Minnesota Department of **Human Services**

Non-Emergency Medical Transportation (NEMT) Advisory Committee Request For Information (RFI)

Purchasing and Service Delivery (PSD)

February 2012

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I. Executive summary

Legislation from the 2012 legislative session instructed the Commissioner to issue a request for information from vendors about potential solutions for the management of nonemergency medical transportation (NEMT) services provided to recipients of Minnesota health care programs. The request for information required vendors to submit responses by November 1, 2012. Seven responses were collected; two from counties and 5 from outside vendors. The submitted information from all seven responses is included in the report.

II. Legislation

Minnesota Session Laws 2012, Regular Session, Chapter 247, H.F. no. 2294, Article 1, section 24: Nonemergency Medical Transportation Services Request for Information.

NONEMERGENCY MEDICAL TRANSPORTATION SERVICES
REQUEST FOR INFORMATION.
(a) The commissioner of human services shall issue a request for information from vendors about potential solutions for the management of nonemergency medical transportation (NEMT) services provided to recipients of Minnesota health care programs. The request for information must require vendors to submit responses by November 1, 2012. The request for information shall seek information from vendors, including but not limited to, the following aspects:
(1) administration of the NEMT program within a single administrative structure, that may include a statewide or regionalized solution;
(2) oversight of transportation services;
(3) a process for assessing an individual's level of need;
(4) methods that promote the appropriate use of public transportation; and
(5) an electronic system that assists providers in managing services to clients and is consistent with the recommendations in the 2011 evaluation report by the Office of the Legislative Auditor on NEMT, related to the use of data to inform decision-making and reduce waste and fraud.
(b) The commissioner shall provide the information obtained from the request for information to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and financing by November 15, 2012.

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III. NEMT RFI Response Introduction

The NEMT RFI Response report is provided to summarize interests and concerns expressed related to the work of the NEMT Advisory Committee. The goal of the NEMT Advisory Committee is to provide direction and guidance to the MN Department of Human Services (DHS) for the revamping of NEMT both at the access transportation services (ATS) and special transportation services (STS) levels pursuant to Minnesota Session Laws 2012, Regular Session, Chapter 247, H.F. no. 2294, Article 1, section 24: Nonemergency Medical Transportation Services Request for Information.

The report is prepared by **the Department of Human Services** for the purpose of providing feedback from parties interested in NEMT to the Legislature. The information was obtained from the responses to the NEMT RFI.

IV. RFI Responses

Responses to the RFI were received from two counties and five outside vendors.

A. Clearwater County:

I would like to comment on the proposed NEMT services regarding a central call center which was written as follows: "Establish and maintain a centralized call center to process requests for transportation service and to schedule/dispatch providers. The call center would be available to health care program clients, health care and facility staff and community organizations to request and adjust transportation services and check the status of a scheduled trip".

If this means that there will be one call center, somewhere in Minnesota, I feel we would do a disservice to our consumers. In our rural community when a consumer calls our office, most of the time we recognize their voice, call them by name and already know where they live which results in a positive and efficient interaction. Having someone in a central office dealing with the people of our County will result in impersonal interactions and will not be as customer friendly as the process we have right now.

A standardization of processes is a good idea as long as the process still allows individual counties the opportunity to coordinate transit services as a county. Having a system where we carry out statewide rules and regulations but we administer these programs at the county level would be the desired outcome. This structure is already being used within State/County service models. If a group of counties want to create a regional structure they should be allowed to do so but those of us that operate on a single county basis should be allowed to continue to deliver personalized and effective service.

B. Wadena County:

Wadena County appreciates the efforts DHS is making to improve the Fee for Service Non-Emergency Medical Transportation program.

- We support a standardization of processes and policies for the program.
- We disagree with a single administrative entity as it will be much less efficient than dispatch rides provided through a local dispatcher.
- DHS should take back responsibility for transporting health plan clients not just fee for service clients.
- We want to see the reimbursement rate for clients driving themselves tied to the federal IRS rate used by taxpayers claiming mileage reimbursement as a health expense when claiming a tax deduction. The .20 rate allowed by DHS was established about 14 years ago when Wadena County's bill on this issue was passed by the Legislature. The reimbursement rate prior to the passage of the new law was tied to the full IRS rate. The state has had a significant savings over the years. Since gasoline is now much more costly than in the late 1990s, it is time to adjust the rate of reimbursement. This will encourage clients to drive themselves or find someone who can drive them.
- No load miles need to be paid for by DHS. It restricts what rides our volunteer drivers will take or it forces counties to pay for the no load miles. Finally, the IRS wants 1099s on all unloaded mileage payments by counties or health plans to volunteer drivers. This is an addition reason for volunteer drivers not to want to drive one-way clients.

C. Minnesota Department of Transportation:

Introduction

The objective of the Non-Emergency Medical Transportation program to be client centered, enabling the client to attend covered medical services without barriers created by lack of transportation access. Decisions on transportation access are made with the interests of obtaining the least restrictive, most cost effective service for each enrollee in the medical assistance program. This response describes a state-administered, county-delivered program with a single set of operating policies that are adaptable to local needs.

Specifics

A. Administration of the NEMT program within a single administrative structure that may include a statewide or regionalized solution. *If a regional solution is proposed, please address how DHS would maintain consistency and accountability among all regions of the state.*

NEMT program activities will be administered locally, that is, each county or consortium of counties will have responsibility for conducting their program in a manner that is sensitive to local considerations. At the state level there should be a central office responsible for developing statewide policies, approving any variances from the policies, and managing the

overall budget for the provision of transportation of persons to covered medical assistance services. The state administrator will be able to identify how much is being spent on transportation to covered services and how many enrollees are receiving the service. Improved administrative controls will result in cost savings equal to the expense of providing the oversight.

In addition, the state central office should have some staff who periodically act as field agents, visiting and evaluating the locally/regionally administered programs and providing technical assistance.

Local/regional NEMT program coordinators are responsible for submitting periodic reports to the central office as well as annual management plans that outline the ways in which the local program conforms to the statewide policies and procedures. The state central office is responsible for timely review of reports and plans, taking corrective action if needed, and releasing any funds not administered at the local level.

Over the first two years of the project the central office will develop a program that will result in a one call/one click center for all transportation needs within any county/region. Currently there are many silos for service delivery; public transit, medical assistance, veterans, day training and habilitation and private operators. In addition to organizing non-emergency medical transportation, the call center may provide appropriate referral for inquiries related to other transportation needs.

B. Oversight of transportation services. *Please address how requests for services will be coordinated, how enforcement of the closest available provider will be achieved, how billing will occur, and how transparency and accountability necessary to monitor the work, and monitor for fraud and abuse will be maintained.*

There will be statewide policies on program administration that take into consideration local sensitivities. These sets of policies will address operational and financial characteristics of both urban and rural delivery systems that are distinctly different in terms of transportation service availability and population density.

A group of stakeholders from human services and transportation providers programs throughout the state will convene to provide input on the transportation policies to be developed. Best practices from Minnesota counties will be used as examples.

The state central office with overall responsibility for administering the NEMT program will develop policies in these areas. Stakeholder input will be sought during the policy development process. The following is not an exhaustive list:

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Specifications for county/regional coordination structure

- There should be at least one person in each county or region who is the official NEMT program coordinator. This position will be knowledgeable in all aspects of passenger transportation.
- NEMT coordinators will refer clients for functional assessments and make transportation arrangements accordingly.

Eligibility of clients

- Clients are eligible for transportation assistance based on economic status; however the level of service rendered may depend on health care services required, mobility/cognitive status, coupled with the denseness or remoteness of the client's home area.
- County/region NEMT coordinators are responsible to verifying eligibility and monitoring client's attendance at covered services. The transportation providers are required only to deliver the client to and from the covered service at the level determined by his or her functional assessment.
- An appeals process will be implemented for clients who receive eligibility or assessment decisions with which they disagree.

Functional assessments, when and how often required

- Only those clients who exhibit mobility or cognitive issues should be referred for assessment for transportation assistance beyond the common carrier level.
- Temporary higher level assistance can be authorized for fixed periods based on a client's functional status that is not likely to be permanent.

Authorized level of service for individual clients (See Table 1.1)

- Generally a client is assessed to a certain level and this level should remain in place until the client loses eligibility for covered services, mobility and/or cognitive conditions change significantly, or the registration period expires.
- In some cases a client may need more than one level of service; e.g., can use common carrier to go to a treatment but requires more personalized service after a treatment.

Purchase/procurement of service for special transportation services

- County/region NEMT coordinators will be required to competitively procure services that are not provided by another publicly funded entity.

Contracts and agreements

- All relationships between the county/regional organization and the provider of transportation services should be documented with a formal agreement

Activity reports to the central office

- NEMT program coordinators are required to report monthly/quarterly to the state central office the number of transportation trips provided, the unique number of clients served, the level or mode of service used, the number of miles traveled, and the amounts paid for the services by type.
- The state can withhold payments from counties/regions that are not timely in their reporting or demonstrating sound business practices.
- The state should require county/regional NEMT coordinators to use statistically valid sampling techniques to check for potential fraud and abuse.

Billing from providers/billings to the state

- A method should be developed so that there is a relationship between how many trips are authorized, actually provided, and how the state is billed for these services.
- Discrepancies must be resolved prior to payments being authorized.
- The state and counties/regions will develop a mutually acceptable data program that eliminates duplication.

Program evaluation of county/regional programs

- The state central office will develop an evaluation tool that evaluates the relative success of the NEMT program coordinators in all of the areas listed above.
- Field agents from the central office will provide technical assistance in improving all aspects of county/regional program operations.
- County/regional programs that are not compliant or effective will receive additional technical assistance until the program becomes compliant and effective.

Financial audits of county/regional programs

- A large element of program evaluation consists of financial soundness. Field audits will be conducted initially on all NEMT programs with periodic desk audits as required.

Policies will be particularly sensitive to urban and rural differences in service delivery, particularly in those counties with sparse population and few regional trade centers with appropriate health care services.

C. A process for assessing an individual's level of need for NEMT services. *This process must encompass the need for any type of NEMT service, not just STS "level of need."*

The overriding goal of the NEMT program is to provide the "least restrictive" service in the most cost effective manner. There is a presumption that the client wants the highest level of independent travel. If a client chooses to use a more personalized service than is strictly necessary, then the client would be eligible for reimbursements or other fare media only up to the level appropriate for his or her condition.

Table 1.1 describes a continuum of services that range from the independent traveler who is eligible for transportation assistance only because he or she is income eligible for covered services to a client who is highly dependent upon personalized service to achieve the goal of accessing covered services.

Table 1.1

Level	Functional Status	Urban Modal Eligibility/Level of Service	Rural Modal Eligibility/Level of Service	Payment/reimbursement
1	Fully independent traveler	− Personal auto	− Personal auto	− Personal mileage & parking reimbursement
		− Fixed route bus/rail	− Public transit dial-a-ride	− Bus pass/token/smart cards
		− Taxi (time dependent)	− Taxi if available	− Taxi voucher
			− Volunteer driver	− Volunteer driver reimbursement
2	Mild mobility impairment/no cognitive issues	− Accessible fixed route bus/rail	− Accessible vehicle if needed	− Bus pass/token/smart cards
		− Public paratransit, door to door	− Public transit dial-a-ride	− Bus pass/token/smart cards
			− Volunteer driver	− Volunteer driver reimbursement
Below this level requires a functional assessment				
3	Mobility independent/ cognitive issues	− Public paratransit, door through door	− Public transit dial-a-ride, door through door, escort	− Bus pass/token/smart cards
		− Taxi, door through door		− Taxi voucher
			− Volunteer driver	− Volunteer driver reimbursement
4	Mild mobility needs/ cognitive issues	− Public paratransit, door through door	− Accessible vehicle if needed, station to station	− Bus pass/token, surcharge for higher level of service
		− Taxi, door through door		− Taxi voucher
			− Volunteer driver	− Volunteer driver reimbursement
5	Moderate to high mobility needs/no cognitive issues	− Accessible vehicle, door-through door service	− Accessible vehicle/door through door service	− Bus pass/token, surcharge for higher level of service
		− STS-certified provider, door to door minimum-door through door maximum	− STS-certified provider, door to door minimum-door through door maximum	− Provider bill out
6	Moderate to high mobility needs/ cognitive issues	− Accessible vehicle, station-to station service—no interim stops unless escort present	− Accessible vehicle, station-to station service—no interim stops unless escort present	− Provider bill out
7	High cognitive issues regardless of mobility	− Appropriate vehicle, secure transport, station to station, chain of custody	− Appropriate vehicle, secure transport, station to station, chain of custody	− Provider bill out

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D. Methods that promote the appropriate use of public transportation. *DHS must assure that NEMT services are provided in the most cost-effective way. Where and when public transportation is available and accessible, it must be considered when a recipient's need for NEMT is assessed.*

The assessment tool should involve transit professionals to assess whether the client is able to use the public transit system completely independently, could use the system with travel training, or is unable to use the public transit system. Public paratransit in urbanized areas is a viable alternative under certain circumstances.
Where a monthly bus pass/smart card is determined to be the most cost effective method, there should be no restrictions on trips provided the client is attending his or her medical appointments.

Timeliness with medical appointments relative to public transit availability must be considered in the assessment process.

In counties/regions where recognized levels of service are not available it will be the responsibility of the NEMT coordinator to determine the most cost effective mode of transport. Coordinators must consider other impediments to the effective delivery of timely transportation.

E. An electronic system that assists providers in managing services to clients and is consistent with the recommendations in the 2011 OLA evaluation report, related to the use of data to inform decision-making and reduce waste and fraud.

The database of client eligibility and assessment results will be centrally managed by the state. The state will maintain documented procedures of the software provide training to NEMT coordinators and manage all upgrades.

Access to DHS eligibility data should be universally available to all NEMT coordinators. A limited set of data related only to the safe provision of the trip is available to the transit provider.

Software needs to provide a seamless process from the eligibility for the trip, to the provision of the trip, to the billing for the trip. In an ideal world the system should verify trip eligibility by cross referencing with the database system that keeps track of client appointments.

The system should be crafted in such a way as to permit E-billing. The NEMT county/regional coordinator reviews electronically, authorizes, and submits to payers. Arrangements for review and authorization relative to level of service provided will be locally determined and documented for review by the central office.

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D. Minnesota Council On Transportation Access (MCOTA):

Minnesota Council on Transportation Access
Response to the Minnesota Department of Human Services Request for
Information on Non-Emergency Transportation for Minnesota Health Care
Programs

The Minnesota Council on Transportation Access is submitting the following recommendations on potential solutions for the management of nonemergency medical transportation (NEMT) services provided to recipients of the Minnesota Health Care Programs (MHCP).

Background

The Minnesota Council on Transportation Access (MCOTA) was formed by the Minnesota State Legislature during the 2010 legislative session (MN Statute 2010 174.285). Its function is support the different agencies and organizations involved in transportation programs to work together, so they can increase capacity to serve unmet needs, improve quality of service, improve understanding and access to services by the public, and achieve more cost-effective service delivery.

MCOTA consists of representatives from 13 separate agencies and organizations:

- Office of the Governor
- Minnesota State Council on Disability
- Minnesota Public Transit Association
- Minnesota Department of Transportation
- Minnesota Department of Human Services
- Minnesota Department of Health
- Metropolitan Council
- Minnesota Department of Education
- Minnesota Department of Veterans Affairs
- Minnesota Board on Aging
- Minnesota Department of Employment and Economic Development

- Minnesota Department of Commerce
- Minnesota Management and Budget

A. **Administration of the NEMT program within a single administrative structure that may include a statewide or regionalized solution. Administration of a transportation structure could be broad in scope and flexible enough to respond to the differences in geography, demographics and governance structures that exist in the state. If a regional solution is proposed, please address how DHS would maintain consistency and accountability among all regions of the state.**

MCOTA recommends that the single administrative structure be administered at the local level by a county or if they so choose, a group of counties. Local level administration of the program will provide the best customer service and minimize the disruption to the consumer transitioning from the current administrative structure.

MCOTA recommends that the local level administration include the counties and State working together to establish greater consistency across the state. This should include one set of service delivery rules that apply to all consumers regardless of where they live in the state. There should be a set of service rules that all counties and providers live by, i.e. same reservation window, same pick-up window, same criteria for when fixed route must be used (walking distance is the same), etc. , same level of need assessment, same penalties for consumer system abuse (no-load), same provider credentials (i.e.. driver and escort).

MCOTA recommends that the State provide ongoing technical assistance to the NEMT Coordinators in the form of sample policies and procedures, contract templates, and best practice example distribution. Some example materials from the State of Oregon are cited:

Oregon Broker Manual: Prepared by the State of Oregon, this manual is used by all brokers/coordinators. http://www.dhs.state.or.us/policy/healthplan/guides/medtrans/broker-manual.pdf

Driver Code of Professional Conduct: TriMET, the broker for the Portland Oregon metropolitan area, requires acknowledgement by all contracted service provider drivers. http://trimet.org/pdfs/meetings/tctag/Driver-Code-of-Professional-Conduct.pdf

Child Transport Guide: TriMET has issued policy guidance addressing Child Transport applicable to all contracted service providers. http://trimet.org/pdfs/meetings/tctag/Childrens-Transport-Guidelines.pdf

Exhibit 4 - Rider Guide: Explains to the consumer/client how to use the program in the Portland Oregon area. http://trimet.org/pdfs/mtp/mtpguide.pdf

MCOTA recommends that the Minnesota Dept. of Transportation, Commercial Vehicle Operation's Special Transportation Services (STS) requirements for driver training and vehicle inspections be required for any NEMT transportation services providing more than curb to curb service.
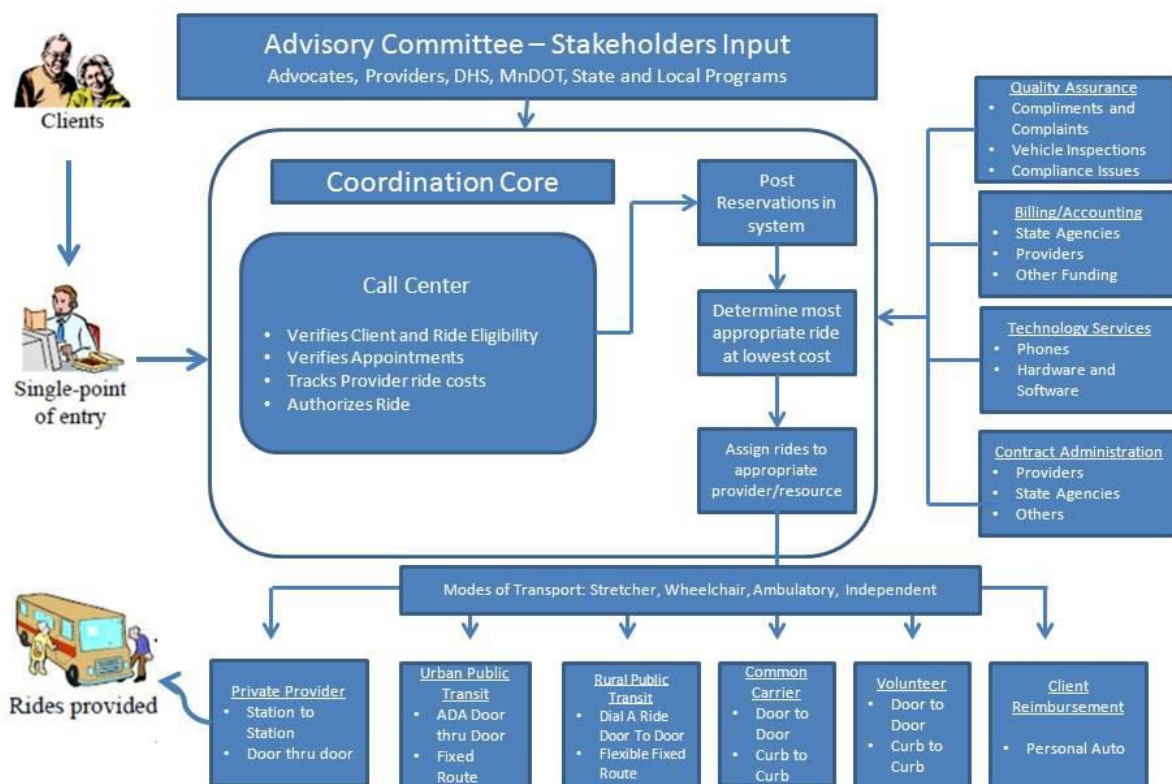
B. **Oversight of transportation services. Please address how requests for services will be coordinated, how enforcement of the closest available provider will be achieved, how billing will occur, and how transparency and accountability necessary to monitor the work, and monitor for fraud and abuse will be maintained.**

MCOTA recommends that counties or groups of counties should utilize NEMT Coordinators to implement the program (See Figure 1: Sample Coordinator Graphic). The Coordinators should be responsible for:

Administration of the program
Contract administration
Billing/Data tracking
Recruiting and maintaining adequate transportation network
Determining most appropriate mode of transportation
Maximizing cost-effectiveness and quality services through coordination with local programs and stakeholders
Referring clients for level of need assessments
Providing transportation options to clients
Maintaining quality assurance

Counties or groups of counties should have the option of selecting local units of government, non-profit organizations, for profit businesses, or public transportation programs to carry out the NEMT coordinator role.

Figure 1: Sample Coordinator Graphic

C. **A process for assessing an individual's level of need for NEMT services. This process must encompass the need for any type of NEMT service, not just STS "level of need." The process also must be responsive to those clients who experience a changing level of need.**

MCOTA recommends that the assessment process should include fully functional level of need assessments for individuals referred by the NEMT Coordinators. The assessors who administer the fully functional assessments should be overseen and certified by the State. Fully functional level of need assessments should be conducted by a party independent of NEMT Coordinators and service providers (with special consideration for local units of Government). Certification term should be for as long as reasonably possible. A formal process should be established that includes a signature from a select group of certified professionals.

MCOTA recommends that the NEMT clients should only have to complete one fully functional assessment. Clients should not be required to complete multiple assessments that determine transportation appropriateness. Functional assessments include: those used by public transit systems to determine ADA service; those used by the Minnesota NEMT program to determine mode of transportation and those used to determine Social Security benefits.

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MCOTA recommends that equivalent ADA compliant accessible service be available for persons with disabilities. There should not be any denials for service because of the lack of accessible vehicles.

D. **Methods that promote the appropriate use of public transportation. DHS must assure that NEMT services are provided in the most cost-effective way. Where and when public transportation is available and accessible, it must be considered when a recipient's need for NEMT is assessed.**

MCOTA recommends that demand response public transportation providers are entitled to full cost ride reimbursement (not limited to published fares).

MCOTA recommends creating a separate funding category for volunteers that includes both a mileage fee not to exceed the IRS rate and an administrative fee for administering volunteer trips in addition to the mileage rate. Volunteer transportation programs, many of which are administered by public transit systems, are the main method of service delivery of curb to curb and door to door medical assistance transportation service in Greater Minnesota. This recommendation is intended to address the issue of no-load miles for volunteer transportation services.

MCOTA recommends that the NEMT Coordinators should competitively procure transportation services. By competitively procuring services the Coordinator has the ability to obtain better transportation rates and the ability to control the number, quality, and geographic distribution of services. The ability to control service availability is of extreme importance in rural areas of the the State that lack a sufficient amount of service providers.

Important contract elements:

> Number of providers in any area is managed and based on the average number of monthly trips in the service area
> State provider does not have the right to refuse trips that are assigned
> Vehicle and driver certification
> Trips are assigned by NEMT Coordinator
> Performance criteria with accompanying bonuses/performance credit

MCOTA recommends that to improve cost efficiency of the NEMT program that there should be financial incentives built into the program to encourage grouping clients.

MCOTA supports the NEMT Coordinator assigning rides to the least costly appropriate provider/resource. This includes assignment of a specific provider based on cost and scheduling efficiencies. The NEMT Coordinator should also provide information on other non-NEMT transportation options to clients.

E. **An electronic system that assists providers in managing services to clients and is consistent with the recommendations in the 2011 OLA evaluation report, related to the use of data to inform decision-making and reduce waste and fraud.**

MCOTA recommends that all NEMT Coordinators utilize scheduling and dispatching software. This software should be able to interface with a DHS client referral and tracking system. Some examples of data reports generated by a broker/coordinator in Oregon are included:

Oregon Transportation Broker Reporting Form: This reporting form is submitted to the State monthly.
http://trimet.org/pdfs/meetings/tctag/2012/jul19-12/Brokerage-Monthly-Report-2012-3.pdf

Medical Transportation Program – Financial and Operating Report: This is an internal report generated by TriMET to track financial and operating data.
http://trimet.org/pdfs/meetings/tctag/2012/jul19-12/Medical-FO-Report-2012-3.pdf

Provider Incident Report: This report is used by TriMET to track the performance of their contracted providers.
http://trimet.org/pdfs/meetings/tctag/2012/jul19-12/Provider-Incident-Report-2012-3.pdf

MCOTA recommends that the NEMT program aligns its transportation terminology with Minnesota's public transportation programs. The public transit terminology is based on the Federal Transit Administration's National Transit Database.

E. Minnesota State Council on Disability (MSCOD):

Minnesota Council on Transportation Access
Response to the Minnesota Department of Human Services Request for Information on Non-Emergency Transportation for Minnesota Health Care Programs

The Minnesota State Council on Disability (MSCOD) is a state agency with a 17 member Governor appointed council that advices the Governor, state legislature, state agencies and the public regarding disability issues. As a member of this group the council has worked with the MCOTA on its recommendations and is in agreement with the responses listed below.

Overall MSCOD would like to see that the NEMT system be more consistent in its delivery of services and most importantly remember that these are human beings that are being transported and they should be treated with respect and dignity throughout the ENTIRE process of securing this ride. The most common complaint that we receive in our office about this system is that the drivers are not professional. Greater emphasis on driver education and disability awareness training is needed so people with disabilities can feel safe and respected. Remember that without the client there is no need for the service.

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MSCOD sees a very fragmented transportation system in Minnesota that is very confusing to the disability public since we have the Mn Dept. of Transportation delivering transit for the entire state then there is the Metropolitan council who only offers metro wide transportation and finally there is the NEMT system of non-emergency medical transportation from the Dept. of Human Services, for people on Medical Assistance state wide. They each have their own unique funding streams, which is another part of the fragmentation. Perhaps as we move forward in fixing one transportation system we can learn from these existing transportation services thru their best practices and try to utilize those where possible thru out the restructuring of the NEMT system.

The Minnesota Council on Transportation Access is submitting the following recommendations on potential solutions for the management of nonemergency medical transportation (NEMT) services provided to recipients of the Minnesota Health Care Programs (MHCP).

Background

The Minnesota Council on Transportation Access (MCOTA) was formed by the Minnesota State Legislature during the 2010 legislative session (MN Statute 2010 174.285). Its function is support the different agencies and organizations involved in transportation programs to work together, so they can increase capacity to serve unmet needs, improve quality of service,
improve understanding and access to services by the public, and achieve more cost-effective service delivery.

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- Metropolitan Council
- Minnesota Department of Education
- Minnesota Department of Veterans Affairs
- Minnesota Board on Aging
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- Minnesota Department of Commerce
- Minnesota Management and Budget

A. **Administration of the NEMT program within a single administrative structure that may include a statewide or regionalized solution. Administration of a transportation structure could be broad in scope and flexible enough to respond to the differences in geography, demographics and governance structures that exist in the state. If a regional solution is**

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proposed, please address how DHS would maintain consistency and accountability among all regions of the state.

MCOTA recommends that the single administrative structure be administered at the local level by a county or if they so choose, a group of counties.   Local level administration of the program will provide the best customer service and minimize the disruption to the consumer transitioning from the current administrative structure.

MCOTA recommends that the local level administration include the counties and State working together to establish greater consistency across the state. This should include one set of service delivery rules that apply to all consumers regardless of where they live in the state. There should be a set of service rules that all counties and providers live by, i.e. same reservation window, same pick-up window, same criteria for when fixed route must be used (walking distance is the same), etc. , same level of need assessment, same penalties for consumer system abuse (no-load), same provider credentials (i.e.. driver and escort).

MCOTA recommends that the State provide ongoing technical assistance to the NEMT Coordinators in the form of sample policies and procedures, contract templates, and best practice example distribution. Some example materials from the State of Oregon are cited:

Oregon Broker Manual: Prepared by the State of Oregon, this manual is used by all brokers/coordinators.

http://www.dhs.state.or.us/policy/healthplan/guides/medtrans/broker-manual.pdf

Driver Code of Professional Conduct: TriMET, the broker for the Portland Oregon metropolitan area, requires acknowledgement by all contracted service provider drivers.

http://trimet.org/pdfs/meetings/tctag/Driver-Code-of-Professional-Conduct.pdf

Child Transport Guide: TriMET has issued policy guidance addressing Child Transport applicable to all contracted service providers.

http://trimet.org/pdfs/meetings/tctag/Childrens-Transport-Guidelines.pdf

Exhibit 4 - Rider Guide: Explains to the consumer/client how to use the program in the Portland Oregon area.

http://trimet.org/pdfs/mtp/mtpguide.pdf

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B. Oversight of transportation services. Please address how requests for services will be coordinated, how enforcement of the closest available provider will be achieved, how billing will occur, and how transparency and accountability necessary to monitor the work, and monitor for fraud and abuse will be maintained.

MCOTA recommends that counties or groups of counties should utilize NEMT Coordinators to implement the program (See Figure 1: Sample Coordinator Graphic). The Coordinators should be responsible for:

- Administration of the program
- Contract administration
- Billing/Data tracking
- Recruiting and maintaining adequate transportation network
- Determining most appropriate mode of transportation
- Maximizing cost-effectiveness and quality services through coordination with local programs and stakeholders
- Referring clients for level of need assessments
- Providing transportation options to clients
- Maintaining quality assurance

Counties or groups of counties should have the option of selecting local units of government, non-profit organizations, for profit buisnesses, or public transportation programs to carry out the NEMT coordinator role.

Figure 1: Sample Coordinator Graphic

C. A process for assessing an individual's level of need for NEMT services. This process must encompass the need for any type of NEMT service, not just STS "level of need." The process also must be responsive to those clients who experience a changing level of need.

MCOTA recommends that the assessment process should include fully functional level of need assessments for individuals referred by the NEMT Coordinators. The assessors who administer the fully functional assessments should be overseen and certified by the State. Fully functional level of need assessments should be conducted by a party independent of NEMT Coordinators and service providers (with special consideration for local units of Government). Certification term should be for as long as reasonably possible. A formal process should be established that includes a signature from a select group of certified professionals.

MCOTA recommends that the NEMT clients should only have to complete one fully functional assessment. Clients should not be required to complete multiple assessments that determine transportation appropriateness. Functional assessments include: those used by public transit systems to determine ADA service; those used by the Minnesota NEMT program to determine mode of transportation and those used to determine Social Security benefits.

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MCOTA recommends that equivalent ADA compliant accessible service be available for persons with disabilites. There should not be any denials for service because of the lack of accessible vehicles.

D. Methods that promote the appropriate use of public transportation. DHS must assure that NEMT services are provided in the most cost-effective way. Where and when public transportation is available and accessible, it must be considered when a recipient's need for NEMT is assessed.

MCOTA recommends that demand response public transportation providers are entitled to full cost ride reimbursement (not limited to published fares).

MCOTA recommends creating a separate funding category for volunteers that includes both a mileage fee not to exceed the IRS rate and an administrative fee for administering volunteer trips in addition to the mileage rate. Volunteer transportation programs, many of which are administered by public transit systems, are the main method of service delivery of curb to curb and door to door medical assistance transportation service in Greater Minnesota. This recommendation is intended to address the issue of no-load miles for volunteer transportation services.

MCOTA recommends that the NEMT Coordinators should competitively procure transportation services. By competitively procuring services the Coordinator has the ability to obtain better transportation rates and the ability to control the number, quality, and geographic distribution of services. The ability to control service availability is of extreme importance in rural areas of the the State that lack a sufficient amount of service providers.

Important contract elements:

- Number of providers in any area is managed and based on the average number of monthly trips in the service area
- State provider does not have the right to refuse trips that are assigned
- Vehicle and driver certification
- Trips are assigned by NEMT Coordinator
- Performance criteria with accompanying bonuses/performance credit

MCOTA recommends that to improve cost efficiency of the NEMT program that there should be financial incentives built into the program to encourage grouping clients.

MCOTA supports the NEMT Coordinator assigning rides to the least costly appropriate provider/resource. This includes assignment of a specific provider based on cost and scheduling

efficiencies. The NEMT Coordinator should also provide information on other non-NEMT transportation options to clients.

E. An electronic system that assists providers in managing services to clients and is consistent with the recommendations in the 2011 OLA evaluation report, related to the use of data to inform decision-making and reduce waste and fraud.

MCOTA recommends that all NEMT Coordinators utilize scheduling and dispatching software. This software should be able to interface with a DHS client referral and tracking system. Some examples of data reports generated by a broker/coordinator in Oregon are included:

- *Oregon Transportation Broker Reporting Form:* This reporting form is submitted to the State monthly.
  http://trimet.org/pdfs/meetings/tctag/2012/jul19-12/Brokerage-Monthly-Report-2012-3.pdf

- *Medical Transportation Program – Financial and Operating Report:* This is an internal report generated by TriMET to track financial and operating data.
  http://trimet.org/pdfs/meetings/tctag/2012/jul19-12/Medical-FO-Report-2012-3.pdf

- *Provider Incident Report:* This report is used by TriMET to track the performance of their contracted providers.
  http://trimet.org/pdfs/meetings/tctag/2012/jul19-12/Provider-Incident-Report-2012-3.pdf

MCOTA recommends that the NEMT program aligns its transportation terminology with Minnesota's public transportation programs. The public transit terminology is based on the Federal Transit Administration's National Transit Database.

F. Medical Transportation Management (MTM):

November 1, 2012

Bob Ries
Minnesota Department of Human Services
Health Care Administration, Purchasing and Service Delivery Division
P.O. Box 64984
St. Paul, Minnesota 55164-0984

Dear Mr. Ries:

As one of the industry's leading non-emergency medical transportation (NEMT) brokers, MTM, Inc. is excited about and supportive of the Minnesota Department of Human Services (DHS)'s desire to design and implement a statewide, single administrative transportation management model. Under this model, DHS strives to coordinate and streamline NEMT services throughout the state, including those services provided to members of managed care organizations (MCOs). For more than eight years, MTM has achieved these goals and more within our operation of the eight-county Minneapolis/St. Paul Access Transportation Services (ATS) NEMT program. Working closely with DHS and the Minnesota Metro Counties Consortium (MCC), MTM has successfully automated NEMT delivery and administration processes within the Twin Cities metro area to the satisfaction of all program stakeholders. Our locally based, Minnesota-dedicated staff, along with the support of our heavily involved executive corporate team, has advanced our Minnesota NEMT operations through web-based technology, public transportation promotion, appropriate mode assignment, and more.

With this experience, MTM has a great level of knowledge, as well as innovative ideas, for how NEMT operations can be enhanced throughout the state under the new model. We appreciate DHS' dedication to ensuring quality transportation services, and are excited to present our ideas for designing the new program and moving it forward through this Request for Information (RFI). DHS knows firsthand that MTM is an excellent partner. We strongly support and advocate for a single, statewide contractor model, as opposed to a regionalized model with multiple contractors, to minimize duplication and confusion on the part of members, transportation providers, medical providers, and DHS itself. Through our operation of dozens of similar contacts driven by various approaches throughout the country, we have experienced many NEMT management models and firmly believe that this will be DHS' best choice for its statewide program.

We appreciate the opportunity to inform DHS of our recommended approach, as well as the best practices that will continue to inform our Minnesota operations under this new program. We look forward to being a partner to DHS throughout this process, working collaboratively to design and enhance the best single administrative NEMT program possible.

Sincerely,

Alaina Maciá
President and CEO
amacia@mtm-inc.net

16 Hawk Ridge Drive | Lake Saint Louis, MO 63367 | phone 636.561.5686 | fax 636.561.2962 | www.mtm-inc.net

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A. Recommendation for a Single Statewide Administrator

> A. Administration of the NEMT program within a single administrative structure that may include a statewide or regionalized solution. Administration of a transportation structure could be broad in scope and flexible enough to respond to the differences in geography, demographics, and governance structures that exist in the state. *If a regional solution is proposed, please address how DHS would maintain consistency and accountability among all regions of the state.*

MTM understands that Minnesota DHS seeks qualified entities to help it develop a single administrative NEMT program. As the current manager for the MCC's NEMT program in the greater Minneapolis/St. Paul region since 2004, MTM is familiar with the 2011 Office of the Legislative Auditor (OLA) evaluation and report that brought about the state's concerns regarding Minnesota NEMT. Upon its initial release in 2011, we reviewed and thoroughly responded to the report, making preliminary recommendations regarding a future statewide management model. Since this time, we have continually worked as part of the NEMT Advisory Council to present this model to the state's legislature and facilitate in the development of this structure.

> By choosing a statewide structure for its NEMT program instead of a regional approach, DHS will receive less confusion and higher levels of coordination, further opportunities for maximum cost efficiencies, overall service uniformity, and much more.

A single system will ultimately lessen confusion, enhance coordination, and improve accountability for NEMT services throughout the state. We strongly support this recommendation for consolidating ATS and Special Transportation Services (STS) into one program with standardized eligibility determination, scheduling, billing, data collection, and oversight processes. Based upon our extensive experience operating NEMT services in multiple states with no distinction between ATS and STS, this consolidated program will operate more effectively and offer enhanced performance measurement and evaluation opportunities. Further, having these two systems separated is confusing for recipients and medical providers alike. MTM is fully aware of DHS' NEMT goals, as well as the vital role NEMT plays in lowering overall medical costs by enabling recipients to receive routine, preventive health care. Based upon our understanding and familiarity with DHS, Minnesota, and NEMT services throughout the state, MTM proposes that a true statewide management system will be the state's best solution for achieving a single administrative structure, as opposed to a regionalized model. Minnesota has only one large population density (the Minneapolis/St. Paul metropolitan area) with much of the state consisting

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of outstate, rural, and sparsely populated locations. Breaking the state up into multiple regions will only bring headache and confusion to the single administrative structure. Further benefits of a statewide program versus a regional program to DHS and the state of Minnesota as a whole include those outlined in the following **Figure 1.**

Benefit	OLA Report Reference	Reasoning
Benefits of a Statewide NEMT Structure Versus a Regional Model		
Lessening confusion, enhancing coordination, and improving accountability	Throughout	In general, the findings of the OLA report stated that a single administrative structure will lessen confusion, enhance coordination, and improve accountability. These benefits will be further maximized if DHS contracts with a single statewide NEMT manager instead of multiple regionalized managers. Additionally, DHS will only be required to oversee one manager instead of several competing entities, resulting in fewer issues brought forth by confused stakeholders.
Maximizing cost efficiencies, returns on investment, infrastructure, and resources	Chapter 1	Chapter 1 indicated that over the past decade NEMT spending per eligible recipient has decreased in the MTM-managed Twin Cities area, but has increased outstate. We firmly believe that this can be directly attributed to the single manager model. Among other benefits, this model ensures that only eligible recipients utilize NEMT, and that each recipient is assigned to the most appropriate transportation mode. Further, by having one transportation manager, DHS will invest in only one business office, call center, and staffing model, thereby reducing overall overhead and administrative costs.
Requiring recipients and stakeholders to call one number and adhere to one process for arranging NEMT services	Chapter 3	By leveraging one manager to work with recipients and other stakeholders throughout the state, DHS will minimize confusion and create overall uniformity. Specifically, recipients will only be referred to one number for arranging NEMT services, and stakeholders such as medical facilities and advocacy groups will only need to remain in contact with one entity to resolve any issues they may have. MTM has greatly benefitted the Twin Cities region in this regard, working diligently with the state, counties, and local stakeholders to provide education on the services we provide and how these services benefit Minnesota stakeholders.
Offering transportation provider credentialing and monitoring uniformity	Chapter 3	Bringing ATS and STS providers together into one network will be a challenging venture for DHS and its chosen transportation manager; asking providers to adhere to new and different standards throughout the state may cause confusion and backlash. Under contract with a single statewide manager, transportation providers will be held to the same credentialing requirements, driver and vehicle

		standards, monitoring activities, pick-up and drop-off timeliness expectations, complaint management and resolution processes, performance improvement plans (PIPs) and corrective actions, and rate negotiation procedures. Through these actions in Minneapolis/St. Paul, MTM has improved overall transportation provider network quality and accountability while containing costs.
Offering more opportunities for multi-loading and grouping trips in outstate areas	Chapter 3	Perhaps one of the foremost concerns of Minnesota's NEMT program is serving recipients in rural, outstate areas. Long distances and no-load miles create problems for NEMT programs in every state, and proven transportation managers like MTM have the solutions to manage these issues. For example, multi-loading and grouping trips for recipients attending the same facilities offer more efficient and cost-effective transportation options. Opportunities for this will be greatly enhanced if DHS contracts with one manager that is able to manage all trips and identify maximum grouping possibilities.
Allowing for consolidated performance data recordkeeping and reporting	Chapter 3	By contracting with one manager, benefits associated with accurate and reliable recordkeeping and reporting will remain consistent throughout the state. As mentioned in Chapter 3 of the OLA report, while recordkeeping is lax in non-managed regions, MTM provides a variety of valuable data reports that include, but are not limited to, the following information for each unique NEMT user: • County of residence • Level of service provided • Type of transportation utilized • Transportation provider performing the trip • Trip reason • Additional passengers • Date of reservation • Date of appointment/trip Additionally, our monthly reports consolidate and trend this information for the program as a whole, as well as each individual county. Other reports including satisfaction survey results, call intake statistics, and complaint data. This information is continually consistent, comparable, and reasonable in scope to measure the effectiveness of the NEMT program and identify areas for potential improvements.

Figure 1: Statewide NEMT Program Benefits. By operating its NEMT program as one statewide structure instead of a regional model, DHS will receive a variety of benefits.

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While the state of Minnesota may be extremely diverse in geography, demographics, and governance structures, a highly qualified, capable, and experienced NEMT manager will be able to administer a broad, flexible program capable of accommodating the state as a whole. Please refer to Question F for the qualifications we recommend in such a transportation manager. MTM meets all of these qualifications. Because the state already has a regional program in place, we believe that simply expanding upon this current program will allow the state to move forward and realize statewide benefits quickly. Specifically, the state will experience significant cost savings opportunities immediately, much like MTM has been able to introduce in Minneapolis/St. Paul. MTM has had a long-term commitment to the state of Minnesota since 2004, and we look forward to continuing this dedication to quality NET services well into the future under this new structure.

B. Oversight of Transportation Services

B. Oversight of transportation services. *Please address how requests for services will be coordinated, how enforcement of the closest available provider will be achieved, how billing will occur, and how transparency and accountability necessary to monitor the work, and monitor for fraud and abuse will be maintained.*

One of the foremost goals in restructuring Minnesota's NEMT program is eliminating the duplicative and confusing nature of the current dual ATS/STS administrative structure. In moving forward to the single administrative structure, DHS and its chosen transportation manager, should a statewide model be chosen, will need to enforce strict oversight of NEMT services to be successful in this venture. In the following paragraphs, MTM has addressed the specific abilities, processes, and systems we feel are necessary for the single management model to be successful. As requested, we are responding to each of the following activities which will ensure oversight of the transportation service:

- Coordinating NEMT requests
- Enforcing the closest available provider and other eligibility/need requirements
- Managing transportation provider billing and claims
- Working in a transparent and accountable manner
- Monitoring for fraud and abuse

Coordinating NEMT Requests

To ensure a flawless NEMT request process from start to finish, it is important to have a proven and automated NEMT intake system for all aspects of recipient requests. Specifically, this system should accommodate the following tasks:

- Receiving calls from recipients and their representatives
- Automatically loading each recipient's personal file when prompted
- Confirming recipient eligibility with client-provided files and/or Medicaid Management Information Systems (MMIS)
- Applying other eligibility requirements, including verifying that the recipient has no alternate methods of transportation available and ensuring the trip request is to a Medicaid-covered service with an enrolled provider
- Determining the most appropriate mode of transportation for each recipient and storing the approved mode for future reference
- Selecting the most appropriate, lowest cost, and highest quality transportation provider to meet the recipient's needs based upon trip details, quality ranking, and location
- Electronically dispatching trip assignments to transportation providers
- Creating and sending denial, warning, and suspension letters to recipients
- Reimbursing recipients for mileage
- Detecting potential cases of fraud and abuse
- Capturing and trending NEMT data, developing monthly reports, and providing online reporting tools for ad hoc data
- Developing compliant encounter files
- Receiving and storing client-provided eligibility files
- Providing independent, stakeholder-accessible web portals
- Storing recipient and trip details for future reference and convenient access
- Accepting, processing, and reimbursing claims from transportation providers

To bring about the effective management of large-scale contracts with complicated NEMT requirements and meet each of the needs listed above, MTM developed our proprietary NET Management System. Built specifically for MTM's successful NEMT management model and combined with commercially available software, this system is an integrated suite of the most comprehensive, reliable software available in the industry. With this suite, MTM is able to seamlessly blend unique NEMT requirements with standard technological software to create a best-in-class system that automates virtually every aspect of transportation management.

In short, this system allows MTM to successfully manage the overall day-to-day operations of NEMT programs for the delivery of cost-efficient, appropriate services. This configurable system automates the call intake and scheduling processes, provides secure information exchange of recipient eligibility files and encounter data, and virtually eliminates the possibility of authorizing services to a non-covered service or medical provider. We highly recommend that a similar system is sought by DHS.

Enforcing Closest Available Provider and Other Eligibility/Need Requirements

As stated under the previous heading within this Question B, MTM recommends that DHS seeks transportation coordinators with management systems that automate every aspect of NEMT— including all eligibility factors such as:

- Confirming the recipient's Medicaid eligibility through automated systems
- Determining if the recipient has an actual need for NEMT service
- Certifying that the request is to a Medicaid-covered service with an enrolled medical provider
- Validating that the medical provider is the closest available provider

In the following **Figure 2**, MTM has outlined how our NET Management System accommodates each of these eligibility factors.

MTM's Eligibility Process	
Eligibility Factor	**Description of How the NET Management System Accommodates the Factor**
Confirming the Recipient's Medicaid Eligibility	During the call intake process, an MTM Customer Service Representative (CSR) certifies that the recipient is eligible for NEMT, as we only provide services to eligible recipients. Ensuring that transportation services are provided only to those who are truly eligible is vital to controlling costs and increasing efficiency of the NEMT program. When we receive a call for NEMT service, the CSR enters the recipient's name or Medicaid ID to verify eligibility. Our system automatically checks the recipient's information against the eligibility file provided by the client to verify that the recipient is covered by Medicaid and is NEMT eligible. Because our system automatically prohibits the scheduling of ineligible recipients, this process ensures transportation services are provided only to recipients whose eligibility has been established and verified.

MTM's Eligibility Process

Determining if the Recipient has an Actual Need for NEMT Service	An additional factor in determining service eligibility is ensuring the recipient does not have access to alternative free modes of transportation, as Medicaid is the payer of last resort. During the intake process, the CSR determines whether the recipient has other available means of transportation by asking questions such as: • "How did you get to your last appointment?" • "Do you have a car?" • "Can a relative or friend take you?" • "How do you get to the grocery store?" If the recipient indicates that s/he has access to an automobile but cannot afford gas to get to his/her appointment, and it is determined that less expensive public transit is not an option, the CSR provides information regarding personal mileage reimbursement. If the CSR identifies a recipient as having alternative transportation resources available, our system automatically flags this information. When the recipient calls to request transportation in the future, this information pops up on the intake screen, and verification of the availability of alternative resources is made. If the recipient's alternative no longer exists, the appropriate mode of transportation is scheduled.
Certifying that the Request is to a Medicaid-Covered Service with an Enrolled Medical Provider	After checking for alternate transportation resources, the CSR ensures the NEMT requested is to an approved, Medicaid-compensable medical service with an enrolled medical provider. During implementation, we pre-load our system with specific codes for individual medical services. Further, we provide CSRs with detailed training on covered Medicaid services, instructing CSRs that they must deny transportation to non-covered services. For each trip, the CSR enters the trip reason code; for example, services such as Physical Therapy, Dialysis, etc., each have a designated code. Our system automatically alerts the CSR if they enter a trip reason code that is for a non-covered service, helping guarantee that MTM only approves trips to covered medical services.
Validating that the Medical Provider is the Closest Available Provider	In addition to the previously outlined considerations, MTM also ensures that NEMT requests are to services provided by the closest, most appropriate medical provider. We are able to verify the proximity of medical providers to recipient's homes because our system is based on GIS technology. However, we authorize transportation to out-of-area providers in client-specified scenarios. In these cases, we continually monitor the frequency of authorizations involving excessive distance to determine if additional steps can be taken to transfer the recipient to a more economical medical provider.

Figure 2: Eligibility Process. DHS needs a statewide NEMT manager whose system can automatically accommodate each of these eligibility factors.

Through our current utilization of these eligibility factors in the Twin Cities region, in addition to our Level of Need (LON) process outlined in Question C, MTM has successfully reduced and contained Minnesota NEMT costs. Complete and accurate eligibility determinations as supported by our NET Management System were a huge factor in MTM's reduction of the state's average

spending per eligible recipient in Minneapolis/St. Paul from $201 to $143—a 29% decrease—from 2004 to 2010. As outlined within the OLA report, DHS should bear in mind that MTM achieved this in the same period of time during which outstate spending increased from $79 per eligible recipient to $106—a 34% increase.

Managing Transportation Provider Billing and Claims
Again, MTM firmly believes that an electronic system for receiving and processing claims from transportation providers is necessary. As identified in Chapter 3 of the OLA report, claims for service in non-MTM managed regions do not require or contain satisfactory details to corroborate each claim prior to reimbursement.

Our claims process is driven by industry-leading technology supported by our web portal system. When MTM dispatches a trip to a transportation provider, it includes the trip mileage and subsequent reimbursement rate. After MTM dispatches the trip request and the trip has been completed, the claims process can begin. For each trip completed by the provider, an accurate trip log must be kept and uploaded in order for the claim to be processed. The provider submits a claim for the trip online; each must contain accurate pick-up and drop-off times for each trip leg, as well as a matching recipient signature. Claims may be uploaded via a batch file or through single trip entry. After submission, our staff reviews the documentation for original signatures and other qualifying information. This electronic claims system streamlines the manual billing process.

Based upon the findings of the OLA report, MTM now submits all claims information to MCC on a monthly basis as part of our reporting package. We also trend pick-up and drop-off information for each provider to ensure they continually adhere to our strict requirements.

Working in a Transparent and Accountable Manner
By its very nature, NEMT is about relationships. A transportation manager should have demonstrated experience and success working with stakeholders and building strong partnerships within the community. By doing so, the manager can partner with stakeholders to develop program innovations, identify program strengths and weakness, and ensure services reach the intended recipients. Perhaps most importantly, it allows for proactive accommodation of opposition and addresses any issues that stakeholders may have prior to the go live date.

Specifically, the following are excellent tools for accountability and transparency:

- Face-to-face meetings with DHS on a monthly or more frequent basis
- Coordination with local, county, and statewide entities such as medical facilities, community care teams, transportation providers, and advocacy groups
- Introducing regional advisory committees throughout the state to address transportation concerns within the stakeholder community
- Distributing educational materials to various stakeholder populations informing them of the changes to the NEMT program

When we began the Minneapolis/St. Paul region NEMT program, MTM introduced each of the above listed activities to improve stakeholder collaboration. Through these methods, we have built and maintained a consensus among all stakeholder groups to support the objectives and goals of the NEMT program.

Monitoring for Fraud and Abuse

As identified throughout the OLA, specifically within Chapter 2, the unmanaged nature of Minnesota's non-Twin Cities regions results in significant opportunities for fraud and abuse of the NEMT benefit. Specifically, recipients who are not truly eligible for STS services are assigned to this mode due to lack of verification activities. Through MTM's LON assessment and Transportation Evaluation process, described in the following Question C, we have found that, in some instances, a lower level of service can accommodate recipients. Under our coordination, we have reduced STS utilization from 75% of all trips to 25% of trips. This has helped save valuable Minnesota NEMT funds and brought continuity to the program. In addition to the LON assessment process, other fraud and abuse detection and monitoring activities should include:

- Staff and transportation provider training on recognizing potential fraud
- Automatic recipient flagging to prevent scheduling of future trips without pre-appointment verification
- Verification of 100% of trips via signature review prior to transportation provider payment
- Identification of frequent flyers and high-cost utilizers to pursue opportunities for cost savings, such as multi-loading trips, assigning more trips to volunteers, and referring recipients to closer medical providers
- Automated detection of potential fraud through an established NEMT business system

C. Level of Need Assessment (LON)

> C. A process for assessing an individual's level of need for NEMT services. *This process must encompass the need for any type of NEMT service, not just STS "level of need." The process must also be responsive to those clients who experience a changing level of need.*

As discussed throughout Chapter 2 of the OLA report, a thorough process for determining each recipient's most appropriate mode of transportation and overall need for NEMT is one of the foremost concerns of the single administrative structure. Specifically, the OLA report called out the following issues regarding NEMT need and service determination:

- Poor recordkeeping regarding STS applications and determinations
- Focus on only physical impairments versus mental impairments
- Assessment and recertification frequency

Based on the information gathered by the OLA report, MTM established a renewed focus on improving our Transportation Evaluation and LON assessment processes, and has since implemented revised processes to address these concerns. MTM firmly believes that this model is effective in determining each recipient's need for NEMT, as well as their most appropriate mode of transportation. In the following narrative, we have addressed our current process for determining this information; this is the same process we believe will be effective moving forward.

Proven and Suggested Transportation Evaluation and LON Assessment Processes

As mentioned in Question B, MTM believes that the statewide program should have a NEMT business system that automates virtually every aspect of transportation management operations. MTM's NET Management System does just this, including automatically assigning the lowest cost, most appropriate mode of transportation to each recipient based on his/her medical, physical, and cognitive abilities.

This process begins with determining the recipient's eligibility and actual need for NEMT services, as previously outlined in Question B. Then, if the recipient is determined to have a true need and requests a mode of transportation above public transit, they are subject to our Transportation Evaluation or LON assessment screening processes. These processes allow us to evaluate the recipient's capabilities to ensure s/he is placed on the least costly, most appropriate mode of transportation available to meet his/her needs.

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

Our process for reviewing and documenting the medical necessity of requested modes of transportation or levels of service was designed in collaboration with clinical staff and our business analysts with final approval by DHS to ensure the most thorough method possible. To begin, the CSR obtains the healthcare provider's name, telephone number, and fax number, and faxes a Transportation Evaluation form to the provider directly from the NET Management System. Using the form, the provider indicates if the recipient has a valid reason for not being able to utilize public transit, including inability to travel independently. After reviewing the OLA report and realizing the concern regarding the assessment's focus on physical impairments instead of mental conditions, we altered our evaluation forms to collect more robust data for STS evaluations in the Twin Cities area. Specifically, we reached out to facilities such as the Andrews Residence for feedback on the assessment process, and worked with their staff to develop additional questions that gather specific information on each recipient's cognitive abilities. The improved forms now allow us to make a more accurate and complete determination.

After the CSR electronically sends the form to the medical provider requesting an evaluation of the recipient's cognitive and physical abilities and the form is sent back by the provider, a Care Management Coordinator evaluates the completed form. MTM works closely with the medical community to ensure their understanding of our Transportation Evaluation procedures and the importance of their swift response to provide complete resolution in a timely manner. To ensure recipients do not experience delays in accessing healthcare, we temporarily certify recipients at their requested mode for up to ten business days while the process is completed. If the provider indicates the recipient can walk to the fixed route stop and successfully navigate the fixed route system, a Care Management Coordinator contacts the recipient to inform him/her that s/he is approved to use public transit. If the healthcare provider decides the recipient is eligible for a

higher mode of transportation, the recipient is assigned to that mode. Through this process, MTM has successfully reduced and contained NEMT costs in Minneapolis/St. Paul. For example, from 2005 to 2009, we reduced overall STS utilization from 75% of total trips to 25% for a savings of nearly $5 million.

Assessment Recordkeeping and Reporting

As part of the OLA evaluation and report, it was determined that DHS' recordkeeping regarding STS applications and determinations was lax, and that specific reports should be developed to summarize these determinations. MTM has enhanced our LON and STS determination reporting based on this input, developing a comprehensive report of LONs completed each month with a breakdown of approvals and denials, as well as the level of service requested. This includes more in-depth reporting of STS dispositions, such as a report that provides data regarding each determination's reason and duration. To continually improve upon this process, MTM recommends that DHS require an established system for tracking, trending, and reporting on data regarding LON determinations.

Recertification Process

Our recertification process was developed to ensure the right mode of transportation is assigned to each recipient to meet his/her immediate needs. Therefore, we follow Social Security Disability Guidelines regarding certification timeframes; this includes reviewing eligibility determinations in timeframes ranging from six months to seven years based on the recipient's specific needs and how these needs may change. Not only is this in the best interest of the recipient, it also brings cost savings measures to DHS. We recommend that these guidelines continue to be adhered to under the new single administrative structure.

D. Appropriate Use of Transportation

D. Methods that promote the appropriate use of public transportation. *DHS must assure that NEMT services are provided in the most cost-effective way. Where and when public transportation is available and accessible, it must be considered when a recipient's need for NEMT is assessed.*

Through the Transportation Evaluation and LON assessment processes described in the previous Question C, MTM has effectively promoted public transit utilization in our Twin Cities NEMT operations. Because the Transportation Evaluation process allows us to accurately determine each

recipient's most appropriate mode of transportation, public transit utilization is always the first mode of choice for physically and cognitively capable recipients.

As identified in the OLA report, public transit resources are not utilized to their fullest throughout the state. MTM has proven methods for promoting public transit in the NEMT community. For example, some activities that MTM has utilized in the Twin Cities metro region that would remain beneficial to the state under this new structure include:

- Conducting thorough Transportation Evaluations and LON assessments
- Assigning public transit to recipients living within ¼ mile of a public transit stop as appropriate based on their needs
- Ensuring scheduling staff have tools readily available to arrange public transportation, including pre-loaded routes in the scheduling system, online transit agency travel planners, and bus passes and tokens
- Identifying opportunities for feeder routes to transport recipients from their homes to public transit stops outside the ¼ mile range
- Providing bus passes and tokens to recipients in a timely manner; this includes mailing passes to the recipient, transporting passes via courier service, asking recipients to pick up passes from the local office, and collaborating with medical facilities to distribute passes directly to recipients
- Educating recipients on the benefits of public transit, including travel independence

In addition, MTM introduced a full assessment and travel training process to further promote public transit utilization. Using the Functional Assessment of Cognitive Transit Skills (FACTS) tool, our local travel trainer assesses a recipient's physical and cognitive needs to determine his/her ability to access public transit. Then, through travel training we educate the recipient in face-to-face situations about public transit, travel with them to ensure they are fully capable of using the system, and answer any questions they may have about public transportation. When they graduate from the program, they are self sufficient and able to utilize local transit independently. Following completion, the travel trainer checks in with them at 30, 60, and 90 day intervals to ensure they are successful in their endeavor.

By utilizing these activities in our current Minnesota operations, MTM has proven our ability to maximize public transit utilization. Each of these activities has been a factor in the cost savings we have achieved in the Twin Cities, including the overall 29% reduction in costs per recipient.

E. Data Collection

E. An electronic system that assists providers in managing services to clients and is consistent with the recommendations in the 2011 OLA evaluation report, related to the use of data to inform decision-making and reduce waste and fraud.

Within the OLA report, it was identified that a key recommendation for the state's NEMT manager is monitoring and improving transportation provider performance, as well as NEMT data reporting as a whole. In general, recordkeeping, program oversight, and data collection are lax and inconsistent in the non-managed areas of the state.

To accommodate these tasks, the stakeholders we serve, and our programs at large, MTM utilizes an intuitive, electronic web portal system. This system helps the following stakeholder groups in a variety of capacities:

- Transportation Providers: MTM utilizes this system to dispatch trips to transportation providers, collect vehicle and driver credentialing data, and receive claims for services.
- Clients: The clients we serve are able to access valuable program data to monitor daily, weekly, and monthly NEMT activities.
- Medical Providers: Medical providers utilize their independent web portal to make transportation arrangements for the recipients they serve.
- Recipients: As a forthcoming feature, recipients will be able to arrange their own NEMT services online in lieu of calling our customer service center.

In addition, the web system aids MTM in utilizing data to inform decision making and potential program improvements, and helps to identify and prevent cases of fraud and abuse. In particular, the new online reimbursement system utilized by transportation providers to submit claims for payment has helped MTM reduce the total number of submitted claims and overall system fraud. As described in Question B, each claim must contain accurate pick-up and drop-off times, as well as qualifying recipient signatures, for each trip leg. Our Claims department must then validate this information prior to rendering payment to the transportation provider. Outside of reducing fraud, this completely electronic system saves valuable time and resources for both the transportation provider and MTM alike.

Going forward, MTM recommends that the state maintains a similar electronic claims system capable of reimbursing providers via Automated Clearing House (ACH) payment. Additionally, to ensure the bidders' reporting capabilities are up to par with DHS' expectations, bidders should be required to submit sample reports demonstrating their ability to generate and trend valuable program data. This will also help ensure the chosen vendor and DHS are able to gather accurate, uniform, and complete data to examine what the state is spending and saving.

F. Minimum Qualifications for Responding to an RFP

F. Minimum qualifications for a vendor to respond to a potential RFP.

To ensure that DHS receives proposals from the most responsible and capable potential vendors, MTM recommends that it requires bidders to possess the following minimum qualifications should an RFP be released. Many of these requirements have been included in recent statewide RFPs for NEMT services:

- At least ten years of experience administering statewide NEMT programs similar in size and scope to Minnesota's
- At least ten years of experience implementing similar programs, including those in nearby states, smoothly and successfully, with established transition processes
- At least ten years of experience managing large state and/or federally funded NEMT populations of 250,000 or more Medicaid recipients
- An established NEMT database management system
- A proven process for determining recipient LON, overseen by clinical staff
- Experience contracting, managing, and training large networks of transportation providers
- Ability to process large volumes of transportation provider claims in a timely and accurate manner through an established electronic claims system, including means for reimbursing providers via ACH payment
- Accreditation from URAC (Utilization Review Accreditation Commission)
- Ability to efficiently distribute bus passes to recipients in a timely fashion prior to the scheduled appointment
- Measures for developing robust volunteer driver networks to accommodate NEMT for recipients in out-state, rural areas
- A system capable of generating detailed reports regarding utilization, including accurate encounter data

Minimizing Transition Issues

Should DHS pursue a statewide management model with MTM, we can provide the smoothest transition possible, working closely with stakeholders to minimize transition issues. In our current Minnesota operations, MTM participated in similar activities, coordinating NEMT services in the most cost-efficient, effective manner to the satisfaction of all stakeholders. Should we be awarded this new contract, MTM would minimize transition issues for STS and rural providers throughout the state by helping them feel more comfortable and satisfied with the new model. MTM recommends that DHS allow us to achieve this by doing the following:

Providing Deadhead (No-Load) Reimbursement

To ensure providers and volunteers in rural areas are appropriately reimbursed for their services, MTM would like to offer deadhead or no-load reimbursement for providers/volunteer drivers traveling long distances for trips. This would be completed at the current IRS reimbursement rate of $0.55 per mile.

Ensuring Recipient Continuity

MTM would help keep STS providers satisfied by guaranteeing that they would continue transporting the recipients they currently serve. This would primarily be achieved by preserving each recipient's freedom of choice, allowing them to lock in to their existing provider unless they choose to opt out. This will ensure continuity of care for recipients and keep STS providers satisfied by keeping their previous trip volume, as appropriate based on recipient needs.

G. Other RFP Recommendations

Although not specifically solicited by this Request for Information (RFI), in the interest of environmental awareness MTM recommends that DHS request minimal hard copies of bidders' proposals under the RFP response process. Particularly, we recommend that DHS require each bidder to submit one hard copy with original signatures and one electronic copy on CD for reproduction and distribution to the review committee.

G. LogistiCare:

LogistiCare

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October 31, 2012

Mr. Bob Ries
Benefits Policy
Minnesota Department of Human Services
Health Care Administration, Purchasing and Service Delivery Division
P.O. Box 64984
St. Paul, MN 55164-0984

RE: RFI on Non-Emergency Transportation Request for Minnesota Health Care Programs

Dear Mr. Ries,

LogistiCare Solutions is pleased to submit this response to your Request for Information on Non-Emergency Transportation. We appreciate the opportunity to present our recommendations for the management of Minnesota's NEMT services and are happy to assist you with any further information you might require.

On behalf of my colleagues at LogistiCare, I want to express our strong interest in working with you on your program. I will serve as LogistiCare's contact for this RFI.

Best regards,

Rebecca G. Weisberg

Rebecca G. Weisberg
Director Proposal Management
LogistiCare
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Minnesota Department of Human Services
Request for Information (RFI) on Non-Emergency Transportation

A. Administration of the NEMT program within a single administrative structure that may include a statewide or regionalized solution. Administration of a transportation structure could be broad in scope and flexible enough to respond to the differences in geography, demographics and governance structures that exist in the state. If a regional solution is proposed, please address how DHS would maintain consistency and accountability among all regions of the state.

As the largest and most experienced broker of Medicaid transportation in the United States, LogistiCare is pleased to respond to the Minnesota Department of Human Services' (DHS) request for information regarding the management of non-emergency medical transportation (NEMT) services. Having thoroughly reviewed the RFI in conjunction with the Office of Legislative Auditor (OLA) report and the 2012 Non-Emergency Medical Transportation report, there are several points we would like to address in this section of our response. We understand DHS is interested in creating a single administrative structure for NEMT services and transition away from the current "Access" and "Special" administrative structures which OLA has identified as duplicative and confusing. The current structure is not reflective of any brokerage model we have seen in place in other states and changing that model will bring efficiency to the program and eliminate the provider, recipient and advocacy group concerns that are currently present. Further, moving to a full statewide brokerage model will eliminate the concerns and program deficiencies expressed in the recent Legislative Auditor report. We also understand that DHS wants to create a "client centered" culture focusing on the unique geographic populations within the state. Within this new structure, DHS is considering various models including both a statewide and regionalized solution. Based on our experience in similar markets, we have chosen to address various pricing structures DHS may want to consider when making its final decision.

Against an environment of increased Medicaid enrollment and overall budgetary pressures driven by the current economy, numerous dynamics within the healthcare environment, and mandates by CMS, states are faced with the challenge of developing innovative NEMT programs that achieve a balance between quality of service and cost efficiency. As a result, the state agency responsible for redesigning and implementing changes often receives extreme pushback from current providers and consequently settles on a program that offers the path of least resistance rather than increased efficiency. Many times the real issue is that providers fear change and automatically assume they will lose revenue and volume, or worse, be put out of business. However, that is just not true with LogistiCare's business model, nor is it reflective of our actual experience in the 18 state broker contracts we currently manage. Another concern has often been from the stakeholders representing the most frail and developmentally challenged individuals who are most dependent on the NEMT program. They have a sincere concern that individuals be transported acknowledging their special needs and are able to receive the necessary level of transport when needed. Our experience has proven that a statewide broker model will bring efficiency to the program, increase the quality and safety of

the transports provided and drive consistency across the state, including increased coverage and access in the more rural geographical areas.

Single Administrative Structure

From experience, we know that the transition DHS envisions requires solid, trusting, mutually helpful relationships among all stakeholders in the NEMT program. LogistiCare is a broker who can work in partnership with DHS and alongside its staff to transition, develop, and maintain a network of safe, qualified providers; build centralized and efficient operations; and offer compassionate and quality transportation services for *all* NEMT recipients in Minnesota.

LogistiCare's historical performance and overall experience in NEMT programs provides a strong foundation for responding to this RFI. LogistiCare is a financially sound and publicly owned provider of comprehensive, non-emergency medical transportation (NEMT) management services with over 22 years of experience developing, implementing, and managing transportation networks across the country. We have spent the last two decades refining our NEMT-specific processes and technology to the advantage of multiple state Medicaid programs. As indicated by our footprint map below, we currently manage 81 contracts in 41 states and the District of Columbia. These contracts include 18 direct state Medicaid contracts, 13 of which are full risk. LogistiCare is also the largest Medicare NEMT broker nationwide, serving MCO Medicare members in 37 states.

Minnesota Department of Human Services
Request for Information (RFI) on Non-Emergency Transportation
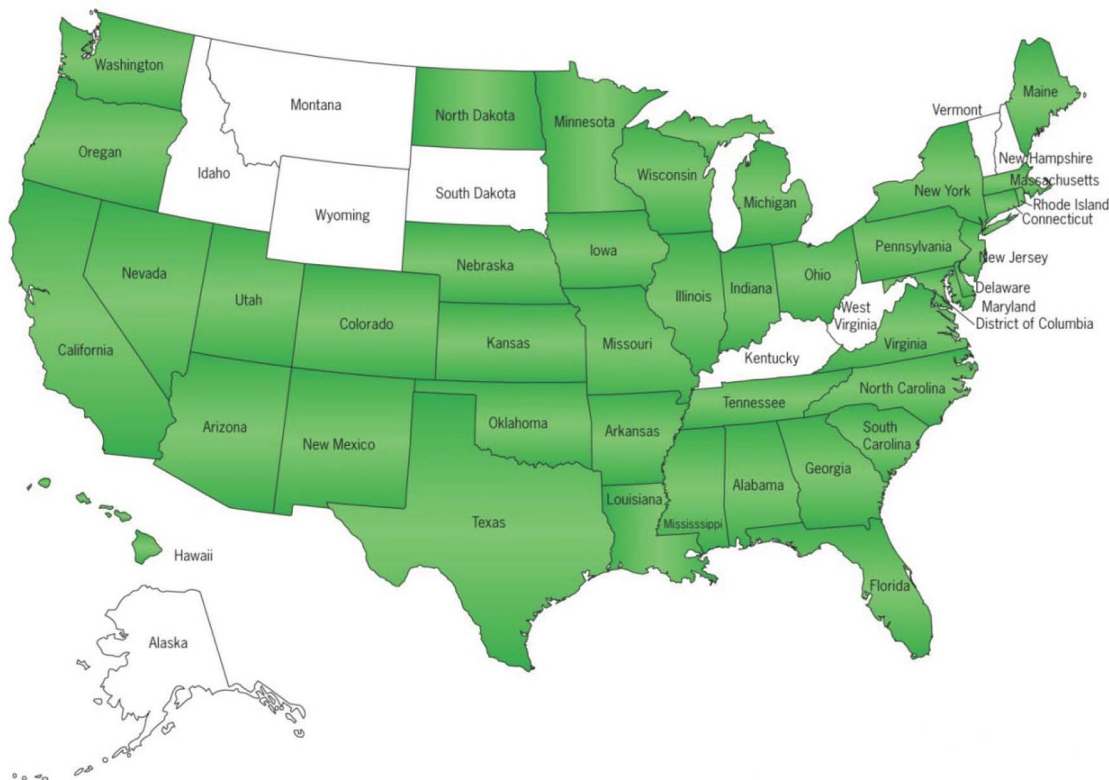
Our brokered programs across the country serve more than 14 million eligible Medicaid, Medicare and Special Needs recipients – a population that includes people of all ages, including those with disabilities and other special needs as well as the economically disadvantaged, elderly and citizens of culturally diverse communities. Our 19 call centers, four of which operate 24x7x365, manage over 16 million calls each year. We coordinate over 35 million trips annually, utilizing more than 4,000 subcontracted transportation providers operating with more than 20,000 vehicles and in doing so we have maintained a 99.8 percent complaint-free rating throughout all of our operations.

As a NEMT transportation broker, LogistiCare centralizes the transportation process to ensure that the appropriate level of service is provided in the most efficient manner, eliminating the need for eligible recipients to interact with a fragmented system of multiple transportation providers offering varying levels of service (e.g., ambulatory, wheelchair and stretcher) and authorizing agents, therefore creating a client centered process. In cases where a recipient has established a rapport and comfort level with an existing provider we will work to schedule a recipient's trip with their preferred provider whenever possible. We manage all call center operations, eligibility screening, scheduling, dispatching and billing. Our billing process is designed to eliminate the multiple billing processes in place for some providers in the current environment. We also credential and manage a local network of commercial and public transportation providers. We have provided detailed information about our comprehensive NEMT management processes in the response to RFI item "B" later in this document.

LogistiCare's proprietary enterprise management system, LogistiCAD, is the engine that drives every administrative aspect of our NEMT brokerage activities and management services, including: eligibility screening, authorization, trip assignment, contract compliance, performance monitoring, and reporting. LogistiCare's proprietary transportation management software, LogistiCAD, is designed specifically for the NEMT industry and employs these management functions in all of its 81 contracts.

Real and Perceived Conflicts

Because LogistiCare is a pure broker of NEMT services and does not have any transportation assets of our own, we recognize the mutual dependency that exists with the provider network. We are committed to fostering the success of the independent transportation companies that display the service levels and performance required for the program.

The separation of management functions from direct service is a critical component of a true brokerage model. LogistiCare views itself as the key point of contact for **accessing** healthcare services by managing transportation, not providing it. By removing themselves from direct service, a pure broker, like LogistiCare, illustrates to its providers that it does not compete with them or threaten their business. This demonstration of good faith goes a long way toward developing trust with the network providers, which is essential in obtaining the best possible service and cooperation from the network as a whole. Simply put, to eliminate any potential conflicts of interest, a broker should never own vehicles or employ drivers. Our success in

similar markets has proven that an NEMT broker can meet the transportation needs of all geographic areas and clientele in a state, such as Minnesota, without providing direct service itself.

Statewide versus Regionalized Solution

As mentioned above, LogistiCare manages 18 direct state Medicaid contracts. In the table below we breakout the structure type under which these states have chosen to operate their NEMT programs. Under the column titled "NEMT Services Client" the information in the parentheses indicates what areas, regions or counties LogistiCare specifically manages.

NEMT Services Client	Membership as of July	Length of Contract	Types of Transport	Structure Type
Arkansas Division of Medicaid (Regions 3, 7 and 12)	133,099	Since 2007	a – h See Key	12 Regions
Connecticut Department of Social Services (Entire State)	504,000	Since 1998	a, b, c, d, f See Key	5 Regions
Delaware Department of Health and Human Services (Entire State)	179,019	Since 2002	a – h See Key	Statewide
Florida Commission for Transportation Disadvantaged (Miami/Dade, Volusia and Sarasota Counties)	174,622	Since 2008	a, b, c, d, f See Key	Counties
Georgia Department of Community Health (East, Southwest and Central Regions)	696,847	Since 1997	a, b, c, d, e, f See Key	5 Regions
Michigan Department of Community Health (Wayne, Oakland and Macomb Counties)	681,025	Since 2010	a – f See Key	Counties (3 Detroit counties)
Mississippi Division of Medicaid (DOM) (Entire State and the Poverty-Level Aged and Disabled (PLAD) participants)	546,902	Since 2006	a, b, c, d, e See Key	Statewide
Missouri Department of Social Services, MO HealthNet Division (Entire State)	483,696	2005 – 2010 2011 – Present	a – g See Key	Statewide Broken into 4 Regions
Nevada Division of Health Care Financing and Policy (Entire State)	256,669	Since 2003	a, b, c, d, g, h See Key	Statewide
New Jersey Division of Medical Assistance and Health Services (Entire State)	1,073,957	Since 2009	a, b, c, d, e, f See Key	Statewide

Minnesota Department of Human Services
Request for Information (RFI) on Non-Emergency Transportation

NEMT Services Client	Membership as of July	Length of Contract	Types of Transport	Structure Type
New York State Department of Health (5 Boroughs of New York City)	472,215	Since 1/2012	a, c, d, f, g, h See Key	NYC / Counties
Oklahoma Healthcare Authority Statewide SoonerRide Program (Entire State)	648,561	Since 2003	a, b, c, d See Key	Statewide
Pennsylvania Department of Public Welfare (Medical Assistance Transportation Program (MATP) for Philadelphia County)	479,166	Since 2006	a – h See Key	Counties
Hewlett-Packard for the State of Rhode Island (Entire State)	75,844	Since 7/2011	c and d See Key	Statewide
South Carolina Department of Health and Human Services (Entire State)	858,967	Since 2007	a, b, c, d, e, f See Key	3 Regions
State of Texas - Texas Health and Human Services Commission (TSA-4 Region consisting of 16 Counties)	740,487	Since 4/2012	a - h See Key	3 Capitation Regions (24 total service areas)
Virginia Department of Medical Assistance Services (DMAS) (Entire State)	247,467	Since 2001	a, b, c, d, e, f See Key	7 Regions
Wisconsin Department of Health Services Division of Healthcare Access & Accountability (Entire State)	665,162	Since 2011	a, c, d, e, f See Key	2 Regions (Statewide & SE Region)

Key: Transportation Types Provided: *a. Mass Transit / b. Paratransit / c. Ambulatory / d. Wheel Chair / e. Stretcher / f. Ambulance / g. Air Ambulance / h. Meals and Lodging*

Several of the states that operate under a regionalized structure now contract with LogistiCare to manage all regions in the state. However, initially that was not the case as explained below.

SOUTH CAROLINA

In November 2006, LogistiCare was awarded a NEMT contract to cover four of the state's six regions representing 67 percent of the Medicaid population. To provide local operational support, we opened regional offices in Columbia, Augusta, and North Charleston, with a state call center and regional office in Mullins. Our initial call volume, at startup in May 2007, was 10,000 calls per month and we coordinated nearly 120,000 trips each month.

Minnesota Department of Human Services
Request for Information (RFI) on Non-Emergency Transportation

Our South Carolina NEMT contract covered over 525,000 Medicaid recipients. In 2011, our operations staff handled over 481,000 calls and scheduled over 1,165,156 trips for the year. A new contract (with the state now divided into three regions) was implemented in August 2011, where LogistiCare was awarded a region of the state we had previously not enjoyed, but lost our original area of the state to Access2Care/AMR, who significantly underbid our pricing.

However, our understanding is that Access2Care failed badly during contract implementation and compounded this failure by requesting a significant rate increase only three months into the program. As a result, DHHS awarded an emergency contract to LogistiCare, whereby we were asked to replace the failed broker in less than 60 days. We are now responsible for managing NEMT more than 850,000 Medicaid recipients, encompassing the entire state of South Carolina.

CONNECTICUT

In 1996, LogistiCare began servicing Connecticut's Health Maintenance Organization/Managed Care Organization (HMO/MCO) recipients, assuming complete responsibility for their non-emergency medical transportation (NEMT) service statewide. In 1998, when the state adopted the broker model for its non-MCO recipients, we entered into our partnership with the Department of Social Services, serving recipients in two of the state's five regions. We were subsequently awarded two additional regions in 2002 and the remainder of the state in 2011. Working side-by-side with the Department, we have provided consistently high-quality NEMT services to an ever-growing population. Currently we serve approximately 504,000 recipients across the state.

Recommendation

Based on our experience working as both a statewide broker and a regionalized broker we recommend a statewide solution for the following reasons:

- ► Provides for consistent policy enforcement to ensure recipients are treated the same across the state
- ► Creates a "client centered" culture by working with one overall broker to ensure access
- ► Improves DHS's ability to drive accountability with one statewide partner
- ► Eliminates confusion by offering recipients a single point of contact for reservations, inquiries, comments, and complaints
- ► Creates economies of scale
- ► Drives consistent transportation provider network development, credentialing, training, management and recipient assessment
- ► Establishes consistent and reliable access throughout the entire service area including rural areas
- ► Incorporates consistent reporting for DHS across all geographical areas of the state

- Creates for DHS a consistent transportation benefit throughout the state

- Eliminates conflicts of interest (no brokers serving as providers) which removes the potential of favoritism in the distribution of trips

- Decreases workload for County Administrators allowing them to utilize their resources more efficiently

Although LogistiCare believes the most efficient model for DHS is a statewide solution, if DHS decides to implement a regionalized solution, LogistiCare has the experience needed to be successful and could be instrumental to the state in managing in that environment.

Pricing Structures to Consider

Typically transportation brokers operate under a capitated payment structure that provides multi-year budget predictability and sustainability. However, we understand that a capitated model is not always the best solution. For some of our clients an Administrative Services Only (ASO) model, or some variation of an ASO, is the appropriate choice. Below we provide a brief explanation of the various pricing structures we have negotiated with several clients and our recommendation for DHS to consider.

Administrative Services Only (ASO) Model

Under the ASO model the client is responsible for transportation costs in addition to an administrative fee that is paid to the broker for managing the end-to-end process. Below are some examples of various administrative pricing structures in place with some of our clients:

- In New York, transportation provider fees are established locally by New York City and then approved by the Department of Health. LogistiCare does not reimburse individual transportation providers for authorized transports. LogistiCare manages the NEMT program; however reimbursement is made directly by the Department to the transportation provider. In managing the program, LogistiCare handles all aspects, including taking the reservations, gatekeeping, determining the level of transport, assigning the trips and providing proper authorization to the state that then enables the provider to bill the state for the trip. The administrative fee paid to LogistiCare is based on an annual flat amount that is paid monthly and is established during contract negotiations.

- In Michigan the pricing structure is most in line with a Fee for Service model. Each month we send the Department of Community Health a list of all the transportation costs that were paid by LogistiCare in the prior month. In this case, LogistiCare actually pays the providers and is then reimbursed by the state. This model often speeds up the payments back the providers. In addition to that cost, the state pays an administrative fee based on a contractually negotiated percentage per trip.

- In Connecticut we pass on the transportation provider costs to the state directly and they in turn pay us an administrative PMPM (per member per month) fee based on all eligible recipients. The PMPM fee is based on a contractually negotiated rate.

It is important to reiterate that we approach each program from the macro perspective of managing the intake of each recipient's trip (reservation handling and eligibility gatekeeping), the distribution of their trip to the appropriate provider (assignment), the oversight of the transportation service delivery (ride monitoring), the proper remuneration for a qualified completed trip (claims management) and the capturing of required data (reporting).

Capitated Model

Under this arrangement, the broker is paid a monthly fee per eligible recipient, whether or not that recipient requires transportation. The amount of remuneration is based on the average expected transportation utilization of the program's collective, eligible membership in addition to the administrative costs to manage the program. A capitated system provides certainty to both the broker and the program regarding the financial aspects of service delivery. Unlike ASO plans, brokers assume the full risk associated with the transportation cost thru capitation. Under a capitated model, brokers share their clients' incentives to control utilization and transportation costs because they bear all financial risk of the program. Brokers work hard to right-size transportation, achieve best pricing from network providers, and eliminate waste, fraud, and abuse. Safe guards are built into the program to ensure that no eligible recipient is inappropriately denied a trip.

One of LogistiCare's core operating strategies is to maintain processes of continual improvement relating to financial management and cost control. With a significant portion of our revenue generated from capitated contracts, it is especially important that recipients have the access to healthcare to which they are entitled while at the same time we are good stewards of the dollars to ensure efficiency and eliminate waste.

LogistiCare always works closely with our clients to develop effective utilization management programs. These joint efforts have provided budget predictability even while Medicaid enrollments continue to grow. We specifically want to stress that this utilization stabilization does not come from denials of service but from identifying covered versus non-covered service, fraud and abuse reviews and investigations, trip frequency verification against medical claims frequency, and applying proper levels of service needed for each individual.

Examples of Cost Savings

LogistiCare's experience in cost control is evidenced by our record of reducing and stabilizing costs for our clients. Savings in Georgia, Connecticut, Delaware, and Virginia serve as excellent examples of how LogistiCare's brokerage expertise achieves enduring, long-lasting improvements in service quality, program uniformity and access to healthcare, while controlling costs over time. This record of successful cost stabilization is highlighted below:

- Georgia's non-emergency medical transportation program (NEMT), administered by the Georgia Department of Community Health, cut costs from $85 million to $55 million after the first year under LogistiCare's management. Meanwhile, during that same time period, utilization increased by 300 percent and the cost per trip was reduced to $15.65; below the national average at the time of $16.00
- LogistiCare helped Connecticut's Department of Social Services cut non-emergency transportation costs from $28 million to $21 million in the first contract year
- Delaware's Department of Health and Social Services non-emergency transportation program experienced a 7% cost reduction within the first year under LogistiCare's management
- Virginia's Department of Medical Assistance Services cut its non-emergency transportation program costs from $57 million to $41 million within a year of contracting with LogistiCare to manage its transportation program

Similar outcomes have been realized across all of our contracts. Additionally, the increases in these state's spend in future years for NEMT remains well below the overall Medicaid increase experienced for other Medicaid expense, thus keeping a strong control on the programs overall spend.

Recommendation

In its 2011 Evaluation Report Summary the Minnesota Office of Legislative Auditor states: "The Department of Human Service's (DHS) oversight of nonemergency transportation has been weak, and it collects very little data on the program statewide." As with most fragmented transportation delivery systems it is often a challenge to gather reliable data that can be compared from market to market on an apples-to-apples basis to analyze utilization trends, membership behavior, costs, and anomalies that may be inherent to a specific area. Based on the amount of data that the state currently has, a decision must be made as to whether the data is sufficient to enable brokers enough information to responsibly submit a capitated state bid. Both the Administrative model and the Full Risk Capitated model will bring control and accountability to the program and correct the aforementioned deficiencies.

To ensure the most responsible bids, DHS should make every effort to provide to potential bidders as much historical data as possible. Suggested data elements include:

- Covered population demographics and expected growth trends
- Past and projected trip data, by class of service (ambulance, wheelchair, stretcher, van/taxi, public transit, recipient reimbursement, etc.) and by county, with average trip mileages
- Current Medicaid provider information, including trip volumes by county
- Current Medicaid transportation provider rates
- Program policies concerning covered services and other authorization factors

LogistiCare has an established reputation as a collaborative partner that strives to provide excellent transportation benefits for its clients. This translates into improved access and program accountability. In terms of revenue, covered lives, geographic distribution or managed trips, we are by far the largest and most experienced NEMT manager in the country. Our team has repeatedly demonstrated the management skills needed to introduce efficient and cost-effective solutions that remain viable over the long term.

B. *Oversight of transportation services. Please address how requests for service will be coordinated, how enforcement of the closest available provider will be achieved, how billing will occur and how transparency and accountability necessary to monitor the work, and monitor for fraud and abuse will be maintained.*

LogistiCare's time-tested approach to achieving service excellence and business efficiency is based on our successful years of specialized NEMT experience. Our best-practice procedures and data management technology fully support every aspect of coordinating and managing a successful non-emergency transportation program — from receiving enrollment files and taking reservation requests to validating provider invoices, reporting performance analyses, and more.

This comprehensive approach is illustrated below by an outline of our NEMT Broker Business Model. Our model is set forth as a progression of arrows that correlate to specific functional areas of our service delivery. Each arrow is connected to the next, and the components listed under each arrow provide a logical and solid foundation for the procedure set that follows. Together, these careful steps ensure that our entire operation is contractually and legally compliant with our client's program requirements and regulatory requirements.

Call Center Operations | **Transportation Management** | **Administration/Reporting**

Reservation	Gatekeeping	Ride Assignment	Ride Monitoring	Billing Adjudication	Data Analysis and Reporting
• Toll free access numbers for trip reservations, ride assistance and medical provider coordination • Most requests are non-urgent and 2 to 3 days in advance • Extensively trained Customer Service reps • Coordination with case managers and discharge planners • All calls recorded and used for monitoring quality performance and training	• Membership eligibility • Trip necessity • Level of service • Application of client's travel standard • Approved medical provider • Covered Services	• Least costly but appropriate level of service • Ensure appropriate transportation provider for riders' needs • Geo-coded mileage to ensure accurate mileage • Mass Transit identification	• Real-time trip problem resolution • Communicate resolution to member, transportation provider, health care provider, member services • Field monitoring and reporting • Vehicle Inspections • Provider performance scorecard • VIP reporting and ride monitoring	• Maintenance and oversight of medical transportation cost • Internal controls in analyzing trip specifics to support transportation cost reductions (origin, destination, travel time)	• Standard client reports (On Line retrieval capability) • Statistical review of utilization and unit cost trends • Encounter (HIPAA compliant) and report trip detail data to include: facility trends, rider trends, denials, no-shows, cancellations • Risk management reporting • QA database integration with all trip records • Fraud and abuse monitoring • Customer and transportation provider quarterly satisfaction surveys

LogistiCare

The LogistiCare Service Delivery Process

Call Center Operations

Reservations

The first arrow, Reservations, is the process by which our highly trained Customer Service Representatives (CSRs) accept and process trip requests from recipients or their representatives. We understand the special needs of the Medicaid population and our CSRs are compassionate and focused on the individual needs of each eligible recipient.

As part of the Implementation Process a detailed call script is customized to capture all of the requirements of your plan during the reservation process. Toll-free reservation lines at our call center will be answered live by CSRs with a solid knowledge of the Minnesota Medicaid program requirements. We use the Avaya Communications Manager with Automatic Call Distribution (ACD) in our call centers to provide automated call distribution functionality. Having a robust ACD system is essential in managing the call volume to ensure that every call is answered without excessive hold times and within the program requirements.

The following table provides more information on the types of reservation requests and program-related calls that LogistiCare receives and coordinates for our clients.

Typical Reservation Request Time Frame		
Request Type	**Required Advance Notice***	**Hours When Processed***
Routine	48 hours*	8am-6pm M-F
Standing Order	48 hours*	8am-6pm M-F
Urgent Care	**None Required**	**24x7**
One-Day	24 hours	8am-6pm M-F
Urgent Care - Health Care Discharge	None Required	24x7
Urgent Care - <u>Not</u> A Health Care Discharge	None Required	24x7
Same Day	None Required	8am-6pm M-F
"Will Calls" / Return Trip Pickups	None Required	24x7
Ride Assistance / Where's My Ride	None Required	24x7
Provider Line / Provider Assistance	NA	8am-6pm M-F
Facility Line / Facility Assistance	NA	8am-6pm M-F

* Determined by client requirements

All details of scheduled trips are confirmed at the time the reservation is made. Once all necessary information is entered into our proprietary system (LogistiCAD), the CSR verifies accuracy with the caller and saves the reservation. A confirmation number is automatically assigned to each reservation, which the CSR communicates to the Medicaid recipient or caller.

To help maintain the highest levels of service and customer satisfaction, calls are recorded and stored for up to 12 months to facilitate reviews and evaluations. We use the TASKE Contact Call Management and Reporting System to carefully monitor, audit, and track all calls to measure our performance for continuous improvement and have achieved an outstanding track record for responsive service. Again, it is essential that a program have an ACD and call management and reporting system to allow calls to be recorded and recalled for playback when questions about a call arise. Performance metrics should be established to ensure that calls are answered in a timely manner and adequate staff is available to answer calls.

Callers are always informed that their call is being monitored and recorded. Weekly monitoring of CSRs and taping of all reservation calls allow management to measure and monitor the overall accuracy, courtesy, and helpfulness of call-taking services.

Recipients are also able to securely schedule appointments online through our Website and can also use the site to cancel or request changes to any existing trips.

Gatekeeping

In the second process, LogistiCare performs Gatekeeping services by verifying each recipient's eligibility and compliance with the state's covered-services definitions. Our LogistiCAD system stores eligibility data for each recipient and greatly streamlines this screening process by automatically displaying the individual's data on the CSR's reservation monitor. It is through this process that we are able to eliminate the duplicative and confusing designation of ATS or STS level of service. The gatekeeping process is designed to efficiently enable the CSR to reach a determination on the proper level of service. During this call the CSR asks a series of questions that lead them through the process and assign a proper level of service. When any question arises that the correct level of service is not being made, we require a Medical Necessity Form to be completed by the person's medical provider and the decision is left to the medical professional. We never make medical decisions. We often employ a nurse on staff to review these requests which provides a higher quality review of the Medical Necessity Form.

In some cases we have staffed a part-time physician who reviews and approves the level of service. Again, most of these decisions do not require this level of review as the circumstances are evident or there is no question as to the proper level of service. The CSR will then obtain and/or confirm details of the trip request, including: the time and date of the call, trip date and time, the name, address and phone number of the medical provider (for NEMT trips); appointment time; the recipient's name, phone number and Medicaid number, and whether the request is for a routine or standing-order trip. Standing orders, or prescheduled trips, are repetitive trips such as those for dialysis, chemotherapy, or mental health therapy. In the markets we serve, we apply stringent eligibility and level of service assessment and authorization processes supported by excellent customer service.

It should be noted that the medical circumstances for Medicaid recipients does not change that frequently, so their level of service changes only when their medical condition so requires. In fact, in the 18 state broker models and over 60 Managed Care programs that we manage, we rarely have an issue or complaint about the proper level of service. We do recertify our standing order appointments, such as repetitive dialysis appoints once a quarter to ensure that we capture any changes, but recipients do not have to call in for those repetitive appointments and do not have their level of service reassessed daily or weekly. In fact, to so require would not be a prudent use of time or money since there is so little change. Another point that should be considered in a broker program is that whenever there is a question regarding a person's level of service and they have not used the service before, the broker should provide the trip at the level of service requested to ensure that the recipient receives the needed medical service. Once the initial trip is complete, a Medical Necessity Form can then be sent to the medical provider to establish the correct level of service going forward. The broker should never forget that the recipients are entitled to great customer service at what is often a very stressful time.

Closest Medical Provider

Often during the initial intake process, it is difficult to determine whether a closer medical provider exists for the service the recipient is receiving. Therefore on a daily basis, our Utilization Review Specialist (URS) will run an Exceptional Distance report that indicates all trips over a specified number of miles. (This distance parameter can be changed depending on the applicable standard.) The Utilization Review department maintains a statewide database of all Medicaid-approved medical providers. If the URS determines that a closer physician (usually a specialist) exists, he/she will call the physician to see if there are any openings on the same day of the recipient's current appointment and determine if the office is accepting new patients. If all questions are answered affirmatively, the URS will call the recipient's Primary Care Physician (PCP) to find out if the closer physician is acceptable. If the PCP gives approval, the URS will contact the patient and the closer physician to complete the appointment change. If the PCP states that the recipient must see the original physician, then the original appointment is kept in the system unchanged and the transportation provider arrangement is made. Many times, referring physicians are unaware of a closer specialist and are thankful that we saved the recipient from enduring a longer than necessary trip.

Transportation Management

Ride Assignment

Once a trip has been authorized, LogistiCare's transportation team is responsible for making the Ride Assignment to a transportation provider capable of performing the most appropriate, least costly level of service. LogistiCare assigns trips to providers in ways that promote the most efficient use of multi-loaded vehicles while complying with strict standards for trip durations. To the extent possible, LogistiCare uses the same transportation provider for all trips for recipients; especially those with disabilities. This ensures maximum continuity for the recipients, as they can rely on consistent transportation services to be a familiar part of their day-to-day activities. The positive relationships that can develop over time among passengers, facilities, transportation providers, and drivers can greatly enhance the overall success of the transportation program.

Our trained transportation coordinators will also review and adjust final trip assignments to eliminate any capacity issues.

Public Transit

As appropriate and when available, public transit is offered as the first choice of transport. This applies to both ambulatory and wheelchair-bound recipients, since all public transit vehicles are equipped with ramps/lifts and are ADA compliant. In a state like Minnesota, the broker needs to be mindful of the harsher winter weather and take that into consideration when assigning mass transit, especially for the elderly and disabled recipients. Again, the assignment of the mode of transportation must meet the needs and circumstances of the recipient and program requirements. Through use of a mass transit module built into LogistiCAD, our CSRs can identify

whether recipients live within a defined distance from a public transit stop. If the trip can be reasonably accommodated by the transit system, then public transit is assigned. Please see "D" later in this document for detailed information on methods we use to promote the use of public transportation.

Gas Reimbursement

Gas reimbursement is offered for recipients who have their own vehicles and have the ability to drive, or for those who have legally responsible individuals (such as friends/family) to provide transportation for them. Typically, program rules stipulate the amount of miles that are eligible for gas reimbursement.

Volunteer Transportation Providers

LogistiCare uses volunteer drivers in other state NEMT programs with great success. We work either directly with volunteers or through agencies that already have access to volunteer drivers. In either case, volunteers function as an excellent complement to the primary NEMT provider network. In rural areas where few transportation companies provide service, volunteers can fill an important niche in the network.

Livery, Sedan, Taxi or Van

When the above modes of transportation are not acceptable options for a recipient's medical and/or cognitive needs, they receive a more thorough assessment before being assigned to sedan, taxi or van service as described in the Gatekeeping section above. This type of service is often appropriate for recipients using walkers; those with collapsible wheelchairs who are capable of standing and transferring into a vehicle (with or without assistance); as long as the recipient is not put in an unsafe situation.

Wheelchair / Higher Level of Service

When the lower level modes of transportation are not appropriate for the recipient, they should be provided with the higher level of service. This is most often a wheelchair-bound recipient or an individual that needs an extra level of attention and assistance in getting into and out of the medical facilities. It should be noted that in most state programs that extra level of service is also built in to the livery/sedan level of service and may be an alternative to the higher priced level of service.

Stretcher

LogistiCare has developed a thorough protocol for determining the appropriate use of stretcher van service. Under LogistiCare guidelines, stretchers may be used for recipients who must be transported lying down, but who require no medical assistance during transport–even if they use self-administered treatments such as oxygen. However, more medically complicated patients who need assistance to administer treatments such as IVs, ventilators, trachea devices, etc., must be transported via ambulances. All stretcher vehicle requirements are incorporated

into LogistiCare's provider manual and contract documents, as well as our field inspection procedures.

Once determined, mode of transportation information becomes a part of the recipient's personal history file, enabling the CSR to accurately and efficiently assist the recipient when they call for subsequent reservations.

Ride Monitoring

Progressing to the Ride Monitoring process, LogistiCare enforces strict Quality Assurance (QA) standards associated with the actual transport of recipients. QA-related practices include, but are not limited to, real-time resolution of trip problems, provider performance, driver / vehicle credential monitoring, vehicle inspections by Field Monitors, mystery riders and complaint resolution. Our dedicated QA team is responsible for documenting and resolving all concerns voiced about any aspect of our service delivery. With regard to the transportation function, we will take every reasonable measure to ensure that riders always experience a safe, timely, and respectful ride to their destinations. In fact, we use a report card to score and track providers' performance in seven critical areas and report this information to them on a monthly basis. Additionally, we schedule a face to face meeting with them each quarter. An important component of any NEMT program is managing the network of transportation providers. Transportation providers are responsible for being on-time at pick-up and drop-off. Data is accumulated and each provider is measured on that performance as well as metrics such as their no-show rate, cancellation rate, credentialing status, accidents and complaint rate.

Through measures such as examining comparative data and by conducting random phone audits and field visits, LogistiCare has developed highly effective safeguards against fraudulent billing. In a process called the Monthly Trip Verification Reporting Audit, LogistiCare's Utilization Review department completes a monthly audit of approximately 70 percent of all standing order trips by confirming recipient appointment attendance with healthcare facilities. Based on facility feedback, we cross reference trips assigned and paid to providers with trips attended. By comparing these reports against the provider's billing we are able to identify providers who are billing for trips that did not occur, or recipients who are using the NEMT services but not attending the scheduled Medicaid covered service. For cases when a facility states that a recipient was not in attendance, but a provider bills for the trip and receives payment, LogistiCare recoups the money paid to the provider.

Results from other contracts indicate that these evaluations can be very useful tools for helping the state realize continual improvements in service delivery and eliminate billing fraud and abuse.

Administration and Reporting

Billing Adjudication

The next process step, Billing Adjudication, involves our procedures for containing transportation costs without compromising service quality and providing prompt payment to

transportation providers. All drivers are required to submit daily logs that provide individual trip details and the recipient signature for each rider they transported that day. We eliminate attempted billing fraud by reconciling these details with information in our LogistiCAD system, such as trip number, the provider as an authorized transportation provider, pick-up and drop-off times, and mileage according to geo-based programming definitions.
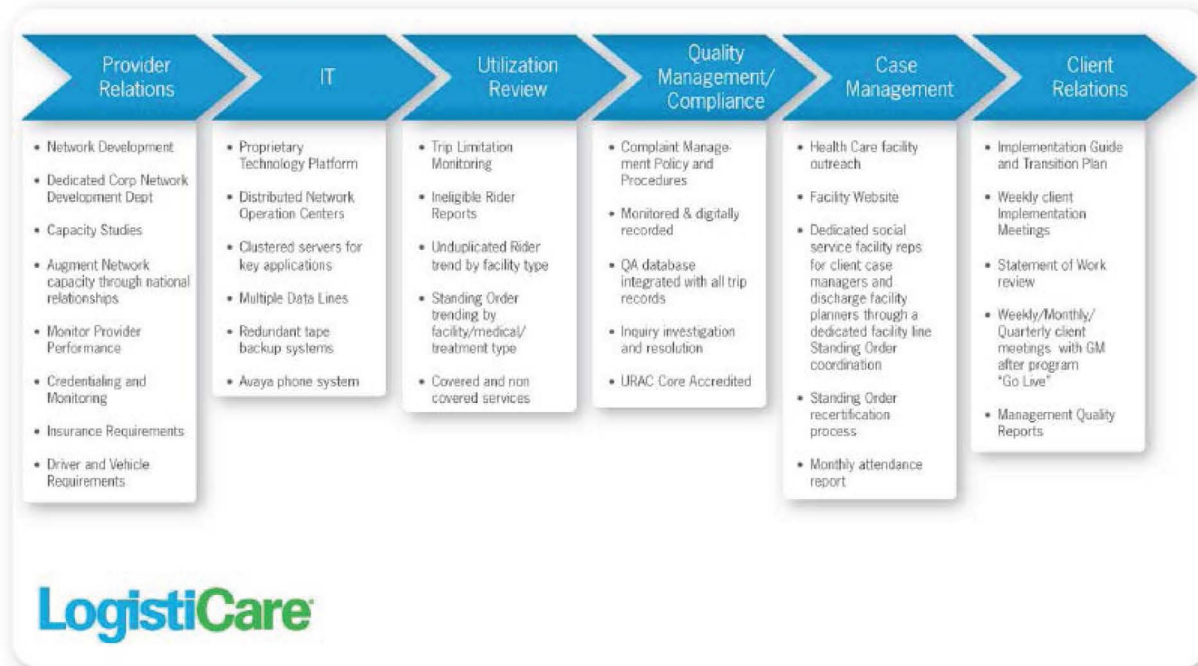
Our secure Transportation Provider Website includes an electronic billing system that affords our providers the option of Web-based billing. Most of our providers opt for this billing method because it increases efficiency, minimizes billing errors that could result in payment denials, and reduces their paperwork and operational costs. Because the providers are responsible for entering their own trip information, fewer provider payment issues are likely to occur. We understand how important it is for smaller businesses to have consistent cash flow. For that reason, we process all claims for payment in a timely manner. Providers are paid on a two week schedule with nearly 100% of all clean claims are paid within 20 days.

Analysis and Reporting

Our LogistiCAD system and call center technologies will be used to maintain complete records of all program activities and to document that our operations adhere to all applicable Minnesota Medicaid rules and regulations. This data will provide the source of comprehensive reports and analyses, on any component of the transportation program, which we will deliver to the state on a pre-determined basis. LogistiCAD generates nearly 250 standard reports that help us measure and analyze our performance on a daily, weekly, monthly, and annual basis. We will also have the flexibility to produce any type of operational, management, or ad hoc report that will be useful in examining and strengthening our procedures and program outcomes. The results of our statistical analyses, trending reports, and performance can provide both Minnesota Medicaid and our operations with valuable insights into program functionality so we can make informed decisions about immediate and future improvements. LogistiCare also offers an on-demand, Web-based system to deliver real-time management and operations reports. State staff will be able to access the system 24/7/365. Standard reports available via the system include monthly summary reports, membership reports, and utilization reports. Additionally, DHS staff can pull reports in real time about the program activity, complaints and performance through this secure Web portal.

While the process flow above describes how one trip moves through the system, the holistic approach to managing a NEMT program is truly a function of the people involved. LogistiCare has the deepest roster in the industry of NEMT experienced personnel and we do not hesitate to dedicate the resources necessary to ensure success. While our technology enables us to efficiently manage these programs, our people make it effective. We do this by focusing on the qualitative aspects of the program and recognizing that every day we are dealing with people who need assistance and compassion. The diagram below outlines the key functions in which our employees are dedicated to ensuring that we deliver a quality service to the recipients who should receive it and in a manner in which all stakeholders benefit. An NEMT broker's role must go beyond just managing a trip and those components are outlined in the process flow below.

Operational Process Flow

Provider Relations
- Network Development
- Dedicated Corp Network Development Dept
- Capacity Studies
- Augment Network capacity through national relationships
- Monitor Provider Performance
- Credentialing and Monitoring
- Insurance Requirements
- Driver and Vehicle Requirements

IT
- Proprietary Technology Platform
- Distributed Network Operation Centers
- Clustered servers for key applications
- Multiple Data Lines
- Redundant tape backup systems
- Avaya phone system

Utilization Review
- Trip Limitation Monitoring
- Ineligible Rider Reports
- Unduplicated Rider trend by facility type
- Standing Order trending by facility/medical/treatment type
- Covered and non covered services

Quality Management/Compliance
- Complaint Management Policy and Procedures
- Monitored & digitally recorded
- QA database integrated with all trip records
- Inquiry investigation and resolution
- URAC Core Accredited

Case Management
- Health Care facility outreach
- Facility Website
- Dedicated social service facility reps for client case managers and discharge facility planners through a dedicated facility line Standing Order coordination
- Standing Order recertification process
- Monthly attendance report

Client Relations
- Implementation Guide and Transition Plan
- Weekly client Implementation Meetings
- Statement of Work review
- Weekly/Monthly/Quarterly client meetings with GM after program "Go Live"
- Management Quality Reports

LogistiCare Service Delivery Operational Support. Our processes, based on best practices developed over more than 22 years of NEMT broker experience, makes certain that Minnesota receives compliant, appropriate, comprehensive, and cost-effective transportation for its recipients.

Provider Relations

A pure broker, such as LogistiCare, does not have the inherent conflict that exists when a vendor tries to serve the dual role of broker and a transportation provider which is why CMS, in most cases, has prohibited transportation providers from serving as brokers. While the financial health and stability of the transportation providers we contract with is critical to our success, so is ensuring that these providers are performing at an expected service level in a safe, cost efficient manner. This is why we assign trips in a balanced, methodical process to all those providers who offer the most appropriate level of service at the most efficient cost while consistently achieving satisfactory grades in our monthly assessment of the network. The most effective network is one where the broker has negotiated unique rates with each transportation provider. By allowing the broker to establish the basis for the contractual relationship and the applicable rates, the state provides the flexibility to the broker to better manage the different circumstances and situations that arise in a complex program. For instance, when resolving a need to increase network capacity in rural areas in order to improve access for the recipients, the broker, with latitude to negotiate rates, can more effectively incent providers to expand operations or create multi-load vehicles. If rates are uniformly established in the state, it is much more difficult to drive the behavior needed to meet the uneven demands in a diverse environment.

Contracting with transportation providers is a critical element in a successful implementation and, ultimately, a quality NEMT program. LogistiCare strives to create win-win relationships with each transportation partner. During our ongoing recruitment activities, our network development and provider relations team meet face-to-face with existing commercial, public, and nonprofit transportation providers throughout the states in which we work. During these meetings, we share information about our collaborative approach to managing transportation provider networks. We also gain a further understanding of the needs, issues, and challenges facing transportation providers in the state. Transportation providers will have the opportunity to ask questions and view demonstrations of the software tools that will become available to them upon the execution of a contract with LogistiCare.

Our transportation network development approach includes a comprehensive provider credentialing process, which is central to network development and oversight. It includes at a minimum: drug screening, criminal background checks, and drivers' annual safety record checks. To protect the safety of recipients, LogistiCare's Field Monitors will inspect provider vehicles upon contract and annually thereafter. Our goal is for every aspect of service delivery to be in compliance with Medicaid, ADA requirements, state regulations, and all other applicable regulations and contractual requirements.

Innovative Technology

Our innovative and proprietary technology (IT) systems support our business processes and are integrated, flexible, and scalable to meet our clients' requirements. Our applications reside on our own state-of-the-art network so that when utilities shut down as the result of storms or natural disaster, LogistiCare is up and running and serving recipients.

Further, as a central comprehensive solution, LogistiCare offers our clients consistency in reporting from one market to the next. Our reporting capabilities are significant since our technology, designed specifically as an NEMT solution (not simply customized for NEMT), allows our staff to meet contractual obligations while managing the daily transportation of recipients to their essential medical appointments. This integrated approach allows us to capture critical data, as part of our standard processes. In turn, we can summarize and share data with our clients to convey an accurate understanding of key trends and linkages across program costs, quality service delivery, and contractual compliance to drive continuous improvements.

The IT team of software and hardware experts provides database, network, and hardware support. A Call Center Support Specialist carries out first-level support locally using the Siebel Service Tracking solution. Second- and third-level engineering support is provided nationally over LogistiCare's T1-based network. Connectivity to the service center incorporates a Cisco 2600 router with a built-in T1 DSU/CSU, including Cisco PIX 515 Firewalls, Cisco 3005 VPN Concentrators, and Cisco 2611 IPX encapsulation routers. All remote access is done via secured VPN connectivity with secured Citrix authenticated access.

LogistiCare's software is not sold on the open market. This allows us to ensure the integrity of the software system and to provide instant support for all of our projects, as there are no other users requiring LogistiCare's support.

LogistiCare has very detailed Disaster Recovery plans for each of our operational locations. These plans are based on extensive policies and procedures that define the business requirements for each location and the plans for the continuation of business processes in times of disaster, and rely on cross–trained employees and two self-contained redundant network operations centers housing all the technology necessary to support the uninterrupted delivery of NEMT services.

With our 19 call centers across the United States, LogistiCare has the ability to move work between call centers during times of disaster. This is an important component for any NEMT program because it ensures communications with recipients during the most stressful times. We can re-route telecommunication calls in minutes using our carrier's routing Web site. LogistiCAD data is replicated in near real-time to two diverse locations which ensure it is always available to our call centers. No other broker can provide this level of business continuity.

Utilization Review

In terms of Utilization Management, we have a corporate department devoted to analyzing the monthly and quarterly trends in each of our operations with an eye toward identifying potential program abuse. We perform quarterly re-certifications of the recipients' repetitive medical services whereby we require a medical provider to re-authorize that the individual still requires treatment at the designated frequency. We also validate that recipients are attending these appointments by asking the facilities to provide monthly attendance and cross checking this data against transportation provider claims.

Utilization management requires a clear understanding of covered versus non-covered services, field observation of appropriate levels of transportation, and a clear utilization program for identifying the frequency of transportation of recipients to non-medical services. Utilization assessment is critical for ensuring that trip volume (utilization) is kept at appropriate levels, and that the appropriate funding source for the transportation service is identified. In conjunction with our clients, LogistiCare has implemented many different programs aimed at controlling utilization and lowering cost. This joint effort has provided budget predictability even while Medicaid enrollments continue to grow. LogistiCare has significantly more experience in working with state agencies, managed care organizations and actuarial firms in certifying encounter and rate data than any other transportation management company.

Quality Management and Compliance

Quality is a key component of our project management philosophy. We believe that quality assurance is achieved by having comprehensive policies and procedures in place to maintain standards and improve performance, designing quality goals into all of our standard operation procedures to *"get it right the first time,"* and fostering an organizational culture that recognizes and values the benefits that quality assurance brings. As part of our quality commitment, LogistiCare has attained Utilization Review Accreditation Commission (URAC)

accreditation. To ensure that quality is priority in a NEMT broker operation, any broker to be considered should be required to be URAC accredited.

URAC is well known as a leader in promoting healthcare quality through its accreditation and certification programs. *LogistiCare is proud to be the first non-emergency medical transportation management company to earn this certification from URAC.* In May 2006, LogistiCare was certified by URAC as having attained URAC Core Standards accreditation. Since that time, LogistiCare has been accredited enterprise-wide and in each individual state operation.

Medicaid recipients deserve high quality service in safe, road worthy vehicles driven by fully trained and credentialed drivers. Building on the knowledge gained from our URAC accreditation experience, we have built a quality assurance plan that is flexible and permits customization to the specific requirements of each contract so as to provide this deserved level of service. The quality assurance plan and its related policies, procedures, and standards are developed to meet or exceed the state's requirements and drive our day-to-day operations in areas such as:

- ► Call center accessibility and customer service
- ► Transportation provider availability, timeliness, safety, and customer service
- ► Complaint responsiveness, analysis and resolution
- ► Quarterly individual face-to-face meeting with providers to review their performance as measured by our Transportation Provider Report Card
- ► Use of Satisfaction Survey results (recipients, providers and facility staff). This measure allows for verification of stakeholder concerns.
- ► Reporting performance data to the state regularly

Case Management

LogistiCare employs dedicated personnel who interact with facilities every day by phone and frequently in person. Our Facility Managers focus solely on healthcare facilities that require standing orders and other specialized support. They are always available to listen to facility representative's suggestions and offer assistance. In fact, we provide a dedicated telephone number answered directly by our managers, so the facility personnel know they can always quickly reach someone who will help them. An NEMT broker must be prepared to manage individual cases with facilities to ensure that the needs of individuals with special needs are properly handled.

Our Outreach Managers personally visit facilities during the course of the year, sometimes multiple times. In addition, Field Monitors stop by facilities frequently to observe transportation provider behaviors and performance on an unscheduled basis. Due to all of our face-to-face and telephone interactions with facilities throughout our service areas, we have built relationships with each of them that have led to open two-way communication, culminating in the best services for recipients.

In addition to personal visits, we provide a Website where healthcare facilities and community agencies can download materials and obtain information related to our clients' programs. Facilities are also able to schedule appointments for their patients online through enhanced features of our Website. This is designed to improve efficiency for the facilities so they can easily set up or change reservations without having to call in. This is a feature that has been well received by facilities, improves their operations as well as ours, and ultimately benefits recipients and improves the timeliness of their transportation service.

In many local markets we also run Advisory Committees that meet face-to-face on a quarterly basis to share insights, observations, and suggestions. The local Committees may include representatives from the transportation provider community, healthcare community, our clients, advocacy groups and other program stakeholders.

LogistiCare continues to be recognized as the nationwide NEMT manager of choice because we respond quickly to our customer's needs, work as a collaborative partner, and implement and maintain efficient NEMT brokerage programs. Following are a few examples from other state programs where we have successfully coordinated with local resources to create positive outcomes for recipients.

Oklahoma

In Oklahoma we initiated a partnership with the Central Oklahoma Community Action Agency (COCAA), an organization that provides case management to low–income individuals and families, to coordinate transportation for their recipients. Our association was formed in 2008. As a result, the Central Oklahoma Transit Service (COTS), a division of COCAA, was able to increase Medicaid ridership by 30 percent in 2009 and become cash–flow positive for the first time. Our Oklahoma General Manager has been actively involved with Oklahoma's "United We Ride" program since 2004, and was appointed to the board in 2008 by the Governor.

Virginia

For the past decade, we have forged relationships with members, community service agencies, and a host of non-profit charity organizations to serve as conduits for offering additional support to all Virginians, regardless of their Medicaid status. Since beginning our relationship with DMAS, we have heightened our positive presence in Virginia through our economic and social contributions across the Commonwealth. The following are just a few examples of this support:

► Provided financial and volunteer support since 2001 for Remote Area Medical (RAM), a three-day healthcare event where uninsured, underinsured, and unemployed patients residing in rural areas receive medical care provided by volunteers.

  o The clinic is a joint project of several healthcare and social services agencies and is spearheaded locally by the Health Wagon, a mobile health clinic that serves the Appalachian Mountain area. Nearly 5,000 people received greatly needed care during these annual events in Virginia.

- LogistiCare donated software and computer equipment that enabled the registration of every patient attending the event. More than 50 Virginia based LogistiCare employees willingly volunteered their time to this very important cause.
- ► Provided financial sponsorship to the Virginia Health Care Foundation, which promotes and funds local public/private partnerships that increase access to primary healthcare services for medically underserved and uninsured Virginians.

Connecticut

We responded to a concern from a behavioral health facility regarding the coordination of transportation for children from schools. LogistiCare worked with the facility and the Department to design a process to better manage and schedule arrival and departure of vehicles. This effort resulted in assigning dedicated transportation providers to service the behavioral health facility and improved timeliness of the children getting to their program.

In another example, LogistiCare worked collaboratively with nursing homes and providers to initiate the use of "shooter vans" for service in remote areas to eliminate the need for multiple vehicles and multiple trips along the same route in one day. This saves program costs and no other vendor does this today.

Florida

For the past five years, our Florida Healthcare Facility Outreach Manager has led LogistiCare's active participation in organizations such as: Board of Directors of the Mental Health Association of Southeast Florida; Advisory Counsel for the Area Aging and Resource Center (AARC); Advisory Counsel for Noble McArtor Senior Center (adult day care center); Member of the National Kidney Disaster Coalition (NKDC); Member of Health Association of Broward County, and the South Florida Aids Network.

Summary

Our targeted efforts have helped us maintain strong relationships with the dialysis community, nursing homes, hospitals, behavioral health facilities, and other healthcare centers across our markets. The conversations we have held, the lessons we have learned, and the cooperative solutions we have developed for recipients and the facilities have provided value for our clients. LogistiCare uses these experiences to make a direct and positive impact on the quality of transportation services provided to recipients.

Client Relations

Our extensive and diverse experience and success in the implementation and management of large-scale NEMT brokerages has taught us the value of a solid client partnership that begins with implementation and is ongoing throughout the life of our contracts. We like to think that we are easy to do business with and we strive to remain open to guidance, questions and critical performance reviews by our clients, from the very first day of our contractual relationship.

Implementation

Although implementation activities are not categorized as service activities, they directly create the capacity to provide service. The hiring, training, development of procedures, and technology setup activities that LogistiCare undertakes prior to the start date of a new contract are managed according to the adopted implementation plan, which is designed to ensure that service start-up and quality goals are achieved. Across our 81 contracts, including 18 state relationships, LogistiCare has never failed to pass a readiness review or failed to be ready to implement a new contract on time. Although a typical implementation is between 60 and 90 days, we have implemented contracts in less than 30 days when clients have asked us to assume a program from a broker that has failed.

Implementation begins with a client meeting where we collaboratively develop a Statement of Work. This process is directed by our Corporate Director of Operations, while an experienced Implementation Manager coordinates the plan through daily management and weekly update meetings with the team and our client to keep all parties advised of the progress. In general, implementation activities include transportation provider network development and training; preparing the Operations and Call Center; obtaining telephone lines and technology equipment; staffing and hiring; preparing policy manuals and documentation; community outreach; extensive on-site employee training; and an operational readiness review with the client.

Ongoing Client Relations

We maintain our careful, hands-on approach after the implementation period is complete. Because of this, we presently enjoy an excellent rapport with our clients, including other Medicaid agencies. We maintain open lines of communication with respect to reviewing issues, clarifying information, seeking input, and meeting face-to-face to review and discuss program guidelines. We meet with most of our state clients on a quarterly basis to review our performance and to request feedback on areas where we might provide better or additional service. These meetings provide an excellent venue for sharing information and reviewing the state "report card" on program performance. We also provide our clients with secure access to our Website where they can review their program information, create reports and chart or trend data.

A Senior Vice President of Operations is assigned to each new state Medicaid contract. This individual is very involved in operations and is an active participant in meeting with clients, legislative representatives, LogistiCare employees, healthcare facilities, transportation providers, and recipients. This is to promote excellent relationships with all stakeholders, and identify areas of improvement and/or potential issues and to address them before they become problems. Our hands-on management style is a key component in our successful client relationships, our efficient operations, and our ability to offer quality transportation service.

To determine the level of service needed, our CSRs are trained to ask a series of questions regarding the recipient's health and mobility. These questions pertain to a number of factors such as the recipient's ability to walk with or without assistance or the use of a mobility device, medical condition and proximity to mass transit stops. The answers to the questions assist in determining the appropriate type of vehicle, provider, level of assistance and possible use of escorts or attendants. These notes taken by the CSR assist the Transportation Coordinators in selecting the provider who can offer the most appropriate transport and service for the recipient. In cases where a recipient has established a rapport and comfort level with an existing provider we will work to schedule a recipient's trip with their preferred provider whenever possible. However, we always comply with state and federal policies and procedures for NEMT transportation in determining the appropriate mode of transportation for recipients. Furthermore, our CSRs are trained to be sensitive and respectful of the recipient throughout the call, and to use common sense along with their call script. The CSR uses due diligence in questioning the recipient to determine if a lower level of transportation is acceptable and sufficient for their physical or mental condition.

We understand that an important function of the NEMT broker is to drive the efficient use of resources and to continually educate Medicaid recipients to facilitate appropriate utilization. In some cases where CSRs are not confident that they have enough information to make the best decision, or the recipient questions the decision, they will require the recipient's medical practitioner to complete a Medical Necessity Form that will provide the information needed to determine the appropriate mode of service.

It should be noted that the medical circumstances for Medicaid members does not change that frequently, so their level of service changes only when their medical condition so requires. In fact, in the 18 state broker models and over 60 Managed Care programs we manage rarely have an issue or complaint about the proper level of service. We do recertify our standing order appointments, such as repetitive dialysis appoints once quarter to ensure that we capture any changes, but members do not have to call in for those repetitive appointments and are not subjected to having their level of service reassessed daily or weekly.

In situations where a rider's normal mode of transportation must be changed, such as a recipient who is normally transported via an ambulatory level of service but due to surgery must be moved in a wheelchair, our CSRs will transfer the caller to the Utilization Review (UR) department where the change is made based on the medical provider's determination. In addition, the CSRs are trained to work with the LogistiCAD system to allow for different modes of transport between the "A" and "B" legs of a trip. For example, bus transport may be an appropriate mode for getting someone to dialysis, but wheelchair transport may be needed for the trip home. Although at times LogistiCare may approve the upgrade of a trip for safety or health reasons, LogistiCare does not approve of any service-level upgrades or downgrades

made by transportation providers, unless they provide new authorization information to us and obtain our permission first.

Once the trip has been authorized and the correct level of service has been established, the trip is moved to the Transportation Coordinator's trip screens within LogistiCAD. It is here that the trip is assigned to a provider in close proximity of the recipient and who has the appropriate transportation vehicle to accommodate the recipient's needs. The trip is assigned and then made available to the transportation provider via a secure internet portal or via fax. In the case of urgent, same day or hospital discharge trips, the Transportation Coordinator will call the provider and ask if they can accept the trip. This is done to ensure that the provider does not miss an assignment that may not be seen until later in the day.

D. Methods that promote the appropriate use of public transportation. DHS must assure that NEMT services are provided in the most cost-effective way. Where and when public transportation is available, it must be considered when a recipient's need for NEMT is assessed.

Through our 18 direct state Medicaid contracts, we are charged with improving recipient access to medical services at the lowest appropriate cost, ensuring that the medical needs of the recipient are properly considered, all while eliminating fraud and abuse from the Medicaid NEMT program. To achieve that mandate, we work with available local transits in smaller communities and with urban transit systems in metropolitan areas to offer recipients effective access to public transit service that meet their NEMT needs. In 2011 LogistiCare assigned more than 9 million mass transit trips to Medicaid NEMT recipients throughout the country. We often find that transit officials are enthusiastic about working with us and creating an effective fixed-route pass program, since this increases revenue and ridership for the transit system.

LogistiCare prioritizes the use of city and county transit systems to control costs for our state client, maximize recipient independence, and improve accessibility in high-volume urban centers. In the table below, we have included a summary of how LogistiCare currently utilizes public transits in just five of our state contracts to provide appropriate and effective transportation to Medicaid recipients to their medical appointments.

State Client	Public Transit Agency Partners	Annual Public Transit Trips (Projected 2012)
Connecticut	11	1,108,375
Nevada	3	408,367
New Jersey	6	909,701
Pennsylvania (Philadelphia County)	1	3,626,436
Virginia	15	213,427

LogistiCare maximizes the use of mass transit by educating recipients regarding mass transit options right from the start, during the reservation process. Several years ago we modified our

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transportation management software to include a module specifically designed for use with public transit systems. Through this special adaptation of our software we are able to upload the transit schedules with information on available routes and to provide timely trip-planning advice for recipient NEMT trips. The automated availability of fixed-route data for these public transit systems enables our CSRs to determine the most efficient and cost-effective trip options. Where available, we upload actual mass transit stops into our system to further help our CSRs plan trips for recipients and maximize the use of transits. We also designate a team of public transit specialists to thoroughly explain the public transit program to eligible recipients, informing them of where they need to go to access transit services, and how they will receive the necessary transit schedules, passes or tokens.

An eligible recipient is mailed the appropriate type and number of passes or tokens via certified, priority, or express mail, along with the printed instructions for using mass transit and an appropriate transit schedule. Recipients with an adequate amount of reoccurring trips or standing orders are given a monthly transit pass, if offered by the transit agency, which allows them the benefit of taking non-medical trips at no expense. Recipients are only provided a monthly pass where the cost of the monthly pass is less than the number of individual passes that they require. This benefit makes the transit program very popular with many recipients and is an encourager to use mass transit.

To help control program costs and abuse, we track passes distributed to recipients by entering the pass type (e.g., one ride token, monthly pass, etc.) into LogistiCAD. Also, since mailed passes are sent via certified, priority, or express mail, we track pass deliveries via the postal system.

LogistiCare maintains relationships with The Community Transportation Association of America (CTAA) at a national and local level, partnering with them in numerous events each year. By implementing mass transit programs throughout our portfolio in states like Pennsylvania, Connecticut, Nevada, Virginia, South Carolina, and many others, we have been able to transition many clients' Medicaid recipients out of the livery mode of service, previously provided through commercial transportation providers, and into the more cost-effective transit systems.

E. *An electronic system that assists providers in managing services to clients and is consistent with the recommendations in the 2011 OLA evaluation report, related to the use of data to inform decision making and reduce waste and fraud.*

With the use of technology, LogistiCare employs a proven method to deliver services to recipients in need – consistently – regardless of the service category which supports our overall mission of being client centered. LogistiCare utilizes its transportation management system, LogistiCAD, to control and manage many aspects of our NEMT operations. LogistiCAD is a sophisticated, multi-user, transaction-based, and scalable application suite that provides the capabilities required to effectively process and deliver non-emergency transportation and logistics services. LogistiCAD is an integrated and an essential tool in LogistiCare's success designed specifically to support non-emergency medical transportation. It is instrumental in

capturing recipient data, helping CSRs determine eligibility, facilitating ride authorizations, assigning trips to transportation providers, monitoring provider and program performance, documenting and managing complaints, ensuring compliance, processing claims, reconciling billing, and providing a variety of program performance reports. Information can be retrieved and reported by recipient ID, recipient name, date of the trip, healthcare facility attended, transportation provider, and many other data fields.

LogistiCAD was designed and developed to be, and is today, "a transportation brokerage management solution." It is not just a routing or transit solution that was "adjusted" to create broker-like functionality. LogistiCare exclusively designed LogistiCAD, and its business process flows, based on the premise that a broker does not typically perform the transportation but manages the process in an efficient and cost effective manner.

Combatting Fraud and Abuse

One common challenge we often address is fraud and abuse. To help combat the problem, LogistiCare incorporates wherever possible into its policies and procedures various steps to reduce fraud and abuse in the system. This is not just an issue with transportation providers; it can also involve recipients, healthcare facilities, and drivers. We train specialized staff dedicated to the detection and elimination of fraud in areas including invoicing and utilization trend analysis, signature comparison, field investigation, and other skills specifically related to fraud management. In addition, all of our employees who are involved with trip authorization, recordkeeping, and utilization review are trained to recognize the common indicators of potentially fraudulent activity. This awareness and recognition contribute significantly to the elimination and reduction of fraud in the contracts we serve.

To aid in the detection and prevention of fraud, LogistiCare offers fraud management reports that track trends in travel by recipient, by carrier, by type of service, by destination facility etc., as well as other information such as no-show rates. LogistiCare uses these reports to identify non-standard patterns that may suggest abuse.

We work actively with our clients to prevent and address any identified fraud in the NEMT program. We have a long track record of successfully tackling and drastically reducing instances of fraud for our clients, and our experience has given us familiarity with all types of fraud that can occur and how to mitigate them.

Additionally, we deploy Field Monitors to monitor the activities at frequently used facilities. These Field Monitors will station themselves at a facility and observe the drop-off and pick-up of recipients. In so doing they conduct spot inspections of the drivers and vehicles, but also validate that the correct level of service has been assigned. In the past we have observed wheelchair transports where the recipient leaves the vehicle walking into their appointment. Clearly an observation like that allows us to question the level of service approved and rectify the situation. The use of Field Monitors is a key component of any fraud and abuse detection program.

Complaint Processing

Any broker managed NEMT program must have a robust complaint management process. LogistiCAD is certainly that solution. Complaints may be filed by recipients, transportation providers, our own staff, healthcare facility staff, or other sources. All complaints from all sources, whether received verbally or in writing (including e-mail), will be immediately recorded in our LogistiCAD system. LogistiCAD's streamlined system can generate standard, ad-hoc, and daily analytical reports.

It is vital to record complaints using a process that will allow not only for the review of the data, but also the trending of the complaints to ensure problem areas are addressed to improve performance. Complaints are categorized using the following tiered system:

Tier	Description
Tier I "Serious"	Issue involving safety (e.g., traffic accident, abandoned rider, reckless driving, vehicle unsafe, evidence of weapon, assault, inappropriate sexual behavior, fraud, etc.)
Tier II "Major"	Issue involving service, behavior and timeliness (e.g., provider no show, habitual member no show, driver rudeness, CSR rudeness, air conditioner broken, etc.)
Tier III "Moderate"	Issue involving service or behavior (e.g., isolated provider late, long hold times, poor customer service)
Tier IV "Minor"	Complaint/issues not involving safety, behavior or timeliness (e.g., dirty vehicle, driver odor, etc.)

At the time a Tier I complaint is received, DHS is immediately notified of the complaint to ensure that all parties are aware that a serious complaint has been filed. Tier I complaints receive full and immediate attention from the management team. Less serious complaints are not ignored, but assigned a lower tier and worked by the staff. Using complaint categories, and the cross training provided to employees, any employee can enter a complaint into the system at any time. The system is adaptable enough to allow category modifications to meet the specific needs of the Minnesota NEMT program. The following are typical complaint categories we currently use:

- ► Eligibility Issue
- ► Facility Issue
- ► Injury
- ► LogistiCare Error
- ► LogistiCare Employee Issue
- ► No Vehicle Available
- ► Subcontractor Late
- ► Subcontractor No Show
- ► Rider (NEMT Recipient) Issue
- ► Rider (NEMT Recipient) No Show
- ► Reroute Issue
- ► Transportation Provider Issue
- ► Driver Issue
- ► Unknown / Other
- ► Vehicle Issue

Our LogistiCAD system allows the CSRs, transportation team, and management to review past complaints or enter new complaint information associated with each recipient and their trips. It

also displays the complaint type and tier fields, which are used to further categorize the complaint for more detailed reporting at the time of entry.

Web Link to Register Complaints

In addition to a call to LogistiCare to file a complaint, LogistiCare provides direct access for recipients to file any comments, suggestions, or complaints through our ♥ WeCare portal in the member/riders section of our Website at www.LogistiCare.com. This same ♥ WeCare Web portal functionality is also available to facility staff and transportation providers in their respective sections of our Website. Our General Managers receive ongoing communication regarding all complaints entered into LogistiCAD to aid their follow-up and resolution of each complaint. Additionally, each complaint recorded at the ♥ WeCare Web link is automatically forwarded to the Senior Vice President for his review and follow-up discussion with the local management team.

Web Technology

LogistiCare offers a complete suite of online, Web-based systems designed to manage and communicate the transportation request lifecycle. Our comprehensive approach engages our client, recipients, facilities, and transportation providers, in a meaningful and efficient manner. Here is a summary of the Web-based tools we offer:

Member (Recipient) Access

MEMBER INFORMATION WEB SITE (ACCESS—OPEN)

This site will provide recipients with general information on forms, brochures, FAQs, and information to successfully request transportation, as well as an outline of the program requirements and responsibilities.

MEMBER SERVICES WEB PORTAL (ACCESS—SECURED)

The Recipient Services Web Portal improves efficiency and allows the recipient to login securely and request transportation through a logical online guide. Once the request is submitted, the reservation is managed in LogistiCAD just as if it were entered by a CSR. Once queued in LogistiCAD, the CSR will apply appropriate gatekeeping to determine eligibility for services. Information related to the reservation is then sent back to the secure Web page for review. Information available for review includes trip determination (approved or denied), pick-up time, and other pertinent trip details. If necessary, the recipient can use the site to cancel the reservation or request changes to other scheduled trips.

Facility Access

FACILITY INFORMATION WEB SITE (ACCESS—OPEN)

This open architecture Web site allows facilities access to general state-specific NEMT information such as: program overview information, brochures, forms, and FAQs.

FACILITY SERVICES WEB PORTAL (ACCESS–SECURED)

The Facility Services Web Portal allows the practitioner, or their designee, to sign on to the secure portal and make a request for transportation on behalf of the recipient. Requests for transportation from the Facility Services Web Portal are limited to appointments to the facility/practitioner. Once the request is submitted, the reservation is managed in LogistiCAD, just as if it were entered by a CSR. Once queued in LogistiCAD, the CSR will apply appropriate gatekeeping to determine eligibility for services. Detailed information related to the reservation request is then sent back to the secure Web page for review. In addition, the reservations can be canceled or rescheduled as needed.

Transportation Provider Access

TRANSPORTATION PROVIDER WEB PORTAL (ACCESS–SECURED)

Transportation providers will have a secured Web portal to review and accept assigned reservations, re-route reservations, enter cancelations and download trip manifests. LogistiCare developed and deployed this system more than six years ago and continues to enhance the functionality and increase user access as our provider network grows. Many providers run small shops and need the flexibility of managing their LogistiCare workload on the fly, or after hours. The Transportation Provider Web Portal allows them access to critical information 24 hours a day, seven days a week and real-time electronic communication between the provider and LogistiCare. In the end, this real-time collaboration results in better service to the recipient.

From the Web site, providers have access to their vehicle and driver compliance reports, and other reports designed to help providers manage their business. These reports, which, at a minimum, track compliance, trip numbers, and driver performance, can be run daily, weekly, or monthly. Providers can electronically submit claims for completed trips through the Web site to speed up their billing processes. Our Transportation Provider Web Portal is intuitive and easy to use, and typically takes only 10 to15 minutes to learn.

Client (as in DHS) Access

ON-LINE CLIENT REPORTING WEB SITE (ACCESS–SECURED)

The On-Line Reporting Web Site is a secured site that will allow users from DHS to login and produce standard reports or customized reports for the time periods and activities they want to review. This site is operational 24 hours a day and provides our clients with access most convenient to them. DHS can monitor progress, performance, and research NEMT activity trends. It is important to note that reports obtained online do not replace the official scheduled reports requested by DHS. Instead, the online reports are used to supplement the scheduled reports.

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▶ **Clients** - In addition to the Websites and portals listed above, LogistiCare provides direct access for clients to file any inquiries, comments, suggestions, or complaints through our "We Care" portal in the "member" section of our corporate Website at www.logisticare.com.

▶ **Facilities** - LogistiCare provides direct access for healthcare facilities to submit any inquiries for information, comments, suggestions, or complaints through our healthcare facilities "We Care" portal at www.logisticare.com.

▶ **Transportation Providers** - LogistiCare currently provides general information about provider requirements, contracting, enrollment, credentialing, resources and benefits (such as our provider technologies, online driver training and group purchasing power), and disadvantaged business enterprises (DBEs) on our corporate Website www.logisticare.com. We also provide a telephone contact number and an email link to allow potential providers to ask questions, and discuss concerns.

Quality Assurance

Quality assurance involves a number of aspects of NEMT program management from call center accessibility and customer service, through timely resolution of service issues, to ensuring quality service from transportation providers. Foremost is remedying issues that arise in the course of taking reservation requests from recipients, and complaints about the quality and timeliness of the NEMT transportation. LogistiCare takes inquiries, complaints, and other related service issues seriously, handles them with the utmost urgency, and resolves them swiftly and courteously.

LogistiCare has a structure in place — our Quality Management Program (QMP) — to meet, monitor and report on all aspects of the NEMT transportations services it manages. Our formalized QMP guides all LogistiCare local operations and management teams, allowing them the flexibility to customize the QMP to meet specific quality improvement goals, and monitor and report on measures regarding service quality for our riders. At LogistiCare service excellence is achieved by:

▶ Having policies and procedures in place to ensure that standards are met or exceeded,

▶ Fostering an organizational culture that recognizes and values the benefits quality assurance brings to riders and customers, and

▶ Planning and measuring quality assurance in every aspect of day-to-day operations.

LogistiCare's Quality Management Program is driven by our Quality Management Committee (QMC). The function of the QMC is to assess the strengths and weaknesses of the quality monitoring and review processes used in our NEMT operations, and to facilitate their improvement. The QMC identifies best industry practices; communicates them throughout the entire organization; is responsible for ensuring that the development and improvement to our

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processes are coordinated across the entire organization; and that process improvements are institutionalized.

F. Minimum qualifications for a vendor to respond to a potential RFP

Because we have faced the full spectrum of NEMT management challenges — across numerous large-scale projects — we are able to apply the collective lessons from these engagements to achieve outstanding results for our client. With that said, we recommend DHS incorporate the following requirements in its subsequent RFP: The broker must...

- ► have at least five years of experience as a NEMT broker of multiple states
- ► be experienced at managing multiple statewide NEMT programs with populations over 300,000 recipients
- ► demonstrate that they are financially sound
- ► obtain a Performance Bond (DHS should required this from the broker to provide a failsafe for the state against a provider that fails to properly execute the program)
- ► obtain and maintain a Payment Bond (DHS should required this from the broker to provide payment to the providers if the broker fails to pay the transportation providers)
- ► be managed as a pure broker. In other words, in order to avoid a conflict of interest, the broker should not be allowed to function as both the broker and a transportation provider. This limitation should extend to any subcontractors in which the bidder or its principal officers have any ownership interest.

In addition to the minimum qualifications a vendor should have as listed above, we also recommend that in order to ensure service quality; the RFP should have the following components:

- ► All bids must be actuarially sound
- ► Clearly defined performance goals
- ► Comprehensive performance reporting requirements
- ► Clearly defined complaint record-keeping and response process
- ► Robust call center technology including a system to record service-related phone calls
- ► Mandatory, statistically significant, customer satisfaction surveys
- ► Clearly defined driver/vehicle/insurance/licensing standards
- ► Clearly defined driver training requirements
- ► A HIPAA-compliant, comprehensive technology solution that includes the ability to capture data elements specifically related to eligibility, complaints, transportation providers, drivers, trips, reporting and billing. This system should also be required to be compatible with the system used by the state and its fiscal agent in order to provide

streamlined exchanges of data such as enrollment data, provider and encounter information, and other data and/or reports

► Requirement for creative solutions that leverage technology to improve NEMT quality and efficiencies and lower costs

► Disaster Recovery plan that includes back-up call centers to support operation

Whether measured by contract years, recipients served, revenue, call volume, or completed trips, LogistiCare is by far the nation's most experienced company in the operation of Medicaid transportation programs. LogistiCare is the only organization in the country with diversified experience implementing and managing NEMT projects on a large statewide or multi-county (regional) scale and welcomes the opportunity for more discussion with DHS or the opportunity to respond to an NEMT RFP.

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