

# Washington D.C.

## Non-Emergency Transportation Services Broker

POHC-2006-R-0010

Volume I



# MTM

Medical Transportation  
Management, Inc.



# MTM

Medical Transportation  
Management, Inc.

July 25, 2006

Esther M. Scarborough  
Office of the Contracting and Procurement  
441 4<sup>th</sup> Street N.W. Suite 700 South  
Washington, D.C. 20001

Dear Ms. Scarborough:

We are pleased to have the opportunity to offer a proposal for Department of Health (DOH) Medical Assistance Administration (MAA) RFP POHC 2006-R-0010 and bid for the non-emergency transportation (NET) brokerage services for the District's Medicaid eligible fee-for-service recipients. Medical Transportation Management, Inc. (MTM) has thoroughly reviewed the requirements of this RFP and has provided the District with the appropriate requirements. We genuinely look forward to the prospect of providing cost-effective NET services to meet the needs of Medicaid recipients in the Washington D.C. area. We also anticipate the opportunity to share our expertise to help the District meet its stated goals and objectives.

This response is an accurate portrayal of existing MTM staff and current MTM programs, policies, and procedures that will be used to meet the requirements of this RFP. As indicated in the proposal, we have noted our corporate understanding of all requirements.

For your reference, I will be the main contact person at MTM for this submission as I am the individual designated within our organization officially authorized to negotiate for, contractually bind and sign the proposal. My contact information follows my signature below.

Sincerely,

Alaina Maciá  
President and CEO  
16 Hawk Ridge Drive  
Lake St. Louis, MO 63367-1829  
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Proposal  
Broker Non-Emergency Transportation Services

Volume 1 Technical Proposal  
Prepared for

Washington, D.C.  
Department of Health

Submitted by:

Medical Transportation Management, Inc. (MTM)

July 28, 2006



June 12, 2006

Solicitation # POHC-2006-R-0010  
MTM Washington Technical Response v6.8

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# MTM

Medical Transportation  
Management, Inc.

July 26, 2006

Esther M. Scarborough  
Office of Contracting and Procurement  
441 4<sup>th</sup> Street N.W. Suite 700 South  
Washington, D.C. 20001

Dear Ms. Scarborough:

Medical Transportation Management, Inc. (MTM) is a privately held "S" corporation founded in 1995 for the purpose of managing non-emergency medical transportation for the medically fragile, disabled, underserved, and elderly enrolled in state and county government programs, Medicaid and Medicare Advantage Managed Care Organizations, and health care facilities.

The District has researched options for providing the best transportation solution for its Medicaid recipients. MTM believes we have the knowledge and expertise to assist the District in meeting its goals of containing cost, maximizing use of public transit and improving service quality. MTM has read, understands and agrees to perform the responsibilities of this RFP. We will comply with the requirements set forth, including any amendments.

MTM is a Woman-Owned Business Enterprise (WBE) with corporate offices located at 16 Hawk Ridge Drive, Lake St. Louis, MO 63367-1829. MTM's Federal Identification Employer Number (FIEN) is 43-1719762. You can reach MTM toll free at (888) 561-8747 or by fax at (636) 561-2962. MTM is privately held and does not report to Dun & Bradstreet.

Alaina Maciá, President and CEO, is legally authorized by MTM to commit the organization contractually to all statements, including services and prices, contained in the proposal. Her contact information is as follows:

Alaina Maciá  
President and CEO  
[amacia@mtm-inc.net](mailto:amacia@mtm-inc.net)  
(636) 561-5686, Ext. 5503  
Fax (636) 561-2962

Sincerely,

Alaina Maciá  
President and CEO

### 3.0 Executive Summary (L.2.3.1.3)

Over the course of the past five years, the staff of Medical Transportation Management, Inc. (MTM) has been interested in providing management of the non-emergency transportation (NET) program for the District of Columbia. We have waited with growing interest and have looked forward to the opportunity to provide superior transportation management for the District's eligible Medicaid population. The opportunity has been afforded us by the release of this RFP by the Department of Health (DOH) Medical Assistance Administration (MAA) (the District). We have read and studied the RFP and are confident we can provide a superior management program for the District. Throughout this response, MTM has identified its successes in managing other NET programs and how we will achieve the same for the District of Columbia.

Through our decade of experience in this unique industry of NET management, we have learned what works effectively and what does not. Every aspect of our program has been evaluated and refined, and we constantly look for ways to enhance our services. Although we are ever cognizant of each client's protocols and needs, our mission remains to *Improve Access to Health Care through Quality Transportation Management*.

We do not wish to merely *provide* the services as listed by the District, but to enhance and constantly improve the program for all District stakeholders – first and foremost, the recipients, and also existing transportation provider networks, health care providers, public officials, and advocacy groups that provide critical input to the transportation management company. By including the full range of stakeholders in the NET program, MTM ensures availability and accessibility to transportation and health care services for Medicaid recipients for all programs we manage. We will do the same in the District of Columbia.

Based on our interpretation of the RFP and our research of the District NET program, we have identified what we believe to be the most critical issues and compelling program operational areas requiring improvement in order to achieve the goals of the District, which we see as:

1. Cost containment and efficiencies
2. Reducing fraud and abuse
3. Promoting public transit utilization
4. Assigning the lowest cost, most appropriate mode of transportation
5. Utilizing state-of-the-art NET management software to ensure consistency in rule application and operational efficiency
6. Promoting the utilization of local, small and disadvantaged business entities
7. Improving the quality of the program

Our interpretation of the program was confirmed in a report dated May 4, 2006, from Mr. David A. Catania, Chairperson, Committee on Health. The report stated:



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*The Committee believes that the current Medicaid non-emergency transportation system should be overhauled to:*

- 1. Ensure that all Medicaid transportation services are provided to clients that have been certified as medically necessary and make such certifications subject to renewal;*
- 2. Institute a robust prior-authorization system that maintains public transportation as the default method of transportation;*
- 3. Require transportation vendors to submit fuller documentation of services provided, including purpose of trip, pick-up location, drop-off location, and times; and*
- 4. Provide greater oversight by checking ride logs for abnormalities and high usage.*

Because we have proven best practice solutions in place for managing NET programs which have resulted in the above goals being met for countless clients, MTM is confident that we have the solutions, experience and program design and innovation to achieve the District's goals and the Committee on Health's program recommendations for the overhaul and management of its NET program. These issues are thoroughly addressed throughout our response and are summarized below:

### **Cost containment, efficiencies and controls**

The Committee on Health's report also cited the CTAA (Community Transportation Association of America) data that noted "Only Alaska, with its sprawling landscape, spends more per Medicaid recipient on NEMT than the District. Moreover, despite the existence of the second largest rail transit system and the fifth largest bus system in the nation, only 1 percent of the District's NEMT is provided through public transportation. The Committee's report outlines that the program is costly due to lack of prior authorization screenings and the fact that it operates on a "honor" type system.

Although it may seem less "compassionate" to discuss cost first, the reality is that controlling cost in a Medicaid spend management environment is crucial to the continued success of the Medicaid benefit in general. It is not surprising that MTM has faced this challenge for many, if not all, of our contracts, and we have been successful. Our model lends itself to cost containment, and we consider this in all aspects of program operations. Cost is addressed prudently when negotiating contracts and prices with transportation providers and creating a competitively positive environment. Equally, by enforcing the most appropriate mode of transportation based on the recipient's needs and eliminating fraud and abuse by transportation providers and recipients through verifications and audits we are able to lower the cost of NET programs.

Examples of MTM's ability to control costs are the results we produced for our Arkansas, Minnesota and Philadelphia clients. In Arkansas MTM successfully lowered the average cost per-trip by \$6 in less than a year. We reduced the average per-trip cost in Minnesota by roughly \$3, reducing the over-all cost of the program by an estimated 13%. In Philadelphia, MTM decreased the average per-trip cost by \$5, representing a 20% decrease. These savings were realized in part by moving recipients from higher, more costly modes of transportation such as sedan and wheelchair to lower, more cost-effective modes including bus and personal mileage reimbursement and through fair and competitive rate negotiations with transportation providers.



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MTM screens for physical, functional and cognitive limitations of the recipient before assigning the lesser mode. For more details of these examples and MTM's success at lowering transportation costs, please refer to **MTM Attachment 1**.

### **Protecting transportation programs against potential fraud and abuse**

We fully appreciate the District's interest in fraud and abuse prevention and more specifically how MTM's approach to NET programs will support this effort to detect and reduce fraud and abuse. It is not unusual to find that clients are looking for solutions to control this unfortunate and rather inherent aspect of NET programs. Frequent media reports of federal investigations for Medicaid fraud attest to this unfortunate reality. As an experienced broker, safeguards against fraudulent activity are very important aspects of MTM's management program. We have instituted proactive approaches to prevent opportunities for fraud and abuse; these approaches are an integral part of our quality management, trip verification processes and billing practices. MTM is committed to creating and implementing innovative solutions to reduce fraud and abuse. We will work closely with the District to prevent, monitor and report any fraud and abuse in its NET program. At MTM, our processes and procedures have virtually eliminated fraud in the NET programs we manage.

### **Promoting and enforcing utilization of public transit systems to provide cost-effective services and ensure access**

The most important factor in delivering cost-effective transportation systems is to ensure maximum coordination and optimization of existing transportation resources. The CTAA reports only 1% of the District of Columbia's NEMT is provided through public transportation. This is remarkable considering the District has the second largest rail transit system and the fifth largest bus system in the nation, and both are predominantly ADA accessible. We will promote the utilization of public transportation by default as it is the most cost-effective and appropriate mode, barring any recipient cognitive or physical limitation. MTM has been successful, contract after contract, applying our proven utilization/care management processes and utilizing our state-of-the-art NET Management System. This system automates our processes and determines if a recipient's pick-up and drop-off addresses are in close proximity to a bus stop, to ensure recipients are accessing the most appropriate form of transportation for their specific needs. For instance, in Orange County New York, MTM increased public transportation utilization by 100%, which decreased the cost of the overall program by 10%, while the number of trips actually increased by 11%. In Philadelphia, MTM has been able to decrease the utilization of sedan and vans 16% by shifting recipients to public transportation, reducing the average cost per trip. Through MTM's management approach we are able to increase access to care while subsequently decreasing the overall costs of NET programs.

### **Experience applying utilization and case management principles to ensure assignment of the most appropriate and lowest cost mode of transportation**

Transportation requests for modes of service higher than public transportation must be certified as valid through MTM's Care Management process. MTM's Care Managers perform initial and periodic assessments of recipient's physical and cognitive needs to determine the most appropriate mode of transportation is scheduled. For individuals with complex needs, transportation mode is determined in collaboration with the health care provider based on medical necessity.



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We generally find that after MTM has implemented a program with our state-of-the-art operating system and utilization screening techniques, the client sees an immediate reduction of per-trip unit costs as a result of better efficiency in scheduling individuals on the most appropriate mode of transportation that meets their physical, functional and cognitive abilities. In addition, our clients, through MTM's management, achieve increased access for their Medicaid recipients to preventive and maintenance health services while experiencing reduced costs related to avoidable emergency and hospital utilization. For example, in Minnesota due to better access and recipient education, the number of recipients served under MTM's management increased by 11.75% all the while reducing the total cost of the program by 13%.

### **MTM's NET Management System ensures innovative, cost-effective management**

Unlike some brokers who use generic transportation management software, MTM has developed and refined its proprietary, customized NET Management System to meet NEMT program management needs. This system automates virtually every aspect of our management program ensuring the District the lowest cost program available. It automatically tracks and archives every transportation request, records whether a request was approved or denied, along with the specific rationale for that decision. It also tracks the information gathered during each call and is referred to on subsequent requests. The information contained therein is analyzed and reported on a regular basis. MTM's NET Management System, which delivers real-time information on recipients, allows MTM to adhere to specific transportation protocols.

This system is proficient in verifying eligibility of Medicaid recipients, the medical service and the medical provider, issuing the appropriate mode of transportation based on the recipient's needs and assigning the closest and lowest cost transportation provider. It is geographical information systems (GIS) based and is capable of assigning a trip rate based on the actual mileage of the trip and MTM's statewide or negotiated rate per mile by mode. Because it is GIS based MTM can load all fixed bus stops into our system to facilitate the booking of public transit for District area MA recipients. This GIS data is from ESRI and the map data is from GDT, both industry leaders. Our system also facilitates MTM's Care Management program because it is rules based; allowing trips to be identified for Care Management if they meet specific screening criteria such as high cost, frequently recurring in nature, long-distance, or requiring special needs transport. This ensures trips requiring oversight are automatically referred to a Care Manager for review.

Because our system was purpose-built we are able to ensure our processes for controlling transportation costs are automated through our system which helps to stream-line NET management processes. The result is a more cost-effective program on behalf of the District.

### **Promoting the Inclusion of Local, Small and Disadvantaged Business (LSDBE) Entities**

Although MTM is not a local business, MTM operates our contracts as a virtual local business, by acquiring local business space and employing local residents in our Customer Service Centers and sub-contracting with local transportation providers to deliver direct services. More than 85% of the revenue from this contract will stay within the District. With the cost savings MTM will deliver,



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the financial benefit to the District will out-weight any funding leaving the District. Additionally, MTM will work to promote the inclusion of LSDBE companies through service contracts for staffing, supplies, cleaning, printing, mailing and transportation services. MTM is committed to, at a minimum, contracting for services for twenty percent (20%) of this contracts value.

**Continuously measuring, evaluating and improving transportation outcomes utilizing the principles of the National Committee for Quality Assurance (NCQA)**

MTM has integrated the principles of NCQA into its Quality Management Program. Our clients benefit from our program of setting benchmarks, tracking and trending transportation outcomes, evaluating processes, and developing strategies to continuously improve transportation management services. We have well established and proven quality management indicators built into our quality management program. In addition we develop unique indicators based on each of our client's contract. On a monthly basis, we report the outcomes of these indicators to our Quality Management Committee to identify changes in trends and opportunities to improve our service delivery. Our program provides our clients with measurable results for program services, recipient access and satisfaction, responsiveness, and program efficiency. Through our quality management programs, our processes are improved resulting in reduced operational and service costs.

**In addition to meeting the above District goals for the NET program, MTM believes that other considerations must be factored into the design of a successful NET program. We define a successful NET program as a program that provides access to healthcare in a cost-effective and quality manner that satisfies the needs of *all* stakeholders. In achieving this success MTM considers the following:**

**Linkage between non-emergency medical transportation services and health care outcomes**  
Transportation contributes significantly to reducing overall costs of Medicaid health care services. The cost of providing avoidable emergency department visits and inpatient hospitalizations are major drivers of health care costs. Providing access to preventive health care services through a structured non-emergent transportation program reduces the incidence of avoidable emergency department and inpatient hospital services. As a result the District's Medicaid recipient populations receive less expensive health care services with better health care outcomes.

MTM has always been a forward-thinking company in the NET industry. Our programs are unique because of our focus on health care management and managed care principles. We were founded by owners whose background originated in health care and managed care industries. They designed the MTM NET management model with the understanding that access to medical care, through appropriate and cost-effective transportation, is a key factor in the prevention and management of diseases and rehabilitative services. The District will benefit from MTM's best practices linking transportation and health care delivery, proven experience in improving access to health care services, focus on scheduling the appropriate modes of transportation services based on the physical and functional needs of the Medicaid recipient through advanced level-of-need screening, and attainment of cost-effective services through administrative efficiency and coordination.



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### **Current trends or challenges associated with NET programs**

The challenges associated with NET programs run parallel to the goals of the District – how to establish and maintain quality networks, improve services, provide education and outreach, obtain meaningful comprehensive data, and at the same time, respond to Medicaid budget constraints and concerns. MTM has faced and met these same challenges with many, if not all, of our clients. Our advantage is that managing the transportation aspect of the Medicaid benefit is our *sole focus*, and because of this exclusivity, we have gained the experience and knowledge to be the industry experts.

At MTM, we have learned through our experience that to effectively manage NET programs, the following critical elements are necessary:

- Coordination of transportation services; we will identify all modes of transportation necessary to effectively meet the needs of the District's program.
- Collaboration with health care providers; we will identify high volume providers and work with staff and those who coordinate transportation.
- Collaboration with community service providers; we will work to effectively integrate with existing District or other funded transportation services to maximize resources and control costs.

Although we have a large and satisfied client base, we do not rest on our laurels. We constantly look for ways to continuously improve the quality of services – and control costs. MTM stays educated on factors effecting Medicaid budgets, both at the state and federal level. We ensure we are responding appropriately to the trends and issues affecting NET programs. Working with MTM ensures the District that we are working together with you to support the issues and factors affecting your ability to meet your fiduciary and operational responsibilities.

### **Experience Working in Large Urban Areas**

MTM has been working in large urban areas such as Philadelphia, St. Louis, Detroit, Kansas City, Minneapolis/St. Paul, Houston, and Little Rock throughout our ten (10) years of experience. We are aware of the unique challenges and opportunities presented in large urban areas. We have proven we can meet the challenges of concentrated populations with diverse cultures and language barriers. We use our skills and knowledge to increase proper utilization, particularly of public transit, and coordinate community outreach to large medical facilities.

We have met with officials managing large urban NET programs such as the New York City program. We have found that our process and techniques are superior to those managing large urban areas. Our system, specifically designed and built to automate NET management processes, ensures that MTM is capable of processing large amounts of transportation requests, yet focuses on booking public transit in large urban areas. Usually the major issue in a large urban area is that recipients are not utilizing the lowest cost mode of transportation appropriate for their specific needs. Working with MTM ensures the District that it has contracted with a transportation management firm capable of successfully managing NET programs in large urban areas.



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### **Understanding of the Service Area**

Although MTM has not operated a transportation program in the DC area previously, this does not indicate that we will not be successful in managing this program. In fact, simply having operated a transportation program in the District should not mean that one transportation management firm is better able to service the District's needs, especially if the program was not successful. The District should be looking for a transportation management company that has the proven capability to quickly understand their client's needs and modify their program accordingly. MTM implemented the Philadelphia County program in a mere twenty-one (21) calendar days and overcame substantial roadblocks to a successful implementation resulting in a program that currently has achieved 91% satisfaction. We did so by becoming keenly knowledgeable and aware of the Philadelphia County service area and surrounding counties. We put numerous staff on the ground working with transportation providers and medical facilities. We held outreach meetings with the managed care companies, advocacy groups, dialysis social workers, and conducted numerous medical facility site-specific visits. We conducted on-street observations of transportation providers' drivers and vehicles, monitored transportation providers' internal operations, and observed pick-up and drop-offs at medical facilities to identify areas of improvement. In addition we hired a local Program Manager, residing in Philadelphia and a local Transportation Provider Area Liaison, who knew the Philadelphia County area, including the Medicaid Program, the medical community and transportation issues. This enabled MTM to quickly modify our program to ensure a successful NET program. MTM will do the same for the District. The District can be confident that while we have not operated a transportation program in the District, we will operate the most successful program to date in the DC areas, as compared to some of our competitors who have failed in the management of transportation programs in the District.

### **Experience Promoting Cultural Sensitivity and Addressing Special Needs and Diversity**

Having worked in other large urban areas, we know they are "melting pots" for different cultures with increased diversity. We look for information to determine the nationalities represented including what predominant languages are spoken. As an example, in our Customer Service Center (CSC) in Minneapolis/St. Paul, we have Customer Service Representatives (CSRs) who, in addition to English, speak Vietnamese, Spanish, Russian, HMong, and Somalian.

From the beginning, MTM was founded on the principle of increasing health care access by providing quality transportation services to special needs groups. We immediately found that recipient advocacy groups, medical providers, and medical facility staff would be the greatest advocates for MTM and NET programs if we provided quality services for the special needs population. Out of this knowledge, came the formation of our Care Management program which provides one contact for medical facilities, social workers and case workers for coordination of transportation for all the recipients under their care. This type of direct contact ensures transportation services are booked in a timely and appropriate manner, creating increased client satisfaction with the program.



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### **Coordination with local resources and other government programs**

MTM has always been a company that works from the ground up through relationships with stakeholders and local resources to design a program that makes sense for the client and the service area. A broker would not be successful if it came into the District of Columbia and disrupted all the good things currently working for the NET program. We know there are processes and partnerships that are currently at work to make the NET program successful and where appropriate, MTM will adopt these processes and partnerships to ensure continued program success. We will also foster processes and partnerships yet to be developed in order to make this program a continued, ongoing success. During implementation, we will meet with all key stakeholders to find out what is working and what's not working with the current NET program. We will then evaluate, with the District's input and assistance, all that we have learned to design the best system to meet the goals of the District of Columbia as outlined in this RFP. Together, we can be an example of how a NET program should be run and the outcomes that can be achieved when good processes, technology and people come together to solve a problem.

### **Expertise with data elements, analysis and reporting**

Important to the success of every contract MTM manages is the ability to collect and analyze the data of the program and to provide necessary and meaningful reports. MTM's NET Management System is a state-of-the-art system capable of processing thousands of trip requests daily. We are able to pull live data and statistics from our system to perform analyses of services delivered and data elements such as trip cost, mileage, recipient identification number, address, and appointment date. Our system stores all the data required in this contract to screen and dispatch trip requests. Often, we find that accessing data in a usable format is a major program enhancement for our clients. We will provide the District detailed management reports in rich format and trip detail in mutually agreed upon format for analyzing trip information and outcomes. Additionally, we are experts in electronic data interchange, encounter data reporting and claims processing.

### **Appropriately Budgeting for Transportation Expenditures to Ensure Quality Services**

Because MTM is acutely aware that transportation access actually reduces overall healthcare costs, we ensure that when we bid a contract that we are appropriately costing for transportation and administration expenses. Those contractors that do not fully understand NET Management or those that have in the past underbid contracts to provide top line growth to shareholders actually contribute to higher overall healthcare costs due to missed pick-ups related to poor quality services. MTM is no such company, we understand how to appropriately cost for transportation services and set realistic and achievable goals for controlling and reducing costs of NET programs. This enables MTM to provide quality, yet cost-effective services to our clients.



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## Conclusion

MTM fully comprehends and understands the NET program services identified in this RFP. Under MTM's management, the NET program in the District of Columbia will be managed in a consistent, high-quality, and cost-effective manner. Service will be provided only to eligible recipients, who, in turn, will be supplied with the most appropriate mode of transportation with a focus on utilizing the extensive public transportation system. MTM's management of the program will enable the District to maximize the return on its investment by utilizing MTM as the contractor. Finally, this program will be administered in a fair and fiscally responsible manner. We look forward to your review and evaluation of our services, as outlined in this proposal, and welcome the opportunity to implement and manage the NET program on behalf of the District of Columbia.

*MTM is the most qualified transportation management company in the industry to achieve the NET program goals identified in this RFP. No other transportation management company has the experience managing and implementing NET programs, the proprietary state-of-the-art technology, dedicated and experienced staff, and the commitment to operating quality NET programs than MTM. Choosing MTM to be your NET broker ensures you will receive economies of scale, focused attention, cutting-edge technologies and successful coordination efforts.*

*We commend the District of Columbia for providing us the opportunity to manage your NET program, improve efficiencies, reduce cost, and mitigate fraud and abuse.*

*We look forward to working with you in the future*



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<b>SOLICITATION, OFFER, AND AWARD</b>		1. Caption <b>Broker Non-Emergency Transportation Services</b>		Page of Pages 1 190	
2. Contract Number	3. Solicitation Number <b>POHC-2006-R-0010</b>	4. Type of Solicitation <input type="checkbox"/> Sealed Bid (IFB) <input checked="" type="checkbox"/> Sealed Proposals (RFP) <input type="checkbox"/> Sole Source <input type="checkbox"/> Emergency	5. Date Issued <b>05/31/06</b>	6. Type of Market <input checked="" type="checkbox"/> Open <input type="checkbox"/> Set Aside <input type="checkbox"/> Open Market with Set-Aside SBE Designated Category:	
7. Issued By: <b>Office of Contracting and Procurement 441 4th Street, NW, Suite 700 South Washington, DC 20001</b>			8. Address Offer to: <b>Office of Contracting and Procurement - Bid Counter 441 4th Street, NW, Suite 703 South Washington, DC 20001</b>		

NOTE: In sealed bid solicitations "offer" and "offeror" means "bid" and "bidder"

**SOLICITATION**

9. Sealed offers in original and 10 copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if hand carried to the bid counter located at 441 4th Street, NW, Suite 703 South, Bid Counter until 14:00 local time July 6, 2006 (Date)

CAUTION: Late Submissions, Modifications and Withdrawals: See 27 DCMR chapters 15 & 16 as applicable. All offers are subject to all terms & conditions contained in this solicitation.

10. For Information Contact	A. Name <b>Jim Marshall</b>	B. Telephone (Area Code) <b>202</b> (Number) <b>724-4197</b> (Ext)	C. E-mail Address <b>jim_marshall@dc.gov</b>
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11. Table of Contents

(X)	Section	Description	Page No.	(X)	Section	Description	Page No.	
	PART I - THE SCHEDULE				PART II CONTRACT CLAUSES			
X	A	Solicitation/Contract Form	1	X	I	Contract Clauses	152	
X	B	Supplies or Services and Price/Cost	2		PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS			
X	C	Specifications/Work Statement	9	X	J	List of Attachments	159	
X	D	Packaging and Marking	119		PART IV - REPRESENTATIONS AND INSTRUCTIONS			
X	E	Inspection and Acceptance	120			Representations, certifications and other statements of offerors	160	
X	F	Deliveries or Performance	122	X	K	Instructions, conditions & notices to offerors	167	
X	G	Contract Administration Data	128	X	L	Evaluation factors for award	183	
X	H	Special Contract Requirements	138	X	M			

**OFFER**

12. In compliance with the above, the undersigned agrees, if this offer is accepted within 180 calendar days from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified herein.

13. Discount for Prompt Payment	<input type="checkbox"/> 10 Calendar days %	<input type="checkbox"/> 20 Calendar days %	<input type="checkbox"/> 30 Calendar days %	<input type="checkbox"/> Calendar days %
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14. Acknowledgement of Amendments (The offeror acknowledges receipt of amendments to the SOLICITATION):	Amendment Number	Date	Amendment Number	Date

15A. Name and Address of Offeror <b>MTM, Inc. 16 Hawk Ridge Drive Lake St. Louis, MO 63367-1829</b>	16. Name and Title of Person Authorized to Sign Offer/Contract <b>Alaina Macia President and CEO</b>
--	---

15B. Telephone (Area Code) <b>1036</b> (Number) <b>561 5686</b> (Ext) <b>5503</b>	15 C. Check if remittance address is different from above - Refer to Section G <input type="checkbox"/>	17. Signature <i>Alaina Macia</i>	18. Offer Date <b>7-12-06</b>
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**AWARD (TO BE COMPLETED BY GOVERNMENT)**

19. Accepted as to Items Numbered	20. Amount	21. Accounting and Appropriation

22. Name of Contracting Officer (Type or Print) <b>Esther M. Scarborough</b>	23. Signature of Contracting Officer (District of Columbia)	24. Award Date
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<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. Contract Number	Page of Pages 1   1
2. Amendment/Modification Number <b>POHC-2006-R-0010 0001</b>	3. Effective Date <b>6/9/2006</b>	4. Requisition/Purchase Request No. <b>NA</b>	5. Solicitation Caption <b>Non-Emergency Transportation Services Broker</b>	
6. Issued By: Code		7. Administered By (If other than line 6)		
<b>Office of Contracting and Procurement</b> <b>Human Care Supplies and Services Commodity Group</b> <b>441 4th Street, NW, Suite 700 South</b> <b>Washington, DC 20001</b>				
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code)  <b>All Potential Offerors</b>		9A. Amendment of Solicitation No. <b>X POHC-2006-R-0010</b> 9B. Dated (See Item 11) <b>6/31/2006</b> 10A. Modification of Contract/Order No.  10B. Dated (See Item 13)		
Code	Facility			
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>				
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input checked="" type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>2</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or fax which includes a reference to the solicitation and amendment number. <b>FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER.</b> If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.				
12. Accounting and Appropriation Data (If Required)				
<b>13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14</b>				
A. This change order is issued pursuant to: (Specify Authority) The changes set forth in Item 14 are made in the contract/order no. in item 10A.				
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 38, Section 3601.2.				
C. This supplemental agreement is entered into pursuant to authority of:				
D. Other (Specify type of modification and authority)				
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.				
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) <b>Solicitation No. POHC-2006-R-0010 is hereby modified as described below:</b>				
Item Number 1 Section L.1.3.1, page 167, first sentence, after the word on <b>Delete:</b> (TBD prior to the issuance of solicitation) <b>Insert:</b> June 14, 2006				
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect				
15A. Name and Title of Signer (Type or print) <b>Arlina Macia</b>		16A. Name of Contracting Officer <b>James H. Marshall</b>		
15B. Name of Contractor <b>NTM, Inc.</b>		15C. Date Signed <b>7-12-06</b>		16B. District of Columbia  16C. Date Signed <b>6/9/06</b>
(Signature of person authorized to sign)		(Signature of Contracting Officer)		

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. Contract Number	Page of Pages 1   12	
2. Amendment/Modification Number <b>POHC-2006-R-0010 0002</b>	3. Effective Date <b>6/29/2006</b>	4. Requisition/Purchase Request No. <b>NA</b>		5. Solicitation Caption <b>Non-Emergency Transportation Services Broker</b>	
6. Issued By: <b>Office of Contracting and Procurement Group VI - Department of Health 441 4th Street, NW, Suite 700 South Washington, DC 20001</b>		7. Administered By (If other than line 6)			
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code) <b>All Potential Offerors</b>			9A. Amendment of Solicitation No. <b>POHC-2006-R-0010</b>		
			<input checked="" type="checkbox"/> 9B. Dated (See Item 11) <b>5/31/2006</b>		
			10A. Modification of Contract/Order No.		
			10B. Dated (See Item 13)		
Code	Facility		11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS		
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>2</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (If Required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
A. This change order is issued pursuant to: (Specify Authority) The changes set forth in Item 14 are made in the contract/order no. in item 10A.					
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.					
C. This supplemental agreement is entered into pursuant to authority of:					
D. Other (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.					
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) Solicitation No. POHC-2006-R-0010 is hereby modified as described on pages 2 - 12 that follow.: In addition, Attachments A, B, C, D, E, and F are hereby incorporated into the Amendment 0002.					
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect					
15A. Name and Title of Signer (Type or print) <b>Alaina Macia, President/CEO</b>			16A. Name of Contracting Officer <b>James H. Marshall</b>		16C. Date Signed
15B. Name of Contractor <b>MTM, Inc.</b>		15C. Date Signed <b>7-13-06</b>	16B. District of Columbia		<b>6/29/06</b>
<i>Alaina Macia</i> (Signature of person authorized to sign)		<i>James H. Marshall</i> (Signature of Contracting Officer)			

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. Contract Number	Page of Pages 1   1	
2. Amendment/Modification Number <b>POHC-2006-R-0010 0003</b>		3. Effective Date <b>7/12/2006</b>	4. Requisition/Purchase Request No. <b>NA</b>		5. Solicitation Caption <b>Non-Emergency Transportation Services Broker</b>	
6. Issued By: <b>Office of Contracting and Procurement Group VI - Department of Health 441 4th Street, NW, Suite 700 South Washington, DC 20001</b>			Code	7. Administered By (If other than line 6)		
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code) <b>All Potential Offerors</b>				9A. Amendment of Solicitation No. <b>X POHC-2006-R-0010</b>	9B. Dated (See Item 11) <b>5/31/2006</b>	
Code				Facility	10A. Modification of Contract/Order No.	
					10B. Dated (See Item 13)	
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS						
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>2</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.						
12. Accounting and Appropriation Data (If Required)						
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14						
A. This change order is issued pursuant to: (Specify Authority) The changes set forth in Item 14 are made in the contract/order no. in Item 10A.						
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 38, Section 3601.2.						
C. This supplemental agreement is entered into pursuant to authority of:						
D. Other (Specify type of modification and authority)						
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.						
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) Solicitation No. POHC-2006-R-0010 is hereby modified as described below:						
1. Section A, page, Block 9 Delete: July 13, 2006      Insert: July 20, 2006						
2. Section L.4.1, first sentence Delete: July 13, 2006      Insert: July 20, 2006						
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect						
15A. Name and Title of Signer (Type or print) <b>Alaina Macia, CEO &amp; President</b>				16A. Name of Contracting Officer <b>James H. Marshall</b>		
15B. Name of Contractor <b>MTH, Inc.</b>		15C. Date Signed <b>7/26/06</b>	16B. District of Columbia		16C. Date Signed <b>7/12/06</b>	
Alaina Macia <small>(Signature of person authorized to sign)</small>			/s/ <small>(Signature of Contracting Officer)</small>			

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. Contract Number	Page of Pages 1   15	
2. Amendment/Modification Number <b>POHC-2006-R-0010 0004</b>	3. Effective Date <b>7/17/2006</b>	4. Requisition/Purchase Request No. <b>NA</b>		5. Solicitation Caption <b>Non-Emergency Transportation Services Broker</b>	
6. Issued By: <b>Office of Contracting and Procurement Group VI - Department of Health 441 4th Street, NW, Suite 700 South Washington, DC 20001</b>		7. Administered By (If other than line 6) Code _____			
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code)  <b>All Potential Offerors</b>			9A. Amendment of Solicitation No. <b>POHC-2006-R-0010</b>		
			9B. Dated (See Item 11) <b>5/31/2006</b>		
			10A. Modification of Contract/Order No.		
			10B. Dated (See Item 13)		
Code _____		Facility _____		11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS	
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>2</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (if Required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
A. This change order is issued pursuant to: (Specify Authority) The changes set forth in Item 14 are made in the contract/order no. in item 10A.					
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) set forth in Item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.					
C. This supplemental agreement is entered into pursuant to authority of:					
D. Other (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.					
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) <b>Solicitation No. POHC-2006-R-0010 is hereby modified as described on pages 2 - 15.</b> <b>In addition, responses to questions received about the solicitation provided in Attachment A are hereby incorporated into Amendment 0004.</b>					
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect					
15A. Name and Title of Signer (Type or print) <b>Alaina Macia, CEO and President</b>			16A. Name of Contracting Officer <b>James H. Marshall</b>		
15B. Name of Contractor <b>MTH, Inc.</b>		15C. Date Signed <b>7/25/06</b>		16B. District of Columbia <b>151</b>	
15D. Signature of person authorized to sign <i>Alaina Macia</i>		16C. Date Signed <b>7/17/06</b>		16D. Signature of Contracting Officer <i>(Signature)</i>	

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. Contract Number	Page of Pages	
2. Amendment/Modification Number <b>POHC-2006-R-0010 0005</b>		3. Effective Date <b>7/19/2006</b>	4. Requisition/Purchase Request No. <b>NA</b>		5. Solicitation Caption <b>Non-Emergency Transportation Services Broker</b>	
6. Issued By: <b>Office of Contracting and Procurement Group VI - Department of Health 441 4th Street, NW, Suite 700 South Washington, DC 20001</b>			7. Administered By (If other than line 6)			
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code) <b>All Potential Offerors</b>				9A. Amendment of Solicitation No. <b>POHC-2006-R-0010</b>		
				9B. Dated (See Item 11) <b>5/31/2006</b>		
				10A. Modification of Contract/Order No.		
				10B. Dated (See Item 13)		
Code		Facility				
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS						
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>2</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.						
12. Accounting and Appropriation Data (If Required)						
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14						
A. This change order is issued pursuant to: (Specify Authority) The changes set forth in Item 14 are made in the contract/order no. in item 10A.						
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.						
C. This supplemental agreement is entered into pursuant to authority of:						
D. Other (Specify type of modification and authority)						
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.						
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) Solicitation No. POHC-2006-R-0010 is hereby modified as described below:						
1. Section A, page, Block 9 Delete: July 20, 2006      Insert: July 28, 2006						
2. Section L.4.1, first sentence Delete: July 20, 2006      Insert: July 28, 2006						
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect						
15A. Name and Title of Signer (Type or print) <b>Alaina Macia, CEO and President</b>				16A. Name of Contracting Officer <b>James H. Marshall</b>		
15B. Name of Contractor <b>MTM, Inc.</b>		15C. Date Signed <b>7/25/06</b>		16B. District of Columbia <b>/s/</b>		16C. Date Signed <b>7/19/06</b>
<i>Alaina Macia</i> (Signature of person authorized to sign)				<i>James H. Marshall</i> (Signature of Contracting Officer)		

## 5.0 TECHNICAL APPROACH (L.2.1.4)

For ease in reviewing, all headings that correlate to RFP requirements and all required DC attachments are in blue ink. We have also provided a compliance matrix located behind the table of contents and an index at the conclusion of the technical response.

### L.2.1.4.1 Service Delivery and Service Description

#### L.2.1.4.1.1 Narratives

##### a. Transportation Network Development (C3.2)

MTM has a proven methodology for identifying, recruiting and contracting qualified transportation providers. MTM has successfully applied these processes and currently contracts with over 490 transportation providers throughout our service area nationally. Many of these providers have been in our network for multiple years. We have helped to grow and improve business for many of these providers. The District's requirement to recruit, solicit and select from the pool of over 200 providers currently enrolled as active in the District's Medicaid transportation program will be met as MTM will solicit these providers to join our network of transportation providers.

In the content that follows, we will identify MTM's methodology for developing transportation networks. The rationale behind our approach is based on the fact that transportation providers represent the backbone of successful non-emergency transportation programs. Transportation providers are the direct deliverers of transportation services. They build relationships with Medicaid recipients through the direct services that they provide. They understand the neighborhoods, traffic fluctuations, and local streets. It is incumbent upon the broker to ensure that transportation providers who have historically provided these services continue to provide services for continuity. The District and the broker benefits from the established positive relations between transportation providers and Medicaid recipients with better service and lower complaints. MTM's management of the transportation network supplements the service currently being delivered by these providers. Our program ensures that beyond general service provision, providers are billing for services actually rendered, adhering to all program requirements, addressing and resolving complaints and treating recipients with dignity and respect. By instituting MTM's management program in collaboration with the existing NET service provision, the District will achieve its goals for the NET program.

*Through both traditional transportation provider network development, utilization of public transit systems and coordination with volunteer programs, MTM provides our clients with cost-effective and quality transportation services.*

**Transportation Provider Solicitation and Selection (C.3.2.1) Identifying, Recruiting and Negotiating Service Agreements with Transportation Providers:** MTM solicits transportation providers in a number of ways including town hall meetings, direct-mail activities and face-to-face meetings. Transportation Providers will be educated on MTM's Transportation Provider



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Guidelines and steps for applying to participate in our network. These steps result in many providers signing Letters of Intent (LOIs) indicating their interest in participating in our network. MTM will only solicit transportation providers currently enrolled as active in the District's Medicaid Transportation Services program (C.3.2.1). When a transportation provider expresses an interest in participating in our network, the following process ensues:

**Step #1 – Transportation Provider Selection Plan (C.3.2.1.2):** In order to plan for appropriate numbers and types of services, we will require the interested provider to complete a questionnaire including number and types of vehicles, number of drivers, current insurance information, service area, and hours of operation. (**MTM Attachment 2**). The provider is required to submit copies of the appropriate credentialing documents for MTM's review and evaluation. If the provider agrees to satisfy these credentialing criteria and both MTM and the provider are interested in working together, rate negotiations are discussed at this point. MTM's Network Manager, will conduct rate negotiations with the provider as outlined below. Upon agreement, the provider moves to the next level of the recruitment process.

In preparation for rate negotiations, MTM initially assesses the program's trip volume and patterns including the number and location of trips, the location and sub-locations providers will be driving from, and the types of vehicles required such as wheelchair lift/paralift, ambulatory (sedan/van), stretcher van, Metro bus, Metro rail, taxis/cabs and transportation providers for MRDDA recipients. MTM then sends out this trip demographic information in a bid form detailing the volume and trip patterns of the program. Transportation providers are asked to bid a base plus mileage and flat trip rate based on service locations and trip patterns/medical facilities. They are also asked to provide their trip capacity by vehicle mode. These bid forms must include how the transportation provider intends to satisfy the general requirements of this program and their technical approach to providing the number and types of trips proposed (C.3.2.1.3). MTM then evaluates the bids based on price and capacity. After the evaluation process is completed, MTM preliminarily assigns transportation providers to a geographic area or medical facility by mode. MTM will contract with these providers to provide return ride services originating outside the DC Metropolitan area when necessary (C.3.2.1.4).

Once MTM has identified the network of providers it intends to contract with, we program our system with the providers and their pertinent information. In our system we assign a transportation provider to each zone or medical facility; this provider will be awarded all trips in this zone or to this medical facility. We also assign additional transportation providers to each zone/facility as back-up to ensure complete coverage. This method of assigning transportation providers by zone allows the transportation providers the ability to efficiently route and multi-load their vehicle based on predominant travel patterns allowing MTM to procure the most cost-effective transportation available. Transportation providers are informed that they must provide quality services to maintain their volume of trips. If service degrades in any way, MTM notifies the provider through our Quality Management process and allows it to make corrective actions to improve service. If service is not improved, we select a new provider to cover the zone/facility.



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This is the outline of MTM's Transportation Provider Selection Plan, which we will refine if awarded the program and submit to COTR for approval within ten (10) days of contract award (C.3.2.1.2.1). MTM utilized this process in the management of the Philadelphia County NET program and successfully reduced the cost per trip by \$5 and increased the quality of the program. In June of this year, recipient satisfaction of the program was at 91%, up from 82% when MTM took over the program last October.. This method of procuring transportation and ensuring quality services will meet the District's requirement for open and fair competition for business by the transportation providers based on cost and quality.

**b. Transportation Provider Service Agreements (TPSA) (C.3.2.2)**

**Step #2 --:** When MTM contracts with a transportation provider; it must sign our TPSA for the DC program (**DC Attachment B**). *The TPSA will meet all criteria described in C.3.2.2. A template of the TPSA will be submitted to the COTR for review and approval ten (10) days from contract award.* Requirements of the TPSA include driver background checks (criminal, child abuse, and elderly abuse where available), motor-vehicle records for all drivers, the minimum insurance requirements based on MTM's and the District's state-specific requirements (WMATC, C.3.2.3.1.), whichever is higher, and a listing of vehicles, drivers, and daily trip capacity by mode and service area. In addition, the provider is informed that all appropriate licenses and certifications are required. A copy of our Conceptual Transportation Provider Service Agreement (TPSA) as outlined in Section C.3.2.2 is provided in **DC Attachment B** and the accompanying MTM Transportation Provider Guidelines are found in **DC Attachment A**. These documents and requirements will be in full compliance with all provider, driver, insurance and vehicle requirements contained in C.3.2.2 and C.3.2.3.

**Step #3 – Broker and Transportation Provider Requirements (C.3.2.3):** Once the provider has expressed an interest in proceeding through the contracting process, MTM's Area Liaison will conduct a site visit. This consists of vehicle inspections and review of the provider's documents, insurance, vehicles and driver records. The Area Liaison will ensure that all vehicle requirements, registration, inspections and insurance meet or exceed the District's standards. If the site visit is favorable, provider records meet the credentialing standards, and vehicles meet the standards, the Area Liaison will recommend the provider to MTM's Credentialing Committee, a subcommittee of MTM's Quality Management Committee, for acceptance into the network. A copy of all documentation is provided for the Credentialing Committee to review. See MTM's Transportation Provider Guidelines and the TSP Selection Plan, **DC Attachments A and B**. MTM will maintain all records required for this contract in accordance with the specifications detailed in section C.3.4.4.2 through C.3.4.4.2.3.

**Step #4 – Training of the Transportation Provider:** After the transportation provider has been approved by the Quality Management Committee, the Area Liaison will conduct a training and orientation meeting. The Area Liaison thoroughly explains MTM's Transportation Provider Service Agreement and Guidelines, which clearly outline the performance standards to which MTM will hold the provider. Next, the Liaison will "walk" the provider through the Provider Manual (**DC Attachment P**), which documents and explains MTM's operations, the provider's



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key contacts, and such operational aspects as how the MTM trip-award process works, how to read a trip manifest, how to register a complaint, how to bill, payment schedule, and member's rights. This meeting is important in establishing a good working relationship between MTM and the provider. The Area Liaison will work closely with the transportation provider to ensure all contract requirements such as documentation, registration, insurance requirements, driver and attendant conduct and training are clearly understood. The Area Liaison will ensure that transportation providers entering our network have the necessary hardware and software capabilities to provide and maintain accurate and timely records and reports as required and requested by MTM (C.3.2.3.10.1.). The Liaison will be a ready resource for the provider and will conduct scheduled and random site visits to verify contract compliance. Retraining will occur as needed. MTM will submit the Driver and Attendant Inspection and Monitoring Process to the COTR within ten (10) days of contract award. MTM will incorporate all aspects of transportation provider relations and education requirements described throughout the RFP and in C.3.2.5.

MTM assures the District that the transportation provider network will be sufficient in number and in modes to meet the needs of the District's program. We will include transport by public transit, minibus, passenger automobile (personal mileage reimbursement), wheelchair van and stretcher van. These are all familiar modes to MTM and we have worked with hundreds of companies inclusive of thousands of vehicles and drivers. Equally important, the District can be assured that with the support, education/ training, and ongoing monitoring by MTM, the network will be comprised of high-performing transportation providers and in full compliance with WMATC (C3.2.3.1).

Building quality transportation networks is a strength of MTM. We believe a good relationship and partnership with transportation providers begins during the contracting stage. MTM understands the value of maintaining this good relationship. The success of the program is dependent on a well-educated, high-performing transportation network.

This process has been effective in developing transportation networks throughout the nation for MTM; recently MTM developed a network of transportation providers for the Philadelphia County program. Prior to MTM's management, this network of providers were contracted on an hourly rate for vehicle and driver services, there was no competition on the efficiency of routing and multi-loading of recipients. Through MTM's transportation services procurement process, we effectively reduced transportation costs of ambulatory and wheelchair transports from \$24 on average to \$19.00 on average, a 20% savings. We also increased quality of services in regards to driver training, vehicle maintenance and on-time performance by expanding the network from five (5) providers to over twenty in less than six (6) months. We improved the quality of service by rewarding higher quality providers with more trips. As evidenced, MTM is effective at controlling transportation costs and increasing quality of services provided through our Network Management approach.



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**Vehicle Inspection and Monitoring Process (C.3.2.3.2.8):** MTM holds our transportation providers to high standards. We closely monitor their performance for compliance to these standards to assure the District of the best transportation network possible. In addition to the initial credentialing site visit, the Area Liaison will perform regularly scheduled as well as unscheduled on-site visits to ensure the provider remains compliant to all contract requirements, including MTM's Transportation Provider Guidelines, and applicable state, federal, and municipal laws and regulations (see **DC Attachment A** for the Transportation Provider Guidelines). The Liaison meets with the transportation provider on site for a minimum of two (2) times each year to inspect vehicles, audit files, educate the provider and review any areas of deficiency. If the Liaison identifies an area of deficiency, the Liaison will request that the transportation provider resolve the deficiency within a stated timeframe. The Liaison will schedule another visit at the end of the designated timeframe to ensure the deficiency has been rectified satisfactorily. MTM has various courses of action, including the ability to assess liquidated damages, if the provider fails to comply (C.3.2.3.13). Termination from the network is the most severe course of action.

MTM's procedures call for complete vehicle inspections for all subcontracted transportation providers on a semi-annual basis to verify vehicles meet client requirements and MTM Transportation Provider Guidelines and to ensure passenger safety and comfort features are in good working order (i.e., brakes, tire tread, signals, horn, seat belts, air conditioning/heating, etc.). If the Liaison determines any vehicle is substandard, the Liaison may request the vehicle be repaired, removed from service until repaired, or permanently be removed from service depending on the severity of the issue. Records of these inspections will be maintained in MTM's central office, and will be made readily available within three (3) working days of request from the District. MTM maintains all records for a period of five (5) years or longer if an audit is in progress at the conclusion of the five years (C.3.2.3.10.4.).

Complaints about vehicle will be thoroughly investigated with an immediate unscheduled inspection (C.3.2.3.13). If the complaint is substantiated, the driver or vehicle will be removed from service and the transportation provider will be placed on a corrective action plan and face possible sanctions. All complaints will be reported to MTM's Quality Management Committee.

**Driver and Attendant Requirements for Broker & Transportation Providers (C.3.2.3.3):** Critical to customer satisfaction is having courteous, safe and qualified drivers and attendants. Before drivers can even begin operating, they must have a clean criminal and motor vehicle background. Attendants must have a clean criminal background. This usually helps ensure that drivers and attendants are qualified and safe, but beyond mere background checks a driver must be specially trained to handle and care for the recipients being transported to medical services through the NET program. Since many of these recipients are extremely fragile, either due to age, sickness, mental capacity or age, it is important for the drivers to understand how to handle them and ensure their safety. Drivers and attendants will meet all the requirements of Section C.3.2.3.3.



**MTM**  
Medical Transportation  
Management, Inc.

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Driver training is required for all MTM's transportation companies. Specifics on the required training can be found in the MTM Transportation Provider Guidelines (see DC Attachment A). Although it is hard to prove the accident that did not happen, we know that for the hundreds of thousands of miles driven and trips provided, MTM's accident rate is very low – so much so that several companies in our network have qualified for reduced insurance premiums; training makes a difference. In addition to defensive driving and road safety, we also require training on passenger assistance and the etiquette required to assist persons with disabilities in a compassionate and caring way. MTM continuously educates and trains providers to assist them in providing the highest quality service available for our clients. This practice has resulted in our reputation for having the highest quality network of transportation providers in the industry. Additional specifics of driver training requirements are found in MTM's Transportation Provider Handbook (see DC Attachment P.).

In the way of training, MTM goes above and beyond what our contracts require to ensure we provide the highest level of services available. For instance, MTM discovered in the management of our Philadelphia NET program that we were transporting many developmentally disabled individuals, special needs, both adults and children. To ensure that the drivers were properly trained in handling these recipients, MTM developed a supplemental training program. These training sessions were required for all drivers servicing the program. The program encompassed the following areas: customer service, diffusing of tense situations, handling of special needs recipients to alleviate anxiety and concern, as well as adhering to MTM standard requirements, such as signing of trip manifests, calling in member no-shows, waiting five (5) minutes for recipients to embark the vehicle, etc. In this way, MTM was able to ensure that drivers were being clearly communicated with as to our specific requirements and expectations. Sessions were offered until all drivers were trained, and all new drivers were required to undergo this training. MTM will ensure DC transportation providers are similarly trained to provide the best possible services to MRDAA recipients. The District reports that 59% of the FFS eligible recipients are categorized as Blind and Aged with Medicare. MTM will ensure DC drivers and attendants are properly trained to adequately service this population.

In addition, MTM works collaboratively with transportation providers and training resources (i.e., the American Red Cross) to facilitate training programs for providers and drivers. MTM will ensure all training requirements in this RFP.

**Driver Conduct (C.3.2.3.3.5):** MTM will ensure that drivers are educated and trained on all MTM requirements. MTM will enforce compliance through our complaint management process. We document any complaints against a driver and require resolution by the transportation providers either encompassing education or training, suspension or termination of the driver from MTM's network depending on the gravity of the complaint. In this way, we ensure that problematic drivers are either retrained or removed from service. MTM conducts independent Customer Satisfaction surveys which include information on driver conduct and performance.



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This survey helps to identify areas of improvement needed within the driver community and guarantees that MTM has a level of comprehension of the satisfaction with the drivers by the recipients. MTM will strive for as near 100% satisfaction with driver performance as possible through our training and education, complaints handling and customer satisfaction surveys.

**Driver and Attendant Inspection and Monitoring Process (C.3.2.3.3.6):** MTM's Quality Management Committee through our Credentialing Committee monitors driver and attendant compliance with contract requirements. This committee credentials all drivers and attendants providing service on behalf of MTM initially and annually. This committee reviews the documentation provided by the transportation provider to determine whether or not it should provide service under this contract. At a minimum the committee will ensure that each driver has a valid license and that it remains intact, clean criminal and vehicle record checks, random drug screening, current first aid and CPR training and completion of general training sessions. Upon contract award MTM will provide for review and approval from the COTR our Driver and Attendant Inspection and Monitoring process within ten (10) days of contract award (C.3.2.3.3.6.1).

**Pick Up and Delivery Standards (C.3.2.3.4):** The first step in ensuring timely pick-ups and drop-offs of recipients is educating the transportation provider on the importance of timeliness. MTM's transportation providers are educated upon entering our network, and continually throughout our contractual relationship, regarding the importance of timeliness standards. It is a part of MTM's contract, and the transportation provider must adhere to these contractual standards. The provider is at the risk of being removed from the network for habitual non-compliance.

Once an adequate and qualified network of transportation providers, drivers and attendants is in place, MTM monitors service performance for contract compliance and quality standards. MTM will hold MAA transportation providers all to the pick-up and delivery standards of this contract. Transportation providers' adherence to pick-up and delivery standards is crucial for delivering quality NET services. MTM will monitor these standards to ensure the pick-up or delivery time does not exceed fifteen (15) minutes before and after the scheduled pick-up time (C.3.2.3.4.a.). Pick-up and delivery within this specified time period is essential to ensure passengers arrive to their medical appointments on time, and it allows for irregularities in normal traffic patterns.

MTM will educate MAA transportation providers that passengers will not be required to board the vehicle before the scheduled pick-up time, nor will a transportation provider be required to wait more than fifteen (15) minutes after a scheduled pick-up time (C.3.2.3.4.a.). Keeping communication open, particularly with transportation pick-up times, is essential to customer satisfaction and in avoiding unnecessary confusion. At the conclusion of the call intake process, the CSR will review trip details with the member. Details such as the assigned transportation provider, the pick-up time and instructions for being ready for prompt pick-up are summarized for the caller. (3.2.3.4.b.). MTM requires the NET provider to call the member within 24 hours of the trip to confirm the pick up time and to verify the member is keeping the appointment for the day. Transportation providers will be required to arrive within thirty (30) minutes of



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notification for return pick-up trips. MTM may schedule the pick-up time in advance for recurring trips with a fixed appointment beginning and ending times, such as dialysis and behavioral health appointments. Pre-scheduled pick-up times prevent delays in pick-up time.

In MTM's experience, multi-loading is most appropriate when there is a large number of recurring trips to the same destination. In this case, MTM works with the transportation provider to group trips. Minibuses are the mode of choice as transportation providers with this type of service can multi-load and group the trips. Multi-loading will help to contain the costs of the District's NET program with opportunity to reduce the overall cost once the broker and providers have established a successful multi-loading program. Multi-loading programs have to be safe and efficient to ensure that Medicaid members and MAA benefit. For members, the program has to ensure timeliness to health care appointments as well as safety for the passenger(s). MTM will ensure in these cases that the recipient does not remain on the vehicle for more than thirty (30) minutes longer than the average travel time for that route (C.3.2.3.4.c.)

MAA transportation providers will be required to wait until the recipient has safely entered the destination building before the driver departs the location (C.2.3.2.4.d.). MTM's transportation providers and their drivers are trained to adhere to requirements of timely and professional service. Transportation Providers are measured against standards for timely pick-up and drop-off through the MTM performance monitoring process. A report of performance outcomes is provided to transportation providers monthly. Providers are required to adhere to a threshold of 98% or better compliance to pick-up and drop-off standards. MTM understands that occasionally, circumstances outside of the control of the provider result in tardiness to scheduled pick-up and drop-off times. Examples include inclement weather and traffic delays. Providers are required to provide vehicle replacement for delays in which the initial driver is unable to keep the scheduled pick-up time. Drivers who do not provide vehicle replacements are educated and, if necessary, placed on a corrective action plan. MTM will submit cumulative on-time reports to the COTR quarterly (C.3.2.3.4.f.).

Our payment administration process requires transportation providers to submit signed trip sheets, date and time stamped with passenger signatures, for both the pick-up and drop-off of each one-way trip. All transportation providers will be required to submit the signed trip sheets to MTM as part of the billing procedure. Trips without signatures and time stamps will not be reimbursed. MTM will input pick-up and drop-off information into the NET Management System. Compliance to timeliness requirements will also be monitored through this process. Transportation provider outcomes will be tracked and trended through MTM's quality management process. On a monthly basis, providers who do not meet the performance threshold will be reported to the Quality Management Committee for review and determination of corrective actions. Providers who habitually fail to meet the timeliness performance standard will be assessed liquidated damages and may be terminated from the MTM network.



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**Covered/Non-covered Recipients and Services (C.3.2.3.5 – C.3.2.3.6):** MTM will only provide services to those recipients covered under this program. MTM will only provide transportation services to those covered recipients to covered Medicaid medical services per this contract.

**Urgent Care (C.3.2.3.7.5):** If, during the call intake process, the CSR is alerted the trip is urgent, as defined by this RFP, occurring within the next 24 hours, the CSR will verify the urgency directly with the medical provider through the use of our Medical Necessity Form. If the trip is warranted per medical provider approval, the CSR will document this in the NET Management System and proceed with arranging the necessary transportation. Verbal verification may be obtained in lieu of formal documentation. MTM's Medical Necessity Form has virtually eliminated the abuse of NET for non-urgent trips.

If the medical provider does not agree with the trip urgency, the CSR will deny the trip and inform the recipient of the denial (C.3.3.3.3.), offering the option to reschedule the trip within the required three (3) day advance notice. The denial will be noted in the system. A written denial letter will be sent to the recipient within three working days of the denial and will note the reason for the denial. Urgent care and same-day service will be reserved for urgent medical appointments, hospital discharges and follow-up appointments.

To ensure the transportation provider can accommodate the urgent request, the CSR will contact the transportation provider directly by telephone. When the estimated arrival time is established, the CSR will contact the recipient or case manager and provide the name of the transportation company before scheduling the pick-up time.

When handling an urgent trip request, the CSR will document all transportation providers contacted and their response to the request. Once the request has been fulfilled, the CSR will ensure the correct authorizations are documented in the MTM NET Management System. The authorization will be electronically transmitted or faxed to the transportation provider and verified as received. MTM will accommodate after-hours, urgent-care trip requests through our after-hours Customer Service Center. This CSC will be fully educated on all MAA rules and regulations and will have information on transportation providers who provide 24x7 services in the event of an urgent care request.

**Backup Service (C.3.2.3.7.6):** MTM requires drivers to notify the dispatcher of a pending late arrival or delivery (C.3.2.3.4.e.). If the late arrival will result in the recipient being late for the health care appointment, the CSR or Care Manager will notify the Medicaid service provider to ensure that the recipient will be able to keep the scheduled appointment. MTM's ultimate goal is to ensure recipients keep their health care appointment; we therefore work tenaciously to ensure recipients' transportation needs are met. All MTM transportation providers will be required to have two-way radio/telephone contact with their drivers to relay information such as a pending



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late arrival to MTM (C.3.2.3.4.g.). In our experience there are three common scenarios for late arrivals:

1. MTM is notified prior to passenger pick-up.
2. Member calls asking "Where's my ride?"
3. Transportation provider picked up passenger on time, but became late to appointment en route.

Each circumstance requires unique handling; these processes are described in **MTM Attachment 12**. MTM will provide back-up services when a transportation provider is 20 minutes late in meeting the assigned schedule. For ambulatory recipients, we will contract with local taxi companies as a back-up transportation resource. MTM developed a taxi voucher system in Philadelphia with highly effective results. We contracted with local taxi companies to provide back-up services on demand, and provided facilities with taxi vouchers to distribute as back-up service was needed. MTM will provide DC wheelchair-bound recipients back-up services through local non-emergency ambulance providers. MTM strategically plans for ample transportation coverage to minimize the need for back-up services of this type. Additionally, we find that assigning a transportation provider to a facility significantly decreases the need for such services.

MTM will hold our transportation providers to the high standards of performance for on time pick up and delivery. However, we are also aware that occasionally circumstances arise which cause delays, but by providing a plan for back-up services, the inconvenience of these situations can be minimized. See **DC Attachment A**, MTM's Transportation Provider Guidelines.

**Other Covered Transportation Services (C.3.2.3.7.7):** MTM will provide NET services to a parent, foster parent, guardian or caretaker of an MRDDA recipient upon request. MTM will provide transportation into and out of other states when the Medicaid recipient being transported is a resident of the District.

**Medicaid Non-Covered Transportation Services (C.3.2.3.8):** MTM will not provide transportation for the reasons outlined in section C.3.2.3.8 of this RFP. MTM will coordinate all Exceptional Transportation Services with the COTR (C.3.2.3.8.5).

#### **Modes of Covered Transportation (C.3.2.3.9)**

MTM will classify each vehicle of the transportation provider's fleet as:

- **Ambulatory** as defined in Section C.3.2.3.9.a
- **Wheelchair** as defined in Section C.3.2.3.9.b
- **Stretcher** as defined in Section C.3.2.3.9.c

**NET Support Services and Systems (C.3.2.3.10):** MTM will provide transportation providers training and support to ensure that they are capable of providing quality transportation services on behalf of the District. MTM will ensure that transportation providers have the minimum required level of computer systems to ensure they are able to provide accurate and timely reports and records as requested by MTM. MTM's Provider Liaison will train the transportation providers on the District's and MTM's requirements with the aid of our Transportation Provider Manual (see **DC Attachment P** for a draft of this manual).



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Over time, we have built relationships with transportation providers, medical providers, recipients and other key stakeholders to ensure we meet everyone's expectations and provide superior customer service. We have established advisory boards and community outreach representatives for all our programs to guarantee the necessary feedback for continued enhancement and quality service delivery; this feedback has worked effectively to assist us in quality improvement. We have created handbooks and operations manuals specific to our operations and have disseminated this information to medical facilities, transportation providers and advocates, inclusive of all standard and contract-specific requirements of the program. Although we are always available for in-person inquiries, these written materials help alleviate many questions and assist particularly in start-up for smooth implementation and reduced stress for all concerned. MTM will also utilize our Operations Manual, Transportation Provider Manual, Systems Manual, Users Manual and Quality Assurance Plan to educate recipients, transportation providers, MTM's staff, medical providers, District staff and any other key stakeholder on the NET program. For copies of these manuals see **DC Attachments O through S**.

MTM will ensure that each transportation provider is collecting and storing the correct information in order to guarantee the availability to MTM upon request. The transportation providers will be required to store this information for a period of no less than three (3) years and make it available upon request to MTM, District or federal employees within three business days. Any records involving an audit shall be kept for a period of six years or until all issues are resolved, whichever is greater. The records required will cover all those requirements of this RFP listed in Sections C.3.2.3.10.4.1 through C.3.2.3.10.4.3.

**Confidentiality of Information (C.3.2.3.11):** We understand the importance of, and are fully compliant with, the requirements of 42 Code of Federal Regulations, Part 431, Subpart F, regarding confidentiality of information concerning applicants and recipients. Recipient information is kept confidential, and data, as well as data elements, are duly protected from unauthorized disclosure. MTM's staff and subcontractors have received training on HIPAA regulations and requirements. They sign confidentiality agreements annually, which obligate them to provide safeguards that restrict the use or disclosure of information concerning recipients to purposes not directly connected with the administration of this contract. In addition, our staff and subcontractors are kept current on HIPAA requirements through annual education and training.

We are aware that in the course of being transported, passengers themselves may disclose and discuss their medical situations with the driver. Drivers are instructed they must not share this information with anyone except medical professionals or other individuals involved in a bona fide "need to know" circumstance such as a medical emergency.

MTM's Quality Management Manager is responsible for monitoring and reporting any unauthorized disclosures of recipient PHI (personal health information) or other personal information to the Quality Management Committee (QMC) and our client. The QMC has developed policies and processes, which are in adherence with HIPAA guidelines, to ensure the



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confidentiality of transportation records and recipient information. MTM's employees and subcontracted providers are educated on these policies and procedures, and will be re-educated on them annually (see **Attachment 13** for this confidentiality policy). We have followed all HIPAA requirements and have educated staff and transportation providers on an ongoing basis due to changes in staffing for MTM and for the providers. The Manager also conducts random compliance audits for HIPAA compliancy at all MTM operations. Any non-compliancy is addressed and rectified at that time.

**Independent Audit (C.3.2.3.12):** MTM submits to a yearly independent audit by BKD based out of Kansas City, Missouri. MTM will provide the District the annual audit as required by this RFP.

c. **Other Transportation Network Development(C.3.2.4).**

**Volunteer and Public Transportation**

Past emphasis on volunteer and public transportation utilization with many of our clients provided impetus to improve and refine our policies and processes. This serves not only our clients in a cost-effective way, but MTM as well – particularly when working with capitated pricing arrangements.

**Volunteer Programs-** An often overlooked opportunity for NET transportation involves the many volunteer networks developed by human services agencies, the American Red Cross, retirement groups and some AAAs. These volunteer transportation networks are very strong in some markets. A strong volunteer program successfully augments and enhances a broker program. Quality and safety standards are maintained. MTM currently uses volunteer networks extensively in Arkansas and Minnesota and has developed processes to specifically address their use and oversight.

Volunteer drivers are expected to meet vendor guidelines including safety, comfort, and ability to provide an appropriate mode of service. All volunteers and their vehicles are required to meet the same licensing and insurance guidelines and requirements. MTM's Network Management staff oversees volunteer drivers' compliance to guidelines. Additionally, MTM will be responsible for the payment of expenses to volunteer drivers. MTM typically only reimburses volunteer drivers for driving expenses.

Volunteer drivers will be required to meet approval by the MTM Quality Management Committee. The drivers will undergo MTM's credentialing process. Volunteer drivers must have a current, valid driver's license, have a clean background check for criminal, child and elderly abuse, with no convictions for substance abuse, sexual crimes or crimes of violence for five (5) years prior to providing the volunteer service.



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Volunteer transportation providers will be required to go through the same MTM credentialing process as all other transportation providers and drivers. Volunteer drivers and their vehicles require approval of MTM's Quality Management Committee (QMC). Vehicles will be inspected by MTM's Area Liaison to ensure they:

- Meet appropriate state operating requirements and registration
- Have seat belts and child safety seats when appropriate
- Have functional heating and air conditioning

Vehicles must also meet MTM's insurance requirements. Volunteer drivers and vehicles that do not meet the above standards will not be allowed to transport members on behalf of MTM.

MTM's NET Management System facilitates the use of volunteer driving programs. MTM will input federally funded and volunteer transportation programs into the system.. The CSR will access this data during the eligibility and certification process. The CSR will certify each individual as eligible for these modes based on the member's needs and physical and cognitive abilities.

MTM realizes that these programs are mostly active in good weather situations and are often unavailable during inclement weather. We will therefore ensure the availability of alternate transportation services when we use the volunteer network. MTM is eager to work with existing volunteer transportation providers in the Washington, D.C. area and, where feasible, work to develop new volunteer transportation programs.

**Public Transportation Provider Service Agreements (C.3.2.4.1):** MTM understands that public entities have limitations on the types of service agreements and standards they can agree to, but equally understands the importance of having public transportation entities in our network. Therefore, we work one-on-one with each public transportation entity to design a service agreement that is workable from both its and our perspective.

**Bus Token or Fare Card Reimbursed Trips:** MTM will provide tokens, passes and fare cards to recipients to access public transportation. MTM will work to supplement the Metro transportation program with other regional public transportation systems that integrate with the Metro to ensure maximization of the public transit system. Additionally, if necessary MTM will provide taxi vouchers as back-up to regular transportation services, although this should be minimal as MTM will provide 24x7 customer service and contract with transportation providers for 24x7 service.

**Providing tools to staff for promoting public transportation:** To enable our staff to fully promote the utilization of public transit systems, MTM enters into our NET Management System all available public transit information including stops and schedules. Our system identifies when a recipient's pick-up and drop-off location is in close proximity of a public transit stop. In the case when public transit is available, our Customer Service Representatives enforces the utilization of this most appropriate mode, unless a medical condition confirmed by a medical provider prevents the utilization of the public transit system. This process is detailed below.



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**Screening for Public Transportation:** To ensure that public transit services are utilized as the appropriate mode of transportation in accordance with the physical, functional and cognitive needs of the Medicaid member, MTM will require the health care provider's approval for transportation modes other than public transportation. See **MTM Attachment 5** for Public Transportation Policies (C.3.2.4.2) When it is revealed through MTM's intake process that public transit is the most appropriate mode of transportation to meet the needs of the recipient, public transit services will be scheduled. Recipients requesting transportation other than public transit will be informed that MTM will need to conduct a level-of-need assessment to determine necessity for a higher mode. This process requires a medical necessity form be completed by the referring physician documenting the medical/mental limitation preventing the member from accessing public transportation. MTM will either approve or deny the need for higher mode of transportation based on the outcomes of the level of needs process. †

Once a medical necessity form is provided verifying the need for a higher mode of transportation, MTM staff enters into the MTM NET Management System the "certification" for services other than public transit and designates both the level of service (minibus/van, wheelchair, and if required attendant and/or door-to-door services) and the time frame for the certification (permanent if condition is permanent and temporary if situation requiring higher mode is temporary). Once the certification is entered into the system, the member can call into the CSC for all future trips and will be approved for booking on the higher modes of transportation.

This "certification" for higher mode will be reviewed periodically based on changes in the recipient's medical condition or expiration of the length of services for the higher mode of transportation mode. This process has proven to be extremely successful in both Minnesota and Philadelphia for moving recipients from unnecessary higher modes of transportation to lower, more cost-effective modes of transportation.

**Educating on the Benefits of Public Transportation:** MTM will use our education and outreach processes to promote the benefits of using public transit to members and educate health care providers on these benefits so they will support the use of public transit for their clients. It has been our experience that recipients who meet the criteria for utilization of public transportation and who have more than fourteen health care appointments in a month appreciate the option of a monthly pass. It gives them freedom to utilize the pass for activities other than accessing health care appointments. For MTM it is more cost-effective to issue a pass to these individuals. In this case, MTM will verify that the member kept his or her health care appointments. Members receiving passes will be apprised of the fact that MTM will verify whether health care appointments are kept.

**Collaboration with Medical Facilities:** MTM will educate medical facilities on the availability of our pass/token distribution process. This process will allow facilities to distribute passes/tokens directly to their clients who travel on public transit to access their program. The medical facility must document and attest that the member attended the program for the date(s)



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that a pass/token was given to the member for transportation services. At the end of the month, the facility will submit a log to MTM with the member's name and Medicaid identification number along with the dates of service and whether a token or pass was distributed to the member. MTM then reimburses the facility in the dollar amount equal to the cost of the passes/tokens distributed. If a medical facility does not want to distribute tokens/passes to their members, MTM will distribute them directly to the member.

**Distribution of passes/tokens:** For those recipients not receiving services from a provider/facility which distributes the tokens/passes directly to the recipient, MTM will send either a daily, weekly or monthly pass to the member based on the number of appointments attended monthly. MTM will conduct verification processes to ensure the member is attending medical services and not defrauding MAA.

**Transportation Provider Relations and Education (C.3.2.5):** MTM has a thorough training program of transportation providers from initial training from the Provider Liaison at the onset of contracting with MTM to ongoing training through Provider Advisory Committee meetings, complaint resolution and semi-annual on-site inspections and reviews. MTM will develop a Transportation Provider Training and Education Plan that covers all requirements of this contract and submit to the COTR within 30 days from contract award.

**Provide Comprehensive NET Recipient Services (C.3.3)**

Before recipients can contact MTM's centralized call center for transportation requests, they must be educated on where and when to call. MTM will develop and distribute Recipient Notification and Outreach material (C.3.3.1.), including labels and postage as applicable. All educational notices and material will be submitted for review and approval to the COTR within thirty (30) days of contract award. MTM looks forward to the opportunity to introduce the NET services available under our management model. The Recipient Initial Notification (C.3.3.1.1) will be disseminated forty-five (45) days from start of service. Following implementation, MTM will review enrollment records to identify newly eligible recipients and will direct mail a Newly Eligible Notification (C.3.3.1.2.) to those identified. Both notices, the Initial Notification and Newly Eligible Notification, will include the following information:

- The availability and description of NET services.
- MTM contact information such as the central business office address, phone and fax number.
- The NET internet address.
- Procedures for requesting NET services, including the three (3) day advance notice.
- Recipients Rights and Responsibilities

MTM will also develop education material and brochures (C.3.3.1.3) for distribution to recipients by IMA during the eligibility process. MTM will distribute the material to each IMA throughout the district.



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It is our practice to ensure all written materials for MAA Medicaid FFS recipients are in an easily understood language and format. We use the Flesch-Kincaid ease-of-reading tool to determine a sixth-grade or lower reading level. We will work cooperatively with the COTR to determine the needs of recipients.

Properly informed participants and their representatives are critical to the success of the NET program. There is little value in a high-quality transportation program if there is minimal use, and the health care of the individuals suffers. Through proper education, MTM will ensure the program starts up smoothly, with recipient confidence, and with improved access to health care services.

**Recipient Educational Plan (C.3.3.2):** MTM will develop an educational plan which includes recipient's right and responsibilities and HIPAA requirements. The Recipient Educational Plan will include all items described in C.3.3.2 and will be submitted to the COTR for review and approval thirty (30) days from contract award. See **DC Attachment J** for a sample plan. Proper education of recipients is critical in reducing the initial trepidation experienced when a program of this nature is changed. Education is crucial to ensure all stakeholders understand the NET benefit, how to access the program and what the rights and responsibilities are of those who utilize the program. Ensuring proper utilization of the program is important to guarantee quality and cost-effective services. When users adhere to the program requirements, it helps to decrease inefficiencies and increase satisfaction with the program. By properly educating recipients, access to health care services will improve.

For example, in September 2005, during the implementation of the MATP program in Pennsylvania, MTM worked with the Department of Public Welfare (DPW), the Philadelphia Health Law project and various other advisory groups to develop education materials for the Philadelphia Medicaid population on the various modifications to the program and how to access MTM for transportation services. After the document was drafted, MTM translated the document into Spanish. This material was utilized for the mailing of the document to over 280,000 heads of households prior to the go-live date of October 1, 2005. For continued and ongoing education of the recipients, MTM provides all first-time callers/users of the MATP program with information on how to request services and what to expect in the way of transportation services from the transportation providers and drivers.

Additionally, MTM worked collaboratively with DPW to develop an educational brochure for the program's current users and for distribution to its predominant medical providers. Prior to final printing, MTM presented this document to the MATP Advisory Committee for additional input before dissemination. MAA will benefit from MTM's experience developing important educational material, as we will involve key stakeholders for the most appropriate and accurate material content for critical educational components.



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**d. Centralized Call Center (C.3.3.3) (Customer Service Center or CSC):**

MTM will provide the District' Medicaid-eligible, fee-for-service recipients a toll-free number for scheduling and pre-authorization of transportation services. The call center will be located within the central business office and operate from 8:00 a.m. to 6:00 p.m. After-hours (6:01 p.m. to 7:59 weekdays and 6:01 p.m. Friday to 7:59 a.m. Monday) will be routed through an MTM after-hours call center. The call center and business office will be closed in observance of the following holidays: New Year's Day, Dr. Martin Luther King Jr. Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and Christmas Day. Transportation services will continue to be delivered as needed.

MTM operates five (5) Customer Service Centers, in St. Louis, Missouri, Pulaski, Virginia, Topeka, Kansas, Little Rock, Arkansas, and St. Paul, Minnesota. MTM's CSCs operate using state-of-the-art Voice over Internet Protocol (VoIP) and are thereby able to provide more cost-effective trip request processing than CSCs that operate over traditional telephone lines. As with other aspects of our management program, management of our CSCs has been refined and improved over our ten (10) years of experience. We are very proud of our Customer Service Center Representatives (CSRs) – of the professional and efficient manner in which they handle calls and complete the intake process. They are aware of the need for timeliness, but are also caring and sensitive to the needs of their callers. Combined, these CSCs handle approximately two (2) million incoming calls per year.

MTM will begin to establish a call center (CSC) in the District upon notification of award from DOH. MTM's call center will be operational prior to start-up of the contract. With MTM's current utilization of Cisco's VoIP solution, we are able to establish CSCs in a very short time frame. MTM typically identifies areas of low economic development to establish a call center. MTM will attempt to identify an area within the District that will benefit economically from jobs and work force development. We are currently exploring three locations- 1400 Sixteenth Street, 729 15<sup>th</sup> Street, NW and 1629 K St NW.

We will hire and train staff including a CSC manager prior to contract implementation. All hiring and employment will be in compliance of Section H.13. MTM will ensure all staff members providing services for the District will receive a comprehensive orientation to the District's program and service parameters as defined in section C.3.4.2.2.1. See **DC Attachment C** for Call Center location description and **DC Attachment I** for Staff Training and Education Plan (C.3.4.2.2.). Additionally, MTM will conduct scheduled (quarterly) and random continued training sessions of CSRs and MTM staff. These educational sessions will serve as an opportunity to update any policy or procedure changes and refresh staff members on proper protocol. MTM will submit our proposed Continuing Staff Training and Education Plan to the COTR within ninety (90) days of contract award (C.3.4.2.2.3). All other orientation/ training material and curriculums will be submitted to the COTR for review and approval within sixty (60) days of contract award (C.3.4.2.2.4.). MTM will develop a Training and Education Evaluation Tool to determine the effectiveness and quality of the sessions. The tool will be used



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to further improve future training and education sessions. MTM will submit the evaluation tool to the COTR for review and approval within sixty (60) days of contract award (C.3.4.2.2.5.). MTM will use the TTY (Teletype) and TDD (Telecommunications Devices for the Deaf) phone messaging services for hearing or speech-impaired recipients (C.3.4.3.3.d.).

MTM will utilize the Cisco Systems CallManager call-processing application to manage all inbound and outbound calls for the D.C. contract. Cisco Systems CallManager is a comprehensive state-of-the-art package which has the capacity of handling high call volumes and providing extensive monitoring and intricate reporting. Through this system, we monitor Customer Service Center operations and provide minute-by-minute data for trending, analysis and staffing adjustments. Please see the Cisco Call Manager product brochure in **MTM Attachment 3** for more information on this state-of-the-art application.

MTM will staff the District CSC with professional Customer Service Representatives (CSR) trained on contract protocol and MTM policies and procedures. An individual calling into the MTM CSC requesting NET services will be greeted by a courteous CSR using an appropriate greeting standardized to MAA. MTM often receives compliments from recipients, providers and facilities on the polite and courteous customer service provided by our CSRs. MTM will educate and require recipients to make transportation arrangements at least three (3) days prior to a non-urgent scheduled appointment. The central business office and all call center work stations processing DC calls will have a map of the city displayed for quick reference. The District business office and CSC will have the supervisory and support staff of the company's headquarters located in Lake St. Louis, Missouri (C.3.4.2.1.2.).

Our CSCs will utilize the AT&T language line for callers who have limited English language proficiency (ELP). The language line is a service with which we are thoroughly familiar and have used with success for years. The language line will provide 24/7 service and is capable of handling more than 140 languages worldwide. During the Customer Service intake process, a recipient's language, and cognitive and physical disabilities -- including visual impairment -- will be noted in the recipient's file and, as appropriate, communicated to the transportation provider.

MTM will work to determine prevalent language needs in each region served and will seek to employ CSRs with those language capabilities. For example, in the Greater St. Louis, area it became apparent Spanish and Bosnian were the language capabilities most needed; we thus employ CSRs with Spanish and Bosnian language skills. This decreases the talk time necessary for these ethnic populations and increases their satisfaction with the NET program. For our Minnesota program, we employ CSRs with additional capabilities in HMong, Spanish and Somalie languages to meet passenger needs in that geographical area. If a recipient elects to have a family member or acquaintance provide interpretation, this person must be 18 years or older.

**Recipient Intake (C.3.3.3.1):** The District needs a broker with the experience and technology to provide accurate gatekeeping measures for the provision of medically necessary transportation services. MTM has both the technology and the experience. MTM will develop a customized



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computerized call intake worksheet that includes all items listed in Transportation Request Form of C.3.3.3.1.1 a - x of this RFP. A prototype will be submitted for review by the COTR within 30 days from contract award. Additionally, MTM will submit D.C.-specific Gatekeeping Procedures and Protocols to the COTR for review and approval within thirty (30) days of contract award (C.3.3.3.1). MTM will obtain medical necessity certifications from the COTR (C.3.3.3.2.2.1).

**Electronic Transportation Request Form:** Our NET Management System (C.3.4.3.4) supports call intake by capturing all necessary trip information, such as recipient information, pick-up and drop-off information, and special transportation needs. A recipient file is established and maintained in the system. Each recipient file serves as a depository for all data, transactions, notations or complaints along with resolutions attributed to an individual for the life of the contract. MTM will make these files available to the COTR upon request. Note: the urgency of the trip request is flagged by the system to provide priority information for the downstream services and processing. A sample trip intake screen is depicted below. For additional examples of MTM's intake screens, please see the User Manual (CSR Training Manual) in **DC Attachment R**. Customer Services Training Manual will be compliance of this RFP and contain items listed in C.3.4.2.2.2. a-g.

Figure 1 -- Sample Trip Intake Screen

Skills-based, call-distribution technology is used to ensure telephone calls are routed to the most appropriate CSRs. The unified messaging technology delivers powerful messaging unification with e-mail, voice, and fax messages sent to one inbox. This improves communications, boosts productivity and enhances customer-service capabilities. Real-time continuous monitoring and digital recording are used to ensure the quality of customer services.



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**Gatekeeper Services (C.3.3.3.2):** As part MTM's gatekeeping services MTM verifies the recipient's eligibility, assesses the need for transportation services, selects the most appropriate mode, educates the recipient on the use of NET services and documents inquiries, requests and other information in our NET Management System. MTM will provide to the COTR for review and approval our Gatekeeping Procedures and Protocols within thirty (30) days of contract award. The following information summarizes MTM's internal processes conducted by our CSRs to ensure appropriate gate-keeping and level-of-need assessments to ensure the most appropriate and cost-effective mode of transportation is assigned to eligible recipients for transportation access to Medicaid covered medical services:

**Verification of Eligibility (C.3.3.3.3):** Upon receiving a call requesting NET services, the CSR begins the standardized intake process. The first step of this process is to request the caller's first and last name and relationship to the recipient and then to enter into the NET Management System the recipient's first and last name, complete address including apartment number, Medicaid ID number and telephone number of the recipient or caller if available. To verify the recipient's eligibility MTM's NET Management System automatically checks the recipient's information against the eligibility file downloaded from the MMIS. If the call is from a repeat user, MTM's NET Management System automatically populates many of the fields required to set up a trip. However, for each call, the CSR ~~verifies the address and phone~~ because we ~~recognize~~ these details change frequently and can cause delays in trip information. This feature enhances MTM's ability to handle calls quickly and efficiently and reduces the chance for entering incorrect information into the system. First-time callers are educated on the basic rights and responsibilities of the NET program, including the three-day notice requirement, information required for setting up a trip, and information regarding covered services. Re-education takes place thereafter as needed.

MTM acknowledges the option to request written verification from the District as needed, if the DC MMIS or EVS is non-functional. MTM will schedule the transportation pending verification of eligibility. Requests for written verification of eligibility will be in compliance with

C.3.3.3.3.1. Additionally, MTM will honor the "Medicaid Card" (Medical Assistance Eligibility Certifications) issued by IMA only for the period indicated on the card and eligibility extract (C.3.3.3.3.2.).

The initial steps during call intake involve determining the eligibility of the recipient, the validity of the medical service, and the medical provider. Once the CSR verifies the recipient is eligible for NET services and going to a Medicaid-approved medical provider, the CSR then ensures the appointment is for a Medicaid-covered medical service. MTM CSRs will be trained on MAA-covered Medicaid services and deny transportation to non-covered medical services. If the CSR has reason to doubt the validity of the information presented by or on behalf of the recipient, additional documentation will be requested (C.3.3.3.3.3.).



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For each trip, the CSR enters the trip reason code into the NET Management System. Some examples of trip reason codes are pre-natal care, dialysis and immunizations. MTM's system will alert the CSR if a trip reason code is entered for a non-covered service. This helps guarantee MTM CSRs approve only trips to MAA Medicaid-covered medical services.

MTM CSRs will assign a unique control number or "Trip Number" to each transport transaction that will directly track to the MAA eligibility review and documentation. Additionally, MTM's NET Management automated call intake screen can be customized to fit specific MAA protocols.

**Assess Member's Need for NET Services (C.3.3.3.2.b)** After eligibility is confirmed, based on the verbal information provided by the recipient or recipient representative, the CSR will check for alternate transportation resources. The CSR will ask a series of questions that help determine whether the recipient has access to state-funded services, free transportation services or public transit services if these resources are available.

The CSR will ask questions such as:

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

The information will be noted in the recipient's file. When that person calls again, the system will alert the CSR to this information. If the recipient indicates access to an automobile but cannot afford the gas to operate the vehicle, and it is determined that less-expensive public transportation is not an option, the CSR will provide information regarding our personal or volunteer mileage reimbursement program. This program is discussed in full detail later in this section.

Once a recipient has either been identified as having:

- alternative funding sources available
- other available transportation services from a family member or legal guardian
- an available, working vehicle
- the ability to utilize public transportation

our system will flag this information and from then on, when the recipient calls to request transportation, this information will "pop up" on the intake screen. For each subsequent call to request transportation, verification of the availability of these alternative resources will be made. If the recipient has a change in physical or mental health status or the available alternative no longer exists, the appropriate mode of transportation will be scheduled.

If the recipient does not have access to other transportation resources, the CSR will proceed with the trip intake process.



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**Medical Necessity:** The CSR will ask the recipient where the appointment is. This information will be entered into the system. If the transportation request is not for a medical appointment, the CSR will deny the trip and inform the caller that transportation services are limited to medical appointments only. The CSR will verify if the trip is for a Medicaid-covered service and to a Medicaid-covered provider.

**Necessity Determination for Mode of Transportation (C.3.3.3.4)** If the recipient is eligible, has declared he or she is a current District resident and stated a need for NET service, is traveling to a Medicaid-covered medical service with a Medicaid-eligible medical provider and has no access to other transportation resources, the CSR will record the recipient's Medicaid identification number and address. The CSR will then detail the recipient's rights and responsibilities for District NET services. This includes providing accurate information, a picture I.D. as requested at time of pick-up, and information related to the need for service (C.3.3.3.4.). MTM's CSRs will schedule the least expensive and most-appropriate mode of transportation, based on the recipient's medical needs and cognitive ability for each trip request. Unique fields in the MTM NET Management System prompt the CSR to request and then document required fields that assist the system in the identification of the most appropriate mode of transportation along with available transportation providers capable of providing the required level of service. The CSR selects the first provider identified by the system as the closest to the recipient. For a thorough description of the MTM trip assignment process, see **MTM Attachment 5** MTM Policy 201 – Call Intake for Trip Scheduling – Eligible Passenger.

**Special Needs (C.3.3.3.4.1) Instructions:** MTM's system allows for the documentation of special instructions in the trip record for the transportation provider. Frequently, a trip will require a transportation provider to accommodate attendants, additional passengers, transferring from a wheelchair, assisting a recipient down the steps, accommodating an obese individual and many other circumstances. These special instructions can be noted on MTM's trip screen under the "Special Instructions" line and this information will be transmitted to the transportation provider via the trip manifest.

There is also a Special Needs section which allows the CSR to indicate if the recipient has a cane, walker or wheelchair. These fields allow transportation providers to accommodate special needs in advance and reduce transportation no-shows, since the transportation provider knows ahead of time the situation to be encountered.

**Special Needs (C.3.3.3.4.1) Attendant:** A transportation attendant is a person provided by the broker or transportation provider to assist the driver and to accompany a recipient or group of recipients during transport in order to ensure the safe operation of the vehicle and the safety of the recipients. Attendants will be approved during transport only when it is necessary to ensure the safety of the recipient, ensure timeliness of the trip and reduce behavioral problems. A medical or mental health provider must deem the attendant as necessary. As approved, MTM will arrange the provision of one (1) attendant during transport. Examples of persons requiring an attendant include infants and minor children traveling to or from medically authorized early intervention programs or mentally disabled recipients going to or from authorized appointments.



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A primary care provider or case manager may request an attendant. If appropriate, a recipient's file will be flagged to indicate prior authorization of an attendant for future NET-approved appointments. The attendant will stay with the vehicle after the recipient departs the vehicle at the intended destination. CSRs will attempt to route recipients requiring attendants together to minimize the number of attendants used. Attendants will be employed by the transportation provider and must have a clean background check (criminal, child abuse and elderly abuse).

MTM's network of transportation providers will have the necessary staff to provide attendants. When an attendant is required, MTM will note the need in our NET Management System. When the trip is transmitted to the transportation provider, the need for an attendant will be relayed with the trip information. MTM will provide attendant services as part of the capitated rate. The transportation provider is reimbursed for providing the required attendant. There is no charge to the recipient for the provision of an attendant.

**Escorts:** Many recipients require an attendant or an escort due to their medical condition, age, physical limitation, language barrier, or disability. Some wish to schedule other individuals to travel with them, although not authorized as an escort. MTM will, without charge, allow one (1) escort to accompany a MAA recipient or group of recipients during transportation to a Medicaid covered service. The escort will be required to provide MTM the CSR with his or her name, relationship to the recipient and reason for the escort (C.3.3.3.4.b.5.). MTM will only arrange or compensate an escort for the cost of public transportation when requested. Escorts must be twenty-one (21) years of age or older. Children under the age of eighteen (18) must be accompanied by an escort, parent, foster-parent, guardian or caretaker. MTM will deny any trip request for a minor without an escort. We will notify the recipient in writing and suggest alternative transportation methods (C.3.3.3.6.1).

The escort's presence is generally required during transportation and medical treatment to aid or care for a recipient. Only one (1) escort will be allowed during transport. A parent receiving medical care is not allowed to bring small children unless the children are receiving specific authorized medical care from the same provider. However, a parent may bring a child of responsible age to act as an attendant if the parent's physical or mental state requires and escort. An escort traveling with a child will receive transportation at no cost to that person. Because MTM encourages transportation providers to multi-load when possible, we attempt to limit the passengers per vehicle to recipients with appointments and necessary escorts. Therefore, additional children without appointments will be transported only if there is no one available to watch them. MTM transmits to the transportation provider that an escort will be attending the appointment with the recipient and the transportation provider knows to accommodate the additional passenger at no charge.

**Appropriate Modes of Transportation (C.3.2.3.5):** MTM will ensure proper gatekeeping is performed per MAA protocols described in C.3.3 for all trips scheduled. Our proprietary, NET Management System will assign the most appropriate and cost-effective mode of transportation per the District's service protocols based on the recipient's level of need.



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**Levels of transportation:** During the call intake process, MTM's CSR will determine whether the recipient has *any* limitation not conducive to public transportation such as visual impairment, hearing impairment, mental/physical disability, or other special needs or conditions that would influence the type of transportation to be utilized. MTM will follow the District's criteria for determining the appropriate mode of transportation (C.3.3.3.5.) for assigning NET services via public transportation, wheelchair or stretcher services (C.3.3.3.5.1.). MTM's policy #201 Call Intake for Trip Scheduling cites the reasons stated above under Public Transportation as reasons for not accessing public transit.

*MTM has learned, contract after contract, that in order to provide our clients with the most cost-effective management model, public transportation must be considered as one of the primary modes of transport for Medicaid recipients. This is provided, of course, that a qualifying physical or mental disability does not preclude utilization and that a sufficient public transit system is in place. MTM will use the public awareness program Metro is Accessible Project, especially the Train the Travel Trainer Workshops, as a resource to accomplish this goal.*

*MTM will promote Metro is Accessible orientation and training programs for bus and rail to targeted facilities that MTM believes will be the best candidates for transition private transportation services to public transit services. These recipients are individuals who, with a little education and support, would be able to access the public transit system for their transportation needs. We will work hand-in-hand with these facilities to transition capable recipients who attend their program to public transit services. This helps to achieve the facilities' goal of increasing the independence of their recipients.*

**Determining Level of Need (LON):** MTM's processes for screening for higher modes of transportation and moving recipients, as appropriate, to lower, more cost-effective modes of transportation have been refined in our decade of business. We continually learn from our various contracts and experiences, then apply the best practices from these programs to our new clients. We have developed more sophisticated processes for the screening of appropriate modes of transportation, higher modes, urgent trips and refusal of public transit. MTM's process follows:

1. After the CSR has determined eligibility for a transportation request, MTM's NET Management System will determine the distance of the trip. If the trip is under ½ mile (or the mileage approved by MAA) the CSR will inquire if the recipient is able to walk the short distance to the appointment. If the recipient indicates inability to walk due to medical reasons, the CSR will advise the recipient that the health care provider will be required to provide medical verification of the inability. MTM requires the health care provider to submit a medical necessity form indicating the medical reason the recipient cannot walk to the appointment. The CSR is able to fax this form automatically from his or her desktop. If the provider indicates the recipient can walk,



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- the trip is denied. If the provider indicates the recipient cannot walk due to a qualifying medical condition, the CSR will move to the next step:
2. If the trip is farther than ½ mile, the first mode of choice in areas with sufficient access is public transit. MTM will load all bus stops into our system; this enables the CSR to immediately determine if the recipient is located near a bus stop. If the recipient indicates inability to utilize public transportation due to medical reasons, the CSR will advise the recipient that the health care provider will be required to provide medical verification or level-of-need LON verification. If the provider indicates the recipient can utilize the public transit system, the trip is set with public transit. If the provider indicates the recipient cannot utilize the public transit system due to a qualifying medical condition, the CSR will move to the next step:
  3. Once the CSR receives the medical necessity form indicating the need for higher mode of transportation due to a qualifying medical reason, i.e. physically or mentally disabled to the degree that walking or accessing public transportation could result in degraded health condition or personal risk to the recipient, the CSR will arrange the transportation with the most appropriate form of transportation based on the physical and cognitive abilities of the recipient as follows:
    - Member is ambulatory and has no cognitive disabilities – minibus transportation is provided
    - Member is ambulatory and has severe cognitive disabilities – door-to-door minibus service is provided
    - Member is in a wheelchair, does not require assistance, can transfer into a vehicle and has no cognitive disabilities – minibus transportation is provided
    - Member is in a wheelchair, can transfer into a vehicle and has severe cognitive disabilities – door-to-door minibus transportation is provided
    - Member is in a wheelchair, needs assistance from his or her residence and is not able to transfer – wheelchair van transportation is provided
    - Member has a disabling physical condition requiring physical assistance preventing utilization of minibus, taxi or public transportation – minibus with attendant, wheelchair van or stretcher is provided depending on recipient's level of assistance need
    - Member is in a lying down or Fowler's position and cannot sit up for transport – stretcher van services are provided

**\*\*\*End of Confidential**

By adhering to the above work flow and our LON process, MTM is able to ensure the most cost-effective and appropriate mode of transportation is arranged every time. If, throughout this process, the CSR is unable to make a determination or has difficulty enforcing the rule with a recipient or medical provider, the trip is elevated to the UCM team for further review and determination.



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### **Other Intake, Gatekeeping and Trip Dispatching Functions:**

**Public Transit:** MTM's NET Management system will alert the CSR if public transportation is an option based on the proximity of the recipient's pick-up and drop-off destinations to a bus stop. If public transportation is available, the recipient is ambulatory and has no medical condition preventing the utilization of public transit, the CSR assigns this mode for the recipient. MTM's NET Management System provides specific directions on how to get to the bus stop and the route and transfers necessary to arrive at the destination address. Bus or rail tokens and passes will be mailed from MTM's local office location.

Appropriate reasons for not accessing public transit are:

- Member lives further than 1/2 mile from a mass transit access location
- Is in a wheelchair and is unable to access public transit
- Is in the third trimester of pregnancy or has a high-risk pregnancy
- Has high-risk cardiac conditions or severe breathing problems
- Has a medical provider address more than 1/2 mile from a scheduled stop
- Has a permanent or temporary mental or physical disability precluding use of public transit

**Review Process:** Recipients requesting transportation other than public transit, personal mileage or ambulatory transportation minibus level (which includes all levels except wheelchair van) will be reviewed through MTM's level-of-need process. This process requires that a medical necessity form be completed by the referring medical provider validating the medical/cognitive need for a higher mode of transportation. Once a Medical Necessity Form is provided verifying the need for a higher mode of transportation, the recipient can be approved for booking on higher modes of transportation. This "approval" for higher mode will be reviewed on a periodic basis to determine if the medical condition of the person changes or if there is a known change in medical status.

Should the physician indicate the recipient can travel by public transit, the recipient is informed this is the only form of transportation available. The CSR will arrange bus transportation if the recipient indicates to do so. MTM has found this process extremely successful in other markets in ensuring the appropriate mode of transportation is assigned to meet the needs of the Medicaid beneficiary. MTM believes this will allow for the highest utilization of public transit for the MAA program.

**Utilization/Care Management:** To effectively serve social workers booking trips for their Medicaid recipients, MTM developed the first transportation broker Utilization/Care Management (UCM) department. MTM's UCM Manager is Cynthia Harvey, RN/BSN, who has many years of experience managing Care Management programs. The department will consist of dedicated MAA Care Managers who will serve as the key contacts for all social workers and facilities in the Washington, D.C. metropolitan area. For Cynthia's résumé and job description, see **DC Attachment F and H**.



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The Care Managers are responsible for arranging transportation for dialysis and mental/behavioral health programs. These individuals will establish solid relationships with social workers in the D.C. area and will serve to improve coordination and customer satisfaction with the MAA program. They will also be responsible for reviewing long-distance, high-cost, frequent and higher mode of transportation requests for appropriateness. For the Care Manager job description, see **DC Attachment F and H**.

MTM's Care Managers work with on-staff nursing professionals to ensure transportation needs are appropriately addressed. Working with MTM will ensure MAA recipients are receiving appropriate access to transportation services.

**Wheelchair and Stretcher Van Services:** MTM Care Managers will be trained on MAA wheelchair and stretcher van qualifications and related covered services. Nursing home facilities will call our Utilization/Care Management Department, which will conduct a level of need assessment to determine the most appropriate mode of transportation. MTM will verify facility closing hours during the trip intake process to ensure the patient returns to the point of origin at an appropriate time (C.3.3.3.5.2.). In MTM's experience, less than one percent (1%) of nursing home patients qualify for transportation modes lower than wheelchair or stretcher van. MTM's Care Management team will utilize Care Maps and Prioritization criteria when assessing level of need for this population. Prioritization criteria in conjunction with Care Maps aid the Care Manager when making level of need determinations for this population. Prioritization criteria consider living arrangements as an indicator of level of need for transportation services. Both the Care Maps and Prioritization tools, developed by MTM, are measured based on interrator evaluation to determine the consistency in which MTM's Care Managers applied the rules of the Care Maps and Prioritization criteria when determining level of need for certain diagnoses and functional capabilities. These tools are especially important when determining level of need for the nursing home population.

**Entering Pick-up and Drop-off Information:** During the next phase, the CSR enters pick-up and drop-off information into the trip record. The pick-up address will be the recipient's home address; if the pick-up location is an alternative location, the CSR enters the appropriate pick-up information. If the trip is identical to a previous trip, the CSR pulls up that trip record and enters the new date, time and any new information required. This helps to speed up the call intake process. The CSR confirms with the recipient the pick-up and drop-off information and moves on to the next step in the intake process.

**Timely Services Available:** MTM's CSRs will be trained on MAA's three (3) days advance reservation requirements. Calls made with the advanced notice will be scheduled in accordance with trip scheduling policies. If a trip request is made with less than three (3) days notice, MTM will make every attempt to honor the trip request as resources are available. However, if resources to accommodate the trip are not available, the trip request will be denied. MTM will educate the caller to schedule transportation with three (3) days advance notice. This rule allows:



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- Time to ensure the most appropriate, lowest cost mode of transportation instead of higher-cost transportation service, or having to settle for whoever is available no matter how far away they are located.
- MTM and the transportation providers to work as partners in responsible grouping and multi-loading of passengers to optimize transportation services.
- Transportation providers to return trips that don't "fit" their availability or service area, enabling MTM to reschedule the trip with a more appropriate provider.

**Checking Eligibility for Future Trips:** After the initial trip setup is complete, MTM's system processes eligibility nightly and compares it to trips set up in the future. If any previously eligible recipient becomes ineligible and has a future trip set up in the system, the system compiles all the trips with ineligible recipients and generates a report called the Cancellation Report. The next morning, a CSR cancels the trips on the report, notifies the recipient of the ineligible status. *This process ensures only eligible recipients receive transportation through the NET program based on the eligibility information provided by the DC MMIS.*

**Red Flag Notation:** MTM's system tracks information important to the needs and/or history of the Medicaid recipient. The system then notifies CSRs for future trip setups of the information via a "Red Flag." Such information could entail special directions to the recipient's pick-up location, special needs, fraudulent behavior, inability to ride with certain providers, or a host of other issues. The Red Flag is only noted internally on our system to the CSR; this information is not included on the fax sent to providers, thus protecting sensitive client information. The Red Flag designation helps to ensure important information is noted within the system, guaranteeing accommodation of special needs.

**Recurring Trips:** During the trip intake process, if the CSR learns the trip request is for a subscription of medical appointments or recurrent visits such as adult day care, the CSR will book the trip using our recurring-trip process, which automatically duplicates the trip for the frequency of the appointment. This saves time for setting up these trips. A series of trips can be arranged in one phone call and the trip will be with the same transportation provider for the duration of the appointments. This efficiency increases customer satisfaction.

The recurring trips are tracked monthly by MTM's Care Management team. They contact the medical provider monthly for each recurring trip to determine if the recipient is adhering to the appointment schedule. If, during this verification process, the MTM Care Manager learns the recipient is not adhering to the trip schedule, the Care Manager cancels the trips not taken and enters a code indicating the recipient no-showed for the medical appointment. MTM does not render payment for these trips, except in the case where the transportation provider traveled long distances to conduct the transport. We educate the transportation provider to call all recipients twenty-four hours in advance of the trip to ensure the recipient will attend the appointment; this serves to reduce recipient no-shows. MTM tracks and educates recipients who habitually "no-show" to encourage adherence to their medical appointments.



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If, during the verification process, the Care Manager learns the recipient's treatment is discontinuing or the person is deceased, the trips are cancelled from the appropriate date. This ensures transportation providers are not reimbursed for trips not taken. Additionally, MTM only schedules particular transports one month at a time if they are for a temporary medical condition.

MTM Care Managers verify recipients traveled to their recurring medical appointments for the prior month. The Care Manager cancels any trips the medical provider indicates the recipient did not attend. This ensures MTM is not booking trips into perpetuity and reduces the potential for fraud and waste.

The Care Managers are responsible for arranging transportation for dialysis, special requests, hospitals and nursing homes and recurrent behavioral health providers. This team has established solid relationships with case managers, social workers and hospitals, which have improved coordination and customer satisfaction with all our transportation programs. We attempt whenever possible to provide transportation with consistent providers/drivers; familiarity with the individuals and their special needs provides a higher comfort level for the passengers and increases efficiencies in their transportation.

**Modifying an Existing Trip:** If required, the CSR or authorized MTM employee can go into the trip information and modify it after the trip has been arranged. The individual can look up the trip based on the recipient's name, birth date, Medicaid ID number and/or address. If the modification of the trip affects the transportation provider's requirements for proper service, the CSR can re-submit the trip to the transportation provider noting the change at this time.

**Authorization Documentation:** MAA will benefit from a broker who can provide detailed documentation of each trip upon request. MTM's intake process ensures each trip set up is based on the MAA NET protocols. MTM's NET Management System facilitates the intake process, as it was designed specifically for automating this process. Each trip request and recipient record, along with mileage verification reporting -- which is GIS based -- is stored electronically as an individual record. This same level of detail may be accessed by a number of search criteria including the recipient's name, Medicaid ID number or trip number. This system is capable of processing thousands of trip requests per day and has extensive capacity to expand its operations extensively and rapidly. These records will be made available to the COTR upon request.

**Scheduling, and Assignment of Transportation Providers (C.3.3.3.6):** After MTM books the transportation request and assigns the appropriate mode of transportation, the NET Management System automatically assigns the lowest cost, most appropriate transportation provider servicing that geographical zone of medical facility. If that transportation provider is already "booked" or full for the day, the next most cost-effective back-up transportation provider for that location is assigned. MTM CSRs are prevented from over-riding this process. If an alternative transportation provider must be selected due to special circumstances such as long distance trip,



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morbidly obese individual, special motorized scooter accommodation, etc., the trip must be escalated to a Supervisor who has over-riding authority. Trips that are over-riden are periodically reviewed by MTM's Compliance Auditor to ensure proper procedures are being employed.

**Denial of Service (C.3.3.3.7):** MTM CSRs will be trained to be sensitive and empathetic to recipients accessing services. The CSR will either approve or deny a NET services request within 24 hours. Our experienced staff will determine the need for the request and make a decision based on MAA protocol in section C.3.3.3.7, medical necessity and urgency. If, through the eligibility or call intake process, it is determined that the trip should not be approved, and this is verified by the provider, an immediate second level of review will be handled by an MTM CSC Team Lead. Routine transportation requests less than three (3) days in advance of the appointment may be denied. MTM will use the District's guidelines and case by case judgment to determine "good cause" such as the need for urgent care, follow up appointment, or the next available appointment would cause a delay of two weeks or more. The recipient will be informed verbally of the denial and given the reason for the denial before the call is complete. The trip is coded in the NET Management System as a denied trip. MTM will comply with all requirements regarding denial of service C.3.3.3.7.

A denial letter is generated by the system and sent to the recipient within three (3) business days of the denial (C.3.3.3.3.3.). MTM will use the Notice of Appeal Letter developed by MAA (C.3.3.3.8.3.). The letter will outline the reason for the denial, suspension or termination and will include notification of the recipient's rights to an appeal hearing from MAA. A Customer Service staff member reviews all denials for appropriateness the next business day. The original letter will be mailed or handed to the recipient; MTM will maintain an electronic copy for our records. The recipient will have thirty (30) calendar days to appeal the initial decision; failure to do so will waive the recipient's rights to further appeal.

Occasionally, a caller may present as uncooperative, i.e. not providing required information, persistent use of profanity, failing to comply to the scheduled pick-up time, etc. In this event, the CSR will inform the recipient of MAA protocol and advise him or her of the recipient's rights and responsibilities in fulfilling the client protocol. If the recipient continues to be uncooperative, the CSR will inform the recipient he or she may be denied service if non-compliant behavior persists (C.3.3.3.7.). MTM typically finds recipients appreciate this forewarning and become meaningfully participatory in the scheduling process. MTM CSRs are trained to guide the situation to a constructive end.

Based upon the information gathered during the call intake interview and contract protocols, MTM will determine whether to approve or deny the transportation request. As stated, MTM will deny transportation only for reasons outlined in C.3.3.3.7 of this RFP. MTM will not discriminate against recipients based on political affiliation, religion, race, color, gender, physical handicap, age, or national origin – nor will we tolerate our providers doing so.



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MTM practices non-discrimination in all aspects of our business and hiring activities. We are a diverse organization inclusive of staff with a wide range of age, race and cultural representation. We promote in our policies, administration and the delivery of services, the standards of honoring recipient beliefs, sensitivity to cultural diversity, and promotion of communication styles that respect cultural diversity. Cultural competence is a quality management measure for our organization.

Using the Code of Federal Regulations as a guide, MTM will consider re-instatement of denied services under certain circumstances.

**Complaint Resolution, Appeals and Grievances (C.3.3.3.8. - C.3.3.3.8.9.1)** MTM has a dedicated Quality Management (QM) Department responsible for responding to complaints, appeals and grievances from members, transportation providers, health care providers, MAA or any other stakeholder voicing complaints about transportation services, MTM's service/performance or members. Quality Service Coordinators (QSCs) within the department will be accessible via a toll-free number to take complaints and grievances. Other MTM departments will be directed to forward all such issues to the QSC to respond and resolve. Complaints called into the Customer Service Center are documented and forwarded to the QSC for quick turnaround of response and resolution. CSRs will give the issuing party with the option of transferring the call directly to the QSC for resolution or having the CSR forward the complaint/grievance to the QSC. Either way, the QSC will contact the issuing party to document the details and research a solution. MTM acknowledges MAA's definitions of a complaint in section C.3.3.3.8.1.a.

**Complaint/Appeal/Grievance Process Summary:** A toll-free number will be available for MAA staff, members, authorized representatives, clients, social workers and transportation and health care providers to call to file a complaint/grievance. MTM personnel are trained to forward all calls regarding complaints/grievances to the Quality Management Department and to a designated Quality Management staff member called a Quality Service Coordinator (QSC) for tracking, investigation (including gathering all of the facts surrounding the complaint/grievance), and resolution. MTM's complaint/grievance process has four goals:

1. Receive and track complaint/grievance
2. Identify significant problem areas
3. Focus corrective action on trended problems
4. Prevent recurring problems

The QSC is responsible for verbally responding to the issuing party within three (3) business days of MTM's receipt of the complaint/grievance. When a verbal or written complaint/grievance is made to MTM, a designated QSC manages the complaint/grievance process from start to finish. The QSC is responsible for educating the required parties (transportation provider, MTM employee, medical provider, etc.) about the complaint/ grievance



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to avoid future incidents. The QSC will engage the necessary MTM staff in any resultant corrective action necessary to resolve the issue, such as a scheduled or unscheduled site visit with a transportation provider, a modification to a current process and/or discipline/education of an MTM employee.

The complaint/ grievance will be documented, along with the resolution and corrective actions, in the NET Management System for reporting purposes. MTM will provide a written response to the complainant within five (5) business days of receipt of the complaint. It is MTM's standard practice to maintain complaint records for six (6) years.

**Phone Complaints:** MTM's QSCs are trained to maintain discretion and confidentiality in all complaint situations. Our staff of experienced professionals offer understanding and listen carefully to collect all details of a complaint.

All complaints received by MTM will be transferred to a specially trained QSC. The QSC will begin documenting all information regarding the complaint in MTM's NET Management System complaint screen. If possible, the QSC will resolve the complaint at the time of the call. MTM QSCs are trained to keep the participant informed of the status of the complaint, which has been documented and will be addressed.

If the QSC is not available, the caller will be asked to leave a message and will receive a call back from the QSC within the same day or no later than the next business day.

After entering a complaint into the system, the QSC immediately begins the investigation, resolution and follow-up process. The QSC works with all involved parties -- transportation providers, clients, social workers, health care providers, participants, and MTM personnel to resolve complaints and initiate corrective actions, which may include a corrective action plan. The QSC will provide education to providers and passengers as part of the resolution process. The complaint will be coded and entered in the NET Management System.

**Written or Faxed Complaints:** Complaints received in writing or via fax will be addressed in the same manner as a phone complaint described above. The QSC will contact the complainant and indicate that the issue has been documented and will be addressed.

**Timely Resolution:** MTM strives to resolve all complaints within 48 hours. Some complaints require an onsite visit to the provider and may take more than 48 hours to reach full resolution. However, MTM will *respond* to each complaint within three (3) business days, in accordance with this RFP. MTM will provide a written response to the recipient that will include the reason for the failed service, explanation from the provider as applicable, corrective action, follow-up date and recipient's right to appeal. A copy of the letter will be retained by MTM. MTM will facilitate the recipient's right to appeal as directed by C.3.3.3.8.2- C.3.3.3.8.4 of this RFP.

In the development and successive evolution of MTM's superior Quality Management Department, we have established and maintained standardized written policies and procedures for handling all complaints, including documentation requirements. MTM will submit to the



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COTR within ten days of contract award our Complaint Policies and Procedures for review and approval. This is the formal, standardized procedures for responding to all MAA complaints. Upon request, MTM will provide the COTR a written record of the complaint and resolution within three days of the COTR's request.

**Transportation Provider Responsibilities (C.3.2.3.13):** Transportation providers are required to respond to complaints within forty-eight hours (48) hours. If a provider does not respond to a complaint within forty-eight (48) hours, the Quality Management (QM) Manager will notify Network Management of the noncompliance issue and the provider will be deactivated in the network from any future trips until a response is received. The QSC will identify the appropriate plan of action regarding vendor non-compliance and the application of appropriate corrective action(s).

If the complaint is found to be unsubstantiated at the time of the investigation, the complaint is coded as an unsubstantiated complaint and the provider is notified by fax that the complaint will not be counted on the Provider Performance Monitoring Report. Unsubstantiated complaints continue to be documented on the monthly Client Report.

The QM Manager reviews the client's Monthly Complaint Report prior to forwarding to the respective client. Monthly reports are sent to the client in accordance with the contract and in compliance with the HIPAA Privacy Rule 45 CFR 164.530 via e-mail, password protected, encrypted, or via a secured server.

A provider complaint summary will be forwarded to Network Management each month for the Provider Performance Monitoring Report. If a complaint is found to be unsubstantiated after the provider has received his performance report, the QSC will code the complaint as unsubstantiated, notify Network Management and send a letter to the provider via mail/fax to notify him/her that the complaint was found to be unsubstantiated. The provider performance report will be revised and redistributed.

The Quality Management department will track and trend complaints monthly by provider. A provider's overall performance, including complaint rates, is considered when the provider is due for re-credentialing.

The QMC (Quality Management Committee) receives, for approval, all recommendations for disciplinary action from the Credentialing Committee. The QMC also reviews monthly complaint reports for tracking, trending, and quality improvements. The QMC reviews the complaint policy as well as all QM policies and procedures on an annual basis for appropriateness and effectiveness.

MTM understands the resolution of a complaint is subject to the discretionary review of the COTR and may be overridden. MTM will implement and submit proof of any corrective policies or procedures as a result of the COTR's review as requested.



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The QM Department will remove from public contact or provide a retraining program for service personnel who receive two (2) valid complaints within a ninety (90) calendar day period. Likewise, MTM will remove from public contact any service personnel who have received four (4) valid complaints within a consecutive twelve (12) month period.

The QMC and Provider Area Liaison will uphold MAA's standard which requires:

- The transportation provider must be removed from direct contact with Medicaid participants or provide a retraining program for drivers who receive two (2) valid complaints within a ninety (90) calendar day period.
- The transportation provider must be removed from direct contact with Medicaid participants any driver who has received four (4) valid complaints within a consecutive twelve (12) month period.

MTM's Quality Manager is the designated liaison to the District and will ensure prompt action regarding all complaints and grievances. MTM will comply with the request of MAA to investigate and remove transportation providers upon the determination of the COTR to comply, or remove from public contact, or require retraining for any personnel.

The Quality Manager's responsibilities include, but are not limited to, assuring quality of service provided by MTM staff and all subcontractors, overseeing the resolution of all complaints from providers and participants, the development of analyses and strategic plans to facilitate quality improvement processes, and integration of quality management activities within the utilization, care management, and other operations areas. This individual is also responsible for overseeing processes to detect and prevent fraud and abuse and ensure recipient satisfaction surveys are completed on a quarterly basis with an analysis of the results. The Manager of Quality Management will ensure that MTM's operations departments comply with the requirements of our client's contracts as they pertain to the administration of the transportation program.

MTM's Quality Manager, Grecia Ibarra, has extensive background in the health care industry, diligently pursuing the interests of the underserved. Her keen business sense and commitment to problem resolution has effected significant change in Venezuela as well as in Missouri. Prior to joining MTM, Grecia served as the Associate Director of Health to ARCHS in St. Louis, Missouri. In this role, she worked to develop a system to promote continuous access to quality health care in the St. Louis region. Within this objective she also developed a system to address positive change of key performance measures identified by the State of Missouri. She is dedicated to all aspects of quality management processes and techniques, process improvement initiatives, oversight of grievances and incident resolution, tracking and reporting, and contract/performance monitoring.

Complaint Management Reports are generated on a monthly basis and analyzed by the QMC. The report contains descriptions of corrective actions taken to ensure adherence to contract requirements. The original report will be sent to the COTR and will be in an approved format.



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MTM places a high degree of importance on quality assurance and customer satisfaction which is evident in our renowned Quality Management program described above. In the interest of remaining within page budget, MTM has read, understands and will comply with sections C.3.3.3.8.5 through C.3.3.3.8.10 grievances and fair hearings processes and notification requirements. MTM's grievance and fair hearing processes will be carried out by the Quality Management department as depicted above in the Complaints Process Summary. MTM's brokerage model is performance based; we therefore respond to complaints and grievances with keen sensitivity. MTM is committed to finding positive solutions and upholding high standards on behalf of our clients. MTM will incorporate the Levels of Reconsideration described in Section C.3.3.3.8.5.i. for recipients or providers. MTM will in no way penalize any recipient or provider who files a complaint or grievance or requests a fair hearing. MTM will document all details of complaints and grievances. This information will be provided to the District's Medical Care Advisory Board quarterly. MAA can be assured of our comprehensive commitment to adhering to all contract specifications.

**Quality Assurance and Performance Monitoring (C.3.4.5.5):** MTM's comprehensive Quality Management Program (DC Attachment S) is designed to provide consistent monitoring and oversight to MTM's administration and management of our clients' NET programs. DOH MAA will benefit from a broker with an established and ongoing quality improvement and performance monitoring program, which can be found in MTM's comprehensive Quality Management Program. The following descriptions of our Quality Management Department, Program, Work Plan and Committee will provide an overview of our thorough approach to quality management. MTM is deeply committed to quality across all our service lines. MTM will submit the Quality Assurance Plan to the COTR for review and approval at least thirty (30) working days prior to implementation. MTM will have ten (10) working days to incorporate any modifications required by MAA. Through the life of the contract, subsequent updates to the plan will be submitted to the COTR for approval prior to distribution. MTM understands that the customized Quality Assurance Plan developed as part of the contract will become the property of MAA. MTM further understands MAA reserves the right to share selected text from the Quality Assurance Plan with other Medicaid agencies for the purpose of improving District-related government manuals.

MTM's **Quality Management Department (QM)** oversees quality management activities for all aspects of program operations including customer service performance, utilization and care management, monitoring of transportation provider services, complaints handling and resolution, adherence to policies, workflow improvement, and fraud and abuse prevention and detection.

The department consists of the following functions: complaint management, monitoring and reporting of quality outcomes, auditing and trip verification, fraud and abuse investigation and customer service. The QM department oversees MTM's formal Quality Management Program.

The **Quality Management Program (QMP)** is an organized schedule of monitors, evaluations, reports and initiatives that focus on customer satisfaction, workflow improvement and provider services. Principles and guidelines of the NCQA (National Committee for Quality Assurance)



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have been instituted throughout our QMP. We utilize performance metrics to evaluate compliance to MTM's standards and client protocols. The QM Program is fulfilled through the Quality Management Work Plan.

**Quality Management Committee (QMC)** The MTM Quality Management Committee (QMC) meets monthly and oversees all aspects and functions of Quality Management, the quality assurance plan and correlating activities. The QMC is comprised of the following staff members:

- Chair- Brenda Battle, Executive Vice President, Government and Community Affairs
- Kim Matreci, Senior Director of Operations
- Tom Sweeney, Director of Network Management
- Grecia Ibarra, Manager of Quality Management
- Cynthia Harvey, Manager of Care Management
- Sherry Moore, Customer Service

Each representative of the Quality Management Committee represents these functions throughout MTM's national service areas. Local Program Managers contribute to the QMC through oversight, and reporting, provide input into QMC decisions and follow through on actions approved by the QMC.

These individuals serve as dedicated resources to accomplish MTM's Quality Management goals. The QMC is an advisory committee and is responsible for: recommending policy decisions, analyzing and evaluating the results of QM activity, ensuring participation in the QM Program through, planning, designing, implementing, reviewing, approving corrective actions, ensuring follow-up to quality improvement initiatives

**Additional staffing resources dedicated to Quality Assurance:** In addition to the QMC members listed above, the following positions are dedicated to quality assurance on behalf of our clients:

**Vice President of Internal Audits-** Conducts audits of various operational, administrative and financial departments. Reports findings and recommendations to the CEO and Board of Directors, based on the audit initiatives and outcomes.

#### **Quality Management Staff**

**Manager, QM-** assures compliance with all MTM QM established protocols and procedures and ensures quality service, provides oversight of QM Department, and HIPAA compliance.

**Supervisor, QM-** collects and analyzes data regarding quality and quantity of services provided.

**QM Auditor-** maintains, promotes, and improves quality services in CSC other areas as assigned, and monitors operator errors.

**QM Auditor Coordinator-** assists with the monthly transportation provider audit process.

**Special Services Associate-** assists in the administrative aspects of the QM Department.



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**Quality Service Coordinator-** investigates and resolves customer complaints and complaint issues in a timely manner.

**Trip Reconciliation Staff-**

**Claims Coordinator-** reviews all claims packets, confirms receipt of packet with transportation providers, verifies adherence to submittal guidelines, and disperses packets to claims auditors.

**Claims Auditor-** reviews claims packets, compares trips in the system with documentation provided, and prepares spreadsheet based on submitted documentation, and works closely with the Team Lead to determine legitimate and non-fraudulent claims.

**Lead Claims Auditor-** receives Claims Auditor's spreadsheet to determine necessary adjustments by comparing initial and secondary reviews for proper documentation, updates the NET Management system.

**Claims Supervisor-** provides department oversight, researches claims issues- providing solutions, and ensures deadlines are met.

**Network Management Staff**

**Area Liaisons-** assures compliance with MTM Provider Guidelines, educates providers regarding the guidelines, conduct training, re-training, on site inspections, and on-street observations.

**Network Management Representative-** maintains positive relationships with providers while upholding and enforcing MTM Transportation Provider Guidelines, mentors providers in NEMT and business practices, alerts QM Department of potential provider fraud/ abuse, and de-activate providers within the system for disciplinary reasons as needed.

MTM quality management processes focus on meeting member needs through the transportation management program. Our service is customized to the demands of the different communities we serve. Quality Management initiatives are developed to meet the needs of the members of those communities. The QMC approves initiatives based on the needs of our individual clients. For example, in Virginia, our client experienced a large number of no-shows to behavioral health services.

MTM's Care Management staff reported a no-show level for this population that exceeded other populations for this client. MTM's QMC approved a focused initiative to improve the no-show rate for this client's population. The Care Management department carried out the actions of the initiative in collaboration with the client and behavioral health providers in Virginia. The outcome of the focused initiative resulted in a marked reduction in the no-show rate for this group of members.

In addition, because the Spanish-speaking populations that we serve have increased, MTM's Quality Management Committee approved an initiative for 2006 which includes implementing the national standards for Culturally and Linguistically Appropriate Services (CLAS). For a



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brief description of CLAS, see **MTM Attachment 6** of this proposal. For more detailed information about the CLAS standards, you may visit <http://www.clas-sd.org/about.htm>.

Integral to the success of our Quality Management Program are the five sub-committees of the QMC:

1. Operations Committee: provides the linkage between integrated management functions and the QM activities that impact all aspects of MTM, including the tracking, trending and monitoring of Customer Service Center performance, transportation access, provider timeliness, grievance and complaint trending and resolution, HIPAA compliance and recipient satisfaction.
2. Risk Management: reviews any pending potential risk issues and resolves or advises on the proper course of action to mitigate risk.
3. Credentialing Committee: reviews transportation provider compliance issues, monitors providers' status, reviews records for credentialing and re-credentialing, and makes recommendations to the QMC for disciplinary actions.
4. Appeals Committee: reviews and responds to any appeals from MTM passengers and transportation providers in response to MTM disciplinary actions.
5. Advisory Committees:
  - a. Provider Advisory Committee: is comprised of transportation provider representatives who advise MTM on issues that affect providers, review provider policies and changes to policies that affect them, and discuss any of their concerns with MTM.
  - b. Stakeholder Advisory Committee: in some markets, MTM forms an advisory committee that is comprised of stakeholders such as health care providers, human services agency representatives and advocacy organization representatives. These stakeholders assist MTM in addressing concerns of this group of stakeholders.

Through these sub-committees, MTM provides exceptional quality NET management to all our clients, participants, transportation providers and other stakeholders. Minutes from these committee meetings are reported to the QMC. Actions are reported back to the committee as needed.

**The Quality Management Work Plan** sets forth the evaluation and reporting timelines for performance metrics that are reported to and monitored by the Quality Management Committee (QMC). Our quality management performance metrics and initiatives focus on customer satisfaction, workflow improvement, and continuous monitoring of provider services, administrative services and other service standards. Within these service standards, we monitor for compliance to set performance thresholds that affect our ability to meet the requirements of our client's contracts, accessibility and safety requirements for transportation services to passengers and customer satisfaction for several categories of stakeholders.



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The Quality Management Program uses performance metrics and thresholds to evaluate compliance to MTM's standards and client protocols. Each threshold, or predetermined level of performance, is reported and trended through the Quality Management Committee (QMC) in accordance with the QM Work Plan schedule. Data is collected from the various departments -- Quality Management, Network Management, Customer Service and Client Services -- then compared to established goals and thresholds. The Work Plan Metric Table (see MTM's Quality Management Program, DC Attachment S) lists the performance metric/indicator, the goal and the frequency with which the outcome is reported to the QMC for review, evaluation and trending. DOH MAA can expect timely distribution of reports that detail MTM's successful compliance to contract requirements. Performance metrics/ indicators are bulleted below, see DC Attachment S for a complete copy of MTM's Quality Management Program.

- Oversight of Owned/Subcontracted Customer Service Centers
- Site Reviews:
- Credentialing/Re-credentialing:
- Transportation Provider Audits:
  - Compliance Audits .
  - Review and Ongoing Credentialing of Drivers:
  - Quarterly Audits Satisfaction Surveys
  - Customer Satisfaction Survey
  - Transportation Provider Satisfaction Survey
  - Client Satisfaction Survey
  - Facility Satisfaction Survey
- Fraud and Abuse Prevention:
  - Fraud Alerts are investigated
  - Random Verification of Provider Services:
  - Utilization Review:
- Complaints Management:
  - Complaint/Grievance Management -
  - Incident/Accident Occurrences –
  - Monitoring Vehicle or Driver Complaints:

The QM works diligently to detect and mitigate fraud and abuse. One aspect of fraud and abuse detection and prevention is to ensure that service actually occurred. MTM's ability to verify transportation services have been provided is accomplished through four processes:

1. **Trip Reconciliation**- In order for a transportation provider to be paid, a Trip Reconciliation Form must be submitted to MTM's Claims Auditor, along with all supporting documentation. The Claims Auditor compares the submitted form and documentation to the information recorded in our NET Management System. In this way, 100% of all trips are verified.
2. **Personal Mileage Reimbursement Verification**- MTM Mileage Reimbursement Specialists currently verify, depending on contract stipulations, 2% to 100% of all Personal Mileage Reimbursement trips. MTM calls the facility to which the participant was to visit and inquires if the appointment was kept. Our staff records the contact person's name and a "yes" or "no" answer. If the answer is no, the mileage is not paid.



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3. **Program Verification-** Our QM Verification Specialist verifies five percent (5%) of all trips with the program provider. This is accomplished through mailing a verification form to the program provider. The form is completed and returned to MTM's QM department.
4. **Annual Scheduled and Random On-site Visits:** In addition to the initial credentialing site visit, the Area Liaison will perform regularly scheduled as well as unscheduled on-site visits to ensure the provider remains compliant to all contract requirements, including MTM's Transportation Provider Guidelines, and applicable state, federal, and municipal laws and regulations (see **DC Attachment A** for the Transportation Provider Guidelines). The Liaison meets with the transportation provider on site for a minimum of three (3) times each year to inspect vehicles, audit files, educate the provider and review any areas of deficiency. If the Liaison identifies an area of deficiency, the Liaison will request that the transportation provider resolve the deficiency within a stated timeframe. The Liaison will schedule another visit at the end of the designated timeframe to ensure the deficiency has been rectified satisfactorily. MTM has various courses of action, including the ability to assess liquidated damages, if the provider fails to comply. Termination from the network is the most severe course of action.

**Internal Quality Control:** MTM has systems of internal checks and balances to ensure our operational and quality management processes are effective and the expected outcomes are reached. MTM will utilize these systems, policies and procedures, in addition to other tools described below, to monitor and evaluate the services described in this RFP. MTM utilizes these checks and balances to assure our clients of an ongoing system of continuous quality improvement.

MTM's Quality Management Committee reviews, evaluates and monitors performance metrics, derived from our client's protocols and standards. Performance thresholds are assigned to each performance metric. Performance thresholds are derived by contractual, NCQA and industry standards. Through regular scheduled reporting of performance metrics outcomes to the QMC, committee members determine if internal processes, policies and procedures are adequate to ensure ongoing compliance to client contracts. If performance metric outcomes indicate non-compliance to set performance standards/thresholds, timed corrective action plans are required and monitored until compliance is achieved. In cases of persistent non-compliance on the part of transportation providers, sanctions such as assessment of liquidated damages or possible termination from the network may be appropriate to ensure compliance.

MTM's Quality Improvement Department routinely evaluates a wide variety of exception reports to identify and monitor compliance to client standards and protocols. This process of routinely scheduled report reviews enables MTM to catch potential issues and problems and to enact the appropriate quality improvement measure.

MTM maintains a complaint hotline for passengers, clients and transportation providers to call and speak directly with staff in the Quality Management Department. These calls are logged as they are received and as they are resolved. This process provides the opportunity for



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identification of issues of concern. The Quality Management staff is responsible for handling and resolving complaints. They are able to address problem areas immediately or refer to the Network Management Department for further investigation of the issue resulting in a complaint. Complaint outcomes are reported the Quality Management Committee for further review and corrective actions as necessary.

MTM's Internal Audit Department performs detailed review of specific problems and for documenting work flows within the company. Internal auditors works very closely with MTM's internal departments to identify areas of potential fraud and abuse, lack of segregation of duties or work flow inefficiencies and makes recommendations to the President and CEO of MTM. The internal auditor assists in the development and implementation of reports and processes to help the Quality Management Department identify potential risks and monitor compliance with various contractual guidelines and good business practices.

MTM's Quality Improvement Department receives a wide variety of exception reports to identify and review unusual activity. This provides an objective means of identifying potential issues and problems.

**MTM is dedicated to providing the highest quality services in the transportation management industry.** Much time and numerous resources have gone into developing our quality management plan detailed below.

At least forty (40) days prior to the start of operations, MTM will submit a final quality assurance/management plan to DOH MAA for review and approval. Within ten (10) days of notification, MTM will incorporate all modifications required by DOH MAA.

MTM is uniquely positioned to assess our services from a more comprehensive vantage point than other transportation management or technology companies providing transportation. MTM's Quality Management Program introduced in the two previous sections has been created and fine-tuned over our more than ten years of experience managing NET programs. On an annual basis, MTM's Quality Management Committee evaluates the Quality Management (Assurance) Program and Work Plan to determine the success of the program, areas of further review, new initiatives to further improve quality and trends of established performance metrics depicting standards for customer service, transportation providers services and administrative services. In addition, outcomes of focused studies are reviewed to determine if the expected outcome was achieved.

The MTM Quality Management Committee introduced earlier in this section oversees all aspects of the quality management plan and correlating activities. The quality assurance reports include MTM's Performance Report, Vendor Performance Report, Management Reports, CSC Performance Report (ACD), Compliant Report, and Customer Satisfaction Survey. See **MTM Attachment 7.**



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Through careful evaluation of these reports and the reporting of performance metrics in accordance with the Work Plan schedule, the QMC strategically reviews the department functions and performance. The QMC institutes needed actions and ensures follow-up as appropriate. See a complete description of MTM's comprehensive Quality Management Program in DC Attachment S.

**MTM monitors the key performance metrics/ indicators** that are comprised in our QM Work Plan, see DC Attachment S. The metrics are listed by department to determine the efficiency and quality of the services we provide. Each performance metric/indicator is assigned a specific threshold.

Outcomes of the indicators will be reported to the Quality Management Committee (QMC) in accordance with the reporting frequency established in the Quality Management Program and Work Plan. The QMC will track and trend the outcomes of these performance metrics/indicators. Every quarter and annually, the metrics/indicators are trended and an evaluation of the trend is written and reported to the QMC. Trends or outcomes that do not meet the expected performance threshold will be subject to corrective action plan and/or sanctions. (See DC Attachment N).

Transportation provider performance is measured on a monthly basis and reported via the Performance Monitoring Report process. Provider outcomes are compared to those of peers who perform the same level of service. Providers found to be non-compliant in a given month will be subject to re-education by the Area Liaison and a possible corrective action plan. Persistent non-compliance to performance thresholds may result in termination from the transportation provider network.

MTM's Quality Management Program is evaluated annually and revised as needed. Based on the annual evaluation, quality indicators and results of initiatives are reviewed to determine if continued tracking and trending of these indicators is appropriate. Standard indicators will always be tracked and trended through the Quality Management process. New indicators are developed and further initiatives are derived. This process of frequent review and evaluation ensures DOH MAA that it will select a broker that will always be innovative, looking for opportunities to continuously improve our transportation management program model.

**Transportation Provider Education:** DOH MAA transportation providers will be educated and oriented on MTM's fraud and abuse prevention policies. Transportation providers will be clearly informed that *fraud and abuse will not be tolerated under any circumstance* and their activities will be continually monitored. Providers will be educated on trip and billing requirements to avoid the potential of committing fraud or submitting erroneous trip and billing documentation. Although we honor and respect the integrity and honesty of our selected providers, we believe that when it comes to fraud and abuse, absolutely clear messages are required.

MTM evaluates its Quality Management Program annually. Through this process, new initiatives are developed, trends are further evaluated, and recommendations for quality improvements are determined; policies are evaluated and updated annually and as needed. MTM takes pride in the



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precision and thoroughness of our Quality Management Program, realizing it is the most comprehensive QM program in the industry. See **Attachment S** for a copy of MTM's Quality Management Program

#### L.2.1.4.2 Understanding of the Requirements

##### L.2.1.4.2.1 Narratives

#### a. Requirements, Goal and Objectives

The District seeks to control NET program costs while providing quality, efficiency and effective transportation services to some of 40,000 to 50,000 Medicaid eligible fee-for-service recipients. The District faces the challenge of selecting an experienced and qualified NET transportation broker capable of providing all deliverables as described in F.4 of Amendment 2 of this RFP and in accordance with all applicable federal and District laws.

Under this contract, the service population will include TANF and TANF related, Aged with and without Medicare, Blind and Aged with and without Medicare (C.3.2.3.5.), but does not include Medicaid- eligible recipients who are enrolled in MCOs, QMB and Title XXI (CHIP) (C.3.2.3.6.). The District must select a transportation broker familiar with these populations and who can perform proper gatekeeping if cost containment goals are to be realized. MTM not only has policies, processes and procedures to provide accurate gatekeeping, but our proprietary software, the **NET Management System**, facilitates this important aspect of cost-containment.

Moving from an in-house management model to a brokerage model has inherent challenges. Communication is one such challenge. The successful bidder must educate the many stakeholders in advance of the "go-live" date to ensure a smooth implementation. These stakeholders obviously include the recipients and transportation providers, but MTM knows it must also include the staff at area hospitals, dialysis centers, and medical or behavioral facilities, advocacy groups and legislators. Typically, a new market experiences an increase in utilization as access is improved and knowledge of the program increases, with the introduction of a good transportation broker. MTM is qualified and experienced to proactively address the anticipated increase.

The successful bidder must provide cost containment, efficiencies and controls. MTM is experienced at containing cost for our clients, while increasing efficiencies and providing the controls to ensure both; see **MTM Attachment L** for specific details. From an initial assessment, our strategic plan to contain the District's NET cost will include: a.) negotiating rates with transportation providers, b.) fraud and abuse detection and prevention through 100% trip reconciliation and through random and scheduled audits, c.) increasing the assignment of the lowest-cost, most-appropriate mode of transportation, d.) through our operating efficiencies; transportation management is our sole focus and business. MTM has experience applying these



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practices to contain cost while improving the quality of service. Our practices and model for delivering NEMT services have been twice noted as a best practice in the industry by the Community Transportation Association of America (CTAA). See **MTM Attachment 14** for more detail related to this industry honor.

The successful bidder must have the experience, processes and procedures to explore the use of volunteer transportation networks and maximize the use of the Washington, D.C. metropolitan area's extensive Metro Rail, Metro Bus and Metro Paratransit services. This is an enormous cost-containing opportunity. MTM has successfully moved recipients from unnecessary, higher modes of transportation to more cost-effective lower modes of transportation such as public transit for many of our clients. For our Orange County, New York, client we increased the percentage of trips going via public transit 100% in one year. For our Minnesota client we decreased the utilization of higher modes of transportation by 43% in little over one year. See Previous Experience Narrative, L.2.3.1.7.2, and **MTM Attachment 14** for further details. We feel confident we can do the same for the District and have reflected this in our pricing. The District must select a broker who can provide a realistic pricing model. The District must be cautious of proposals from brokers who have a reputation of pricing low during the RFP process only to return soon after implementation seeking a price increase. MTM has prepared a realistic pricing proposal and has been forthcoming in the process used to establish it along with the assumptions made.

The District seeks a broker who has the knowledge, expertise and processes to increase the quality of services delivered. MTM is prepared to improve the quality of the District's program through our level-of-need (LON) process. This refined process we will increase the utilization of lower modes of transportation when appropriate and medically sound. Our LON process will decrease the cost of program management, and increase program savings. LON process is described in the Technical Approach Section C.3.2.3.5.

The District must be prepared to face initial resistance when introducing a broker to the NET program. The District has cited the Office of Inspector General's (OIG) study, which concluded that transportation brokers effectively reduce fraud and abuse, and increase the utilization of lower cost modes. MTM has the processes and procedures in place to make these cost-containing shifts. We also have experience applying them in other markets. In our experience, we have encountered initial resistance in areas such as our level-of-need process (described in the Technical Approach C.3.2.3.5) used in moving recipients, when appropriate, to lower cost modes of transportation. We understand the education and patience required to respond to recipient's concerns when reassigning an appropriate mode. For example, if a recipient is accustomed to traveling in a higher mode than medically necessary, MTM will assign the appropriate mode and explain the reasons for the change in a courteous and professional manner. The District must understand that recipients, who are ardently opposed to change, whether it is a change in the intake process, assigned mode or assigned provider, can become frustrated. MTM is experienced at responding to recipient concerns and de-escalating their frustration.



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Another area of initial resistance often occurs within the network of transportation providers, especially when paring down the network is indicated. MTM recruits providers to meet the needs of the program; we then pad the network slightly to provide for back-up coverage. We select providers who meet our qualifying criteria and who offer a bid compatible with our goals. ~~Providers who do not meet our selection process may express dissatisfaction in a variety of ways such as phone calls to the District or complaints to the media.~~ The District must be prepared to stand behind the successful broker when difficult decisions must be made.

Along with recipients and transportation providers, the successful bidder must be able to relate in a positive, professional manner with systems currently established in the District. MTM has a good reputation nationally among transportation providers, some of whom contract our services in other areas of the country. For example, we recently signed a contract with MV Transportation, Inc. to provide our level-of-need (LON) screening for their Medicaid transportation contract in Duval County, Florida. MV Transportation, Inc. is the current WMATA ADA provider. The District and its recipients will benefit from the amiable ~~relationship already established between our companies.~~ Additionally, MTM is conscientious to pursue subcontracts with local, small and disadvantaged business enterprises (LSDBEs). As a Missouri certified WBE (Woman-owned Business Enterprise), we know the value of including diversity on the playing field. In fact, our Network Management staff has already contacted several LSDBE transportation providers in the District to determine how we can work together. We will likewise pursue LSDBEs first in other subcontracting opportunities such as staffing, supplies, office cleaning or maintenance, etc.

**Constraints:** MTM has identified three constraints in the listed requirements of this RFP. These constraints pertain to the technology requirements in Section C.3.4.3.2 g-j, videoconferencing listed in Section C.3.4.3.5 and the rotation of transportation providers mentioned in Section C.3.3.3.6. MTM believes, in each instance, these requests are not conducive to the District's goal of containing cost of the NET program. An explanation and alternative solution for each follows:

**Automated Call Distribution System (C.3.4.3.2 g-j)** Using our current system, MTM is capable of meeting the District's ACD requests in Section C.3.4.3.2.a-f. In the interest of meeting the District's goal of containing costs, MTM ~~respectfully suggests~~ alternatives to items g-j of the same section. These features would greatly impact the overall cost of the program disproportionately to the value they would bring to the users. In some instances, MTM feels certain features would not be utilized by recipients and therefore prove even more of an unnecessary cost driver for the program. MTM did not include these features in our pricing proposal and are not offering these features to the District with the following rationale by item:

- g. The available technology to offer recipients a touch tone or voice response to answer questions or take a survey would be a pricey addition. MTM currently conducts four types of satisfaction surveys-- customer (passenger), transportation provider, client and facilities. See Section C.3.4.5.5 Quality Assurance and Performance Monitoring for more details. This level of automation is not an industry standard for transportation programs. MTM currently uses alternative, less-costly methods to conduct surveys.



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- h. Interactive voice response (IVR) is great technology used well by many industries to serve their customers needs. Again, this level of expense would over-burden a program with cost-containment goals. MTM's 24/7 call center will provide recipients direct person contact to access basic route, schedules and general information. MTM will load all fixed-routes and stops into our system which our live operator can access from the work station.
- i. The staffing required to build out, program and maintain, along with the equipment required, to provide 24/7 touch-tone phone service for door-to-door paratransit services to confirm a trip by identification number will drive the cost of the program up appreciably. The 24/7 call center staff can provide this information more cost-effectively.
- j. Scheduling trips via touch tone phone would be labor intensive for the caller and prone to error. During the call intake process, MTM CSRs confirm the recipient's address and personal information while initially setting up the trip. All trip details are then confirmed at the conclusion of the call. This ensures accuracy and assists both parties, the CSR and recipient, that all trip information, addresses, times and expectations have been effectively communicated. The complexity of establishing eligibility, assessing appropriate utilization, which includes checking for other available transportation, requires greater oversight than an automated system can provide. The automated system would require questions with a "yes" or "no" answer. The variables in establishing appropriate mode require greater screening than a menu of "yes" or "no" responses could provide. NET transportation requires understanding and reasoning provided by live operators.

**Videoconferencing (C.3.4.3.5)** MTM will not accommodate the videoconferencing specifications of C.3.4.3.5. This feature has not been factored into our pricing proposal. The extensive equipment list provided represents a sizable expense, which will ultimately be passed on to the constituents of DC. We understand the traveling and parking challenges of the District make face-to-face meetings with the DC central business office difficult. We offer this alternative to accommodate face-to face meetings: MTM will arrange for two parking spaces/passes at our central office to be used by District staff or will arrange to provide transportation to and from either office, the District's or MTM's central business office, depending on where the District prefers to meet. Meeting invitees from MTM's corporate office could teleconference in. We currently conduct successful teleconference meetings with many of our clients.

*They are wrong*

MTM offers our clients state-of-the-art technology to meet the diverse demands of their NET programs in thirty states. MTM looks forward to the opportunity to discuss these and other cost-containment strategies with the District.

**Transportation Provider Rotation (C.3.3.3.6):** In our experience, rotating transportation providers is not a cost-effective practice. Rotation actually increases cost. Our GIS-based mileage model selects the lowest cost and most appropriate provider capable of meeting a trip's



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specifications. Additionally, consistency of trip volume is necessary to build a transportation providers' operation and to achieve preferential pricing agreements. MTM does not recommend or practice rotating transportation providers.

**MTM's Mission and Goals as they relate to the District's goals:** MTM has long held the mission statement: *Helping people access healthcare through quality transportation management*. Our goal as a company is to be the best transportation manager in the industry. Please note, we did not say the biggest, we want to be the best. Our mission and goal are the drivers behind our policies, procedures, practices and processes.

The District needs a transportation broker who can contain cost and mitigate fraud while increasing program quality. The District needs a transportation broker who can a.) can establish and negotiate Transportation Provider Service Agreements (TPSA), b.) operate a centralized Customer Service Center (call center), c.) provide accurate gatekeeping, d.) determine and assign the most appropriate mode of transportation, e.) monitor overall transportation service delivery and performance of vehicles, drivers, and attendants, f.) provide quality assurance and complaint resolution, e.) detect and mitigate fraud and abuse, f.) collect and distribute encounter data, and g.) perform timely payment administration for services rendered. MTM currently provides these services for some 36 contracts nationwide. We have increased quality and contained cost contract after contract with our management model. MTM is fully capable of meeting the District's needs and exceeding their expectations as a transportation broker. We are experienced in all these areas. Our clients often indicate our four greatest strengths are 1.) the high-quality transportation networks we develop, 2.) our level-of-need assessment process, 3.) our dedicated Utilization & Care Management Department and 4.) our quality assurance program. MTM's strengths are in direct correlation to meeting the District's goals of containing cost, mitigating fraud and improving quality.

**NET Services Advisory Committee (C.3.4.6.):** MTM will establish a NET Services Advisory Committee, which will meet quarterly. MTM will invite representatives from nursing homes, dialysis centers, hospitals, transportation providers and the member community. Meeting minutes will be submitted to the COTR for approval within five (5) business days of the meeting. COTR-approved meeting minutes will be distributed to all meeting attendees and MTM realizes the value of stakeholder Advisory Committee meetings in proactively responding to issues and enabling MTM to understand and address the issues that these stakeholders face. MTM forms stakeholder Advisory Committees in the other markets where we operate.

MTM is experienced with the concept of providing a platform for input and idea exchange with NET stakeholders. When MTM enters a new region, we establish a Transportation Provider Advisory Committee (PAC), a subcommittee of MTM's Quality Management Committee, to ensure provider input, issue resolution and to form a resource committee that other providers can rely on to get communicate their concerns to MTM on behalf of all providers. This committee also helps to ensure provider support and compliance to service requirements. The PAC will review program requirements and functions as a liaison between MTM and the provider community to help educate providers on the program requirements. MTM will ensure PAC



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members have access to policies and procedures in advance of being implemented. The PAC members will be encouraged to address compliance issues directly with other transportation providers to help promote overall good outcomes across the provider network.

A component of our Quality Assurance and Performance Monitoring Program includes Provider Advisory Committees and Stakeholder Advisory Committees. See **DC Attachment S** for details of the Committees and the QA Program in general

**MAA Medical Care Advisory Board (C.3.4.7):** MTM will participate in the monthly MAA Medical Care Advisory Committee meetings. MTM typically develops strong support in the local communities through face-to-face meetings with the organizations involved and by establishing and maintaining relationships with local transportation providers, the public transit entity, and local health care providers. The local community benefits, as tax dollars remain in the District.

**Reporting (C.3.4.8):** MTM will provide all reports as specified in this RFP, within the required time frames and in mutually agreed upon formats. The reports will include the

- Implementation Phase Reports (C.3.4.8.1.a.-jj.)
- Operational Phase Reports (C.3.4.8.2.a.-ee.)
- Transportation Provider Daily Reports (C.3.4.8.3.a.-i.)
- Audit Plan (C.3.4.8.4.)
- Encounter Data Reports (C.3.4.8.5.)
- Transportation Provider and Driver Reports (C.3.4.8.6.)
- Vehicle Report (C.3.4.8.7.)
- Transportation Services Summary Report (C.3.4.8.8.-C.3.4.8.8.3.)
- MRDDA Transportation Services Reports (C.3.4.8.9.)
- Accidents and Moving Violations Reports (C.3.4.8.10.)
- Incident Reports (C.3.4.8.11.a.-k.2.)
- Telecommunication System Reports (C.3.4.8.12.a.-l.)
- Annual Financial Reports (C.3.4.8.13.)
- Vendor/Invoice Report (C.3.4.8.14.)
- Recipient No-show Report (C.3.4.8.15.)
- Provider No-show Report (C.3.4.8.15.)
- Transportation Provider Expiring Insurance Report (C.3.2.5.2.)

MTM currently provides many of these reports to our clients. See **MTM Attachment 7** for sample reports. Through the years of managing NET programs, we have refined and developed our reporting capabilities with the goal of attaining meaningful data to evaluate and improve the program. We will work in collaboration with MAA to ensure all reporting requirements are met. In addition to the reports listed in this RFP, MTM produces a host of other reports that we use to track and evaluate transportation trends, determine areas of improvement, target effective responses, and monitor performance. These comprehensive standard monthly reports include:



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- √ Detail Report: Lists details of all trips set up during a particular month including member destination, member responsiveness (no-shows, cancellations), pick-up and drop-off times, the transportation provider that completed the trip, additional passengers, if any, and attendants.
- √ Utilization Summary Report: Depicts a summary of the trip activity each month, including number of completed and non-completed (no-show) trips, age and gender of persons transported, names of transportation providers, modes of transportation utilized by HCPCS code, trip reasons, and denials.
- √ Telecommunications Report: Report generated from MTM's Automated Call Distribution (ACD) telephone system from CISCO System detailing call performance statistics including number of calls received, number of calls handled, abandonment rate, average speed to answer, etc.
- √ Complaint/Grievance/Appeals Report: Lists the complaints, grievances or appeals received from members, member representative, transportation providers, facilities, client, etc., and includes the trip date, time and nature of the complaint as well as the resolution and preventive action completed by MTM.
- √ Member Incident Report: Lists the complaints about members that MTM receives from transportation providers, medical providers, or MTM Customer Service Center staff.
- √ Member Accident Report: Lists any accidents or incidents involving members.
- √ Days of Notice Report: Lists the percentage of members who appropriately schedule trips in advance versus urgent scheduling.
- √ "Frequent Flyer" Report: Lists the names and trip details of members requesting transportation with unusual frequency (i.e., three (3) or more appointments within one week).
- √ Denial by Reason Report: Lists a count of the trip requests that were denied according to the reason for the denial.
- √ MBE/WBE Report: Lists the transportation company names, number of trips, and paid amounts for those companies that are certified as Minority or Woman-Owned Business Enterprises.

MTM will also provide the District with a quarterly Performance Report, which includes member satisfaction survey results and MTM's "performance scores" in four key categories: Customer service center performance, network adequacy, quality management, and utilization review.

MTM will provide the District with an annual Executive Summary Report, containing valuable information regarding annual trends and a summary of the outcomes for the previous year. This report also provides data that can be used for benchmarking transportation patterns. MTM performs extensive transportation provider profiling and monitors provider activity on a daily basis. Provider profiles include, but are not limited to: member survey results, number and percentage of late trips, number and percentage of cancelled trips, number and percentage of



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complaints by service performance, behavior performance, on-time and drop-off performance, and number and percentage of no-shows.

MTM's NET Management System is capable of generating encounter data containing the required data elements outlined in C.3.4.8 of this RFP. Our system will collect all the required data elements and the encounter data for the Implementation Phase Deliverables as well as the Operational Phase Deliverables. MTM can provide encounter data in a variety of formats such as ANSI x12 standard format 837P, NSF or other customized format. MTM will submit this information in the prescribed timeframes of Section F of this RFP. MTM will provide a summary report that ties to the detailed encounter data by region served. See **MTM Attachment 9** for a detailed narrative of MTM's NET Management System. Also see **DC Attachment S** for MTM's Quality Management Work plan which also contains extensive reporting efforts conducted by MTM.

**Records (C.3.4.9):** MTM will maintain all transportation services records for period of five (5) years or longer if an audit is in progress at the conclusion of the five years (C.3.2.3.10.4.). Transportation Provider Records will include the required items a.-q. of Section C.3.4.9.1. MTM will make all pertinent records available to MAA for review and will facilitate any audit conduct by MAA. MTM understands MAA will monitor our performance through various media and means.

**Meetings (C.3.4.10.):** MTM key staff and Project Director will meet weekly with MAA for weekly status meetings during the implementation phase of the contract ( C.3.4.10.1.). MTM will provide written status reports to the COTR one (1) business day prior to the meetings. Meeting minutes will be developed and distributed to each attendee. MTM has the experience of implementing over thirty-six contracts. We can provide the necessary knowledge and expertise the District needs to introduce a brokerage model to the region's NET program.

MTM staff will also meet with District service provider agencies at least forty-five (45) days prior to assuming operational duties. Social workers, case managers and program directors who work directly with the NET program require additional outreach to ensure their clients are receiving the highest quality services available. Early during implementation, MTM will conduct many on-site meetings with several of the large mental health/behavioral health programs and dialysis clinics to ensure that the medical provider community understands MTM's operating model and how they will interface with MTM. During these meetings, MTM will supply the health care providers with operating manuals for their use in working with MTM. These manuals will identify MTM processes, contact information and provide sample forms; see **Attachment 10** for a sample copy of a Facility Provider Manual.

Most recently, MTM applied an educational plan based on these practices to our Philadelphia contract with outstanding results. The in-person meetings with the key stakeholders provided a platform to discuss service issues, gather input and feedback on



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processes and policies and provide updates of ongoing actions for program improvement. Through these meetings MTM identified the need for dedicated transportation providers by facility for certain programs. By designating one transportation provider for each facility, the facility and transportation provider are able to develop a working relationship where the facility can communicate its needs to the MTM Care Manager and the Care Manager can work directly with one transportation provider to meet these needs. As well, consistency with drivers and on-time performance is improved further building a level of trust between the medical provider and the MATP program. For the MAA contract, MTM will initiate similar monthly meetings with these agencies in the District to ensure satisfaction with the NET program.

Operational phase status meetings (C.3.4.10.2.) will be held monthly in-person.

MTM's Area Liaison will meet quarterly with transportation providers (C.3.4.10.3.) to review program success, disseminate program updates, and address any issues or documentation requirements. MTM Area Liaison will conduct quarterly on-site visits with our transportation providers. Additionally, MTM will establish the PAC previously discussed in Section C.3.4.6. We know the importance of staying connected to our providers and use these opportunities to continue to develop their service performance any way we can. MTM's Area Liaisons work diligently to resource the transportation provider in any way possible.

**Turnover Plan (C.3.4.11.1):** MTM will provide the District with a turnover plan within six (6) months of award of contract and will update it annually at the anniversary date of the contract. The turnover plan will provide all required items a detailed in Section C.3.4.11 of this RFP.

**Payment Administration (G.3):** (G.3.3) MTM will pay DOH MAA transportation providers thirty (30) days after a clean invoice is submitted to our Accounting Department. MTM will provide payment to each transportation provider based on a complete reconciliation of each trip authorized and completed. Only after reconciliation of the claim is payment made to the provider.

**Payment for Services Rendered:** We have a thorough payment administration process that will guarantee properly authorized and accurately rendered payment of verified, completed trips. MTM pays transportation providers bi-monthly; direct deposit is an option for all providers. MTM will validate all paid transportation services were authorized and rendered. The TPSA guidelines will clearly state MTM's payment administration process.

MTM will require 100% submission of all original trip documentation for reconciliation purposes. Timely submission of all original trip documentation, which includes appropriate signatures and time stamps, will be required in order to adjudicate the claim and make payment. All trip signatures must be obtained at the time of service and must appear on the trip documentation at the time of initial claim submission. Original trip



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documentation will be audited for each trip claimed. Any claim that does not have all the required trip documentation is not considered a clean claim and will not be paid. In order for claims to be processed in a timely manner, original trip documentation will be required in date and trip number order. DOH MAA transportation providers will be trained on this process summarized below:

- Each Monday, transportation providers will be sent a complete list of trips assigned for the previous week via fax or e-mail.
- Using MTM's coding system, the provider must annotate the status of each trip as completed, no-show or canceled.
- The trip sheet must be returned to the Claims Auditor by Thursday of the same week.
- All trip documentation from the preceding week must be compiled and sent via mail or courier, along with the worksheet, to MTM within fourteen (14) days. These will be date stamped upon receipt.
- The Claims Auditor will enter all data into our system and review the packet to ensure all required documentation has been submitted.
- The auditor will process complete packets in order of receipt.
- Packets without complete documentation will be immediately returned to providers with a notice of the unmet criteria. A copy of the notice will also be e-mailed or faxed to the provider to alert it of the rejected packet.
- Full payment of all authorized, adjudicated trips will be made to the transportation provider within fifteen (15) calendar days.
- All disputed trips will be paid within fifteen (15) days of receipt of appropriate documentation.

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30 or 15?

MTM Chief Financial Officer, Randall Baum, will oversee the payment administration of MAA transportation providers.

MTM will fulfill all MAA payment administration reporting requirements and will submit verified trip data and monthly invoice reports to the COTR in accordance with the TSPA and Section F.4.

**Fraud and Abuse Detection and Prevention (G.3.3.c):** MTM defines fraud as: "An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to the person or some other person. It includes any act that constitutes fraud under applicable federal or state law."

Unfortunately, fraud and abuse within NET programs can be an inherent problem for clients. MTM and its clients know that smart businesses anticipate, rather than react to, fraud and misconduct. As an experienced broker, safeguards against fraudulent activity are important aspects of MTM's management program. We therefore maintain a corporate culture of fraud and abuse detection and prevention.

- MTM's Quality Management Department will investigate and review fraud alerts and reported or suspected fraud and abuse to determine if fraud or abuse exists.



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- Internal audits serve as an additional filter for fraud and abuse as well as assess the effectiveness of MTM's fraud and abuse prevention measures.
- Each employee and department is responsible to be ever watchful for the potential for fraud and abuse.

*Recently, while reviewing a batch of reports, an MTM IT staff member noticed a series of identical names with identical birthdates, yet completely different eligibility numbers. The staff member alerted our client of the potential for error or fraud. Our client was extremely grateful for the 'catch.' Through this attention to detail, our client was able to clarify and correct its data files.*

**A Realistic and Methodical Approach** Under MTM's management model, fraud and abuse prevention and detection is accomplished through various means and across departments. To realistically address fraud and abuse, we must first acknowledge where the potential for fraud and abuse may occur. Potential for fraud and abuse exists with transportation providers and recipients and may be facilitated by other parties, such as facility providers or internal staff.

MTM has many time-tested processes and procedures in place to identify, prevent and mitigate fraud. We will work cooperatively with the COTR to closely monitor, report and prevent all fraud and abuse in the NET program. See MTM's Fraud and Abuse Policy #7412 included in this response as **MTM Attachment 5**.

MTM's Compliance Auditors are fraud prevention specialists who will work under the direction of the Quality Management Department. The Compliance Auditors will have the responsibility for ensuring fraudulent activities are detected, investigated and prevented. These individuals will conduct and direct further investigations and will audit when there is suspected inappropriate activity on the part of a medical provider, transportation provider or member. Any case of suspected fraud will be brought to the attention of the COTR.

**Fraud Prevention and Auditing:** MTM conducts several random and specific audits of provider patterns. The list provided below provides an overview of the steps MTM utilizes to prevent and detect fraud and abuse:

- 100% audit of required documentation of each one-way trip. Reimbursement is made only for each completed leg of the trip with submitted supporting documentation (see **MTM Attachment 8**, Weekly Reconciliation Process, for more details).
- Verification of 5% of all arranged trips with the facility or provider to ensure all requested and rendered transportation services result in a recipient receiving approved services.
- 100% verification with medical facilities monthly for recurring trips to ensure appointments are valid and being kept.



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- Verification of 100% of all personal mileage/gas reimbursement and voucher trips to ensure the recipient made the provider appointment. Gas reimbursement is made only if the appointment is verified.
- Weekly review of the "Frequent Flyer" report by MTM's Compliance Auditor to identify individuals with a frequent trip number pattern to verify trip necessity, completion and eligibility and to determine whether the trip was for a covered service.
- All increases in the level of service or increases in payment require proper authorization including documentation in our computerized intake NET Management System. Resolution of billing discrepancies is completed through review of supporting documentation (including the signed trip ticket) and service provider's verification of the passenger's attendance on the day of service.
- Billing error rates are trended and benchmarked against an established threshold of 1% or less. Transportation provider billing errors are monitored through the claims reconciliation process. Transportation providers whose error rate exceeds the threshold are reported to MTM's Quality Management Committee for review and recommendations, which may include:
  - Transportation provider education and training on accurate billing processes
  - Audit of transportation provider records over a period of time
  - A focused fraud review
  - Sanctions, which may include an assessment of liquidated damages, deactivation and/or termination from the network

MTM CSRs and staff also report suspicious behavior and information to the Compliance Auditors, who then investigate the issue thoroughly to ensure the recipient is traveling to approved services. Should MTM suspect a situation has been misrepresented to justify the need for NET transportation services, the trip is flagged and a fraud alert initiated.

*MTM is an excellent choice as a broker for the District. We provide our clients innovative solutions to help them reach their goals and objectives. Innovations such as designing the Level of Need process in Albany County, New York, developing the Utilization and Care Management Department for Minnesota, providing creative bus pass and token distribution with facilities, and dedicated transportation provider arrangements.*

**b. Medicaid fee-for-service recipient population**

MTM has vast experience with Medicaid fee-for-service (FFS) populations. In nearly eleven years of our experience, more than half of the Medicaid recipients that have made up our client base have been FFS recipients. We have come to understand how to respond to FFS recipients' needs. MTM's broker model is designed to improve health care outcomes; to do this successfully, we must meet the recipient "where they are." By this we mean, MTM strives to meet recipients at **their** physical, cognitive, mental, emotional or language capability. Examples of how MTM meets recipients "where they are" follows:



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**Language:** FFS populations are often comprised of diverse languages. If we do not have a recipient's language capability in-house through multi-lingual CSRs, we access external resources like the AT&T language. MTM has developed and translated written material to Spanish for distribution to recipients; we can develop material for the sight challenged as needed.

**Empowerment:** MTM knows the importance of educating FFS recipients on the rules of the transportation program requirements to avoid the potential for unintentional fraud. We find adequate recipient education has often been lacking prior to MTM taking over a program.

**Cognitively:** Developmentally disabled (DD) and behaviorally disabled (BD) recipients require special considerations. MTM understands the importance of providing awareness education and training to transportation providers who will service special needs recipients. MTM recently conducted a training session with Philadelphia transportation providers on transporting children with special needs. Skills such as how to de-escalate a situation, the impact of environmental controls, the importance of sticking to a routine, and how and when to report and incident were presented. The training also included "what to do when" role play session. See MTM Attachment \_\_ for a copy of the training session agenda. MTM will provide similar training to transportation providers servicing the District's MRDAA recipients.

**Emotionally:** MTM understands that continuity of care promotes patient compliance to healthcare protocols. We promote continuity of care by providing recipients, when possible, with the same provider, driver and schedule. Often MTM assigns a transportation provider to a specific facility to enable the recipients to have the same driver, vehicle and route daily. We have found that a positive relationship between the driver and the recipient often results. We find this continuity of care promotes compliance to medical regimes, improves treatment attendance and ultimately, improves the health care outcome of the recipient. Additionally, we work closely with social workers, care managers, case workers and program directors to educate them on NET delivery and public transit pass distribution to ensure their clients receive the highest quality services. Through proper education, issues and complaints are often minimized.

**Health Status:** Typically, FFS populations have greater health issues and concerns than MCO participants and therefore require more transportation to health care services. To adequately meet the transportation volume of FFS recipients, the successful broker must monitor and maintain the transportation network sufficient in size and scope to meet the needs. The network must be continually monitored for quality, sufficiency and compliance to contract protocols.

**Realistically:** The potential for fraud and abuse exists with any program and within every population. MTM monitors travel patterns to detect fraud or abuse of the NET program. By understanding disease states and diagnosis, we can determine if the transportation requests are reasonable for the diagnosis or disease state. MTM's LON assessment and screening process facilitates healthy medical outcomes and also serves to detect fraud and abuse. For example, when a recipient scheduled three dental appointments in a week, it appeared excessive for this type of appointment. In certain circumstances, this could be a legitimate



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appointment set. Upon closer scrutiny, however, it was learned the dentist office was next to a mall and the recipient was in fact attempting to arrange trips for other than medical purposes. MTM has the appropriate checks and balances in place to detect and mitigate fraud and abuse.

MTM is sensitive to the complex needs of FFS populations. We are careful to maintain confidentiality of medical information through HIPAA compliance measures. We work diligently to provide non-emergency medical transportation with dignity and respect to eligible recipients on behalf of all our clients. We are able to do so because we thoroughly understand the needs of the Medicaid FFS recipient. We build these needs into our delivery model to ensure access to healthcare through transportation services.

**c. District of Columbia communities and location of medical resources**

MTM has researched the communities and medical resources of the DC area. We will staff locally and rely on the expertise of local transportation providers. The Project Director MTM selects for the execution of this contract will be a local resident. He or she will be knowledgeable in the nuances of the region.

MTM has identified numerous hospitals, facilities and dialysis centers in the Washington, D.C., metropolitan area such as the Georgetown University Hospital, Washington Hospital Center, and Children's National Medical Center. Upon award of the contract, MTM staff will begin contacting medical facilities, such as dialysis units, behavioral and mental health programs, and the top ten hospitals of the area to initiate and develop our relationship. Once appointed, the Project Director will contact area facilities and hospitals to arrange face-to-face meetings to introduce our processes, train appropriate staff on our procedures and answer any questions or concerns. The Project Director will conduct extensive program outreach prior to the program's launch date. The Project Director will hold regular and ad hoc meetings with medical providers throughout the implementation phase to address any concerns.

We have researched the extensive public transit systems available and identified the point of contact for the Metro is Accessible Speakers Bureau. According to our research, all trains and stations are ADA accessible, which will assist in assigning public transportation as the most cost-effective mode of transport.

Again, a transportation management company who simply has prior transportation experience, although unsuccessful, in the District should not be viewed as having added value, it's the same principal as "a warm body" with no specific skills for job opening. Although MTM has no specific prior transportation management in the District, we have successfully implemented NET contracts throughout the nation and will do so on behalf of the District.



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**d. Knowledge of federal and District regulations, federal guidelines**

MTM provides NET transportation management services in thirty states nationwide. We understand the rules and regulations required to do so and will tailor our program in accordance with the District's needs. MTM is familiar with federal and District regulations and guidelines pertaining to the NET service delivery. We have accessed the list of Web sites provided by the District in this RFP and will continue to resource the material as needed upon contract award and throughout the life of the contract.

In addition, we employ staff focused on learning and implementing the rules and regulations of Medicaid-eligible individuals and representing MTM from a governmental relations perspective. We track federal, state and local legislative bills and regulatory issues. We attend appropriate state agency and legislative conferences to remain informed of the latest legislative actions which impact the industry of NEMT Medicaid recipients.

MTM employs legal counsel to ensure MTM is adhering to federal, state and local laws and regulatory requirements; to advise MTM's Board of Directors and Executive team on legal matters; to develop and review all contracts (including contracts with clients, vendors and transportation providers) and to represent MTM in all legal matters. Donald C. Tiemeyer, General Counsel, serves in this capacity and has worked with MTM since 1995, first through private practice and then formally as MTM's General Counsel in 2003.

(See L.2.3.1.6. Staffing and DC Attachment F and H for Don's résumé and job description.)

**L.2.1.4.3 Past Performance and Previous Experience**

**L.2.1.4.3.1 Past Performance**

**a. List of Contract Awards**

**Previous Experience Performing Transportation Services of Similar Size & Scope**  
(L.2.3.1.7.2.1.) Medical Transportation Management, Inc. (MTM) is a privately held "S" corporation founded in 1995 for the purpose of managing non-emergency medical transportation for the medically fragile, disabled, underserved, and elderly enrolled in state and county government programs, Medicaid and Medicare Advantage Managed Care Organizations, and health care facilities. What follows is a brief description of our experience with programs of a similar size and scope to the District's program as described in Section C. We have featured our contracts with Albany County, New York, the states of Arkansas, Minnesota and Pennsylvania. Each represents a similar size or scope of complexity to that of the MAA program in Washington, D.C. We have also included a more comprehensive experience narrative and timeline in **MTM Attachment 11**.



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See **DC Attachment V** for MTM's Client List from the past five (5) years for contracts of similar size and scope as described in Section C. Completed copies of the District's form J-9 are also located in this attachment.

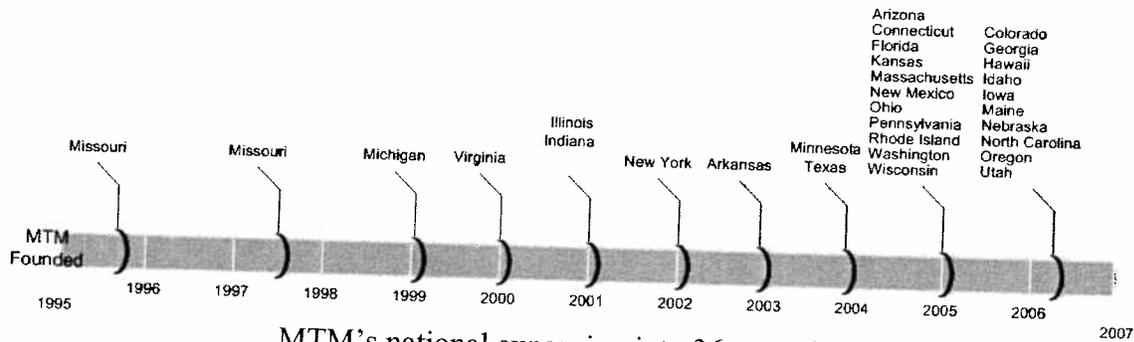
- b. Past Performance Evaluation Form (Attachment J.9)  
See **DC Attachment V**.
- c. Customer satisfaction results, performance evaluations, or other documentation  
See **MTM Attachment N** for QMC Reports.

**L.2.1.4.3.2 Previous Experience**

L.2.1.4.3.2.1 Narratives

- a. Years of experience and projects completed providing transportation broker services,

What follows is a brief description of our experience with programs of a similar size and scope to the District's program as described in Section C. We have featured our contracts with Albany County, New York, ~~the states of Arkansas, Minnesota and Pennsylvania.~~ Each represents a similar size or scope of complexity to that of the MAA program in Washington, D.C. We have also included a more comprehensive experience narrative and timeline in **MTM Attachment 11**.



MTM's national expansion into 36 states by year



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b. Successful implementation;

Implementation Successes				
Name of Client	Corporate Experience	Staff Experience	Challenges Encountered (full details located in MTM Attachment 11)	Implementation Success (full details located in MTM Attachment 11)
Albany County, New York	First County program for MTM. Also our First County program in New York	Brenda Battle Natasha Griswold Jim Sebben	* Poor accountability of bus pass and tokens. *Providers requesting trips for ineligible *Call volume was greater than MTM anticipated *Interfacing issues with the Transportation Prior Approval (PA) System	*Created processes and procedures for bus pass and token accountability. *Educated facilities and providers on assigning appropriate mode *MTM doubled call center staffing *MTM reverse engineered the PA process
11 Counties in Twin Cities, Minnesota	First time in Minnesota. Developed Level-of-Need process here.	Brenda Battle, Kimberly (Shields) Matreci, Cristy Bilhorn	*Initial resistance by transportation providers to brokerage model *High potential for fraud and abuse *Call center staffed based in incomplete data from the county	*MTM educated and reassured key stakeholders *Ensured appropriate mode of transportation *Expanded call center
Orange County, New York	Second County program for MTM and New York	Natasha Griswold, Alaina Maciá	*Transportation providers resistant to education and quality standards *Interfacing issues with the Transportation Prior Approval (PA) System	*MTM held numerous meetings in advance of assuming operation duties. *Provided one-on-one meetings with transportation providers *MTM reverse engineered the PA process by trial and error

c. Failed or difficult implementation and delivery of NET services.

Challenging Implementations				
Name of Client	Corporate Experience	Staff Experience	Implementation Challenges (full details located in MTM Attachment 11)	Implementation Success (full details located in MTM Attachment 11)
Arkansas	Multiple counties in three Regions	Alaina Maciá, Kimberly (Shields) Matreci, Brenda Battle	*Implementation limited to twelve working days after contract award *Assumed responsibilities from failing broker *Poor quality of service	*Advance efforts established an adequate network of transportation providers *Reduced average trip cost *Moved 12% of trips to lower, more cost-effective modes *Improved quality of service
Philadelphia, Pennsylvania	Second largest eastern US city	Alaina Maciá, Kimberly (Shields) Matreci, Brenda Battle	*Contract award was protested for three months by incumbent *Transportation providers did not have the ability to route, schedule and dispatch *Lack of cooperation from previous transportation manager *Lack of eligibility file from DPW	*Worked systematically through the to twenty-one days implementation timeframe. *Trained transportation providers in routing, scheduling and dispatching trips. *Obtained appointment schedules directly from medical facilities. *Ensured the programming of the eligibility file and business rules



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#### L.2.1.4.3.2.2 Attachments

- a. Three (3) letters of reference  
See **DC Attachment W**

#### L.2.1.4.4 Management Approach

##### L.2.1.4.4.1 Central Business Office and Staffing

###### L.2.1.4.4.1.1 Narratives

- a. Describe the Offeror's proposed staffing plan and staffing pattern.

**Central Business Office (C3.4.1):** MTM will staff the central business office with local quality and professional-minded individuals. We will hire individuals who possess the skill sets necessary to perform the tasks required. MTM will provide adequate and ongoing training to those we hire. In this way, MTM will ensure the District's protocols are adhered to, goals are met and our standards of quality are upheld. The DC central business office will have full administrative support and oversight from MTM's corporate headquarters. This will include accounting, quality, and technological support staff and systems.

MTM will establish a duly licensed, non-residential business in the District which will be open 8:00 a.m. to 6:00 p.m. ET (C.3.4.1). MTM will equip the business office with all the necessary and required hardware and software capabilities to perform the mandates of this RFP. All documentation and correspondence, written or printed material will bear the business office's address (C.3.4.1.1). The office will be staffed with a receptionist to facilitate business activities by recipients, MAA or District agency representatives. MTM will comply with all requirements of the First Source Employment Agreement Act in staffing the central business office and call center. See **DC Attachment D** for a map of the central business office location. Within thirty (30) days after contract award, MTM will provide the COTR with an updated area map which identifies the central business office, any satellite offices and key area medical providers, hospitals and other sites relevant to NET service delivery (C.3.4.1.2.).

In some contracts and when permissible, MTM likes to give preference to hiring current or former TANF recipients for the CSC. We generally request assistance from the client in identifying these individuals. For example, in Arkansas, MTM conferred with Mary M. Parham, founder and CEO of J Kelly Referrals & Information Services, Inc. Mary started this unique community outreach business located in Little Rock in 1999, and in 2004 received three prestigious awards for her work and contributions to the community. J Kelly began providing customer service center functions for the MTM DMS regional contracts in Arkansas beginning May 2004 and has provided excellent service. "At J Kelly, we make a concerted effort to create jobs for welfare-to-work persons, physically handicapped persons, visually impaired persons, and dislocated workers," Mary said. "Our mission is to



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focus all possible efforts as they relate to creating jobs for individuals that are otherwise viewed as hard to place." We will use Parham's experience and expertise in interviewing and hiring TANF employees.

### **Recruiting, Selecting and Maintaining Sufficient Staff**

**Day to Day Operations:** MTM will fill key staff positions for day to day operations of the central business office and call center with local persons who are familiar with the community and have call center or NET transportation experience, depending on the position. MTM will fulfill all staffing, organization and supervision requirements as detailed in C.3.4.2. MTM will provide the COTR a staffing plan that identifies key staff and other support staff within thirty (30) days of contract award. We will ensure all DC staff receive appropriate training, support and supervision to effectively and efficiently perform the required services at the level of quality MTM has become known for. MTM will ensure the DC office is adequately staffed to perform the required services. We will use our proven internal formula to determine the appropriate number of CSRs necessary to meet the needs of this contract. We will make adjustments in the staffing as ongoing assessments indicate a need to do so. See **DC Attachment G** for MTM's complete proposed Staffing plan (C.3.4.2.1).

MTM's Human Resources Recruiter will submit detailed job descriptions and expected job performance metrics to the DOES. MTM will select candidates referred by the DOES based on the referral's job history and related experience in the position sought. The Recruiter will check references listed and final selections will be made following an interview process. MTM conducts background checks on manager and higher positions.

**Implementation Staffing:** MTM's track record of successfully implementing other statewide and large capitated MCO NET programs speaks to our ability to rapidly and effectively install and manage a system on the scale of MAA's expectation of its NET program in a fiscally responsible way with no interruption in service. MTM has successfully implemented programs in states nationwide both when there was an existing broker and in cases when there was no broker, but transportation providers contracted directly with the state or agency to deliver transportation services. In either case, we implemented the program with no disruptions. Recipients were transported on time to scheduled appointments, transportation providers were notified in advance of scheduled trips, and facilities were able to provide necessary services to recipients who were scheduled for appointments.

MTM key staff consists of individuals responsible for implementation and ongoing management of the program (C.3.4.2.1.1). In our staffing plan, we have provided both MTM employees that will be responsible for day-to-day management and implementation of the contract from our corporate office. All MTM staff members are highly trained and skilled in program implementations and ongoing program management. They have successfully started up over 36 contracts including three (3) state programs -- Missouri,



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Arkansas and Minnesota -- and three (3) large county programs -- Albany and Orange County, New York, and Philadelphia, Pennsylvania.

MAA can be assured MTM staff will implement this program with a detailed process ensuring all key actions are identified on the work plan and executed succinctly -- yielding satisfaction from all key stakeholders.

The executive overseer for this RFP is **President and CEO**, Alaina Maciá. At the helm of the Executive Management team, Alaina's role with the District's contract will be to ensure compliance with all contractual requirements and a smooth start-up of the new contract by overseeing all implementation action items. She will be the ultimate MTM authority for addressing all contractual, financial, technical and operational issues for the program. Alaina is fully committed to the management and operational success of the District's NET program.

Our staffing plan identifies the following positions:

<b>Position</b>	<b>FTE</b>
Project Director (Designated Senior Manager Education and Training Recipients)	1
Receptionist	1
Customer Service Manager (Designated Senior Manager Call Center)	1
Customer Service Supervisors	1
Customer Service Representatives	11
Quality Manager (Designated Senior Manager Complaints and Grievances)	1
Quality Service Representatives	.25
Verification Specialist	.25
Compliance Auditor	.25
QM Auditor	.25
Network Management Manager (Designated Senior Manager Education and Training Transportation Providers)	1.0
Network Representative	1.0
Utilization Care Management Manager	1.0
Care Managers	2.0
Claims Auditor	3.0
Finance/Accounting Support	1.0
Technology Support (Designated Senior Manager Information Systems)	1.0
Human Resources/Administrative Support	1.0



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The **Project Director** works in collaboration with all MTM corporate departments and MAA to ensure MTM is fully compliant with the state's Medicaid requirements governing the NET program. The Project Director's primary responsibility is the management of the program, which will include making changes to staffing, processes and procedures when necessary to meet the requirements of the RFP and to meet client expectations. He/she is also responsible for working with the Area Liaison to contract with transportation providers and ensuring they are monitored for adherence to the RFP specifications, as well as trained and credentialed. The Project Director reports to MTM's CEO and President based in Lake Saint Louis, MO, and will have the full support of all administrative functions at MTM's corporate headquarters in Lake Saint Louis -- in particular, the departments of Finance, Accounting, Technology, and Human Resources. The Project Director will also be the designated senior manager for education and training of the recipients. This person will oversee all activities as it relates to educating the recipient and ensuring that all materials are prior approved by the District.

The Project Director is dedicated to the program and is responsible for ensuring all departments within MTM perform according to MAA-specific contractual requirements. He/she reviews utilization data and performance outcomes and addresses any issues that arise. The Project Director also educates MAA personnel on how to effectively use our reporting tools and will meet each month with MAA staff. During this session, we provide information regarding the program and work with MAA to determine potential improvement initiatives. See the Job Descriptions in **Attachment H** for the requirements of this position.

For specific details related to the NET program staffing plan for the District, please refer to required staffing **DC Attachment G**. The staffing plan covers all aspects of the program: start-up, contract supervision, complaints monitoring, transportation provider contracting, call intake, gatekeeping and social services coordination. Also see the following related attachments: **DC Attachments E** Organization Chart (C.3.4.2.1.3.), **DC Attachment F- Resumes**, **DC Attachment H- Job Descriptions**.

b. Description of the Offeror's Management Information System (MIS)

#### **MTM's proprietary and customized NET Management System**

MTM's NET Management System touches virtually every aspect of the trip. It is fully capable to support scheduling, tracking, monitoring, accounting, verifying, fraud and abuse detection and call center management functions of the District's Medicaid NET services. Unlike some brokers who use generic transportation management software, MTM has developed and refined our proprietary NET Management System to meet our NET program management needs. This system automates most every aspect of our management program, ensuring MAA the lowest-cost program available. It automatically tracks and archives every transportation request and records whether a request was approved or denied, along with the specific rationale for that decision. Our system also tracks detailed information gathered during each call and is referred to on subsequent requests. The



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information contained therein is analyzed and reported on a regular basis. MTM's NET Management System, which delivers real-time information on recipients, allows MTM to adhere to specific transportation protocols.

MTM's NET Management System is comprehensive and reliable, managing contracts with large-scale and complicated NET requirements. This system was built from scratch specifically for MTM's successful NEMT/NET management model and runs on a robust industry-strength mini-mainframe computer platform. This system has been constantly refined over the past ten (10) years, with comprehensive feature sets automating both the core process (such as intake, gatekeeping) and the supporting processes (such as financial management and utilization and case management) of the overall NET management. MTM's management information system is capable of meeting the District's requirements and specifications.

#### **L.2.1.4.4.2 Support Services and Systems, Policies and Procedures and Reporting and Record Retention**

L.2.1.4.4.2.1 Telecommunication System and Management Information System,

##### **L.2.1.4.4.2.1.1 Narratives**

a. Describe the Offeror's telecommunication system.

The District must select a broker who can provide a comprehensive telecommunication system capable of supporting the complex NET program. With advances in technology and subsequent upgrades hitting the market almost daily, it is impossible to keep up, not to mention cost prohibitive. MTM offers the District state-of-the-art technology from industry leaders such as Cisco Systems, while remaining cost prudent. We have described our systems below along with their contribution and interrelationship to the NET program

#### **Telecommunication Systems (C.3.4.3.)**

**Paging (C.3.4.3.1):** Paging is an example of outdated technology. MTM will provide the District with the cell phone numbers of key staff for contact after-hours and during District holidays.

**Automated Call Distribution System (C.3.4.3.2):** MTM will utilize the Cisco Systems CallManager call-processing application to manage all inbound and outbound calls for the District NET program. Cisco Systems CallManager is a comprehensive state-of-the-art package with the capacity of handling high call volumes and providing extensive monitoring and intricate reporting. Through this system, we will monitor Customer Service Center operations and provide minute-by-minute data for trending, analysis and staffing adjustments. Please see the Cisco Call Manager product brochure in **MTM Attachment 3** for more information on this application.



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MTM is experienced at documenting and providing high standards of call center responsiveness and currently does so for some 36 contracts nationwide. Our telephone system has the capacity to ensure our Customer Service Center meets the required standards for this contract. We have determined the number of T-1 lines needed for inbound and outbound traffic as well as lines for local calling, 911 outbound and outbound toll-free calling, based on the assumed call volume, call length, and an estimated peak call volume of calls per hour.

MTM will provide telephone performance outcomes to the COTR on a weekly basis in the specific format requested. The Cisco CallManager automatically generates these reports. See **MTM Attachment 7** for samples of these reports and **DC Attachment K- ACD Flow Charts**.

MTM's scheduling software consists of our proprietary NET Management System. Using our current system, MTM is capable of meeting the District's Automated Call Distribution requests in Section C.3.4.3.2.a-e., noting that Item f. was deleted per DC's Amendment 2. However, in the interest of meeting the District's goal of containing costs, MTM respectfully suggests alternatives to items g-j of the same section. These items are huge cost drivers. See **Constraints** in Section L.2.2.4.2. Item k. is addressed below.

C.3.4.3.2.k. Initiating a transportation request on-line is much more cost effective than the systems components listed in items g-j. MTM will accommodate features as directed by the District. However, please note -- hospital and facility staff can schedule transportation with MTM via e-mail and fax. We find that many hospital persons responsible for scheduling transportation have limited internet access. Therefore, their preference is to fax or call in a request for transportation. Adding internet scheduling will impact the cost of the program and may be under utilized.

**Telephone Line Requirements (C.3.4.3.3):** MTM will provide local and toll free telephone numbers as described. These are standards within the industry and MTM is readily prepared to meet the District's telephone line requirements. These include a 24 hour help line, and "Where's my ride?" line. MTM will use the TTY (Teletype) and TDD (Telecommunications Devices for the Deaf) phone messaging services for hearing or speech-impaired recipients. We currently employ multilingual CSRs in all our CSCs. However, for languages we can not accommodate, MTM will utilize the AT&T language line.

**Sophisticated Trip Scheduling and Dispatching (C.3.4.3.4):** MTM's NET Management System is capable of meeting the requirements of this RFP. This system automates the scheduling and dispatching of trips based on MTM policies and business rules.

The NET Management System stores MTM transportation provider network information such as vehicle types, fleet size, capacities, locations, operating hours and specialties. The system matches the trip with the appropriate transportation mode, and then schedules the



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trip with the appropriate transportation provider based on service area, mode and cost-effectiveness. MTM's system can assign a per-trip or mileage-based trip rate, also known as MTM's Mileage Model.

The Mileage Model is GIS-based, with all the transportation providers' sub-locations Geocoded into the NET Management System. The pricing of the Mileage Model is primarily determined by the mileage of the trip and the rate for the service area by mode, with additional fees for the level/complexity of the services (i.e., wheelchair transfer, attendant, door-to-door service, etc.). This GIS-enabled model schedules trips to providers based on certain business rules, including assigned zone/medical facility, quality-provider rule, and MBE/WBE rule.

The trip assignment Mileage Model provides MTM and the transportation providers the enabling technology solutions to create innovative business partnerships that best serve the recipient and the client.

The system will dispatch the scheduled trips to the corresponding transportation providers via FTP server, email or fax depending on the technology capabilities of the transportation provider. The system uses two dedicated high-speed fax servers and 16 lines for this purpose at the rate of 1,440 faxes per hour, or 35,000 faxes per 24-hour period. Based on the priority setting, urgent trips will be dispatched first automatically.

MTM believes we are the broker most capable of meeting MAA's RFP requirements. Our systems and processes readily assign the most-appropriate transportation provider upon receipt of a recipient's transportation request.

**System Capabilities and Support:** In addition, MTM's NET Management System calculates the trip mileage when a trip is scheduled to ensure MTM pays for the appropriate mileage for a trip. The system also prevents:

- Double billing or billing round trips instead of one-way
- Billing for non-covered services
- Billing for individuals other than covered recipients

**Videoconferencing (C.3.4.3.5):** See **Constraints** in Section L.2.2.4.2. Item k. is addressed below.

b. Describe the Offeror's Management Information System.

**Management Information System (C.3.4.4.)**

MTM will equip the DC central business office and call center with sufficient hardware, software, personnel, phone, e-mail, fax, and infrastructure to fulfill contract requirements as specified in Section C. The DC central business office will have support from MTM's corporate office personnel and infrastructure. MTM's high-speed internet connection with 1.5 Mbps symmetrical speed will easily interface with MMIS (C.3.4.4.3.). MTM will load



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the District's quarterly Medicaid health care provider files for use in identifying health care provider destinations. MTM will meet the system's interface and computer requirements within twenty (20) days following contract award (C.3.4.4.3.1).

The server for the MTM NET Management System is centrally hosted with dedicated monitoring, maintenance, programming and support staff. The power of the system and the native remote access capability enables central hosting and supports a deployment model that increases manageability, reliability and responsiveness while decreasing remote site technology system complexities.

**Data Management and Information Delivery:** Developed and enhanced over the years of experience and client feedback, the system has evolved into a flexible and comprehensive data management platform capable of handling electronic information and delivering significant value for both MTM and the client. The system exchanges data with a variety of entities internal or external to MTM. For example, the system exchanges data with MTM's internal accounting and finance system, the state NET program/fiscal agent, MTM transportation provider computer system (including public transit routing and scheduling system), etc.

**Data and Data Format:** The system supports all formats for data exchange, ranging from industry standard format to client proprietary format. For example:

- Member and provider eligibility – through ANSI x12 standard formats (ANSI 834, ANSI 270/271), or proprietary formats (client's proprietary formats, MTM's format, etc.)
- Itemized trip history – through comma delimited format
- Management summary reporting – through rich text format
- Claims/encounter data – through ANSI x12 standard format 837P, NSF or other customized format
- Quality-assurance outcomes – through rich text format

Data will first be prepared through ETL (extraction, translation and loading), data integration, and data quality/integrity assurance before actual data processing for the operations. MTM's data processing capabilities include: medical eligibility processing, billing/claims processing, auditing and reconciliation, etc. Through VAN-based and Internet-based EDI (electronic data interchange), the system flexibly supports all methods of data exchange ranging from dial-up/CD mailer, to e-mail Attachment (encrypted), to secured FTP, secured HTTP.

**Reports and Information Delivery:** All data (transaction, encounter, management, financial, etc.) are consolidated to produce comprehensive management reports on encounter/activity, utilization and quality, financial and trending, etc. Examples of some of the standard reports include: weekly and monthly summary reports, line item detail reports, weekly "no-show" reports, frequent flyer reports, utilization and case management reports, vendor reports, and performance score card reports.



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**Confidentiality:** MTM is a HIPAA-compliant organization. MTM will comply with all HIPAA privacy policies of Section H.10 of this RFP (C.3.4.4.2.) Also see **MTM Attachment 13**. The NET Management system is compliant with all HIPAA requirements on ANSI standards, privacy standards and security standards. The MTM converged data and voice network improves MTM service quality and operational efficiency. It also enables MTM to implement new business operations or upgrade existing ones much more quickly and cost-effectively.

**Internet Website (C.3.4.4.5.):** MTM's Technology and Marketing departments will develop and maintain an internet website for the District's NET service program. The website will be completed within thirty (30) days of contract award and will provide a.) MTM's contact information, b.) useful transportation provider information and resources, c.) helpful information for recipients.

MTM has extensive experience and robust technology to provide non-emergency transportation management functions for MAA Medicaid recipients. See **MTM Attachment 9** for a more detailed description of MTM's NET Management System capabilities. Also see the following required attachments for additional systems capabilities and information.

**DC Attachment K-** ACD Flowcharts

**DC Attachment L-** NET System Charts/ Screens

**DC Attachment M-** Conceptual Disaster Recovery Plan (C.3.4.4.4)

L.2.1.4.4.2.2 Policies, Procedures, Manuals, Reporting and Record Retention

L.2.1.4.4.2.2.1 Attachments

MTM has provided conceptual samples of the following manuals which can be found in the attachment indicated. MTM will submit all manuals and plans to the COTR for approval in the timeframes dictated and prior to dissemination. Required updates will be submitted to MAA in the respective timeframes required (C.3.4.5.). Updates will be submitted to the COTR for approval prior to distribution.

**DC Attachment O-** Operational Procedures Manual (C.3.4.5.1)

**DC Attachment P-** Transportation Provider Manual (C.3.4.5.2)

**DC Attachment Q-** Systems Design Manual (C.3.4.5.3)

**DC Attachment R-** User Documentation Manual (C.3.4.5.4)

**DC Attachment S-** Quality Assurance Plan (C.3.4.5.5.)

**DC Attachment T-** Turnover Plan (C.3.4.11.-C.3.4.11.4.);

**DC Attachment U-** Implementation Plan (C.3.5.1.1.-C.3.5.11.3.)

Also see **MTM Attachments 5 and 10**.

#### L.2.1.4.4.3 Certifications and Representations

Please see **DC Attachment X** for the required forms for MTM's certification forms and miscellaneous forms.



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