, including area code:	***n/a***		
Facsimile, including area code:	***n/a***		
Email address:	***n/a***		
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:	***Non-Emergency Medical Transportation Management ; Full Brokerage Model: Establish Contact Center , Call intake, Establishing local network of transportation, eligibility screening, appropriate mode assignment, reconciliation of all invoices, payment to transportation providers***		
Original Project/Contract Start Date:	***January 2015***		
Original Project/Contract End Date:	***2017***		
Original Project/Contract Value:	***$6,165,400***		
Final Project/Contract Date:	***2017; Active***		
Was project/contract completed in time originally allotted, and if not, why not?	***Yes, implementation was completed on time and contract is currently compliant with all standards.***		
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Yes***		

Reference #:	***3***		
Company Name:	***Access2Care, LLC***		
Identify role company will have for this RFP project (Check appropriate role below):			
✓	***VENDOR***		***SUBCONTRACTOR***
Project Name:	***Care Plus Health Plans, Inc.***		
Primary Contact Information			
Name:	***Francine M. Orta***		
Street Address:	***11430 SW 20Th Street, Suite 300***		
City, State, Zip:	***Doral, FL 33172***		
Phone, including area code:	***(305) 441-9400 x1021508***		
Facsimile, including area code:	***n/a***		
Email address:	***francine.orta@careplus-hp.com***		
Alternate Contact Information			
Name:	***n/a***		
Street Address:	***n/a***		
City, State, Zip:	***n/a***		
Phone, including area code:	***n/a***		
Facsimile, including area code:	***n/a***		
Email address:	***n/a***		
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:	***Non-Emergency Medical Transportation Management ; Full Brokerage Model: Establish Contact Center , Call intake, Establishing local network of transportation, eligibility screening, appropriate mode assignment, reconciliation of all invoices, payment to transportation providers***		
Original Project/Contract Start Date:	***2009***		
Original Project/Contract End Date:	***Ongoing; auto-renewal***		
Original Project/Contract Value:	***$3,822,600***		
Final Project/Contract Date:	***n/a***		
Was project/contract completed in time originally allotted, and if not, why not?	***Yes***		
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Yes***		

Reference #:	***4***		
Company Name:	***Access2Care, LLC***		
Identify role company will have for this RFP project (Check appropriate role below):			
✓	***VENDOR***		***SUBCONTRACTOR***
Project Name:	***Better Health, Simply, and Clear Health Plans***		
Primary Contact Information			
Name:	***George M. Fernandez***		
Street Address:	***804 Douglas Road, Executive Tower-5th Floor***		
City, State, Zip:	***Coral Gables, FL 33134***		
Phone, including area code:	***305-921-2656***		
Facsimile, including area code:	***n/a***		
Email address:	***gfernandez@simplyhealthcareplans.com***		
Alternate Contact Information			
Name:	***n/a***		
Street Address:	***n/a***		
City, State, Zip:	***n/a***		
Phone, including area code:	***n/a***		
Facsimile, including area code:	***n/a***		
Email address:	***n/a***		
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:	***Non-Emergency Medical Transportation Management ; Full Brokerage Model: Establish Contact Center , Call intake, Establishing local network of transportation, eligibility screening, appropriate mode assignment, reconciliation of all invoices, payment to transportation providers***		
Original Project/Contract Start Date:	***2009***		
Original Project/Contract End Date:	***Ongoing; auto-renewal***		
Original Project/Contract Value:	***$3,822,600***		
Final Project/Contract Date:	***n/a***		
Was project/contract completed in time originally allotted, and if not, why not?	***Yes***		
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Yes***		

4.3.3 Vendors must also submit ***Attachment F, Reference Questionnaire*** to the business references that are identified in ***Section 4.3.2***.

4.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

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.

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.

(4.3.3—4.3.6) In compliance with the RFP, Reference questionnaires have been provided to the references listed below and have been directly submitted to the State of Nevada Purchasing Office before the specified deadline.

- ***Better Health, Simply, and Clear Health Plans***
- ***Care Plus Health Plans, Inc.***
- ***FamilyCare Health Plans of Oregon***
- ***Idaho Department of Health and Welfare***

In addition, reference contact information and project overviews are provided in response to Section 4.3.

9.2.3.8 TAB VIII – ATTACHMENT G – PROPOSED STAFF RESUME

E. Vendors must include all proposed staff resumes per ***Section 4.4, Vendor Staff Resumes*** in this section.

F. This section should also include any subcontractor proposed staff resumes, if applicable.

4.4 VENDOR STAFF RESUMES

A resume must be completed for each proposed key personnel responsible for performance under any contract resulting from this RFP per ***Attachment G, Proposed Staff Resume.***

Access2Care's key personnel resumes follow.

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:	*Access2Care, 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:	*Steve Murphy*	**Key Personnel: (Yes/No)**	*Yes*
Individual's Title:	*President, Access2Care* *Senior Vice President, Government Relations and National Services, EVHC*		
# of Years in Classification:	*43*	**# of Years with Firm:**	*18*

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Steve Murphy was appointed Senior Vice President of Government and National Services for Envision Healthcare Corporation (EVHC) in 2005. He is also the President of Global Medical Response, Inc. (GMR), EMSC's international operating subsidiary and Access2Care, EVHC's national transportation management company.

Prior to joining AMR in 1989, Mr. Murphy was National Vice President of Government Relations for CareLine Inc. and MedTrans, Inc., President and Chief Operating Officer of Pruner Health Services, Inc. and Chief Administrative Officer for Pruner's Napa Ambulance Service, Inc. He was previously an EMS Commissioner for the State of California and is also a past President and board member of the California Ambulance Association.

Mr. Murphy is a co-author of the American Ambulance Association's (AAA) Emergency Medical Services Structured for Quality: Best Practices in Designing, Managing and Contracting for Emergency Ambulance Service, a textbook used by both domestic and international government planners for establishing emergency ambulance system design, performance measures and provider selection criteria. He serves as the AAA's official liaison to several national organizations and has participated on a number of national EMS policy and program development initiatives for various federal agencies.

Mr. Murphy has been active in emergency medical services and the ambulance industry for more than 40 years. He holds a bachelor's degree in nursing and has served as a certified emergency nurse and mobile intensive care nurse.

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.

American Medical Response, Inc., Greenwood Village, Colorado, 1997 – present

- *Executive Vice President, Government and National Services*
- *American Medical Response – Responsibility for National, Multi-Regional, & International Contracts, National Government Relations*

MedTrans - California and S.E. Regions, October 1995 – March 1997

- *Vice President of Government Relations*
- *California and South East Regions Government Relations Responsibility*

CareLine, Inc., November 1994 – October 1995

- *Corporate Vice President of Government Relations*
- *National Government Relations Responsibility*

Pruner Health Services, Inc. - A CareLine Company, December 1989 – November 1994

- *President and Chief Operating Officer*

Piner's Napa Ambulance Service, Inc., December 1972 – December 1989

- *Chief Administrative Officer*

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

- *Napa College - Napa, California, 1978*
  Registered Nursing Degree
- *Napa College - Napa, California, 1973 – 1976*
  Business Administration & Economics Studies
- *Cal Poly State University - Pomona, California, 1972*
  Business Administration & Accounting Studies

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

- *Napa College - Napa, California, 1978*
  Registered Nursing Degree
- *CEN – Certified Emergency Nurse (previous)*
- *MICN – Mobile Intensive Care Nurse (previous)*

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Name/Title: William Sanger, President and Chief Executive Office
Organization: Envision Healthcare
Address: 6200 S. Syracuse Way, Suite 200
Greenwood Village, CO 80111
Phone: (303) 495-1221
Fax: (303)495-1466
Email: Bill.Sanger@evhc.net

Name/Title: Randy Owen, Chief Financial Officer and Executive Vice President
Organization: Envision Healthcare
Address: 6200 S. Syracuse Way, Suite 200
Greenwood Village, CO 80111
Phone: (303) 495-1223
Fax: (303)495-1466
Email: Randy.Owen@evhc.net

Name/Title: Bruce Nager, President and Chief Executive Officer
Organization: Harvest Consulting Company, LLC
Address: 20077 Back Nine Drive
Boca Raton, FL 33498
Phone: (954) 644-2845
Email: fishsouth@aol.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:	***Access2Care, 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:	***Matt McCormick***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Vice President***		
# of Years in Classification:	***25***	**# of Years with Firm:**	***8***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Matt McCormick is Vice President for Access2Care, LLC. He is the former Chief Executive Officer of Mission Care Services, a holding company that included a regional ambulance service generating more than $30 million in annual sales. In 2005, he led the creation of a managed transportation company that evolved into Access2Care. Mr. McCormick joined AMR in 2007 with AMR's acquisition of Access2Care. Throughout 2007, he was responsible for AMR operations in four Midwestern states and managed the St. Louis, Missouri operations of Access2Care. He joined the national organization in 2008. Matt serves on the board of a St. Louis community hospital and was formerly a member of a judicial nominating commission.

Mr. McCormick's has over 25+ years working in health care a s a senior executive. He is responsible for Access2Care's national operations and in that capacity has direct and indirect supervisory experience for over 350 team members. As the former owner and CEO of one of the nation's largest privately owned regional ambulance services and in his capacity as Vice President of Access2Care, he has overseen the development, implementation and operations of complex medical management programs that integrate local provider network partnerships to achieve member satisfaction. These programs serve over 5 million Medicare and Medicaid beneficiaries in over 20 states.

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.

- ***EVHC & Access2Care, 2008-Present, Vice President, Acccess2Care, St. Louis, Missouri***
- ***American Medical Response, 2007-2008, General Manager, St. Louis, Missouri***
- ***Mission Care Services, 2004-2007, Chief Executive Officer/Owner, St. Louis, Missouri***
- ***Abbott Ambulance, Inc., 1996-2004, Chief Executive Officer, St. Louis, Missouri***
- ***Samana Design, Inc., 1984-1996, Vice President of Operations, St. Louis, Missouri***
- ***Missouri State Senate, 1983-1984, Admin. Asst. to Senator Roger Wilson, Jefferson City, Missouri***
- ***Boone Hospital Center, 1982-1983, Assistant to Vice President of Government Affairs, Columbia, Missouri***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

B.S. in Business, Webster University, 1987 470 East Lockwood Ave., St. Louis, MO 663119

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

N/A

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Name/Title: Robert G. Bailey, Associate Dean
Organization: University of Missouri- Columbia School of Law
Address: 3378 South Country Woods Rd., Columbia, MO 65203
Phone: (573) 356-4724
Fax: n/a
Email: n/a

Name/Title: Mark Bruning, Former President
Organization: American Medical Response
Address: 725 Forest View Way, Monument, CO 80132 -8227
Phone: (719) 330-1010
Fax: n/a
Email: n/a

Name/Title: Johanna Watson, Program Integrity and Project Manager
Organization: Family Share Health Plan
Address: 825 NE Multnomah St., Suite 1400, Portland, OR 97232
Phone: 503.471.2145
Fax: 503.471.2195
Cell: 541.680.6094
Email: johannaw@familycareinc.org

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:	***Access2Care, 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:	***Daniel J. Cyr***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Project Manager/Director of Operations***		
# of Years in Classification:	***35***	**# of Years with Firm:**	***9***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

As our Project Director, Mr. Dan Cyr will have the responsibility and the authority to make decisions and resolve issues on behalf of Access2Care.

Dan has enjoyed a successful career spanning more than 35 years as an effective leader in the health delivery and government service environment. Dan has been Access2Care's Project Director since 2006 operating out of our Houston NEMT office. His unique background of work experience and education combine two important skills of financial management and operational management. Dan's background makes him more than qualified to advise the Nevada NEMT team on how to run a successful program that will serve the Medicaid population well while ensuring efficiency for the State.

Dan has more than 15 years' experience as top management of operations specializing in transportation and logistics with extensive success in Medicaid NEMT. He has helped states develop new transportation programs that significantly reduce waste and abuse while providing reliable and appropriate transportation service for the Medicaid clients who truly need it.

He has stepped into existing, troubled operations and rebuilt them into strong, viable programs to serve the Medicaid population properly. Dan brings to his work the "passion" that Access2Care brings to all operations. Dan is driven to work as a "partner" with all players involved. Dan offers extensive insight into managed transportation services. His entire career has been dedicated to serving government agencies both at the federal, state and local level. He has extensive background in health services delivery, social services and educational services.

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.

AMERICAN MEDICAL RESPONSE ***June 2006 – Present***

A leading provider of emergency medical services in the United States serving more than five million patients per year.

Operations Director

- ***Oversee Medicaid transportation operations for the EMSC/AMR and Access2Care divisions.***
- ***Lead the NEMT operations to serve the Texas Health and Human Services Commission.***
- ***Support the response effort to new requests for proposals by various state Medicaid agencies resulting in new contracts in four states.***
- ***Develop government relations/lobbying efforts in numerous states.***
- ***Responsible for the financial viability of all EMSC/AMR and Access2Care Medicaid and Medicare transportation operations.***
- ***Support new operation start-up implementations.***

CAPITAL REGION EDUCATION COUNCIL (CREC) ***August 2003 – May 2006***

The largest Connecticut Regional Education Service Center (RESC) providing comprehensive educational and operational services to thirty-two towns in the greater Hartford, CT area.

Operations Director

- ***Oversaw the CREC business operations.***
- ***Oversaw all school transportation for eleven magnet schools.***
- ***Oversaw all school transportation for the State's Project Choice Program – transporting Hartford students to thirty-seven suburban districts.***
- ***Ensured a financially viable operation in a highly restrictive budget environment***
- ***Processed all bids and negotiated all contracts.***
- ***Created and maintained a customer service call center to serve the CREC clients.***
- ***Continuously grew the operation by providing the level of service that exceeds the competition.***
- ***Fostered staff development to ensure the highest standards are met in the transportation business.***

LOGISTICARE, LLC ***July 2000 – July 2003***

A leading service contractor providing Non-Emergency Medical Transportation for the Connecticut Department of Social

Director, Operations

- ***Directed the LogistiCare, LLC Connecticut operations including transportation coordination, contract management, transportation provider management, financial oversight, operational management, public and government relations.***
- ***Grew operations by 115% and gross profits by eleven fold in three years.***
- ***Maintained a strong, positive working relationship with the government clients, health maintenance organizations and other private organizations.***
- ***Built a viable operation at a fixed, capitated price through strong cost containment programs.***
- ***Provided high-quality service as indicated by routine customer surveys.***
- ***Maintained a strong working relationship with the health care providers.***

DYNCORP MANAGEMENT RESOURCES, INC. ***March 1998-July 2000***

One of the leading professional services firms in the world. The 19,000 employees of DynCorp provided services in information technology, facilities management, social service and management services to all levels of government.

Director, Connecticut Operations

- ***Responsible for the entire Connecticut DynCorp transportation operations.***
- ***Identical functions as outlined above with LogistiCare, LLC (they were direct competitors).***
- ***Responsible for the provision of over 1.6 million trips per year.***
- ***Created a strong financially viable operation by implementing strong cost containment programs.***
- ***Negotiated deep discounted contracts with transportation providers.***
- ***Developed quality improvement programs for transportation companies to ensure the safety and service of the student/client.***

SENECA HEALTH SYSTEM, INC., Warwick, RI ***1995-February 1998***

A Management Service Organization (MSO) providing financial and management services to a network of health care providers and social service organizations in Rhode Island, Massachusetts and Connecticut.

Senior Vice President/Chief Financial Officer

Responsible for the operational/financial management and new business development of SENECA and its affiliates. These responsibilities included financial reporting, budgeting/forecasting, billing/accounts receivable, accounts payable, cash flow management, third party reimbursement, and data systems management, government regulatory compliance and facility management. This position was also responsible for new business/network development via affiliation, merger, acquisition new start-ups and managed care contracting. This position included the dual role of Chief Operating Officer of the SENECA Early Intervention Program (EIP). EIP is a Child Care program for children ages 0-5 with special developmental needs. This program served the chronic needs of 175 children throughout RI and southeastern CT. The Early Intervention Program is a state funded operation.

- ***Managed the financial/business operations with 23 employees including the budgeting, financial reporting and analysis, accounts payable, accounts receivable, financial planning, third party reimbursement and data systems, new business development, marketing and data systems.***
- ***Presented all budgets and financial reports to the finance committees and full boards of SENECA and all affiliates and subsidiaries.***
- ***Managed all lines-of-credit and other loans with the various banks of the SENECA organizations.***
- ***Ensured complete compliance to government regulations, accreditation standards and contract obligations.***
- ***Negotiated and settled affiliation, merger and acquisition agreements with home care companies, long-term care providers and hospitals.***
- ***Orchestrated new lines-of-business development including cardiac and psychiatric home care, early intervention program, medical equipment services and private-duty nursing services.***
- ***Oversaw all managed care contracting including responses to RFPs, contract negotiation and service agreements***

BLUE CROSS BLUE SHIELD OF CONNECTICUT, North Haven, CT ***1975-1995***

Director, Government Programs Division ***1988-1995***

Responsible for the successful operations of the Medicare/Medicaid Division and the Federal Employee Program Division (the company's second largest account) with approximately 80 employees and six direct reports. This division included the Provider Audit and Reimbursement Department, Medical Review Department, Fraud and Abuse Department, and three Claims Processing units, Customer Service Department and Provider Relations Department.

- ***Negotiated payment settlements and managed care contracts with physician groups, rehabilitation centers, skilled nursing facilities and acute care hospitals for the Medicare, Medicaid and Federal Employee product lines.***
- ***Directed the financial audits of thirty acute care hospitals, sixty skilled nursing facilities and fifteen rehabilitation centers.***
- ***Negotiated all contracts and financing with the Health Care Financing Administration, the FEP Directors Office, State of Connecticut and subcontractors in behalf of the Government Programs Division.***
- ***Worked with various state legislators and their staffs via individual meetings and speaking engagements to help develop new programs or changes to existing programs to improve the state Medicaid system as a whole.***
- ***Testified before State Legislative Committees to recommend and support new programs.***
- ***Held lead role in responses to requests for proposals (RFP)***
- ***Oversaw claims processing units, which disbursed over $4 billion per year.***

Manager, Provider Audit and Reimbursement ***1982-1988***
Responsible for the accurate interim payments and final cost settlements for institutional providers in behalf of Medicare/Medicaid and BlueCross BlueShield of CT lines of business. Oversaw the annual financial audits of hospitals, skilled nursing facilities, home health agencies, and rehabilitation centers.

Project Manager ***1980-1982***
- ***Supervised field audit teams.***

Senior Auditor ***1977-1980***
- ***Conducted audits of institutional providers.***

Staff Auditor ***1975-1977***
- ***Performed field audits and desk audits of institutional providers.***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

B.S. Accounting, Central Connecticut State University, New Britain, CT -- 1975

M.S. Organizational Management, Central Connecticut State University, New Britain, CT -- 1975

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

N/A

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Name/Title: Mr. Mark Miglis, VP of Finance
Organization: SENECA Health Systems
Address: 11 Ledgewood Drive
Phone: 978-880-0698
Fax: n/a
Email: markmiglis@hotmail.com

Name/Title: Mr. James Dimm, President
Organization: Capital Associates Inc.
Address: 11150 SW 175th Avenue, Beaverton, OR 97007
Phone: 503-372-9027
Fax: n/a
Email: jcdimm@gmail.com

Name/Title: Dr. John Sullivan, Superintendent
Organization: Westbrook, CT Schools
Address: 26 Old Dobbin Lane, Ivoryton, CT 06442
Phone: 860-304-0124
Fax: n/a
Email: cjrsullivan@comcast.net

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:	***Access2Care, 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:	***Krister Sorensen***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Director of Finance***		
# of Years in Classification:	***8***	**# of Years with Firm:**	***5***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

As a financial and accounting professional, Sorensen's skills go beyond analysis, income statements, and general ledgers. He has a detailed understanding of operations and information technology systems in regards to development and enhancing systems and process improvements.

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.

September 2010 – Present, EVHC/Access2Care, Greenwood Village, CO, Director of Finance

- ***Analysis of operational and strategic objectives.***
- ***Drive process improvements to business reporting, systems, policies and procedures.***
- ***Prepare monthly forecasts and annual budget.***
- ***Analyze monthly internal financial statements.***
- ***Complete general ledger close for multiple entities including variance analysis and account reconciliation.***
- ***Develop pro forma statements for new business opportunities.***
- ***Perform internal ad-hoc reports as requested.***
- ***Provide management and oversight over multiple employees.***

October 2007 – September 2010, Dish Network, Englewood, CO, Financial Coordinator – PPV/VOD

- ***Conduct financial/statistical analysis projects and ad-hoc reports.***
- ***Prepare monthly forecasts and assist with preparation of annual budget.***
- ***Develop and maintain forecasting models for PPV/VOD purchases.***
- ***Assist with contract negotiations with content providers.***
- ***Design and run queries in Hyperion and SQL Assistant out of Teradata database.***
- ***Process payments to vendors and maintain relationships with business contacts.***
- ***Perform internal ad-hoc reports as requested.***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

- *Colorado State University, Fort Collins, CO, B.S. in Business Administration with a concentration in Finance and a certificate in International Business, May 2005*
- *University of Colorado at Denver, Denver, CO, M.B.A. with specializations of Business Strategy and Entrepreneurship, May 2012*

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

- *EVHC NRC Team Member of the Month*
  EVHC, September 2012
  The NRC (National Resource Center) is the corporate office of EVHC. The EVHC NRC Team Member of the Month is awarded to a team member nominated by his/her peers for exceptional teamwork, exceptional customer service, and examples of always having the best interest of the company in mind.

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Name/Title: Michael Trujillo, Vice President of Worldwide Distribution
Organization: Ride Television Network
Phone: 303-807-8756
Fax: n/a
Email: mttrujillo2@comcast.net

Name/Title: Michael Douglas, President & Owner
Organization: Mountain States Building Products
Phone: 303-909-6515
Fax: n/a
Email: mikedouglas@mountainstatesinc.com

Name/Title: Chad Van Ryn, Regional Vice President – Sales
Organization: Medline Industries
Phone: 505-604-2042
Fax: n/a
Email: cvanryn9@hotmail.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:	***Access2Care, 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:	***Jennifer Buckner***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Human Resource Business Partner***		
# of Years in Classification:	***15***	**# of Years with Firm:**	***15***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Jennifer Buckner is an employee possessing over 15 years of experience with the company. Jennifer has transitioned from a Human Resource background into her current role as HR Business Partner due to her attention to detail and diligence. While acting as Program Specialist for Access2Care, Jennifer was responsible for the implementation of new contracts, acted as liaison between customers and Access2Care staff and created the complaint management system as well as various operational policies and procedures necessary to maintain contract compliance. In addition, Jennifer worked together with the health plan and technology department to ensure health plan billing was correct and to CMS specifications. Jennifer's efforts contributed to Access2Care's success in augmenting their business from three NEMT contracts to eleven resulting in a growth of more than 750,000 member lives. Jennifer works closely with vendor networks as well as the communications department to identify questions and concerns that arise daily and resolves issues promptly.

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.

Abbott EMS/AMR – HRBP ***August 2012-present***

- ***Understand legal requirements and government reporting regulations affecting human resources functions and ensure policies, procedures, and reporting are in compliance as well as legislation, court decisions, etc. to assess industry trends and HR practices.***
- ***Communicate with management regarding employee relations' issues to consistently improve employee morale and productivity while being supportive of company policies.***
- ***In conjunction with the Leadership Team, develops and executes proactive strategies that enhance employee morale, lower turnover, meet financial needs of Company, and provide a consistent strategy.***
- ***In conjunction with the Operations Leadership Team, develop, implement, and maintain an effective employee recognition program that inspires employee commitment to individual and organizational success.***
- ***Conduct salary surveys to ensure competitive pay. Review and approve salary increases permitted within budgetary limits and according to established compensation policies.***

- *Consult legal counsel as necessary.*
- *Assists employees and leaders in reporting and advocating leaves of absence with third party vendor.*
- *Responsible for oversight of employee separation notices and related documentation and exit interviews to determine reasons behind separations. Based on exit interviews develop comprehensive solutions to reduce attrition while increasing employee morale.*
- *Review, maintain and monitor annual Affirmative Action Plans for Operations. Prepare and Coordinate response to OFCCP audit requests.*
- *Assess the capabilities of management team and conduct leadership training in performance coaching, conflict resolution, recruitment and selection, harassment prevention, etc. As well as individual executive coaching needs.*
- *Assists employees with accessing their relevant employment information through My HR Connection.*
- *Provides day to day performance management guidance to management (coaching, counseling, career development, corrective actions, CBA language interpretation, etc.).*
- *Effective information systems security is a team effort involving the participation and support of every AMR employee who deals with information and/or information systems. It is the responsibility of every computer user to: Know and follow Information Systems security policies and procedures. Attend Information Systems security training, when offered. Report information systems security problems.*

Abbott EMS – Project Manager *May 2009-August 2012*

- *HRIS data entry and record-keeping through Oracle and AS400 including tuition, uniform and equipment deduction entry.*
- *Develop and execute proactive strategies that enhance employee morale, reduce turnover, meet financial needs of the Company and provide a consistent strategy.*
- *Run reports through Oracle Discoverer as needed.*
- *Conduct new employee testing.*
- *Interview candidates for the Belleville operation.*
- *Process all employee ID and security badges.*
- *Monitor and assist employees with recertifying their credentials as a part of the DRT.*
- *Assist with updating the employee handbook.*
- *Manage Employee of the Month program.*
- *Process all birth and sympathy postings.*
- *Research demographics for possible acquisitions or new 911/IFT contracts. Research includes but is not limited to local payer mix, census data, hospital and nursing home saturation and standard of living.*
- *Manage our Managed Transportation book of business, including dispatch training, management of the vendor network, creation of new contracts in the dispatch system, all invoicing and A/R and meet with customers at the beginning and during the course of the contract.*
- *Head the Mobile HealthCare book of business starting the third quarter 2013, including the Hospital Readmission Pilot project with BJH and SLUH hospitals.*

Access2Care – Account Executive *December 2006 - May 2009*

- *Development and maintenance of all procedures for quality control and complaint management within Access2Care business.*
- *Liaison between client organizations and Access2Care staff.*
- *Project Manager for implementation of all new contracts.*
- *Management and disposition of all complaints from intake to resolution.*

- *Liaison with clients, case managers, medical care providers and transportation providers (and members/passengers/patients as needed.)*
- *Create the complaint tracking and maintenance for new web-based Access2Care software.*

Abbott EMS – Human Resource Specialist ***May 2000 – December 2006***

- *Oversee recruiting process, including screening, scheduling, interviewing and making offers to candidates.*
- *Manage new-hire orientation and conduct exit interviews as needed.*
- *Conduct reference and background checks.*
- *Responsible for HR administration including but not limited to HRIS data entry and recordkeeping.*
- *Manage all aspects of benefits administration from open enrollment meetings to COBRA administration.*
- *Assist with Performance Review, Succession Planning and other HR development processes.*
- *Administer unemployment compensation claims.*
- *Ensure compliance with EEOC, immigration and affirmative action guidelines.*
- *Oversee HR functions for St. Louis, MO and Belleville, IL operations.*
- *Assist with updating employee handbook.*
- *Manage Employee of the Month program.*
- *Handle leaves of absence (LOA) administration including reviewing documentation, tracking of LOA/FMLA and employee follow-up.*
- *Plan various employee functions such as annual employee service awards banquet and EMS Week Clinical Saves ceremony.*
- *Assist employees with benefits, records and employment or training-related questions.*
- *Salary surveys for the St. Louis metropolitan area.*
- *Adhere to all company policies and procedures.*

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

n/a

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

n/a

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Name/Title: Kate Demitrus, Director Human Resources
Organization: American Medical Response
Phone: 203-836-7204
Fax: n/a
Email: kate.demitrus@amr.net

Name/Title: Mark Corley, General Manager
Organization: American Medical Response/Abbott Ambulance
Phone: 314-678-4100
Fax: n/a
Email: mark.corley@amr.net

Name/Title: Rosa Perez, Manager, Human Resources
Organization: American Medical Response
Phone: 305-718-6406
Fax: n/a
Email: rosa.perez@amr.net

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:	***Access2Care, 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:	***Tom Bowen***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Director of Customer Service***		
# of Years in Classification:	***23***	**# of Years with Firm:**	***3***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Mr. Bowen has over 23 years of experience in customer care, call center management, healthcare, and call center implementation, including for Medicaid programs. He is a proven executive, driven to create enhanced customer experiences while maintaining organizational profitability. With years of expertise in the customer service arena, Mr. Bowen has been able to identify, recommend, and implement focused improvements encompassing strategic direction and operational efficiencies through continuous process improvement.

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.

Access2Care 2012 St. Louis, MO.
National Director of Call Centers 2012-present (Manage over 130 call center employees and staff operating from St. Louis, MO, Clearwater FL, and Boise Idaho)

Enterprise Holdings 1987 - 2012 -St. Louis, MO
Sr. Customer Service Manager
Call Center Manager 1989 - 2012 (Managed over 750 call center employees and staff)

Assistant Branch Retail Manager 1987 – 1989, St. Louis, MO
Coldwater Preserve 2012 – Present
President

American Diabetes Assoc. 2007 – 2009 St. Louis MO
Event Chair – Tour de Cure Fundraising Event

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

B.S. in Agriculture, University of Missouri at Columbia-1983

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

N/A

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Name/Title: Jeff Brummett: Vice President
Organization: United Access
Address: 9389 Natural Bridge Road, St. Louis, MO 63134
Phone: 1-877-662-0317
Fax: n/a
Email: n/a

Name/Title: Phillip Schwarz: Sales Manager
Organization: Hackett Security
Address: 9811 South Forth Drive, St. Louis, MO
Phone: 314-968-3434
Fax: n/a
Email: n/a

Name/Title: Paul Langhorst: Owner
Organization: GroupCast
Address: 9735 Landmark Parkway, Suite 100, St. Louis, MO 63127
Phone: 1-800-420-1479
Fax: n/a
Email: n/a

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:	***Access2Care, 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:	***Chris Morris***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Director of Network Management***		
# of Years in Classification:	***23***	**# of Years with Firm:**	***3***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Chris has 15 years' experience with Access2Care and with Medicaid programs. Chris is a versatile leader with experience in multiple facets of the non-emergency transportation and emergency industry. As Operations Manager of Access2Care's South Region, he is engaged with health plan clients, transportation providers, and supervisory staff in order to ensure high-quality service and dedication to clients and members. He is ED-Q certified with the International Academy of Emergency Dispatch. He possesses the tools and understanding to properly evaluate and score the six elements of the Priority Dispatch System as well as ways of measuring effective employee performance.

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.

American Medical Response/Access2Care

National Director of Networks - 2014- Present
Operations Manager – 2009-2014

Dispatch Communications Manager EMD-Q Quality Supervisor, Dispatch Communications Supervisor, Call Center Supervisor, NEMT Supervisor. 1998 – 2009

- ***Managed Cad Training, PROQA drills, AQUA exercises and Telecom training on all cellular and two way***
- ***Managed training processes for all NEMT drivers at three (3) AMR locations in South Florida. (Dade Broward &Palm Beach)***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

- ***State of University of New York Farmingdale, Long Island***

Avionics Technology and Business Administration – 1993-1997

- *Accounting and Data Entry, MTI Business, Brooklyn NY*
  Degree in Business Mgmt - 1991-1993

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Emergency Medical Dispatching (EMD), International Academy of Emergency Dispatching

Emergency Medical Quality Assurance(ED-Q) International Academy of Emergency Dispatching

- *EMD & EMD QA certification renewed every two (2) years*

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Name/Title: Kathi Annese, Director of Communications
Organization: American Medical Response
Phone/Fax: 954-229-1445 / 954-771-7000
Email: Kathi.annese@evhc.net

Name/Title: Mary Ellen House, Manager of Education
Organization: American Medical Response
Phone/Fax: 954-229-1300 / 954-776-5165
Email: Mary.House@evhc.net

Name/Title: Dr. Joseph Nelson, Director of Medicine
Organization: American Medical Response
Phone/Fax: 954-229-1457 / 954-776-5165
Email: Joe.Nelson@evhc.net

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:	***Access2Care, 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:	***Adam R. Almaguer***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Director, Contract Compliance and Program Oversight***		
# of Years in Classification:	***2***	**# of Years with Firm:**	***2***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Adam Almaguer is a tenured program and process director with over 15 years' experience in the healthcare benefit industry. His expertise spans the Federal, State, Medicare, Medicaid and Commercial lines of business, with an emphasis in vendor operations and oversight. In his current role, Adam focuses on the company's performance quality metrics and adherence to contractual standards for a portfolio of clients.

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 – Present
Envision Healthcare Corporation, Access2Care LLC
Greenwood Village, CO
Director of Client Services (2013-2015), Director of Contract Compliance and Program Oversight (2015-Present) for State, Medicaid and Medicare contract business

2004-2013
Humana Inc.
Louisville, KY
Various positions held, ending with Sr. Manager of Program Operations and Quality Management (2008-2013) for government business contracting

2001-2004
Allstate Inc.
Norman, OK
Manager, eCommerce and Business Accounts

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Indiana Wesleyan University
Marion, Indiana
Master of Business Administration
2007

University of North Texas
Denton, Texas
Bachelor of Business Administration
2001

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Project Management Professional
2012

Six Sigma Black Belt - HQE
2008

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Name/Title: Melissa Ellis, Compliance and Privacy Officer
Organization: Envision Healthcare
Phone: 303-495-1733
Fax: 303-495-1288
Email: Melissa.Ellis2@amr.net

Name/Title: Kevin Link, CFCM, CCEP, Contract Compliance & Subcontracts Director
Organization: Humana Government Business
Phone: 502-318-6851
Fax: 502-322-8059
Email: klink1@humana.com

Name/Title: Bernadette Portman, Operations Manager
Organization: Allstate Inc.
Phone: 502-418-0066
Fax: 502-348-4211
Email: btrygar@allstate.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:	*Access2Care, 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:	*Ian Saville*	**Key Personnel: (Yes/No)**	*Yes*
Individual's Title:	*Director of Claims and Billing*		
# of Years in Classification:	*4*	**# of Years with Firm:**	*4*

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Ian is a finance professional with 30 years of extensive domestic and international financial and accounting experience. Oversees and manages the claims & billing processing for state and commercial non-emergency contracts. Direct the budgetary planning and forecasting for the claims department. Oversees the implementation of claims & billing processing for state and commercial non-emergency contracts. Ian brings the following skills to the contract: Big 4 Accounting , Internal Controls / Sarbanes-Oxley (SOX), Acquisitions / Integrations, Financial Reporting, Process Improvement, Operations, Planning & Analysis, Business Process Reengineering, Forensic Accounting,, Budgeting & Forecasting, Management Behavioral Change, and Project Management.

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.

Access2Care 2011 – Present
Claims& Billing Director

- *Oversee and direct a team of 28 personnel in the processing of medical claims, audits, billings, accounts receivables and reports for state and commercial non-emergency medical transportation contracts.*
- *Timely process and pay 450,000 medical claims per month.*
- *Implemented multiple new contracts; developed new system capabilities and process improvements.*
- *Enhanced fraud, waste and abuse prevention strategies.*

Pendum, LLC 2007 - 2011
Director of Finance

- *Led a team of 27 personnel responsible for billing, collections, commissions, contract management and order control for this private $200 million provider of cash automation and armored transport services. Provided detailed analysis, budgets, forecasts and models to Senior Management. Key role in managing revenue recognition.*

Parson Consulting 2004 - 2007
Lead Consultant

- ***Implemented financial consulting solutions within the office of the CFO / Controller for a variety of large national and international corporations. Projects varied from SOX compliance, process improvement, systems access control and forensic accounting.***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

B.A. Business Administration, University of Northumbria, Newcastle upon Tyne, UK, 1986.

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Certified Public Accountant (CO - Active License), 1997

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Name/Title: Tim Ball, Pilot
Organizatoin: United Airlines
Phone: (303) 243-1518
Fax: n/a
Email: timball@myedl.com

Name/Title: Ken Borgsmiller, Teacher
Organization: Douglas County School District
Phone: (303) 667-5673
Fax: n/a
Email:borgsmiller_4@msn.com

Name/Title: Ian Darley, Logistics
Organization: CenturyLink
Phone: (661) 510-8605
Fax: n/a
Email: ikdarley@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:	***Access2Care, 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:	***George White***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Director of Business Integration***		
# of Years in Classification:	***4***	**# of Years with Firm:**	***21***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

George is proficient in managing multiple priorities and projects within tight deadlines. He possesses very strong analytical, detail/follow-through and problem solving skills. He also has extensive experience in projects that require interfacing with disparate systems. George's notable professional highlights include successful implementation LATOS/Millennium integration project and Phase 1 implementation of three State NEMT and three National Contracts for Access2Care.

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.

Director of Business Integration- American Medical Response, October 2011 –Present
Greenwood Village Colorado

- ***Responsible for the technical infrastructure, implementation of Managed Transportation and NET contracts***
- ***Responsible for the technical implementation of national, multi-regional and NET managed transportation contracts***
- ***Managed Client representatives and other members of the AMR implementation team in identifying business requirements and rules that are aggregated into a requirements document for system enhancement.***

Manager Business Integration- American Medical Response, May 2007-October 2011
Greenwood Village Colorado

- ***Responsible for coordination of development efforts for Access2Care and Millennium Software platforms.***
- ***Responsible for managing BI analyst for report generation and contract compliance.***
- ***AMR Project Manager for integration of Kaiser's LATOS application to AMR's Millennium system.***

Communications Manager- American Medical Response, Los Angeles, California

July 2006-April 2007

- *Managing day to day operations of Torrance Communications Center that processes and dispatches 125,000 transports annually.*
- *Responsible for managing 45 employees.*
- *Implemented fiscal budgets and cost containment policies.*

Account Manager - American Medical Response, February 2003 – April 2007
Los Angeles, California

- *Responsible for managing quality initiatives and performance monitoring for largest national client.*
- *Responsible for reviewing QM trends to assist in assuring that quality and performance is being monitored for customers, providers and patients.*
- *Responsible for monitoring performance indicators to provide feedback to local operations to avoid performance penalties.*
- *Liaison between AMR and Kaiser Permanente.*

Communications Training Supervisor – American Medical Response, January 2002 – January 2003
Los Angeles, California

- *Responsible for training and continuing education for Torrance, San Diego and Rancho Call Center personal.*
- *Responsible for developing training materials, and policies and procedures.*

Emergency Medical Dispatcher- American Medical Response, October 1994-January 2002
Los Angeles, California

- *Responsible for triage of inbound calls, determination of response determinant and dispatch of appropriate resources*

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

- *Emergency Medical Technician, Pasadena City College - August 1994*
- *High School Diploma, East Anchorage High School, Anchorage Alaska, 1985*

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

- *Miller/Heiman Large Account Management*
- *Performance Management (Lead U)*
- *System Status Management (Lead U)*
- *Government Relations 101 (Lead U)*
- *EMD-Q Certification, National Academies of Emergency Dispatch- February 2003*
- *Emergency Medical Dispatcher, National Academies of Emergency Dispatch- January1995*

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Name/Title: Gregg Chiasson, Principal
Organization: Integrity Enterprises

Phone: 303-882-6468
Fax: n/a
Email: greggc1115@gmail.com

Name/Title: Nick Caranci, Sales Manager
Organization: Wakeboard & Waterski Specialty
Phone: 303-910-0018
Fax: n/a
Email: nick@waterskispecialty.com

Name/Title: Tom Coogan, Vice President of Sales
Organization: RouteMatch
Phone: 404-253-7843
Fax: n/a
Email: Tom.coogan@routematch.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:	***Access2Care, 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:	***Jennifer Relfe***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Director of IT Software Development***		
# of Years in Classification:	***5***	**# of Years with Firm:**	***4 months***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Jennifer is an information technology professional with over 25 years of experience leading large, complex technology development and integration initiatives. Prior to joining AMR, Jennifer held positions of PMO Director and Enterprise Architect at Level 3 Communications. She has provided program management and consulting services to many major telecommunications organizations such as CenturyLink, Charter Communications, Verizon, Czech Telecom and Portugal Telecom. Her professional interest areas include agile methodologies, enterprise architecture, and business process improvement.

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.

American Medical Response, Greenwood Village CO, IT Director June 2015 – Present

- ***Responsible for production support and all software/hardware development and enhancements to the A2C managed transportation application.***

Sand Cherry Associates, Denver CO Senior Consultant (Charter Communications) Feb 2015 – May 2015

- ***CRM, Ordering and Billing System Consolidation –Developed system integration and data conversion strategies and plans to consolidate to a new end state system consisting of SalesForce.com, Siebel CRM and IBM telecom billing solution.***

Access Data Consulting, Denver CO IT Program Manager (CenturyLink) May 2014 – Nov 2014

- ***Network Workflow & Inventory Consolidation – Managed team of 5 PMs and + 100 developers in the successful completion of final 3 major releases (+$4M each) for highly visible corporate initiative. Responsible for the successful definition, development, testing & delivery of defined scope within budget and quality requirements. Accomplishments include implementing an enhanced change and improved budget control processes to ensure IT budgets were closely adhered to, overruns addressed quickly.***

Level 3 Communications, Broomfield CO
Director, Finance PMO ***Sep 2012 – Apr 2014***

- ***Billing Integration Manager - Developed and executed 3 year roadmap to integrate three large regional financial systems and processes onto the designated corporate end state platforms. Proposed and executed an agile approach that provided incremental and timely business value and reduced program risks. These were the first large projects to successfully implement an agile approach in the finance domain.***
- ***EMEA Billing Migration Manager - Took over a billing migration project 6 months behind schedule in the requirements and analysis phase. Developed and executed new plan to bring project back on track. Requirements and end-state processes and architecture were completed within 3 months. 95% of billing accounts migrated & tested within 1 year of project re-start.***

Senior Software Architect, Enterprise Architecture Team ***Jul 2011 - Sep 2012***

- ***Architecture Roadmaps - As part of enterprise architecture team, drove creation of end-state architecture roadmaps with IT domain teams to ensure all tactical and strategic decisions would be made with the desired goal in mind. End state architecture consisted of a REST web services integration approach.***
- ***Application Portfolio Management - Designed and implemented tools and processes to support successful corporate objective to simplify the operating environment and optimize IT effectiveness. Led virtual agile teams responsible for the alignment of business needs with the technology planning, governance processes and project selection.***

Senior Software Architect ***May 2003 - Jul 2011***

- ***Electronic Bill Payment & Presentation Architect – Development Lead and architect for online billing portal for Level 3 customers. Responsible for end-to-end implementation from requirements through development, testing and production deployment.***
- ***Finance Domain Lead Architect – Responsible for the successful delivery of multiple projects and initiatives in the finance domain to meet business functional and financial objectives.***

Kite Networks, Jackson MS, Director of Information Technology ***Aug 2000 – Apr 2003***

- ***Defined and managed end-to-end processes and systems for Customer Care, Billing, Network Monitoring and Management, Provisioning, Web and Email hosting for startup wireless broadband service provider. Grew team from 0 to 15 composed of developers and operational support staff.***

Czesky Telecom, Prague Czech Republic ***Feb 1999 - Jul 2000***

- ***Implementation & Testing Program Manager for CRM, Billing and network mediation system including business processes, hardware, migration, testing and rollout.***

Banco Espirito Santos, Lisbon, Portugal ***Oct 1998 – Jan 1999***

- ***Project Leader for Euro monetary unit implementation for all mutual funds applications.***

GTE/Verizon Data Svcs, Lisbon, Portugal and Caracas, Venezuela ***Sep 1995 – Sep 1998***

- ***Project Leader for order management/billing system implementation***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

MS, Software Engineering, 2014. Regis University, Denver, Colorado
BS, Computer and Information Sciences, 1990. University of Florida, Gainesville, Florida

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

- ***PMP, 2015***
- ***ITIL v 3, 2011***

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Name/Title: John Melia, Engagement Director
Organization: Tata Consulting Services
Phone: (813) 470-8878
Fax: n/a
Email Address: john@melias.org

Name/Title: Jaap Langenberg, Executive Vice President
Organization: Luke's Organic
Phone: (510) 295-9880
Fax: n/a
Email Address: n/a

Name/Title: Martin Felz, IT Senior Director
Organization: Level 3 Communications
Phone: (720) 888-0582
Fax: n/a
Email Address: Martin.feltz@gmail.com

PROPOSED STAFF RESUME FOR RFP 3207

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

Company Name Submitting Proposal:	***Access2Care, 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:	***Jade Warren***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Director of Public Transit Operations***		
# of Years in Classification:	***1.5***	**# of Years with Firm:**	***1.5***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Jade Warren is the Director of Public Transit Operations for Access2Care. Prior to joining in 2014, Ms. Warren was the Assistant Director of Treasure Valley Transit (TVT). She played an instrumental role in molding the direction of public transportation in Idaho for over eight years. In 2012 TVT received the Rural Community Transit System of the Year award by the Community Transportation Association of America. Her contributions towards the utilization of public transportation in Non-Emergency Medical Transportation (NEMT) services was crucial to this recognition. During her career, Jade has managed all aspects of transit administration and operations including technical development, strategic planning, mobility management, performance measures, public relations, grants and contracts compliance, personnel management and the application of policies, procedures, laws and government regulations. She continues to work closely with Health and Human Service Agencies, State Departments, transportation providers and elected officials to evaluate, enhance and expand accessibility of NEMT services. Jade understands the level of care it takes to safely and efficiently transport passengers and her leadership has advanced transit coordination between the public and private sectors.

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.

Access2Care Director of Public Transportation Services April 2014-Present

- ***Provides complete oversight for all operations relating to public transit as a level of service in managed transportation programs.***
- ***Responsible for the recruitment of public transit partners and successful coordination with their services.***
- ***Oversees a team responsible for the acquisition and timely distribution of public transit passes to those that can safely access and utilize these services.***
- ***Assists members/program recipients who face barriers using public transit to assure they receive the most appropriate level of service.***

- *Ensures program compliance with federal, state and local regulations pertaining to public transit use and provide guidance on ways to enhance services and maximize use of public transit in accordance with contractual obligations.*
- *Ensures the integrity of all information provided to public transportation agencies, health plans and government agencies.*

Treasure Valley Transit Assistant Director March 2010-April 2014

April 2000-November 2003

Public transit system administration and operations. Primary responsibilities included--sought and obtained grant funding, managed NEMT service contract, presented match funding requests to city officials, participated in local committees and attend community events. Assured compliance in federal/state regulations, labor laws, anti-discriminatory requirements, drug and alcohol testing, driver medical certifications, return to duty reviews and ADA medical accommodation requests. Other areas of oversight included accidents investigations, route/service changes, mobility management, fare and pass sale reconciliations, system safety and security preparedness and employee training incentive programs.

County of Riverside Senior Human Resource Representative July 2007-February 2010

Compiled and maintained time sensitive reports for compliance purposes. Responded to employee and agency inquiries about Union MOU's, County policies/procedures and benefit programs. Live Scanned new hires, processed criminal background reviews and notifications received from DOJ and FBI regarding records request. Oversaw department Voluntary Furlough program.

DirectCore Lending Branch Manager December 2003-June 2007

Managed loan officers who generated, qualified and closed purchases, refinanced and seconded mortgages for loan applicants. Maintained a thorough knowledge and assured adherence to loan processing guidelines and procedures.

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

- ***Boise State University: Business Administration, 2003, Idaho***

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

- ***Community Transportation Association of America: Passenger Service and Safety Certification***
- ***CPR Connection: Emergency Medical Technician–B 2001***
- ***American Heart Association - BLS Instructor, 2001***
- ***Department Of Justice: Certified Live Scan Operator, 2006***
- ***I have completed many other certifications; CEU's and trainings geared towards public and community transportation services, administration of federal and state regulatory programs and human services.***

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Treasure Valley Transit
Phone: (208) 463-9111 Fax: (208) 465-1803
Terri Lindenberg, Executive Director
Email:Terri@treasurevalleytransit.com

Idaho Transportation Department
Phone: (208) 334-8210
Mark Bathrick, Public Transportation Manager
Email: mark.bathrick@itd.idaho.gov

TriMet – Portland
Phone: (503) 962-4984 Fax: (503) 962-8250
David Trimble, Director of Transportation Programs
Email: TrimbleD@TriMet.org

Transdev –Ada County Services
Phone: (208) 258-2760 Fax: (208)2582755
Billy Wingfiled II, General Manager
Email: bwingfield@valleyride.org

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:	***Access2Care, 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:	***Karen Glesinger***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Director of Care Management***		
# of Years in Classification:	***29***	**# of Years with Firm:**	***2***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Karen is the current Director of Care Coordination for Access2Care overseeing recurring trip coordination, Health Plan Help Desk management and Priority Experience Program administration. Karen is the former Director of Operations for Nebraska for American Medical Response/Access2Care, the non-emergency transportation brokerage for the Nebraska Department of Health and Human Services Division of Medicaid and Long Term Care. She was responsible for all facets of the Nebraska operation including contract compliance, establishment, review and implementation of policies and procedures, personnel management, account management and liaison between the State of Nebraska and Managed Care Organizations and American Medical Response/Access2Care. Karen has over 10 years' experience successfully managing skilled nursing facilities and over 29 years' experience in business and management.

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 – Current, American Medical Response/Access2Care, Omaha, NE Director of Operations (2013), St. Louis, MO Director, Care Coordination (2014 – Current)

Responsible for:

- ***Oversight of Care Coordination team, including:***
  - ***Standing order/recurring trip management for high risk, high utilization health plan members***
  - ***Health Plan Help Desk management***
  - ***Priority Experience Program administration***
- ***Contributing to the success of contracts including establishing and maintaining strong partnerships and relationships with all entities involved in providing NET services.***
- ***Driving the operation to achieve and surpass revenue, profitability, cash flow and business goals and objectives.***
- ***Maintaining a strong understanding and compliance with the intent of contracts with both the State and Network providers.***

- ***Oversight of the design and production of Key Performance Indicator reports that allow measurement of team performance standards, goals and objectives.***
- ***Demonstrating that internal customers are as valuable as external customers***
- ***Projecting appreciation and respect for all team members.***
- ***Mentoring employees, conduct performance evaluations, counsel and provide disciplinary actions to assigned personnel, and working to facilitate individual and team development that drives positive results.***
- ***Ensuring optimal service levels to agencies and clients.***
- ***Analyzing information regarding customer satisfaction, modify processes, and counsel employees to ensure high levels of customer service.***
- ***Keeping current on industry trends that have potential impact on the operation.***

2011-2013, Golden Living Centers, O'Neill, Nebraska, Executive Director/Administrator

2003-2011, Vetter Health Services, Friendship Villa, Spalding, Nebraska, Executive Director/Administrator

- ***Responsible for Management and operations of skilled nursing facility including oversight of department managers (clinical, business office, maintenance, housekeeping, laundry, life enrichment, social services and dietary)***
- ***Preparation and implementation of operating budget***
- ***Oversight and implementation of quality assessment and assurance activities***
- ***Coaching, development and performance assessment of team members***
- ***Oversight of day-to-day operations of the facility.***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

- ***Bellevue University – Bellevue, NE***
  Bachelor of Science Degree in Management 2002
- ***Central Community College – Grand Island, NE***
  Health Care Administration Program Studies 2000
- ***Spencer School of Business – Grand Island, NE***
  Information Processing Diploma 1985

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

- ***Nebraska Licensed Nursing Home Administrator since 2003***
- ***American Health Care Association Quality Award Program Examiner and Team Leader at the Silver Level 2005 through 2013***

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Name/Title: LINDA ZENTNER, R.N., NHA
Organization: Retired, Former Director of Nursing and Administrator with Vetter Health Services
Address: P.O. Box 206
Cedar Rapids, NE 68627
Phone: (308) 358-0299 (Home)
Phone: (402) 649-2188 (Cell)
Fax: n/a
Email: n/a

Name/Title: LINDSI LUEKEN, R.N., NHA
Organization: Mid-Nebraska Lutheran Home
Address: 109 North 2nd Street
Newman Grove, NE 68758
Phone: (402) 447-6203 (Work)
Phone: (402) 920-1948 (Cell)
Fax: n/a
Email: admin@midneluth.com

Name/Title: ZAIGA MORIARTY, R.N.
Organization: Retired, Former Director of Operations with Vetter Health Services
Address: 6232 Oak Hills Plaza
Omaha, NE 68137
Phone: (402) 895-6253 (Home)
Phone: (308) 660-1822 (Cell)
Fax: n/a
Email: tzathome@juno.com

9.2.3.9 TAB IX – OTHER INFORMATIONAL MATERIAL

Vendors must include any other applicable reference material in this section clearly cross referenced with the proposal

Exhibit #	*Exhibit Name/Description*
1.	*Sample Communication Material*
2.	*Sample Policies and Procedures*
3.	*Provider Credentialing Portal*
4.	*Disaster Recovery & Business Continuity*
5.	*Sample Transportation Provider Agreement*
6.	*Sample Report Package*
7.	*Sample Notice of Decision*
8.	***Intentionally left blank***
9.	***Intentionally left blank***
10.	***Intentionally left blank***

هل علمت أن هناك خدمة توصيل أفراد لأعضاء Oregon في برامج FamilyCare وHealth Share؟

كيف يمكنني طلب خدمة توصيل الأفراد؟

قبل يومي عمل على الأقل من موعد الرعاية الصحية الخاص بك، اتصل بنا على رقم **855-321-4899** من الساعة 7 صباحًا حتى الساعة 7 مساءً من الاثنين إلى الجمعة. يمكنك طلب رحلتك حتى 3 أشهر قبل موعدك.

عند اتصالك، يرجى إعداد ما يلي:

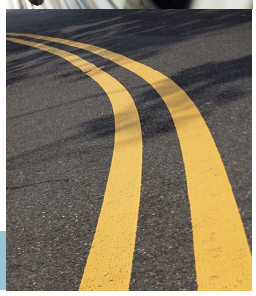
1. رقم خطة Oregon للرعاية الصحية الخاص بك
2. وقت وتاريخ موعدك
3. الاسم، والعنوان بالكامل، ورقم هاتف مزود الرعاية الصحية الخاص بك

ما المكان الذي ستقلك منه خدمة التوصيل؟

إلى مواعيد الطبيب، والعيادات، والمستشفيات، والعلاج الطبيعي وغيرها من خدمات الرعاية الصحية المعتمدة في خطة Oregon للرعاية الصحية.

كيف سأصل إلى موعدي؟

يمكنك الحصول على تصريح ركوب حافلة، أو سيارة، أو تاكسي، أو مركبة مزودة برافعة كرسي متحرك. ولدينا كذلك سائقون متطوعون يمكنهم سداد قيمة وقود مركبات أصدقائك أو أفراد عائلتك.



ما الوقت الذي يجب أن أكون فيه جاهزًا؟

كن مستعدًا قبل ساعة من موعد الرعاية الصحية الخاص بك. سوف يقلك السائق في غضون الساعة.

كيف سأعود بعد الموعد إلى منزلي؟

سوف يعيدك السائق الذي أحضرك إلى منزلك مرة أخرى. سوف يعطيك السائق رقم هاتفه عند توصيلك. اتصل به عند الانتهاء من موعدك وسوف يقلك في غضون ساعة.

ماذا لو احتجت توصيلة عاجلة؟

إذا كنت ستذهب إلى مركز رعاية عاجلة، أو ستغادر مستشفى، أو تحتاج إلى توصيلة من جلسة علاج كيميائي أو إليه أو جلسات الغسيل الكلوي، اتصل بنا وسوف نوفر لك توصيلة.

ماذا لو لم أشعر بالرضا عن التوصيلة التي حصلت عليها؟

إذا واجهتك أي مشكلات بخصوص التوصيلة، برجاء إبلاغنا فورًا! اتصل بنا على رقم **855-321-4899** وبلغنا باسم الشركة واسم السائق.

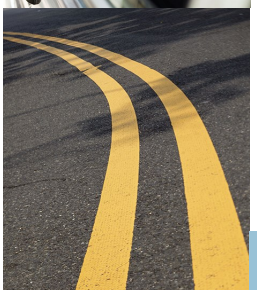
*برنامج توصيل الأفراد في FamilyCare وHealth Share في منطقة المقاطعة الثلاثية يطلق عليه اسم **Ride To Care**.*

RIDE TO CARE

لخدمات المواصلات لأعضاء FamilyCare و Health Share اتصلوا بنا على رقم: 855-321-4899

OHP-HSO-14-016

您知不知道俄勒冈州的 FamilyCare 和 Health Share 成员可享受一项新的乘车服务？



如何预订乘车服务？

星期一到星期五上午 7 点至晚上 7 点间拨打电话 855-321-4899 预订，至少于医疗保健预约时间之前 2 个工作日致电。您最早可以在您的医疗保健预约前提前 3 个月预订乘车。

每次电话预订时，请提供：

1. 您的俄勒冈保健计划（Oregon Health Plan，OHP）号码
2. 您医疗保健预约的日期和时间
3. 您的医疗保健提供者的姓名、完整地址和电话号码

乘车服务可以送我到哪些地方？

可以送您赴医生预约、到诊所、医院、理疗机构和其它 OHP 认可的医疗保健服务机构。

我如何到达医疗保健预约地点？

您可能获得一张搭乘巴士的公交卡、搭乘汽车、出租车或装有轮椅升降装置的面包车。我们还有志愿者司机，如果您搭乘朋友或家人的车，我们还可以付回他们支付的油费。

我需要在什么时候做好出发准备？

在您的医疗保健预约时间一个小时之前准备就绪。司机会在这一小时之内来接您。

我的医疗保健预约结束后如何回家？

接您前去赴约的司机会送您回家。您在预约地点下车时，司机会给您留下其自己的电话号码。您准备要回家时给司机打电话，司机就会在一个小时之内来接您。

如果我急需乘车怎么办？

如果您要去急救中心、出院或需要来回做化疗或透析，请致电我们，我们将会安排车辆接送您。

如果我对乘车服务不满意怎么办？

如果您对乘车服务有任何不满意，我们想要知道！请拨打电话 855-321-4899，告诉我们您对哪家公司和哪位司机不满意。

FamilyCare 和 Health Share 的三县地区乘车计划称为 ***Ride To Care。***

RIDE TO CARE

有关运输服务，FamilyCare 和 Health Share 成员请致电：855-321-4899

OHP-HSO-14-016

Care Coordination Program: Facility Support

Frequently Asked Questions

What is Ride To Care's "Care Coordination" Program?

The Coordinated Care program consists of specially trained local personnel dedicated to the at-risk population of the FamilyCare and Health Share member groups: Dialysis, Mental Health, and Children in Foster Care.

Who can use Care Coordination?

We are exclusively available to our health care partners. In order to keep our Care Coordinators available to you as much as possible, Care Coordinators do not schedule rides requested by members.

How do I schedule transportation?

Rides can be scheduled using phone, secure fax, or secure email, depending on your preference.

Can I call the Care Coordinators to make changes or cancellations?

Yes, our Care Coordinators can help in variety of ways:

- New member eligibility verification
- Recurring and future trip management
- Evaluate and assign "Preferred Provider" transport companies
- Cancellations
- Rescheduling rides
- Real-time problem solving and resolution
- Special needs management tailored to your patient's individual requirements
- Personalized service with familiar and highly focused personnel
- Personal visits to your facility for patient and/or staff outreach

Who will be answering my call?

All calls come into Ride To Care's Coordinated Care call intake center which is staffed with specially trained personnel who focus on the special needs of the at-risk membership.

When are the Care Coordinators available?

Our Coordinators are available Monday through Friday 7:00 AM to 3:30 PM. After 3:30 PM there will be other staff available to assist you. After 7:00 PM please call Ride To Care's main number (855-321-4899 or 503-416-3955) for immediate assistance.

How can we contact the Care Coordination team?

- Call us toll-free: 1-844-688-7462
- Email us: CareMangementRideToCare@EVHC.net
- Secure fax: 1-866-385-2351

For Care Coordination services call us toll-free at 844-688-7462

Dialysis Transportation

Frequently Asked Questions

Ride To Care understands the critical role the Health Care provider community plays in improving wellness for our members. We consider you our partner in helping to deliver the best transportation services possible. Our Care Management Team focuses on the highest acuity patients, and our staff is ready to work with you to facilitate transportation.

Who is eligible for transportation?

To qualify for non-emergency medical transportation (NEMT), members must be currently eligible for Oregon Health Plan (OHP) and enrolled in FamilyCare or Health Share of Oregon health plans. NEMT services are intended to help the member when they have no other transportation options available. The member is expected to use other resources before requesting transportation services.

How is a transportation provider assigned?

It is our desire to facilitate continuity of care, whenever possible, by keeping the member with a consistent transport provider. We partner with the region's dialysis centers to help determine the most appropriate transport provider for each member needing these services. We have the ability to assign preferred providers when needed.

How does Ride To Care schedule transportation to and from dialysis appointments?

Ride To Care schedules dialysis transportation on a standing order basis. After the member schedules their first dialysis trips, the Care Management team identifies the recurring appointments and extends the member's transportation in 90 day increments. We look to our dialysis center partners to advise us of changes to members' appointments.

How are transportation pick up times determined?

Timeliness is a priority for Access2Care, with special consideration given to dialysis members. If a member knows when their appointment will end, a specific pick-up time may be scheduled. When scheduling a specific pick up time, we recommend adding a few extra minutes in case the appointment takes longer than expected. The transportation provider will arrive as close to the scheduled pick-up time as possible and should arrive no more than 30 minutes past the scheduled time. If the actual end time of the appointment is unknown, then we will schedule the return trip as a "will call" which means the transportation provider will need to be called when the appointment ends. They will arrive within an hour of the call.

Who do I call if there is an issue?

If there is an urgent issue, please contact the Care Management team directly at 844-688-7462. For all non-urgent issues, please email the Care Management team at CareManagementRideToCare@evhc.net.

Call to schedule transportation: 855-321-4899 (toll-free)

Partnership with FamilyCare and Health Share of Oregon

Access2Care, a national transportation management company, is the partner for FamilyCare and Health Share of Oregon's Non-Emergency Medical Transportation (NEMT) program. FamilyCare and Health Share's transportation program is branded in the Tri-county area as "Ride To Care."

Health Care Facilities

Frequently Asked Questions

We understand the critical role the Health Care provider community plays in improving wellness for members and we consider you our partner in helping to deliver the best transportation services possible. Our staff is ready to work with you to facilitate transportation.

What is Ride To Care's Non-Emergency Medical Transportation (NEMT) Program?

Ride To Care's program entails managing the NEMT benefit through a consolidated contact center. We review the member's eligibility, make level of service (LOS) determinations (mileage reimbursement, bus, taxi, sedan, wheelchair van, etc.), and deliver the most appropriate and cost effective transportation via a credentialed provider.

What do I do if I need to escalate an issue, change the pick-up time, or make a change to the Level of Service (LOS) prior to the transportation provider arriving for the transport?

If there is an urgent issue, please call our Contact Center directly at 855-321-4899, we will coordinate changes and manage any issues.

How can I schedule transportation for a Member?

To schedule a ride, please call our Contact Center at 855-321-4899 or visit our website, www.RideToCare.com to use our online trip scheduling option.

Will I receive an authorization number at the end of the call?

We can provide you with a trip number once the member's transportation has been authorized. You can reference this trip number if you need to call back to confirm the name of the transportation provider or to make changes to your transportation request.

How is level of service (LOS) determined?

Ride To Care's goal is to provide the most appropriate, cost-effective level of service for each transport. We maintain open lines of communication with health care providers, community service agencies, and case management professionals to obtain relevant information that might change level of service determinations*. While we use pre-programmed business rules functionality to determine the authorized level of service consistently, the needs of a member are individually assessed for appropriateness.*

How is a transportation provider assigned?

Our scheduling system uses pre-defined criteria to determine the most appropriate transportation provider to meet the timeliness and physical and cognitive needs of the member. Once determined, the system automatically refers the member's trip to that provider for rapid communication. Our system automatically geocodes pick-up locations, destination addresses and public transportation routes using a nationally accepted mapping software and our detailed database of provider capabilities and availability to best determine the most appropriate LOS and transport provider. Services may be provided via public transportation, when appropriate.

How are transportation pick up times determined?

We do not set a specific pick up time, but rather establish a pick up window. The transport provider has one hour prior to the member's appointment to pick them up at their home. Conversely, they have one hour from the time the member calls for their return ride, to pick them up from their appointment.

Introduction to Access2Care

Partnership with FamilyCare and Health Share of Oregon

Access2Care, a national transportation management company, is the partner for FamilyCare and Health Share of Oregon to administer their Non-Emergency Medical Transportation (NEMT) program in the tri-county area. The NEMT program is branded as "Ride To Care". FamilyCare and Health Share members are eligible for transportation to and from their Oregon Health Plan (OHP) covered health care appointments when there is no other means of transportation available them. As their NEMT partner, Access2Care will arrange the mode of transportation that is most appropriate for the member at the time of their transport.

Record of Performance

Access2Care's Non-Emergency Medical Transportation (NEMT) management experience began in 1998, with a national program for Kaiser Permanente. Currently we provide NEMT services to Medicaid and Medicare members through over 45 government and managed care organization (MCO) contracts, with customized programs for each client's unique service area and diverse population. We manage large, complex NEMT programs while also creating ongoing improvements in transportation management. We initiated many of what are now industry best practices as a result of creating solutions for our clients' challenges.

Dedication to Quality

We aggressively monitor quality throughout our internal processes and transportation network to ensure members and your organization always receive the highest quality of service. Over time, we have implemented a variety of programs and measures designed to continuously maintain and improve the quality of services we deliver to our clients.

Member & Client Focused

Exceptional customer service is a top priority for Access2Care. Our proven methods for effectively managing high-volume call centers and medical transportation services result in high satisfaction and low complaint rates.

Access2Care serves over 8.5 million members and delivers over 5.5 million trips each year. We are committed to understanding the populations we serve and to effectively communicating with them through awareness of their cultures and environments. We train our entire customer service and operations staff in this approach resulting in a team that is expert at providing NEMT management services for vulnerable populations.

Network Performance through Collaboration

Our success in the recruitment, management, and retention of networks lies in our approach. Through collaboration and partnership with our providers we deliver the best results for all stakeholders. We also have a history of working successfully with both the medical and transportation provider communities. Access2Care has strong relationships with over 850 providers across the United States, managing over 4,000 vehicles.

Call to Schedule Transportation: 855-321-4899 (toll-free)

Members/Riders

Frequently Asked Questions

Who can get rides?

To get rides to heath care appointments, you must be on the Oregon Health Plan (OHP). These services help you when you have no other way to get to your health care appointment. Please use your other ways to get rides before requesting Ride To Care services.

How much does it cost?

Rides are covered by OHP, so there is no charge to you.

How do I ask for a ride?

Please call **855-321-4899** between the hours of 7 am and 7 pm Monday through Friday and we will help you schedule the trip. Please call at least two (2) business days before your health care appointment so we can make sure you get the ride you need.

Who can call to set up a ride for me?

You, a relative or guardian, caregiver, or someone who works where you live. To protect your privacy, the person will need to know *at least three* of the following items: your name, date of birth, address, phone number, or OHP ID number.

What if I can't call two (2) business days before my appointment?

If you are leaving the hospital, going to urgent care, or need to get to or from a chemotherapy or dialysis appointment, call us and we will set up a ride for you.

What do I need when I call?

Please have:

- ✓ Your OHP ID number
- ✓ Your home address and phone number
- ✓ Your mailing address (for bus tickets/passes)
- ✓ The day and time of your health care appointment
- ✓ The complete address for your health care appointment
- ✓ Your caregiver's name
- ✓ The general medical reason for your appointment.
- ✓ We will ask a few other questions to make sure you get the right service.

Toll-free 855-321-4899 | Local 503-416-3955 | TTY/TDD 711

Where can Ride To Care take me?

To any health care appointment covered by OHP within the Tri-County area, or outside the area with approval from your CCO.

How will I get to my health care appointment?

We will arrange the lowest cost, best kind of ride for your needs. The kind of vehicle is based on your medical condition at the time of the appointment. Most often, this means bus tickets/passes. We may also schedule your trip with one of our transportation companies who use cars, taxis, wheelchair vans, or stretcher vans. We can also pay back a friend or family member who can take you to your appointment. We also have volunteers who give rides to health care appointments.

Can I set up more than one ride at a time?

Yes. In one phone call, we can help you with rides to as many health care appointments as you have.

How will I know what time to be ready for my ride to my appointment?

Please be ready one hour before your appointment time. The driver will pick you up within that hour.

What if I need to bring medical equipment during my ride?

If your medical equipment can be taken safely, we will be happy to bring it with you. We cannot bring other personal items such as luggage. If you have any special needs, please tell us when you call. The medical equipment you bring must be your own because our vehicles, except for ambulances, do not provide equipment.

What if I have a child who I cannot leave home alone during my health care appointment?

If you cannot find childcare during the time of your appointment, please tell us and we will let you bring the child with you. You can bring one person with you on your trip.

What if I have an emergency?

In any emergency, call 9-1-1, not Ride To Care.

What if I need help for my ride?

At the time of your call, please let us know of any help that you will need. If you use a wheelchair, we will help you from your home to your health care appointment. If you do not use a wheelchair, we will help you from the curb at your home to the curb at your appointment. Please tell us when you call if you need to bring a caregiver or someone else with you. We want to know of any special needs you have when you call to set up your ride so that we can give you the right service.

Toll-free 855-321-4899 | Local 503-416-3955 | TTY/TDD 711

How will I get home after my appointment?

The driver that brings you to your health care appointment will give you a card with their phone number. When your appointment is over, please call the driver and tell them you're ready. The driver will pick you up within one hour of your call.

What if my ride is late?

Please call 855-321-4899 and we will help you.

What if I am unhappy about the services I receive?

We want to give you the best service possible. If you are unhappy with your ride or have any other concerns, please call 855-321-4899 and tell us about it.

What if I scheduled my ride, but found out later that I won't need a ride back home?

Just call us and we will cancel the trip back home.

What if my health care appointment is cancelled after I've already set up a ride?

Please call us as soon as possible to tell us and we will cancel your trip. We will also set up a new ride for you at that time if needed.

If I'm told that I can't get a ride, do I have a right to appeal?

Yes. Please call FamilyCare or Health Share of Oregon to learn how.

Toll-free 855-321-4899 | Local 503-416-3955 | TTY/TDD 711

Transportation Providers

Frequently Asked Questions

How do I become a credentialed and contracted provider in Access2Care's Network?

Visit www.RideToCare.com and click on the Transportation Providers tab to access our online application. Simply complete the electronic form and you will be contacted by a network specialist to complete the process.

What documentation and credentialing does Access2Care require?

Licensure, proof of insurance, vehicle information, and driver's DMV information, etc. Please keep in mind that we have certain credentialing and oversight obligations to the government regulated health plans we serve.

How will I receive requests for service?

After completing our contracting and credentialing process and becoming a member of our network, you will receive access to our secure Provider Portal. Here your designated staff will be able to view your new and available trips, clear completed trips, and view pending payments. Full trip information is available on the Provider Portal so you will have an electronic record of each transport. For any urgent, short-notice trips, you will be contacted via phone by Ride To Care.

What do I do if a facility calls me directly to schedule transportation?

If a facility contacts you directly, refer the facility to Ride To Care's Customer Contact Center toll-free number, which is 855-321-4899.

Can I schedule a transport for a patient?

No, see above.

What do I do if I arrive and the patient requires a higher Level of Service (LOS) than was ordered?

You would notify us at 855-321-4899 before transporting. Please let us know why you believe an upgrade or downgrade in the LOS is appropriate. We must be informed before a transport has begun if a LOS change is appropriate.

How will my claim be paid?

As a contracted provider you can submit claims electronically via the Provider Portal, which ensures prompt payment. Approximately 95% of claims are auto adjudicated and 99% of auto adjudicated claims are paid in under 21 days. We comply with all state prompt payment regulations.

To Speak with Ride To Care, Call: 855-321-4899 (toll-free)

Ride To Care is Executed by Access2Care

Access2Care, a national transportation management company, is the partner for FamilyCare and Health Share of Oregon to administer their Non-Emergency Medical Transportation (NEMT) program in the Tri-County area. The NEMT program is branded as "Ride To Care". FamilyCare and Health Share members are eligible for transportation to and from their Oregon Health Plan (OHP) covered health care appointments when there is no other means of transportation available to them.

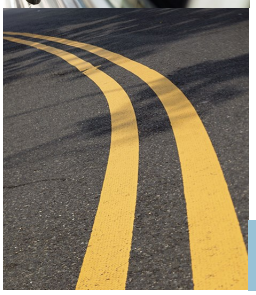
RIDE TO CARE

Call us to Schedule Non-Emergent Medical Transportation

Ambulance, Stretcher & Secure
CALL: 855-573-7516

Ambulatory & Wheelchair
CALL: 855-321-4899

Мы рады вам сообщить о появлении новых транспортных услуг для участников программ FamilyCare и Health Share of Oregon!



Как можно договориться о поездке?

За два рабочих дня до назначенного визита к врачу позвоните по номеру телефона **855-321-4899** (время работы: 7:00–19:00, понедельник–пятница). Договориться о поездке можно заблаговременно (но не ранее, чем за три месяца до визита к врачу).

Для КАЖДОГО обращения вам потребуются:

1. Номер вашего полиса Oregon Health Plan (OHP);
2. Время и дата назначенного посещения врача;
3. Имя, полный адрес и номер телефона вашего врача.

Куда сотрудники транспортной службы могут меня отвезти?

На прием к врачу, в клиники и больницы, кабинеты физиотерапии и любые другие организации здравоохранения, одобренные OHP.

Каким образом я смогу добраться на прием к врачу?

На автобусе (предоставляется билет), машине, такси или микроавтобусе с лифтом для инвалидных колясок. Кроме того, у нас есть водители-добровольцы, и еще мы можем возместить затраты на бензин вашему другу или родственнику.

Когда мне следует ждать сотрудника новой транспортной службы?

Будьте готовы за час до назначенного приема у врача. Водитель приедет к вам в течение этого часа.

Как я доберусь до дома после приема у врача?

Домой вас отвезет тот же водитель. Доставив вас к врачу, он даст вам номер своего телефона. Позвоните по этому номеру по окончании приема у врача, и водитель заберет вас в течение часа.

Что делать, если мне потребуются неотложные транспортные услуги?

Если вам необходимо попасть в центр неотложной помощи, переехать из больницы домой или съездить на процедуру химиотерапии или диализа, позвоните нам, и мы организуем для вас транспорт.

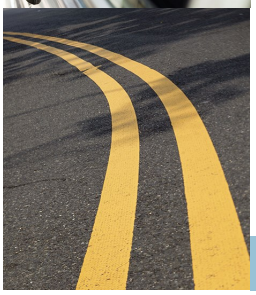
Что если мне не понравится обслуживание? Если у вас возникнут проблемы с транспортной службой, мы хотим об этом знать! Позвоните нам по номеру **855-321-4899** и сообщите название компании и имя водителя.

*Транспортные услуги в рамках программ FamilyCare и Health Share в регионе Трай-Каунти (Tri-County) предоставляет компания **Ride To Care**.*

По вопросам, связанным с транспортными услугами и программами FamilyCare и Health Share, обращайтесь по следующему телефону: 855-321-4899

OHP-HSO-14-016

Ma ogtahay inay jirto adeeg cusub oo baabuur ku qaadis (ride) loogu taalgalay xubnaha FamilyCare iyo Health Share of Oregon?



Sideen ballan ugu qabsadaa baabuur ku qaadista?

Ugu yaraan 2 maalin shaqo kahor ballantaada daryeelka caafimaadka, wac **855-321-4899** inta u dhexaysa 7 pm iyo 7 pm, Isniinta - Jimcaha. Waxaad qabsan kartaa socdaalka illaa 3 bilood kahor ballantaada.

MAR KASTA OO aad soo wacdo, diyaar la ahow:

1. Lambarka Qorshahaaaga Oregon Health Plan (OHP)
2. Saacadda iyo taariikhda ballantaada
3. Magaca, ciwaanka oo dhan, iyo lambarka taleefanka daryeel bixiyahaaga caafimaad

Halkee ayuu adeegga baabuur ku qaaditaan i gayn doonaa?

Ballan dhakhtar, xarumo caafimaad, isbitaallo, terabiyada jirka, iyo adeeg caafimaad kasta oo kale ee OHP-ansixisay.

Sidee ayaan ku tegi doonaa ballantayda?

Waxa dhici karta inaad hesho dhaafiye bas, baabuur, taksi, ama van ku qalabaysan wiiljeerka wiishka leh. Waxa kale oo aan waliba leenahay darawallo tabarucayaal ah oo dib u siin doona kharshka shidaalka saaxibbadaa ama xubinaha qoyskaaga.

Goorma ayaan diyaar garoobaa?

Diyaar ahow hal saac kahor ballantaada daryeelka caafimaadka. Darawalka ayaa kugu soo qaadi doona halkaas saac gudaheeda.

Sidee ayaan guriga ugu soo noqon doonaa ballanta kadib?

Darawalka ku keenay ballantaada ayaa guriga kuu qaadi doona. Waxay ku siin doonaan lambarkooda taleefan markay ku dejiyaan. Iyaga u wac markaad dhammaysato, waxay kugu qaadi doonaan hal saac gudaheeda.

Maxaa dhacaya haddii aan baahi dhakhso leh ugu yeesho baabuur ku qaadis?

Haddii aad tagayso xarun daryeel dhakhso leh, aad ka tagayso isbitaal, ama ugu baahan tahay baabuur ku geyn ama ka soo qaadis kiimoterabi ama dialysis, na soo wac, annaga ayaa kuu heli doona baabuur ku qaada.

Maxaa dhacaya haddii aanan jeceleysan baabur ku qaadistii aan helay?

Haddii ay wax dhibaatooyin ahi kaa qabsadeen raaca baabuurka, waxaan rabnaa inan ogaano! Naga soo wac **855-321-4899** oo noo sheeg magaca shirkadda iyo darawalka.

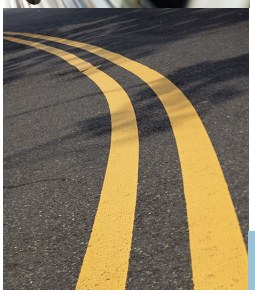
*Barnaamijka FamilyCare iyo Health Share's ride ee agaagga Tri-County waa **Ride To Care**.*

RIDE TO CARE

Arrimaha Adeegyada gaadiidka, Xubnaha FamilyCare iyo Health Share soo wac: 855-321-4899

OHP-HSO-14-016

¿Sabía que hay un nuevo servicio de traslados para los miembros de FamilyCare y Health Share of Oregon?



¿Cómo debo hacer para coordinar un traslado?

Al menos dos días hábiles antes de su cita de atención médica, llame al **855-321-4899** de lunes a viernes entre las 7 a. m. y las 7 p. m. Puede coordinar un viaje hasta tres meses antes de su cita.

SIEMPRE que llame, tenga preparados:

1. Su número de Oregon Health Plan (OHP)
2. La fecha y hora de su cita
3. El nombre, la dirección completa y el número de teléfono de su proveedor de atención médica

¿A dónde puede llevarme el servicio de traslados?

A citas con el médico, clínicas, hospitales, sesiones de fisioterapia y cualquier otro servicio de atención médica aprobado por OHP.

¿Cómo llegaré a mi cita?

Podrá obtener un pase para autobús, automóvil, taxi o camioneta equipada con elevador para sillas de ruedas. También tenemos conductores voluntarios y podemos reembolsarle el costo del combustible al amigo o familiar que lo lleve.

¿Cuándo tengo que estar listo?

Esté listo una hora antes de su cita de atención médica. El conductor pasará a buscarlo dentro de esa hora previa.

¿Cómo regresaré a casa desde mi cita?

El conductor que lo lleve a su cita lo llevará de regreso a su casa. Cuando el conductor lo deje en el lugar de la cita, le dará su número de teléfono. Llámelo cuando termine, y él pasará a buscarlo en el plazo de una hora.

¿Qué sucede si necesito un traslado de urgencia?

Si debe ir a un centro de atención de urgencia, está saliendo del hospital o necesita un traslado desde o hacia una sesión de quimioterapia o diálisis, llámenos y coordinaremos su traslado.

¿Qué sucede si no estoy satisfecho con mi traslado?

Si tiene algún problema con su traslado, ¡queremos saberlo! Llámenos al **855-321-4899** y díganos el nombre de la compañía y el conductor.

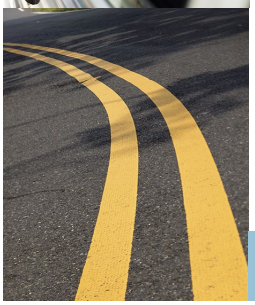
*El programa de traslados de FamilyCare y Health Share en el área de Tri-County es **Ride To Care**.*

RIDE TO CARE

Para servicios de transporte, los miembros de FamilyCare y Health Share deben llamar al: 855-321-4899

OHP-HSO-14-016

Bạn đã biết đến dịch vụ đón xe mới dành cho các thành viên FamilyCare và Health Share của Bang Oregon chưa?



Tôi lên kế hoạch đi xe như thế nào?

Tối thiểu 2 ngày làm việc trước ngày khám sức khỏe của bạn, hãy gọi tới số **855-321-4899** trong khoảng 7 giờ sáng đến 7 giờ tối, từ Thứ Hai đến thứ Sáu. Bạn có thể lên kế hoạch chuyến đi trước cuộc hẹn khám bệnh của bạn đến 3 tháng.

MỖI KHI gọi điện, bạn hãy chuẩn bị sẵn:

1. Số Chương Trình Y tế Bang Oregon (OHP) của bạn
2. Thời gian và ngày hẹn khám sức khỏe của bạn
3. Tên, địa chỉ đầy đủ và số điện thoại của nhà cung cấp dịch vụ y tế của bạn

Dịch vụ đón xe có thể đưa tôi đi đến đâu?

Đến các cuộc hẹn khám với bác sĩ, các phòng khám, bệnh viện, dịch vụ vật lý trị liệu và bất kỳ dịch vụ chăm sóc sức khỏe nào khác được OHP duyệt.

Tôi đến cuộc hẹn khám bệnh bằng cách nào?

Bạn có thể mua thẻ xe buýt, xe hơi, taxi hay xe van có trang bị nâng xe lăn. Chúng tôi cũng có các lái xe tình nguyện và có thể trả tiền xăng cho bạn bè hoặc thành viên gia đình của bạn.

Khi nào tôi cần chuẩn bị sẵn sàng?

Hãy chuẩn bị sẵn sàng một giờ trước cuộc hẹn khám sức khỏe của bạn. Lái xe sẽ đón bạn trong giờ đó.

Sau khi khám, tôi về nhà bằng cách nào?

Người lái xe đưa bạn đến cuộc hẹn khám sức khỏe sẽ đưa bạn trở về nhà. Họ sẽ cung cấp cho bạn số điện thoại của họ khi đưa bạn đến nơi. Hãy gọi cho họ khi bạn khám xong, họ sẽ đón bạn trong vòng một giờ.

Tôi cần làm gì nếu tôi có nhu cầu di chuyển khẩn cấp?

Nếu bạn muốn đến một trung tâm chăm sóc khẩn cấp, rời khỏi bệnh viện hoặc cần đi đến hoặc về sau khi tiến hành hóa trị hoặc lọc máu, hãy gọi cho chúng tôi và chúng tôi sẽ giúp bạn di chuyển.

Tôi phải làm gì nếu tôi không hài lòng với chuyến đi của mình?

Nếu bạn gặp bất kỳ vấn đề nào với chuyến đi của mình, hãy cho chúng tôi biết! Hãy gọi cho chúng tôi theo số **855-321-4899** và cung cấp cho chúng tôi tên của công ty và người lái xe.

*Chương trình đi xe của FamilyCare và Health Share trong khu vực Tri-County được thực hiện với phương châm **Ride To Care**.*

RIDE TO CARE

Để biết thông tin về các Dịch vụ Đưa đón dành cho thành viên FamilyCare và Health Share, hãy gọi tới số: 855-321-4899

OHP-HSO-14-016

Access2Care Transportation Provider Manual

October 2014

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Welcome to Access2Care

Congratulations and welcome to the Access2Care, Inc. (Access2Care) network of quality transportation providers. Access2Care specializes in delivering timely, appropriate, and cost-effective non-emergency medical transportation (NEMT) services to health plans, government entities, and health care facilities through a robust network of high quality transportation providers such as your company. Transportation providers prefer working with Access2Care due to our fair practices, supportive staff, and easy-to-use web-based tool called Access2Care.

We are excited at this opportunity; we have provided NEMT services for over 12 years throughout the United States. In fact, we manage approximately 2.6 million trips for over 5 million lives each year. In joining the Access2Care network, you have become a part of a very big family of dedicated professionals, committed to safe, reliable, and high quality service. To learn more about Access2Care, see the summary at the end of this section or visit us on the web at www.Access2Care.net.

We designed this user-friendly manual to provide you with the information necessary to successfully operate as an Access2Care transportation provider. The manual covers important subjects such as:

- Contracting, Credentialing and Re-Credentialing
- Performance Standards and Compliance
- Trip management using the Access2Care web tool
- Retrospective review procedures
- Preauthorization
- Claims processing

Should you have any additional questions or need assistance, please contact your Network Specialist.

I. Introduction

A. Overview of Approach to Management of Provider Network

Access2Care proactively pursues a positive business relationship with the transportation providers that serve our members (often referred to as members, beneficiaries, or members depending on the client's nomenclature). Transportation providers enjoy working with Access2Care because of our attention to detail, our commitment to quality, the responsiveness of our staff, and our sophisticated Access2Care system.

The Access2Care system allows transportation providers to manage trips from a dedicated and secure website, thus increasing efficiency, expediting the payment process, and lowering administrative costs. From the moment a trip is assigned to the time the trip claim is paid, the transportation provider can manage and track all details of the trip online. In most cases, the need for paper claims or invoices is eliminated and makes the process nearly paperless for the transportation provider and Access2Care. We welcome your feedback on the tool. To provide feedback, just click on the Contact Us tab on our web page or contact your Network Specialist.

B. Support through a designated Network Specialist

To ensure you receive the support needed for success, we designate a qualified, well-trained Network Specialist to each region we serve. The Network Specialist receives support from our Manager of Business Integration & National Transportation Networks. These individuals will readily work with you to ensure you understand our processes and expectations and to be a resource to answer any questions. Together we will ensure a high level of customer service and performance standards.

Additionally, our Network Specialists will assist transportation providers in managing and tracking all details of trip volume from trip assignment to payment. As needed, Access2Care's Claims Processing staff will also provide insight, support, or answers to questions regarding the claims process. We cover these expectations in more detail throughout this manual.

Availability - We strive to maintain a trip acceptance rate of greater than 97% of the volume offered to our transportation providers. We assign trips based on the input you provide regarding fleet size and capacity (vehicle and drivers). We enter the information into the Access2Care system and access the information each time we assign a trip to ensure we do not over-book or under-utilize a provider. This is one of the ways we monitor the network size and adequacy.

Responsiveness - We hold our transportation providers to the on-time performance standards as set by our clients or Access2Care internal standards. On-time performance is critical in NEMT for the medical provider as well as for transportation provider. We monitor on-time performance through the claims reconciliation process, on-street observations, GPS reporting (for some contracts) and the complaints process.

Complaint Resolution - Our standard is to keep complaints to less than .5% of completed trips. Complaints monitoring is an effective tool in assessing the quality of services of a transportation provider. We monitor, track, and trend complaints to identify systemic issues and work toward resolution. Our goal is to resolve complaints within five days.

C. Contracting and Credentialing Process

Purpose:

To define expectations and guidelines that must be followed during initial and re-credentialing of Transportation Providers and to outline minimum required file maintenance and the credentialing audit process. The following list is a set of minimum requirements in order to be credentialed with the Acess2Care network. Additional requirements may be required by various state or local jurisdictions or client specific contracts.

Policy:

Access2Care's Network Specialist shall conduct initial on-site evaluations for transportation providers in areas where a new network is to be built out for our commercial clients. Annual random spot checks will be conducted across our network to ensure that vendors meet or exceed our requirements.

Transportation Providers are required to satisfactorily complete Access2Care's initial company, driver, and vehicle credentialing program before being allowed to transport Access2Care members. Access2Care will then re-credential all drivers and vehicles at least annually.

The Quality Assurance team will conduct a random audit of Transportation Provider files monthly to ensure all standards are met. The quality team will report audit findings to National Networks or equivalent. Additional audits may be conducted as part of the annual organizational audit. The National Networks or equivalent must review and approve all initial Transportation Provider records before they are permitted to transport Access2Care members.

Procedures:

Business Information:

Access2Care must obtain the following items in order for a Transportation Provider to be considered for inclusion in the Access2Care network:

- Transportation Provider Application
- Current rate sheet
- W-9
- EFT/ACH Documentation and voided check
- Business license as applicable
- Non-driver employee roster
- Driver roster
- Company drug policy

Driver Information:

Credentialing of drivers must be satisfactorily completed before drivers are eligible to provide services. Driver requirements needed for all initial and re-credentialing include:

- Valid driver license
- Copy of Social Security Card
- An initial 5-year Motor Vehicle Record (MVR) and annually thereafter.
- A 7-year National Criminal background Check
- Proof of Negative 5 panel Drug Screen
- Access2Care will enforce drug and alcohol testing as outlined in the Federal Motor Carrier Safety Administration's alcohol and drug testing rules (www.fmcsa.dot.gov/rules-regulations/topics/drug/engtesting.htm)
- Valid First Aid and CPR certification or completion of driver training that may include but not be limited to: defensive driving techniques, wheelchair tie-down and lift operation, or passenger assistance techniques. Office of Inspector General (OIG) Check (http://exclusions.oig.hhs.gov)
- Excluded Parties List System (EPLS) check (www.SAM.gov)
- Hack license if applicable
- National and State Sex Offender Registry Check

Vehicle Information:

Vehicle requirements for initial and annual re-credentialing include:

- Current vehicle registration
- Vehicle Roster
- Proof of insurance with Access2Care as additionally insured

Transportation Provider Files

Network Specialists are required to collect, verify, and retain the following information when credentialing or re-credentialing a transportation provider:

Business Information:

- Transportation Provider Application
- Subcontractor Agreement - fully executed version
- Additional Business Information
- W-9 Form
- EFT / ACH Documentation and voided check

Insurance Information:

- Insurance Certifications (Acord or equivalent) - current and past

Performance / Communication Information:

- Accident / Incident Reports
- Complaint / Significant Event / PIP Documentation
- Court Records (not driver related)

- Performance Scorecards

Driver Records:

- Current driver license (copy)
- Copy of Social Security Card
- Current Motor Vehicle Record
- Drug Screen Results (5-panel)
- Background Clearance Check as referenced above
- Valid First Aid and CPR certification or completion of driver training that may include but not be limited to: defensive driving techniques, wheelchair securement and lift operation, or passenger assistance techniques.
- Office of Inspector General (OIG) Check (http://exclusions.oig.hhs.gov)
- Excluded Parties List System (EPLS) check (www.SAM.gov)
- National and State Sex Offender Registry Check

Vehicle Records:

- Vehicle Inspection Checklists
- Vehicle Registration (copy)
- Proof of insurance

Deficiencies discovered during an audit may trigger a comprehensive audit of all files and records. Drivers/vehicles found out of compliance are not allowed to transport Access2Care members until all documents can be verified by Access2Care.

D. Transportation Grievances (Complaints) – Investigation Process

As part of our quality assurance and continuous quality improvement, Access2Care collects, investigates, and works to resolve grievances from the various stakeholders of the program. We accept grievances from medical providers, transportation providers or their representatives.

Once Access2Care receives a grievance pertaining to an individual's trip, we flag the trip for investigation and notify the provider of the details surrounding the grievance. **The transportation provider must respond to all complaints within 2 business days (within one day in Florida)**. Grievances against the transportation provider may include but are not limited to:

- Transportation provider did not show to pick up the individual
- Untimely arrival for pickup (late or before the established pick-up window)
- Cleanliness of a vehicle
- Driver conduct (attitude, politeness, helpfulness)
- Driving safety
- Violations by the driver of contract requirements
- Vehicle safety issues

The Access2Care system supports the grievances management process. We document all information received from the transportation provider and work with all parties involved toward a resolution. A grievance received about a trip will result on a hold being placed on the trip payment. Once the grievance

is resolved, we will remove the investigation flag. Based on the outcome of the grievance investigation, the trip will be paid or denied in accordance with contract provisions.

We review grievance resolution reports daily and work with the involved parties to develop a mutually satisfactory solution. These may include retraining or placing the provider on an improvement plan or as a last resort, removal from the network. If you receive notification that a trip is under investigation, please send the requested trip information to the fax number indicated on the request. Requests that contain Protected Health Information (PHI) should be mailed by the United States Postal Service (USPS). Questions related to grievances or investigations should be directed to the Quality Assurance Supervisor.

In no event will Access2Care pay for a trip in which a member missed an appointment because the transportation provider was late and required the rescheduling of the appointment.

E. Performance Compliance

Our clients hold us to specific performance standards, many of which relate to our transportation providers' performance. In addition, we established internal quality metrics that distinguish Access2Care as a company dedicated to provide quality service. We hold our transportation providers to specific performance criteria to meet our clients', as well as Access2Care's expectations. We monitor compliance to these standards through a variety of means including claims auditing, on-street observations, complaint process, telephone communications, and on-site visits.

Access2Care monitors transportation providers in a variety of ways including scheduled and random visits. Monitoring includes but is not limited to:

- **Mystery Rider programs** - We randomly schedule Access2Care staff to ride with a transportation provider and observe the driver and the vehicle during transport. The staff member will log all findings and report them to the respective Network Specialist. All trips scheduled through the Mystery Rider program will be reimbursed to the transportation provider at the agreed upon rates. Mystery Rider trips are scheduled through the provider portal the same as all other trips through the portal.
- **Observations** – At times staff will visit common pickup and drop-off points observing driver behavior and vehicle standards from afar. The transportation provider will not be aware of anything unusual and the report will be forwarded to the respective Network Specialist and may provide feedback to the transportation provider(s).
- **On-site visits – Scheduled and Random** -Network Specialists will schedule and make unannounced visit(s) on-site visits with providers to review records, operations, drivers and vehicles.

We look at monitoring activities as an opportunity and tool to support our providers. Any deficiencies are addressed with the transportation provider and given the time and support to correct. If a deficiency is severe enough, it may require the temporary removal of a driver or vehicle from service until the deficiency is corrected.

Transportation providers must remove any driver or vehicle from Access2Care service if they are found to be out of compliance with any of the requirements listed in the Service Agreement and/or state or federal regulations.

F. Trip Assignments

Provider Portal: Access2Care requests that all transportation providers have Internet access to enable the use of the Access2Care provider portal. The portal assists in efficient trip assignment and claims processing speeding payments to the transportation provider. Although transportation providers are required to have alternative methods for contact the portal is the contact method utilized. We assign trips to transportation providers directly via the Access2Care system. Transportation providers will be assigned trips based on the following:

- Level of need of the member (appropriate vehicle type assignment)
- Service delivery area
- Provider fleet hourly capacity
- Lowest cost

When you review your trip assignments, remember:

- You must check your trip assignments daily and accept/reject trips within 24 hours of receipt of the assignment(s).
- When you accept a trip, you have made a commitment to perform the transport. Accepting a trip serves as a confirmation.
- If you do not accept a within 24 hours the trip may be removed from your schedule and assigned to another provider.
- Access2Care assigns an authorization number to every trip. Trips performed without Access2Care's prior authorization from will not receive payment.
- Verify accepted trips directly with the members up to 24 hours in advance of the appointment to confirm the trip. The trip information on the portal includes the member's contact number on file.
- At times, Access2Care may authorize the transportation provider to negotiate pickup and drop-off times to maximize multiloading opportunities.
- At no time is a member allowed to travel in a vehicle for more than one (1) hour longer than the average time for direct transport.

Alternate Trip Assignments: If for some reason the transportation provider is unable to utilize the provider portal Access2Care will work with the transportation provider.

G. Trip Management

You play a vital role in helping us verify and update member information. Sometimes, the trip information provided to us by the client via eligibility files, or by the member during the call intake process, may be inaccurate or incomplete. Once assigned a trip, if you discover appointment times, addresses or scheduling times have changed, please let us know by calling the customer service representatives with the details and/or corrected information.

Transportation Provider Requirements

- Agrees not to differentiate or discriminate in the treatment of any member on the basis of sex, marital status, age, race, color, national origin, ancestry, religion, disability, medical condition, veteran status, political affiliation, economical status, or sexual orientation.
- Transportation Provider shall provide identification in accordance with State and contractual guidelines.
- Transportation Providers must comply with all applicable State and Federal laws including, but not limited to, the Americans With Disabilities Act (ADA) of 1990; Federal Transit Administration (FTA) regulations (including FTA's drug and alcohol regulations); the Federal Highway Administration's drug and alcohol regulations' Rehabilitation Act of 1973, Section 504; the requirements of 42 Code of Regulations, Part 431, Subpart F; and Title VII of the Civil Rights Act of 1964.
- Drivers/attendants/escorts must not smoke while in the vehicle, or while in the presence of any Access2Care member;

H. Transportation Provider Operational Requirement

- Transportation Providers must obtain and maintain current status on any and all business licenses, permits, certificates, and registrations that are required by Federal, State or local laws, rules and regulations
- If a transport happens before or after normal business hours, Access2Care must have a way of contacting the transportation provider /driver during those times when the office is not open.
- All records must be kept in secure files for a minimum of five (5) years and be readily accessible to Access2Care staff within 2 business days.
- Transportation Provider agrees to work with Access2Care to respond to all grievances within 2 business days (one day for Florida providers).
- Transportation Providers understands that not responding to complaints may result in Corrective Action
- Transportation Provider agrees to cooperate in all on-site visits of the Transportation Provider's place of business and inspection of business records and vehicles that are mutually agreed with reasonable advance notice.
- Transportation Provider may not solicit or accept any money from any members you transport for Access2Care.
- Transportation Provider agrees to follow Access2Care accident and incident process or a process compliant with FTA Grant Award requirements.
- Transportation Provider must report all incidents, accident and injuries occurring while the Transportation Provider is transporting any Access2Care member(s)

immediately after the incident becomes known and the situation permits communication.

- Transportation Provider must have a form to document all information about the accident/incident. This form must be approved by Access2Care. Florida SSPP forms may be used to comply with this requirement.
- Transportation provider must request a copy of the police report and must forward the report to Access2Care as soon as possible if applicable.

I. Driver Requirements - Compliance with FTA Grant award requirements may be accepted in lieu of this section's individual items.

- All drivers must be at least 18 years of age;
- All drivers must have a current valid driver's license to operate the transportation vehicle to which they are assigned;
- Drivers must have no more than one (1) chargeable accidents or two (2) moving violations in the last three years;
- Drivers must not have a driver's license suspension or revocation for moving traffic violations within the previous five (5) years;
- All drivers must have a current background checks;
- All drivers must not be on any state or Federal Sex Offender Registry;
- Drivers must not have been convicted of any felony crimes and/or misdemeanors related to health care fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct; elder abuse; member abuse in connection with the delivery of a health care item or service; unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; and any felony or misdemeanor conviction for child abuse, elderly abuse, domestic violence, criminal sexual conduct, drugs or weapons;
- All drivers must be courteous and helpful to all members and be neat and clean in appearance;
- Drivers shall NOT use alcohol, narcotics, medical marijuana, illegal drugs or drugs that impair ability to perform while on duty and shall NOT 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 members, whether those drugs are legally prescribed or not.
- All transportation providers must implement a verifiable 5-panel drug testing program for drivers. Pre-employment, post-accident, and random drug screens each year shall be mandatory.

- Drivers must not smoke while in the vehicle, or while in the presence of any Access2Care member;
- Drivers must not wear any type of headphones at any time while on duty, with the exception of hands-free headsets for mobile telephones if this is the company communication device;
- If a non-curbside pick-up is being made, drivers must identify themselves, show their identification and announce their presence at the entrance of the facility or residence;
- Drivers must assist Access2Care members getting into and out of the vehicle and confirm that all seat belts are fastened;
- No Access2Care member will be transported unless all members are buckled up;
- The number of persons in the vehicle, including the driver, must not exceed the vehicle manufacturer's approved seating capacity;
- Drivers must ensure Access2Care members in wheelchairs are properly secured, in accordance with Americans with Disabilities Act rules, prior to departure and at all times while in transit;
- Upon arrival at the destination, the vehicle should be parked or stopped so that Access2Care members do not have to cross streets to reach the entrance of their destination.
- Drivers must not leave members unattended in the vehicle unless it can be done safely;
- Drivers must not touch any member except as appropriate and necessary to assist the Access2Care members into or out of the vehicle, into a seat, to secure the seat belt, or to render first aid or assistance for which the driver has been trained.
- Drivers /attendants/escorts are expected to follow company and broker guidelines for HIPAA compliance by keeping all Access2Care members protected health information (PHI) confidential. It should not be visible to other members/members, and drivers must not discuss this information with anyone who is not involved with the member's treatment or connected health care services.

I. Required Training - Compliance with FTA Grant award requirements may be accepted in lieu of this section's individual items.

- Access2Care requires and is willing to assist transportation providers with establishing an ongoing training program that includes at a minimum:
- Member Assistance Training (PAT);
- Defensive driving;
- Use of common assistive devices such as wheelchairs, walkers, etc.;
- Methods of handling wheelchairs, scooters;
- Methods of moving, lifting and transferring members with mobility limitations;

- Operation of lifts, ramps and wheelchair securement devices;
- CPR and basic first aid; (If applicable to the Plan contract)
- Customer service;
- Vehicle emergency evacuation;
- Recognize emergencies (what does an operator need to do in the event of a life-threatening emergency);
- Behind the wheel training (hands-on operator training to ensure safe driving habits)
- Handling Blood borne Pathogens;
- Member Assistance – transferring, loading, unloading;
- HIPAA Compliance.
-
- Transportation providers must maintain sign in sheets or logs of all training provided to all drivers /attendants/escorts. These logs must be included in the staff files and available for review by Access2Care.

J. Vehicle Requirements -

- All vehicles must pass Acess2Care inspection prior to transporting Medicaid members.
- All vehicles used to transport members will be inspected annually.
- All vehicles must be equipped with adequate and functioning heating and air-conditioning systems defined by temperature readings from the rear of the vehicle, achieving air conditioning to 68 degrees and heating to 72 degrees.
- All vehicles shall have functioning, clean and accessible seat belts for each member seat position. Each vehicle shall utilize child safety seats when transporting children of an age specified by State Law.
- Seat belts must be stored off the floor when not in use.
- Each vehicle must have at least two (2) functional seat belt extensions available.
- Each vehicle must be equipped with at least one seat belt cutter within easy reach of the driver.
- All vehicles must have an accurate speedometer and odometer.
- All vehicles must have two exterior rear view mirrors, one on each side of the vehicle.
- All vehicles must be equipped with an interior mirror for monitoring the member compartment.
- The exterior of the vehicle must be clean; free of broken mirrors or windows; excessive grime, have no major dents or paint damage that detract from the overall appearance of the vehicle.
- The interior of the vehicle must be clean; free from torn upholstery; floor or ceiling covering; free from damaged or broken seats; free from protruding sharp edges; must also be free of dirt, oil, grease and litter.

- Vehicles will be free of hazardous debris or unsecured items and will be operated within the manufacturers safe operating standards at all times.
- All vehicles shall have the transportation provider's name, and vehicle number prominently placed on the exterior of each vehicle.
- The vehicle number, and toll-free phone number for the transportation provider must be prominently displayed on the interior of each vehicle.
- Smoking is prohibited in all vehicles at all times.
- All vehicles must have the following signs posted in all vehicle interiors, easily visible to the members. Internationally recognized signs are acceptable:
- "NO SMOKING"
- Vehicles must carry an information packet containing vehicle registration, insurance card, and accident procedures and forms.
- Vehicles must be equipped with a first aid kit.
- Each vehicle shall contain a current map or equivalent of the applicable State(s)/service area with sufficient detail to locate members and medical providers.
- Vehicles must be equipped with a "spill kit" including: liquid spill absorbent, latex gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer.
- Non-compliance: Any vehicle or driver found out of compliance with any of these requirements or any State or Federal regulations must be removed from service immediately.
- Wheelchair/Stretcher Vehicles
- For all vehicles used for paralift operations must comply with ADA or any other applicable federal or state laws or regulations.
- All tie-downs or other securement devices used for paralift operations must meet the ADA Accessibility Guidelines.

K. Vehicle Maintenance

Network transportation providers must have a comprehensive Preventive Maintenance (PM) program for all vehicles and equipment used for members. The required vehicle maintenance program must include:

- Inspection and service performed in accordance with manufacturer recommendations,
- A maintenance file for each vehicle that includes records of all maintenance actions,

- Vehicle Inspection Documentation,
- Repair and replacement of support equipment, such as communication radios.
- If applicable, records of inspections conducted by a regulatory entity with jurisdiction over the service area and certification that the vehicle passed inspection.
- Documented operational and safety checks (pre-and post-trip inspection) at the beginning of each workday. These include a check of:
- Tires,
- Brakes,
- Lights,
- Horn,
- Fluids,
- Wipers,
- Climate control devices,
- Seat belts,
- Safety equipment,
- Vehicle damage.
- Date and mileage.
- These records must be stored for a period of at least 5 years and must be made available to Access2Care for inspection as requested.

L. Insurance Requirements -

- Insurance coverage for all vehicles must be in force at all times during the contract period in accordance with state and local regulations and contract requirements.
- In compliance with Access2Care and our member's requirements, all vehicles shall have the minimum of combined single limit insurance coverage for vehicles stated on the contract at all times during the contract period.
- Transportation Provider must supply up-to-date copies of all insurance certificates to Access2Care before they expire. Transportation provider understands that if current copies are not on file with Access2Care the provider will be suspended and no trips will be assigned.

M. Trip Log Requirements

- All transportation providers must require each driver to maintain a daily trip log for each trip.
- The Daily trip log must capture at the minimum the items below.
- Trip number
- Date of service,
- Driver's name,
- Driver's signature,
- Driver's License Number and State
- Member's name,
- Member's signature, and signature if unable to sign refer to PUTS policy xx
- Escort full name (if applicable),
- Escort signature (if applicable),
- Vehicle ID number (VIN)
- Each authorized member's scheduled and actual pick up time,
- Member no-show indicator,
- Each authorized member's scheduled and actual drop off time,
- Actual service level (AMB, W/C, Stretcher) per trip provided,
- All of the above information must be included on the trip or the provider will not receive payment for the trip. Providers can use the sample form included in this manual or any other form as long as it meets the requirements above.
- Signatures – each trip log must have a member signature.
- If a member refuses to sign the driver log for any reason, the driver may sign the log with "MEMBER REFUSED TO SIGN".
- This method is only acceptable if the member has been asked to sign the document and has verbally refused.
- Driver should notate the reason the member is refusing to sign the trip log.
- Transportation provider must contact the Access2Care call center so a "claims note" can be added to the members record.
- Trip logs with this notation will be flagged for an audit so that Access2Care to provide education to the member.

- If member is medically unable to sign the driver log, the driver must attempt to get a signature from the medical facility staff, escort or attendant, or a family member.
- If a driver exhausts all options to unable to obtain a signature from any acceptable source, the driver may sign the log with "PUTS", member unable to sign.
- This method of signature is only acceptable if the driver has attempted to gather other approved signatures.
- Trip logs with this in the signature line will automatically be flagged for an audit.
- Transportation provider is required to send in all trip documentation with the invoice before any payment will be made for these trips.
- Transportation provider must contact the Access2Care call center so a "claims note" can be added to the members record.

N. Performance Standards

On Time Performance Standards:

- Members may be picked up within the contractually allowed pick up window prior to their appointment time. Additional time may be allowed for multi-loading or for long trips.
- 95% of members are to be delivered on time. On-time shall mean that a member arrives at their scheduled destination no later than the scheduled appointment time.
- Return trip pick-up within sixty (60) minutes of notification for "will call" trips
- 95% of all trips are to be completed in less than 90 minutes. The maximum ride time for a routinely scheduled trip is 90 minutes. This measure will not apply to special trips and long distance trips of more than 70 miles one way.

Provider No-Show Standard:

- Provider must complete no less than 99.5% of all accepted trips.

Complaint Ratio Standard:

- Provider will receive no more than two valid complaints, on average, per 1,000 trips measured on a monthly basis.

Provider Equipment Standard:

- Transportation providers will maintain their vehicles within the guidelines described in the Transportation Provider Manual or FTA Grant standards, if applicable.

- No more than two valid vehicle related complaints, on average, per 1,000 trips within a month

O. Trip Assignment Requirements

- **Web Portals:** Access2Care prefers all transportation providers have Internet access to enable use of the Access2Care web portal for efficient trip assignment and claims processing. We send trip requests to transportation providers directly via the Access2Care system. Transportation providers will be assigned trips based on the following:
- Level of need of the member (appropriate mode assignment)
- Lowest cost / highest quality provider
- You must check your trip assignments nightly and accept/reject the trips within 24 hours of assignment.
- When you accept a trip, you have made a commitment to perform the transport.
- If you do not accept a trip the trip will be removed from your schedule and assigned to another provider.
- Access2Care will assign every trip an authorization number. Trips performed without prior authorization from Access2Care will not receive payment.
- Verify accepted trips directly with the members within 24 hours in advance of the appointment time to ensure no changes have occurred such as a canceled appointment or altered appointment time. The trip manifest includes the member's contact number.
- Provider may confirm the trip with the member twenty-four (24) hours ahead of the scheduled medical appointment to reduce the possibility of a no-show.
- Driver must wait at least five (5) minutes after arriving at the pick-up scheduled location, and upon making efforts to contact the member before "no-showing" the member at the pick-up location.
- Provider must immediately inform Access2Care of any breakdown, accident or incident as well as any other problems that might cause a delay of more than fifteen (15) minutes in the trip.
- Provider may negotiate pick-up and drop-off time to maximize multi-loading opportunities.
- All transportation providers are required to have a working fax machine to be used as a back-up for trip scheduling or provide and alternate mode of receiving trip assignments should the existing system fail.
- **Faxed request:** Access2Care can assign transports on a temporary basis via fax or telephone until Internet access is established. We will make longer term

accommodations for providers who do not have Internet access in their areas. If applicable.

- For transportation providers without Internet access due to their remote location or for those providers awaiting Internet installation, we have designed efficient processes for trip management and claims reconciliation. Instead of Internet access, this process requires a working facsimile (fax) machine.

II. Access2Care Payment Process

A. Invoicing requirements

Providers are strongly encouraged to use the Provider Portal to electronically submit their completed trip claims for processing and payment. Providers are required to keep their completed drivers logs in the event that a specific trip is selected for audit verification. The Claims Department conducts trip verification, prepayment audits and provides support to transportation providers in the processing and adjudication and payment of trip claims.

The requirements for a completed Driver's Log are detailed in the earlier Section H, Trip Log Requirements, and can also be seen in Attachment B with a Sample Driver Log.

Remember that the minimum required information in a driver's log must be legible and must be submitted for verification in the event that the trip is selected for audit. Failure to do so will lead to the trip being denied for payment.

Access2Care REQUIRES A SIGNATURE FOR EACH LEG OF A TRIP.

If the member is unable to sign, a facility employee, family member, or attendant may sign on their behalf. **Drivers and employees of the transportation provider must not sign the driver log except under the guidelines below.**

Driver logs must also contain the driver's signature. See ***Attachment B*** for a Sample Driver Log. All information must be included in the driver's log or payment will be denied during a trip audit process.

If all the information is included in driver logs, there should not be any delays in processing trip audits.

Our members require payment within a specified number of days of receipt of a clean claim. However, Access2Care typically authorizes payments to transportation provider checks on a weekly basis. A "clean claim" is defined as a trip that has been "cleared in the Provider Portal" by the transportation provider and includes all of the information required to process the trip including any verifications/audits made by the Claims Department.

Every transportation provider is strongly encouraged to clear their trips off the Access2Care portal every day.

B. Invoicing process

Access2Care will not process payment for any trip that does not have the required driver log documentation. Complete driver logs must be kept on file and are subject to random audits by Access2Care.

Access2Care recognizes the importance of cash flow and prompt payments. In response, we designed our Access2Care online trip management resource to allow transportation providers to easily accept and send electronic transactions. See ***Appendix I*** of this manual for a guide on using the online Access2Care system.

Invoicing with Internet Access:

Once a transportation provider has cleared a trip on the transportation Provider Portal, we will process the trip for payment. Only cleared trips deemed as "clean claims" will be paid. We prefer to make payments through Electronic Funds Transfers (EFT); however, we can send payments via USPS. A detailed description of this process is outlined in the Electronic Trip Management Instruction Manual included as ***Appendix I***.

Invoicing without Internet Access:

Access2Care will send a weekly reconciliation form to the transportation provider. The transportation provider must complete the form for the previous week's trips. See ***Attachment A*** for an example of the Non-Web Trip Reconciliation form**.**

The transportation provider is required to complete the reconciliation form with the pickup and drop-off times, trip status, and an indication showing if the member's signature was obtained. Fax or scan completed reconciliation forms to the Access2Care Claims Department using the contact information below. If the provider chooses to e-mail information to Access2Care, you must ensure that it does not contain any PHI. If the items contain PHI, you MUST either send via secured e-mail or mail via the USPS.

We will process all *clean claims* (definition on the previous page) within contractual and regulatory requirements. If all required information or documentation is not submitted, we will notify you of the required documentation. This will slow the reconciliation/payment process. Therefore, to avoid any unnecessary delays, always double-check the form.

Payment: Access2Care will send out a Remittance Report with each check. Checks and EFT information is also viewable on the Transportation provider portal.

C. Contracted Rates & Pricing

Pricing is based upon the contracted rates in the subcontractor Agreement. Access2Care adheres to all contractual requirements. We only reimburse for compensable, authorized services.

Therefore, to avoid misunderstandings about payment, any and all services must be authorized prior to transport.

Trip mileage is predetermined by Access2Care using MapQuest. Mileage is set based upon the shortest distance calculation for each trip. Access2Care does not pay for "no shows," dry runs, or deadhead miles unless contractually specified.

D. Trip Audit and Follow-Up

Access2Care must ensure services occur for payments rendered. To ensure we meet the contractual obligations and expectations of our members, we have developed audit and verification processes of trips presented for payment. If Access2Care cannot validate or verify the medical services related to the transportation claim following the audit, we may recoup the amount of the payment.

Access2Care performs random prepayment audits on the trips cleared by each transportation provider. You may see trips flagged by Access2Care for pre-payment audit in your transportation provider portal. Please submit the required information, using the Prepayment Audit Cover Sheet included as ***Attachment C*** of this manual. All audited documentation must be received by Access2Care within 20 calendar days of the cleared trip date. Failure to submit within 20 days will result in payment denial of the trip. Please send all driver logs to the dedicated Access2Care Claims Department fax at (866) 214-0528 or scan and e-mail* to Access2CareAUDITS@EVHC.NET. We will process the audited trip information within ten business days of receipt. **Please note that the above contact information is only to contact the Audit Department and send the required information.**

Audit Department Contact Information	
Audit Follow Up (USE Only for trips in audit)	Toll free line: 1 (866)-874-0222, Option 2 Access2Careaudits@evhc.net

*If the provider chooses to email information to Access2Care, you must ensure it does not contain any Personal Health Information (PHI). If the items contain PHI, you MUST either send via secured e-mail or mail via the USPS.

When a trip is suspended for audit or follow-up payment, Access2Care will withhold payment following review of the driver log or trip detail sheet, inclusive of the member's signature. Payment will not be made on any trips suspended for audit or follow-up. Typically, the reason for a suspended payment is inconsistent information related to the trip mileage or distance. These types of errors can result in an inaccurate payment.

This statistical review of random trips is one of many approaches Access2Care takes to mitigate fraud and abuse in our continual commitment to program integrity.

E. Payment Denials

If a transport is going to be denied for any reason, you will receive notification on your transportation provider portal. Denials may be based upon failure to adhere to contractual obligations. Other reasons for denial may include but are not limited to:

- **Timeliness:** Transportation providers must clear all trips within 45 days of the date of service or per contractual requirements. Any trip not cleared within the allotted time will be canceled and no payment will be made to the provider, except potentially through the appeals process.
- **No documentation to support service:** When a transportation provider fails to respond to an investigation or follow-up or audit in the allotted time, the trip in question will be denied as no-documentation to support transportation, and no payment will be made to the provider.
- **Member canceled services** prior to the pickup time and transportation provider was notified.
- **Member No- Show Denials**: We will deny the trip if the transportation provider clears a trip as completed and the member was a no-show. This practice may trigger an increase in audited trips for the provider.
- **Transportation Provider No-Show Denials:** We will deny the trip when the member states the driver never arrived and the transportation provider cleared trip as completed without providing proof of documentation of transport as part of the trip audit process.

F. Claims Appeals Process

All transportation providers have the right to submit an appeal for any trip that has been denied. The appeal must be submitted in writing via letter or fax and contain the following information:

- The reason for the appeal.
- Documentation to support the service provided (i.e. driver log with member signature and times of transport).
- All requests must be received within 30 days from the date of denial.
- Appeals are considered based upon information provided.
- The documentation will be reviewed, and the provider will be notified of the payment decision.
- Payment or denial will be made within the contractual or regulatory requirements.

Claims Department Contact Information	
Payment Follow Up **(USE Only when Trips have been CLEARED)**	Toll free line: 1 (866)-874-0222 Access2Careclaimsdenver@emsc.net
USPS **Claims Submission Address**	Access2Care, LLC 6200 S. Syracuse Way, Suite 200 Greenwood Village, CO 80111

G. Fraud, Waste and Abuse

In a 2009 Memorandum titled *Fraud and Abuse Safeguards for State Medicaid Nonemergency Medical Transportation Services*, the Deputy Inspector General for Evaluation and Inspections, Stuart Wright stated, "The Office of Inspector General (OIG) and other entities have identified significant vulnerabilities to fraud and abuse in State NEMT programs." The Memorandum goes on to say, "If a State detects evidence of potential provider fraud, it must refer such a case to the State Medicaid Fraud Control Units (MFCU) or other appropriate law enforcement agency, such as a local district attorney. The MFCU is responsible for reviewing the referrals it receives from the state Medicaid agency and other sources to determine whether the issues involved merit criminal and/or civil investigation."

Access2Care upholds integrity as an essential business attribute. As the above text denotes, fraud and abuse in the NEMT program will not be tolerated by the OIG, a State's Medicaid Fraud Control Unit, and Access2Care. The transports you provide may be reimbursed by federal and state funds. Because of this, it is important for Access2Care to inform its employees and subcontractors about Federal and State False Claims Acts and the company's procedures for reporting fraud, waste and abuse.

The False Claims Act ("FCA") prohibits anyone from submitting a false or fraudulent claim in order to secure payment from the federal government. The FCA helps the federal government combat fraud and recovers losses resulting from fraud in federal programs, purchases, or contracts. A person or entity may violate the FCA by knowingly:

- Submitting a false claim for payment,
- Making or using a false record or statement to obtain payment for a false claim,
- Conspiring to make a false claim or get one paid,
- Making or using a false record to avoid payments owed to the U.S. Government (the "Government").

Access2Care policy states that any employee who suspects or has knowledge that fraudulent activity may be or has occurred should notify his/her supervisor immediately. Transportation providers must have a similar process in place for reporting such activities.

Access2Care policy also prohibits any retaliation or retribution against any person who, in good faith, reports suspected violations of these laws.

The Program Fraud Civil Remedies Act of 1986 grants federal agencies the right to investigate and assess penalties for the submission of false claims. Any person may be liable if they know or have reason to know that a claim:

- Is false, fictitious or fraudulent;
- Includes or is supported by any written statement that asserts a material fact which is false, fictitious, or fraudulent;
- Includes or is supported by any written statement that omits a material fact;
- Is false, fictitious, or fraudulent as a result of such omission; and/or

- Is for payment for the provision of property or services which the person has not provided as claimed.

Any suspected false claims may be investigated by the Department of Justice. If further action is deemed necessary, the Department of Justice may issue a complaint regarding the false claim and further legal action may be required.

Access2Care has numerous policies and procedures in place to monitor and detect fraud, waste and abuse. These include but are not limited to:

- Code of Business Conduct and Ethics
- Compliance policies
- Prior Authorization process
- Trip verification
- Random audits
- Credentialing and re-credentialing of transportation providers
- Mystery Rider program and random field observations
- Increased transportation audit percentages

Transportation providers must cooperate fully with any investigation regarding fraud, waste and abuse initiated by Access2Care or at the request of any government agency. Access2Care will send a letter with compiled transportation audit should there be an increase in audit percentages.

III. Transportation Provider Educational Plan

Access2Care has created this manual and related policies and procedures to assist our network of transportation providers. We are required to ensure that Access2Care and the transportation providers we use are compliant with all requirements of our members. As such, we developed performance improvement plans for instances when a transportation provider is not performing to our standards. It is our goal to work positively with providers. We value our network and will work closely to ensure that our transportation providers continue working with our Clients.

Transportation providers are monitored throughout the programs. Access2Care monitors and documents transportation provider performance through on-street observations, the grievance investigation process, random on-site inspection, annual credentialing, etc. If a provider is found to be non-compliant with any of their requirements they may enter into the following:

Minor- Any deficiency that will not immediately harm the member or drivers and/or any items that does not present a legal risk to Access2Care or the member. An example: Missed or late pickup times, failure to accept/reject trips within a required timeframe.

Major – Any deficiency that could harm the member or driver. Items that would increase legal risk to Access2Care and/or the member, for example lack of appropriate insurance, not following accident notification procedures, suspected fraud, using uninsured/non-credentialed vehicles or drivers.

Warning: Would only be issued in the case of minor deficiencies. The network Specialist would contact the provider in writing explaining the deficiencies and the expected time frame to come into compliance. This is a formal process that will be in the providers file. If at any time the provider continues to be noncompliant, the issues will be escalated to the next level.

Provider Improvement Plan (PIP): Is used for minor issues. The network Specialist will meet with the provider to explain the deficiencies and work out a plan to help the provider become compliant. The PIP will be documented, have set milestones and time frames and also become part of the transportation provider's file. The network Specialist will monitor the progress of the provider to ensure that improvements are being made. If the provider does not meet the required time frame, he or she may be moved to the next level, or the PIP may be extended.

Corrective Action Plan (CAP): A CAP may be used for both minor and major deficiencies. The CAP process may include more drastic actions such as suspending a provider, driver or vehicles temporarily until the issue can be resolved. It can also mean reducing the number of trips the provider is able to receive. The network Specialist will meet with the provider to explain the deficiencies and work out a plan to help the provider become compliant. The CAP will be documented, have set milestones and time frames, and become part of the provider's file. The network Specialist will monitor the progress of the provider to ensure that improvements are being made. If the provider does not meet the required time frame, the CAP may be extended, depending on the deficiency, or the provider may be terminated from the network.

Termination: In rare cases, the transportation provider may be completely removed from the network and possibly turned into the Office of Internal Affairs for further investigation. Termination is the most serious action and would be used when a provider has been proven of committing fraud, unwilling to work within the requirements of the contract and/or having prolonged, repetitive issues.

IV. Appendices

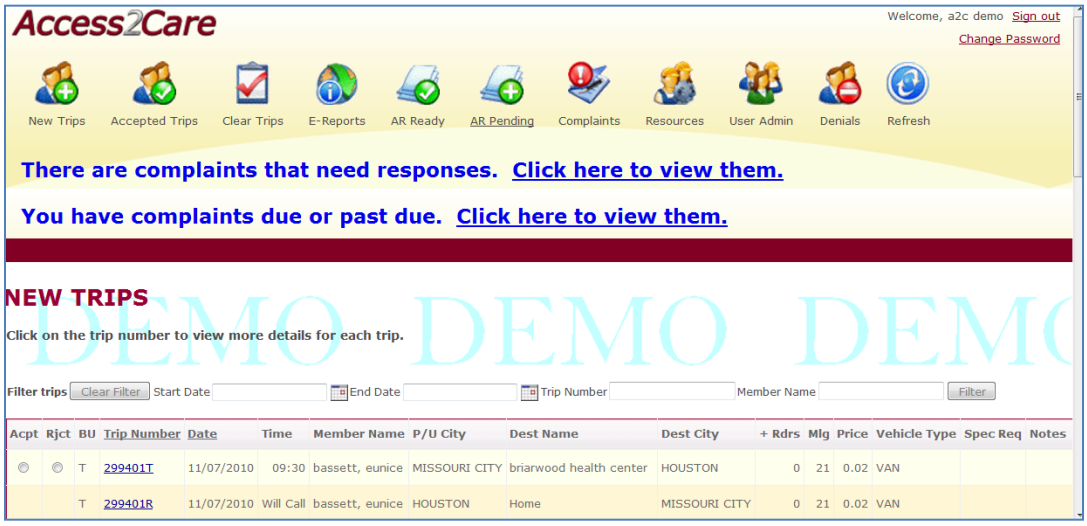
Appendix I: Access2Care Transportation Provider Portal

Access2Care Transportation Provider Portal
GETTING TO YOUR PERSONAL WEB PAGE:

- Go to https://Access2CareTP.emsc.net the Access2Care home page.
- Type in your Username and Password assigned to you during credentialing.
- Press the Enter key or click on LOGIN.
- The first time you log in, you will be prompted to change your password.
- Password Must contain a capital letter, a number, and a special character.

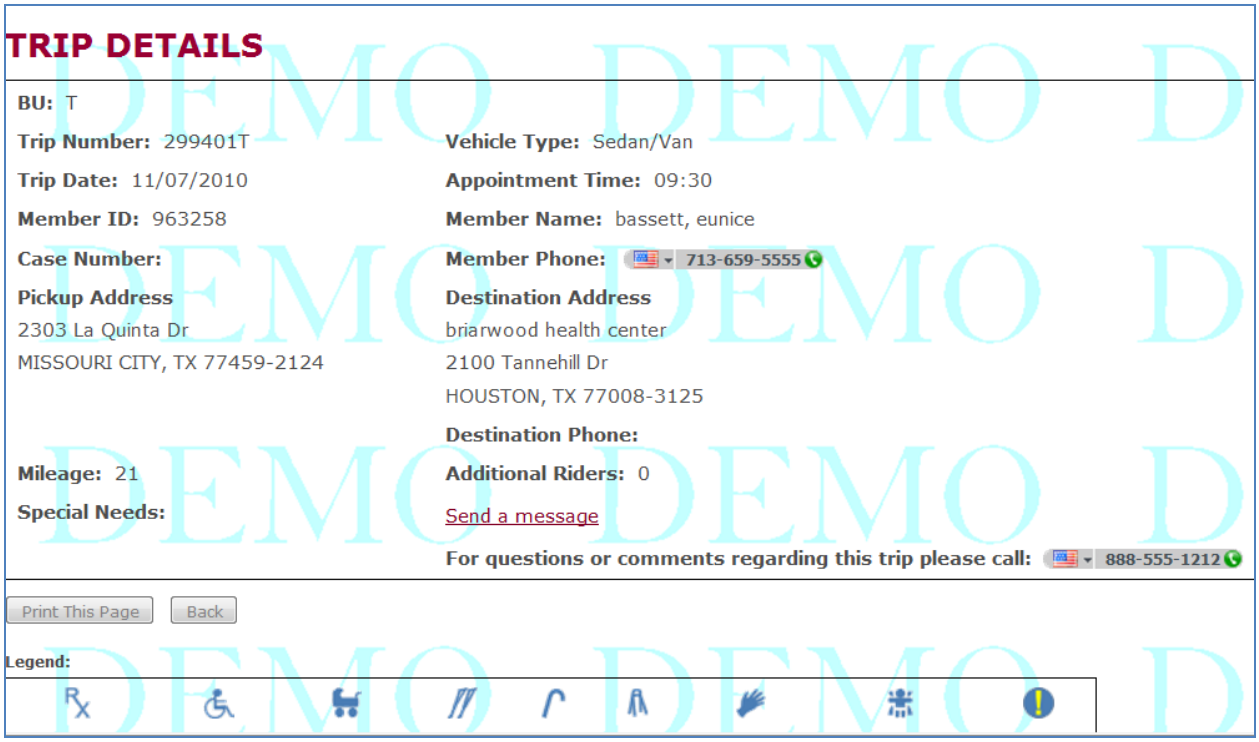
MANAGING NEW TRIPS

- This will open the NEW TRIPS screen. Here, you can view trips that are offered exclusively to you.
- The underlined blue trip number with the "T" behind it is the member's first trip, going TO the destination; and the "R" is the RETURN leg of the same trip. If the member has additional stops, these numbers will have a "1", "2", etc. behind the trip number.



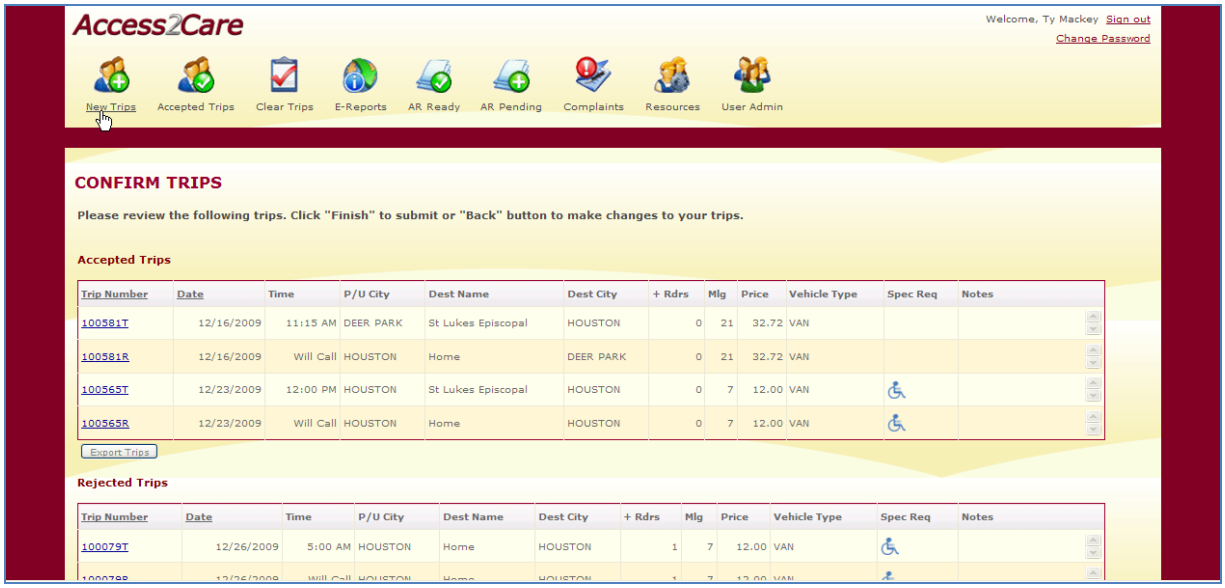
Sample View of New Trip Assignments Screen

- To view the Trip Details, click on the blue trip number. The detail will open in a separate screen and will display all the detail for each trip. You can also print this detail; however, until the trip has been accepted (see below) the trip detail is not "proof" of an accepted trip.



Sample View of Trip Detail Screen

- You can only open the Trip Detail for one trip at a time.
- Click the Accept <Acpt> or Reject <Rjct> button for each trip to accept or reject the trip being offered.
- You cannot accept only one leg of a round trip. If you take the original trip, the return leg and any additional stops will automatically be assigned to you.
- You may accept or reject ALL the trips being offered by scrolling down to the bottom of the list and clicking on Accept All or Reject All.
- If you need to, you can also clear your selections by clicking on <Reset>.
- Once you have selected all the trips you're accepting or rejecting, click <Next>.
- This brings you to the Confirm Trips screen.



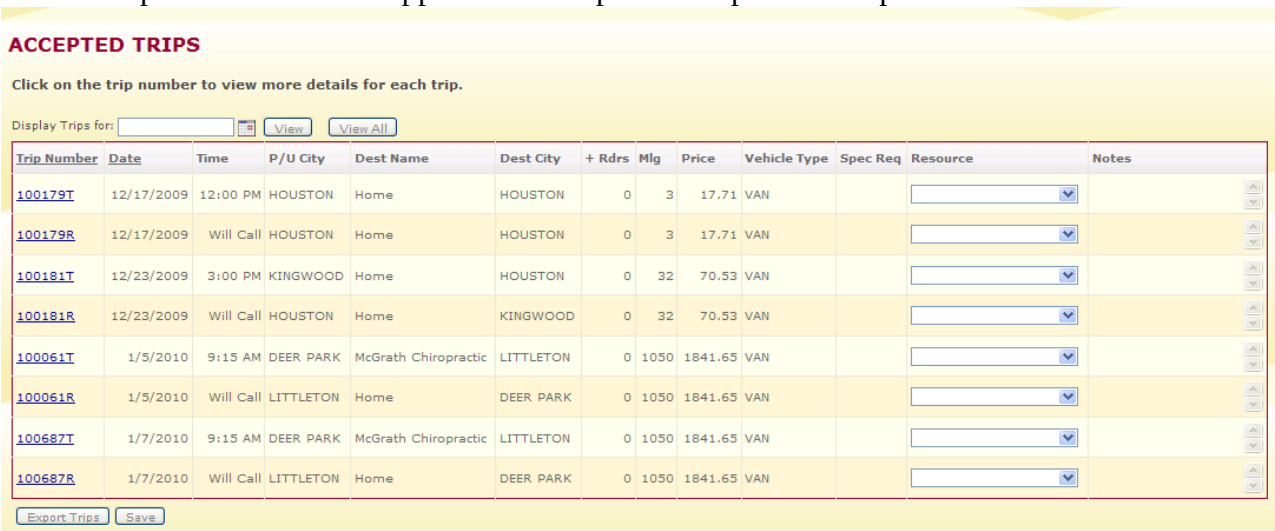
Sample View of Confirm Trips Screen

- Carefully verify accepted and/or rejected trips and then click Finish. If you need to make a change, click the Back button to start over. Once you click Finish, your trips are considered accepted and you will be taken back to the NEW TRIPS screen.
- It's important that you accept or reject trips as quickly as possible so we have time to reassign any trips you are rejecting.

NOTE: You ***MUST*** complete this final step in order to accept trips. **Until you press Finish, your trips have not been accepted**.

ACCEPTED TRIPS

- You can click on the ACCEPTED TRIPS button to view and manage your accepted trips.
  - NOTE: Once you have ACCEPTED a trip and "Finished" the process, you **CANNOT** reject trips from your website. You must call Access2Care to "give" the trip back. Call the phone number that appears at the top of the trip detail to speak with a CSR.



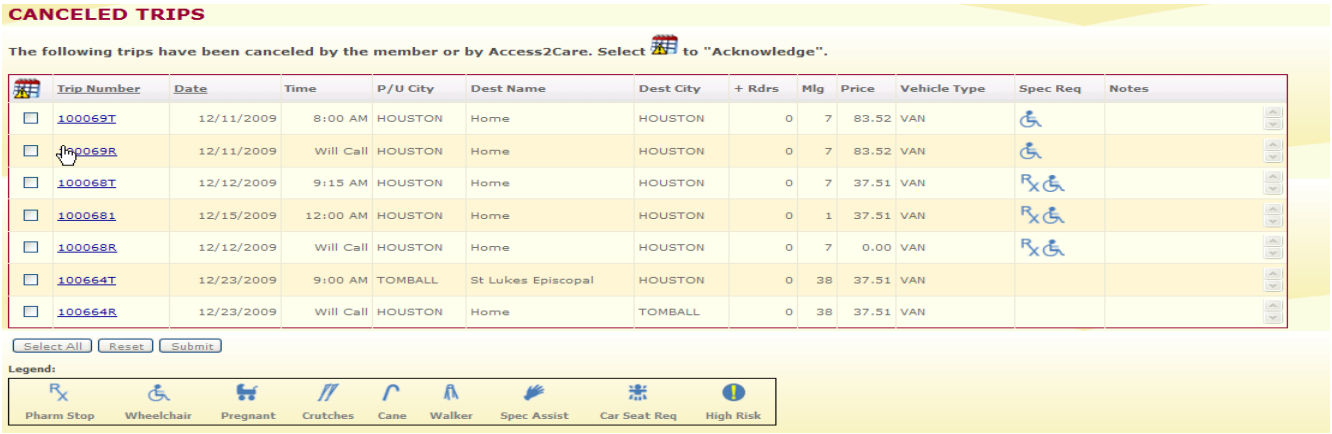
Sample View of Accepted Trips Screen

- The Sample View of Accepted Trips screen shot shows all the trips you have accepted, in date order. (Note, at the bottom of this screen you can also see and acknowledge your Canceled Trips.)
- You can use the "Display Trips for" section to view a single date at a time and then click the "View All" to return to all accepted trips.
- IMPORTANT NOTE: ALWAYS VERIFY your trips with the members at least 24 hours prior to the appointment time to confirm that no changes have been made and to inform the member when you will arrive to pick them up.
- Changes to a trip will be highlighted and can include times and/or destinations. <u>If the trip change is less than 48 hours from the appointment time,</u> we will call and notify you. If the change occurs greater than 48 hours from the appointment, we will not call you and the change will be highlighted on your website.
- Changes to trips must be viewed and acknowledged by you. Click on the trip number to view the changes and then click on the "Acknowledge" button. You must acknowledge all changes to trips or you will NOT be allowed to clear the trip.
- You also have the ability to export these trips into Microsoft Excel for easy sorting. You will export ALL Accepted Trips unless a date range is identified in the Display Trips field.

If for any reason you cannot perform a trip that you previously accepted, you **<u>must</u>** call Access2Care to reject the trip. Call the phone number that appears at the top of the trip detail to speak with a CSR.

MANAGING CANCELED TRIPS

- At the bottom of **<u>both</u>** your NEW TRIPS and ACCEPTED TRIPS screens you will see any previously accepted trips that have been canceled.
- It is important to check for canceled trips regularly and acknowledge them (see the illustration below.)
- If a trip is canceled within 48 hours of the appointment time, we will call to notify you of the change. If it is canceled more than 48 hours before, you will be notified only via the website.
- NOTE: If you run a trip that has been canceled, you cannot clear it as a Member No-Show, so checking for cancellations will help you prevent wasted resources.

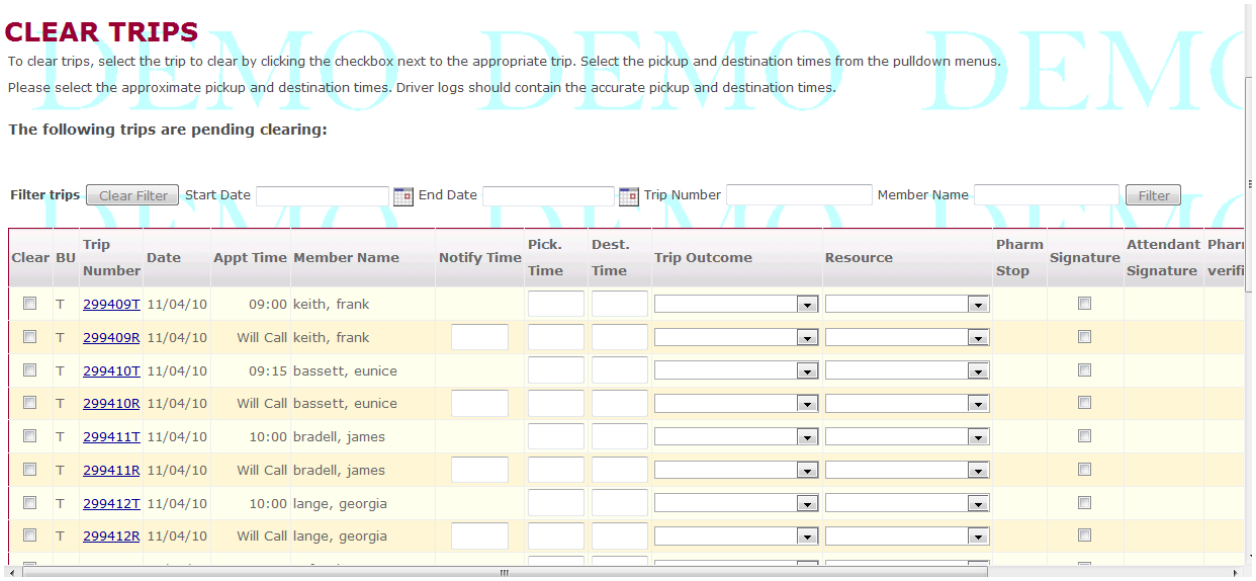


Trip Number	Date	Time	P/U City	Dest Name	Dest City	+ Rdrs	Mlg	Price	Vehicle Type	Spec Req	Notes
100069T	12/11/2009	8:00 AM	HOUSTON	Home	HOUSTON	0	7	83.52	VAN		
100069R	12/11/2009	Will Call	HOUSTON	Home	HOUSTON	0	7	83.52	VAN		
100068T	12/12/2009	9:15 AM	HOUSTON	Home	HOUSTON	0	7	37.51	VAN		
1000681	12/15/2009	12:00 AM	HOUSTON	Home	HOUSTON	0	1	37.51	VAN		
100068R	12/12/2009	Will Call	HOUSTON	Home	HOUSTON	0	7	0.00	VAN		
100664T	12/23/2009	9:00 AM	TOMBALL	St Lukes Episcopal	HOUSTON	0	38	37.51	VAN		
100664R	12/23/2009	Will Call	HOUSTON	Home	TOMBALL	0	38	37.51	VAN		

Sample View of Canceled Trips Screen

CLEARING TRIPS: (You <u>MUST</u> Clear Trip In Order To Receive Payment)

- A key component to managing your trips is clearing them off the website once the trip is completed. This is a critical step and will allow us to pay you for the trip. Clearing trips daily is recommended and will speed the time it takes for you to get reimbursed.
- There are several options to select in order to successfully clear a trip:
  - First, click the checkbox on the left side of the screen in the "Clear" column to select a trip.
  - Enter the pickup <p/up> time and the destination <dest> time.
  - Notify Time is a REQUIRED field for return trips and additional stops when applicable.
- Choose Trip Outcome to select one of the following:
  - Member No-Show: Select if the member was not at the pick-up location when you arrived. You must enter the pick-up time. (Note: if the trip was canceled and you failed to confirm on your Canceled Trips screen, you **cannot** clear as a Member No-Show.)
  - Member Canceled: If member refused to go upon your arrival.
  - Member did not Confirm Return: Use if member did not call you for the return leg.
  - Vendor No-Show: Use if you failed to show up for any reason, or were late enough to cause the member to miss his or her appointment.
- Resource is a drop down box that displays driver and vehicle assigned to this leg of the trip if required by Access2Care.
- Pharmacy Stop: (Pharmacy stops MUST be pre-authorized by Access2Care)
- Signature: You must have the member's signature on every driver log or other trip record. The record must also include the trip number, date of service, drop off location and the trip times. All driver logs are subject to audit and MUST be submitted to Access2Care.
- Escort Signature will be required only when there was an additional member associated with this trip as required by Access2Care.



Sample Clear Trips Screen

- IMPORTANT! As you finish entering the information for the trips on a page, click Clear Selected Trips before you move on to another page. This will finish the process for <u>those</u> trips. We strongly encourage you do this before you move on to clear another page of trips. If you are called away, or distracted before you finish, you "time out" or have to go to a

different screen. This will cause you to lose any data you have entered and you will have to re-enter the information to clear the trips.

Tracking your Accounts Receivable <A/R>:

- As previously stated, you do not have to submit an invoice for payment. Once a trip has been cleared on your website, it will be processed for payment, audit or investigation.
- You must have a completed driver log with a member signature for all completed trips. All driver logs are subject to audit.
- We may request additional documentation if a trip is investigated for any reason. Reasons for investigation may include a complaint that has been received about a trip, or if the trip has been selected for a random audit.

A/R PENDING

- Once cleared, all trips will appear on this screen. All trips are sorted by trip date. The trip can be tracked here so you can see when the trip was cleared, the status of the trip, scheduled payment date, and payment amount.

A/R PENDING

Click on the trip number to view the details of that trip.

Trip Number	Trip Date	Member Name	Clearing Date	Status	Amount
109060T	04/14/2010	BROOKES, ANNE MARIE	4/20/2010	READY TO PAY	$0.00
109060R	04/14/2010	BROOKES, ANNE MARIE	4/20/2010	READY TO PAY	$0.00
109061T	04/14/2010	BRUESEKE, CATHERINE	4/20/2010	READY TO PAY	$0.00
109061R	04/14/2010	BRUESEKE, CATHERINE	4/20/2010	READY TO PAY	$0.00
109062T	04/14/2010	BRUESEKE, RUSSELL	4/20/2010		$0.00
109062R	04/14/2010	BRUESEKE, RUSSELL	4/20/2010		$0.00
109059T	04/14/2010	AMOROSO, JOHN	4/20/2010	READY TO PAY	$0.00
108923T	04/20/2010	AMOROSO, JOHN	4/20/2010	READY TO PAY	$0.00
108923R	04/20/2010	AMOROSO, JOHN	4/20/2010	READY TO PAY	$0.00

Sample View of A/R Pending Screen

A/R READY

- Once we have cleared the trip, payment is issued. You can view payment details from this screen.

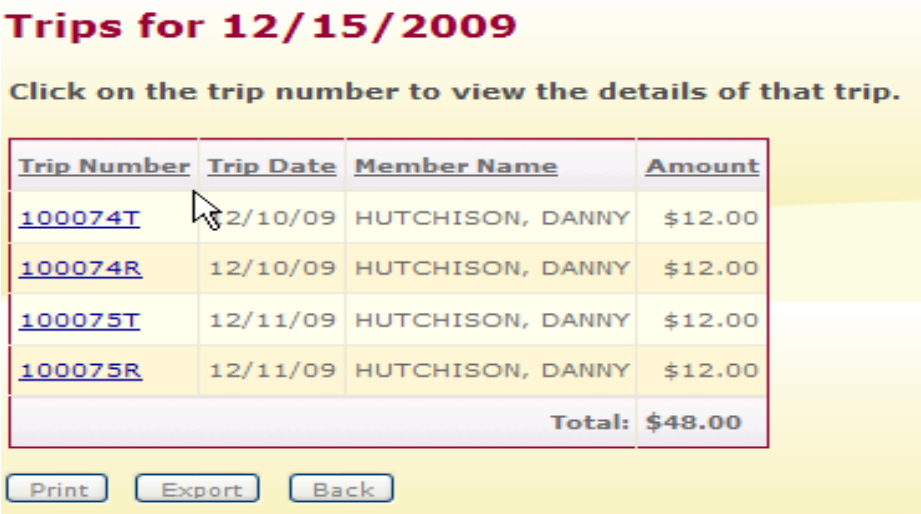
A/R READY

Click on the check date to view the trips for that date.

Check Date	# Of Trips	Amount
12/15/09	4	$48.00

Sample View of A/R Ready Screen

- Click on the "Check Date" to open a list of trips paid on this check. Once opened, it is exportable to Excel.



Trips for 12/15/2009

Click on the trip number to view the details of that trip.

Trip Number	Trip Date	Member Name	Amount
100074T	12/10/09	HUTCHISON, DANNY	$12.00
100074R	12/10/09	HUTCHISON, DANNY	$12.00
100075T	12/11/09	HUTCHISON, DANNY	$12.00
100075R	12/11/09	HUTCHISON, DANNY	$12.00
		Total:	$48.00

Print Export Back

Sample View of Trip Assignment Screen

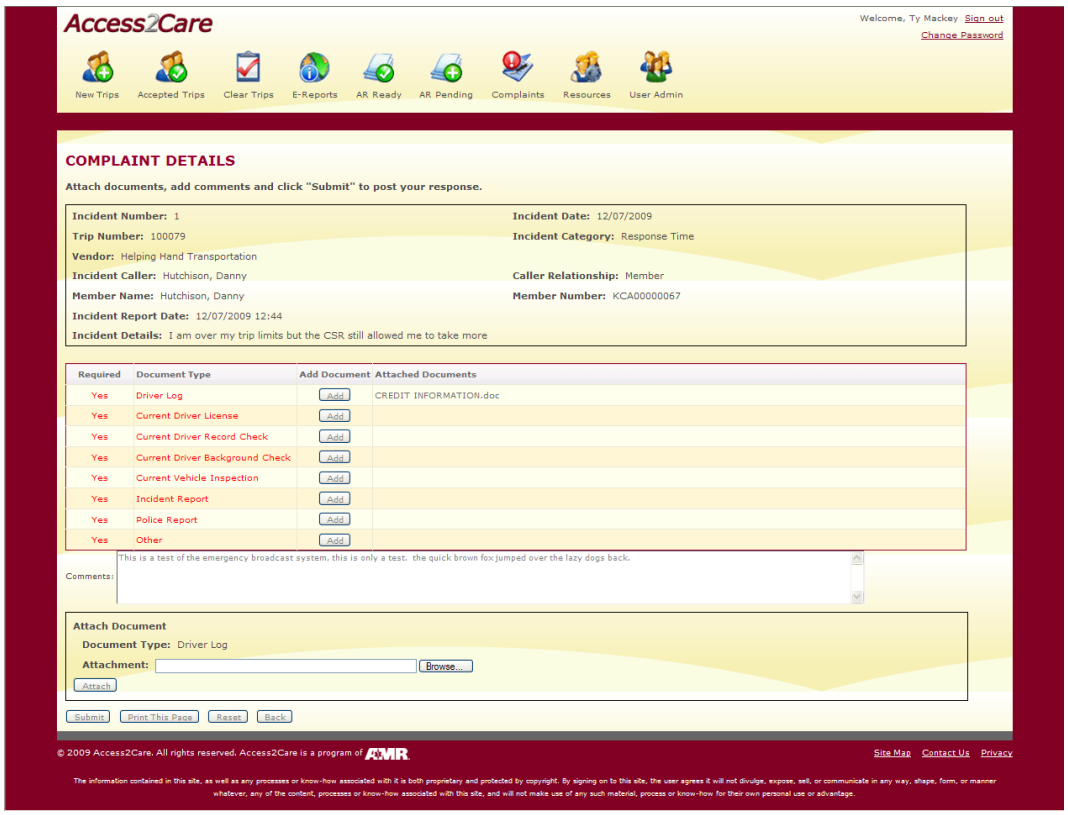
COMPLAINTS

- When you have new complaints, a message will be displayed in red on your web page.

  - **All complaints must be responded to within one (1) business day or you may NOT be paid for the trip.**
  - **If a complaint is filed after the trip has been paid, Access2Care has the right to recoup the original trip cost from a future payment if you do not respond within the required timeframe. Once the complaint is resolved, we will remove the investigation flag. Based on the outcome of the complaint investigation, the payment or denial will be scheduled within the contractual or regulatory requirements.***

- To open a complaint, click on the Incident Number. This will open the complaint and allow you to respond to the complaint and attach any requested documentation.
- If you do not have the ability to scan and attach, you can still fax in the required documents but please state so in your reply.

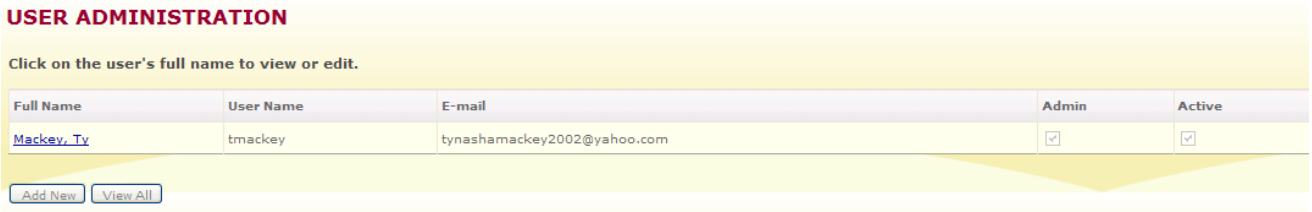
Sample View of Complaint Alert



Sample View of Complaint Detail Screen

USER ADMIN - Managing Users

- From anywhere in your website you can click on the tab that lets you manage who may access your Web Portal.



Sample View of User Administration

- Click on "Add New" to add additional users and fill in required fields.

Sample View of User Administration Screen to add new Users

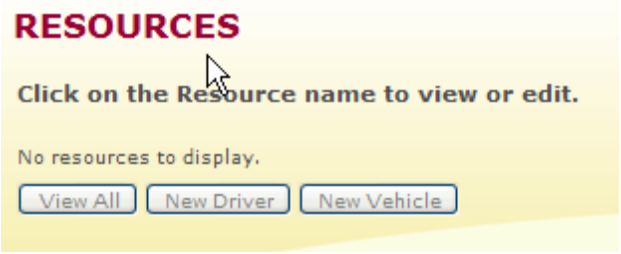
On the Road Newsletter

- *On the Road* is Access2Care's transportation provider newsletter. This recently revamped newsletter is filled with helpful tips, interesting facts, and occasionally, important process updates or changes. We distribute *On the Road* via e-mail or you can access *On the Road* from anywhere in your website. We will also maintain archived editions here for easy referral as desired.

Sample View

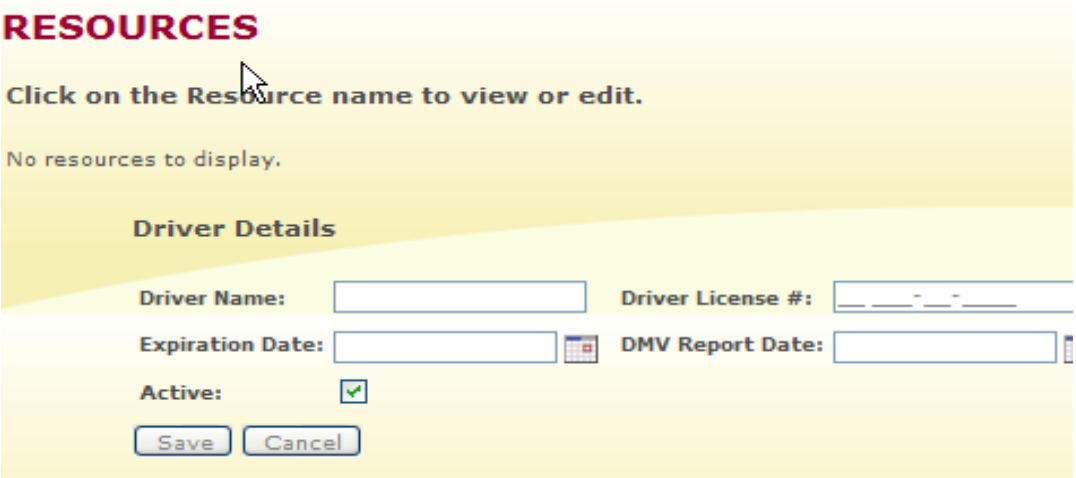
RESOURCES

- This is where you can add your list of vehicles and drivers that meet the eligibility requirements.

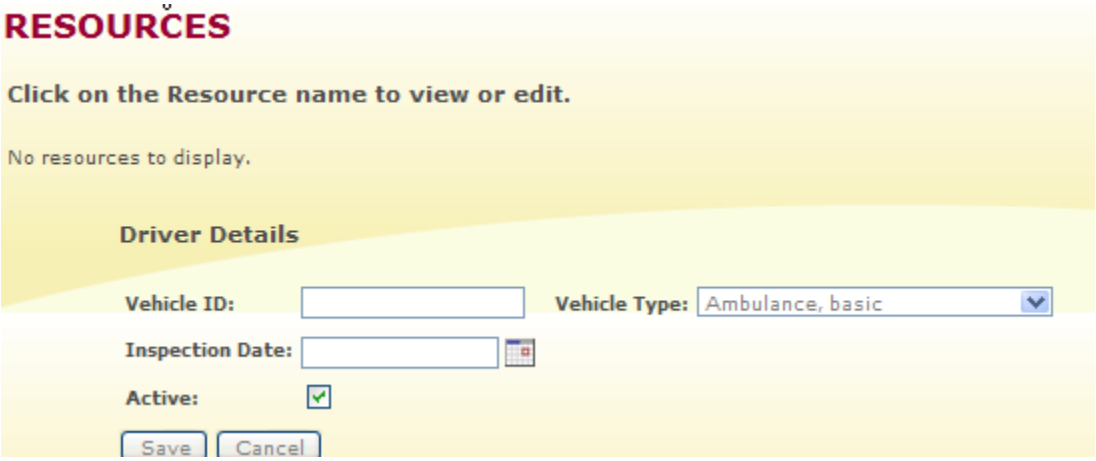


(Has this been activated?

Sample View of Resources Screen



Sample View of Driver Resources Screen



Sample View of Vehicle Resources Screen

Miscellaneous Information:

Refreshing your screen

- If your website has been open for more than 30 minutes with no activity, it is a good idea to "Refresh" or "Reload" your screen. This will import any recently added New Trips, Cancellations, trip updates, A/R updates or other new information. There are two ways to do this:

- Click on the Refresh (or Reload) button on your Internet browser's tool bar at the top of your screen. This will update all the information in your site; you will not have to log back in and you will stay right where you were working when you "Refreshed".
- Log out (or close the site) and log back in. This will update all information, but you will have to re-enter your ID and password and will be taken back to New Trips, no matter where you were when you logged out.

- As the website is updated and new services are added, you may notice changes. We will do our best to keep you informed of any additions to the site through the On the Road publication.

Contact Us:

- We are at your service. Click on the contact Access2Care tab on the website for information on how to get in touch with us.

- If you have questions about the website or our services, forgotten or need to change your password, please contact your Network Specialist.

We have designed the online system for easy use. If you have any questions, concerns, or suggestions, our team is ready to assist you. We welcome your feedback and are here to help you succeed.

Attachment A Non-Web Trip Reconciliation Form

Attachment C- Sample Non-web Reconciliation Form

ACCESS2CARE From 01/01/2011 To 06/23/2011

Company Name	Trip ID	Trip Date	Scheduled Pick Up Time	Pick Up Time	AM PM	Drop off Time	AM PM	Mileage	TripPrice	Mode A-ambulatory W-wheelchair S-stretcher	NumAddtPassengers	No-Show Yes/No	Signature Yes/No
Anywhere Transport	123	4/1/2011	1:30 PM						$523.34	S			
Anywhere Transport	456	4/2/2011	12:30 PM						$23.45	A			
Anywhere Transport	789	4/3/2011	8:00 AM						$54.00	W			
Anywhere Transport	100	4/4/2011	9:30 AM						$15.23	A			
Anywhere Transport	101	4/5/2011	10:00 AM						$10.00	A			
Anywhere Transport	106	4/6/2011	3:15 PM						$10.00	A			
Anywhere Transport	1054	4/7/2011	4:00 PM						$10.00	A			

Attachment B Sample Driver Log

Driver Log

Company Name_____

Date of Service _____ **Driver Name** _____ **VIN #** _____ **Driver's License #** _____

Trip #	Member Name	Service Type	Actual P/U Time	Drop off Time	Signature	No Show

I understand that Access2Care will verify the above information and I certify the information is true, correct, and accurate.

Driver Signature:_____

* In compliance with HIPAA this form should not contain any PHI (Personal Health Information). If PHI is added to this form it must be handled appropriately and within HIPAA guidelines.

Attachment C Pre-Payment Audit Documents

Audit Cover Sheet

TO: Access2Care Claims FROM:

FAX: 866-214-0528 PAGES:

PHONE: DATE:

E-MAIL: A2CAUDITS@EVHC.NET

Access2Care Audit Cover Sheet

Please include the following information with all audit documentation.

1. A driver log (s) with all of the required information present
2. *Manifests or driver logs with multiple transports*- You must indicate which trips are In audit status.
3. Driver's license number of the driver who transported member for the audited trip
4. VIN number of vehicle used to transport the member for the audited trip

IMPORTANT NOTE: If you do not include the above information the requirements for the audit will not be satisfied. Please remember you must include this Audit Cover Sheet.

If the trip required information is not received within (20) days from the date the trips Is cleared, the trip will be denied for payment due to **UNTIMELY FILING** as per your A2C contract.

Please send all driver logs to the dedicated Access2Care Audits Dept. via. fax at 866-214-0528 or email A2Caudits@evhc.net If you would like to itemize your audits for easy identification and processing please use the second page that is attached.

TOTAL AUDITS	TOTAL PAGES

Access2Care
6200 S Syracuse Way, Suite 200
Greenwood Village, CO 80111
Fax: 877-292-4181
Email: A2Cclaimsdenver@emsc.net.

Itemized Audit Information (Optional)

Name: _____ Date Submitted: _____

Phone: _____ Fax: _____

Page: _____

Trip Number	Member Name

Access2Care

Appeals Form

Company Name:

Contact name:

Phone number:

Fax Number:

Denied Trip Number:

Date of Service:

Client Name:

Reason for Appeal:

Denied Trip Number:

Date of Service:

Client Name:

:

Reason for Appeal:

Denied Trip Number :

Date of Service:

Client Name:

Reason for Appeal:

**Please attach all supporting documentation to the Appeals Form.

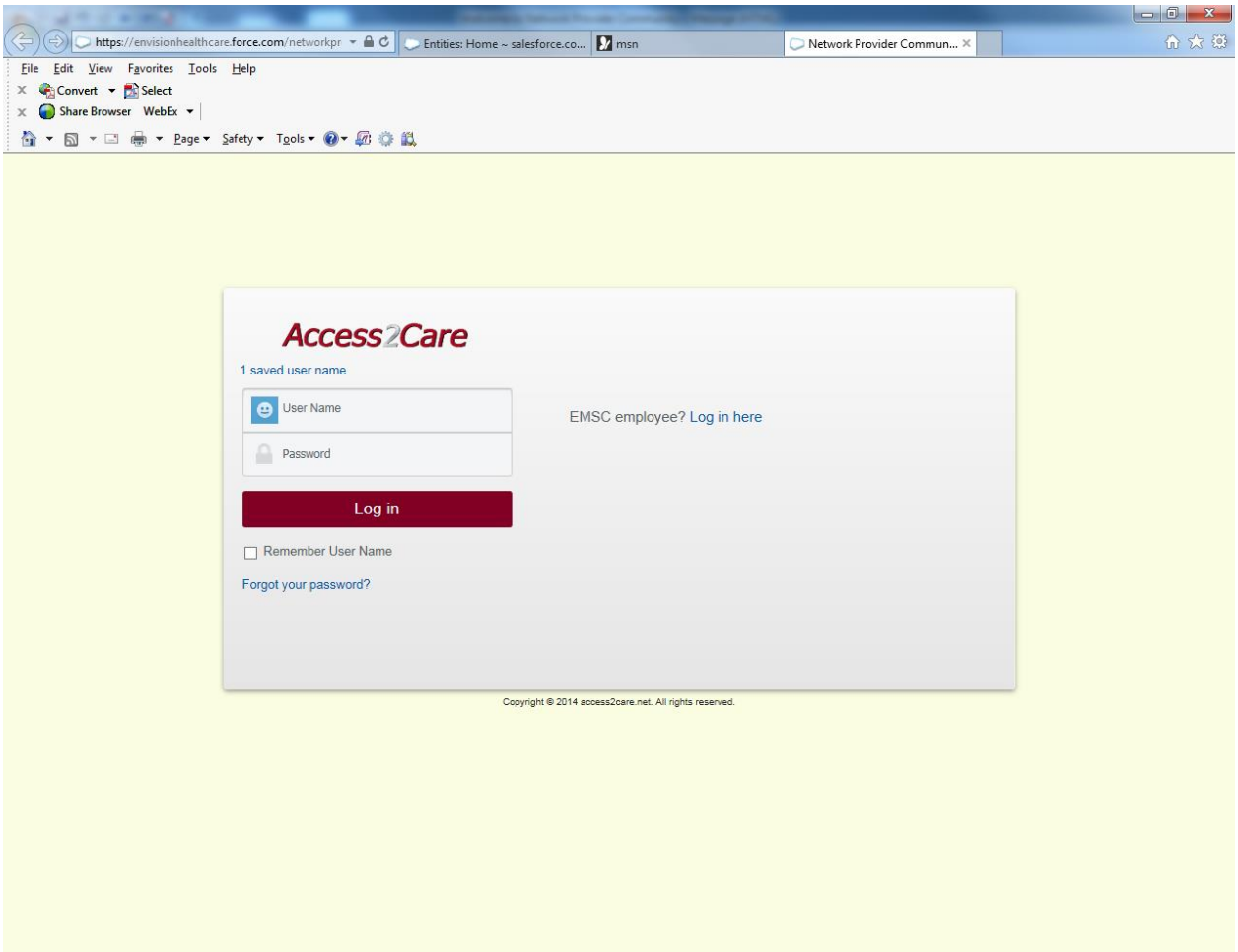
Access2Care Community Credentialing Access Portal

Login Screen

When you receive our invitation to join the Network Provider Community, you will receive a long link with your username and temporary password stored in it. Please click on this link to activate your account. You will be asked to create a unique password, which only you will know. Please take note of the username on this page as well.

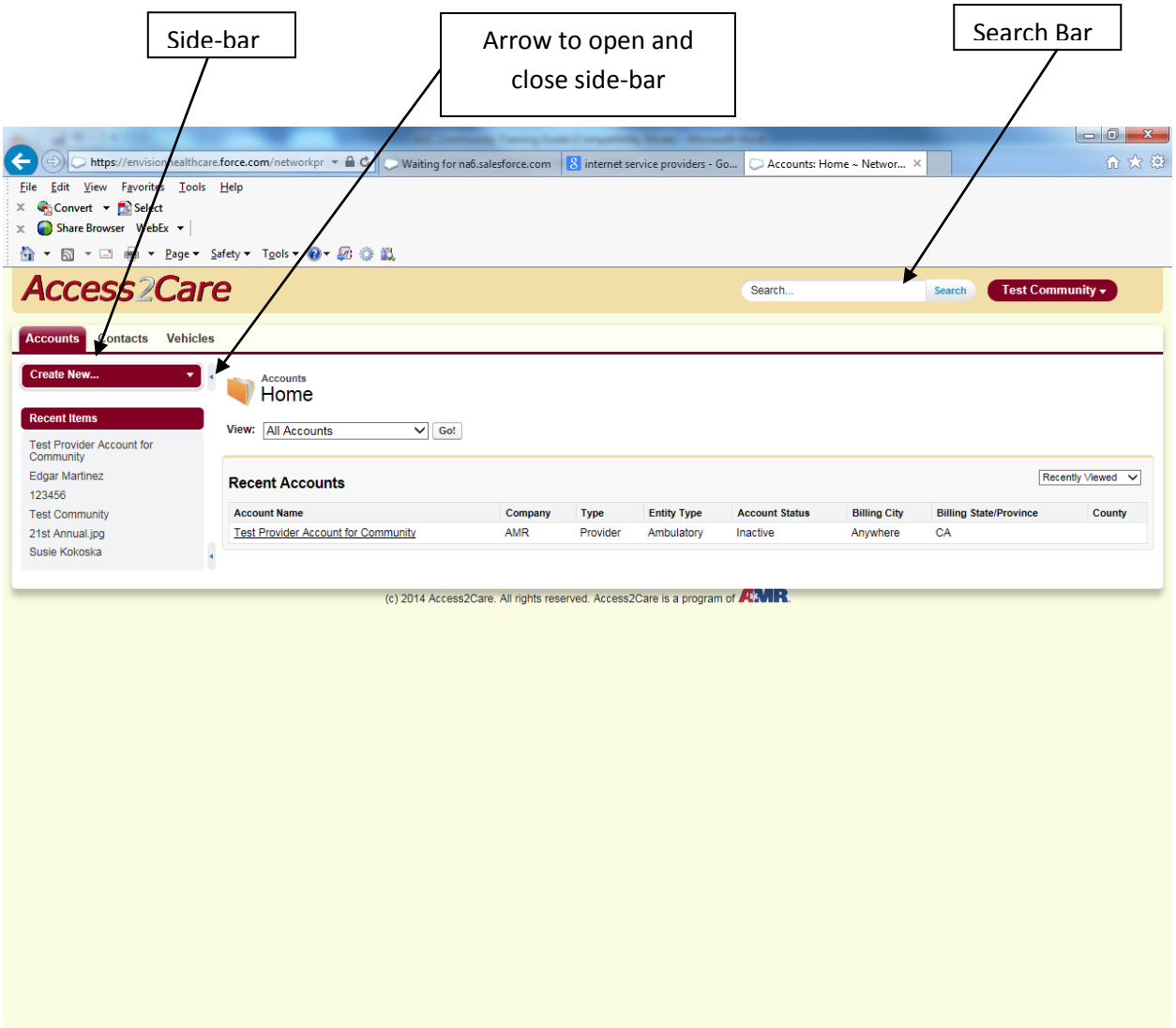
In subsequent visits to the Community, you will need to enter the username and password that you established on your activation. We recommend that you check the box “Remember User Name” so that you do not forget it. Your internet program (Explorer, Firefox, Safari, etc.) may prompt you to remember your password. It is up to you whether or not to check this box and save your password.

If you forget your password or username, please contact our Network Manager at A2C.



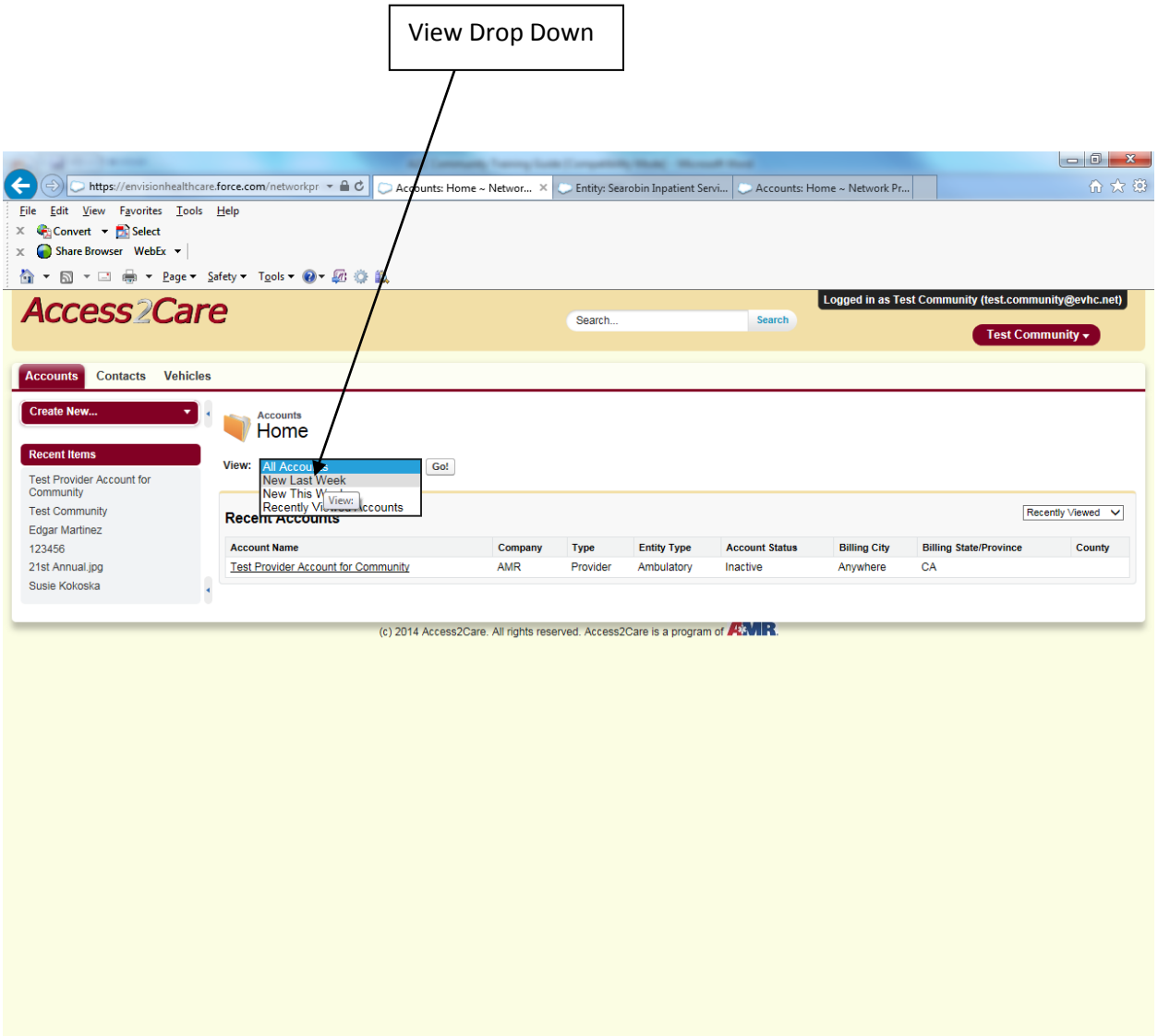
Once you are logged into the system, you will land on the “Accounts” page which is your company record.

There is a collapsible side-bar on the left side of your screen. By clicking the arrow in the oval, you can open and close this feature.



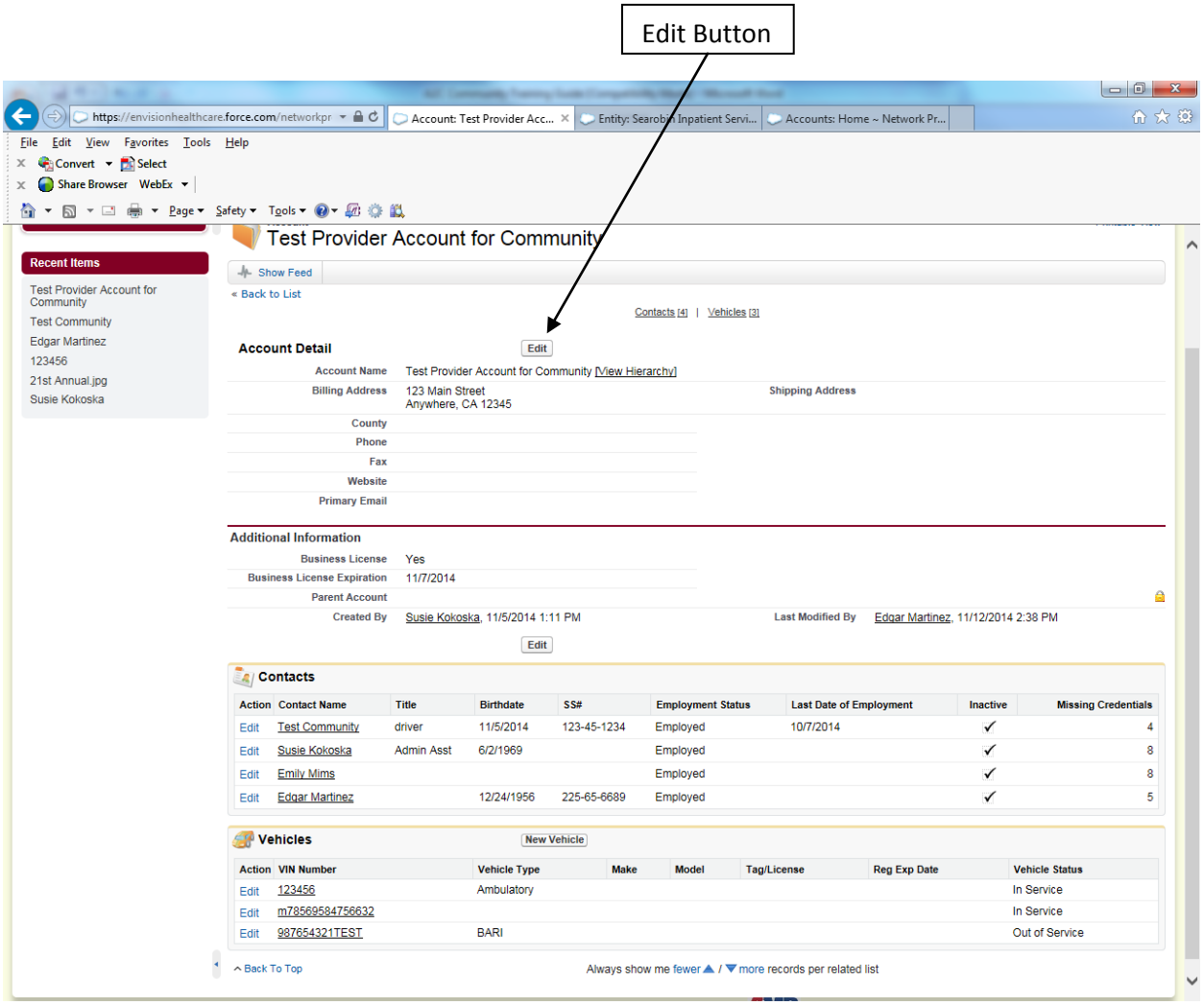
Within the side-bar are two important sections. The “Create New” bar in red allows you to create new vehicle and contact records. The “Recent Items” section shows the last records you have viewed or edited. By clicking these names you can go directly to a record – whether your company’s account, a driver or office contact, or a vehicle. There is also a search bar at the top that you can use to search for any record.

On the “Accounts” page, you will see a recent item that includes your company listing if you have previously clicked on your company name. If nothing appears on the page, use the View Drop Down at the top to pull up your company, Select the option “All Accounts” and press the “Go” button.



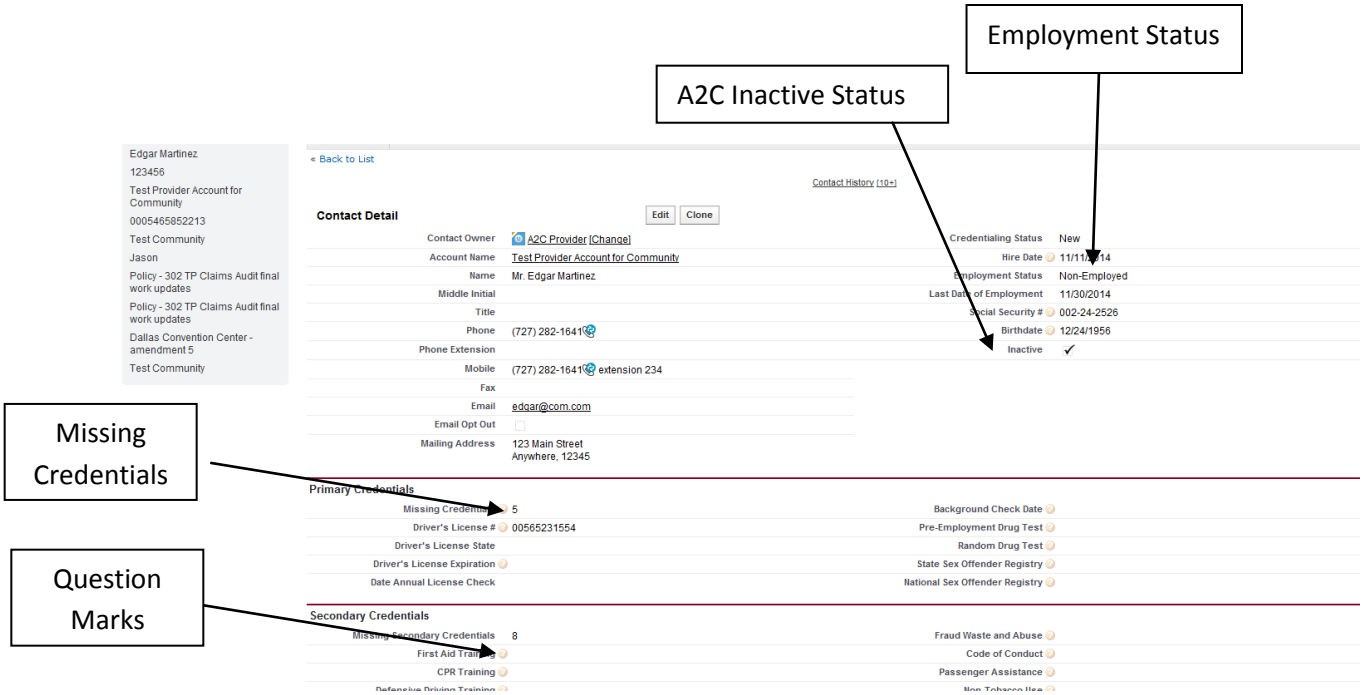
Click on your company name to get to your information.

Your company record format will look like the record below. If you need to edit any of your company's information, such as address, phone or business license information, click the "Edit" button at the top. Make any necessary changes and click "Save" to save your changes.



Below the company information you will see the "Contacts" and "Vehicles" sections. To view a record in one of these sections click on the underlined name of the contact or the underlined vehicle VIN number. You may also use the "Edit" button next to the record and under the "Action" column. It is a better practice to view the record first so that you can see certain fields that are not available in the "edit" mode.

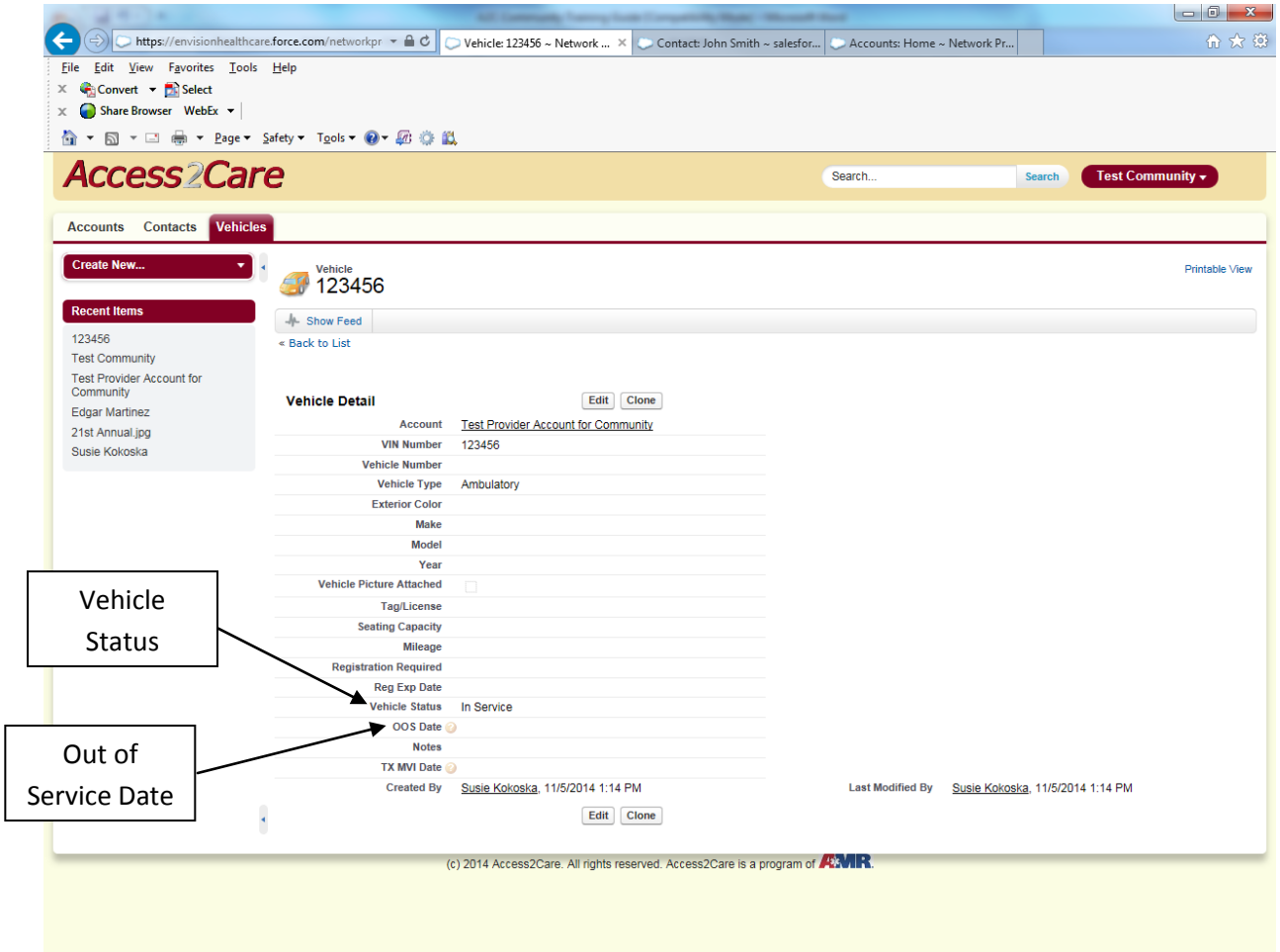
A contact record looks like the record below. You can see the status of the contact as either “Employed” or “Non-Employed” and you have the ability to update this field. If you make a driver “Non-employed”, you will be required to fill out the “Last Date of Employment”. You can see an “Inactive” checkbox telling you whether a driver is active or inactive in A2C’s system. A driver could be Inactive because he or she is not employed, is missing credentials or has been identified as “excluded”. If your driver is missing any necessary credentials, you will see a count of those in the “Missing Credentials” field at the top of the Accreditations section.



Next to certain accreditation fields you will see a question mark. When you hover over this question mark you will see notes with information about the specific field. It may state that the information in the field is primary information for the file to be active; may state the information is required within 30 days after activation; and/or provide other help text. Please use these question marks to identify and understand the necessary credentialing fields to become and retain “Active” status.

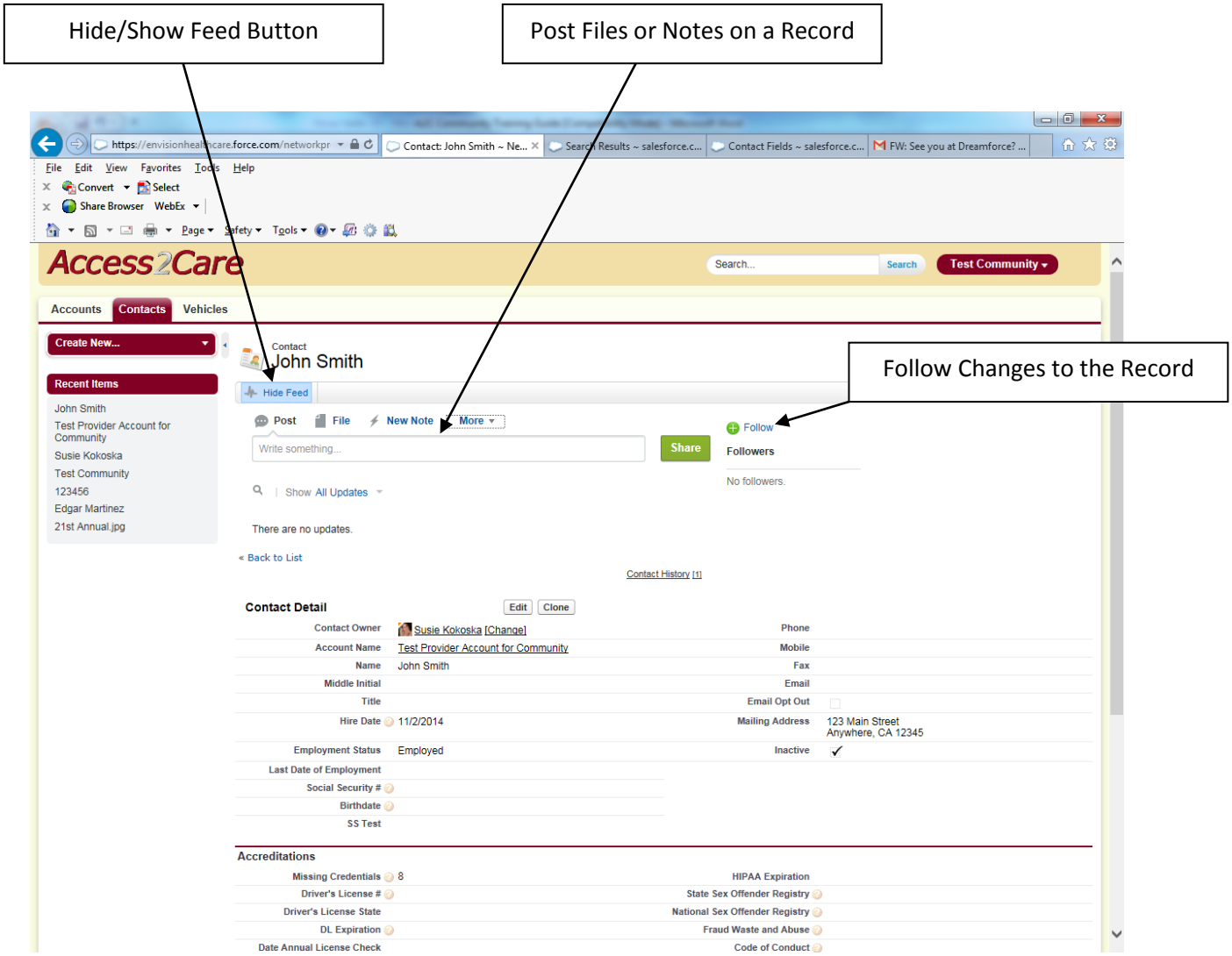
Vehicles

A vehicle record looks like the record below. You have the option to add information and control whether a vehicle is in or out of service. If you select “Out of Service”, you will be required to enter an out of service date.



Attaching Documents

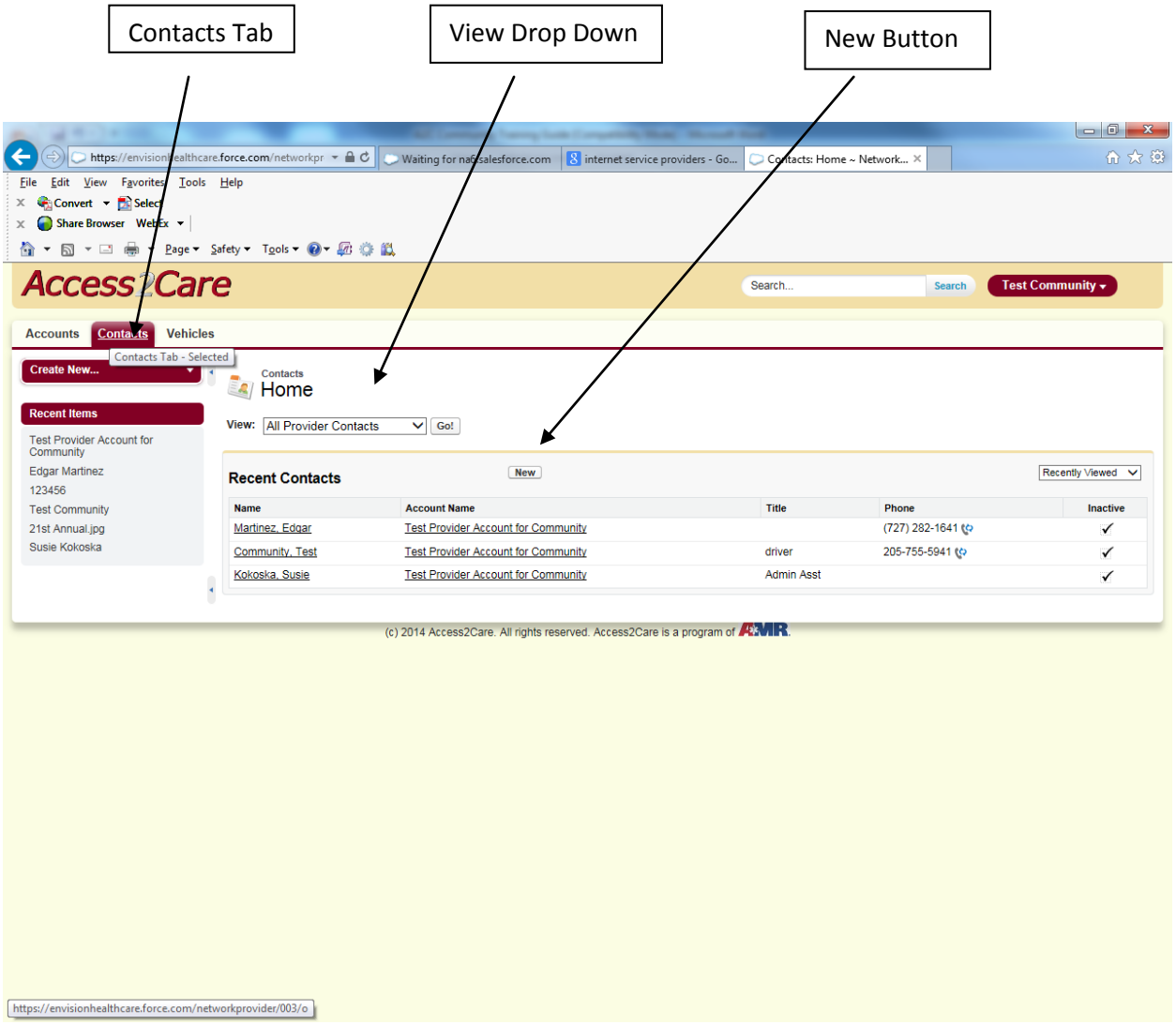
To attach documents to any record – account, contact or vehicle, you need to use the “Feed” section at the top of any record. There is a light blue button that states “Hide Feed” or “Show Feed”, depending on the status of your record. Here you will be able to post files and notes on the record. Type in the box and press the green “Share” button to accomplish a file or note posting.



To be notified of any postings or changes to the record, you can “follow” a record by clicking the green “Follow” circle next to the Feed section.

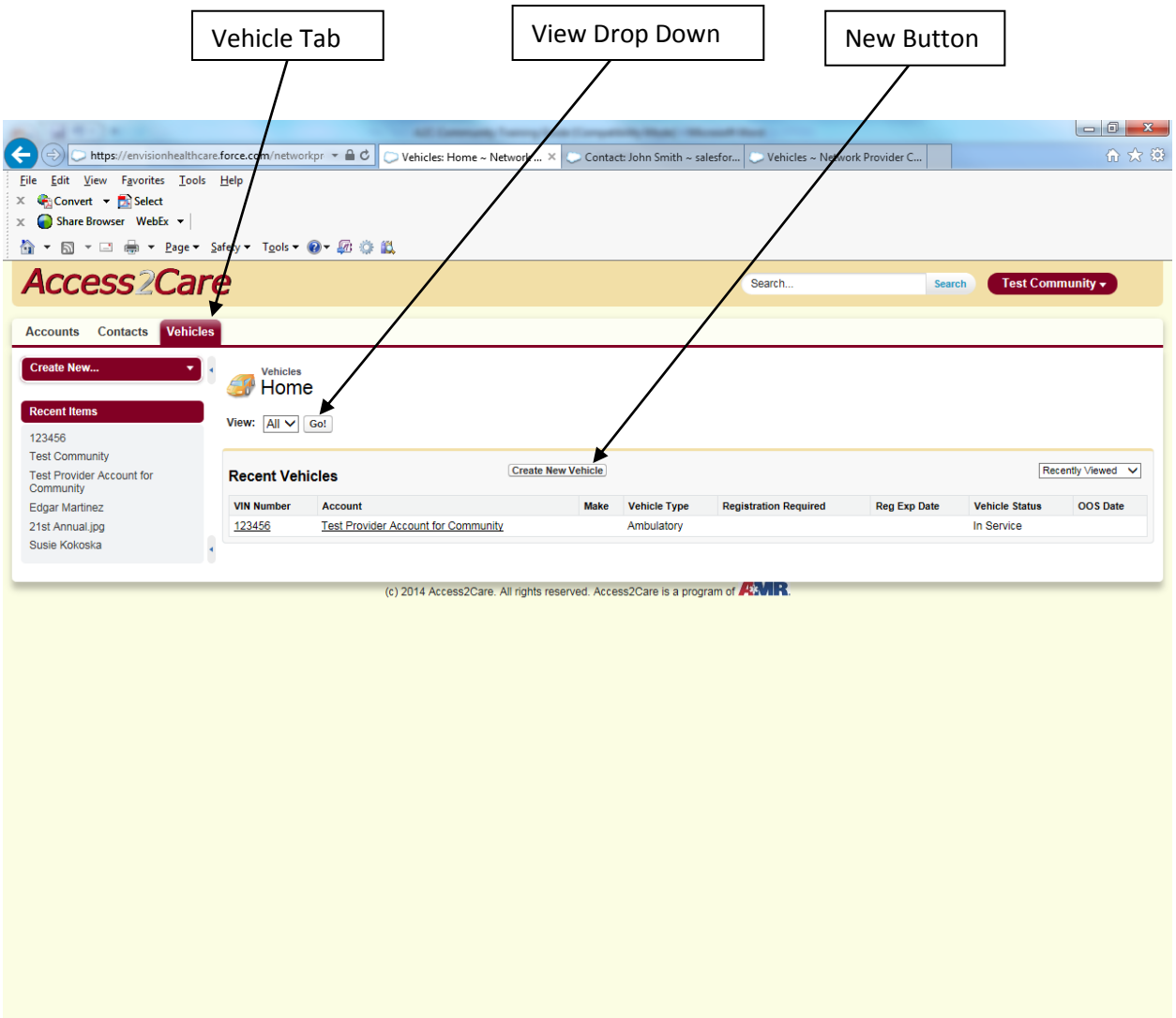
You can navigate to any record by going to a specific tab itself. If you are interested in pulling up lists of contacts (your drivers and office contacts), you can click the “Contacts” tab at the top. Please notice the “New” button at the top of the page where you can create a new driver or contact. It is best to look at your list of contacts prior to creating a new one so that you do not create duplicate records.

By default, the page will show you what you recently viewed. You may use the View Drop Down to pull up lists of your contacts like “All Provider Contacts” or “New This Week”. Select an item from the View Drop Down and press the “go” button.



After selecting a view, you will receive the contact records that match the criteria of the list you pull. You can click on the contact name to view the contact or click the edit link next to the record you would like to edit.

If you are interested in pulling up lists of vehicles, you can click the “Vehicles” tab at the top. Please notice the “Create New Vehicle” button at the top of the page used to create a new vehicle record. If you use this button on this page, you will need to look up your company name in the Account Name fields. It is best to look at your list of vehicles prior to creating a new one so that you do not create duplicate records.



Access2Care

BACKUP/RECOVERY AND DISASTER RECOVERY PLAN

September 2015

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BACKUP/RECOVERY AND DISASTER RECOVERY PLAN

Access2Care understands the importance of having a robust, scalable, and fully tested disaster recovery plans in place for all facilities and functions. As a wholly owned subsidiary of American Medical Response, we have access to the expertise of providing emergency and non-emergency medical services including call intake, dispatching and vehicle tracking across the country.

In an integrated network such as Access2Care's, discussing disaster recovery in a single facility would be woefully inadequate — as our national network of call centers, dispatch and operations centers is designed to support the failure of one or more centers in the network. The following is a discussion of our system architecture philosophy, and how this architecture plays a vital role in the overall availability of our capabilities.

Overview

The A2C Application provides multiple layers of redundancy to the Access2Care infrastructure to ensure business continuity in support of our clients. This includes an architecture that eliminates the potential for any single failure in the system from rendering one or more of our contact centers inoperable. The following sections give a brief overview of how we have designed the Access2Care system to support 7 x 24 operations.

Application Architecture

The A2C application server architecture is designed to continue to operate in the event of any single server failure. This allows the application to continue operation during hardware maintenance and outage situations. With the exception of our high performance database servers all other application servers are configured to run on virtual servers. This allows us to quickly add additional servers as system load grows. For example, we currently support our application portals on a cluster of IIS servers with a load balancer allocating the load between servers in the cluster. As load grows, we can easily add more servers to this cluster with no interruption in service to our clients. In addition, if one of the servers fails or needs to be removed from the cluster for maintenance, the server can simply be removed from the cluster with no interruption to our users. This architecture extends to other system functions and allows easy system configuration, optimized for the load on the system. The actual A2C application used in our call centers runs on a Citrix processing farm. The number of servers in this farm can be changed on the fly with no interruption in system operations as needs change or maintenance is performed.

Following is a high-level diagram of the A2C application architecture.

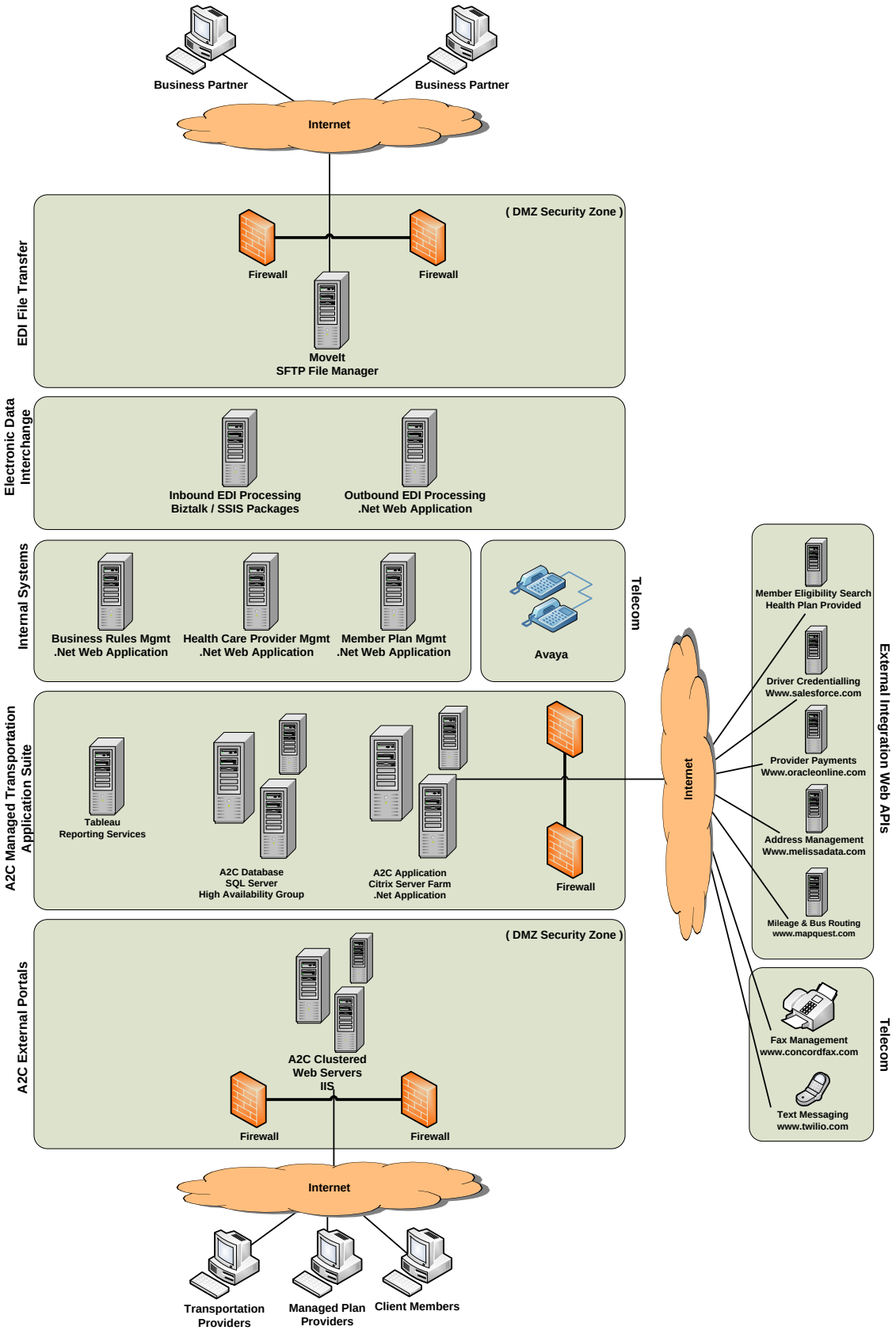


FIGURE 1: A2C APPLICATION ARCHITECTURE

Telecom Infrastructure

We manage all contact center telecommunication via redundant Avaya telephone switches, one in our Aurora data center and a second system in our Las Vegas data center. Either system is capable of managing all our telecom requirements for the Access2Care contact centers. This allows our telecom infrastructure to continue operations even with a total outage in either site. In addition if a contact center needs to be evacuated or is deemed "dark" due to an outage or natural disaster the system transfers the calls to any one of our other call centers where the calls can be processed. Locally each contact center has a fully redundant telephone switch that supports the local operation if there is a failure in the local switch or network device connected to the call center floor. As a last fallback, we support rolling phones over to local cell phones in the contact center.

The following diagram describes the corporate telecom architecture as it relates to a single contact center. All contact centers utilize the same approach to connect into the telecommunication network. Access2Care has contact centers in Clearwater FL, St. Louis MO, Boise ID, Des Moines IA, and Houston TX. As shown we support

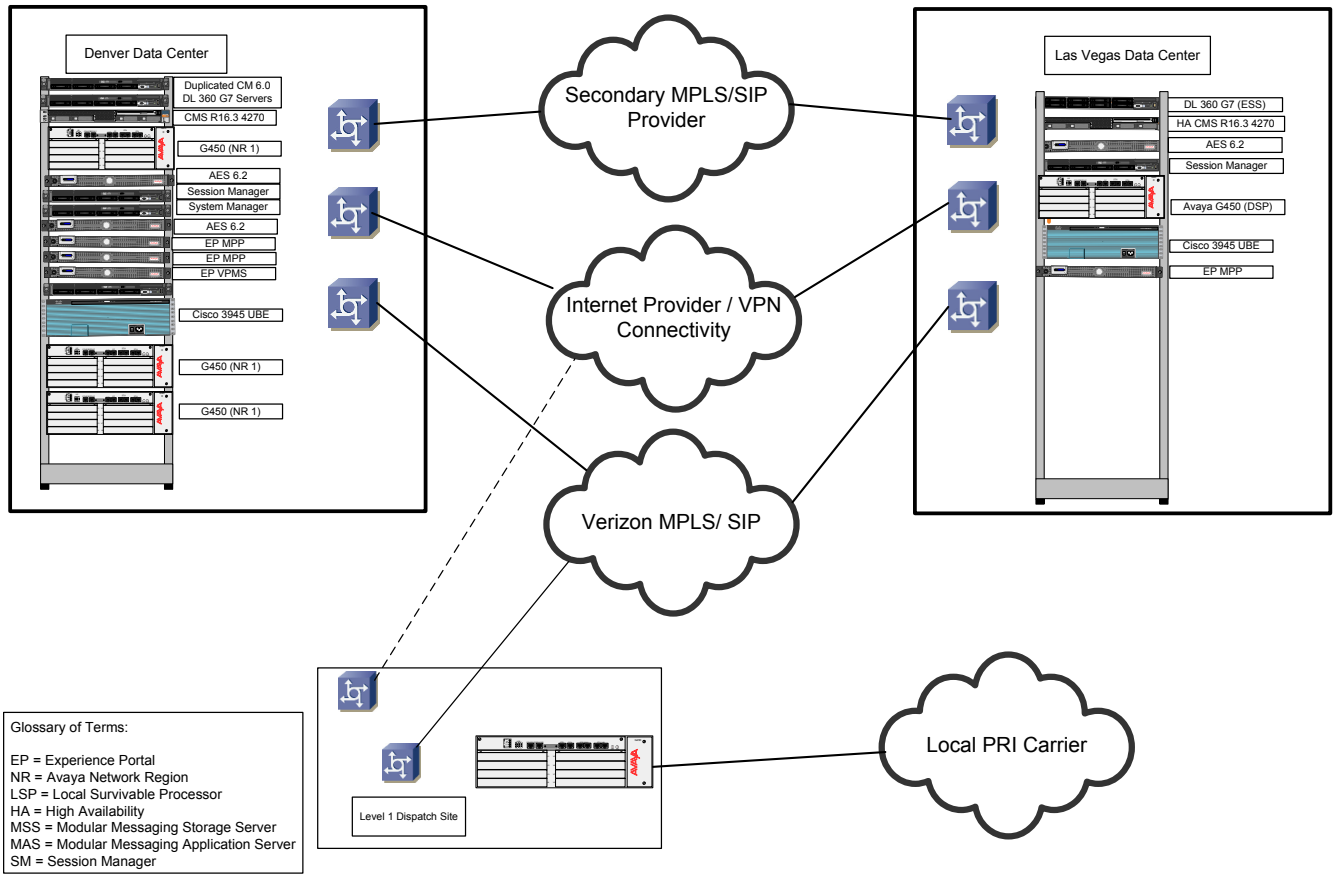


FIGURE 2: SINGLE SITE CONNECTIVITY

Data Center System Redundancy and Security

The primary Access2Care application is run in a level 4 data center with fully redundant data paths and equipment needed to support a mission critical 7 x 24 call center operation. The Access2Care disaster recovery center resides at our corporate headquarters in Greenwood Village, CO. The primary data center has state-of-the-art physical security, power and environmental controls. In addition, we have built redundancy for our connections with network and telecommunication vendors that allow us to move quickly to another vendor in the unlikely event of a vendor outage.

A2C's National Data Center in Denver is protected by an FM-200 pre-action fire protection system. With this system, smoke detection and air-sampling technology provides advance warning of any problems and notifies staff to shut off power to the computer room in the event of an electrical fire. If staff cannot shut down the services, the system automatically initiates and eliminates the potential for a fire without causing damage to the systems. In addition, a Liebert RCM8CE Monitoring System monitors data center conditions and alerts staff to any problems it may detect. Finally, the NetBotz camera system delivers another layer of monitoring by allowing real-time and historical access to server-room conditions (heat, humidity, etc.). An independent air-conditioning system provides overall climate control in the computer room. This system also has the ability to maintain the temperature and humidity of the systems within acceptable factor-specified levels. The rooms are key-card controlled to provide limited access and a history of access by cardholders. In addition, a digital camera system is installed in each data-center room, to record photos of entry and exit. These photos provide historical documentation of activities within the data center room and may be viewed remotely and researched. We monitor all systems.

Access2Care also has implemented security best practices based on ISO-17799 processes and programs to continuously monitor and improve the electronic security of its systems. In cooperation with an objective, third-party security firm, Access2Care undergoes a Continuous Security Improvement Program managed by the Information Systems Security Office Manager. These internal and external security scans produce work lists of issues for resolution and an annual end-of-year electronic security audit that produces a comprehensive view of A2C's infrastructure and its security status.

This program delivers the IT Group a focused set of objectives to accomplish and prioritizes issues based on the severity of the security warnings identified. The IT Group is then able to quickly and effectively address issues related to every network device (firewalls, VPN, routers, and switches), telephone switches, servers, printers and workstations at all locations within the infrastructure. With the scanning program, the engineers immediately can see the results of their actions and fine-tune the infrastructure to further remove any potential for vulnerabilities. All scans within the program are maintained as confidential information and are not shared with anyone outside of the infrastructure team.

Electronic data security is a key component of the A2C system architecture. All network traffic between locations is sent via private point-to-point circuits. Double check if this is covered under the security policy, we don't want to duplicate information, just refer to the security policy and we can attach it.

Data Architecture and Replication

A2C's data-storage capabilities have been designed to provide for high availability and automatic fail-over in the event of the loss of our primary database server. We use Microsoft SQL server availability groups in to keep our backup site database and reporting database in sync with our production database. This allows the A2C application to switch seamlessly from our primary database server to our backup data base server with no loss of data in the event there is an issue with our primary server. The fail-over to the backup server is automatic with no human intervention required. In addition, this architecture allows us to guarantee that the data available in our disaster site is always up to date. This eliminates the need to restore the database from backup media if the need to move to the disaster site is needed.

Backup and Recovery

In addition to having a real time copy of our production databases at our disaster recover location, we also perform full database backups on a weekly basis with daily incremental backups. Transaction logs are generated real time and are backed up every 15 minutes. Backup media is moved daily from our production location to a secure offsite Iron Mountain storage facility. We retain the media per or corporate data retention policies or longer if contractually required. We utilize SAN storage non-database files that are also backed up and stored at the Iron Mountain site. Server images of all of our production servers are generated after any system or application install. These images are retained locally in our primary data center as well as at our disaster recovery location.

Network Fault Tolerance

A2C's network and systems infrastructure is designed to provide fault tolerance in the event of a major issue or problem. Server hard-disk drives are mirrored as a precaution against service interruption or data loss due to hardware failure. Network devices are configured in fail-over mode to maintain continuous operation regardless of hardware or service issues. Enterprise Monitoring and Management software is used to monitor and execute automated resolution instructions and notify IT staff of issues; both pending and immediate. IT business processes are designed to proactively identify and resolve issues before they can affect business operations. Back-up procedures follow industry standards for ensuring the security of data.

Contact Center Considerations

A critical component of the Access2Care system is the assurance that the IT infrastructure in our contact centers is designed to provide maximum system availability. This requires that we design the local contact center systems to ensure that there are no single points of failure. Following is a brief summary of the approach we have taken to ensure our contact centers are always available when required to support our clients.

- Phone service
- Electrical power
- Building safeguard
- Data safeguards
- ~~Fire detection and prevention~~

Phone Service

A2C has defined business-continuity activities for each location that transfer responsibilities and phone services to an alternate facility in the event of an interruption in local phone service. The established procedures, combined with our daily business processes, allow for a quick and smooth transition of operations from one facility to another so no local problem can hinder our ability to provide services to our customers. In addition, our Service Delivery Coordinators at back-up locations are trained in the A2C application so they can properly service callers.

Electrical Power

The call center equipment is attached to Uninterruptible Power Supply (UPS) systems. This allows for the continuous operation of systems in the event of a temporary interruption of power. It also allows A2C to condition the power delivered to systems, further protecting those systems from damaging power spikes. In addition, the center is attached to a local generator that maintains the call center in the event of a local power outage lasting longer than the UPS systems can bridge. This generator keeps the center running for at least 8 hours in the event of a power disruption from the local utility company. Generator power is automatically initiated in the event of an interruption in our data center without the need for manual intervention. We test our failover to our backup generators on a weekly basis to ensure that the equipment is always available in the event of a power interruption from the local utility companies.

Building Safeguards

A2C physically secures all data centers, including those in our contact centers, to control access to the critical services and hardware installed therein. Access to the facility and server rooms is controlled with electronic key access that also maintains a log of individuals that access the protected locations.

Data Safeguards

Access2Care has implemented operational safeguards, procedures, and contractual amendments to ensure full compliance with the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, Access2Care is deemed a "Business Associate" of its health care-related clients. As such, to the extent Access2Care receives personally identifiable health care information ("PHI") from its clients; Access2Care has undertaken to protect that information in the same manner and to the same degree as that required of its clients. Access2Care has entered into Business Associate agreements with those clients that spell out Access2Care's obligations. As required by the statute and the applicable Business Associate agreement, Access2Care uses or discloses only the minimum necessary PHI to perform its duties. Access2Care employees have been trained in HIPAA requirements and applicable state law confidentiality requirements.

~~Fire Prevention and Detection~~

~~John do you have anything to include here for our Contact center locations?~~

Access2Care Problem Escalation

Access2Care has a proven problem escalation process to address and report issues against the A2C system. AMR operates a 7 x 24 help desk that provides Access2Care user's level one trouble shooting and reporting capabilities. Access2Care has developed a detailed list of questions for the help desk to ask the caller when any issue is reported against this system. This line of questioning allows the support team to determine the severity of the issue and to determine how the issue should be addressed. If the issue is one the help desk can address they do so with the call on the line. Outages or issues affecting multiple users or locations are assigned immediately to our level 2 support team. This team is available 7 x 24 and can address most issues associated with the system. If this team cannot resolve the issue, our tier 3 support team is activated. This team is composed of most senior application and system engineers. Application and outage protocols are followed to ensure that our service agreements with our clients are met.

Access2Care has a proven problem escalation process that has been developed to address and report issues against the system.

SUBCONTRACTOR AGREEMENT

THIS SUBCONTRACTOR AGREEMENT is made between Access2Care, LLC ("A2C") and the subcontractor (Provider name) set out on the signature page of this Agreement. This Agreement is effective as of the Commencement Date as defined in Schedule "A".

WHEREAS, A2C on occasion needs subcontractors to provide medical transportation, non-medical transportation ambulance, paratransit and wheelchair services to A2C customers in various locations;
WHEREAS, A2C manages non-emergency transportation. As such we use subcontractors to provide non-emergency medical transportation for our clients who request such services. ;

WHEREAS, A2C wishes to retain Subcontractor to perform certain tasks in furtherance of this effort as set forth in this Agreement; and

WHEREAS, Subcontractor wishes to perform, and is capable of performing such tasks upon request by A2C.

NOW THEREFORE, in consideration of the foregoing and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. **Provision of Services.** Subcontractor will provide the transportation services described in Schedule "A" hereto (the "Services") to Clients or Recipients (collectively referred to as "Recipients") on the conditions, if any, described in Schedule "A" and in the service area(s) described in Schedule "A" (the "Service Area"), only when and as requested by A2C.

2. **Compliance with Laws.** The parties will comply in all material respects with all applicable federal and state laws and regulations, including the federal Anti-kickback statute, and shall submit to the State all documentation necessary for Subcontractor to provide the services more specifically described herein. Subcontractor's vehicles will conform to applicable state regulations and be duly licensed for the transportation of Recipients. All Subcontractor personnel staffing vehicles that provide the Services will be licensed or certified as required by applicable law.

3. **Term.** The initial term of this Agreement shall be one (1) year, commencing on the Commencement Date set out in Schedule "A" hereof, and this Agreement shall automatically renew for subsequent one-year periods thereafter, subject to the termination rights herein. The initial term and all renewal periods shall be cumulatively referred to as the "Term".

4. **Termination.** Each party may terminate this Agreement: (a) at any time without cause and at its sole discretion upon sixty (60) days written notice to the other party; or (b) upon the material breach of this Agreement by the other party if such breach is not cured within thirty (30) days of written notice thereof to the other party. Notwithstanding the foregoing, A2C may terminate this Agreement immediately upon: (i) the failure of Subcontractor to respond to requests by A2C for the provision of Services to Recipients within the Service Area or (ii) following Subcontractor's loss or suspension of licensure necessary for the provision of the Services or reduction or loss of Subcontractor's insurance coverage.

5. **Scheduling of Services**. A2C shall schedule and request any and all Services to be provided by Subcontractor pursuant to this Agreement. All Services will be scheduled according to the procedures provided for in the Network Provider Requirements, as modified from time to time by A2C in its sole discretion and attached hereto as Schedule C and incorporated herein by this reference.

6. **No Utilization Obligation**. A2C does not guarantee any level of utilization of Subcontractor and A2C is under no obligation to utilize Subcontractor for any Services.

7. **Standards for Services.** Subcontractor represents and warrants that (a) any and all Services shall be provided in accordance with prevailing industry standards of quality and care applicable to the Services provided; (b) any and all Services rendered shall be performed in a good and workmanlike manner; (c) Subcontractor shall comply with all requirements of A2C's Network Provider Requirements as may be modified by A2C from time to time and which is attached hereto as Schedule "C" and incorporated herein by this reference; The parties acknowledge and agree that all references to specific sections of the Network Provider requirements are based on the requirements in place at the time of execution of this agreement. In the event a revision to the requirements causes those section references to change, the current and prevailing Network Provider requirements shall prevail.

8. **Trip Management**. Subcontractor acknowledges and agrees that they will satisfy all requirements of the Network Provider Requirements as it relates to the manner in which the services, activities, and tasks are to be performed as well as requirements for pickup and delivery of all participants.

9. **Compensation and Billing.** Prior to or at the commencement of any scheduled Service, A2C

shall instruct Subcontractor to bill either: (i) a third-party payor or Patient; or (ii) A2C.

(i) *Services billed to Payors or Patients*. If A2C directs Subcontractor to bill a third-payor or Patient, A2C will provide Subcontractor with Patient billing information, including all documentation available to A2C that is necessary for third-party payor reimbursement and determination of medical necessity when applicable. Subcontractor shall be responsible for all Patient and third party billing and shall bill in accordance with all applicable laws and any applicable membership agreement between a Patient and health plan. Subcontractor shall not seek payment from A2C or A2C's customer for any such Services and neither A2C nor its customer shall have any financial responsibility for such Services.

(ii) *Services billed to A2C.* For any Services for which A2C has accepted responsibility for payment and A2C has provided Subcontractor with an authorization number, A2C shall pay Subcontractor within twenty-one (21) days of receipt of an invoice in a format reasonably acceptable to A2C. Subcontractor shall submit its invoice within forty-five (45) days of the date that Services were provided by Subcontractor – failure to submit its invoice within this time period will result in non-payment by A2C to Subcontractor. Subcontractor shall not seek payment from A2C's customer, the Patient or any third-party payor for any such Services. A2C shall reimburse Subcontractor at the rates set forth in Schedule "B" and Subcontractor shall accept the rates in Schedule "B". Provided that A2C has authorized the Subcontractor to bill the Patient, the preceding sentence shall not preclude Subcontractor from billing a Patient for any Patient responsible amounts under the requirements of the Patient's applicable health plan membership agreement, e.g., co-payment, co-insurance or deductible.

10. **Record Retention.** Subcontractor will retain books and records respecting Services rendered to Patients for the greater of ten (10) years or the time periods required under all applicable laws (including the requirements of the Secretary of Health and Human Services ("HHS")) and allow access to such books and records by duly authorized agents of the Secretary of HHS, the Comptroller General and others to the extent required by law.

11. **Compliance with the terms of A2C's contract with the client.** Subcontractor acknowledges and agrees that Subcontractor shall comply with all mandatory terms and conditions of A2C's contract with the client.

12. **Injury to an A2C Passenger**. If an A2C passenger is injured while being transported, Subcontractor shall submit a claim through their insurance first, and through A2C's insurance if Subcontractor's insurance does not cover the costs associated with the incident.

13. **Audit Rights.** Subcontractor shall, within a reasonable amount of time after written notice from A2C provide representatives of A2C or the U.S. Government (as specified in the notice), with access to all records, documents, fiscal and accounting data, and other information (whether in paper form, microform, electronic media or other form) that relate to this Agreement. This obligation of Subcontractor shall survive for a period of three (3) years following final payment under this Agreement or until such later time as required under applicable law and regulation.

14. **Indemnity**. Each party will indemnify and hold the other party harmless from and against liability claims resulting from or alleged to result from any negligence or willful misconduct of the indemnifying party related to the performance of this Agreement.

15. **Dispute Resolution.** Subcontractor acknowledges and agrees that in the event of a dispute arising out of the relationship between A2C and the Subcontractor and the services provided for herein, Subcontractor shall look solely to A2C to resolve this dispute, and at no time, shall Subcontractor pursue a resolution of any dispute related to this Agreement with either the client or any agency thereof. All disputes involving payment of claims shall be resolved according the procedure outlined in the Claims Appeals Process in the Network Provider Procedure Manual. If necessary, a dispute shall be resolved in a court of competent jurisdiction and according to the laws of the State.

16. **Default by A2C.** In the instance of default by A2C, the Agreements and all rights and obligations associated therewith shall pass to the client or its duly appointed agent for the continued provision of the services more specifically described herein. Subcontractor acknowledges and agrees that in the event the client assumes responsibility for this Agreement, all terms, conditions, and rates established herein shall remain in effect until or unless renegotiated by the client or its agent unless otherwise terminated immediately by the client in its sole discretion.

17. **Insurance**. Subcontractor currently maintains and will maintain during the Term of this Agreement liability insurance policies for claims

that may be made against Subcontractor arising out of the Services under this Agreement. Subcontractor shall maintain comprehensive general and automobile liability coverage with limits no less than $750,000 per occurrence and $1,000,000 annual aggregate and other such coverage as required by the State. Subcontractor shall maintain workers' compensation insurance in the statutory required amounts. Subcontractor shall cause A2C to be added as an additional insured to all such policies. Subcontractor shall provide to A2C upon execution of this Agreement certificates of insurance evidencing coverage. Coverage shall not be changed or modified without at least thirty (30) days prior written notice to A2C. Further, Subcontractor's insurance shall be primary in the event of any claim resulting from Services provided by Subcontractor and shall be exhausted in full prior to any contribution from any other source. Subcontractor shall also be solely responsible for any and all damages or repairs to its owned, leased or contracted vehicles used in providing Services under this Agreement.

18. Notices. Any notice required or permitted by this Agreement shall be in writing and shall be delivered as follows, with notice deemed given as indicated: (a) by personal delivery, when delivered personally; (b) by overnight courier, upon written verification of receipt; (c) by facsimile transmission, upon acknowledgment of receipt of electronic transmission; or (d) by certified or registered mail, return receipt requested, upon verification of receipt. Notice shall be sent to the following addresses:

IF TO SUBCONTRACTOR:

Central Texas Rural Transit District
2310 South Concho
Coleman , Texas 76834

IF TO A2C:

Government and National Services Dept.
American Medical Response
6200 South Syracuse Way, Suite 200
Greenwood Village, Colorado 80111

With Mandatory Copy to:

Legal Department
American Medical Response, Inc.
6200 South Syracuse Way, Suite 200
Greenwood Village, Colorado 80111

19. Confidentiality. All information with respect to the operations and business of a party (including but not limited to the rates charged hereunder) and any other information considered to be and treated as confidential by that party gained during the negotiation or Term of this Agreement will be held in confidence by the other party and will not be divulged to any unauthorized person without prior written consent of the other party, except for access required by law, regulation and third party reimbursement agreements. The obligations under this section shall not apply to information which (a) at the time of disclosure is in the public domain or, after disclosure, enters the public domain other than by breach of this Agreement; or (b) is already in the possession of the recipient at the time of disclosure and is not acquired from the other Party; or (c) is later received on a non-confidential basis from a third Party having the right to impart such information; or (d) is independently developed by the recipient's employees who did not have access to such information in connection with this Agreement.

20. HIPAA Compliance. Each party shall comply with the privacy and security provisions of the *Health Insurance Portability and Accountability Act of 1996* and the regulations thereunder ("HIPAA"), and with such other requirements of HIPAA that may become effective during the Term. All patient medical records shall be treated as confidential so as to comply with all state and federal laws. The Subcontractor shall report in writing to A2C any use or disclosure of Protected Health Information ("PHI") not provided for or allowed by the SUBCONTRACTOR AGREEMENT immediately upon becoming aware of the same.

21. CMS Required Contract Provisions-42 CFR 422. (i) *Privacy and Accuracy of Records*: Providers and suppliers agree to safeguard beneficiary privacy and confidentiality and assure the accuracy of beneficiary health records. 422.504(a)13. (ii) *Hold Harmless for MAs offering SNPs*: For all Medicare Advantage ("MA") organizations with enrollees eligible for both Medicare and Medicaid, such enrollees will not be held liable for Medicare Part A and B cost sharing when the State is responsible for paying such amounts, and inform providers of Medicare and Medicaid benefits and rules for enrollees eligible for Medicare and Medicaid. The MA plans may not impose cost sharing that exceeds the amount of cost sharing that would be permitted with respect to the individual under the XIX if the individual were not enrolled in such plan. Subcontractor will accept the MA plan payment as payment in full, or bill the appropriate State source.

22. Relationship. In the performance of this Agreement, each party shall be, as to the other, an independent contractor, and neither party shall have the right or authority, express or implied, to bind or otherwise legally obligate the other. Nothing contained within this Agreement shall be

construed to constitute either party assuming or undertaking control or direction of the operations, activities or medical care rendered by the other. As to either party's employees, nothing contained herein shall be construed in such a manner as to give effect to the notion that either party shall in anyway assume responsibility for the oversight or provision of the other party's employee benefits, including but not limited to the payment of wages, provision of health insurance, or any and all other commonly accepted benefits of employment.

23. **Compliance Program and Code of Conduct**. A2C has made available to the Subcontractor a copy of its Code of Conduct, Anti-kickback policies and other compliance policies, as may be changed from time-to-time, at A2C's web site, located at: www.Access2care.net, and the Subcontractor acknowledges receipt of such documents. A2C warrants that its personnel shall comply with A2C's compliance policies, including training related to the Anti-kickback Statute.

24. **Non-Exclusion.** Each party represents and certifies that neither it nor any practitioner who orders or provide Services on its behalf hereunder has been convicted of any conduct that constitutes grounds for mandatory exclusion as identified in 42 U.S.C.§ 1320a-7(a). Each party further represents and certifies that it is not ineligible to participate in Federal health care programs or in any other state or federal government payment program. Each party agrees that if OIG excludes it, or any of its practitioners or employees who order or provide Services, from participation in Federal health care programs, the party must notify the other party within five (5) days of knowledge of such fact, and the other party may immediately terminate this Agreement, unless the excluded party is a practitioner or employee who immediately discontinues ordering or providing Services hereunder.

25. **Vehicle and Personnel Requirements.** Subcontractor acknowledges and agrees that all vehicles and personnel utilized to provide the Services shall comply with the requirements included within the Network Provider Requirements and any other applicable sections as may be added from time to time by A2C.

26. **Training Requirements**. Subcontractor acknowledges and agrees that all personnel shall be trained and oriented according to the Network Provider Requirements.

27. **Background Investigation**. Subcontractor warrants and represents that it has performed a background investigation on employees that provide patient care services or drive vehicles. The investigation report includes the following:

    a. Social Security Number Verification

    b. Criminal Search

    c. Employment Verification to include reason for separation and eligibility for re-employment for each employer for 7 years

    d. OIG List of Excluded Individuals/Entities

    e. Sex Offender Registry

    f. GSA List of Parties Excluded from Federal Programs

    g. Department of Motor Vehicle Driving History

    h. State and Local Licensure Verification

    i. Drug Screen

    Upon request and from time-to-time, Subcontractor shall provide A2C with a continuing certification.

28. **Referrals**. It is not the intent of either party that any remuneration, benefit or privilege provided for under this Agreement shall influence or in any way be based on the referral or recommended referral by either party of Recipients to the other party or its affiliated providers, if any, or the purchasing, leasing or ordering of any services other than the specific services described in this Agreement. Any payments specified herein are consistent with what the parties reasonably believe to be a fair market value for the services provided. Subcontractor represents and warrants that the rates and pricing that it has accepted do not place it in violation of any federal or state anti-kickback statute.

29. **Other.** During the term of this Agreement and for a period of six (6) months following termination of this Agreement: Subcontractor shall not provide transportation services to any A2C customer that Subcontractor has rendered Services to under this Agreement, either directly or through a network of providers or intermediary other than A2C; or (ii) solicit any such A2C customer to obtain transportation services from Subcontractor either directly or through such other network or intermediary in the Service Area.

30. **Equal Employment Opportunity**. If the provisions of Executive Order 11,246 are applicable to this Agreement, the parties incorporate the equal employment opportunity clause set forth in 41 C.F.R. part 60-1. If the provisions of Executive Order 13,201 are applicable to this Agreement, the parties

incorporate the equal employment opportunity clause set forth in 29 C.F.R. part 470.

31. Miscellaneous. This Agreement (including the Schedules hereto): (a) constitutes the entire agreement between the parties with respect to the subject matter hereof, superseding all prior oral or written agreements with respect thereto; (b) may be amended only by written instrument executed by both parties; (c) may not be assigned by either party without the written consent of the other party, such consent not to be unreasonably withheld; (d) shall be binding on and inure to the benefit of the parties hereto and their respective successors and permitted assigns; (e) shall be interpreted and enforced in accordance with the laws of the state where the Services are performed, without regard to the conflict of laws provisions thereof, and the federal laws of the United States applicable therein; (f) may be executed in several counterparts (including by facsimile), each of which shall constitute an original and all of which, when taken together, shall constitute one agreement; and (g) shall not be effective until executed by both parties. In the event of a conflict between this Agreement and any Schedule hereto, the terms of this Agreement shall govern.

[*Signature Page To Follow*]

IN WITNESS WHEREOF, the parties have hereto executed this Agreement.

Access2Care, LLC

By: _____
Matt McCormick
Vice President, Managed Transportation

Provider name

By: _____

Print Name:_____

Print Title:_____

SCHEDULE "A"

I. Services:

A. Transportation Services

If checked, Subcontractor shall provide the following transportation services (the "Services"):

☐ "Advanced Life Support" or "ALS";

☐ "Basic Life Support Service" or "BLS";

☐ "Specialty/Critical Care Transportation" or "SCT" or "CCT" or Neonatal Transports;

x "Wheelchair Van" non-Ambulance ground transportation provided for non-ambulatory patients;

☐ "Non-Medical Stretcher Van" non-Ambulance ground transportation provided for non-ambulatory patients;

x "Ambulatory Services" non-Ambulance and non-Wheelchair transportation provided to ambulatory patients; or

☐ "Other" _____

II. Service Area:

Services shall be provided in and around

and in other locations as may be agreed upon by the parties.

III. Commencement Date

The Commencement Date referred to in Section 3 of this Agreement shall be (start date)

IV. Scheduling Requirements

In accordance with Section 5 of the Agreement, different or additional Subcontractor scheduling requirements shall be:

None

V. Additional Requirements

Additional Subcontractor administrative and operational requirements shall be set forth by in the Manual identified below:

Transportation Provider Manual

SCHEDULE "B"
RATES

Ambulance Services	HCPC	Rate
BLS Non-Emergency (one way)	A0428	
BLS Emergency (one way)	A0429	
ALS Non- Emergency (one way)	A0426	
ALS-Emergency (one way)	A0427	

Other Services	HCPC	Rate
Wheelchair Van (one way)	A0130	
Wheelchair Van mileage	S0209	
Ambulatory (one way)	A0120	
Ambulatory mileage	A0215	
Other	A0999	

A2C does not pay for "No Shows", "Dry Runs" or "Deadhead" miles.

SCHEDULE "C"

NETWORK PROVIDER REQUIREMENTS

1.0 Transportation Provider Requirements

1.1 Transportation Provider agrees not to differentiate or discriminate in the treatment of any passenger on the basis of sex, marital status, age, race, color, national origin, ancestry, religion, disability, medical condition, veteran status, political affiliation, economical status, or sexual orientation.

1.2 Transportation Provider shall provide drivers with visible employee picture identification card, picture ID badge or uniform with name for security and identification purposes.

1.3 Transportation Providers must comply with all applicable State and Federal laws including, but not limited to, the Americans With Disabilities Act (ADA) of 1990; Federal Transit Administration (FTA) regulations (including FTA's drug and alcohol regulations); the Federal Highway Administration's drug and alcohol regulations' Rehabilitation Act of 1973, Section 504; the requirements of 42 Code of Regulations, Part 431, Subpart F; and Title VII of the Civil Rights Act of 1964.

2.0 Transportation Provider Operational Requirement

2.1 Transportation Providers must obtain and maintain current status on any and all business licenses, permits, certificates, and registrations that are required by Federal, State or local laws, rules and regulations

2.2 During normal business hours the transportation provider's must be staffed so that all calls from A2C can be answered by a "live" person, not by an answering machine or answering service.

2.2.1 If a transport happens before or after normal business hours, A2C must have a way of contacting the transportation provider / driver during those times when the office is not open.

2.3 All records must be kept in secure files for a minimum of ten (10) years and be readily accessible to A2C staff within 2 business days without additional expense to A2C.

2.4 Transportation Provider agrees to work with A2C to respond to all complaints within 2 business days

2.4.1 Transportation Providers understands that not responding to complaints may result in Corrective Action.

2.5 Transportation Provider agrees to cooperate in all on-site visits of the Transportation Provider's place of business and inspection of business records and vehicles.

2.6 Transportation Provider may not solicit or accept any money from any passengers you transport for A2C.

2.7 Transportation Provider agrees to follow A2C accident and incident process.

2.7.1 Transportation Provider must report all incidents, accident and injuries occurring while the Transportation Provider is transporting any A2C passenger(s) within 4 hours

2.7.2 Transportation Provider must have a form to document all information about the accident/incident. This form must be approved by A2C.

2.7.3 Transportation provider must request a copy of the police report and must forward the report to A2C as soon as possible.

3.0 Driver/Attendants/Escorts Requirements

3.1 Drivers and attendants/escorts are required to wear visible identification badges or similar items so staff is easily identified as employees of your company;

3.2 All drivers /attendants/escorts must be at least 18 years of age;

3.3 All drivers must have a current valid driver's license to operate the transportation vehicle to which they are assigned;

3.4 Drivers must have no more than one chargeable accidents or two moving violations in the last three years;

3.5 Drivers must not have a driver's license suspension or revocation for moving traffic violations within the previous five years;

3.6 All drivers /attendants/escorts must have a current background checks. Current means no more than 1 year old;

3.7 All drivers /attendants/escorts cannot be on any state or federal Sex Offender Registry;

3.8 Drivers /attendants/escorts must not have been convicted of any felony crime and/or misdemeanor related to health care fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct; elder abuse; patient abuse in connection with the delivery of a health care item or service; unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; and any felony or misdemeanor conviction for child abuse, elderly abuse, domestic violence, criminal sexual conduct, drugs or weapons;

3.9 All drivers /attendants/escorts must be courteous, patient, and helpful to all passengers and be neat and clean in appearance;

3.10 Drivers /attendants/escorts shall NOT use alcohol, narcotics, medical marijuana, illegal drugs or drugs that impair ability to perform while on duty and shall NOT abuse alcohol or drugs at any time. The transportation provider shall not use drivers who are known abusers of alcohol or known consumers of narcotics or drugs/medications that would endanger the safety of recipients, whether those drugs are legally prescribed or not.

3.11 All transportation providers must implement a verifiable 5-panel drug-testing program for drivers. Pre-employment, post-accident, and random drug screens covering more than 15% of the drivers each year shall be mandatory;

3.12 Drivers /attendants/escorts must not smoke while in the vehicle, or while in the presence of any A2C passenger;

3.13 Drivers must not wear any type of headphones at any time while on duty, with the exception of hands-free headsets for mobile telephones if this is the company communication device;

3.14 If a non curbside pick-up is being made, drivers must identify themselves, show their identification and announce their presence at the entrance of the facility or residence;

3.15 Drivers must assist A2C passengers getting into and out of the vehicle and confirm that all seat belts are fastened;

3.15.1 No A2C passenger will be transported unless all passengers are buckled;

3.16 The number of persons in the vehicle, including the driver, must not exceed the vehicle manufacturer's approved seating capacity;

3.17 Drivers must ensure A2C passengers in wheelchairs are properly secured prior to departure and at all times while in transit;

3.18 Upon arrival at the destination, the vehicle should be parked or stopped so that A2C passengers do not have to cross streets to reach the entrance of their destination.

3.19 Drivers must not leave passengers unattended in the vehicle;

3.20 Drivers must not touch any recipient except as appropriate and necessary to assist the A2C passengers into or out of the vehicle, into a seat, to secure the seat belt, or to render first aid or assistance for which the driver has been trained.

3.21 Drivers /attendants/escorts are expected to follow company and broker guidelines for HIPAA compliance by keeping all A2C passengers protected health information (PHI) confidential. It should not be visible to other recipients/passengers, and drivers must not discuss this information with anyone who is not involved with the recipient's treatment or connected health care services.

4.0 Required Training

4.1 A2C requires and is willing to assist transportation providers with establishing an on-going training program that includes at a minimum (EMT/Paramedic are exempt):

- **4.1.1** Passenger Assistance Training (PAT);
- **4.1.2** Defensive driving;
- **4.1.3** Use of common assistive devices such as wheelchairs, walkers, etc;
- **4.1.4** Methods of handling wheelchairs, scooters;
- **4.1.5** Methods of moving, lifting and transferring passengers with mobility limitations;
- **4.1.6** Operation of lifts, ramps and wheelchair securement devices;
- **4.1.7** CPR and basic first aid;
- **4.1.8** Customer service;
- **4.1.9** Vehicle emergency evacuation;
- **4.1.10** Recognize emergencies (what does an operator need to do in the event of a life-threatening emergency);
- **4.1.11** Behind the wheel training (hands-on operator training to ensure safe driving habits)
- **4.1.12** Handling Blood borne Pathogens;
- **4.1.13** Passenger Assistance – transferring, loading, unloading;
- **4.1.14** HIPAA Compliance.

4.2 Transportation providers must maintain sign in sheets or logs of all training provided to all drivers /attendants/escorts . These logs must be included in the staff files and available for review by A2C.

5.0 Vehicle Requirements

5.1 All vehicles must pass A2C inspection prior to transporting Medicaid recipients.

5.2 All vehicles used to transport passengers will be inspected annually.

5.3 All vehicles must be equipped with adequate and functioning heating and air-conditioning systems.

5.3.1 Functionality must be defined by temperature readings from the rear of the vehicle, achieving air conditioning to 68 degrees and heating to 72 degrees.

5.4 All vehicles shall have functioning, clean and accessible seat belts for each passenger seat position. Each vehicle shall utilize child safety seats when transporting children under age six (6), if applicable.

5.5 Seat belts must be stored off the floor when not in use.

5.6 Each vehicle must have at least two (2) functional seat belt extensions available.

5.7 Each vehicle must be equipped with at least one seat belt cutter within easy reach of the driver.

5.8 All vehicles must have an accurate speedometer and odometer.

5.9 All vehicles must have two exterior rear view mirrors, one on each side of the vehicle.

5.10 All vehicles must be equipped with an interior mirror for monitoring the passenger compartment.

5.11 The exterior of the vehicle must be

5.11.1 clean;

5.11.2 free of broken mirrors or windows;

5.11.3 excessive grime,

5.11.4 have no major dents or paint damage that detract from the overall appearance of the vehicle.

5.12 The interior of the vehicle must be

5.12.1 clean;

5.12.2 free from torn upholstery;

5.12.3 floor or ceiling covering;

5.12.4 free from damaged or broken seats;

5.12.5 free from protruding sharp edges;.

5.12.6 must also be free of dirt, oil, grease and litter.

5.13 Vehicles will be free of hazardous debris or unsecured items and will be operated within the manufacturers safe operating standards at all times.

5.14 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.

5.15 The vehicle license number, the A2C's transportation scheduling toll-free phone number and a local phone number for the broker must be prominently displayed on the interior of each vehicle.

5.16 Smoking is prohibited in all vehicles at all times.

5.17 All vehicles must have the following signs posted in all vehicle interiors, easily visible to the passengers:

5.17.1 "NO SMOKING"

5.17.2 "ALL PASSENGERS MUST USE SEAT BELTS

5.18 Vehicles must carry an information packet containing vehicle registration, insurance card, and accident procedures and forms.

5.19 Vehicles must be equipped with a first aid kit.

5.20 Each vehicle shall contain a current map of the applicable State(s) with sufficient detail to locate recipients and medical providers.

5.21 Vehicles must be equipped with a "spill kit" including: liquid spill absorbent, latex gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer.

5.22 Non-compliance: Any vehicle or driver found out of compliance with any of these requirements or any State or Federal regulations must be removed from service immediately.

5.23 Wheelchair/Stretcher Vehicles

5.23.1 When a Transportation Provider utilizes a high profile/tall vehicle to transport A2C passengers that has greater ground clearance than an average-sized sedan, Transportation Provider must provide a sturdy, non-skid, stepping aid to assist the passenger in entering and exiting the vehicle. This stepping aid must be capable of safely supporting 300 pounds, must be no higher than twelve inches (12") above the ground, with a nonskid top surface not less than eight inches by twelve inches (8" x 12").

5.23.2 For all vehicles used for paralift operations, the overhead clearance between the top of the door opening and the raised lift platform, or highest point of ramp, shall be a minimum of 56 inches, or such other distance as may be required by ADA or other federal or state laws or regulations.

5.23.3 All wheelchair lifts must have a design load of at least 600 pounds.

5.23.4 All ramps used for the loading and unloading of passengers must meet ADA Accessibility Guidelines.

5.23.5 All tie-downs or other securement devices used for paralift operations must meet the ADA Accessibility Guidelines.

6.0 Vehicle Maintenance

6.1 Network transportation providers must have a comprehensive Preventive Maintenance (PM) program for all vehicles and equipment used for members.

6.2 The required maintenance program will include:

6.2.1 Inspected and serviced in accordance with manufacturer recommendations

6.2.2 A vehicle maintenance file for each vehicle that includes records of all maintenance actions, including but not limited to:

6.2.3 Servicing,

6.2.4 Preventive maintenance inspections,

6.2.5 Repairs,

6.2.6 Brake adjustments,

6.2.7 Any bodywork,

6.2.8 Documentation of vehicle inspection,

6.2.9 Repair and replacement of associated equipment, such as radios.

6.2.10 Records of inspections conducted by an entity with jurisdiction, if applicable and certification that the vehicle passed inspection.

6.3 Providers should be able to demonstrate documented operational and safety checks (pre-and post-trip inspection) at the beginning of each workday. These include a check of:

6.3.1 Tires,

6.3.2 Brakes,

6.3.3 Lights,

6.3.4 Horn,

6.3.5 Fluids,

6.3.6 Wipers,

6.3.7 Climate control devices,

6.3.8 Seat belts,

6.3.9 Safety equipment,

6.3.10 Vehicle damage.

6.3.11 Documentation of maintenance actions will include the date and mileage.

6.4 These records must be stored for a period of at least 10 years and must be made available to A2C for inspection as requested.

7.0 Insurance Requirements

7.1 Insurance coverage for all vehicles must be in force at all times during the contract period in accordance with state and local regulations and contract requirements.

7.2 In compliance with A2C and our client's requirements, all vehicles shall have a minimum of $750,000 combined single limit insurance coverage for vehicles at all times during the contract period.

7.3 Transportation Provider must supply up-to-date copies of all insurance certificates to A2C before they expire. Transportation provider understands that if current copies are not on file with A2C the provider will be suspended and no trips will be assigned.

8.0 Trip Log Requirements

8.1 All transportation providers must require each driver to maintain a daily trip log for each trip.

8.2 The Daily trip log must capture at the minimum the items below.

8.2.1 Date of service,

8.2.2 Driver's name,

8.2.3 Driver's signature,

8.2.4 Recipient's name,

8.2.5 Recipient's signature,

8.2.6 Escort full name (if applicable),

8.2.7 Escort signature (if applicable),

8.2.8 Vehicle ID number,

8.2.9 Each authorized recipient's scheduled and actual pick up time,

8.2.10 Recipient no-show indicator,

8.2.11 Each authorized recipient's scheduled and actual drop off time,

8.2.12 Actual service level per trip provided,

8.2.13 Mileage for each leg of trip.

8.3 All of the above information must be included on the trip or the provider will not receive payment for the trip. Providers can use the sample form included in their Transportation Provider manual or any other form as long as it meets the requirements above.

8.4 Signatures – each trip log must have a recipient signature.

8.4.1 If a recipient refuses to sign the driver log for any reason, the driver may sign the log with "RECIPIENT REFUSED TO SIGN".

8.4.2 This method is only acceptable if the recipient has been asked to sign the document and has verbally refused.

8.4.3 Driver should notate the reason the recipient is refusing to sign the trip log.

8.4.4 Transportation provider must contact the A2C call center so a "claims note" can be added to the recipients record.

8.4.5 Trip logs with this notation will be flagged for an audit so that A2C to provide education to the recipient.

8.4.6 If recipient is medically unable to sign the driver log, the driver must attempt to get a signature from one or any the following:

8.4.6.1 Medical facility staff,

8.4.6.2 Escort or attendant,

8.4.6.3 Family recipient.

8.4.7 If a driver exhausts all options to unable to obtain a signature from any acceptable source, the driver may sign the log with "PUTS" patient unable to sign.

8.4.8 This method of signature is only acceptable if the driver has attempted to gather other approved signatures.

8.5 Trip logs with this in the signature line will automatically be flagged for an audit.

8.6 Transportation provider is required to send in all trip documentation with the invoice before any payment will be made for these trips.

8.7 Transportation provider must contact the A2C call center so a "claims note" can be added to the recipients record.

9.0 Transportation Provider Performance Standards

9.1.1 On Time Performance Standards:

9.1.1.1 Arrival within fifteen (15) minutes of recipients scheduled pick up time 95% of the time

9.1.1.2 Return trip within sixty (60) minutes of notification for "will call" trips

9.1.2 Provider No-Show Standard:

9.1.2.1 Provider must maintain a 99.5% monthly compliance

9.1.2.2 Includes: provider arrives late causing a recipient to miss their appointment.

9.1.3 Complaint Ratio Standard:

9.1.3.1 Complaint free trips to be no less than 99

9.1.4 Provider Equipment Standard:

9.1.4.1 Transportation providers will maintain their vehicles within the guidelines described in the Transportation Provider Manual

9.1.4.2 No more than three (3) complaints within a month

9.1.4.3 Unmarked Vehicles Standard

9.1.4.4 No more than one (1) complaint

10.0 Trip Assignment Requirements

10.1 **Web Portals:** A2C prefers all transportation providers have Internet access to enable use of the A2C web portal for efficient trip assignment and claims processing. We send trip requests to transportation providers directly via the A2C system. Transportation providers will be assigned trips based on the following:

10.1.1 Level of need of the passenger (appropriate mode assignment)

10.1.2 Lowest cost / highest quality provider

10.2 You must check your trip assignments nightly and accept/reject the trips within 24 hours of assignment.

10.3 When you accept a trip, you have made a commitment to perform the transport.

10.3.1 If you do not accept a trip the trip will be removed from your schedule and assigned to another provider.

10.4 A2C will assign every trip an authorization number. Trips performed without prior authorization from A2C will not receive payment.

10.5 Always verify your accepted trips directly with the recipients within 24 hours in advance of the appointment time to ensure no changes have occurred such as a canceled appointment or altered appointment time. The trip manifest includes the member's contact number.

10.6 You must 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.

10.7 You must wait at least ten (10) minutes after the scheduled pick-up time before "no-showing" the recipient at the pick-up location.

10.8 You must immediately inform A2C of any breakdown, accident or incident as well as any other problems that might cause a delay of more than fifteen (15) minutes in the trip.

10.9 At times A2C may authorize the transportation provider the ability to negotiate pick-up and drop-off time to maximize multi-loading opportunities.

10.10 At no time is the member allowed to remain in the vehicle greater than one (1) hour longer than average of the time for direct transport.

10.11 All transportation providers are required to have a working fax machine to be used as a back-up for trip scheduling.

10.12 **Faxed request:** A2C can assign transports on a temporary basis via fax or telephone until Internet access is established. We will make longer term accommodations for providers who do not have Internet access in their areas.

10.13 For transportation providers without Internet access due to their remote location or for those providers awaiting Internet installation, we have designed efficient processes for trip management and claims reconciliation. Instead of Internet access, this process requires a working facsimile (fax) machine.

Access2Care Plan Utilization Report

	2015			
	1/1/2015 - 1/31/2015		2/1/2015 - 2/28/2015	
Utilization	292563	9.44%	295602	9.25%
Unique Utilizers	4183	1.43%	4234	1.43%
Total Completed Trips	27620		27334	
Total Open Trips	0		0	

Total Trips	27620		27334	

ParaTran / WC Van	3744	13.56%	3502	12.81%
Sedan/Van	21752	78.75%	21656	79.23%
Gurney Van	261	0.94%	227	0.83%
MRB-Mileage Reimbursement	281	1.02%	263	0.96%
Bus	1582	5.73%	1686	6.17%
Case Management	0	0.00%	0	0.00%
Member No-Shows	0	0.00%	0	0.00%

Member Cancels	1985		2013	
Plan/Provider Cancel	94		91	
Vendor No-Shows	1	0.00%	3	0.01%
Short Notice Denials	0		0	
Canceled-denied payment	426		378	
Bad Weather/Equip Failure	2		2	
Other Cancels	6860		6576	

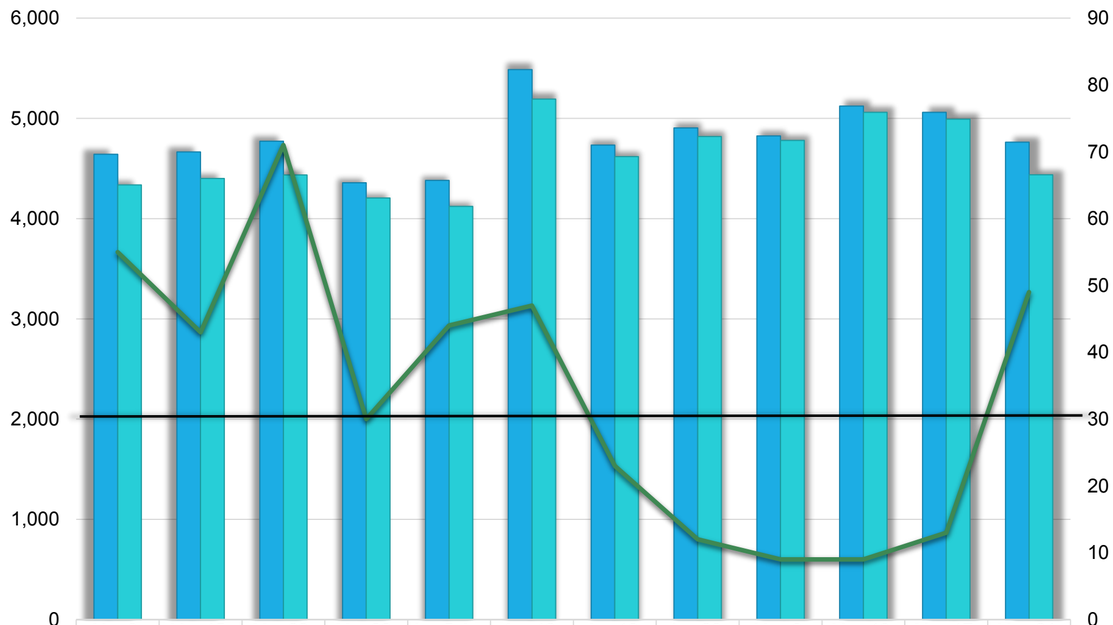
Trips for same Day	1018	3.69%	987	3.61%
Trips 1-99 miles	27410	99.24%	27125	99.24%
Trips 100+ miles	199	0.72%	194	0.71%
Trips with Negotiated Price	83	0.30%	60	0.22%

Access2Care Plan Utilization Report

2015					
3/1/2015 - 3/31/2015		4/1/2015 - 4/30/2015		5/1/2015 - 5/31/2015	
309561	9.71%	310411	10.21%	304897	10.44%
4478	1.45%	4718	1.52%	4748	1.56%
30063		31681		29061	
0		0		2764	
30063		31681		31825	
3634	12.09%	3700	11.68%	3569	11.21%
24731	82.26%	25725	81.20%	25960	81.57%
276	0.92%	303	0.96%	312	0.98%
286	0.95%	437	1.38%	477	1.50%
1136	3.78%	1516	4.79%	1507	4.74%
0	0.00%	0	0.00%	0	0.00%
0	0.00%	0	0.00%	0	0.00%
2222		2283		2176	
65		95		384	
15	0.05%	5	0.02%	9	0.03%
2		0		34	
453		450		119	
2		4		2	
7684		7850		7692	
1131	3.76%	1210	3.82%	1388	4.36%
29754	98.97%	31449	99.27%	31601	99.30%
256	0.85%	222	0.70%	213	0.67%
89	0.30%	87	0.27%	112	0.35%

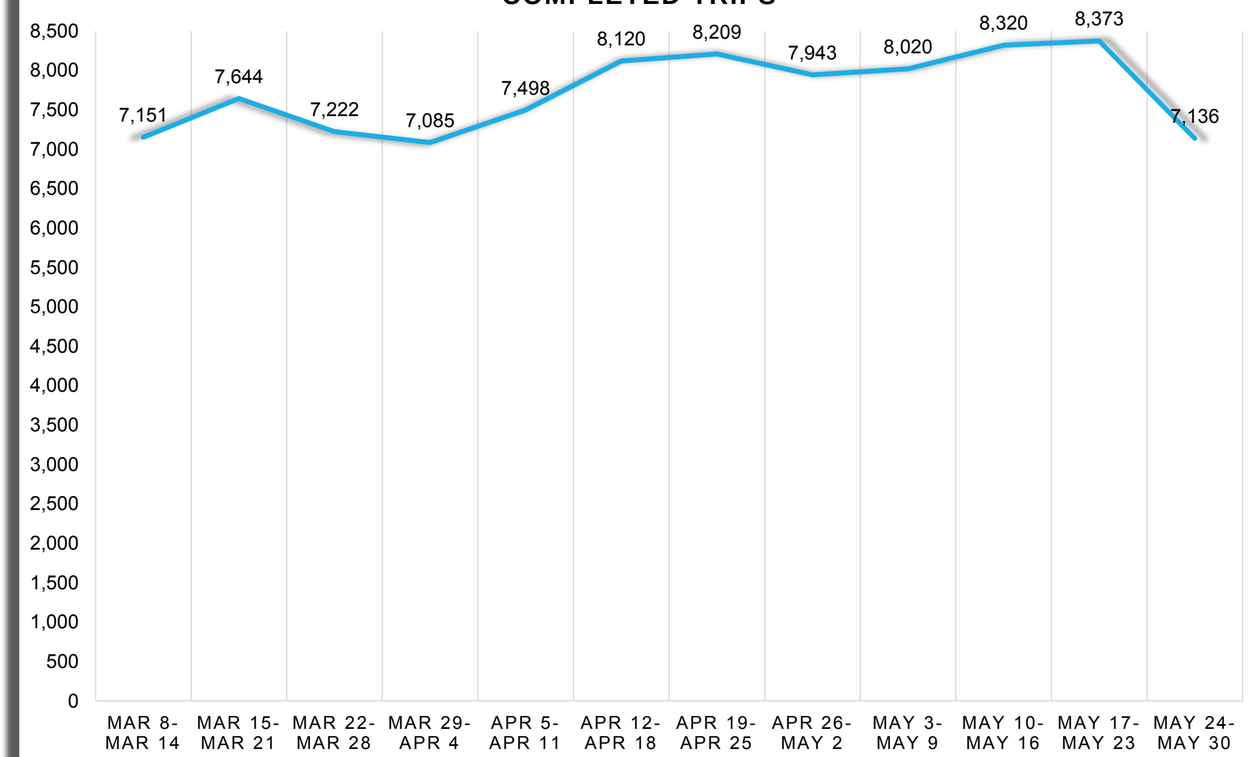
XYZ Health Plan – DASHBOARD REPORT

CALL VOLUME

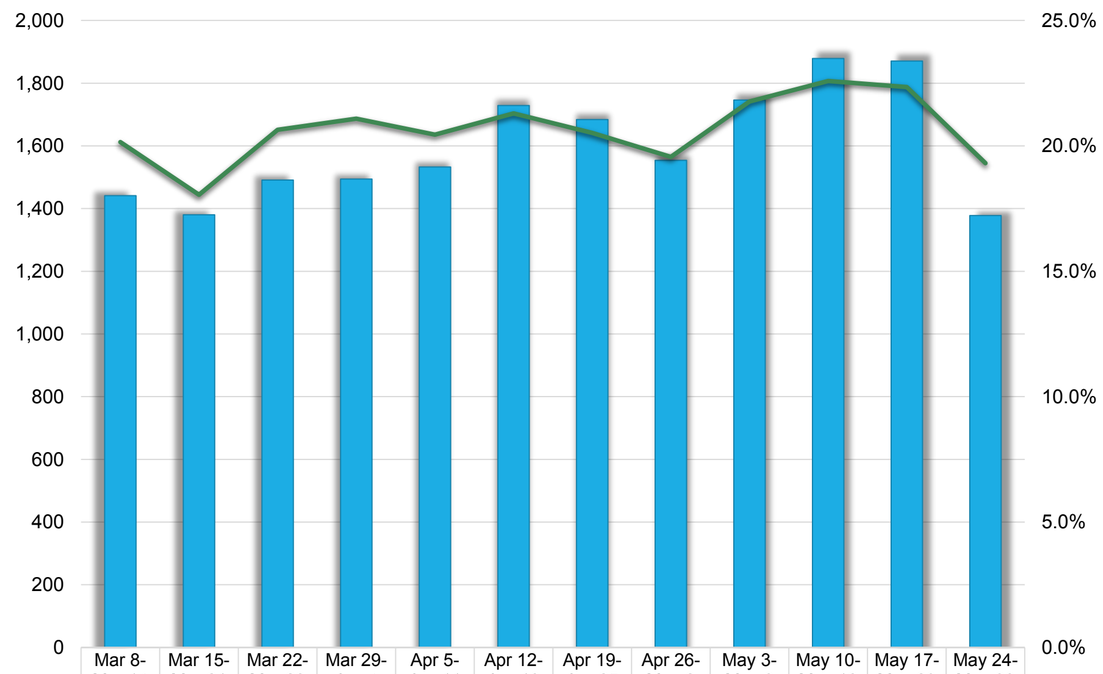


	Mar 8-Mar 14	Mar 15-Mar 21	Mar 22-Mar 28	Mar 29-Apr 4	Apr 5-Apr 11	Apr 12-Apr 18	Apr 19-Apr 25	Apr 26-May 2	May 3-May 9	May 10-May 16	May 17-May 23	May 24-May 30
Calls Offered	4,642	4,666	4,773	4,357	4,381	5,487	4,733	4,904	4,824	5,123	5,060	4,763
Calls Answered	4,337	4,401	4,436	4,206	4,122	5,192	4,618	4,818	4,780	5,060	4,993	4,437
ASA in seconds	55	43	71	30	44	47	23	12	9	9	13	49

COMPLETED TRIPS

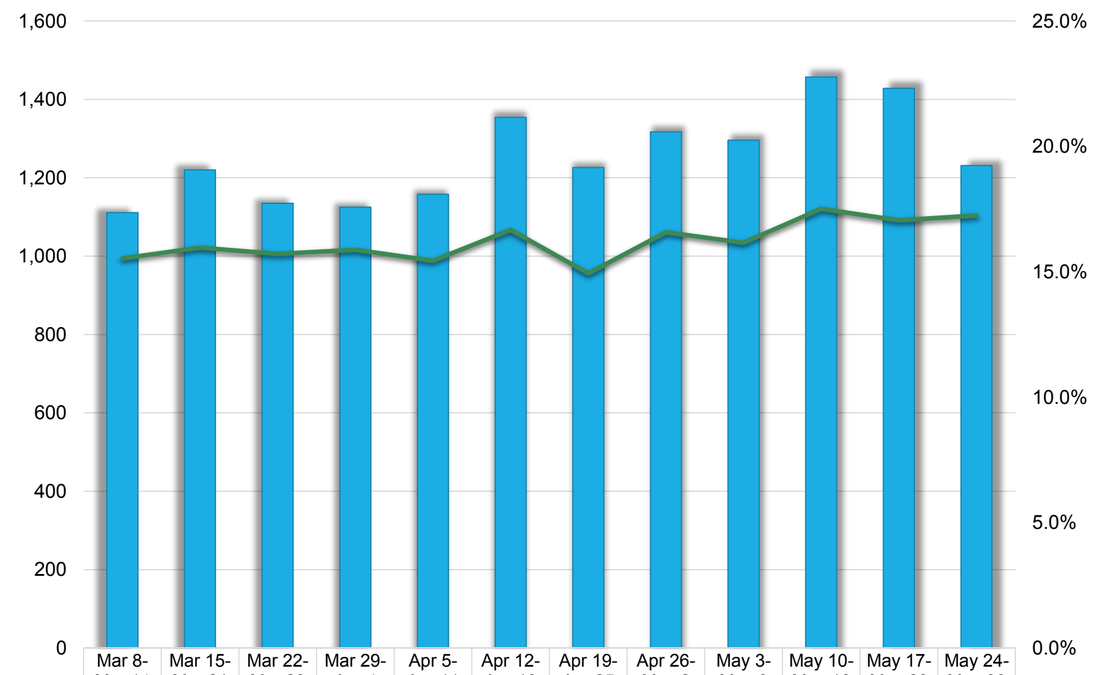


SHORT NOTICE TRIPS



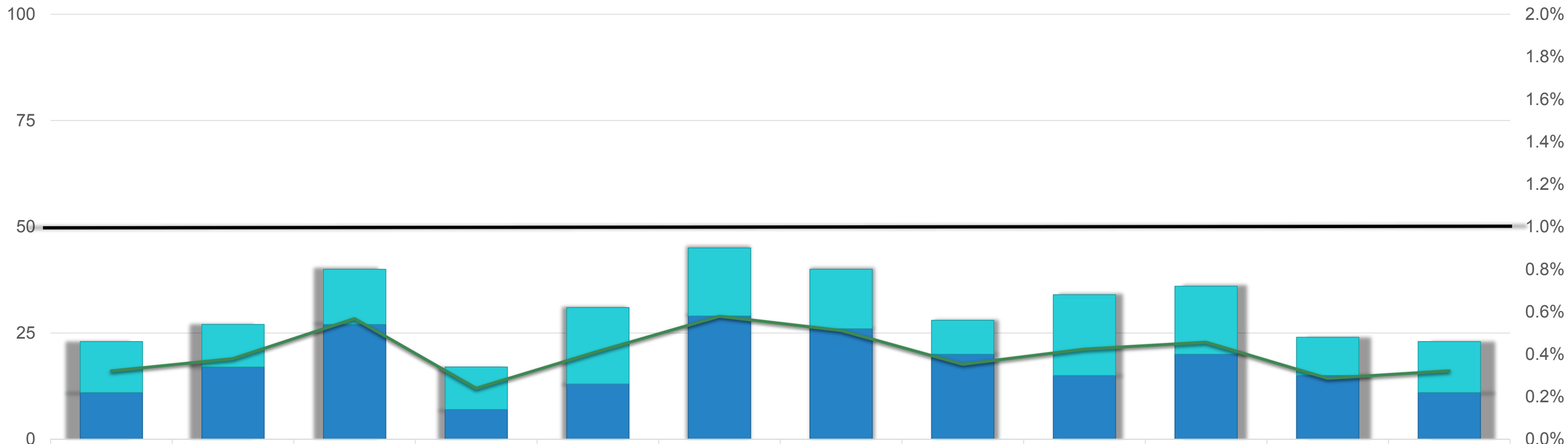
	Mar 8-Mar 14	Mar 15-Mar 21	Mar 22-Mar 28	Mar 29-Apr 4	Apr 5-Apr 11	Apr 12-Apr 18	Apr 19-Apr 25	Apr 26-May 2	May 3-May 9	May 10-May 16	May 17-May 23	May 24-May 30
Short Notice Trips	1,441	1,380	1,491	1,494	1,533	1,729	1,684	1,554	1,746	1,879	1,871	1,378
% of Short Notice	20.2%	18.1%	20.6%	21.1%	20.4%	21.3%	20.5%	19.6%	21.8%	22.6%	22.3%	19.3%

LONG DISTANCE TRIPS



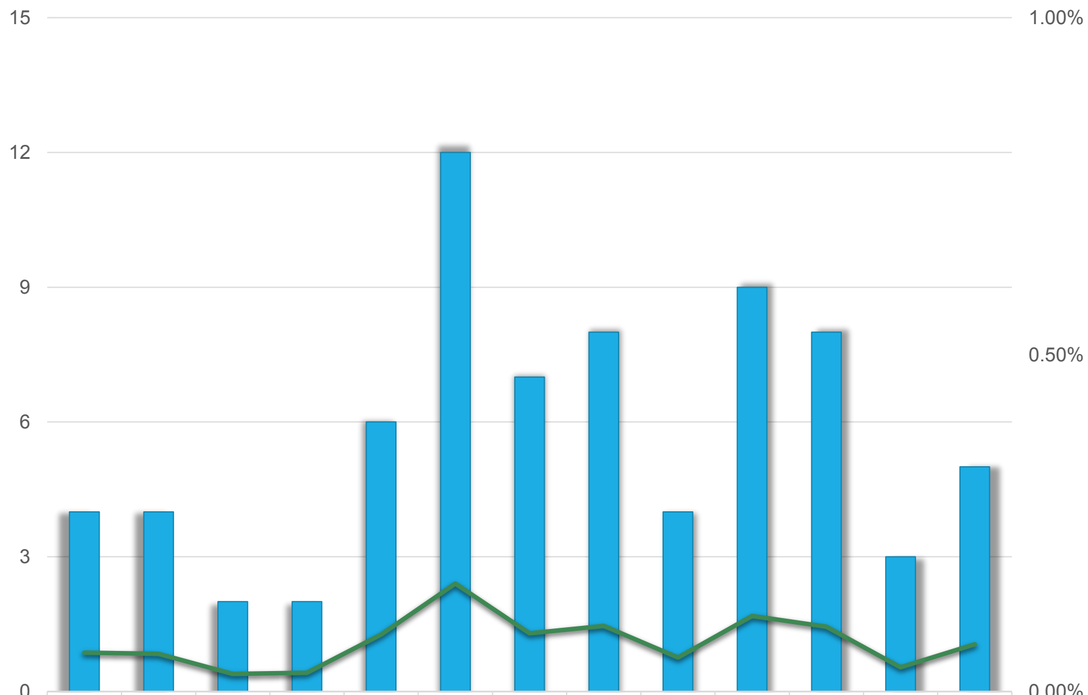
	Mar 8-Mar 14	Mar 15-Mar 21	Mar 22-Mar 28	Mar 29-Apr 4	Apr 5-Apr 11	Apr 12-Apr 18	Apr 19-Apr 25	Apr 26-May 2	May 3-May 9	May 10-May 16	May 17-May 23	May 24-May 30
Trips Over 30 Miles	1,111	1,220	1,135	1,125	1,158	1,354	1,226	1,317	1,296	1,457	1,428	1,231
% of Long Distance	15.5%	16.0%	15.7%	15.9%	15.4%	16.7%	14.9%	16.6%	16.2%	17.5%	17.1%	17.3%

COMPLAINTS



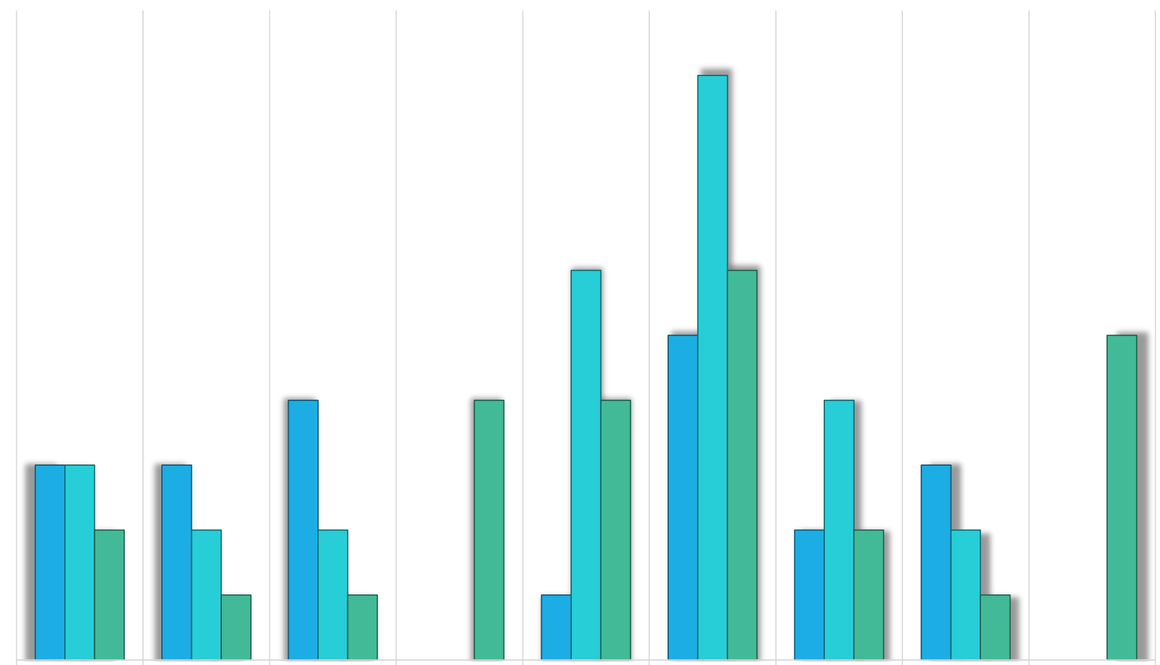
	Mar 8-Mar 14	Mar 15-Mar 21	Mar 22-Mar 28	Mar 29-Apr 4	Apr 5-Apr 11	Apr 12-Apr 18	Apr 19-Apr 25	Apr 26-May 2	May 3-May 9	May 10-May 16	May 17-May 23	May 24-May 30
TP	12	10	13	10	18	16	14	8	19	16	9	12
Call Center	11	17	27	7	13	29	26	20	15	20	15	11
Complaints/Trips	0.3%	0.4%	0.6%	0.2%	0.4%	0.6%	0.5%	0.4%	0.4%	0.5%	0.3%	0.3%

TRANSPORTATION PROVIDER NO SHOWS



	Mar 1-Mar 7	Mar 8-Mar 14	Mar 15-Mar 21	Mar 22-Mar 28	Mar 29-Apr 4	Apr 5-Apr 11	Apr 12-Apr 18	Apr 19-Apr 25	Apr 26-May 2	May 3-May 9	May 10-May 16	May 17-May 23	May 24-May 30
# of No-Shows	4	4	2	2	6	12	7	8	4	9	8	3	5
% of No Shows	0.1%	0.1%	0.0%	0.0%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%

TOP TP COMPLAINTS

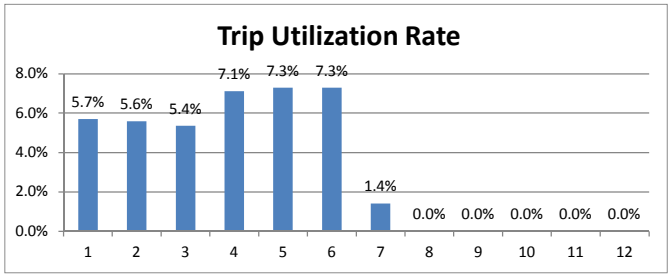


	A Plus Nemt	Dash 123 Transport	Excel XYZ Regional	Mercy NonMed	MV Contract Plus	PremierServices	SoundTransport	SunTrans	123Best Transport
Mar	3	3	4		1	5	2	3	
Apr	3	2	2		6	9	4	2	
May	2	1	1	4	4	6	2	1	5

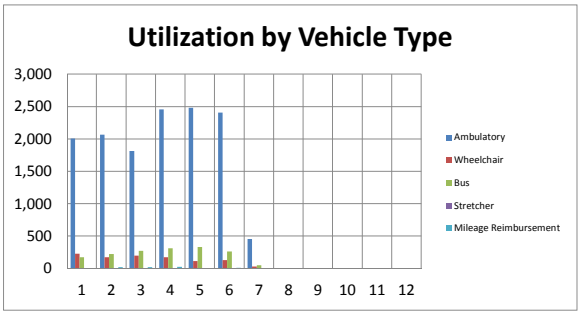
Access2Care
Transportation Solutions

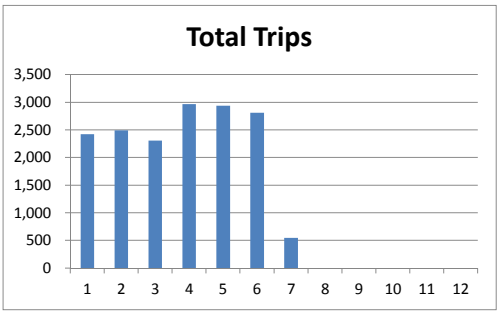
Health Plan
Monthly Trips Summary
2014

	January	February	March	April	May	June	July	August	September	October	November	December	Annual
Summary Information													
Trip Summary													
Members	42,550	44,651	43,130	41,777	40,338	38,646	38,613						289,705
Total Users	443	446	415	431	424	443	257						2,859
Total Trips Requested	3770	3,436	3,226	3,808	3,812	3,721	1,597						23,370
Total Trips Cancelled	1347	942	915	836	869	906	1,052						6,867
Total Trips Completed	**2,423**	**2,494**	**2,311**	**2,972**	**2,943**	**2,815**	**545**						16,503
Percent of Members Utilizing	1.0%	1.0%	1.0%	1.0%	1.1%	1.1%	0.7%						1.0%
Trips per User	8.5	7.7	7.8	8.8	9.0	8.4	6.2						8.2
Utilization Rate	5.7%	5.6%	5.4%	7.1%	7.3%	7.3%	1.4%						5.7%
Total Trips	**2,423**	**2,494**	**2,311**	**2,972**	**2,943**	**2,815**	**545**	**0**	**0**	**0**	**0**	**0**	**16,503**
Date of Trip Count	**2/3/2014**	**3/3/2014**	**4/1/2014**	**5/1/2014**	**6/2/2014**	**7/2/2014**	**8/1/2014**						



	January	February	March	April	May	June	July	August	September	October	November	December	Annual
Utilization by Vehicle Type													
Ambulatory	2,008	2,070	1,814	2,456	2,484	2,407	458						13,697
Wheelchair	231	176	198	177	116	131	33						1,062
Bus	174	224	277	313	335	266	52						1,641
Stretcher	0	0	-	-	-	-	-	-	-				0
Mileage Reimbursement	10	24	22	26	8	11	2	-	-				103
Total Trips by Vehicle Type	**2,423**	**2,494**	**2,311**	**2,972**	**2,943**	**2,815**	**545**	**-**	**-**	**-**	**-**	**-**	**16,503**



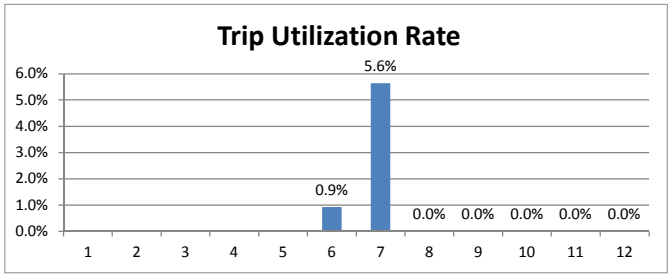


	January	February	March	April	May	June	July	August	September	October	November	December	Annual
Utilization by Distance													
Less than 1 mile	6	7	13	4	5	6	3						44
1 - 3 miles	148	209	201	272	239	270	56						1,395
3 - 6 miles	750	752	628	953	850	858	145						4,936
6 - 10 miles	700	756	693	836	851	811	134						4,781
10 - 20 miles	625	579	560	675	762	634	152						3,987
20 - 30 miles	38	39	38	55	58	56	5						289
30 - 50 miles	156	152	169	177	178	178	50						1,060
50+ miles	-	-	9	-	-	2	-	-	-	-	-	-	11.00
Total Trips by Distance	**2,423**	**2,494**	**2,311**	**2,972**	**2,943**	**2,815**	**545**	**-**	**-**	**-**	**-**	**-**	**16,503**

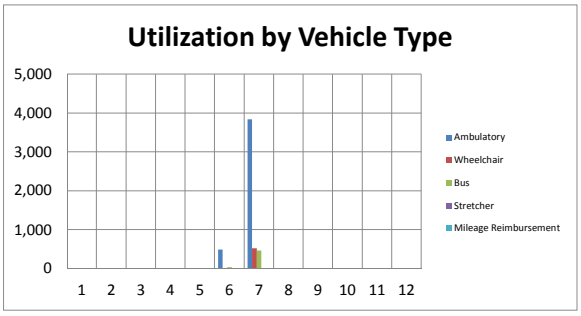
Access2Care
Transportation Solutions

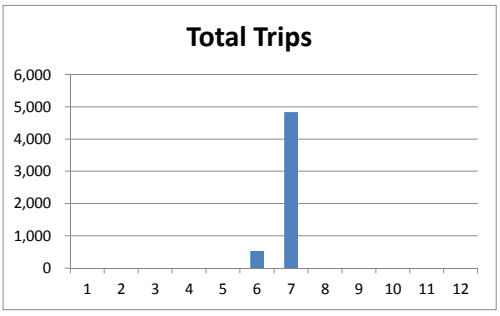
Health Plan
Monthly Trips Summary
2014

	January	February	March	April	May	June	July	August	September	October	November	December	Annual
Summary Information													
Trip Summary													
Members						57,933	85,927						143,860
Total Users						189	776						965
Total Trips Requested						929	6,564						7,493
Total Trips Cancelled						395	1,717						2,112
Total Trips Completed						**534**	**4,847**						5,381
Percent of Members Utilizing						0.3%	0.9%						0.7%
Trips per User						4.9	8.5						7.8
Utilization Rate						0.9%	5.6%						3.7%
Total Trips						**534**	**4,847**	**0**	**0**	**0**	**0**	**0**	**5,381**
Date of Trip Count						**7/2/2014**	**8/1/2014**						



	January	February	March	April	May	June	July	August	September	October	November	December	Annual
Utilization by Vehicle Type													
Ambulatory						487	3,839						4,326
Wheelchair						10	525						535
Bus						34	468						502
Stretcher						1	1	-	-				2
Mileage Reimbursement						2	14	-	-				16
Total Trips by Vehicle Type						**534**	**4,847**	**-**	**-**	**-**	**-**	**-**	**5,381**





	January	February	March	April	May	June	July	August	September	October	November	December	Annual
Utilization by Distance													
Less than 1 mile						3	8						11
1 - 3 miles						34	420						454
3 - 6 miles						140	1,437						1,577
6 - 10 miles						115	1,162						1,277
10 - 20 miles						189	1,466						1,655
20 - 30 miles						33	212						245
30 - 50 miles						20	100						120
50+ miles						-	42	-	-	-	-	-	42.00
Total Trips by Distance						**534**	**4,847**	**-**	**-**	**-**	**-**	**-**	**5,381**

Access2Care
Transportation Solutions

Health Plan
Monthly Trips Summary - Final
2014

	January	February	March	April	May	June	July	August	September	October	November	December	Annual
Summary Information													
Better Health													
Total Number of Trips Requested	3,770	3,436	3,226	3,808	3,812	3,721	1,597	-	-	-	-	-	23,370
Total Number of Trips Cancelled	1,347	942	915	836	869	906	1,052	-	-	-	-	-	6,867
Total Number of Trips Completed	2,423	2,494	2,311	2,972	2,943	2,815	545	-	-	-	-	-	16,503
Better Health MMA													
Total Number of Trips Requested	-	-	-	-	-	929	6,564	-	-	-	-	-	7,493
Total Number of Trips Cancelled	-	-	-	-	-	395	1,717	-	-	-	-	-	2,112
Total Number of Trips Completed	-	-	-	-	-	534	4,847	-	-	-	-	-	5,381
Total Trips	**3,770**	**3,436**	**3,226**	**3,808**	**3,812**	**4,650**	**8,161**	**0**	**0**	**0**	**0**	**0**	**30,863**
Total Completed Trips	**2,423**	**2,494**	**2,311**	**2,972**	**2,943**	**3,349**	**5,392**	**0**	**0**	**0**	**0**	**0**	**21,884**

30 Mile Trips	Column1	Column2	Column3	Column4
Trip Type	**Client Name**	**Reason**	**Miles Per Trip**	**Number of One-Way Trips**
Health Plan	Client Name	Drug Rehabilitation	43	10
Health Plan	Client Name	Pain Management	34	6
Health Plan	Client Name	Rehabilitation	35	8
Health Plan	Client Name	Pain Management	38	4
Health Plan	Client Name	Drug Rehabilitation	44	18
Health Plan	Client Name	Pain Management	42	2
Health Plan	Client Name	Primary Care Physician	34	2
Health Plan MMA	Client Name	Orthodontics	89	2
Health Plan MMA	Client Name	Surgeon	49	2
Health Plan MMA	Client Name	Dermatologist	42	2
Health Plan MMA	Client Name	Drug Rehabilitation	43	14
Health Plan MMA	Client Name	Surgeon	71	4
Health Plan MMA	Client Name	Chiropractor	37	2
Health Plan MMA	Client Name	Psychiatrist	33	2
Health Plan MMA	Client Name	Optical	228	2
Health Plan MMA	Client Name	Nephrologists	108	2
Health Plan MMA	Client Name	Nephrologists	112	2
Health Plan MMA	Client Name	Specialist	63	2
Health Plan MMA	Client Name	Physician Services	32	2
Health Plan MMA	Client Name	Podiatrist	171	4
Health Plan MMA	Client Name	Physician Services	40	2
Health Plan MMA	Client Name	Cardiologist	33	2
Health Plan MMA	Client Name	ENT-(Ear, Nose & Throat)	145	2
Health Plan MMA	Client Name	Rheumatologist	36	2
Health Plan MMA	Client Name	Urology	31	2
Health Plan MMA	Client Name	Counselor, Psychologist, Social Work	44	2
Health Plan MMA	Client Name	Primary Care Physician	44	2
Health Plan MMA	Client Name	OB/GYN Services	46	2
Health Plan MMA	Client Name	Hearing Aids	46	2
Health Plan MMA	Client Name	Drug Rehabilitation	35	18
Health Plan MMA	Client Name	Primary Care Physician	30	2
Health Plan MMA	Client Name	Radiology Services (ie x-rays)	30	2
Health Plan MMA	Client Name	Dental Services	32	2
Health Plan MMA	Client Name	Dental Services	32	2
Health Plan MMA	Client Name	Ophthalmologist (Glaucoma & Cata	33	2
Health Plan MMA	Client Name	Drug Rehabilitation	44	1
Health Plan MMA	Client Name	Laboratory Services	52	1
Health Plan MMA	Client Name	Optical	63	2
Health Plan MMA	Client Name	Radiology Services (ie x-rays)	91	2
Health Plan MMA	Client Name	Surgeon	62	2

5 or More Trips	Column1	Column2	Column3	Column4	Column5	Column6
Trip Type	**Client Name**	**Reason**	**Destination Name**	**DO St#**	**DO City**	**Trip Count**
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	12
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	10
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	14
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	14
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	14
Health Plan MMA	Client Name	Psychosocial rehabilitation	Facility Name	Drop-off Address	Drop-off City	11
Health Plan MMA	Client Name	Psychosocial rehabilitation	Home	Home address	Home City	11
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	13
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	13
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	7
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	7
Health Plan MMA	Client Name	Counselor, Psychologist, Social	Facility Name	Drop-off Address	Drop-off City	11
Health Plan MMA	Client Name	Counselor, Psychologist, Social	Home	Home address	Home City	11
Health Plan MMA	Client Name	Drug Rehabilitation	Facility Name	Drop-off Address	Drop-off City	28
Health Plan MMA	Client Name	Drug Rehabilitation	Home	Home address	Home City	28
Health Plan MMA	Client Name	Group Therapy	Facility Name	Drop-off Address	Drop-off City	22
Health Plan MMA	Client Name	Group Therapy	Home	Home address	Home City	22
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	13
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	13
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	12
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	12
Health Plan MMA	Client Name	Drug Rehabilitation	Facility Name	Drop-off Address	Drop-off City	7
Health Plan MMA	Client Name	Drug Rehabilitation	Home	Home address	Home City	7
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	12
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	12
Health Plan MMA	Client Name	Behavioral Health	Facility Name	Drop-off Address	Drop-off City	8
Health Plan MMA	Client Name	Behavioral Health	Home	Home address	Home City	8
Health Plan MMA	Client Name	Behavioral Health	Facility Name	Drop-off Address	Drop-off City	8
Health Plan MMA	Client Name	Behavioral Health	Home	Home address	Home City	8
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	7
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	7
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	12
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	12
Health Plan MMA	Client Name	Pain Management	Facility Name	Drop-off Address	Drop-off City	5
Health Plan MMA	Client Name	Pain Management	Home	Home address	Home City	5
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	13
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	12
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	12
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	12
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	12
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	12
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	12
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	12
Health Plan MMA	Client Name	Psychiatrist	Facility Name	Drop-off Address	Drop-off City	7
Health Plan MMA	Client Name	Psychiatrist	Home	Home address	Home City	7
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	8
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	6
Health Plan MMA	Client Name	Mental Health Adult Rehab	Facility Name	Drop-off Address	Drop-off City	10
Health Plan MMA	Client Name	Mental Health Adult Rehab	Home	Home address	Home City	11
Health Plan MMA	Client Name	Speech Therapy	Facility Name	Drop-off Address	Drop-off City	5
Health Plan MMA	Client Name	Speech Therapy	Home	Home address	Home City	5
Health Plan MMA	Client Name	Mental Health Adult Treatmen	Facility Name	Drop-off Address	Drop-off City	9
Health Plan MMA	Client Name	Mental Health Adult Treatmen	Home	Home address	Home City	9
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	11
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	11
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	10
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	10
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	6
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	7
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	7
Health Plan MMA	Client Name	Group Therapy	Facility Name	Drop-off Address	Drop-off City	5
Health Plan MMA	Client Name	Group Therapy	Home	Home address	Home City	5
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	10
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	9
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	12
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	12
Health Plan MMA	Client Name	Specialist	Facility Name	Drop-off Address	Drop-off City	13
Health Plan MMA	Client Name	Specialist	Home	Home address	Home City	13
Health Plan MMA	Client Name	Behavioral Health	Facility Name	Drop-off Address	Drop-off City	6
Health Plan MMA	Client Name	Behavioral Health	Home	Home address	Home City	6
Health Plan MMA	Client Name	Physical Therapy	Facility Name	Drop-off Address	Drop-off City	8
Health Plan MMA	Client Name	Physical Therapy	Home	Home address	Home City	8
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	6
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	9
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	7

Health Plan MMA	Client Name	Chiropractor	Facility Name	Drop-off Address	Drop-off City	12
Health Plan MMA	Client Name	Chiropractor	Home	Home address	Home City	9
Health Plan MMA	Client Name	Behavioral Health	Facility Name	Drop-off Address	Drop-off City	21
Health Plan MMA	Client Name	Behavioral Health	Home	Home address	Home City	21
Health Plan MMA	Client Name	Behavioral Health	Facility Name	Drop-off Address	Drop-off City	21
Health Plan MMA	Client Name	Behavioral Health	Home	Home address	Home City	21
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	13
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	13
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	7
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	7
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	12
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	13
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	14
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	14
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	13
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	13
Health Plan MMA	Client Name	Chiropractor	Facility Name	Drop-off Address	Drop-off City	6
Health Plan MMA	Client Name	Mental Health Adult Treatmen	Facility Name	Drop-off Address	Drop-off City	7
Health Plan MMA	Client Name	Mental Health Adult Treatmen	Home	Home address	Home City	7
Health Plan MMA	Client Name	Adult Day Care	Facility Name	Drop-off Address	Drop-off City	7
Health Plan MMA	Client Name	Specialist	Facility Name	Drop-off Address	Drop-off City	8
Health Plan MMA	Client Name	Adult Day Care	Home	Home address	Home City	7
Health Plan MMA	Client Name	Specialist	Home	Home address	Home City	8
Health Plan MMA	Client Name	Mental Health Adult Treatmen	Facility Name	Drop-off Address	Drop-off City	22
Health Plan MMA	Client Name	Mental Health Adult Treatmen	Home	Home address	Home City	22
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	12
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	12
Health Plan MMA	Client Name	Physician Services	Home	Home address	Home City	5
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	8
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	8
Health Plan MMA	Client Name	Behavioral Health	Facility Name	Drop-off Address	Drop-off City	23
Health Plan MMA	Client Name	Behavioral Health	Home	Home address	Home City	23
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	9
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	9
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	9
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	7
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	14
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	14
Health Plan MMA	Client Name	Drug Rehabilitation	Facility Name	Drop-off Address	Drop-off City	9
Health Plan MMA	Client Name	Drug Rehabilitation	Home	Home address	Home City	9
Health Plan MMA	Client Name	Mental Health Adult Treatmen	Facility Name	Drop-off Address	Drop-off City	9
Health Plan MMA	Client Name	Mental Health Adult Treatmen	Home	Home address	Home City	9
Health Plan MMA	Client Name	Counselor, Psychologist, Social	Facility Name	Drop-off Address	Drop-off City	15
Health Plan MMA	Client Name	Counselor, Psychologist, Social	Home	Home address	Home City	15
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	7
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	7
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	5
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	5
Health Plan MMA	Client Name	Drug Rehabilitation	Facility Name	Drop-off Address	Drop-off City	10
Health Plan MMA	Client Name	Rehabilitation	Facility Name	Drop-off Address	Drop-off City	8
Health Plan MMA	Client Name	Drug Rehabilitation	Home	Home address	Home City	10
Health Plan MMA	Client Name	Rehabilitation	Home	Home address	Home City	8
Health Plan MMA	Client Name	Drug Rehabilitation	Facility Name	Drop-off Address	Drop-off City	10
Health Plan MMA	Client Name	Drug Rehabilitation	Home	Home address	Home City	9
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	13
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	14
Health Plan MMA	Client Name	Behavioral Health	Facility Name	Drop-off Address	Drop-off City	21
Health Plan MMA	Client Name	Behavioral Health	Home	Home address	Home City	21
Health Plan MMA	Client Name	Behavioral Health	Facility Name	Drop-off Address	Drop-off City	21
Health Plan MMA	Client Name	Behavioral Health	Home	Home address	Home City	21
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	8
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	8
Health Plan MMA	Client Name	Physical Medicine and Rehabili	Facility Name	Drop-off Address	Drop-off City	7
Health Plan MMA	Client Name	Rehabilitation	Facility Name	Drop-off Address	Drop-off City	7
Health Plan MMA	Client Name	Physical Medicine and Rehabili	Home	Home address	Home City	7
Health Plan MMA	Client Name	Rehabilitation	Home	Home address	Home City	7
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	9
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	9
Health Plan MMA	Client Name	Specialist	Facility Name	Drop-off Address	Drop-off City	14
Health Plan MMA	Client Name	Specialist	Home	Home address	Home City	14
Health Plan MMA	Client Name	Behavioral Health	Facility Name	Drop-off Address	Drop-off City	23
Health Plan MMA	Client Name	Behavioral Health	Home	Home address	Home City	23
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	7
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	8
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	14
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	14
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	11

Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	9
Health Plan MMA	Client Name	Chemotherapy	Facility Name	Drop-off Address	Drop-off City	9
Health Plan MMA	Client Name	Chemotherapy	Home	Home address	Home City	9
Health Plan MMA	Client Name	Drug Rehabilitation	Facility Name	Drop-off Address	Drop-off City	23
Health Plan MMA	Client Name	Drug Rehabilitation	Home	Home address	Home City	22
Health Plan MMA	Client Name	Physician Services	Facility Name	Drop-off Address	Drop-off City	5
Health Plan MMA	Client Name	Physician Services	Home	Home address	Home City	5
Health Plan MMA	Client Name	Physical Therapy	Facility Name	Drop-off Address	Drop-off City	6
Health Plan MMA	Client Name	Physical Therapy	Home	Home address	Home City	6
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	12
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	13
Health Plan MMA	Client Name	Behavioral Health	Facility Name	Drop-off Address	Drop-off City	14
Health Plan MMA	Client Name	Behavioral Health	Home	Home address	Home City	14
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	7
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	7
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	11
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	11
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	10
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	9
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	12
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	11
Health Plan MMA	Client Name	Behavioral Health	Facility Name	Drop-off Address	Drop-off City	18
Health Plan MMA	Client Name	Behavioral Health	Home	Home address	Home City	18
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	13
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	13
Health Plan MMA	Client Name	Behavioral Health	Facility Name	Drop-off Address	Drop-off City	23
Health Plan MMA	Client Name	Behavioral Health	Home	Home address	Home City	23
Health Plan MMA	Client Name	Behavioral Health	Facility Name	Drop-off Address	Drop-off City	23
Health Plan MMA	Client Name	Behavioral Health	Home	Home address	Home City	23
Health Plan MMA	Client Name	Mental Health Adult Treatmen	Facility Name	Drop-off Address	Drop-off City	11
Health Plan MMA	Client Name	Mental Health Adult Treatmen	Home	Home address	Home City	11
Health Plan MMA	Client Name	Dialysis	Facility Name	Drop-off Address	Drop-off City	11
Health Plan MMA	Client Name	Dialysis	Home	Home address	Home City	11
Health Plan	Client Name	Child Day Care	Facility Name	Drop-off Address	Drop-off City	6
Health Plan	Client Name	Child Day Care	Home	Home address	Home City	6
Health Plan	Client Name	Child Day Care	Facility Name	Drop-off Address	Drop-off City	7
Health Plan	Client Name	Child Day Care	Home	Home address	Home City	7
Health Plan	Client Name	Drug Rehabilitation	Facility Name	Drop-off Address	Drop-off City	5
Health Plan	Client Name	Drug Rehabilitation	Home	Home address	Home City	5
Health Plan	Client Name	Child Day Care	Facility Name	Drop-off Address	Drop-off City	7
Health Plan	Client Name	Child Day Care	Home	Home address	Home City	7
Health Plan	Client Name	Child Day Care	Facility Name	Drop-off Address	Drop-off City	10
Health Plan	Client Name	Child Day Care	Home	Home address	Home City	10
Health Plan	Client Name	Child Day Care	Facility Name	Drop-off Address	Drop-off City	7
Health Plan	Client Name	Child Day Care	Home	Home address	Home City	7
Health Plan	Client Name	Child Day Care	Facility Name	Drop-off Address	Drop-off City	6
Health Plan	Client Name	Child Day Care	Home	Home address	Home City	6
Health Plan	Client Name	Child Day Care	Facility Name	Drop-off Address	Drop-off City	6
Health Plan	Client Name	Child Day Care	Home	Home address	Home City	6
Health Plan	Client Name	Group Therapy	Facility Name	Drop-off Address	Drop-off City	7
Health Plan	Client Name	Group Therapy	Home	Home address	Home City	7
Health Plan	Client Name	Drug Rehabilitation	Facility Name	Drop-off Address	Drop-off City	9
Health Plan	Client Name	Drug Rehabilitation	Home	Home address	Home City	9
Health Plan	Client Name	Child Day Care	Facility Name	Drop-off Address	Drop-off City	6
Health Plan	Client Name	Child Day Care	Home	Home address	Home City	6
Health Plan	Client Name	Child Day Care	Facility Name	Drop-off Address	Drop-off City	6
Health Plan	Client Name	Child Day Care	Home	Home address	Home City	6
Health Plan	Client Name	Child Day Care	Facility Name	Drop-off Address	Drop-off City	7
Health Plan	Client Name	Child Day Care	Home	Home address	Home City	7
Health Plan	Client Name	Child Day Care	Facility Name	Drop-off Address	Drop-off City	7
Health Plan	Client Name	Child Day Care	Home	Home address	Home City	7
Health Plan	Client Name	Mental Health Adult Treatmen	Facility Name	Drop-off Address	Drop-off City	5
Health Plan	Client Name	Mental Health Adult Treatmen	Home	Home address	Home City	5
Health Plan	Client Name	Mental Health Adult Rehab	Facility Name	Drop-off Address	Drop-off City	6
Health Plan	Client Name	Mental Health Adult Rehab	Home	Home address	Home City	6

Access2Care / Ride To Care
Tri-County NEMT Performance Review
June 23, 2015

Tri-County NEMT

Program Stats At-A-Glance April 2015					
	Total	Avg Per Day	Overall %	Family Care %	Health Share %
Total Transports	116,839	3,895	100%	24.21%	75.79%
Bus	55,371	1,846	47.39%	28.91%	71.09%
MRB	1,178	39	1.01%	21.99%	78.01%
Van	45,262	1,509	38.74%	21.60%	78.40%
Wheelchair	14,186	473	12.14%	14.94%	85.06%
Stretcher	655	22	0.56%	11.91%	88.09%
Secure	55	2	0.05%	30.91%	69.09%
Ambulance	132	4	0.11%	25.00%	75.00%
Total Miles Driven (Non-Bus)	458,319	15,277	n/a	20.60%	79.40%
Average Miles (Non-Bus) Per Trip	7.5	n/a	n/a	7.7	7.4
Scheduled Less 24 hours Notice	3,779	126	6.15%	20.06%	79.94%
Taxi Co Trips	14,336	478	23.32%	20.85%	79.15%
NEMT Provider Trips	45,954	1,532	74.76%	19.66%	80.34%
Member No-Shows	1,649	55	2.683%	21.16%	78.84%
Provider No-Shows	123	4	0.200%	14.63%	85.37%
Dialysis Related	8,633	288	7.39%	17.51%	82.49%
Mental Health Related	22,203	740	19.00%	23.60%	76.40%
Hospital Discharge/ H2H/Hosp Admit	1,973	66	1.69%	19.21%	80.79%
Substance Abuse Related	40,064	1,335	34.29%	29.64%	70.36%
Provider (non-bus) Paid Claims	59,470	n/a	96.75%	94.22%	97.38%
Claims Ready to Pay (Non-bus)	1,938	n/a	3.15%	5.65%	2.53%

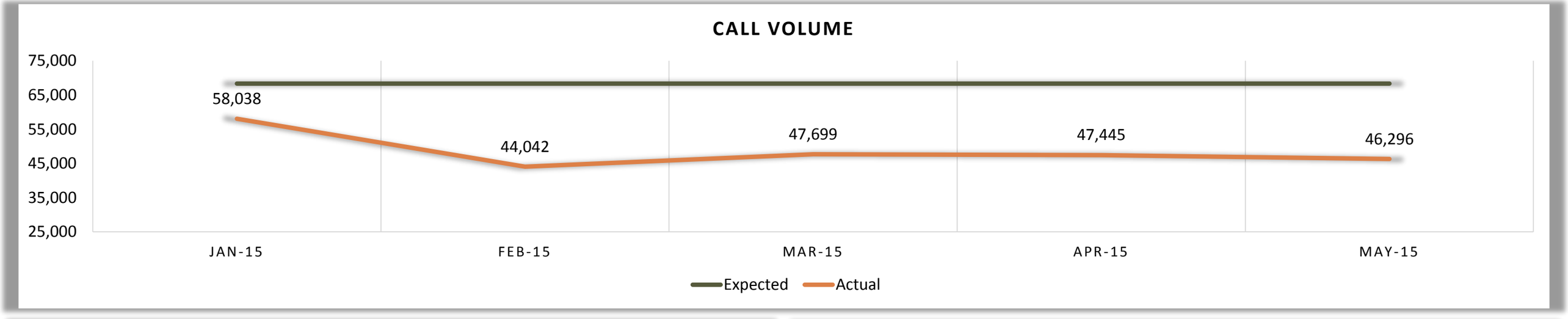
Proprietary to Ride To Care – Not to be Disclosed

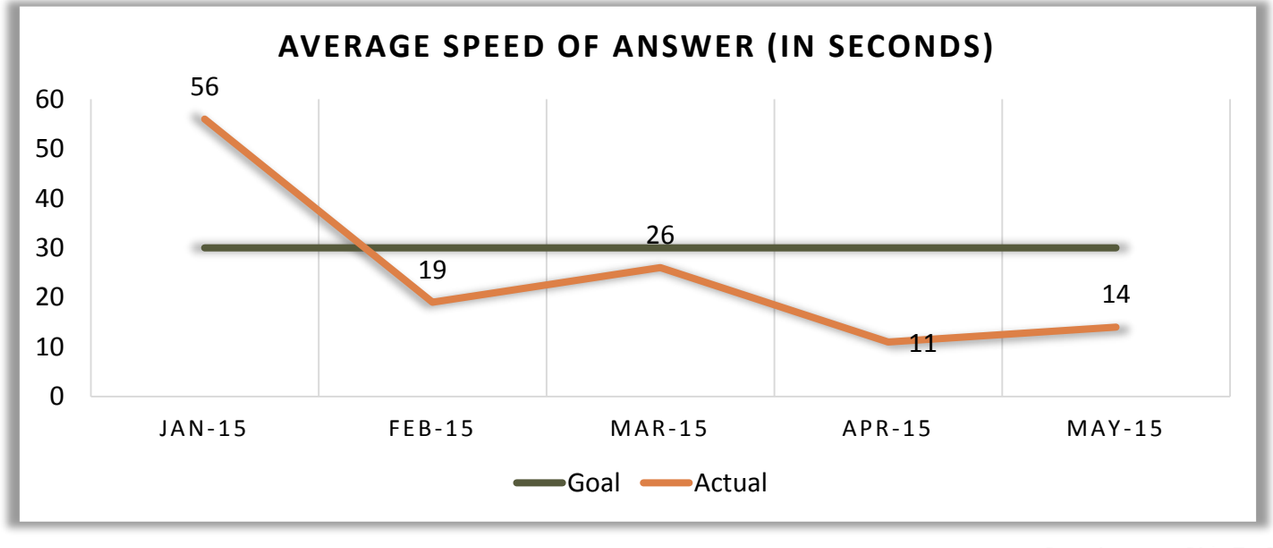
Tri-County NEMT

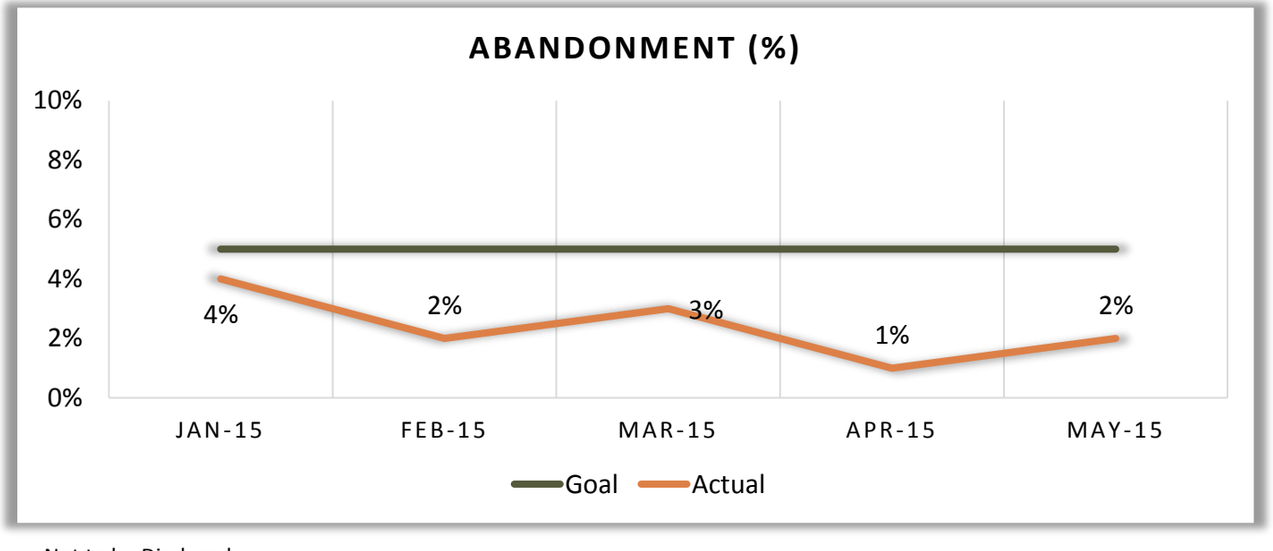
Program Stats At-A-Glance May 2015					
	Total	Avg Per Day	Overall %	Family Care %	Health Share %
Total Transports	113,428	3,659	100%	26.86%	73.14%
Bus	53,375	1,722	47.06%	33.34%	66.66%
MRB	1,256	41	1.11%	23.49%	76.51%
Van	44,013	1,420	38.80%	22.88%	77.12%
Wheelchair	13,978	451	12.32%	15.62%	84.38%
Stretcher	552	18	0.49%	13.59%	86.41%
Secure	60	2	0.05%	31.67%	68.33%
Ambulance	194	6	0.17%	16.49%	83.51%
Total Miles Driven (Non-Bus)	447,128	14,423	100%	21.94%	78.06%
Average Miles (Non-Bus) Per Trip	7.4	7.4	100%	7.7	7.4
Scheduled Less 24 hours Notice	3,958	128	6.59%	19.78%	80.22%
Taxi Co Trips	15,191	490	25.30%	21.86%	78.14%
NEMT Provider Trips	43,606	1,407	72.61%	20.77%	79.23%
Member No-Shows	1,658	53	2.761%	23.40%	76.60%
Provider No-Shows	59	2	0.098%	10.17%	89.83%
Dialysis Related	8,903	287	7.85%	19.50%	80.50%
Mental Health Related	22,148	714	19.53%	24.41%	75.59%
Hospital Discharge/ H2H/Hosp Admit	2,141	69	1.89%	20.18%	79.82%
Substance Abuse Related	37,754	1,218	33.28%	33.69%	66.31%
Provider (non-bus) Paid Claims	48,418	n/a	80.63%	77.22%	81.54%
Claims Ready to Pay (Non-bus)	8,397	n/a	13.98%	17.18%	13.13%

Proprietary to Ride To Care – Not to be Disclosed

Tri-County NEMT



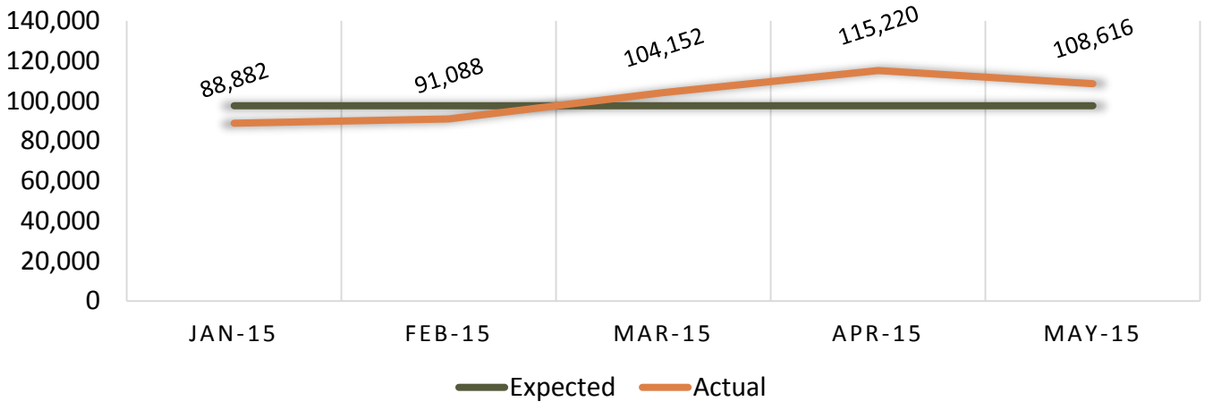




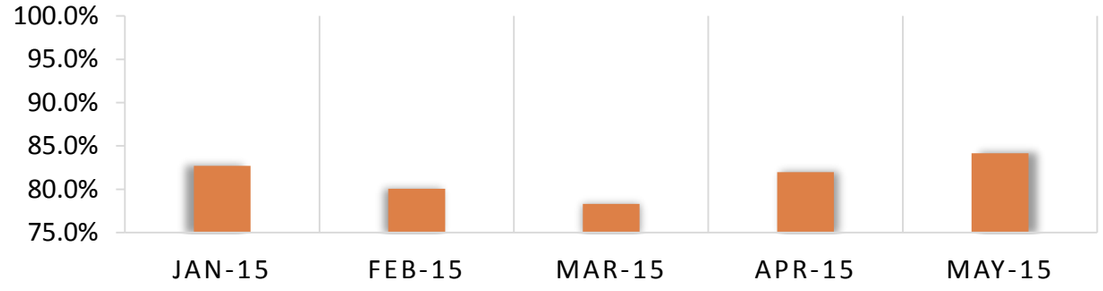
Proprietary to Ride To Care – Not to be Disclosed

Tri-County NEMT

COMPLETED TRIPS

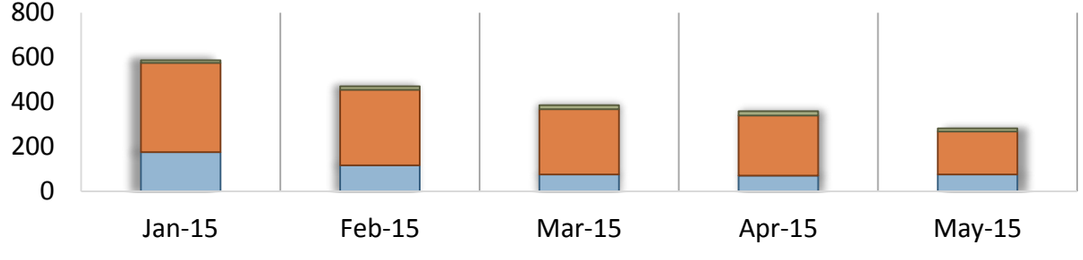


HOSPITAL DISCHARGES PICKED UP WITHIN ONE HOUR



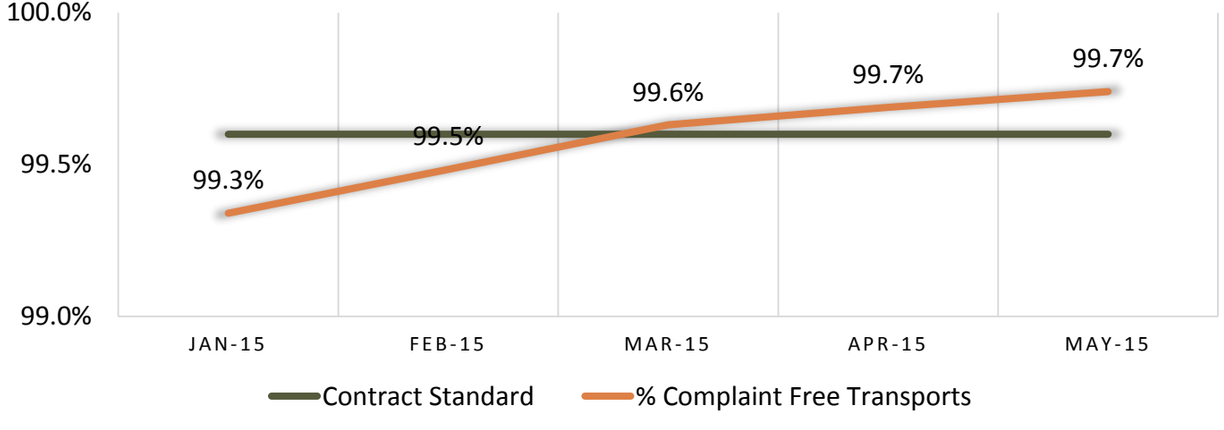
	Jan-15	Feb-15	Mar-15	Apr-15	May-15
% Within 1 Hour	82.7%	80.1%	78.3%	82.0%	84.2%

COMPLAINTS



	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Other	12	15	17	19	14
Transportation	400	338	293	269	193
Contact Center	175	117	75	71	75

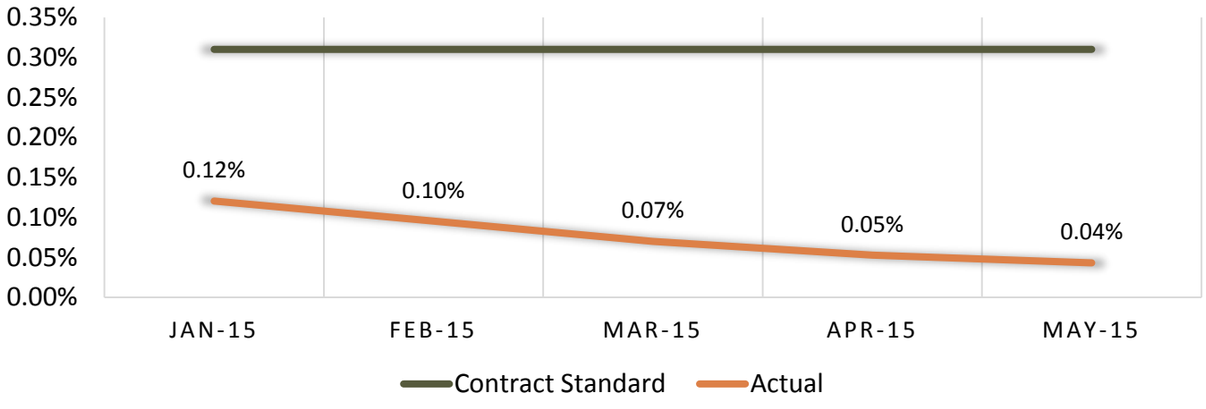
COMPLAINT FREE TRANSPORTS



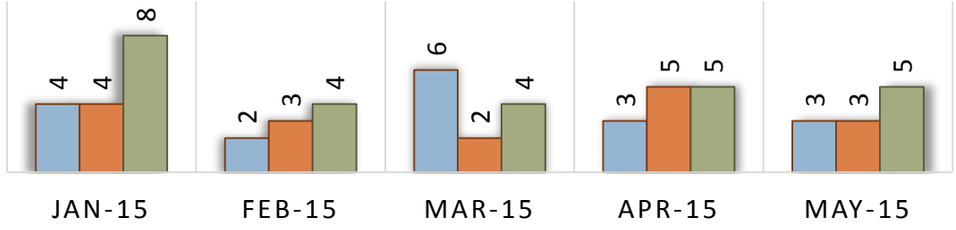
Proprietary to Ride To Care – Not to be Disclosed

Tri-County NEMT

TRANSPORTATION PROVIDER NO SHOW

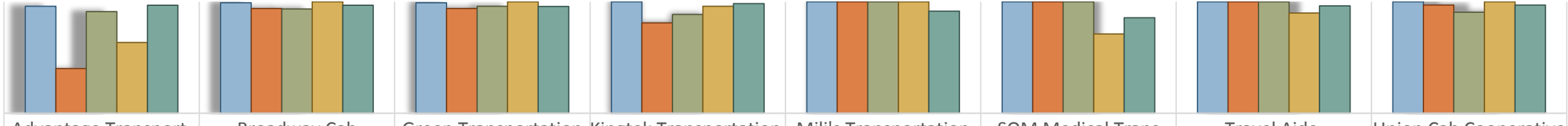


SIGNIFICANT EVENTS



	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Accident	4	2	6	3	3
Injury (non-Accident)	4	3	2	5	3
Other	8	4	4	5	5

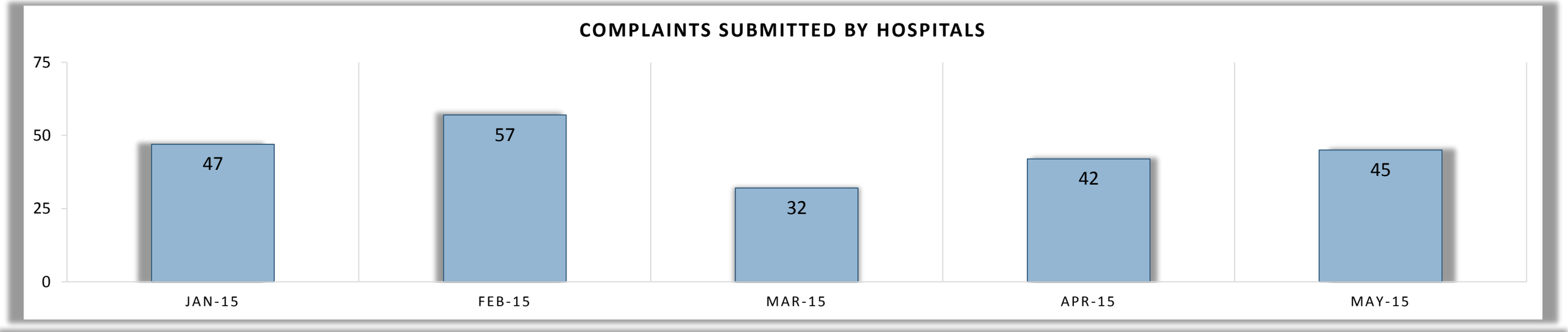
TOP PROVIDER COMPLAINTS

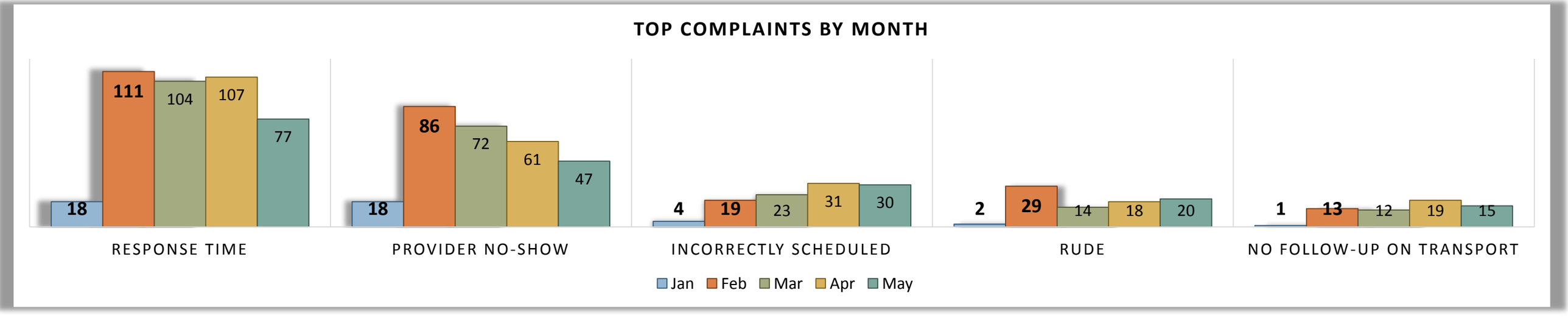


	Advantage Transport	Broadway Cab	Green Transportation	Kingtek Transportation	Mili's Transportation	SOM Medical Trans	Travel Aide	Union Cab Cooperative
Jan Complaint Free	99.60%	99.90%	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%
Feb Complaint Free	94.00%	99.40%	99.40%	98.10%	100.00%	100.00%	100.00%	99.70%
Mar Complaint Free	99.11%	99.36%	99.60%	98.85%	100.00%	100.00%	100.00%	99.07%
Apr Complaint Free	96.34%	100.00%	100.00%	99.60%	100.00%	97.12%	98.99%	100.00%
May Complaint Free	99.68%	99.69%	99.58%	99.83%	99.15%	98.56%	99.63%	99.71%

Proprietary to Ride To Care – Not to be Disclosed

Tri-County NEMT





Proprietary to Ride To Care – Not to be Disclosed

Month	# of Complaints	Compliant Free Transport %	Complaint free Dialysis Trips %	Complaint Free Hospital Discharge %	Complaints by County		Providers-Worst % Complaint Free	
March	351	99.61%	99.63%	98.44%	CLACKAMAS	99.61%	Advantage Transport	99.11%
					CROOK	66.67%	Broadway Cab	99.36%
					MULTNOMAH	99.73%	Green Transportation	99.60%
					WASHINGTON	99.65%	Metro West Ambulance	99.00%
							Safe Ride	99.53%
							SAFE Transportation	97.34%
							Union Cab Cooperative	99.07%
April	348	99.71%	99.74%	99.12%	CLACKAMAS	99.69%	Advantage Transport	96.34%
					CLARK	98.25%	America Medical Trans	97.86%
					MARION	99.26%	Gateway Transport	99.15%
					MULTNOMAH	99.75%	Mili's Transit, Inc-Weekdays	99.46%
					WASHINGTON	99.59%	SOM Medical Transportation	97.12%
							Trans-Medico - Wheelchair	99.59%
							Travel Aide - Sedan	99.28%
							Travel Aide - WC	98.99%
							Trust Transportation	99.32%
							Womujuni Inc	95.83%
May	282	99.74%	99.67%	99.05%	CLACKAMAS	99.62%	Advantage Transport	99.68%
					CROOK	85.71%	Broadway Cab	99.69%
					MARION	99.62%	Green Transportation	99.58%
					MULTNOMAH	99.76%	Kingtek Transportation	99.83%
					WASHINGTON	99.59%	Mili's Transportation	99.15%
					YAMHILL	79.69%	SOM Medical Trans	98.56%
							Travel Aide	99.63%
							Union Cab Cooperative	99.71%

Proprietary to Ride To Care – Not to be Disclosed

Important Information about the denial of a requested service

This information is about a service or treatment your health care provider recently asked us to cover. We have denied this request. You have the right to ask us to change our decision. We must receive your request within 45 days from the Date of Notice listed on the enclosed Notice.

Please call us at the phone number on the enclosed Notice right away if:

- You do not understand the Notice.
- You need the Notice in large print, a different format or language. An interpreter will translate the document at no cost to you.

Información importante sobre la denegación de servicio solicitado

Esta información corresponde al servicio o tratamiento que su proveedor de atención médica nos pidió recientemente que cubramos. Hemos denegado tal solicitud. Usted tiene el derecho de pedirnos que cambiemos nuestra decisión. Deberemos recibir su solicitud dentro de los 45 días a partir de la fecha de aviso que aparece en el aviso adjunto.

Llámenos de inmediato al número de teléfono que se indica en el aviso adjunto si:

- No entiende el aviso.
- Necesita el aviso en letra grande, en otro idioma o formato. Un intérprete traducirá el documento de forma gratuita para usted.

Spanish

Важная информация об отказе в предоставлении услуг

Данная информация относится к оплате услуг или процедур, которые были представлены к оплате вашим врачом. Данный запрос был отклонен. Вы имеете право подать прошение об изменении данного решения. Для этого ваш запрос должен быть получен в течение 45 дней от даты издания, указанного в приложенном уведомлении.

Пожалуйста, позвоните нам как можно скорее по номеру телефона, указанному в приложенном уведомлении если:

- Вы не понимаете смысла данного уведомления.
- Данное уведомление необходимо вам крупным шрифтом, в другом формате или на другом языке. Переводчик сможет помочь вам прочитать его совершенно бесплатно для вас.

Russian

Tin tức quan trọng về từ chối một dịch vụ được yêu cầu

Tin tức này về dịch vụ hoặc điều trị mà nơi cung cấp dịch vụ săn sóc y tế của quý vị hồi gần đây đã yêu cầu chúng tôi chi trả. Chúng tôi đã từ chối yêu cầu này. Quý vị có quyền yêu cầu chúng tôi thay đổi quyết định. Chúng tôi phải nhận được yêu cầu của quý vị trong vòng 45 ngày kể Ngày của Thông Báo được ghi trên Thông Báo đính kèm.

Xin gọi điện thoại cho số được ghi trên Thông Báo đính kèm ngay tức khắc, nếu:

- Quý vị không hiểu nội dung bản Thông Báo.
- Quý vị cần bản Thông Báo in khổ chữ lớn, bằng hình thức hoặc ngôn ngữ khác. Một thông dịch viên sẽ thông dịch tài liệu miễn phí giúp quý vị.

Vietnamese

拒　服　　的重要信息

本文含有您的医疗保健提供者近日请求我们承保某项医疗服务或治疗方案的相关信息。我们拒绝了此项请求。您有权要求我们改变决定。请务必自随附通知书中所列通知日期起 45 天内发送您的请求。

如果出现下列情况，请立即拨打随附通知中的电话号码联系我们：

-
-

Simplified Chinese

Macluumaadka muhiim ah oo ku saabsan diidmada adeeg la codsaday

Macluumaadkani wuxuu ku saabsan yahay adeeg ama daaweyn uu daryeel caafimaad fidiyahaagu dhawaan naga codsatay in aanu bixino. Waan diidnay codsigani. Waxaad xaq u leedahay in aad naga codsato in aanu beddelno go’aankayaga. Waa in aan codsigaaga ku helnaa mudo **45 maalmood** gudahood ah laga soo bilaabo Taariikhda Ogeysiiska lagu qoray Ogaysiinta ku lifaaqan.

Fadlan isla markiiba naga soo wac lambarka telefoonka ku lifaaqan Ogaysiinta haddii:

- Aadan fahmin Ogaysiinta.
- Aad u baahan tahay Ogaysiinta oo ku qoran far waaweyn, iyadoo u qoran qaabkale ama luqad kale. Turjubaan ayaa lacag la’aan kuugu turjumi doona qoraalka.

Somali

Ride To Care
660 E Franklin Rd, Suite120
Meridian, ID, 83642

Health Share of Oregon
2121 SW Broadway , Suite 200
Portland, Oregon 97201

Member Name: Member Name
ID Number: Member MID
Member Address: Member Address

Date of Notice:	Date of Notice
Effective Date:	Date of Denial

Notice of Action

Dear Member Name,

On Date of Trip Creation, Ride to Care was asked to offer transportation assistance on Date of Trip. The Oregon Health Plan does not cover all services and supplies. After careful review of this request, we are unable to offer transportation assistance on this date under the Oregon Health Plan because of being a Non-Covered Service.

This decision is based on Oregon Administrative Rule(s) (OAR) 410-136-3020, General Requirements for NEMT, section 12, Out of Service Area.

You may get the information we used in making this decision in writing. To get a copy, call Ride To Care at 855-321-4899 (TTY) (Ride To Care hours – Monday to Friday, 7 am - 7 pm)

Things you can do if you disagree with this Notice

If you disagree with our decision, you have the right to ask to change it. You can do this by requesting an Appeal, a Hearing, or both. We must receive your request within 45 days from Date of Notice.

See the enclosed *Medical Assistance Programs Service Denial Appeal and Hearing Request* form for more information about Appeals and Hearings. It has instructions for requesting both. Send the completed request form to:

Ride To Care
660 E Franklin Rd, Suite 120
Meridian, Idaho 83642
Attention: Appeals

Continuing services

To keep getting this service while you wait for your Appeal or Hearing, you must:

- Have already been getting the service before it was denied,
- Request for services to be continued by checking Box 4 on the enclosed *Medical Assistance Programs Service Denial Appeal and Hearing Request*, and

Ride To Care
660 E Franklin Rd, Suite120
Meridian, ID, 83642

Health Share of Oregon
2121 SW Broadway , Suite 200
Portland, Oregon 97201

- Ask for an Appeal and/or Hearing **within 45 days** from the "Date of Notice" or by the "Effective Date" shown on the Notice, whichever is later.

If we do not change our decision or the hearing judge supports our decision, you may have to pay for services you get after Date of Denial.

Expedited (fast) requests
You or your provider can ask for an expedited (fast) Appeal and/or Hearing, if you have a condition which is an immediate, serious threat to your life or health and you would be harmed by waiting for a regular Appeal and/or Hearing.

A nurse or doctor will review your request and decide within two working days if your condition needs an expedited Appeal and/or Hearing.

Other things you can do
There are other things you can do besides requesting an Appeal and/or Hearing. See page 4 of the enclosed *Medical Assistance Programs Service Denial Appeals and Hearings Request* form for more information.

Questions?
If you have questions, please contact Ride To Care at:
Phone: 855-321-4899 (TTY) (Ride To Care hours – Monday to Friday, 7 am - 7 pm)
Fax: 877-503-1262
Mail: 660 E Franklin Rd, Suite 120 Meridian, ID, 83642

Reviewed by Contact Call Center Manager

Reviewed by Process Improvement Coordinator

Access2Care

Member Name
Member Address
City, State, Zip
Date of Notice:

Dear Member:

NOTICE OF DECISION ON APPEAL

After careful review of the information, Access2Care has decided to:

☐ Continue to deny services requested:_____.

☐ Approve the service requested: _____

If you still disagree with this decision, you may Request a Fair Hearing.

To request a hearing, you must complete a "Request a Fair Hearing" form. Forms are available online at www.ID-access2care.com, by mail, or at the Access2Care office.

Access2Care

You are encouraged to call the local office at 1-855-777-1255, select option #6, and ask to speak to the Clinical Case Manager to discuss this matter or ask any questions about the appeal process.

At the hearing, you may represent yourself, be represented by an attorney, or choose a friend, relative or advocate to represent you.

Remember you must file your Fair Hearing request by: _____

Sincerely,

Access2Care staff

If you need help with this notice, please call 1-855-777-1255 and select option #6.

Cc: Idaho Department of Health and Human Services. Attn: Division of Hearing and Appeals

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