MTM Transportation Provider Training Program

Welcome to MTM! We offer a four step training program on our web applications.

Step 1: Credentialing Training

This is a one-on-one training session conducted both online and by phone via WebEx. One of our experienced trainers will walk you through logging into our system, uploading documents and maintaining contractual credentials online.

Step 2: MTM Driver Training

MTM requires for every driver and attendant to complete the MTM Driver Training Course prior to being approved to transport members. This training will cover Fraud, Waste, and Abuse, ADA and Civil Rights, Driver Sensitivity, Passenger Securement, Abuse and Neglect, Emergency Situations and Record Keeping. Driver will be required to complete and pass a quiz at the end of the course. This training will be required annually for all drivers and attendants.

Step 3: Electronic Trip Management & Provider Trip Management

This is a one-on-one training session conducted both online and by phone via WebEx. We will demonstrate accessing your company's trips and reporting/updating trips online.

Step 4: Claims Processing

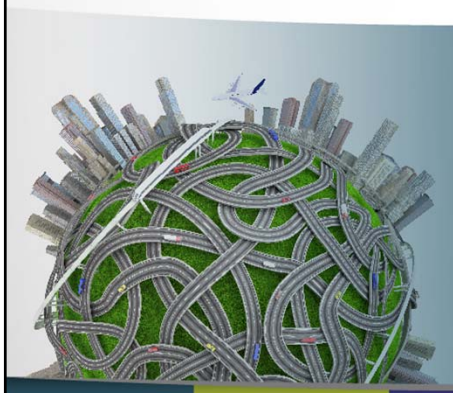
This is a one-on-one training session conducted both online and by phone via WebEx. One of our trainers will walk step-by-step with you as you claim your first trip. We also review appeals and payment details.

We are excited to begin this partnership and are confident by taking these first steps in training your company will be equipped for success.

Help Line

MTM provides additional assistance through the Transportation Provider Help Desk. They can be reached by calling 877-892-3997 or emailed at tphelpdesk@mtm-inc.net.

MTM Transportation Management



DRAFT
Idaho - MTM Driver & Attendant Training Course

Agenda

- Overview
- Fraud, waste & abuse
- Americans with Disabilities Act (ADA) & civil rights
- Driver sensitivity
- Abuse & neglect
- Passenger securement
- Emergency situations
- Record keeping
- Attachments
- Quiz

MTM

Overview

- Training for transportation providers & drivers
  - Ensures credentialing compliance
  - Helps drivers provide safe & courteous service
- Contractual requirement for all drivers serving the state of Idaho members
  - Drivers must complete training prior to taking MTM-assigned trips
  - Annual training & re-training thereafter

MTM

FRAUD, WASTE & ABUSE (FWA)

MTM

What is Fraud?

- Intentional deception or misrepresentation made by a person with knowledge that deception could result in some unauthorized benefit to himself or some other person
- Includes any act that constitutes fraud under applicable federal & state law

MTM

What is Waste?

- Overutilization of services or other practices that result in unnecessary costs
- Generally not caused by criminally negligent actions but rather misuse of resources

MTM

What is Abuse?

- Provider practices that are inconsistent with sound fiscal, business, or medical practices & result in:
  - Unnecessary cost to Medicaid/Medicare program
  - Reimbursement for unnecessary services or services that fail to meet professionally recognized standards for healthcare
- Includes covered member practices that result in unnecessary costs

MTM

Examples of Member FWA

- Changing, forging, or altering:
  - Prescriptions
  - Medical records
  - Referral forms
- Lending insurance card to another person
- Identity theft
- Using NEMT for non-medical services
- Misrepresenting eligibility status
- Resale of medications to others
- Medication stockpiling
- Doctor shopping

MTM

First Tier FWA

- First tier FWA includes FWA committed by first tier, downstream & related entities
  - Includes transportation providers, their drivers & other employees

MTM

Examples of First Tier FWA

- Falsifying credentials
- Billing for services not rendered
- Inappropriate billing
- Double billing, up-coding & unbundling
- Collusion among providers
  - Agreeing on minimum fees they will charge & accept
- Falsifying information submitted through prior authorization or other mechanism to justify coverage

MTM

Handling FWA

- Contact MTM's Quality Management department at 1-866-436-0457
  - Compliance Auditor will investigate reported incident & note results in member's file
  - FWA reported against first tier, downstream, or related entities is handled in the same manner
  - MTM reports all incidents of FWA to clients monthly

MTM

ADA & CIVIL RIGHTS

MTM

ADA & Civil Rights

- "Civil Rights Protection for Over 50 Million Americans"
- ADA: a civil rights law enacted by Congress in 1990
  - Prior to ADA, inaccessible public transit created barriers to active, productive lives for 43 million Americans with disabilities
  - Individuals with disabilities were excluded from the workplace, schools & participating as contributing community members
- ADA gave individuals with disabilities the same opportunities as others

MTM

ADA & Transportation

- ADA definition of "person with a disability": individuals with physical/mental impairments that substantially limit one or more major life activities
  - Individuals with a record of such impairment
  - Individuals regarded as having an impairment
- Addresses transportation provided by public entities & private entity systems

MTM

ADA Training Requirements

- Vehicle operators must be trained to:
  - Function vehicles & equipment safely
  - Provide required level of service
  - Treat members with disabilities in a respectful & courteous way

MTM

ADA Service Requirements

- Announce stops on request
- Permit service animals to accompany members
- Permit members to travel with life support (respirators, portable oxygen, etc.)
- Make appropriate use of accessibility-related equipment
- Provide adequate time to board & disembark

MTM

Other ADA Requirements

- Drivers may not:
  - Discriminate in connection with the provision of transportation
  - Deny service if the member is capable of using it
  - Require use of designated priority seats
  - Impose special charges based on disability, gender, religion, national origin, race, or age
  - Require an attendant
  - Refuse service solely because the member's disability results in behavior that may offend, annoy, or inconvenience

MTM

Other ADA Requirements

- It is not discrimination to refuse service if the member engages in violent, seriously disruptive, or illegal conduct

MTM

Communication & Etiquette

- Provide the same high quality service for all members regardless of age, ability, or disability
- Properly assist & treat all members in a respectful, courteous way
- Please remember to only use hands free cell phone devices, and never text while driving.

MTM

Communication and Etiquette

- Communicate using appropriate & professional language:
  - Be accurate & specific
  - Put the emphasis on the person first
  - Avoid stereotypes

MTM

DRIVER SENSITIVITY

MTM

Professionalism

- Greet & offer all members assistance
- Reply to questions
- Provide a safe & comfortable trip
- Address problems
- Acknowledge & respond to special requests
- Maintain accurate records
- Remain professional & courteous with all members
- Treat everyone with respect & dignity
- Provide a high level of service

MTM

Member Expectations

- Safe, timely transportation
- Clean, comfortable vehicles
- Boarding & securement assistance
- Travel guidance & directions
- To be treated with dignity & respect

MTM

ABUSE & NEGLECT

MTM

What are Abuse & Neglect?

- Abuse is something done intentionally, or through carelessness, that injures oneself or another
- Types of abuse:
  - Verbal
  - Physical
  - Emotional
  - Sexual
- Neglect is something one intentionally, or through carelessness, does not do that should be done that harms oneself or another

MTM

What to do if You Suspect Abuse & Neglect

- Immediately report suspected member abuse or neglect your Supervisor
- Contact emergency services if the member needs immediate medical assistance
- Document what was observed & what actions were taken in response to the member's condition
- Submit documentation to MTM using Incident/Accident Report Form (Attachment A)

MTM

Abusive Members & Violent Behavior

- Members must be monitored for appropriate behavior
- Abuse or violence between members or the driver must not be tolerated
- If you have a violent or abusive member:
  - Immediately notify the member(s) to correct his/her behavior
  - Contact your supervisor or emergency services if the situation escalates & you or a member is in danger
  - Submit documentation of the occurrence to MTM using Incident/Accident Report Form (Attachment A)

MTM

PASSENGER SECUREMENT

MTM

Passenger Securement

- Four-point floor securement system must be used to secure wheelchairs & other mobility devices
- Each securement location must have a three-point restraint system
  - Cannot deny service on basis of difficulty in securing a wheelchair
  - Must permit standees to use lift to enter vehicle
  - May only require restraints if all members are required to use restraints

MTM

Wheelchair Securement: Lift & Ramp Use

- Mobility devices must fit on the lift or ramp & within the "envelope" of securement
- Only the vehicle operator should control the lift

MTM

Driver Responsibilities

- Transfer from wheelchair to vehicle seat can be recommended but not required
- Where necessary or requested, assist with use of securement system, ramp & lift
  - Assistance is required even if the driver must leave seat to do so

MTM

Driver Responsibilities

- Drivers are to secure the child safety seats to the vehicle. The parent is responsible for securing the child within the child safety seat.
- Prior to allowing vehicle to proceed, confirm that wheelchairs, cots & stretchers are properly secured & that all members are properly seat-belted or secured/ restrained in their mobility device

MTM

Lift Maintenance

- Regular & frequent lift maintenance programs must be developed & instituted
- Report non-operating lifts as soon as possible
  - Every effort must be made to repair lifts before the next day of service

MTM

EMERGENCY SITUATIONS

MTM

Responding to an Emergency

- Remain calm
- Provide leadership to members
  - members will look to you for help & direction
- Protect yourself, members & the vehicle
  - Prevent injury & death to anyone involved in the situation

MTM

Responding to an Emergency

- Determine what happened & what actions/inactions will protect the safety of people & property
  - Reduce vehicle & other property damage
  - Avoid unnecessary liability claims

MTM

Responding to an Emergency

- Report incidents & accidents immediately or as soon as is it is safe to do so
- Notify dispatch & your supervisor of all emergency situations
- Contact emergency services as necessary
  - Dial 911 for immediate assistance

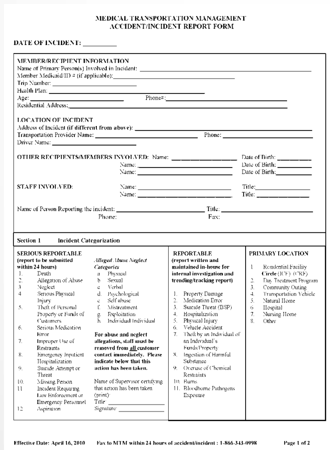
MTM

Reporting Emergency Situations to MTM

- Document the situation
- Use MTM's Incident/Accident Report Form (Attachment A)
- File a police report if necessary

MTM

Attachment A: Incident/Accident Form



MEDICAL TRANSPORTATION MANAGEMENT
ACCIDENT/INCIDENT REPORT FORM

DATE OF INCIDENT: _________

MEMBER/RECIPIENT INFORMATION
Name of Primary Person(s) Involved in Incident: ____________
Member Medicaid/ID # (if applicable): ____________
Trip Number: ____________
Health Plan: ____________
Age: ____________ Phone#: ____________
Residential Address: ____________

LOCATION OF INCIDENT
Address of Incident (if different from above): ____________
Transportation Provider Name: ____________ Phone: ____________
Driver Name: ____________

OTHER RECIPIENTS/MEMBERS INVOLVED: Name: ____________ Date of Birth: ________
Name: ____________ Date of Birth: ________
Name: ____________ Date of Birth: ________

STAFF INVOLVED: Name: ____________ Title: ________
Name: ____________ Title: ________

Name of Person Reporting the incident: ____________ Title: ____________
Phone: Fax:

Section 1 Incident Categorization

SERIOUS REPORTABLE (report to be submitted within 24 hours)
1. Death
2. Allegation of Abuse
3. Neglect
4. Serious Physical Injury
5. Theft of Personal Property or Funds of Customers
6. Serious Medication Error
7. Improper Use of Restraints
8. Emergency Inpatient Hospitalization
9. Suicide Attempt or Threat
10. Missing Person
11. Incident Requiring Law Enforcement or Emergency Personnel
12. Aspiration

Alleged Abuse Neglect Categories
a. Physical
b. Sexual
c. Verbal
d. Psychological
e. Self abuse
f. Mistreatment
g. Exploitation
h. Individual Individual

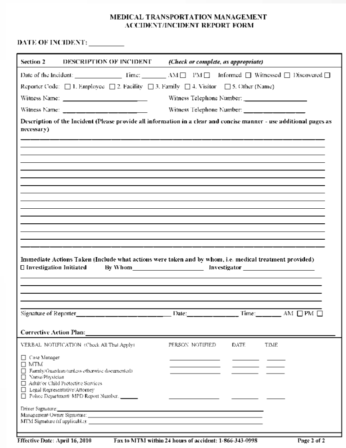
For abuse and neglect allegations, staff must be removed from all customer contact immediately. Please indicate below that this action has been taken.

Name of Supervisor certifying that action has been taken (print):
Title: ____________
Signature: ____________

REPORTABLE (report written and maintained in-house for internal investigation and trending/tracking report)
1. Property Damage
2. Medication Error
3. Suicide Threat (BSP)
4. Hospitalization
5. Physical Injury
6. Vehicle Accident
7. Theft by an Individual of an Individual's Funds/Property
8. Ingestion of Harmful Substance
9. Overuse of Chemical Restraints
10. Burns
11. Bloodborne Pathogens Exposure

PRIMARY LOCATION
1. Residential Facility Circle (ICF) (CRF)
2. Day Treatment Program
3. Community Outing
4. Transportation Vehicle
5. Natural Home
6. Hospital
7. Nursing Home
8. Other

Effective Date: April 16, 2010 Fax to MTM within 24 hours of accident/incident : 1-866-343-0998 Page 1 of 2



MEDICAL TRANSPORTATION MANAGEMENT
ACCIDENT/INCIDENT REPORT FORM

DATE OF INCIDENT: _________

Section 2 DESCRIPTION OF INCIDENT ***(Check or complete, as appropriate)***

Date of the Incident: ________ Time: ______ AM ☐ PM ☐ Informed ☐ Witnessed ☐ Discovered ☐
Reporter Code: ☐ 1. Employee ☐ 2. Facility ☐ 3. Family ☐ 4. Visitor ☐ 5. Other (Name)
Witness Name: ____________ Witness Telephone Number: ____________
Witness Name: ____________ Witness Telephone Number: ____________

Description of the Incident (Please provide all information in a clear and concise manner - use additional pages as necessary)

Immediate Actions Taken (Include what actions were taken and by whom, i.e. medical treatment provided)
☐ **Investigation Initiated By Whom**____________ **Investigator** ____________

Signature of Reporter____________ Date:________ Time:______ AM ☐ PM ☐

Corrective Action Plan:____________

VERBAL NOTIFICATION (Check All That Apply) PERSON NOTIFIED DATE TIME

☐ Case Manager
☐ MTM
☐ Family/Guardian (unless otherwise documented)
☐ Nurse/Physician
☐ Adult/or Child Protective Services
☐ Legal Representative/Attorney
☐ Police Department/ MPD Report Number. ______

Driver Signature: ____________
Management/Owner Signature: ____________
MTM Signature (if applicable): ____________

Effective Date: April 16, 2010 Fax to MTM within 24 hours of accident: 1-866-343-0998 Page 2 of 2

RECORD KEEPING

Trip Detail

- MTM authorizes a trip when a member's service eligibility is verified
- Each trip is assigned a unique number that is communicated on the Trip Sheet (see Attachment B)
- Round trip assignments will use the same number
  - "A" at the end of the number signifies the "to" leg (i.e.: OCNA80887785**A**)
  - "B" signifies the "from" leg (i.e.: OCNA80887785**B**)

MTM

Trip Logs & Signatures

- MTM must receive clear trip documentation to verify member attendance & pay claims
- Critical Daily Trip Log (see Attachment C) items:
  - Trip numbers
  - Driver's license numbers
  - Last five digits of Vehicle Identification Numbers (VINs)
  - Pick-up & drop-off (PUDO) times
  - Signatures

MTM

ATTACHMENTS

MTM

Attachment B: Sample Trip Sheet

TO: DATE: 09/13/2012 10:12 AM

CONFIDENTIAL: This fax contains patient identifiable information for use by the FAX recipient listed above. Disclosure of this information is prohibited by State and Federal laws. If you have received this fax in error, please notify the sender immediately at the contact information below. Thank you.

MEDICAL TRANSPORTATION MANAGEMENT
16 BARK RIDGE DR, LAKE ST LOUIS, MO 63367

PHONE: (877) 892-3997
FAX: (844) 652-3128

LAST NAME: TEST
PHONE: (816) 555-5555
MEDICAID: 0010657812

FIRST NAME: DIANA
ALT PHONE: (816) 666-6666
AGE: 70

UPDATED / WITHIN 24 HOURS

TRIP ID: KSMH129752A

TRIP TYPE: TO PROVIDER
CONF. #: NONE

APPT DATE: FRI 09/14/2012
DISTANCE: 9.59 miles

APPT TIME: 06:00 AM
PRICE: $10.50

PICKUP:
TEST, DIANA
2801 GILLHAM RD
KANSAS CITY, MO 64108
(816) 555-5555

DELIVER TO:
TWO RIVERS PSYCHIATRIC HOSPITAL
5121 RAYTOWN RD
KANSAS CITY, MO 64133
(816) 382-6300

PLUS: 0 ADDITIONAL PASSENGERS

AGES:

VEHICLE: CAR
LVL OF SRVC: NONE

CAR SEATS: 0
ATTENDANT: NOT REQUIRED

CRUTCHES, WALKER OR CANE: N
SPECIAL NEEDS:
MANUAL W/C- STD M/T/W 9AM-12PM,
MANUAL W/C, CAR TRANSFER, STF M/T/W 9AM-12PM

SCHEDULED PU: _____ am/pm
ACTUAL DEPARTURE: _____ am/pm
VIN NUMBER: _____

ACTUAL PU: _____ am/pm
APPT ARRIVAL: _____ am/pm
DRIVERS LIC NUMBER:

SIGNATURE _____ Member/Attendant/Facility

MTM

Attachment C: Daily Trip Log

MTM, INC. DAILY TRIP LOG

Transportation Provider: _____

Date of Service: _____

Driver's License Number: _____

Vehicle ID Number (VIN, Last five digits): _____

Trip Number	Member's Printed Name	AM/PM of Pickup	Scheduled Pickup Time	Pickup Arrival	Pickup Departure	Destination Arrival	Member Signature

"NOTES:" A signature is required for each leg of the transport. If the Member is unable to sign the Trip Log, please have the Facility Staff or Aid sign on behalf of the Member. AM/PM is indicated for the time of the Scheduled Pickup. No shows will be indicated with NS in the Drop-Off Time.

I certify that all information contained herein is true and accurate, and understand that this statement is made subject to the applicable penalties under federal and state law for making false declarations.

DRIVER'S SIGNATURE: _____

DRIVER'S PRINTED NAME: _____

Effective Date 6/30/2010

MTM

Thank you for your Participation!

Thank you for participating!

Now it's time to take the QUIZ ✓

Please save a copy of the completed quiz for your own records

MTM