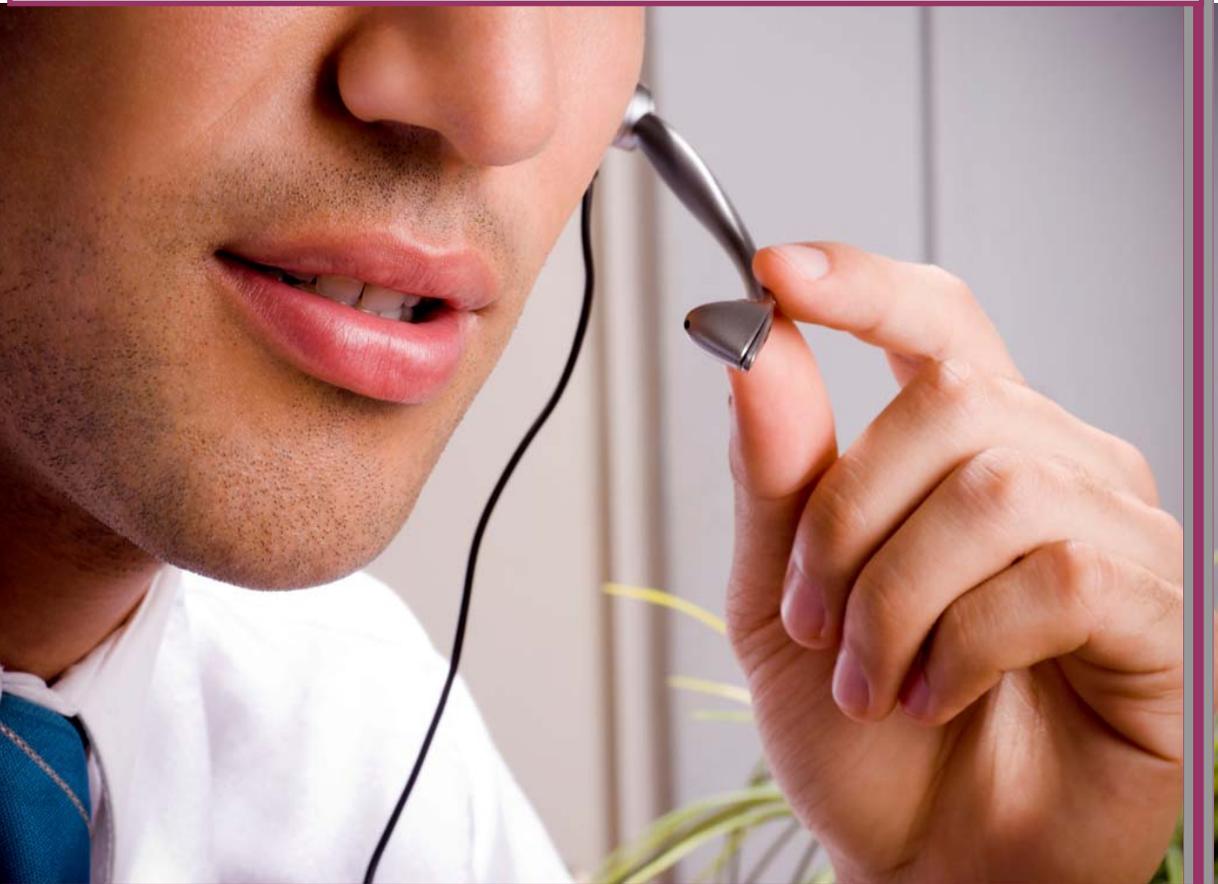


Access2Care

ATTACHMENT 1: SAMPLE QUALITY ASSURANCE PLAN

AMR



**Managed Transportation
Quality Improvement Plan**

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A. Overview

The AMR Quality Improvement Plan (The Plan) describes specific mechanisms AMR will implement or maintain as the client's transportation broker to ensure excellent customer service during the delivery of transportation services. In addition to being part of both partners' overall quality improvement plans, AMR views this process and The Plan as necessary tools for developing and expanding our positive relationships with our clients.

The Plan provides for quality improvement procedures that are overseen by the Quality Improvement Team. This team is responsible for promoting, monitoring and evaluating quality-related activities. AMR will work continually to advance Key Performance Indicators (KPI), enabling AMR and our clients to track their performance in meeting benchmark criteria.

In addition to the emphasis we place on monitoring and addressing complaints, our Quality Assurance Program consists of additional layers and methodologies, including both retrospective (reactive) and prospective (proactive) components. For example, we constantly monitor our transportation providers to ensure that the vehicles and drivers serving our program anticipate and address issues on the horizon that might become future problems. As deficiencies are identified, we meet with providers and mutually identify areas where improvements can be made.

The Plan is designed to meet the following objectives:

- To use a planned and systematic process to assess objectively the quality of services provided to our clients.
- To use a planned and systematic process both to assess objectively and to ensure safe practices and a safe workplace.
- To implement corrective action when issues or opportunities for improvement in care or safety are identified.

AMR builds Quality Assurance into our operational procedures to facilitate continuous monitoring and control throughout our organization. Quality Assurance is an integral part of our planning, operation and delivery of services.

This Quality Improvement Plan has been approved by the highest levels of executive staff within American Medical Response (AMR). The operational responsibility for the Quality Improvement Plan ultimately lies with the Executive Vice-President of Government and National Services (VP-GNS) and the project Quality Assurance (QA) staff. The VP-GNS

approves the Quality Improvement Plan and any amendments. Through the Director of Quality Management and local quality assurance team, he assures compliance to the plan and that various QA activity reports are reviewed and acted upon as determined by the plan. Specifically, the VP-GNS ensures that the Quality Management Director and other quality management staff are responsible for quality assurance activities including, but not limited to:

- ✓ QA plan implementation
- ✓ QA activities monitoring
- ✓ QA compliance evaluation
- ✓ QA reporting
- ✓ Any required follow-up with internal staff or NET providers.

B. Introduction to Quality Improvement (QI)

The Quality Improvement Team understands that it must maintain the cohesive bond and energy that exists between a centers' Customer Service Representatives (CSR), Network Transportation Providers and AMR's leadership team.

AMR continually seeks to make our operations and employees exceptional in all aspects of job performance through consistent feedback, mentoring, and on-going training and education. Operational staff, medical leadership and management are all involved in the quality programs for the following purposes:

The Purpose of Quality Management

- Ensure that CSRs comply with policy, practice, and procedures. AMR uses a variety of methods to gauge CSR performance including auditing calls, which allows the QA/monitoring team the opportunity to provide feedback on areas where CSRs are excelling or where improvement may be necessary. Based on the overall performance of all CSRs, a continuing education program is offered to provide on-going education on important performance goals, newly implemented client or company updates or performance change requests.
- Ensure adherence to medical protocols when applicable. Compliance with clinical care and call center protocols has a direct effect on the ultimate care provided by AMR and its network transportation providers. Protocol compliance will decrease

inappropriate responses that could result in harm to crew, staff, and the public's safety. Medical compliance also enhances customer service and minimizes legal exposure.

- Ensure accurate documentation of key information in the computerized call intake system. Documentation is necessary to guarantee that the information used to establish response type, equipment, etc., is free of error. Documented information that is discovered through interrogation, not by assumption, is critical.
- Monitoring, tracking and trending service related concerns. Service related complaints or grievances tell us what the public and the system users think about the system's performance. AMRs Quality Improvement Team is assigned the responsibility of recording and tracking the status of each grievance received in the system until resolution.
- Ensure Network Transportation Provider compliance. To provide the best service to our customers, our transportation providers must adhere to contractual requirements, clinical standards of care, response requirements, and customer service expectations.
- Ensure accurate claims payment and health plan client or government client billing. The Claims QA staff serves as a positive resource to the entire A2C team and interacts with leadership to bring resolution to procedural issues through training and education.

The Plan incorporates these objectives into standard operating guidelines within AMR call centers and operations throughout the country. Operating guidelines are constantly evolving as AMR is committed to continuous improvement of company and client standards.

C. Elements of The Plan

The Plan's elements are designed to work in tandem with one another to build a strong foundation of continuous quality improvement. A strong Quality Improvement Plan demands involvement and participation from all levels of the organization. The Plan will be performed in accordance with the following staff, oversight, scheduled activities and functions.

1. Quality Analyst

The Quality Analyst is primarily responsible for the oversight and management of all AMR quality programs and initiatives. The Analyst will ensure that all Call Center Supervisors

have been trained in call auditing procedures and how to deliver constructive performance feedback to CSRs.

Call Center Supervisors are responsible for auditing call and providing feedback on their performance to CSRs on their teams. Feedback and assistance on methodology improvement is communicated as part of the CSRs call audit results. The Quality Improvement Team receives performance updates for review, analysis and to provide guidance when performance improvement is necessary.

If a client raises an issue of a possible quality related concern, AMR and the client will investigate and work together to resolve the issues or concern. Each party will remedy, as soon as reasonably possible, any issue related to a participants interaction with AMR or a member of its transportation network. Working together ensures continuous improvement in services provided by AMR and its customers.

2. Quality Improvement Team

The Quality Improvement Team provides educated and experienced perspectives for all aspects of services provided by AMR. The goal of this team is to identify improvement opportunities and to work closely with leadership to achieve these goals. The team must demonstrate by example that continuous improvement is the way to operate and demonstrate support of quality improvement goals.

The team's focus is all-encompassing — operational issues, customer service goals, software improvements, telephony system evaluations, etc. Assessing all levels of services provided and identifying areas needing improvement are just some of the responsibilities. This team analyzes and interprets reports, audit results and other data collected within the operation to determine if and where issues lie and what action is required to improve or correct any issues.

The Quality Improvement Team can ask for and give assistance in a variety of day-to-day activities; however, the team possesses no disciplinary power and cannot make any personnel decisions regarding disciplinary actions. The Quality Improvement Team is chaired by the Quality Analyst and is comprised of AMRs Government & National Services (G&NS) Quality Supervisor, Call Center Manager, Operations Manager, Account/Complaint Resolution Manager, Network Specialist, Claims Quality Assurance Lead and CSRs. The team meets monthly to review operational performance, quality related initiatives, and to provide oversight and guidance to AMR staff involved with training, quality assurance and network operations.

3. QI Plan Authority and Responsibility

The Plan's success relies on the understanding, involvement and participation of all staff and leadership personnel. The leadership of AMR is ultimately responsible to our clients for the delivery of quality services and superior customer care. The Quality Improvement Team — detailed in **2. QUALITY IMPROVEMENT TEAM** — is responsible for ensuring that all elements of the plan are implemented and producing high quality results. The Quality Improvement Team along with the network specialist will monitor and track performance issues and concerns associated with AMR and its transportation providers.

4. Customer Service Representative (CSR) Training

The structure of the training academy is designed so that one unit will flow into the next unit as the CSRs become more knowledgeable and understand their roles within AMR. Throughout the training academy, a variety of assessment tools are used to ensure that CSRs comprehend the information presented to them and that the training academy itself is effective in preparing the CSRs to interact with clients, participants and providers.

AMR believes that training is not just something that occurs during the new hire phase but as a continuing, never-ending practice. Staff members responsible for training work closely with the quality and leadership teams to determine items and/or issues that may require re-evaluation so that our staff continually meet or exceed internal and client expectations.

5. Customer Service Representative (CSR) Continuing Education (CE)

In addition to the new hire training academy, AMR's Continuing Education (CE) program is designed to offer, at a minimum, six hours of training to each CSR annually. CE topics are derived from training and quality audits as well as, at the request of a client, CSR, or from a member of the Leadership Team. Topics include but not limited to:

- Customer Service
- Company Policy and Procedures Review
- Client Literacy
- Computer Software Training

6. Monitoring CSR Calls

Call Center Supervisors are responsible for listening to a minimum of two calls per CSR on a monthly basis. Call-auditing results will contain results by individual, team leader and as an overall percentage for the call center. Call Center Supervisors will review the calls for application of policy, adherence to procedures, courteousness, and accuracy of trip

authorization requirements. If deficiencies are identified, Call Center Supervisors will determine, document and then administer appropriate corrective actions necessary to correct any outstanding issue.

7. Customer Service Representative (CSR) Assistance Program

The CSR Assistance Program provides guidelines in assisting those CSRs identified as not meeting AMRs performance standards and expectations. CSRs failing to meet identified performance standards will enter a defined period of additional training until such time the standards are achieved.

CSRs will enter the Assistance Program if they:

- Falling below call intake performance standards for two consecutive months.
- Three Non-compliance reports in a 30-day period.
- Two customer service complaints within a 30-day period.
- At the discretion of Management.
- Upon the request of a CSR.

Upon Placement in the program:

- CSR and Supervisor will discuss areas that require improvement.
- CSR and Supervisor will outline improvement steps to meet standards.
- Program placement will range from 1-5 days or until performance improves to meet AMR and customer standards.

8. Mode of Transportation Reviews

Our QA staff also will function, as the escalation point for clients requesting a mode of transportation that is not authorized by the Access2Care software and the CSR is not convinced is required. In these instances, the CSR will refer a client to a member of the QA staff who will provide further assessment of the actual need for the requested transportation. The QA staff can take several courses of action based on their review:

- **Approve the Client's Requested Mode** – in this case, the trip will be authorized and no further action is necessary.
- **Request a Medical Justification** – in this case, the requested mode will be authorized for this trip only, and the clients profile will be annotated that documentation is required for the next requested service.

- **Refer for a Medical Review** – in this case, the request will be referred to our Quality Manager for further evaluation of the necessity for a higher level of transport.

If the evaluation cannot be completed before the requested transport time, a one-time authorization will be granted.

9. Pre-Transportation Validation

AMR staff will validate that each scheduled trip request is for a valid covered service, to a valid medical provider. The Access2Care Web portal is used by medical providers to validate that an actual appointment has been scheduled. Should the provider not validate the trip, the trip will be authorized and flagged for post delivery review.

10. Network Transportation Provider Oversight

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

The following table lists some of the key indicators and standards of quality we have set for our network transportation providers:

NEMT PROVIDER INDICATORS AND STANDARDS OF QUALITY	
INDICATOR	STANDARD
Pick-up and drop-off times	Initial pick-up within 15 minutes of scheduled pick-up. Return pick-up within 90 minutes of notification that the participant is ready.
Vehicle condition	100% compliance with vehicle maintenance and safety requirements
Operator appearance and conduct	100% compliance with operator appearance and conduct requirements.
Overall complaint rate	Not less than 99%
Multi-load trip times	No participant can remain on a transportation provider’s vehicle longer than 30 minutes longer than a dedicated vehicle trip would.
Provider no-shows	Less than 1%

These indicators and standards are included in the Standard Operating Procedures and are detailed in the Transportation Provider Manual:

- **Pick-up and Drop-Off Times on Schedule** — It is AMR's policy to pick up and drop off participants at the time of their scheduled pick-up or drop-off. If, for reasons beyond our control, the NEMT provider is unable to meet that obligation, we immediately dispatch another NEMT provider to complete the transport in a timely manner.
- **Vehicle Condition** — NEMT provider vehicles are inspected annually to ensure they are compliant with the provider's agreement and any regulatory requirements. The vehicles also are subject to spot checks to ensure the condition is up to standard. If a complaint is made against a transportation provider because of the condition of a vehicle, that vehicle undergoes an immediate inspection and if warranted, taken out of service until full compliance is achieved.
- **Driver Appearance and Conduct** — NEMT drivers undergo both driver training and customer service training before they are allowed to drive for a NEMT provider. This training equips them with the skills necessary to interact with participants, the public and healthcare workers on a daily basis.
- **Overall Complaint Rate** — AMR is proactive in working with our provider network, and we work hard to ensure they have all the tools necessary to make their businesses successful. We have found that if the providers' needs are met, they will work harder to help us achieve and maintain a low complaint rate.
- **Provider No-shows** — We encourage our NEMT providers to contact each participant on their manifest the day before their scheduled pick-up. This communication goes a long way toward averting last-minute cancellations and allows the providers to better schedule the routing of their pick-ups.

The QA Analysts and Network Coordinators work together to monitor performance data and take necessary corrective action when data shows a failure in meeting AMR or client standards and requirements. Such data may cause AMR to make changes in the overall network structure or in a specific geographic area. For example, the data may identify insufficient wheelchair resources in a given geographic area causing us to work with network providers in the area to increase the number of wheelchair resources and/ or identify new providers to bring additional vehicles into the area.

11. Claims Audit and Verification

AMR recognizes that the majority of transportation providers conduct their business with a high degree of integrity; we believe our trip audit practices help them be fully attentive to the accuracy of all information submitted. AMR also provides ongoing education for transportation providers on how to obtain timely and accurate reimbursement.

Our procedures include the following:

- **Trip audits of driver logs/manifests** — AMR randomly audits trip detail and driver manifests maintained by transportation providers monthly to determine proper provider compliance.
- **Forensic review of driver logs/manifests** — Contained within the audit sample described above will be certain logs/manifests that will be targeted by AMR’s claims auditors to undergo a more thorough review of logs, trips, and associated records to assure trips are being properly invoiced and paid. We will incorporate these audit findings into the monthly audit results report described above. These audits might include items such as:
 - **Targeted service sampling:** A review of specific transportation services related to service destinations that may be more at risk for fraud, such as high-frequency recurring trips.
- **Post-trip audits of gas reimbursement services** — AMR will randomly audit and validate medical appointments for these lower cost modes of transportation.
 - **Public Transit reimbursement verification:** The Access2Care system “flags” all public transit trips for follow-up to ensure that an appointment actually occurred.

Post Claims Audit

In order to ensure that AMR Claims Specialists are paying claims accurately and timely, AMR Claims Quality Assurance Supervisor conducts internal reviews consisting of a 5% sample from paid paper and electronic claims. The maximum period for processing claims or final adjudication is 99% in 21 days.

The following areas of each claim are audited:

- Receipt date or trip clear date
- Member/Patient selection
- Transportation Provider Information including 1099 reporting and OIG verification

- Patient Account Number (if provided by the provider)
- Documentation where necessary (per audit or investigation)
- Authorization
- Date of Service (DOS)
- Level of Service (LOS)
- Mileage review
- Co-Pays
- Total Charges
- Amount Approved (from contract fee schedule or authorized amount negotiated)
- Correct Payments
- Turn Around Time Met
- Interest assessed and paid
- Correct adjustment/denial codes
- New Annual Fee Schedules

Claims Quality Assurance Lead forwards any issues or errors to the Claims Supervisor for follow up with the responsible department (claims, call center, network, training or quality staff).

12. Call Center Performance

The trip-scheduling function is a critical integration of the communication system, information management system, call-center staff, operating procedures and the information provided by customers. The key indicators of quality of trip-scheduling functions include, but are not limited to:

- **Call-Answering Responsiveness** — measured by the number of rings before call is answered.
- **Call Hold Times** — measured by how long a participant or healthcare provider is placed on hold while the CSR locates the required information
- **Number of Calls in Queue** — measured by how many customers are waiting on the telephone to be assisted.

- **Call Abandonment Rate** — measured by how many customers hang up because of an excessive wait time.

Other determining factors of quality that can be measured in the trip scheduling process include, but are not limited to:

- The accuracy and completeness of trip information collected and entered into the AMR software
- The accuracy of the information about the trip provided to the participant or the participant’s representative
- The average length of the telephone talk time
- The number of complaints received that relate to the call-center operations
- The number of compliments received.

13. Significant Event

A Significant Event is an unexpected occurrence that demonstrated a real or potential threat to customer care or staff safety — including serious physical or psychological injury. Significant Events are rare and undesirable occurrences associated with a significant deviation from usual processes. These events are “Significant” because they send a signal or sound a warning that requires immediate attention. A Significant Event may also be categorized as a series or pattern of “near misses” that could result in serious deviations from safety or quality standards.

All issues received by the QA Analysts or their designee will be assigned a preliminary score that is based on the severity of the incident or event. All events will be analyzed by the Quality Improvement Team for tracking, monitoring, resolution and the team will assign a final severity score. Severity level classifications are:

SIGNIFICANT EVENT LEVELS AND DEFINITIONS	
LEVEL	DEFINITION
0	No issue found. Care/service appropriate.
1	Document issues that will be tracked for trends, but additional research or discussion of this category will not take place.
2	An event that is associated with adverse deviations from usual processes. The event is classified as an immediate

	opportunity for improvement.
3	The event is recognized as a major event that has resulted in an unanticipated death, major loss of function to a patient, lawsuit, physical abuse, and related circumstances that have the potential adverse media involvement. The event may also be used as a training opportunity.

14. Complaint Management

Complaints tell us what the public and the system users think about the system's performance. By tracking grievances, we are able to monitor one of the most important barometers for determining the performance of any one-network transportation provider and providing essential information for quality improvement.

While one complaint may refer to an isolated incident, several reports relating to a similar issue may indicate a systemic issue that merits corrective action. Complaints also indicate an unsafe action that may be detrimental to our clients and may expose the client, AMR and/or the network transportation provider to litigation.

As described previously, all of our projects have a QA Analyst who is assigned the responsibility of recording and tracking the status of each complaint received in the system until resolution. The QA Analyst will then work with other project management staff to determine any necessary corrective actions within our internal operations, with our network providers, or with a medical provider.

15. Monitoring Key Performance Indicators

Our system will provide exception reports that focus on failure to meet standards. Our QA staff will use these reports to follow up with transportation providers and/or internal staff to determine what improvements or corrective action should be taken to improve performance.

Data from the agreed-upon set of reports will be used by the AMR management team to spot operational trends and to identify areas for improvement. Trend reports in most of our projects focus on particular functional areas, such as:

- Call center performance
- Network transportation provider performance

- Complaints and Grievances

The following AMR Quality Assurance Monitoring Report shows the matrix AMR uses to identify each key indicator, its source, and the monitoring report.

Key Indicator	Functional Area	Monitoring Technique	Monitoring Frequency	Principle Monitor(s)	Monitoring Document/ Method	Reporting Document	Reporting Frequency
Telephone hold time	Call Center	Prospective	Daily	Customer Service Manager	Real Time System Monitoring and Group Profile Report	Group Profile Report	Daily
Telephone length of call	Call Center	Prospective	Daily	Customer Service Manager	Real Time System Monitoring and Group Profile Report	Group Profile Report	Daily
Telephone calls in queue	Call Center	Prospective	Daily	Customer Service Manager	Real Time System Monitoring and Group Profile Report	Syntellect Real-time Computer Monitoring System	Daily
Telephone calls dropped	Call Center	Prospective	Hourly	Customer Service Manager	Real Time System to determine number of calls not reaching Queue	Telephone Usage Report	Daily

Key Indicator	Functional Area	Monitoring Technique	Monitoring Frequency	Principle Monitor(s)	Monitoring Document/ Method	Reporting Document	Reporting Frequency
Telephone staff/client interaction	Call Center	Prospective	Daily	Customer Service Manager	Call Monitoring	CSR Evaluation Form	Periodic
Telephone information accuracy	Call Center	Prospective	Daily	Customer Service Manager	Call Monitoring	CSR Evaluation Form	Periodic
Client eligibility	Quality Assurance	Prospective	Daily	QA Staff	Client Eligibility Report	Client Eligibility Report	Monthly
Appropriate provider assignment	Quality Assurance	Prospective	Daily	QA Staff	Daily Provider Manifests	Provider Manifests and Input from Providers	Daily
Pick-up and Delivery Performance	Quality Assurance	Prospective	Daily	QA Staff	Real-Time Communication with Clients, Providers and Facilities	Dispatch and Driver Logs	Daily
Vehicle condition and functionality	Network Management	Prospective	Initial, Annual and Random Spot Checks	Network Reps	Visual Inspections	Vehicle Inspection and Quick Vehicle Inspection Forms	As Conducted

Key Indicator	Functional Area	Monitoring Technique	Monitoring Frequency	Principle Monitor(s)	Monitoring Document/ Method	Reporting Document	Reporting Frequency
Vehicle insurance coverage	Network Management	Prospective	Weekly	Network Reps	Provider Insurance Report	Automated Date Notification Alert	Annually as contract is renewed and upon notification from insurance company of policy change
Driver credentials & qualifications	Network Management	Prospective	Weekly	Network Reps	Provider Information Report	Provider report	Monthly
Driver appearance & conduct	Network Management	Prospective	Daily	Network Reps	Provider Report Card	Provider report card and comments from passengers	Daily
Provider Accidents/Incidents	Quality Assurance	Retrospective	As Needed	Quality Staff	Accident/Incident Report Form	Provider report card	As Required
Suspended Claims Report	Claims	Prospective	Weekly	Claims Supervisor	All trips in a suspended status	Assure contractual turnaround time met	Monthly

Key Indicator	Functional Area	Monitoring Technique	Monitoring Frequency	Principle Monitor(s)	Monitoring Document/ Method	Reporting Document	Reporting Frequency
Claims Turn Around Report	Claims	Retrospective	Monthly	Claims QA lead	Report of all claims processed during prior month	Allows review of Turn Around Time	Monthly
Claims Quality Assurance Report	Claims	Retrospective	Monthly	Claims QA lead	5% audit of all claims processed during prior month	Summary report of data findings and identified trends	Monthly
Client satisfaction	Quality Assurance	Retrospective	Quarterly	Quality	QA Customer Survey Passengers Comments and Complaints Complaints & Suggestions	Customer Satisfaction Survey Results Report	Periodic as Comments are Received
Facility satisfaction	Quality Assurance	Retrospective	Periodic	Quality Assurance Department	On-Site Visits	Field Monitor Weekly Report	Periodic

Key Indicator	Functional Area	Monitoring Technique	Monitoring Frequency	Principle Monitor(s)	Monitoring Document/ Method	Reporting Document	Reporting Frequency
Complaints	Quality Assurance	Retrospective	As Required	Quality Assurance Department	Passenger Complaint Form	Monthly complaint summary	Summary Report monthly investigation upon receipt of complaint

16. Customer Satisfaction Surveys

AMR will conduct a random survey sampling of participants that have received transportation services and ask them questions regarding the quality of their service. After each survey, a report summarizing the customer satisfaction information findings, including action items developed from those findings for ways to improve service, will be provided and accessible through the portal. AMR continually strives to provide the best care and transportation service and values and all participant feedback in accordance with our values of being patient focused, customer centered and caregiver inspired.

AMR will conduct customer satisfaction surveys on a quarterly basis each contract year for a random sampling of participants that took trips and transportation providers that performed their transportation services during the survey period.

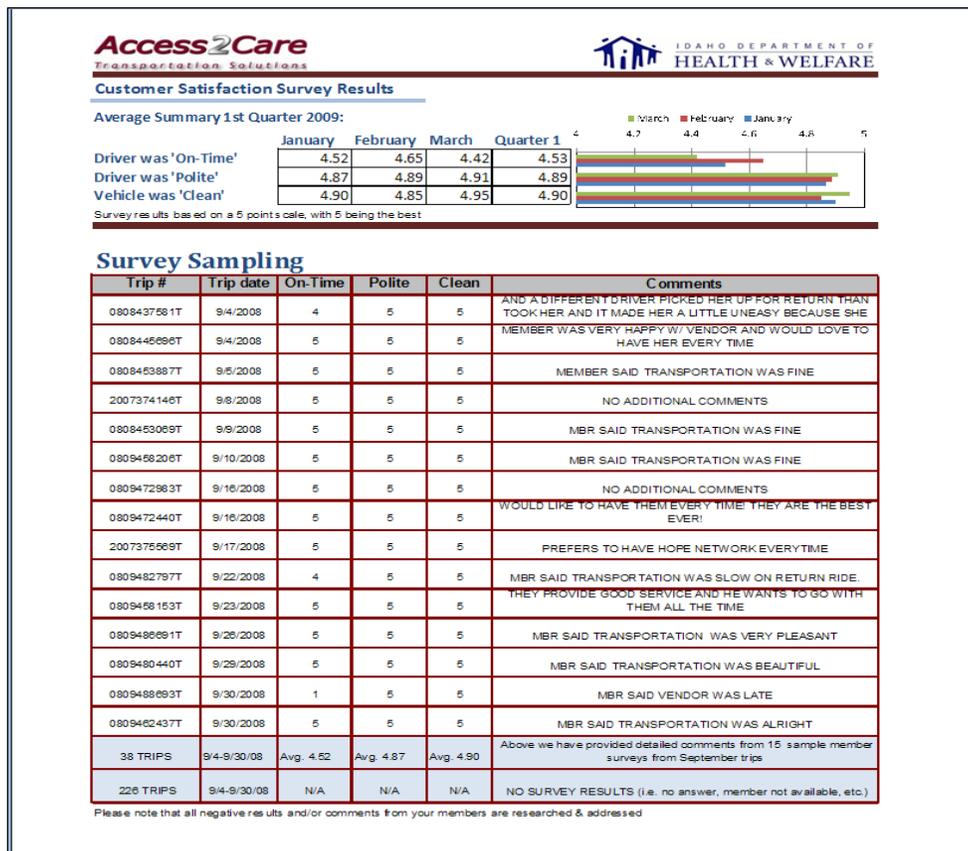
The base survey instrument will cover a variety of topics, including:

- Ease of use of the IVR system
- Ease of requesting services
- Confirmation of a scheduled trip
- Customer service
- Timeliness
- Length of time in transportation provider's vehicle
- Driver and AMR staff courtesy

- Driver and attendant assistance, when required
- Overall driver behavior
- Driver safety and operation of the vehicle
- Condition, comfort and convenience of the vehicle
- Punctuality of service
- Overall satisfaction with NEMT services

We also will include a comment section to provide suggestions for improvement. The survey responses and AMR's analysis of the responses will be submitted to client within sixty (60) days after the survey is conducted.

Below is a sample report.



17. HIPAA Compliance

AMR brings extensive experience and knowledge in Health Insurance Portability and Accountability Act (HIPAA) compliance. With its sister companies, AMR provides systems that ensure full compliance with the HIPAA Privacy, Security and Electronic Data Interchange regulations. The staff includes a Privacy Officer and a Security Officer designated with responsibility for the implementation of policies and procedures to ensure compliance with these regulations.

AMR has numerous procedures in place to ensure the privacy of participant's information, including Secure2Mail, our newest service. There are firewalls and data back-up plans that not only provide protection against improper access to information, but also provide that information will be available for future use.

18. Policy and Procedures Manual (PPM)

AMR creates PPMs specific to the requirements and standards for each NEMT brokerage project we manage. The PPM includes, but is not limited to, the following:

- Assessment, authorization and scheduling procedures
- Delivery of transportation services
- Selection and retention of providers
- Reimbursing transportation providers to include but not be limited to validation that all transportation services provided are properly authorized and the services are rendered
- Process for scheduling issues such as last minute requests from participants, schedule changes, and no show situations
- Procedure for provision of alternative transportation when a transportation provider is more than 15 minutes late or doesn't show
- Procedures referenced throughout the sections of the RFP technical requirements document

If it becomes necessary to change or modify any policy and procedures, the following exhibit is a flow chart that details the typical internal steps AMR takes when the PPM is modified.



19. Fraud and Abuse

AMR considers that its business actions, and those with which it contracts, are ethical and compliant with the law. This is evidenced in the AMR Code of Conduct, and AMR's Corporate Compliance program. An AMR Claims Specialist is a member of AMR's Corporate Compliance Committee.

Specific to NEMT business, AMR will conduct transportation provider audits as defined in the AMR Transportation Provider Audit Policy and Procedures to help ensure that

transportation providers do not commit fraud. The audit helps discover transportation providers who may file false claims by, for example, filing a claim for transportation when no participant was transported. This is accomplished by participant signature verification audits. AMR will also contact medical providers to verify that a participant arrived and received services before supplying any gas reimbursement payments.

F. Corrective Action

The QA Analysts has the responsibility for designing and approving corrective action required to resolve identified service related issues.

A corrective action plan will contain the following:

- What has to be changed
- What the intended result of the change is to be
- When and how the corrective action will be implemented
- Who is responsible for implementation
- Determine an issue reevaluation timeframe
- Post implementation review timeline and desired outcome

G. Continuous Quality Improvement: Full Circle

None of the processes, systems and information described here will be of any benefit unless they are used to guide the management team in ways to change the system. Providing quality service is not just the responsibility of the QA Analyst, Supervisors or the Quality Improvement Team, rather all employees of AMR that interact with our clients, the public and transportation providers. Strategic planning, process management/improvement and relationships with our clients, examined from a quantifiable perspective will allow AMR to provide industry leading outstanding customer and transportation services.

H. Responsibilities

- It is the responsibility of the AMR Leadership Team to periodically review and update the Quality Improvement Plan. It must be reviewed at least annually.
- It is the responsibility of the Contract Manager to ensure that superseding policies or procedures are reflected in this document, and that conflicting policies and

procedures are brought to the attention of the AMR Leadership Team when discovered.

- It is the responsibility of the Contract Manager to ensure that all appropriate staff read and comply with any new and revised editions of this policy, and its successors.
- It will be the responsibility of the AMR Director, Client Services to monitor regional compliance of this policy through regular reviews and audits.

I. References

- Policy and Procedure Manual Add, Change and Delete Policy and Procedure
- Transportation Provider Training Policy
- Call Audit Form
- Call audit -Commendable Performance Report
- Call audit -Non-Complaint Report
- Complaint Intake Policy
- Customer Satisfaction Quarterly Survey
- Transportation Provider Performance Improvement Plan
- Network Transportation Provider Manual
- Provider Audit Policy and Procedure
- AMR Code of Conduct Policy
- AMR's Corporate Compliance Program

Appendix A: Quality Assurance Documents



AMR Performance Evaluation

Name:	Call Rex:	Date of Service:	Time:	Ext:
Evaluation Date:	Evaluator:	Trip Number		

<i>Greeting/Introduction:</i>	POINTS	N/A	SCORE	TOTAL
CSR was ready to greet the caller.	-7			
CSR used the correct call greeting.	-11			
CSR introduce himself or herself to the caller.	-8			
If Participant was not the caller, CSR confirmed relationship to Participant.	-10			
CSR documented relationship to Participant within the trip.	-15			
<i>Pick up/Destination Information:</i>	POINTS	N/A	SCORE	TOTAL
CSR received verification of the Participant's pick up address.	-30			
CSR received verification of the Participant's phone number.	-30			
CSR received verification of the Participant's date of birth.	-9			
CSR updated Participant's personal information.	-5			
CSR confirmed Medical Providers address.	-30			
CSR confirmed Medical Providers telephone number.	-30			
CSR confirmed and documented additional passengers?	-8			
CSR confirmed and documented any special needs?	-15			
CSR confirmed pick up entrance for a Hospital Discharge.	-12			
CSR recapped appointment day, date, time, pick up, and destination?	-30			
<i>Medical Provider/Protocol Compliance:</i>	POINTS	N/A	SCORE	TOTAL
CSR followed the days notice guidelines.	-30			
If urgent, CSR confirmed when appointment was scheduled.	-10			
CSR followed the Red Flag instructions.	-20			
CSR confirmed Medical Provider/facility is in the Network.	-20			
CSR confirmed trip type is a covered benefit.	-15			
CSR confirmed authorization from the health plan.	-15			
CSR documented important information in remarks.	-12			
<i>Transportation Provider Compliance:</i>	POINTS	N/A	SCORE	TOTAL
CSR confirmed TX provider. (<i>Urgent, short notice, pharmacy, HP procedure</i>)	-15			
CSR documented TX provider quotes and denials in remarks.	-20			
CSR received authorization for negotiated price.	-20			
CSR entered correct price.	-15			
CSR followed procedure for gas reimbursement.	-15			
CSR followed procedure for public transportation.	-15			
<i>Customer Service:</i>	POINTS	N/A	SCORE	TOTAL
CSR used the caller's name throughout the call.	-6			
CSR responded professionally; tone was polite throughout the call?	-20			
CSR was helpful and addressed the caller's needs?	-15			
CSR received permission to place the caller on hold.	-20			

Total Score:



Performance Standards:

CSRs will be measured against the following performance objectives:

Audit Item:	<60 Days	>60 Days
Greeting and Introduction	85%	95%
Pick up and Destination Information	85%	95%
Medical Provider and Protocol Compliance	85%	95%
Network Provider Compliance	85%	95%
Customer Service	85%	95%

Commendable Report:

Non-Compliant Report:

Evaluators Comments:

CSR Comments:

Quality Focus:

CSR's Signature

Date

Evaluator's Signature

Date

Confidential Quality Assurance Information – Not for distribution or duplication.





Non-Compliant Performance Report

To: _____ Date: _____

From: _____ Subject: _____

Case Information:

Date: _____ Score: _____ Case #: _____

Customer Service Score: _____ Time: _____ Shift: _____

Team Leader Review, Performance, Feedback and Action Plan

Team Leader's Comments:

CSR Comments:

Team Leader's Action Plan:

Action Plan to be completed by (date): _____

QIU Feedback and /or Follow-Up:

Forwarded to Team Leader on: _____ By: _____

Due back to QA Supervisor on: _____ *(must be less than 12 days)*

Team Leader Signature: _____

CSR Signature: _____



Access2Care

ATTACHMENT 3: RESUMES OF KEY PERSONNEL

Resume Summary

Wayne Stevens

11 Rollingbrook Vista, Newnan, GA 30265

Email: wlstevens2@gmail.com

Phone: 770-683-4443

Education:

BS in Industrial Engineering, Georgia Institute of Technology, Atlanta, GA

Community/Organizational Involvement:

- Volunteer – Operation Mobilization
- Volunteer – Crossroads Church Youth Ministry
- Coach – Landmark Youth Football, Coweta Youth Soccer, Sharpsburg Youth Baseball
- Member – PMI

Training:

- Microsoft Office Suite Products
- Minor - Industrial/Organizational Psychology
- IT Project Management – Training in Application Development Management, Project Management, and Scoping

Experience:

Date: May 2003 - January 2010

Company: Routematch Software, Inc.

Location: Atlanta, GA

Position: Vice President

Description: Responsible for the P&L and management of the professional services department including Implementation, Customer Support, Training/Documentation, and Product Management of a mid-size transportation software company. Duties included serving as program manager for statewide implementations of routing and scheduling software for transportation agencies and Medicaid brokerage call centers.

Relevance to Iowa Project: Oversee all software and consulting implementations within the paratransit industry. Directly responsible for ensuring clients see improvement in their operations through the implementation of new technologies and processes. Direct responsibility for achieving performance goals and financial goals. Responsibilities included developing and maintaining relationships at the DOT and FTA level as well as with executive directors with multiple transportation agencies. Heavily involved in recruiting, training, vendor selection and management, operating/capital budgeting, reporting, employee development, and customer management. Worked closely with brokers and transportation providers to ensure contract adherence, improve on-time performance, determine fleet deployment, and improve call center processes. Oversaw the development and implementation of integration efforts with state Medicaid agencies to properly capture rider eligibility.

Date: 1999 - 2002

Company: PricewaterhouseCoopers

Location: Atlanta, GA

Position: Manager/Principal Consultant

Description: Worked as project manager/team lead on projects involving the implementation of advanced planning software packages and the development and/or re-design of supply chain processes (Sales and Operations Planning, forecasting, inventory planning, replenishment planning, deployment, and production planning) across many industry verticals.

Relevance to Iowa Project: Responsible for implementing new business processes and technologies to enhance all aspects of a company's operations. Responsibilities included assessing current operations and incorporating best practices to enhance or create new business processes within their operations, deploying new technology solutions, and training new and existing client personnel. Managed all vendor relationships, customer issues, and compliance to industry and corporate regulations. Additional duties included staffing, employee development, training, managing project budget, risk assessment, and issue resolution.

Date: 1998 - 1999

Company: Manugistics

Location: Atlanta, GA

Position: Senior Supply Chain Consultant

Description: Worked as implementation consultant responsible for deployment of supply chain software and re-engineering of operational processes for companies across several different industries. Duties included leading staff through training, new process design, and conflict resolution. Worked closely with client to bring about change management throughout the company in order to see added value from the incorporation of new processes and technologies.

Relevance to Iowa Project: Built and maintained customer relationships at all levels within the organizations. Implemented new technologies to enhance new and existing processes, provide better customer service, and decrease cost of operations. Integrated multiple systems to improve flow of information resulting in reduced costs, better performance reporting, and improved ability to perform proper auditing. Trained all corporate staff on business processes and the use of technology within the operations. Managed project budget, vendors, contract compliance, and project risks.

Mr. Stevens has enjoyed a successful career spanning more than 17 years as an effective leader and manager working in the paratransit transportation industry as well as serving as a supply chain and process improvement consultant. Mr. Stevens holds a Bachelor of Science degree in Industrial Engineering from the Georgia Institute of Technology. His unique combination of education and work experience combine the important skills of financial management, project management, and operational management. Mr. Stevens is more than qualified to oversee the Iowa NEMT project.

Mr. Stevens has overseen the implementation of new processes, infrastructure, software, and integration efforts of over a hundred transportation agencies across the country. He has worked with both state and federal agencies to enhance existing transportation services to improve overall customer satisfaction. He has worked with multiple transportation agencies servicing Medicaid clients across the state of Iowa implementing new software solutions to improve service and reduce costs. Mr. Stevens has worked with multiple call centers, re-defining processes and configuring software to meet the needs and requirements of their Medicaid constituents. This work included establishing methods for tracking quality assurance, determining proper fleet deployment, reporting, fleet scheduling, certification processes, and audit trails.

Mr. Stevens has worked with several brokerages to implement new technologies to enhance their Medicaid services. These projects have included integrating multiple systems to improve the flow of ridership data and billing information, reviewing least cost provider processes, and measuring contract adherence. It has also included the incorporation of new technology such as web portals and dispatching and scheduling software to enhance and support the existing processes.

GREGG CHIASSON — CORPORATE OVERSIGHT IMPLEMENTATION AND OPERATIONS

Mr. Gregg Chiasson has been in the medical transportation industry for 30 years, inclusive of various management roles, with a focus on operations, business development and contracting. Most recently, Mr. Chiasson was responsible for managing the staff of senior professionals who were assigned to our Texas Medicaid Transportation Program. Mr. Chiasson oversaw the development of a thorough Implementation Plan that was followed by all staff in order to complete the Texas Medicaid brokerage project in record time. As Vice President of Client Services for AMR, he is responsible for assisting the company with national/multi-regional client development and contracting and leading the development of its Transportation brokerage and management product line. Mr. Chiasson has been closely involved in the negotiation, implementation and operation of many successful client-based relationships, including AMR’s national agreement with Kaiser Permanente.

RESUME SUMMARY	
NAME: Gregg Chiasson	
POSITION: Corporate Oversight	
PHASE: Implementation and Operations	
COMPANY: Access2Care	
PROJECT ONE	
Title: Texas: Texas Medicaid Transportation Brokerage Project	
Start Date: June 2006	End Date: Ongoing
Description: Medicaid Non-Emergency Medical Transportation for Texas Regions 1 (greater Amarillo area), 15 (greater Beaumont area), 16 (Greater Houston area), 18 (Greater San Antonio area).	
Role: Corporate Oversight. Responsible for ensuring that adequate resources are available for the Texas NEMT program as well as providing administrative oversight. He is responsible for overseeing the entire project from contract signing, implementation, and operational readiness to and through the Operations Phase of the project. He will be a strong asset that AMR will assign to assist our implementation and operations teams.	
Relevance: Corporate Oversight	
Project Reference	
Name: Cecile Young	
Address: Texas Department of Health and Human Services, 4900 N. Lamar Blvd., Austin, TX 78751	
Telephone: 512.487.3407	
PROJECT TWO	
Title: National NEMT Implementation for Kaiser Permanente	
Start Date: July 2000	End Date: Ongoing
Description: In 1998, Kaiser conducted a national procurement to select a transportation management company to manage and operate its nationwide non-emergency medical transportation program. AMR was selected to operate the system because of the quality of the services we already provided Kaiser, along with our vision for how the nationwide program could be integrated with sophisticated technology and our management’s commitment to quality. This first-of-its-kind national contract between a managed-care organization and a medical transportation company encompasses the management of 11 major call centers and provision of non-emergency transportation services for approximately 5.3 million b	
Role: As the Executive Management Oversight, Mr. Chiasson is responsible for ensuring that adequate resources are available for the Kaiser program as well as providing administrative oversight. He is responsible for overseeing the entire project from contract signing, implementation, and operational readiness to and through the Operations Phase of the project. He will be a strong asset that AMR will assign to assist our implementation and operations teams.	
Relevance: Executive Management Oversight	

RESUME SUMMARY**NAME:** Gregg Chiasson**POSITION:** Corporate Oversight**PHASE:** Implementation and Operations**COMPANY:** Access2Care**Project Reference****Name:** Dan Frecks**Address:** Kaiser Foundation Health Plan, 393 E. Walnut Street, 2nd Floor, Pasadena, CA 91188**Telephone:** 626.405.5695**PROJECT THREE****Title:** Health New England (HNE) Managed Care Transportation**Start Date:** October 2004**End Date:** Ongoing

Description: Under our contract with HNE, AMR operates as the call center and Medical Transport Manager for the transportation benefit of each of HNE's product lines. All beneficiary requests for transportation are channeled through our Ohio Call Center, where we match transportation requests to the patient's benefit plan and ensure authorization. We supply transportation through an established and credentialed network of medical transportation providers.

Role: Executive Management Oversight**Project Reference****Name:** Michael Snyder**Address:** One Monarch Place, Suite 1500, Springfield, MA 0144-1500**Telephone:** 800.842.4464

DAN CYR — ADMINISTRATOR/DIRECTOR IMPLEMENTATION AND OPERATIONS

Mr. Dan Cyr has enjoyed a successful career spanning more than 30 years as an effective leader in the health delivery and government service environment. His unique background of work experience and education combine two important skills of financial management and operational management. Mr. Cyr’s background makes him more than qualified to advise the Missouri team on how to run a successful program that will serve the Medicaid population well while ensuring efficiency for the State of Missouri.

Mr. Cyr has more than 12 years experience as top management of operations specializing in transportation and logistics with extensive success in Medicaid NEMT. He has helped states develop new transportation programs that significantly reduce waste and abuse while providing reliable and appropriate transportation service for the Medicaid clients that truly need it.

Mr. Cyr’s experience spans many states working with many companies to develop and maintain smart Medicaid transportation programs that reduce cost to the state as they provide more transportation service to the Medicaid population. Mr. Cyr has led many new start-up programs and developed them into highly successful, long-term operations serving the Medicaid beneficiary. He has stepped into existing, troubled operations and rebuilt them into strong, viable programs to serve the Medicaid population properly.

Mr. Cyr brings to his work the “passion” that AMR brings to all operations. Mr. Cyr is driven to work as a “partner” with all players involved. Mr. Cyr offers extensive insight into managed transportation services. His entire career has been dedicated to serving government agencies both at the federal, state and local level. He has extensive background in health services delivery, social services and educational service.

RESUME SUMMARY	
NAME: Daniel J. Cyr	
POSITION: Administrator/Director	
PHASE: Implementation and Operations	
COMPANY: Access2Care	
PROJECT ONE	
Title: Texas Medicaid Transportation Brokerage Project	
Start Date: June 2006	End Date: Ongoing
Description: Medicaid Non-Emergency Medical Transportation for Texas Regions 1 (greater Amarillo area), 15 (greater Beaumont area), 16 (Greater Houston area), 18 (Greater San Antonio area).	
Role: Operations Director	
Relevance: Participated in start-up and oversee all operations — including provider Network development/maintenance, call center management, quality control, and client relations. This operation provides approximately 1.1 million trips per year in the four (4) regions.	
Project Reference	
Name: Cecile Young	
Address: Texas Department of Health and Human Services, 4900 N. Lamar Blvd., Austin, TX 78751	
Telephone: 512.487.3407	
PROJECT TWO	
Title: Capitol Region Education Council	
Start Date: August 2003	End Date: May 2006
Description: Routine and special transportation for 8,000 students in 35 school districts in the greater	

RESUME SUMMARY**NAME:** Daniel J. Cyr**POSITION:** Administrator/Director**PHASE:** Implementation and Operations**COMPANY:** Access2Care

Hartford, Conn., area.

Role: Operations Director**Project Reference****Name:** Dr. Bruce Douglas**Address:** Capitol Region Education Council, 111 Charter Oak Avenue, Hartford, CT 06106**Telephone:** 860.524.4064**PROJECT THREE****Title:** LogistiCare — State of Connecticut Medicaid Non-Emergency Medical Transportation**Start Date:** July 2000**End Date:** July 2003**Description:** Medicaid Non-Emergency Medical Transportation brokering for the Connecticut DSS.**Role:** Operations Director

Relevance: Oversaw operations including provider contracting and maintenance, transportation coordination, call center operations, QA, mass transportation program, financial oversight, client relations and medical/utilization review. This operation provided approximately 1.2 million trips per year under a capitated rate system. This managed transportation system saved the State of Connecticut approximately \$4 million per year while providing 230% more trips per year compared to the previous fee-for-service, non-managed transportation program under the state. Assisted in the start-up of the Medicaid Non-Emergency Medical Transportation Program in Virginia.

Project Reference**Name:** Sid Holbrook, Former Chief of Staff to the Governor**Address:** 261 Spencer Plains Rd, Westbrook, CT 06498**Telephone:** 860.227.0739

JAMES DIMM — TECHNICAL ADVISOR IMPLEMENTATION AND OPERATION PHASES

Mr. James Dimm will serve as a Technical Advisor to AMR during both the implementation and operations phases of the project. He received his undergraduate degree from the University of Puget Sound in Tacoma, Washington, and his graduate degree from the University of Wisconsin-Madison. Mr. Dimm has 30 years of government contracting management experience, with a focus on human service and medical transportation management. In the past 12 years, Mr. Dimm led the effort to design and/or manage transportation brokerage projects in the states of Connecticut, Arkansas, Virginia, and Texas.

In Connecticut, Mr. Dimm was the Corporate Officer in Charge of DynCorp Management Resource's contract with the Connecticut DSS to serve as the Medicaid transportation broker in three of the state's five regions.

For that project, he developed and recruited a network of transportation providers and developed performance standards to govern their service delivery program. Mr. Dimm wrote the proposal, negotiated the contract, secured facilities, established a call center that was operational 24 hours a day, seven days a week, hired and trained staff, designed and implemented a QA program, and oversaw operations of the \$68 million multi-year contract. This Medicaid brokerage program served 65,000 Medicaid clients, and the call center handled more than 1,500 calls a day.

In Arkansas, Mr. Dimm also was responsible for implementing a Medicaid brokerage program for the largest region served by the Arkansas Department of Human Services. In this project, he established a call center, hired and trained staff, negotiated service agreements with network transportation providers — both public and private, and implemented a QA program. This program served 52,000 Medicaid clients, and the call center handled more than 1,000 calls a day.

Most recently, Mr. Dimm played a crucial role in designing and implementing the medical transportation management program in four regions in Texas that include the large population centers in Houston and San Antonio as well as several rural areas including Amarillo. The Texas project, serves a population of 7 million including 936,000 Medicaid clients taking almost a million authorized trips per year.

In building the transportation network for this region Mr. Dimm negotiated with social service agencies, not-for-profit organizations, and private transportation providers. In the short amount of time allowed for implementation of the brokerage program, Mr. Dimm assisted the client in negotiating fair, reasonable, and acceptable rates with all of the previous providers that chose to continue providing service to Medicaid clients as well as providers that had been previously shut out of the program. The result today is that this client has a diverse network of transportation providers operating almost 500 licensed and certified vehicles.

RESUME SUMMARY**NAME: James Dimm****POSITION: Technical Advisor****PHASE: Implementation and Operations****COMPANY: Access2Care****PROJECT ONE****Title:** Texas Medicaid Transportation Brokerage Project**Start Date:** June 2006**End Date:** Ongoing**Description:** Medicaid Non-Emergency Medical Transportation for Texas Region 1 (greater Amarillo area), Region 15 (greater Beaumont area), Region 16 (Greater Houston area), and Region 18 (Greater San Antonio area).**Role:** For the past three years, Mr. Dimm was involved in advising AMR as we became the Medicaid Transportation broker in the largest jurisdictions in Texas. Mr. Dimm's role was to research the history of the Texas Medicaid Transportation program to learn the programmatic concepts and "best practices" that had succeeded in various parts of the state in recent years. He also was responsible for discerning the client's operational priorities so that we could develop our Medicaid Transportation brokerage program to be responsive to the client's priorities. Finally, long before the RFP was issued, Mr. Dimm helped AMR develop relationships with key network transportation providers.**Relevance:** Mr. Dimm has served a similar role in our Missouri proposal preparation process. Long before the Missouri RFP was released, Mr. Dimm advised AMR on network development strategies, Missouri budgetary constraints, and programmatic design considerations. If AMR is successful in being awarded Missouri NEMT brokerage contract, Mr. Dimm will help with network recruitment and management, programmatic policies and procedures, and outreach activities with programmatic stakeholders.**Project Reference****Name:** Mr. Thomas Suehs, Deputy Executive Commissioner for Financial Services, Texas Health and Human Services Commission**Address:** 4900 N. Lamar Blvd. 7th Floor, Austin, TX 78751**Telephone:** 512.424.6526

GENE DELUCIA — TECHNICAL ADVISOR IMPLEMENTATION AND OPERATION PHASES

Mr. Gene DeLucia brings 30 years of government-contracting experience in information technology planning and consulting, including extensive experience with FAMIS, Medicaid, and Child Support systems implementation. He has consulted on numerous projects to develop QA plans for major computer systems projects and has served as Project Director for a variety of public sector systems development projects. In addition to being the founder and CEO of GovConnect, Mr. DeLucia served as an independent QA vendor for a number of large systems implementations — including MMIS and Medicaid Eligibility Verification Systems — for several states, including Florida, Massachusetts, Michigan, Ohio, Connecticut, and Hawaii. In his capacity as a QA vendor, Mr. DeLucia has reviewed and developed system test plans, as well as implementation and operational readiness plans. As a result, he has firsthand knowledge of what works and what does not work regarding operational readiness planning and testing.

RESUME SUMMARY	
NAME: Gene DeLucia	
POSITION: Technical Advisor	
PHASE: Implementation and Operations	
COMPANY: Access2Care	
PROJECT ONE	
Title: Texas Medicaid Transportation Brokerage Project	
Start Date: May 2006	End Date: On-Going
Description: Implementation Phase for a Medicaid NEMT Program in four regions of Texas — including two of the top 10 largest metropolitan areas in the country: Houston and San Antonio. The Implementation Phase of this project consisted of bringing the project to full operational readiness — starting with no NEMT presence in Texas. Implementation consisted of renting space, recruiting and credentialing a provider Network, implementing our technical solution, establishing and documenting policies and procedures, establishing a call center, and passing operational readiness in 60 days. Both the scope of this work and the role Mr. DeLucia will serve in Missouri is identical to the Texas project.	
Role: Responsible for overseeing the implementation of the technical infrastructure and the development of Texas Policy and Procedure manuals. Responsible for developing strategy for network transportation provider development and credentialing processes.	
Relevance: Will function in essentially the same role as in Texas — providing advice and counsel regarding Policy and Procedure development, Technical Infrastructure development, and Operational Readiness Testing.	
Project Reference	
Name: Mr. Thomas Suehs, Deputy Executive Commissioner for Financial Services, Texas Health and Human Services Commission	
Address: 4900 N. Lamar Blvd. 7th Floor, Austin, TX 78751	
Telephone: 512.424.6526	

**MICHAEL HITE — NETWORK DEVELOPMENT AND CONTRACTING TEAM
LEADER, IMPLEMENTATION PHASE**

Mr. Michael Hite will serve as the lead Network Coordinator for the Implementation Phase of this project. His experience includes responsibility for the development of transportation networks specific to NEMT programs on a national basis. Mr. Hite has more than eight years of experience in network and account management as well as more than 25 years in EMS experience including Operations Manager of a large ambulance operation in Denver.

Mr. Hite has played a key role in developing transportation networks across the country for various NEMT programs and clients, ensuring contracting, credentialing, and building positive relationships with all providers that will service beneficiaries. Mr. Hite understands that credentialing is critical to the success of a network and involves verification of credentials, licensing, insurance requirements, and inspection of vehicles, which he will complete before any provider transporting a Medicaid beneficiary.

RESUME SUMMARY	
NAME: Michael Hite	
POSITION: Network Development and Contracting Team Leader	
PHASE: Implementation	
COMPANY: Access2Care	
PROJECT ONE	
Title: Texas Medicaid Transportation Brokerage Project	
Start Date: May 2006	End Date: July 2006
Description: Implementation Phase for a Medicaid NEMT Program in four regions of Texas — including two of the top 10 largest metropolitan areas in the country: Houston and San Antonio. The Implementation Phase of this project consisted of bringing the project to full operational readiness — starting with no NEMT presence in Texas. Implementation consisted of renting space, recruiting and credentialing a provider Network, implementing our technical solution, establishing and documenting policies and procedures, establishing a call center, and passing operational readiness in 60 days. Both the scope of this work and the role Mr. Hite will serve in Missouri are identical to the Texas project described.	
Role: Contracted and credentialed numerous network transportation providers in the Houston market to assist with the NEMT project	
Relevance: Will function in essentially the same role as in Texas — providing advice and counsel regarding Policy and Procedure development and Technical Infrastructure development.	
Project Reference	
Name: Cecile Young	
Address: Texas Department of Health and Human Services, 4900 N. Lamar Blvd., Austin, Texas 78751	
Telephone: 512.487.3407	
PROJECT TWO	
Title: Kaiser Permanente in Colorado	
Start Date: September 2001	End Date: February 2008
Description: In 1998, Kaiser conducted a national procurement to select a transportation management company to manage and operate its nationwide non-emergency medical transportation program. AMR was selected because of the quality of the services we already provided Kaiser, along with our vision for how the nationwide program could be integrated with sophisticated technology and our management’s commitment to quality. This first-of-its-kind national contract between a managed-care organization and a medical transportation company encompasses the management of 11 major call centers and provision of non-emergency transportation services for approximately 5.3 million beneficiaries.	

RESUME SUMMARY

NAME: Michael Hite

POSITION: Network Development and Contracting Team Leader

PHASE: Implementation

COMPANY: Access2Care

Role: Recruited and credentialed numerous new providers to the market and introduced bariatric transportation to better serve the Colorado service area.

Relevance: Will perform essentially the same role in the Missouri Implementation Phase.

Project Reference:

Name: Sara Gray, MSPH Senior Manager Emergency Services

Address: 2550 South Parker Road, Suite 400, Aurora, CO 80014

Telephone: 303.636.3339

MARK KALEVIK — TECHNOLOGY TEAM, IMPLEMENTATION PHASE

Mr. Mark Kalevik will serve as our Information System Manager for the Implementation Phase of our program and the on-going operational support. He will be responsible for developing the technical infrastructure needed to support the project, which includes all hardware and software technical components. Mr. Kalevik has more than 20 years experience with technology — 12 of those years coming in Call Center and other business associated technical support. Mr. Kalevik is the architect of a highly complex Call Management System used by AMR and successfully managed an integrated team of onsite and offshore resources to complete the project. He has extensive background in development of the rule- and process-based transportation systems used to support brokerage models. Mr. Kalevik's current role is Director of Business Integration, allowing him to facilitate technical requirements between business demands and technical solutions. Mr. Kalevik will be a full-time, on-site System Manager for this project, which will be crucial to create an efficient operation. When AMR was awarded the NEMT brokerage contract in four Texas regions, Mr. Kalevik acquired all hardware and software for the program and then customized and installed all of the system components within 30 days for a readiness review by the State. His background and skills ideally are suited to Missouri.

Other key qualifications:

- ✓ Product Owner/Manager for the AMR's propriety transportation management system software product. Management of product development, as product owner utilizing SCRUM, an iterative incremental process of software development using agile software development.
- ✓ Successfully delivered, as Project Director, an integration project involving an acquired AS400 developed system into AMR's transportation management solution and transitioning existing clients onto the new platform.
- ✓ Contributed as a key member of the proposal team to the U.S. Government proposing a bio-medical surveillance solution and an EMS national response team driving key demonstrations made to the CDC, FEMA, and Secretary of Health and Human Services which resulted in a FEMA national EMS deployment contract.
- ✓ Successfully architected and implemented technology for several new call centers utilizing the latest technology in Internet Protocol-based phones and drove all IT deliverables.
- ✓ Developed a complex Data Interchange system between AMR's SQL Server and an acquired company's AS400 system using SQL Server Integration Services.

RESUME SUMMARY**NAME:** Mark Kalevik**POSITION:** Technology Team**PHASE:** Implementation**COMPANY:** Access2Care**PROJECT ONE****Title:** Kaiser Electronic Call Taking Interface**Start Date:** January 2007**End Date:** November 2007**Description:** Provided real time electronic ordering interface to our external partner's software system, improving efficiencies within the overall process**Role:** Project Director/Sponsor — Provide IT project oversight and drive requirements from a business perspective.**Relevance:** AMR has done several data interface projects, internally and externally, to provide efficiencies and simplify or eliminate manual processes. Creating electronic interfaces for this contract will provide efficiencies in implementing the Missouri proposal.**Project Reference****Name:** Kristina Nixon, IT Project Director**Telephone:** 510.627.2657**PROJECT TWO****Title:** Texas Medicaid Transportation Brokerage Project**Start Date:** May 2006**End Date:** July 2006**Description:** Technology Implementation of the Texas Managed Transportation Program including software, hardware and telecommunications.**Role:** Technology Implementation Manager — Responsible for the team implementing this project.**Relevance:** Successfully implemented the technology requirements of a new call center within 30 days of contract signing.**Project Reference****Name:** Cecile Young**Address:** Texas Department of Health and Human Services, 4900 N. Lamar Blvd., Austin, Texas 78751**Telephone:** 512.487.3407**PROJECT THREE****Title:** Project Director for the development of the Access2Care Call Center Software**Start Date:** January 2001**End Date:** July 2001**Description:** Managed the development the Access2Care software used in all of AMR's managed transportation contracts which included integrating a complex Rule Based System used for Utilization Management, Trip Authorization and broker Management.**Role:** Program Director — Responsible for the overall requirements and delivery of the software.**Relevance:** The Access2Care software will be part of the call-taking process in Missouri.**Project Reference****Name:** Gregg Chiasson**Address:** 6200 South Syracuse Way Ste 200, Greenwood Village, CO 80111**Telephone:** 303.495.1212

DAVID BUCKLEY — CALL CENTER SPECIALIST, IMPLEMENTATION PHASE

Mr. David Buckley is responsible for call center operation practices specific to 11 of AMR's 53 centers across the nation. These responsibilities include telephony service standards, protocol compliance for emergent and non-emergent transportation, and contractual requirements related to quality of service, care, and cost processes. Mr. Buckley has played a key role in developing and educating managers and staff on the operational structure of several non-emergent transportation contracts, most recently in Houston. Mr. Buckley has significant knowledge in implementing and operating call centers for non-emergent transportation opportunities. In addition to his operational knowledge, he also coaches middle managers and front-line staff regarding AMR's core values, which center on being Patient Focused, Customer Centered, Caregiver Inspired. These values make our company the success that it is today. Mr. Buckley has more than 10 years experience in call center management, starting as RN Advice Call Center Supervisor and being promoted to the position of AMR National Call Center Director. He has 19 years experience in management. Mr. Buckley has served as president and board chair of the Colorado Society of Radiology Sciences for four years.

Mr. Buckley will be on-site full time during the implementation period and for the first three months of operations, and will transition after that point to be a troubleshooter to address specific problems that may arise. His operational philosophy is to train and coach staff to demonstrate the highest customer service values, benefiting every single client interaction.

RESUME SUMMARY NAME: David Buckley POSITION: Call Center Specialist PHASE: Implementation COMPANY: Access2Care	
PROJECT ONE	
Title: Kaiser Permanente	
Start Date: July 2000	End Date: May 2002
Description: National NEMT Implementation for Kaiser Permanente	
Role: As Director of Call Center Operations, Mr. Buckley oversaw all things call center related, including telephony, medical necessity screening, pre-authorization, network coordination and scheduling. In addition, staff training as it relates to customer service techniques, contract requirements, and operational policy and procedures. Staff recruitment and hiring particularly during the Implementation Phase, while maintaining these functions during the Operational Phase.	
Relevance: Successful implementation and operational support of contracts throughout the United States. Maintained consistent telephony answering times at 100% within 60 seconds with an average speed of answer at two seconds. Telephony abandonment maintained at less than 2% on a monthly basis. Maintain high employee moral resulting in less than 5% CSR turnover rate. Maintain high customer satisfaction ranging from 90% to 95%.	
Project Reference Name: Dr Jay Goldman Address: 1800 Harrison Street, Oakland, CA 94612-3466 Telephone: 510.625.2890	

RESUME SUMMARY	
NAME: David Buckley	
POSITION: Call Center Specialist	
PHASE: Implementation	
COMPANY: Access2Care	
PROJECT TWO	
Title: Group Health NEMT	
Start Date: July 2000	End Date: May 2002
Description: Group Health NEMT Implementation	
Role: Responsible for all call center operations, including telephony, medical necessity screening, pre-authorization, network coordination and scheduling. In addition, staff training as it relates to customer service techniques, contract requirements, and operational policy and procedures. Staff recruitment and hiring particularly during the Implementation Phase, while maintaining these functions during the Operational Phase.	
Relevance: Successful implementation and operational support of contracts throughout the United States. Maintained consistent telephony answering times at 100% within 60 seconds with an average speed of answer at two seconds. Telephony abandonment maintained at less than 2% on a monthly basis. Maintain high employee moral resulting in less than 5% CSR turnover rate. Maintain high customer satisfaction ranging from 90% to 95%.	
Project Reference	
Name: Alan Reed	
Address: P.O. Box 34590, Seattle, WA 98 124-1590	
Telephone: 888.901.4636	
PROJECT THREE	
Title: Texas Medicaid Transportation Brokerage Project	
Start Date: May 2006	End Date: On-Going
Description: Call Center and Human Resource Implementation Coordinator	
Role: Texas NEMT Medicaid Program — Responsible for all call center implementation, including telephony, training of operational policy and procedures, contract requirements. Employee recruitment and hiring for each call center operation.	
Relevance: Implemented a timely and successful call center operations unit. Complied with contract compliance pertaining to client approval and sign-off.	
Project Reference	
Name: Cecile Young	
Address: Texas Department of Health and Human Services, 4900 N. Lamar Blvd., Austin, TX 78751	
Telephone: 512.487.3407	

LAURA TRUPP — HMAN RESOURCES MANAGER – IMPLEMENTATON AND OPERATIONS

Laura Trupp has over 10 years of increasingly demanding experience in Human Resources. Since her graduation from Regis University in 1998, Ms. Trupp has worked only in the Human Resources area – choosing to specialize in this ever growing area of need. Ms. Trupp will be responsible for supporting the Missouri NEMT team in recruiting and hiring local staff.

RESUME SUMMARY	
NAME: Laura Trupp	
POSITION: HR Manager	
PHASE: Implementation and Operations	
COMPANY: Access2Care	
PROJECT ONE	
Title: AMR	
Start Date: 2009	End Date: Ongoing
Description: Human Resources Manager - GNS	
Role: Responsible for managing the Human Resources operations of the AMR Government and National Services Group. Oversee all hiring staffing, and HR policies and procedures.	
Relevance: Recruiting, Hiring and Staffing Experience	
Project Reference: N/A -Internal Project	
PROJECT TWO	
Title: Creico	
Start Date: 1998	End Date: 2009
Description: Human Resources Specialist	
<p>Role: Had the following responsibilities:</p> <ul style="list-style-type: none"> • Handled all facets of employee relations, recruiting, investigations and performance evaluations. • Successfully administered all benefit programs including medical, life, 401(k), flexible spending plan, tuition reimbursement, flextime, and anniversary program. • Monitored legal compliance issues regarding FLSA, EEO, ADA, and OSHA. • Processed and tracked all worker’s compensation, property, and general liability claims. Met quarterly with senior management to discuss any changes or proposals. • Designed and developed Human Resources Link. • Successfully streamlined processes and composed proposals • Processed bi-weekly payroll and complete quarterly state reports. • Reviewed, approved, and processed all payroll increase, bonuses, and commissions 	
Relevance: Broad based human services background	

RESUME SUMMARY

NAME: Laura Trupp

POSITION: HR Manager

PHASE: Implementation and Operations

COMPANY: Access2Care

PROJECT THREE

Title: Talent Tree

Start Date: 1997

End Date: 1998

Description: Human Resources Specialist

Role: Had the following responsibilities:

Recruited all temporary, temp-to-hire, and regular employees for Merrill Lynch. Placed candidates in areas: Accounting, Administrative, Financial, and Technical fields.

- Successfully managed over 50 on-site employees at any given time.
- Planned and executed all job fairs and special events for Merrill Lynch.
- Trained employees on Merrill Lynch policies and personnel laws.
- Managed tracking system, which includes billing, payroll, and hours for Merrill Lynch.

Relevance: Broad based human services background

CANDIE POWELL — FINANCIAL AND CLAIMS PROCESSING MANAGER – IMPLEMENTATION AND OPERATIONS

Ms. Candie Powell has more than 20 years of experience in healthcare reimbursement and currently is AMR’s National Services Reimbursement Manager, responsible for contracts servicing more than 8 million lives. She is responsible for coordinating contract operations for AMR’s national health-plan agreements with the company’s patient billing services, finance, and information technology departments. An important aspect of this is working with the AMR Patient Business Service departments in various states, each with regional responsibilities to assure consistent expectations of contract compliance with billing and payment are met. She also manages the relationship and contract with Employers Mutual, Inc. AMR’s Third Party Administrator (TPA) to assure high standards of accuracy in claims processing are not only met but exceeded.

Ms. Powell has the ability to create the correct reimbursement system (both process systems and technical systems) depending on the requirements of each payer agreement. The development of these processes and systems include the entire financial flow from authorization to payment and financial reporting, including strict audit and accounting controls. Ms. Powell will develop the Claims Payment infrastructure and controls during the Implementation Phase.

RESUME SUMMARY	
NAME: Candie Powell	
POSITION: Financial and Claims Processing Manager	
PHASE: Implementation	
COMPANY: Access2Care	
PROJECT ONE	
Title: Texas Medicaid Transportation Brokerage Project	
Start Date: June 2006	End Date: Ongoing
Description: Services include brokerage of network transportation provider transports for eligible NEMT clients.	
Role: Implementation and oversight of all reimbursement aspects of the contract, both the billing for services performed to Texas and payment to AMR network transportation providers.	
Relevance: Successful implementation of all aspects of reimbursement operations. This includes payment to network transportation providers, billing contract entity for services provided, provider education related to billing for services and contract compliance, ongoing review and audit for services performed, fraud control and reporting, as well as, data design and financial reporting criteria.	
Project Reference	
AMR	
Name: David Argenzio, Director of Finance, GN&S	
Address: 6200 South Syracuse Way Ste 200, Greenwood Village, CO 80111	
Telephone: 303.495.1423	
PROJECT TWO	
Title: Access2Care Reimbursement — All Health Plans	
Start Date: October 2008	End Date: Ongoing
Description: NEMT services for multiple health plans that include commercial, Medicaid HMO and Medicare HMO products.	
Role: Implementation of automated claims processing, including authorization and denial process, claims adjudication, network transportation provider payment and contract entity billing. Responsible for reviewing and implementing transportation provider network agreements and managing the payment and data reporting for these services. This includes reviewing contract terms before execution and verification that accurate billing and payments will be made.	

RESUME SUMMARY

NAME: Candie Powell

POSITION: Financial and Claims Processing Manager

PHASE: Implementation

COMPANY: Access2Care

Relevance: Successful implementation of all aspects of reimbursement operations. This includes payment to network transportation providers, billing contract entity for services provided, provider education related to billing for services and contract compliance, ongoing review and audit for services performed, fraud control and reporting, as well as, data design and financial reporting criteria.

Project Reference

Amerigroup Texas and Amerigroup New Mexico

Name: Kim Russell

E-mail: krussell@amerigroupcorp.com

Telephone: 757.473.2737, ext. 33020

HealthSpring (multiple service areas)

Name: Beckie Croes

E-mail: beckie.croes@healthspring.com

Telephone: 832.553.3378

Aetna Retiree Markets

Name: Gretchen Mills

Address: c/o Marilyn Girard, 980 Jolly Road, Blue Bell, PA 19422-0770

Telephone: 856.207.6069

PROJECT THREE

Title: Kaiser Permanente

Start Date: September 2001

Start Date: On-Going

Description: National contract to provide ambulance transportation services to KP beneficiaries in 7 regional service areas.

Role: Responsible for contract compliance and billing/receivables for AMR transports provided. Educate AMR billing staff on requirements and expectations of the national agreement. Manage the agreement with Employer's Mutual Inc, AMR's contracted TPA. Responsible for reviewing and implementing network transportation provider agreements and managing the payment and data reporting for these services. This includes reviewing contract terms before execution and verification that accurate billing and payments will be made.

Relevance: Successful implementation of all aspects of reimbursement operations. This includes payment to network transportation providers, billing contract entity for services provided, provider education related to billing for services and contract compliance, ongoing review and audit for services performed, fraud control and reporting, as well as, data design and financial reporting criteria.

Project Reference

Kaiser Permanente

Name: Daniel H. Frecks, Manager, Network Management

Address: 94 S. Los Robles, Pasadena, CA 91188

Telephone: 626.533.9109

Employers Mutual, Inc.

Name: John Martella, Vice President of National Accounts

Address: 1000 Riverside Ave. Suite 400, Jacksonville, FL 32204

Telephone: 888.505.0468, ext 3227

**NAMON HUDDLESTON — QUALITY ASSURANCE AND COMPLIANCE MANAGER –
IMPLEMENTATION AND OPERATIONS**

Mr. Namon Huddleston, will serve as our Quality Assurance and Compliance Manager for the Implementation Phase of the Missouri project. Mr. Huddleston’s career has spanned 15 successful years as an effective leader in the emergency medical services and managed care environments. Having been educated in a wide arena of quality-related management practices, Mr. Huddleston is well-equipped to successfully manage programs that will ensure quality in all matters of this project. Mr. Huddleston has worked as a Call Center Manager in New Orleans and as the manager of quality and training for the AMR National Call Center in Wisconsin. Mr. Huddleston provided consulting services to the Copenhagen Fire Brigade in Copenhagen, Denmark, in the areas of quality, training and management that assisted the department in becoming the first internationally-accredited fire brigade in the world.

RESUME SUMMARY	
NAME: Namon Huddleston	
POSITION: Quality Assurance and Compliance Manager	
PHASE: Implementation	
COMPANY: Access2Care	
PROJECT ONE	
Title: HealthSpring NEMT National Health Plan	
Start Date: August 2008	End Date: April 2009
Description: National NEMT Implementation for HealthSpring Inc.	
Role: Responsible for overseeing the Implementation Phase of a multi-state NEMT transportation program for HealthSpring, one of the nation’s largest Medicare Advantage programs. Implementation consisted of health plan protocol development, call center readiness, network development, documenting operational policies and procedures and conducting bi-weekly client/customer meetings.	
Relevance: Will bear similar responsibilities as the ones carried out with HealthSpring. As project lead, provide continuous oversight and guidance to Implementation Team to ensure a timely and successful implementation.	
Project Reference	
Name: Beckie Croes	
Address: 9009 Carothers Pkwy, Franklin, TN 37067	
Telephone: 832.553.3378	
PROJECT TWO	
Title: Kaiser Permanente NEMT Colorado Health Plan	
Start Date: July 2000	End Date: May 2002
Description: National NEMT Implementation for Kaiser Permanente	
Role: Responsible for all call center training and quality assurance programs and processes. Training programs included customer service, call handling and processing, as well as training in various state and federal health care guidelines and requirements. In support of the new hire employee training program, monthly continuing education programs were held for all employees, conducted through web-based, classroom and other media training formats. As a result, the call center was awarded accreditation as a Center of Excellence by the National Academy of Emergency Medical Dispatch.	
Relevance: Successful implementation and quality assurance programs for contracts throughout the United States. Maintained consistent training and quality programs to support operational efficiencies and continuing education efforts.	
Project Reference	
Name: Dr. Jay Goldman	
Address: 800 Harrison Street, Oakland, CA	
Telephone: 510.625.2890	

RESUME SUMMARY**NAME:** Namon Huddleston**POSITION:** Quality Assurance and Compliance Manager**PHASE:** Implementation**COMPANY:** Access2Care**PROJECT THREE****Title:** Group Health NEMT Implementation**Start Date:** July 2000**End Date:** May 2002**Description:** Group Health NEMT implementation

Role: Responsible for all call center training and quality assurance programs and processes. Training programs included customer service, call handling and processing as well as training in various state and federal healthcare guidelines and requirements. In support of the new hire employee training program, monthly continuing education programs were held for all employees, conducted through web-based, classroom and other media training formats. As a result, the call center was awarded accreditation as a Center of Excellence by the National Academy of Emergency Medical Dispatch.

Relevance: Successful implementation and operational support of contracts throughout the United States. Maintained consistent training and quality assurance programs pertaining to NEMT programs. Building continuing education programs to support quality improvement efforts.

Project Reference**Name:** Patricia Tanquary and Alan Reed**Address:** 1800 Harrison Street, Oakland, CA**Telephone:** 510.625.2890

DAVID ARGENZIO — FINANCIAL OFFICER – IMPLEMENTATION AND OPERATIONS

Mr. David Argenzio has more than 15 years of experience in financial management and currently is AMR's National Services Director of Finance, responsible for contracts servicing more than 10 million lives. He is responsible for preparation and distribution of internal financial analysis for all of AMR's National and Regional Contracts. An important aspect of this is developing and monitoring budgets for ongoing operations. In addition, Mr. Argenzio will directly support operations for analysis, accounts receivable, accounts payable, and cash management. Mr. Argenzio is responsible for the development of processes and systems for the entire financial flow from authorization to payment and financial reporting, including strict audit and accounting controls.

RESUME SUMMARY

NAME: David Argenzio

POSITION: Financial Officer

PHASE: Implementation and Operations

COMPANY: Access2Care

PROJECT ONE

Title: Texas Medicaid Transportation Brokerage Project

Start Date: June 2006

End Date: Ongoing

Description: Services include brokerage of transportation provider transports for eligible NEMT clients.

Role: Responsible for preparation and distribution internal financial reports. Create and support budgets for operation. Analyze and interpret statistical, financial and management planning data for decision-making, strategic planning, and recommendations made by operational leadership. Prepared initial pricing pro forma for operation. Directly support operations for analysis, accounts receivable and accounts payable, and cash management. Review and approve contracts with providers in network.

Relevance to Project: Responsible for preparation and distribution internal financial reports. Create and support budgets for operation. Analyze and interpret statistical, financial and management planning data for decision-making, strategic planning, and recommendations made by operational leadership. Prepared initial pricing pro forma for operation. Directly support operations for analysis, accounts receivable and accounts payable, and cash management. Review and approve contracts with providers in network.

Project Reference

Name: Russell Armstrong, MSHP

Address: 4501 W. Business HWY 83, McAllen, TX 78501

Telephone: 956.661.5376

PROJECT TWO

Title: Kaiser National Contract

Start Date: September 2001

End Date: Ongoing

Description: Provided ambulance service to multiple regions to support Kaiser Permanente operations.

Role: Maintain and improve claim processing and cash collection. Participate in contract renegotiation.

Relevance to Project: Responsible for preparation and distribution internal financial analysis. Interpret statistical, financial and management planning data for decision-making, strategic planning, and recommendations made by departmental leadership. Prepare pricing pro forma for renegotiation of contract. Support operations for analysis, accounts receivable, and cash management. Understand contractual expectations and business-processing requirements related to national agreement.

Project Reference

Name: Daniel H. Frecks, Manager, Network Management

Address: 94 S. Los Robles, Pasadena, CA 91188

Telephone: 626.533.9109

ROBIN LATEEF — REIMBURSEMENT SUPERVISOR –OPERATIONS

Robin Lateef has been with AMR since 1/5/2009. During that time, she has taken full control of AMR/A2C's reimbursement team, hiring, creating processes and procedures and training staff. Ms. Lateef has more than 5 years of experience in contract management and over 4 years supervisory experience. Ms. Lateef will serve as the reimbursement supervisor, and will have responsibility during implementation and ongoing responsibility for the supervision of the reimbursement department including claims processing, performance, audits and provider relations.

RESUME SUMMARY	
NAME: Robin Lateef	
POSITION: Reimbursement Supervisor	
PHASE: Operations	
COMPANY: Access2Care	
PROJECT ONE	
Title: Access2Care	
Start Date: January, 2009	End Date: Ongoing
Description: Reimbursement Supervisor	
Role: Ms. Lateef supervises several full time employees and has responsibility for over 1200 contractual as well as non-contractual transportation providers' reimbursements. Her team controls over 70,000 reimbursement trips monthly. Responsible for creating and revising all reimbursement processes and procedures.	
Relevance: Understands the billing functions of the Access2Care automated system	
Project Reference: N/A -Internal Project	

PROJECT TWO	
Title: Vercuity Solutions	
Start Date: 2004	End Date: May, 2007
Description: Telecom Supervisor	
Role: Supervised and trained 12 full time employees. Managed full implementation of clients, created processes and procedures and ensured all deliverables were provided on time and within budget. Negotiated successful go live dates for clients. Evaluated client contracts/policies and provided alternative solutions to best meet clients' requirements.	
Relevance: Supervisory and deliverable monitoring expertise	

GAIL CARVER — QA CLAIMS LEAD –OPERATIONS

Ms. Carver has over 18 years experience in health care including 11 years experience in health care fraud investigations. She has proven ability in analytical, investigative, problem solving and research skills, allowing Ms. Carver to manage multiple projects while meeting strict deadlines and maintaining security of confidential information. Ms. Carver fully understands the functionality of the Access2Care system, including its billing processes and procedures.

RESUME SUMMARY NAME: Gail Carver POSITION: QA Claims Lead PHASE: Operations COMPANY: Access2Care	
PROJECT ONE	
Title: Access2Care	
Start Date: 2009	End Date: Ongoing
Description: Claims Quality Assurance Lead	
Role: Ms. Carver has the following responsibilities on her current role: <ul style="list-style-type: none">• Audit transportation vendor contracts to ensure proper documentation requirements are met• Coordinate check write and ACH/EFT process weekly for both member and transportation provider reimbursement• Analyze and audit contracts to ensure guidelines and protocols are followed in trip detail• Prepare QA reports and make recommendation for process improvement to operations• Responsible for oversight of billing/reporting services provided utilizing multiple electronic and manual processes	
Relevance: Identical role to proposed duties in Missouri	
Project Reference: N/A -Internal Project	

RESUME SUMMARY
NAME: Gail Carver
POSITION: QA Claims Lead
PHASE: Operations
COMPANY: Access2Care

PROJECT TWO

Title: Access2Care

Start Date: 2008

End Date: May, 2009

Description: Quality Assurance Coordinator

Role: Ms. Carver had the following responsibilities in her QAC role:

- Research and reconcile transportation discrepancies prior to payments being issued
- Vendor Audits - Complete random audit of all vendor trips verifying documentation, and either deny or release for payment. Track totals of audited vs. denied and paid by customer.
- Complaint Processing - Complete complaint details, send to vendors for transportation complaints and to the Call Center Manager for those involving the CSR's. Complete resolution of complaints to comply with contract standards.
- Vendor Compliance - Keep all vendor documentation up to date including liability insurance, driver backgrounds, driver motor vehicle records, business license as required by each state. Work with Vendor network Manager to ensure files are complete and accurate before signing a new vendor.

Relevance: Quality and Auditing Expertise

Project Reference: N/A -Internal Project

PROJECT THREE

Title: Access2Care

Start Date: 2006

End Date: May, 2008

Description: Vendor Coordinator

Role: Ms. Carver had the following responsibilities in her Vendor Coordinator role:

- Claims processing and auditing for all vendors in the Access2Care Vendor Network
- Reconcile vendor billing to ensure proper payment
- Ensure accurate and timely payment to providers via check or EFT payment process
- Inventory control of all bus and dial-a-ride tickets
- Claims processing and auditing for all gas reimbursement payments

Relevance: Medical Plan Billing Expertise

Project Reference: N/A -Internal Project

Access2Care

ATTACHMENT 4: SAMPLE PROVIDER AGREEMENT

Access2Care

SUBCONTRACTOR AGREEMENT

THIS SUBCONTRACTOR AGREEMENT is made between Access2Care, LLC (“A2C”) and the subcontractor (the “Subcontractor”) set out on the signature page of this Agreement. This Agreement is effective as of the Commencement Date as defined in Schedule “A”.

WHEREAS, A2C on occasion needs subcontractors to provide medical transportation, non-medical transportation ambulance, paratransit and wheelchair services to A2C customers in various locations;

WHEREAS, A2C wishes to retain Subcontractor to perform certain tasks in furtherance of this effort as set forth in this Agreement; and

WHEREAS, Subcontractor wishes to perform, and is capable of performing such tasks upon request by A2C.

NOW THEREFORE, in consideration of the foregoing and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. **Provision of Services.** Subcontractor will provide the transportation services described in Schedule “A” hereto (the “Services”) to patients (“Patients”) of A2C’s customers on the conditions, if any, described in Schedule “A” and in the service area(s) described in Schedule “A” (the “Service Area”), only when and as requested by A2C.
2. **Compliance with Laws.** The parties will comply in all material respects with all applicable federal and state laws and regulations, including the federal Anti-kickback statute. Subcontractor’s vehicles will conform to applicable state regulations and be duly licensed for the transportation of Patients. All Subcontractor personnel staffing vehicles that provide the Services will be licensed or certified as required by applicable law.
3. **Term.** The initial term of this Agreement shall be one year, commencing on the Commencement Date set out in Schedule “A” hereof, and this Agreement shall automatically renew for subsequent one-year periods thereafter, subject to the termination rights herein. The initial term and all renewal periods shall be cumulatively referred to as the “Term”.
4. **Termination.** Each party may terminate this Agreement: (a) at any time without cause and at its sole discretion upon sixty (60) days written notice to the other party; or (b) upon the material breach of this Agreement by the other party if such breach is not cured within thirty (30) days of written notice thereof to the other party. Notwithstanding the foregoing, A2C may terminate this Agreement immediately upon: (i) the failure of Subcontractor to respond to requests by A2C for the provision of Services to Patients within the Service Area or (ii) following Subcontractor’s loss or suspension of licensure necessary for the provision of the Services or reduction or loss of Subcontractor’s insurance coverage.
5. **Scheduling of Services.** A2C shall schedule and request any and all Services to be provided by Subcontractor pursuant to this Agreement. There will be no minimum notice required for the provision of emergency Services, if such Services are to be provided hereunder. A2C will use best efforts to provide a minimum of 30 minutes notice for non-emergency Services and a minimum 12 hours notice for wheelchair Services. Any different or additional Subcontractor scheduling requirements shall be set forth in Schedule “A”.
6. **No Utilization Obligation.** A2C does not guarantee any level of utilization of Subcontractor and A2C is under no obligation to utilize Subcontractor for any Services.
7. **Standards for Services.** Subcontractor represents and warrants that (a) any and all Services shall be provided in accordance with prevailing industry standards of quality and care applicable to the Services provided; and (b) any and all Services rendered shall be performed in a good and workmanlike manner.
8. **Compensation and Billing.** Prior to or at the commencement of any scheduled Service, A2C shall instruct Subcontractor to bill either: (i) a third-party payor or Patient; or (ii) A2C.
 - (i) *Services billed to Payors or Patients.* If A2C directs Subcontractor to bill a third-party payor or Patient, A2C will provide Subcontractor with Patient billing information, including all documentation available to A2C that is necessary for third-party payor reimbursement and

determination of medical necessity when applicable. Subcontractor shall be responsible for all Patient and third party billing and shall bill in accordance with all applicable laws and any applicable membership agreement between a Patient and health plan. Subcontractor shall not seek payment from A2C or A2C's customer for any such Services and neither A2C nor its customer shall have any financial responsibility for such Services.

(ii) *Services billed to A2C.* For any Services for which A2C has accepted responsibility for payment and A2C has provided Subcontractor with an authorization number, A2C shall pay Subcontractor within twenty-one (21) days of receipt of an invoice in a format reasonably acceptable to A2C. Subcontractor shall submit its invoice within forty-five (45) days of the date that Services were provided by Subcontractor – failure to submit its invoice within this time period will result in non-payment by A2C to Subcontractor. Subcontractor shall not seek payment from A2C's customer, the Patient or any third-party payor for any such Services. A2C shall reimburse Subcontractor at the rates set forth in Schedule "B" and Subcontractor shall accept the rates in Schedule "B". Provided that A2C has authorized the Subcontractor to bill the Patient, the preceding sentence shall not preclude Subcontractor from billing a Patient for any Patient responsible amounts under the requirements of the Patient's applicable health plan membership agreement, e.g., co-payment, co-insurance or deductible.

9. **Record Retention.** Subcontractor will retain books and records respecting Services rendered to Patients for the greater of ten (10) years or the time periods required under all applicable laws (including the requirements of the Secretary of Health and Human Services ("HHS")) and allow access to such books and records by duly authorized agents of the Secretary of HHS, the Comptroller General and others to the extent required by law.
10. **Audit Rights.** Subcontractor shall, within a reasonable amount of time after written notice from A2C provide representatives of A2C or the U.S. Government (as specified in the notice), with access to all records, documents, fiscal and accounting data, and other information (whether in paper form, microform, electronic media or other form) that relate to this Agreement. This obligation of Subcontractor shall survive for a period of three (3) years following final payment

under this Agreement or until such later time as required under applicable law and regulation.

11. **Indemnity.** Each party will indemnify and hold the other party harmless from and against liability claims resulting from or alleged to result from any negligence or willful misconduct of the indemnifying party related to the performance of this Agreement.
12. **Insurance.** Subcontractor currently maintains and will maintain during the Term of this Agreement liability insurance policies for claims that may be made against Subcontractor arising out of the Services under this Agreement. Subcontractor shall maintain comprehensive general and automobile liability coverage with limits no less than 1,000,000 per occurrence and 5,000,000 annual aggregate. Subcontractor shall maintain medical professional liability coverage with limits no less than \$1,000,000 per occurrence and 5,000,000 annual aggregate and workers' compensation insurance in the statutory required amounts. Subcontractor shall cause A2C and, upon request, any A2C customer to be added as an additional insured to all such policies. Subcontractor shall provide to A2C upon execution of this Agreement certificates of insurance evidencing coverage. Coverage shall not be changed or modified without at least thirty (30) days prior written notice to A2C. Further, Subcontractor's insurance shall be primary in the event of any claim resulting from Services provided by Subcontractor and shall be exhausted in full prior to any contribution from any other source. Subcontractor shall also be solely responsible for any and all damages or repairs to its owned, leased or contracted vehicles used in providing Services under this Agreement.
13. **Notices.** Any notice required or permitted by this Agreement shall be in writing and shall be delivered as follows, with notice deemed given as indicated: (a) by personal delivery, when delivered personally; (b) by overnight courier, upon written verification of receipt; (c) by facsimile transmission, upon acknowledgment of receipt of electronic transmission; or (d) by certified or registered mail, return receipt requested, upon verification of receipt. Notice shall be sent to the following addresses:

IF TO SUBCONTRACTOR:

**General Manager
American Medical Response Mid
Atlantic, Inc.
420-440 Nth 8th Street
Philadelphia, PA 19123**

IF TO A2C:

Michael Hite
Access2Care, LLC
National Manager of Provider Networks
6200 S. Syracuse Way, Suite 200
Greenwood Village, CO 80111

With Mandatory Copy to:

Legal Department
American Medical Response, Inc.
6200 South Syracuse Way, Suite 200
Greenwood Village, Colorado 80111

14. **Confidentiality.** All information with respect to the operations and business of a party (including but not limited to the rates charged hereunder) and any other information considered to be and treated as confidential by that party gained during the negotiation or Term of this Agreement will be held in confidence by the other party and will not be divulged to any unauthorized person without prior written consent of the other party, except for access required by law, regulation and third party reimbursement agreements. The obligations under this section shall not apply to information which (a) at the time of disclosure is in the public domain or, after disclosure, enters the public domain other than by breach of this Agreement; or (b) is already in the possession of the recipient at the time of disclosure and is not acquired from the other Party; or (c) is later received on a non-confidential basis from a third Party having the right to impart such information; or (d) is independently developed by the recipient's employees who did not have access to such information in connection with this Agreement.
15. **HIPAA Compliance.** Each party shall comply with the privacy provisions of the *Health Insurance Portability and Accountability Act of 1996* and the regulations thereunder ("HIPAA"), and with such other requirements of HIPAA that may become effective during the Term. All patient medical records shall be treated as confidential so as to comply with all state and federal laws.
16. **Relationship.** In the performance of this Agreement, each party shall be, as to the other, an independent contractor, and neither party shall have the right or authority, express or implied, to bind or otherwise legally obligate the other. Nothing contained within this Agreement shall be construed to constitute either party assuming or undertaking control or direction of the operations, activities or medical care rendered by the other. As to either party's employees, nothing contained herein shall be construed in such a manner as to give effect to the notion that either party shall in

anyway assume responsibility for the oversight or provision of the other party's employee benefits, including but not limited to the payment of wages, provision of health insurance, or any and all other commonly accepted benefits of employment.

17. **Compliance Program and Code of Conduct.** A2C has made available to the Subcontractor a copy of its Code of Conduct, Anti-kickback policies and other compliance policies, as may be changed from time-to-time, at its parent company's (American Medical Response) web site, located at: www.AMR.net, and the Subcontractor acknowledges receipt of such documents. A2C warrants that its personnel shall comply with A2C's compliance policies, including training related to the Anti-kickback Statute.
18. **Non-Exclusion.** Each party represents and certifies that neither it nor any practitioner who orders or provide Services on its behalf hereunder has been convicted of any conduct that constitutes grounds for mandatory exclusion as identified in 42 U.S.C. § 1320a-7(a). Each party further represents and certifies that it is not ineligible to participate in Federal health care programs or in any other state or federal government payment program. Each party agrees that if DHHS/OIG excludes it, or any of its practitioners or employees who order or provide Services, from participation in Federal health care programs, the party must notify the other party within five (5) days of knowledge of such fact, and the other party may immediately terminate this Agreement, unless the excluded party is a practitioner or employee who immediately discontinues ordering or providing Services hereunder.
19. **Background Investigation.** Subcontractor warrants and represents that it has performed a background investigation on employees that provide patient care Services or drive vehicles. The investigation report includes the following:
- Social Security Number Verification
 - Criminal Search (7 years or up to 5 criminal searches)
 - Employment Verification to include reason for separation and eligibility for re-employment for each employer for 7 years
 - OIG List of Excluded Individuals/Entities
 - Sex Offender Registry

GSA List of Parties Excluded from Federal Programs

Department of Motor Vehicle Driving History

State and Local Licensure Verification

Drug Screen

Upon request and from time-to-time, Subcontractor shall provide A2C with a continuing certification.

20. **Referrals.** It is not the intent of either party that any remuneration, benefit or privilege provided for under this Agreement shall influence or in any way be based on the referral or recommended referral by either party of patients to the other party or its affiliated providers, if any, or the purchasing, leasing or ordering of any services other than the specific services described in this Agreement. Any payments specified herein are consistent with what the parties reasonably believe to be a fair market value for the services provided. Subcontractor represents and warrants that the rates and pricing that it has accepted do not place it in violation of any federal or state anti-kickback statute.

21. **Other.** During the term of this Agreement and for a period of six (6) months following termination of this Agreement: Subcontractor shall not provide transportation services to any A2C customer that Subcontractor has rendered Services to under this Agreement, either directly or through a network of providers or intermediary other than A2C; or (ii) solicit any such A2C customer to obtain transportation services from Subcontractor either directly or through such

other network or intermediary in the Service Area.

22. **Equal Employment Opportunity.** If the provisions of Executive Order 11,246 are applicable to this Agreement, the parties incorporate the equal employment opportunity clause set forth in 41 C.F.R. part 60-1. If the provisions of Executive Order 13,201 are applicable to this Agreement, the parties incorporate the equal employment opportunity clause set forth in 29 C.F.R. part 470.

23. **Miscellaneous.** This Agreement (including the Schedules hereto): (a) constitutes the entire agreement between the parties with respect to the subject matter hereof, superseding all prior oral or written agreements with respect thereto; (b) may be amended only by written instrument executed by both parties; (c) may not be assigned by either party without the written consent of the other party, such consent not to be unreasonably withheld; (d) shall be binding on and inure to the benefit of the parties hereto and their respective successors and permitted assigns; (e) shall be interpreted and enforced in accordance with the laws of the state where the Services are performed, without regard to the conflict of laws provisions thereof, and the federal laws of the United States applicable therein; (f) may be executed in several counterparts (including by facsimile), each of which shall constitute an original and all of which, when taken together, shall constitute one agreement; and (g) shall not be effective until executed by both parties. In the event of a conflict between this Agreement and any Schedule hereto, the terms of this Agreement shall govern.

IN WITNESS WHEREOF, the parties have hereto executed this Agreement.

Access2Care, LLC

By: _____
Steven Murphy - President

American Medical Response Mid Atlantic, Inc.

By: _____

Print Name: Karen Kroon

Print Title: General Manager

SCHEDULE "A"

I. Services:

A. Transportation Services

If checked, Subcontractor shall provide the following transportation services (the "Services"):

- "Advanced Life Support" or "ALS";
- "Basic Life Support Service" or "BLS";
- "Specialty/Critical Care Transportation" or "SCT" or "CCT" or Neonatal Transports;
- "Wheelchair Van" non-Ambulance ground transportation provided for non-ambulatory patients;
- "Non-Medical Stretcher Van" non-Ambulance ground transportation provided for non-ambulatory patients;
- "Paratransit Services" non-Ambulance and non-Wheelchair transportation provided to ambulatory patients;
or
- "Other" _____

II. Service Area:

Services shall be provided in and around the Maryland counties of Prince Georges, Montgomery, Baltimore, Baltimore City, Howard and Ann Arundel and in other locations as may be agreed upon by the parties.

III. Commencement Date

The Commencement Date referred to in Section 3 of this Agreement shall be: 11/1/2009.

IV. Scheduling Requirements

In accordance with Section 5 of the Agreement, different or additional Subcontractor scheduling requirements shall be:

Pre-Scheduled Non Emergency Ambulance

V. Additional Requirements

Additional Subcontractor administrative and operational requirements shall be set forth by in the Manual identified below:

Basic Provider Manual

**SCHEDULE "B"
RATES**

Ambulance Services	HCPC	Rate
BLS Non-Emergency (one way)	A0428	\$222.37
BLS Emergency (one way)	A0429	\$394.36
ALS Non- Emergency (one way)	A0426	\$295.76
ALS-Emergency (one way)	A0427	\$468.29
Specialty/Critical Care Transport-SCT/CCT (one way)	A0434	\$722.71
Wait time per ¼ hour (Charges accrue after minute 61)	A0999	\$50.00
Mileage, per urban mile	A0425	\$6.86

***Access2Care does not pay for "No Shows", "Dry Runs" or "Deadhead" miles.**

VI. RATE INCREASES

During the Term, rates for ambulance Services provided in calendar years following the current calendar year (2009) shall be automatically increased (but not decreased) in an amount equal to any increase in the Medicare Allowable or any increase mandated by other state, federal or local law, effective as of January 1 or, with respect to any Medicare or other mandated increase effective on a different date, the date of such increase.

Further, AMR may request an additional increase based on cost factors such as unexpected or unusual increases in the cost of fuel, supplies or labor, or new regulatory or patient care standards, and the Facility shall consider any such request in good faith; provided, however, that in the event the Facility refuses to consent to any such request for an additional increase, AMR may terminate this Agreement upon thirty (30) days written notice.

PROVIDER PAYMENT

It is the policy of A2C to withhold payment to a provider for any trip subject to an unresolved complaint. All Transportation Providers are required to respond to any complaints made against them within five (5) days of the date the complaint was received. If an adequate response is not received within this five day period, no payment will be made to the Transportation Provider for the service provided.

Access2Care

ATTACHMENT 5: SAMPLE PROVIDER MANUAL

Patient Focused. Customer Centered. Caregiver Inspired

Access2Care

**NETWORK PROVIDER
PROCEDURE MANUAL
FOR THE
MEDICAL TRANSPORTATION PROGRAM**

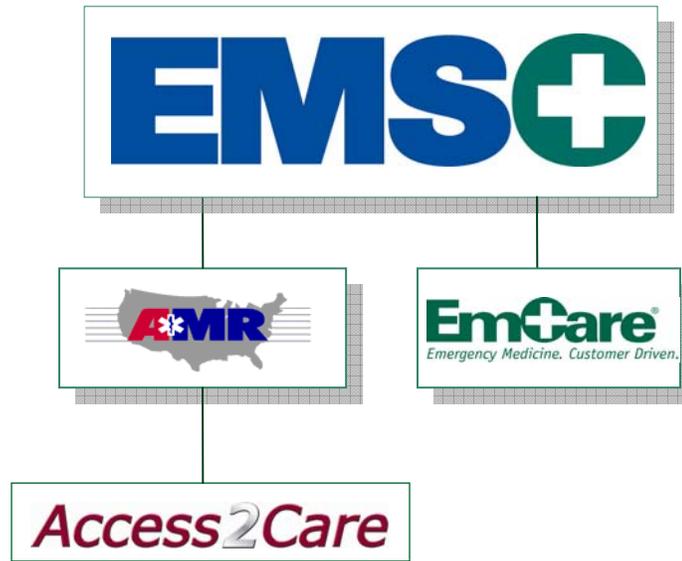


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Version 9 – Network Provider Manual.pdf
November 17, 2009





WELCOME TO OUR FAMILY

American Medical Response (AMR) / Access2Care (A2C) is pleased that you are joining our Network of Transportation Providers.

Access2Care is the managed transportation subsidiary of AMR. It specializes in delivering timely, appropriate and cost effective transportation services to Health Plans, government entities and health care facilities through a robust network of high quality transportation providers.

AMR (American Medical Response) is a wholly owned subsidiary of Emergency Medical Services Corporation (EMSC) and is the largest provider and manager of ambulance and emergency medical services nationwide. AMR provides services with over 350 operations in 37 states

In addition to its AMR subsidiary, EMSC also owns EmCare, the nation's largest provider of outsourced emergency department physician staffing serving 340 hospitals across the country. Combined, the EMSC family of companies serves more than nine million patients each year.

Today, we have hundreds of Network Provider relationships nationwide and we are happy to have you join our family.

This Manual will provide you with the information you will need to work efficiently with us as we continue to provide quality transportation services for our clients.

Again Welcome!



I. OVERVIEW OF A2C'S PROVIDER NETWORK AND APPROACH TO MANAGEMENT

A2C enjoys a strong, positive business relationship with the Transportation Providers that serve our clients. Increasingly, Transportation Providers have sought to work with A2C because of our attention to detail, our commitment to quality, the sophistication of our computer systems, and the responsiveness of our staff. Perhaps the greatest advantage A2C offers our Transportation Provider Network is the ability to manage their trips from a dedicated and secure website through Access2Care. From the moment a trip is assigned to a Transportation Provider to the time the claim for the trip is paid, the Transportation Provider can manage and track all details of the trip in our easy to use website. When the trip is completed, it can be verified on the website as well. In most cases the need for paper claims or invoices is eliminated and makes the process nearly paperless for both the Transportation Provider and for Access2Care, thus increasing efficiency, speeding up payment, and lowering costs for you. Feed back is welcome from our Transportation Providers which provides us with an excellent resource for constantly improving procedures and features.

A. A2C Networks

A2C has several types of networks. Each of these requires a separate contract as described below:

CLIENT DEFINED NETWORK (CDN) – This manual is specific to the Access2Care program which addresses Managed Transportation programs. For this type of network, the service provided by A2C through the network is at least in part defined by the client which A2C has contracted with. This type of network is our most common and is the network supported by this Manual.

MUTUAL AID – The contract for this network service is very specific to the local operating area due to circumstances and regulations.

FEMA – Under our National Contract with FEMA for evacuation services in the event of natural or manmade disaster, AMR has established a nationwide network of ground ambulance providers (public and private), air ambulance and para-transit service providers. Since this network is a deployment network and only put into service by AMR when the government issues an order, the contract document and billing process is very different than other types of service circumstances AMR might contract for. If you are interested in joining this network, please let your Network Coordinator know and they will provide you with details about joining this unique network.

B. Network Manager and Coordinator Responsibilities

Our network management is coordinated through a number of dedicated Network Managers and Coordinators that are available and ready to work closely with you to ensure your participation in our network is a positive experience for all involved. Their responsibility is to ensure that you maintain a high level of performance standards by addressing such issues as:

AVAILABILITY – We strive to maintain at least a 97% trip acceptance percentage in the volume offered to our Transportation Providers.

RESPONSIVENESS – Our standard is to maintain at least 93% on time compliance in accordance with standards set forth in the contract with our clients.

COMPLAINT RESOLUTION – Our standard is to keep complaints to less than 1% of trips that are not canceled or member no-shows. Our goal is to resolve most complaints within 5 days.

TRIP MANAGEMENT – Many providers prefer our system of assigning and paying for services via our website.

All of these expectations will be covered in more detail later in this manual.

C. Building and Managing the Transportation Network

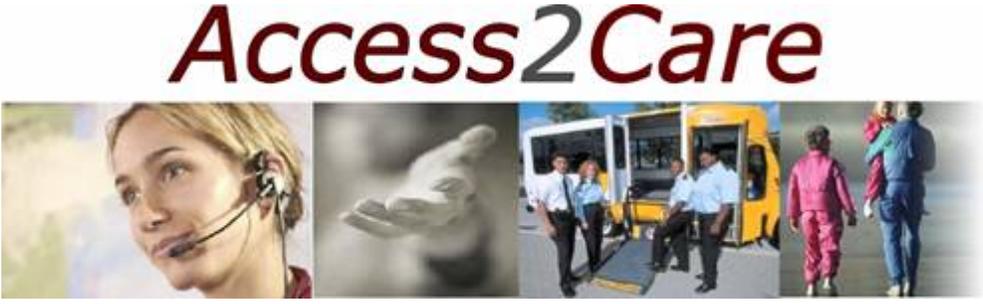
One of the principal keys to A2C's success as a manager of medical transportation is establishing a network of high-quality, dedicated Transportation Providers, such that all client contracts may have access to all levels of transportation service as required for our various client relationships. Our existing network of Transportation Providers is successful because we work as partners and give our Transportation Providers tools and training to make their operations more efficient. To this end, we work with our Transportation Providers with the following key elements to help ensure their success in providing services to our clients and their constituents.

- **Trip management:** The Transportation Provider has the ability to manage and track all details of the trip on their dedicated, secure website. Once the trip is completed, it can be cleared (billed) on the website as well, eliminating the need for the Transportation Provider to submit paper claims or invoices to Access2Care. This makes the process nearly paperless for both the Transportation Provider and for A2C, thus increasing efficiency, speeding up payment and lowering costs. More than 90% of our current Transportation Providers utilize the Web functionality of the Access2Care system to receive and manage their trips on line. A detailed instructional handbook for trip management on the internet is included in this Manual in the Appendix.
- **Partnership:** Because of our own experience as a Transportation Provider, we understand the challenges facing our network and foster an attitude of partnership and cooperation. Our relationship with the Transportation Provider has proven highly effective in the development and maintenance of a network that delivers superior service to our customers. We focus on communication, responsiveness to problems, and fair and timely payment.
- **Personal Attention:** We recognize the increased importance of face-to-face communication with Transportation Providers during the development of a network and immediately afterwards. Our Network Coordinators provide training and monitoring and are readily available to answer questions and resolve problems.

- **Communication:** Good communication is key to fostering an atmosphere of professionalism and a sense of trust in our Transportation Providers. To enhance that communication and to augment our face-to-face and telephone encounters with the Transportation Provider, A2C produces the Provider E-Report. The E-Report is an online newsletter that is published by email and available for downloading from the website for our Transportation Providers and faxed to the few who have no email. With the E-Report, we can quickly answer Transportation Provider’s frequently asked questions, introduce them to changes in the website, review procedures and keep them abreast of other news. Exhibit 1 shows an example of a recent E-report.

Exhibit 1

E-Report

 <p>Access2Care</p> <p>Vendors E-Report</p> <p>Volume 5, Issue No. 3</p> <p>May 29, 2009</p>	
<p>May 5, 2009 Contents:</p>	<p>Pg. 1: “No No-Shows!”</p> <p>Pg. 1: Introducing Three New Access2Care Vendor Service Team Members</p> <p>Pg. 1: Complaint Handling</p> <p>Pg. 2: Important Reminders:</p> <ul style="list-style-type: none"> • Clearing Trips Timely to Ensure Payment • Passenger Signatures Essential on Both Legs • Driver Documents Due Annually

No No-Shows!

We have been experiencing an unfortunate trend over the past few weeks in several markets - an increase in the number of "no-show" trips on your records! We have verified that, in most cases, this increase is NOT due to you not showing up for trips, nor the member not being at the pick-up location. Rather, the increase in number of no-shows is because of a lack of COMMUNICATION, something we can work together to rectify! We need your drivers to ALWAYS communicate with our Call Center when they are running late, for whatever reason. Stuck in traffic, got a flat tire, last trip ran over, got lost - whatever the case might be, please let us know, so we can make every attempt to transport each and every member to and from their medical appointments. It would also be nice for the drivers to communicate this with the member directly, in the case that they have their contact phone number. This small effort has proven to increase member satisfaction significantly! And, at the end of the day, isn't that what it's all about!? :0) WE VALUE YOUR PARTNERSHIP & WANT TO SAY THANK YOU FOR ALL YOU DO!!

Meet Rick Bensinger, Shelley McKinney and Shannon Simmons

We would like to introduce **Rick Bensinger** has joined our team as Brian Gerth's replacement as Provider Specialist! Welcome to Access2Care, Rick! We would also like to welcome **Shelley McKinney** who has been with the Access2Care team since January of 2008 and has most recently been promoted to St. Louis Call Center Supervisor!

Complaint Handling

Shannon Simmons has recently joined us as Jennifer Buckner's replacement as Account Executive out of the St. Louis Call Center. Shannon has her Emergency Medical Technician (EMT) as well as her Emergency Medical Dispatch (EMD) Certifications and we are confident that her background will help bring our Access2Care team to the next level! Welcome to the "other" side, Shannon! Please contact one of the following individuals regarding complaints: Shannon Simmons at shannon.simmons@amr.net, or Mimi Welch at michelle.welch@amr.net.

In this Manual, we provide our Transportation Providers with a thorough overview of the necessary components of participation in our Network including:

- Contracting and Credentialing
- Performance Standards
- Trip Management via the Web site
- Retrospective review procedures
- Pre-authorizations
- Claims processing

We will discuss these processes with each Transportation Provider and provide additional information of the procedures that may vary depending on the client specifications.

D. A2C Current Contracted Clients

As a member of our Transportation Network, it is not important that you know what insurance coverage the patient has when you transport them. Access2Care is fortunate to contract with many organizations that serve individuals enrolled in both Federal and State healthcare programs. Our organization contracts with commercial Health Plans to provide Non Emergency Transportation benefits to their membership. These Plans typically fall into the following categories or products: Medicaid Managed Care Organizations & Medicare Advantage Organizations.

Below is a brief overview of these Health Care programs. In both instances the insurance company contracted with Access2Care agrees to provide medical care to the members that enroll in their Health Plan in exchange for reimbursement from either Federal or State funds. The Centers for Medicare and Medicaid Services (CMS) is the governing body for both programs described below.

Overview of Medicaid and Medicaid Managed Care Organizations

Title XIX of the Social Security Act is a Federal/State entitlement program that pays for medical assistance for certain individuals and families with low incomes and few resources. This program, known as Medicaid, became law in 1965 as a cooperative venture jointly funded by the Federal and State governments (including the District of Columbia and the Territories) to assist States in furnishing medical assistance to eligible needy persons. Medicaid is the largest source of funding for medical and health-related services for America's poorest people.

Another significant development in Medicaid is the growth in managed care as an alternative service delivery concept different from the traditional fee-for-service system. Under managed care systems, HMOs, prepaid health plans (PHPs), or comparable entities agree to provide a specific set of services to Medicaid enrollees, usually in return for a predetermined periodic payment per enrollee. Managed care programs seek to enhance access to quality care in a cost-effective manner. Finally, the BBA provided States a new option to use managed care. The number of Medicaid beneficiaries enrolled in some form of managed care program is growing rapidly, from 14 percent of enrollees in 1993 to 59 percent in 2003.

Medicaid Managed Care programs typically have a requirement that their members have a transportation benefit to assist in receiving medical services if the member qualifies.

Overview of Medicare and Medicare Advantage Organizations

Medicare covers between 42 million and 45 million Americans, making it the largest single payer of healthcare in the nation. Medicare has traditionally been the plan for senior citizens aged 65 and older, the primary patient population covered by Medicare. Nearly 15% of Medicare recipients are actually under the age of 65, however, with most being disabled or having one of a small number of specified diseases that Medicare covers.

The Medicare Advantage program was established as a means of delivering traditional Medicare benefits to enrollees through private health plan sponsors. Medicare Advantage is not a new program—it builds on prior policy efforts that aimed to establish private plan options in Medicare intended to operate in a competitive marketplace. The original intent was to provide access to health maintenance organizations (HMOs), but choice of plan type has expanded substantially, giving beneficiaries access to a broad range of private plans for their Medicare benefits.

Medicare Advantage programs typically offer transportation to medical appointments as an additional benefit to incentivize members to join their plan due to the value added services offered.

As a contracted Network Transportation Provider with Access2Care, you must follow any and all applicable federal and state laws and regulations related to providing contracted services. Some of the key components related to compliance are:

- You must comply with any and all Managed Care Organizations policies and procedures as directed by Access2Care. This includes both Medicaid plans and Medicare Advantage plans.
- You must comply with all city, county, state and federal regulations for the operation and the licensing of the business and your employees
- You must retain books and records related to contracted services for the greater of ten (10) years or the time periods required under all applicable laws and regulations.
- You must cooperate and assist in any audits or inspections by CMS and/or its designees, and you will cooperate and provide information upon request.
- You are responsible for investigating and assuring that none of your company's employee's is ineligible to participate in Federal health care programs. A2C will not pay for any transport provided by ineligible individuals. If during audit ineligible individuals are identified it could result in termination of your agreement.

II. CONTRACTING AND CREDENTIALING PROCESS

- Contracting and Credentialing: Contract development and negotiations are initiated by the Network Manager or Network Specialist based upon the terms of A2C's client contract. Initially or concurrently with finalizing the contract, we collect and verify all information required for credentialing as described below.
- Initial Processing: This function consists of the follow-up necessary to ensure the Transportation Provider is fully credentialed and set-up in the Access2Care system and able to use the Access2Care website. Additional instruction on web site use is discussed in detail in the Instruction Manual included in the Appendix.

A2C will not finalize the contract with the Transportation Provider or enroll or assign trips to the Transportation Provider until all credentialing is satisfactorily completed.

Our initial credentialing process includes collecting and verifying the following information:

1. Provider Contact Sheet
2. Network Application
3. Driver Credentialing (to be provided by the Transportation Provider and verified by A2C.)
 - Social Security Number Verification
 - Criminal Search (7 years or up to 5 criminal searches)
 - Employment Verification to include reason for separation and eligibility for re-employment for each employer for 7 years if possible.
 - Sex Offender Registry
 - OIG List of Excluded Individuals/Entities
 - GSA List of Parties Excluded from Federal Programs
 - Department of Motor Vehicle Driving History
 - State and Local Licensure Verification
 - Drug Screen
4. Vehicle Credentialing
 - Vehicle Inventory
 - Valid vehicle registration and license
 - Vehicle inspection

An example of our Credentialing Criteria is included as Attachment A.

Once this process is completed, we then proceed with New Provider Set Up which includes:

- Loading the expiration dates for licenses, insurance, and inspections.
- Negotiated contract pricing
- Establish secure communications and internet access for Transportation Provider
- Set up Transportation Provider payment process to expedite payment

Transportation Providers are responsible for providing the Network Manager / Specialist with any critical expiration or renewal dates for such items as automobile liability insurance policies and vehicle registrations (A2C requires all Transportation Providers to arrange for their respective insurers to provide A2C with a minimum of 30 days notice before any material change in insurance coverage status). All critical dates are maintained in our automated systems; reminders are generated automatically and sent to our Network Specialists for follow-up before the dates expire.

A2C may perform an annual re-credentialing of each Transportation Provider that includes validation of all information reviewed in the initial credentialing process as well as review of the Transportation Provider's performance including:

- Client complaints
- Results of quality reviews

- Utilization management
- Customer satisfaction surveys

At the conclusion of the re-credentialing process, A2C may prepare a Transportation Provider report card that evaluates provider's performance and identifies their strengths and weakness. We also will work with providers to develop a plan for how to correct any deficiencies and improve performance as necessary.

III. STANDARD DRIVER REQUIREMENTS

As a Transportation Provider, you and your staff will be the face to our customers. Therefore, we require some minimum standards be met so we can ensure a professional image is maintained. We have developed comprehensive criteria to give our customers the confidence that only the most qualified transportation providers are allowed to perform in our network.

Below are the key qualifications drivers and attendants are expected to maintain:

- A. Provider must ensure that all drivers have an appropriate and valid driver's license as required for the type of vehicle they are driving.
- B. Provider must ensure that all attendants have appropriate certification or license for the function they are performing.
- C. Provider must ensure that all current laws relating to drug and alcohol testing are enforced for all drivers and attendants and provide such documentation to A2C upon request.
- D. Drivers shall not have had their driver's license suspended or revoked in the previous three (3) years for anything other than non-payment.
- E. Drivers may not have a conviction for driving while intoxicated or under the influence of a controlled substance within three (3) years.
- F. Drivers and attendants, including volunteer drivers and attendants, must have an acceptable history including, at a minimum, driving record, child/elderly abuse violation report, and state background check.
- G. At a minimum, no driver shall have any felony criminal convictions, or have plead guilty to any felony where the offense was committed within the previous five (5) years;
- H. No driver shall be utilized who has ever been convicted of any offense, misdemeanor or felony, of a sexual nature.

The Transportation Provider acknowledges that it, as well as any employee or contract employee are not listed on the U.S. Department of Health and Human Services' Excluded Provider list for federal health care programs and that in no event shall such an excluded provider be allowed to provide services in our Network.

A2C maintains a strong corporate drug policy and we require all Transportation Providers to provide us with a documented drug screening process for the drivers. This includes evidence that all drivers take and pass a drug test prior to employment or before being included in our Network.

IV. DRIVER TRAINING PROGRAMS

A2C requires that our Transportation Providers demonstrate that they provide an appropriate driver training program for their employees.

A2C may request to evaluate our Transportation Provider's specific driver training programs to ensure that all drivers are well equipped to perform their job functions. We may also be able to provide resources or direct you to additional specific training as necessary.

A2C may periodically monitor the training delivered by each Transportation Provider with an on-site visit by interviewing drivers on the topics listed below to be included in the training program. A2C may also utilize customer and client feedback.

An acceptable driver training program should include the following topics:

- Defensive driving
- Use of common assistive devices by elderly and handicapped persons,
- Methods of handling wheelchairs,
- Methods of moving, lifting and transferring passengers with mobility limitations,
- Operation of lifts, ramps and wheelchair securement devices,
- Basic first aid,
- Customer service,
- Emergency evacuation
- Back protection
- Passenger Assistance Training (PAT)
- Emergency procedures and techniques (what does an operator need to do in the event of a life-threatening emergency), including First Aid / CPR (CPR only if required by client program)
- Behind the wheel training (hands-on operator training to ensure safe driving habits)

A2C will collaborate with Transportation Providers to ensure that they conduct regularly scheduled training activities on passenger safety and sensitivity, service delivery, and any specific program requirements associated with A2C's relationship to its respective clients. A2C can assist Transportation Providers in developing on-going training topics and providing training materials as needed.

A2C requires our Transportation Providers to ensure the provision of Americans with Disabilities Act Passenger Techniques and Safety (ADAPTS) Training. The goal is to ensure that our providers are capable and experienced in assisting passengers when necessary.

A2C is willing to assist Transportation Providers with establishing an on-going safety and sensitivity program to ensure a safe operating environment. A2C may provide suggested topics and training materials.

V. DRIVER CODE OF CONDUCT

A2C has established a broad set of performance criteria for drivers and attendants that include the following:

- Must be courteous, patient, and helpful to all passengers and be neat and clean in appearance;
- Must not use alcohol, narcotics, illegal drugs or drugs that impair ability to perform while on duty and must not abuse alcohol or drugs at any time;
- Must wear or have visible, easily readable proper organization identification;
- Must not smoke while in the vehicle, or while involved in passenger assistance, or in the presence of any passenger;
- Must not utilize any type of personal entertainment device or cellular telephone at any time the vehicle is in motion;
- Must assist passengers in the process of being seated and confirm that all seat belts are fastened properly and wheelchairs and wheelchair passengers are properly secured. In addition to Boosters or car seats for infants and toddlers – Most State laws require that children up to age 8 or 80 pounds ride in a safety or booster seat in the rear seat of the vehicle;
- Must provide necessary assistance, support, and oral directions to passengers. Such assistance shall include assistance with passengers of limited mobility, and movement and storage of mobility aids and wheelchairs;
- Must wait at least ten minutes after the scheduled pick-up time before identifying the trip as a no-show at the pick-up location;
- Must document all no shows on the daily log or trip manifest;
- Must accurately maintain a daily log of all trips assigned.

A2C will request the Transportation Provider remove any driver from service if they are found out of compliance with these requirements and / or state or federal regulations.

VI. TRANSPORTATION PROVIDER VEHICLES

As a Transportation Broker operating under strict performance measures for the majority of our contracts, A2C has developed one of the transportation industry's most stringent inspection and maintenance programs for our Transportation Provider vehicles. This program applies standards to ensure the reliability, appearance, and comfort levels are consistent with all vehicles used to transport our customers.

A2C requires that our Transportation Providers utilize an acceptable vehicle inspection process. Our commitment to vehicle safety is reflected in the importance placed on vehicle maintenance and inspections.

A2C may conduct an initial pre-service inspection prior to signing the final agreement with the Transportation Provider as part of our credential process described previously. This is to verify the condition of the vehicles before placing it into passenger service.

A. General Vehicle Requirements

All Provider vehicles shall meet the following requirements:

- All vehicles shall be legally licensed as required by the applicable state;
- Vehicles must contain company logo either on vehicle or in window.
- Vehicles under this contract may not carry name or logo of any health insurance company;
- All vehicles shall receive a vehicle safety inspection, as required by state law and shall be clean and in good repair;
- All vehicles shall carry the following safety equipment:
 - Secure Fire extinguisher;
 - Working Flashlight
 - Spare tire and jack unless the transportation provider is radio/phone equipped and able to summon assistance;
 - Emergency first-aid kit that includes a spill kit;
- All vehicles shall have an available seat for each passenger that is securely fastened to the floor of the vehicle. Cars and vans shall have a useable seat belt for each person being transported;
- All vans and buses shall have accessible emergency exit(s) with appropriate emergency procedures posted in compliance with Federal Motor Vehicle Safety Standard No. 217;
- All vans and buses shall have a stationary or removable step to aid entry and exit of the vehicle;
- All vehicles must be equipped with working heating, air conditioning and ventilation systems;
- All ramps used for loading and unloading of passengers must meet federal ADA guidelines;
- Vehicles shall be equipped with a working form of two-way communication that allows a central dispatcher to communicate with the driver at any time;
- Each vehicle must have the following working features standard on all automobiles:
 - Functioning odometer and speedometer;
 - All requisite rearview mirrors;
 - Interior lighting;
 - Functioning doors;
 - Air Conditioning and Heat
- All vehicles must be maintained such that they have clean interiors that are free of dirt and trash and without tears or protruding sharp objects;
- Wheelchair safety locks shall be available and used when a wheelchair is in use during transport if a vehicle is ramp/lift equipped;
- All wheelchair lifts used on vehicles shall be certified as being capable of regularly servicing a minimum capacity of six hundred pounds (600 lbs.);

- All wheelchair ramps used on vehicles shall be certified as being capable of regularly servicing a minimum capacity of four hundred pounds (400 lbs.);
- Transportation Provider shall remove any vehicle from service until such time that the vehicle meets all applicable standards;
- Transportation Provider is to keep a log of all regular repairs and maintenance and make this log available to Access2Care upon request.

In addition to our physical inspection we may review the maintenance and repair records for each vehicle. An example of our Vehicle Inspection Form is attached for your use as Attachment B.

B. Vehicle Maintenance

Transportation Providers are expected to adhere to a comprehensive Preventive Maintenance (PM) program to ensure that all vehicles and equipment used for service under client contracts are maintained in top working condition to minimize breakdowns and reduce the possibility of accidents. The required maintenance and safety program should include the following:

- A PM schedule that incorporates, at a minimum, the schedule recommended by the vehicle manufacturer. A PM should occur within 500 miles of the manufacturer's suggested schedule;
- A vehicle maintenance file for each vehicle that includes records of all maintenance actions, including but not limited to servicing, PM inspections, repairs, brake adjustments and bodywork. Documentation of maintenance actions should include the date and mileage;
- Documentation of inspection, repair and replacement of associated equipment, such as radios. This equipment should be inspected and serviced in accordance with manufacturer recommendations;
- Records of inspections conducted by an entity with jurisdiction, if applicable and certification that the vehicle passed inspection. These records should be made available for inspection if requested;
- Documented operational and safety checks (pre- and post-trip inspection) at the beginning of each workday. These include a check of the tires, brakes, lights, horn, fluids, wipers, climate control, seat belts and all safety equipment, and a check for vehicle damage.

VII. PERFORMANCE COMPLIANCE

A2C maintains close contact with our Transportation Providers via our website, telephone communications and on-site visits. As mentioned previously, we use a regular E-report to keep our Transportation Providers informed about changes and other items of interest. As part of our ongoing oversight of our network, we review and discuss any performance issues such as:

- Unusual number of trips rejected by Provider
- Poor on time performance
- Delinquent un-cleared or non-verified trips
- Incident reports
- Complaints
- Results of random inspections, tests and other issues

Should we identify any deficiencies, we will develop a Performance Improvement Plan for the Transportation Provider. Our Network Managers/Coordinators will follow up to ensure the action steps are satisfactorily completed.

- Our review may include but are not limited to the following:
- Review of all initial credential requirements
- Customer complaints
- Results of prior Quality / Audit reviews
- Utilization management
- Customer satisfaction surveys

VIII. TRIP MANAGEMENT

Access2Care expects all providers to have internet access. We will send trip requests for service to Transportation Providers directly by our preferred method which is A2C's web system. A2C can assign transports on a temporary mutually agreed upon method of communication, until internet access is established, which is by fax or telephone. A2C's web system of on-line trip management allows faster trip management and reimbursement for services.

A. Trip Assignment via Web Method

1. Below are the expectations for managing trip requests via the internet with Access2Care web system. Detailed instructions can be found in the ELECTRONIC TRIP MANAGEMENT instruction manual included as the Appendix.
2. Trips performed without prior authorization from A2C will not be paid. An A2C trip number must be provided to transportation providers before a trip is ran to receive payment.
3. TRIP ACCEPTENCE: When you "accept" a trip you have made a commitment to perform the transport related to that member for that particular service. Always verify your accepted trips with 24 hours of the appointment time to ensure no changes have been made.
4. Transportation Provider shall arrive on time to pick up Members.
 - a. Transportation providers are allowed to arrive up to 60 minutes before the appointment time to transport the member to their scheduled appointment. This time may be extended to 90 minutes or greater due to bad weather or long distance trips.
 - b. Transportation Provider is only required to wait for ten (10) minutes after arriving for member if within timeline listed in 4a.

- c. Transportation Provider must notify Access2Care immediately of any inability to cover an assigned trip.
5. Provider shall ensure that Member ride time does not exceed sixty (60) minutes. Exceptions may apply when transporting a Member on a pre-authorized long distance trip.
6. In multi-load situations, Members should not remain in the vehicle for more than forty-five (45) minutes longer than the average travel time for direct transport. Exceptions may apply when it is a long-distance multi-load situation in which case Members must be notified in advance of the extra travel time.
7. **ON-TIME PERFORMANCE:** Transportation Provider is responsible to ensure that Members are picked up and arrive at appointments on time.
 - a. For transports scheduled twenty-four (24) hours in advance, any time outside of fifteen (15) minutes from scheduled appointment time shall not be considered timely service. Provider must maintain an on-time percentage of 93% and must arrive within 15 minutes of appointment time 98% of time.
 - b. For transports scheduled with less than twenty-four (24) hours notice, Transportation Provider must arrive within thirty (30) minutes of scheduled appointment time. Provider must ensure the Member arrives within 15 minutes of scheduled appointment time at least 80% of time.
8. Drivers are required to make reasonable efforts to contact a Member that their ride has arrived before leaving the pick up location. For example, it is considered reasonable to ring a door bell, honk the horn, check with a receptionist and make an attempt to call the Member.
9. Transportation Provider will ensure that Members are picked up within sixty (60) minutes of a Member's call for a return trip from his/her appointment.
10. For each transport, drivers must fill out a transport log that must include the trip number, passenger's signature for each leg of a trip along with the date and the actual pick-up and drop-off time. Trip sheet must also contain driver signature. The Transportation Provider acknowledges that lack of required trip sheet documentation is grounds for denial of payment by A2C.
11. **MEMBER NO-SHOWS:** Transportation Provider must document and verify Member no-shows or cancellations at the time of the no-show and shall notify A2C immediately.
12. A2C will document the no-show which will reflect on the AR Pending of the A2C web system.
13. A2C does not guarantee any level of utilization and is under no obligation to utilize the Transportation Provider for any services.
14. **TRIP CLEARING:** Once services have been performed or at a point after the transport would have occurred, Transportation Providers are required to "clear" their trips off of the web. This includes adding information related to timely performance, obtaining signatures, verification that trip pricing is correct, etc...
15. **TRIP PRICING:** If the pricing related to the trip performed is NOT correct contact the Transportation Provider Line at the appropriate Call Center PRIOR to clearing the trip. This will allow us to expedite the correct payment without delay.

Pricing Issues: St. Louis Transportation Provider Line	Direct line: (888) 939-2273 Option 1 Fax: (314) 951-7475
Pricing Issues: Houston Transportation Provider Line	Direct line: (866) 410-0002 Fax: (888) 505-9086

16. Payment on clean claims will be processed within contractual and regulatory requirements, unless advised that more documentation is needed.
17. Billing for services is limited to 45 days after the date of service. Any trips cleared after 45 days will be denied due to timely filing.

B. Temporary Trip Assignment via Non-Web Method(s)

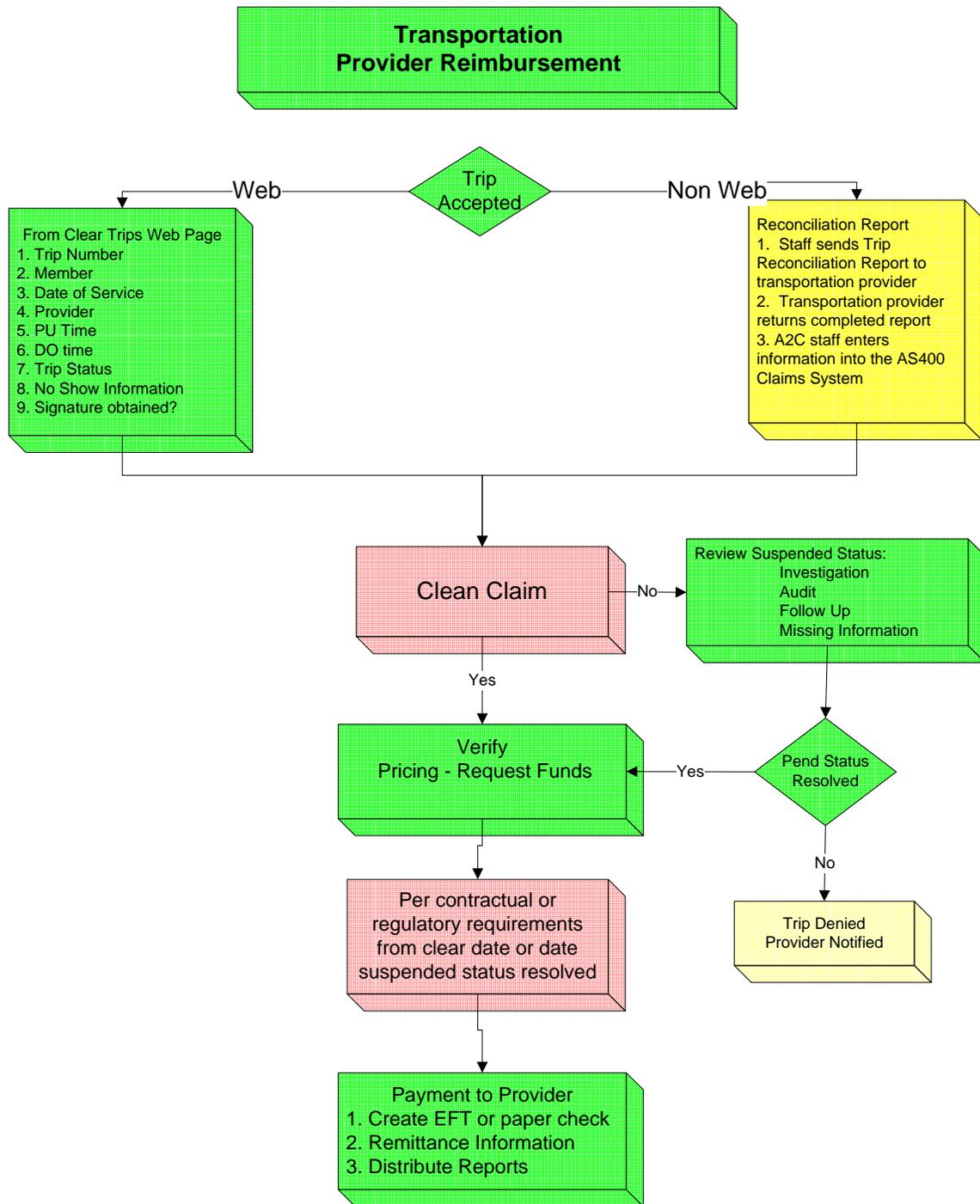
Below are the expectations for (Non-Web) trip management requests via FAX, email or telephone with Access2Care. This is allowed on a temporary basis via a mutually agreed upon mode of communication, until internet access is established.

All instructions listed above under Web method apply. However, to complete the trip “clearing” process the following steps are modified.

1. TRIP CLEARING: A weekly reconciliation form will be faxed to the Transportation Provider every Wednesday to be completed for the previous week’s trips. (Example provided. See Attachment C.)
2. The Transportation Provider is required to complete the reconciliation form with the pick-up and destination times, trip status and an indication showing if the member signature was obtained.
3. Completed forms should be sent by fax or scanned to A2C Claims Department. See contact information to follow.
4. All clean claims will be processed within contractual and regulatory requirements unless advised that more documentation is needed.
5. Billing for services is limited to 45 days after the date of service. Any trips cleared after 45 days will be denied due to timely filing.

C. Invoice/Claims Submission and Payment Process

The Claims Reimbursement Department is responsible for trip verification, pre-payment audit and provider relations related to the processing and adjudication of transportation services for Access2Care. The following page shows a flow diagram of the reimbursement process.



D. Claims Adjudication

A2C recognizes the importance of cash flow to our Transportation Providers. With that in mind, A2C's unique Online Trip Management resource allows Transportation Providers to easily accept and send electronic transactions. We cannot overemphasize that we understand how crucial this prompt payment of claims is to our Transportation Providers.

It is our policy to adjudicate clean claims to Transportation Providers for services provided to our Client's members. To ensure proper payment is made, A2C reviews all trips cleared by Transportation Providers.

All clean claims will be processed within contractual and regulatory requirements. A "clean claim" is defined as a trip that has been "cleared" by the Transportation Provider and includes all of the information required to process the trip. If trip "clearing" information is temporarily being received via fax or USPS mail and the Non-Web Trip Reconciliation form - receipt of that form is considered receipt of clean claims information.

Clean Claim Information:

- A2C trip number
- member name
- date of service
- pick up and drop off times
- trip status
- No-Show information (member or Transportation Provider) if applicable
- pharmacy stop information if applicable
- signature obtained
- any and all audit, investigation or follow-up flags have been resolved

E. Payment Process

Once a Transportation Provider has cleared a trip on the website, we will adjudicate the trip to process payment or denial. Only cleared trips deemed to be "clean claims" will be adjudicated. A detailed description of this process is outlined in the ELECTRONIC TRIP MANAGEMENT instruction manual included as the Appendix.

Claims Department Contact Information

Payment Follow Up Inquiries, EFT/ACH, W9's (USE Only when Trips have been CLEARED)	Toll free line: (866) 874-0222 Fax #: (877) 292-4181 Email: A2CClaimsDenver@emsc.net
USPS Claims Submission Address:	AMR/Access2Care A2C Claims Department – 100 6200 S. Syracuse Way, Suite 200 Greenwood Village, CO 80111

F. Contracted Rates & Pricing

Pricing is based upon the contracted rates in your Network agreement. If a change in rates occurs, rates are applied by the date the trips offered to you. A2C does not reimburse any unauthorized charges. Any and all services must be authorized prior to transport. Any exceptions to the policies and procedures in this manual must be approved by your Network Coordinator.

Mileage is predetermined by A2C using our current contracted mapping software, MapQuest. We calculate mileage based upon the shortest distance calculation.

A2C does not pay for No Shows, Dry Runs or Deadhead miles.

G. Adjustments to Previously or Partially Paid Claims

If you do not agree with the amount paid for a transport, please contact the Claims Department, their contact information is shown above. You may contact via telephone, fax or e-mail. You will need to have the A2C Trip Number, member name, and amount in dispute at the time of the call.

A2C reserves the right to recoup or offset the amount of any overpayment made from future payments or monies owed.

H. Funds Disbursement

A2C will send out a Remittance report with each check or in addition to an EFT payment upon request. The electronic Remittance information is viewable on the Web. If a check or EFT payment is not received or posted within 5 business days contact the Funds Disbursement Desk. This is also the appropriate area to contact if you need to change payment address information, W-9 information or EFT ACH information.

I. Trip Complaints - Investigation

A2C receives service complaints from both contracted clients and client's members. Once A2C receives a complaint pertaining to an individual's trip, the trip is flagged for investigation and the Transportation Provider is notified to respond to the complaint being investigated.

Complaints against the Transportation Provider may include but are not limited to:

- Transportation Provider never showed, however, provider has cleared trip
- Untimely arrival for pick up*
- Cleanliness of a vehicle
- Demeanor of the driver
- Driving behavior in regards to safety issues
- Violations by the driver of contract requirements
 - i.e. Smoking in the vehicle, cell phone use, etc...

**In no event will A2C make payment for a trip where the member misses an appointment because the Transportation Provider was late and the appointment must be re-scheduled except for weather related conditions or unforeseen traffic conditions.*

If you have received notification that a trip is being investigated send the requested trip information to the Fax number indicated in the request.

The Transportation Provider has 5 business days to respond to the complaint. When the Transportation Provider responds with the appropriate information and the complaint is resolved, the investigation flag will be removed and payment or denial will be scheduled within the contractual or regulatory requirements. Complaint resolution reports are printed out daily and worked to resolve the investigation status. Direct any questions related to complaints or investigations to the following:

Mimi Welch (303) 495-1651
Shannon Simmons at (314) 768-1329

If a response is not received in that timeframe, no payment will be made to the Transportation Provider for the service until such time that the complaint is resolved.

J. Trip Audit and Follow-Up

Payment will not be made on any trips flagged for Audit. Access2Care performs pre-payment audits on 5% of the trips cleared by each Transportation Provider. When a trip is flagged for audit we request a copy of the individual trip log or trip detail sheet that shows the members signature, as well as, any other pertinent details of the transport including pick up and drop off addresses.

This is a statistical review of random trips that require additional documentation to deter fraud and abuse. A2C takes its oversight responsibility for detecting and preventing fraud and abuse very seriously. This review of trip details in lieu of requiring trip log or trip detail on every transport provided.

In addition, payment will not be made on any trips flagged for Follow Up. A trip is flagged for Follow Up in most cases if there seems to be inconsistent information related to the trip mileage or distance or some other detail does not appear to be correct and may create an inaccurate payment.

When a trip is flagged for Audit or Follow Up it is considered a non-clean claim. Once the trip information is received the trip will be processed within the contractual or regulatory requirements unless otherwise specified in the transportation provider agreement.

K. Denials

If a transport is going to be denied, you will receive a notification on your Remittance report with your regular weekly trip payments.

Access2Care does not have member liability denials at any time. Denials are based upon contractual obligations or lack of documentation, meaning the transportation provider cannot substantiate the trip occurred. Reasons for denial can include, but are not limited to:

1. Timely Denials: Transportation Providers are required to clear all trips within 45 days of the date of service. Any trip not cleared within the allotted time will be denied and no payment will be made to the provider, except through the appeals process.
2. No Documentation to Support Service: When a Transportation Provider fails to respond to an investigation, follow-up or audit in the allotted time, the trip in question will be denied as no-documentation to support transportation and no payment will be made to the provider.
3. Member canceled prior to trip and Transportation Provider was notified.

4. Transportation Provider No Show Denials: Trip is denied when member states that driver never showed up and Transportation Provider cleared trip as a Member No Show.

L. Claims Appeals Process

All Transportation Providers have the right to submit an appeal for any trip that has been denied. The appeal must be submitted in writing via email, letter or fax. The appeal must contain the reason you are requesting an appeal, any necessary documentation to support service (i.e. driver log with member signature and times of transport) and must be received within 45 days from the date of denial or the standard timely filing language in the transportation providers' contract.

1. Appeals are considered based upon information provided.
2. The documentation will be reviewed and the provider will be notified of payment decision. Adjudication (payment or denial) will be made within the contractual or regulatory requirements.

** New Mexico transportation providers please contact your network specialist for your appeal process as it is more detailed due to state regulations and plan restrictions.*

We hope you find this manual a useful tool to address your questions about A2C and while it is designed to give you a through overview of our Network Management process, it cannot possibly cover all aspects of our relationship with you. As always, if you have any specific questions or comments, please feel free to contact anyone of our Network team.

The following pages contain the Appendix as well as the various attachments referred to throughout this manual.

THANKS AND AGAIN, WELCOME TO OUR NETWORK!

IX. APPENDIX



INSTRUCTIONS FOR OUR TRANSPORTATION PROVIDER PARTNERS

The Use of the

ELECTRONIC TRIP MANAGEMENT SYSTEMS

Issue 2: November 10, 2006

Rev: December 11, 2007

**INSTRUCTIONS FOR THE USE OF
ELECTRONIC TRIP MANAGEMENT SYSTEMS**

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Access2Care PROVIDER WEB INSTRUCTIONS

What can you do with the *Access2Care* Electronic Trip Management System (ETMS)?

Access2Care's ETMS offers a world of benefits to our providers, all available 24 hours per day, without charge and without delay.

From your company's personal, secure and password-protected site on the *Access2Care* website, you can be instantly advised of every new trip being offered to you and may accept or reject those trips with just a couple of clicks of the mouse. No more faxes or phone calls for 99% of your trips. We have made the entire process – from the time you receive a trip to the day you receive your payment - virtually seamless and almost paperless.

Once you have accepted a trip, you will be able to manage everything about it on line, except for the actual transport of the passenger! You can check for changes or cancellations, double-check addresses or phone numbers, and export the trip information to a spreadsheet in order to better organize your trips your way.

Once a trip has been run, you can “clear” it on your web site and it will automatically be submitted for payment. No more invoicing! Clear your trips when you want, as often as you want and we will then pay you for most trips within about 21 days. Even if your trip is audited, or a complaint or investigation places a hold on it, much of what you will need to do can be done quickly and efficiently, thus avoiding delayed payment as much as possible.

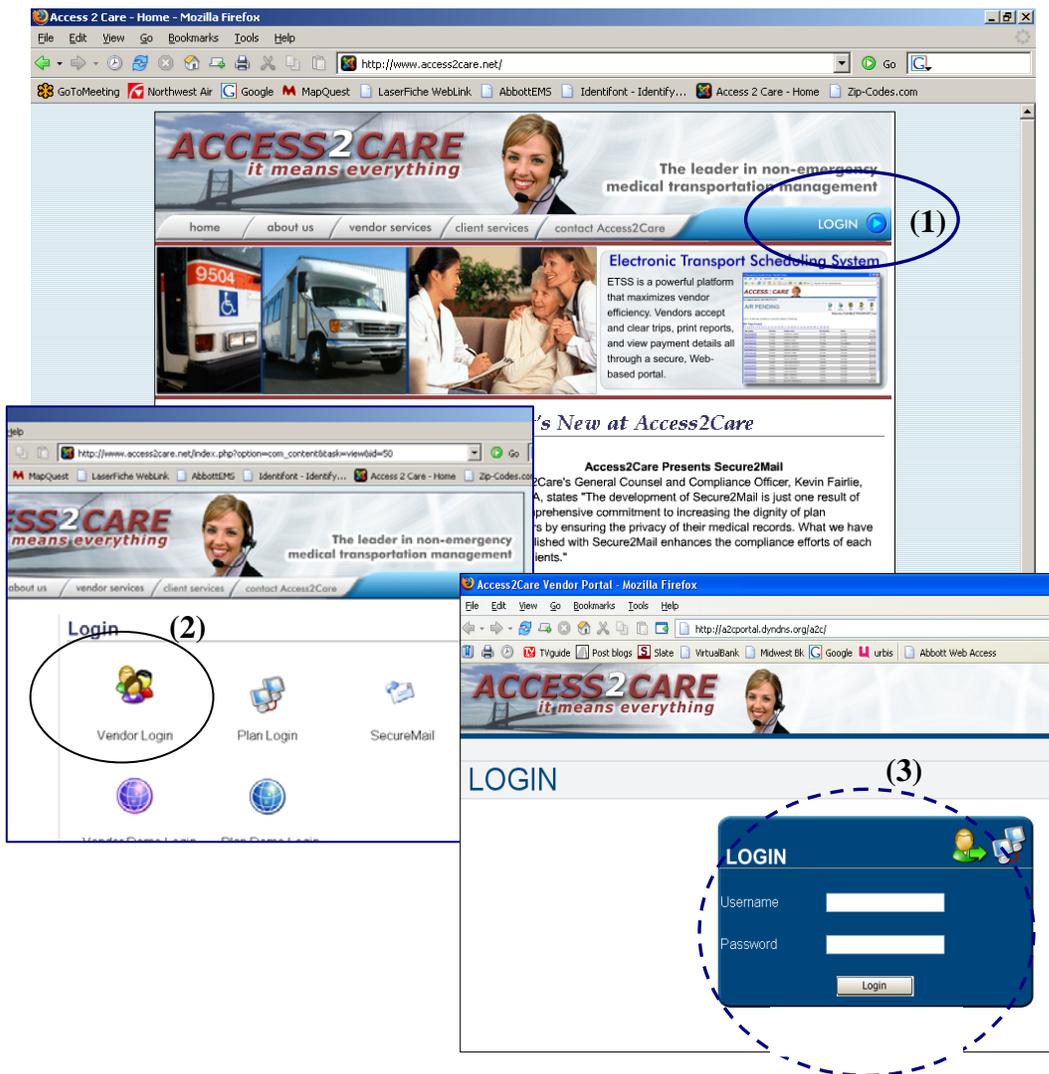
Your Accounts Receivable can also be monitored on your site. You will know the payment status of every single trip you have run and cleared, from the time you clear it until it is paid in full. We will even transfer your payments by Electronic Funds Transfer (EFT) if you prefer.

Remember, you can't “break it”. There is nothing you can do on your website that we cannot undo. If you have a problem or a question, call 1-888-939-2273, or your Network Specialist.

We are here to help you and your success is important to *Access2Care* so... ***Let's get started!***

GETTING TO YOUR PERSONAL WEB PAGE:

- A. Go to www.access2care.net - the *Access2Care* home page
- B. In the upper right hand corner of every page of the web site, you will find it a **LOGIN** tab.
 - (1) Click on it.
 - (2) This will take you to a selection screen where you will click on PROVIDER LOGIN.
 - (3) Type in your personal Username and Password, which was selected by you and provided to us. Press your *Enter* key or click on **LOGIN**.



That's all there is to it. These steps will take you to your **New Trips** and you can begin managing your trips the simple, paperless way - with the *Access2Care* Electronic Trip Management System.

MANAGING NEW TRIPS

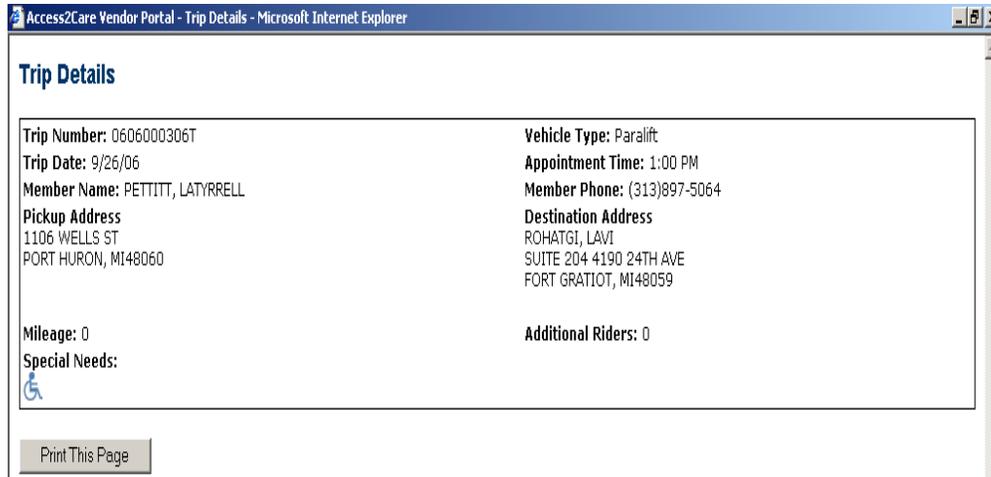
- The first page you come to is the **NEW TRIPS** screen. Here you can view the trips which are currently being offered exclusively to you, but which you have not yet accepted or rejected.
- The **blue trip number** with the **T** behind it is the member's 1st trip, going TO the destination; and the **R** is the RETURN leg of the same trip.

The screenshot shows the 'NEW TRIPS' page in a Mozilla Firefox browser. The page header includes the Access2Care logo and a 'LOGOUT' link. Below the header is a navigation bar with icons for User Admin, Vendors E-Report, AR Ready, AR Pending, New Trips, Accepted Trips, and Clear Trips. The main content area displays '8 New Trips Found' in a table. A callout box points to the 'Notes' column, stating: 'The Notes field is where we share information that may help you better serve'. Another callout points to a blue trip number '0611025163T', stating: 'Click on blue Trip Number to view more trip details. "T" trips are the TO leg. "R" trips are the RETURN leg.' A third callout points to icons in the 'Notes' column, stating: 'Icons alert you to the special needs of your passenger'. The table columns are: Acpt, Rjct, Trip Number, Date, Apt Time, P/U City, Dest Name, Member Name, + Rdrs, Mlg, Price, Vehicle Type, Spec Req, and Notes. The table contains 8 rows of trip data.

Acpt	Rjct	Trip Number	Date	Apt Time	P/U City	Dest Name	Member Name	+ Rdrs	Mlg	Price	Vehicle Type	Spec Req	Notes
<input type="radio"/>	<input type="radio"/>	0611025122R	Wed 11/15/06	WILL CALL	DETROIT			0	4	\$ 8.40	Sedan/Van		
<input type="radio"/>	<input type="radio"/>	0611025097T	Wed 11/15/06	12:01 PM	DETROIT	ZICHERMAN, HERMAN		0	6	\$ 9.66	Sedan/Van		NEEDS HELP GETTING UP AND DOWN THE CURB
<input type="radio"/>	<input type="radio"/>	0611025097R	Wed 11/15/06	WILL CALL	DETROIT			0	6	\$ 9.66	Sedan/Van		NEEDS HELP GETTING UP AND DOWN THE CURB
<input type="radio"/>	<input type="radio"/>	0611024902T	Wed 11/15/06	11:00 AM	SOUTHFIELD	NADOLSKI, JERRY		0	0	\$ 11.40	Sedan/Van		
<input type="radio"/>	<input type="radio"/>	0611024902R	Wed 11/15/06	WILL CALL	SOUTHFIELD			0	0	\$ 11.40	Sedan/Van		
<input type="radio"/>	<input type="radio"/>	0611024854T	Wed 11/15/06	1:45 PM	DETROIT	BYRD, HELEN A.		1	8	\$ 12.18	Sedan/Van		9 MO PREGNANT
<input type="radio"/>	<input type="radio"/>	0611024854R	Wed 11/15/06	WILL CALL	DETROIT			1	8	\$ 12.18	Sedan/Van		9 MO PREGNANT
<input type="radio"/>	<input type="radio"/>	0611025163T	Thu 11/16/06	10:00 AM	DETROIT	YOUSIF, DHIA L.		0	15	\$ 27.75	Paralift		
<input type="radio"/>	<input type="radio"/>	0611025152T	Thu 11/16/06	10:30 AM	DETROIT	DETROIT RECEIVING HOSPITAL		0	1	\$ 19.50	Paralift		NEEDS PARALIFT
<input type="radio"/>	<input type="radio"/>	0611025152R	Thu 11/16/06	10:30 AM	DETROIT			0	1	\$ 19.50	Paralift		NEEDS PARALIFT
<input type="radio"/>	<input type="radio"/>	0611025138R	Thu 11/16/06	WILL CALL	DETROIT	PICKENS, ALEX		0	10	\$ 14.70	Sedan/Van		

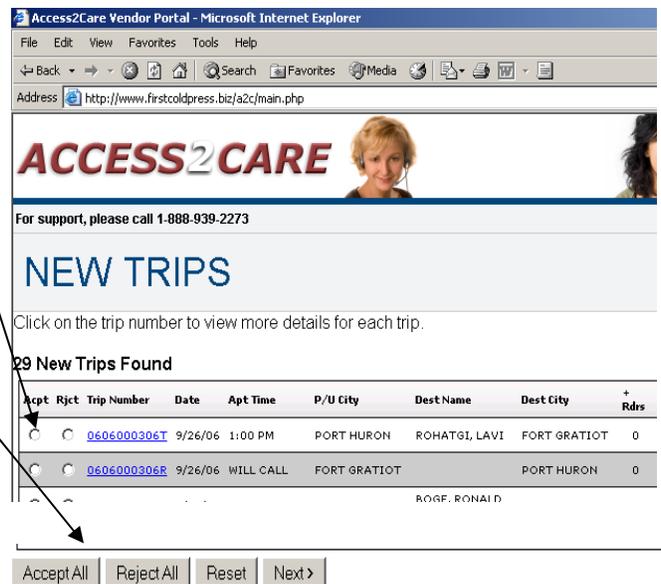
Legend: Pharmacy Stop Wheelchair Pregnant Crutches Cane Walker Special Assistance Required Carseat High Risk

- C. To view the trip detail, click on the blue trip number. The detail will open in a separate screen and gives you all the details you need for each trip. You can also print this detail. However, until the trip has been **Accepted** (see below) the trip detail is not “proof” of a trip.



- D. Click inside the Accept (Acpt) or Reject (Rjct) circle for each trip. If you accept or reject the “T”- To trip, the system will automatically accept or reject the “R”- Return. You cannot accept one leg and reject the other.

- E. You may accept or reject all the trips on the page by scrolling down to the bottom of the list and clicking on Accept All or Reject All.



- F. If you need to, you can also start over by clicking on Reset.



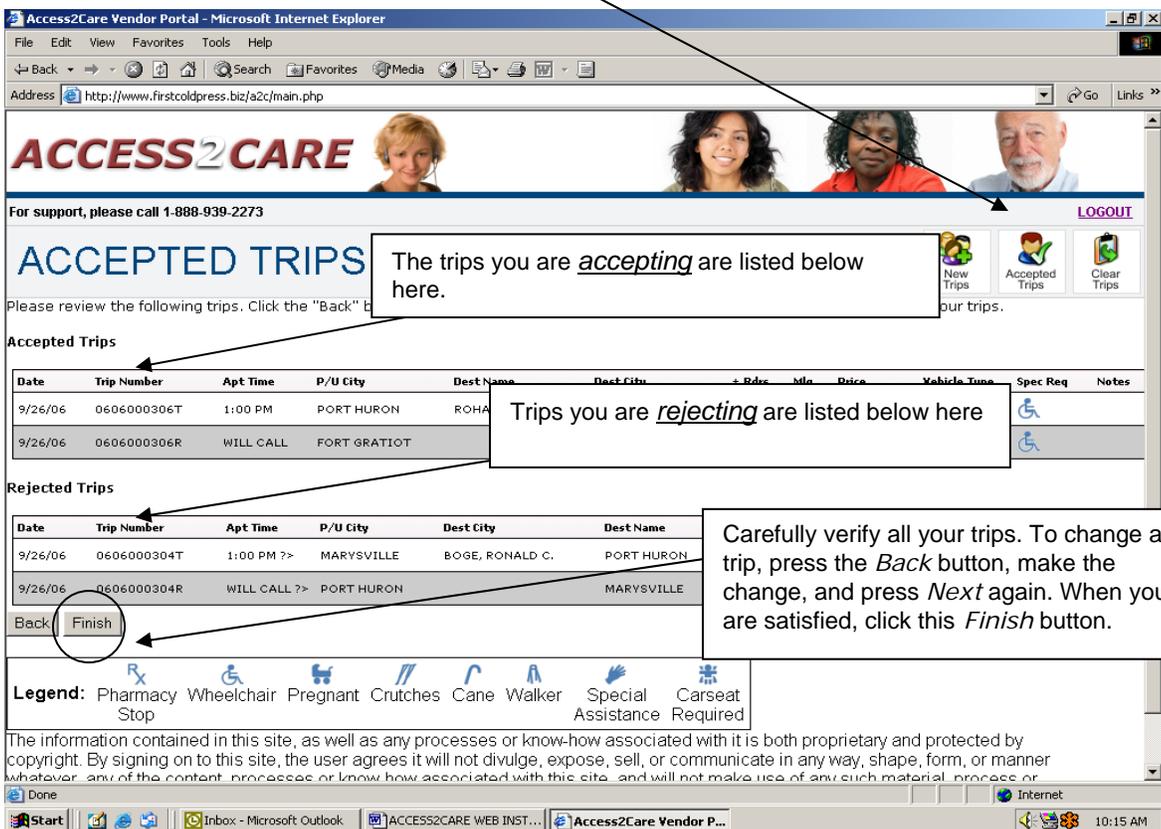
- G. Once you have selected the trips you’re accepting or rejecting, click **Next >**.

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- H. Once you click Next > you are brought to a verification screen.

- I. This is what your verification screen will look like. **NOTE:** You must complete this final step in order to Accept trips. Until you press Finish, your trips have not been accepted.
- J. **Check carefully to verify** your accepted and/or rejected trips and click on Finish, or if you have made a mistake click **Back** to start over. Once you click Finish, you will be taken back to **NEW TRIPS**.
- K. From the **New Trips** Screen, you can then click on the **ACCEPTED TRIPS** button to view and manage your **Accepted Trips**.



- L. **NOTE:** Once you have accepted a trip and "Finished" the process, you **CANNOT** later reject the trip online. The only way to "un-accept" or later "reject" an already accepted trip is by calling Access2Care. (1-888-939-2273, press 1 to speak to the Call Center. Do NOT leave a voicemail message.)

MANAGING ACCEPTED TRIPS

- This screen shows all the trips you have accepted, in date order. (Note, at the bottom of this screen you can also see and acknowledge your Canceled Trips.)
- IMPORTANT NOTE: ALWAYS VERIFY** your accepted trips within 24 hours of the appointment time to ensure no changes have been made. Changes can include times, destinations, or even a cancellation. If the trip changes within 48 hours, we will call you to notify you. **If the change occurs not within 48 hours, we are not required to call you since the web is updated automatically.**
- You also have the ability to **Export These Trips** into Excel for easy sorting.
- To reject any trip that you previously accepted, you must call Access2Care to reject the trip (1-888-939-2273, press 1.)

Click select View All Trips, or click on the calendar and select a date to show the trips for only that date.

Click on the trip number to view more details for each trip.

Display Trips for: [Calendar Icon]

View All Trips | Export These Trips

6 Trips Found

Trip Number	Date	Apt Time	P/U City	Dest Name	Member Name	+ Rdrs	Mlg	Price
0712184312T	Tue 12/11/07	1:30 PM	STERLING HEIGHT	ST. JOSE			5	\$ 45.00
0712184312R	Tue 12/11/07	WILL CALL	CLINTON TOWNSHIP				5	\$ 45.00
0712185916T	Wed 12/12/07	11:01 AM	SHELBY TOWNSHIP	DABROW EDWARD			13	\$ 50.00
0712185916R	Wed 12/12/07	WILL CALL	MADISON HEIGHTS				13	\$ 50.00
0712186988T	Wed 12/19/07	1:45 PM	FARMINGTON HILL	ZINGER	HENRY		32	\$ 40.60

You may export these trips to an Excel spreadsheet.

MANAGE CANCELED TRIPS

- At the bottom of both your **NEW TRIPS** and **ACCEPTED TRIPS** screens are any Canceled trips. If a trip has been canceled for any reason, it will appear here.
- It is important to check for Canceled trips regularly and acknowledge them (see the illustration below.)
- NOTE: If a trip is canceled within 48 hours of the appointment time, we will call to notify you of the change. If it is canceled more than 48 hours before, you will be notified only via the web site.**
- If you run a trip that was canceled, you cannot clear it as a member no-show and will not be paid for it, so checking for cancellations will help you prevent wasted resources.

Scroll down to the end of your New Trips screen or your Accepted Trips screen to see Canceled Trips. Check regularly for canceled trips. If a trip is canceled less than 48 hours before the appointment time, Access2Care will call you. It is your responsibility to check for other canceled trips. Click on the Acknowledge button, to clear the trip from your web site.

Reject All | Reset | Next >

The following trips have been canceled by the member or by Access2Care.

Acknowledge	Trip Number	Date	Apt Time	P/U City	Dest Name	Member Name	+ Rdrs	Mlg	Price	Vehicle Type	Spec Req	Notes
<input type="checkbox"/>	0609016931T	9/25/06	1:00 PM	PONTIAC	THERAMATRIX PHYSICAL REHABILITATION INC	CARRIER, CECILE	0	2	\$ 8.40	Sedan/Van	N	
<input type="checkbox"/>	0609016093R	9/25/06	WILL CALL	PONTIAC		CARRIER, CECILE	0	2	\$ 8.40	Sedan/Van	N	

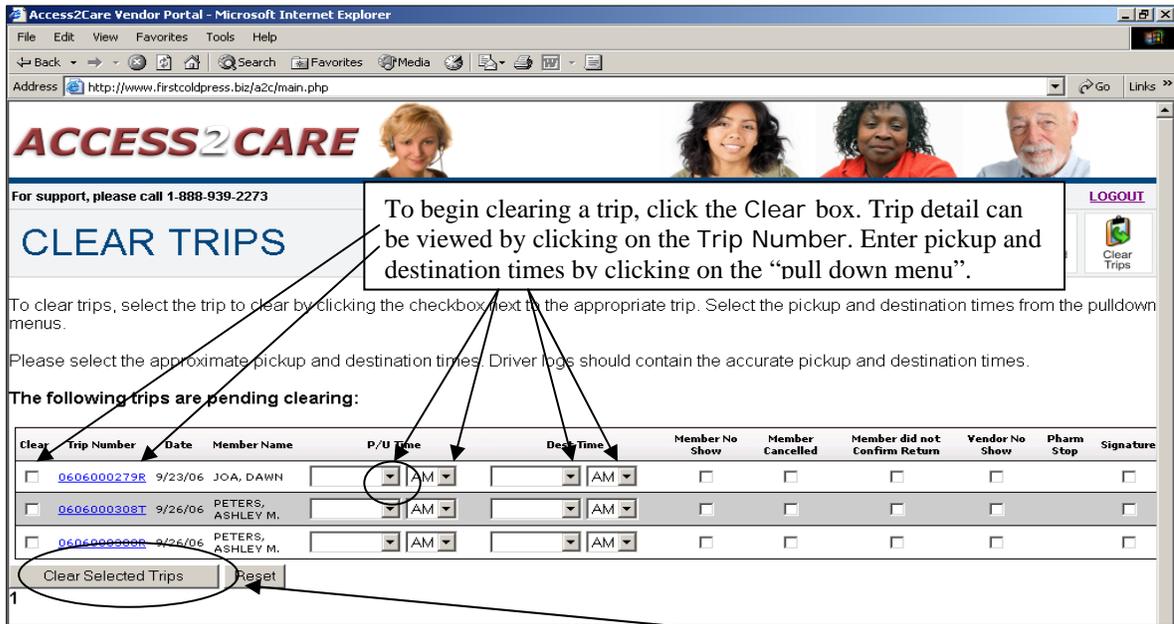
Select All | Reset | Next >

CLEARING TRIPS: (MUST Be Done In Order To Be Paid)

- E. When a trip has been completed, the step that will allow us to pay you is for you to CLEAR your trips. You will not need to send an invoice. You can clear trips when you choose, but remember that you will not be paid for any trip until it has been cleared.
- F. There are several steps to take and options to select in order to clear each trip:
 - 1) First click in the box in the “Clear” column to select a trip.
 - 2) Enter the pickup (p/up) time and the destination (dest) time.
 - 3) Member No Show: Click this if the member was not at the pickup location when you arrived. You must still enter the pickup time. (Note: if you did not check your Canceled Trips, and the trip was canceled, you may not enter a Member No-Show.)
 - 4) Review trip price, if the price of the trip is calculated at 0.00 or is in error from some other factor contact the appropriate Provider Line prior to clearing the trip. This will help assure accurate, prompt payment is made.

Pricing Issues: St. Louis Transportation Provider Line	Direct line: (888) 939-2273 Fax: (314) 951-7475
Pricing Issues: Houston Transportation Provider Line	Direct line: (866) 410-0002 Fax: (888) 505-9086

- 5) **Member Canceled: If** member refused to go upon your arrival.
- 6) **Member did not Confirm Return:** Use if member did not call you for the return leg.
- 7) **Provider No Show:** Use if, for any reason, you failed to show up, or were late enough to cause the member to miss his or her appointment.
- 8) **Pharmacy Stop:** (Pharmacy stops MUST be pre-authorized by Access2Care)
- 9) **Signature:** You must have the member’s signature on every driver log or other trip record. The record must also include the trip number, date of service, drop off location and the trip times. If a trip is audited, you will be asked to produce the signed driver log or trip record.



- G. **IMPORTANT!** As you finish entering the information for the trips on a page, click **Clear Selected Trips** before you move on to another page. This will finish the process for those trips. We strongly advise that you do this before you move on to clear another page of trips. If you are called away, or distracted before you finish, you may be timed out or have to go to a different screen. This will cause you to lose any data you have entered if you didn't click on Clear Selected Trips

Tracking your Accounts Receivable (A/R):

Our web providers do not have to invoice **Access2Care** in order to be paid. Once a trip has been cleared on line, it will be processed for payment, audit or investigation. While you must have a driver log of some kind, signed by the passenger, you will only have to provide paper documentation if it is requested. We will also request paper documentation if a trip is investigated for any reason. Reasons for Investigation may include a complaint that has been received about a trip, or if the trip has been selected for audit.

It is our goal to pay our web providers within 21 days of the date a trip is cleared or the date that any additional requested information was received. The website will allow our providers to track the status of each payment.

For more information related to Claims Processing see the Transportation Provider Manual claims sections.

A/R PENDING

Once cleared, all trips will appear here. They are sorted by trip date. The trip can be tracked here so a provider may see when the trip was cleared, what the status of payment is, what date it will be paid (once payment has been processed) and how much will be paid.

ACCESS2CARE
it means everything

For support, please call 1-888-939-2273

A/R PENDING

Click on the trip number to view the details

132 Trips Found
[1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#)

Trip Number	Trip Date	Member Name	Clearing Date	Status	\$ Amt
0609016090T	9/22/06		9/23/06	10/13/06	\$23.52
0609016092R	9/22/06		9/23/06	10/13/06	\$8.40
0609016092T	9/22/06		9/23/06	10/13/06	\$8.40
0609016322R	9/22/06		9/23/06	10/13/06	\$45.00
0609016322T	9/22/06		9/23/06	10/13/06	\$45.00
0609014304R	9/25/06		9/25/06	Pending	\$0.00
0609014304T	9/25/06		9/25/06	Pending	\$0.00
0609015980R	9/25/06		9/25/06	Pending	\$0.00
0609015980T	9/25/06		9/25/06	Pending	\$0.00
0609016463R	9/25/06		9/25/06	Pending	\$0.00
0609016463T	9/25/06		9/25/06	Pending	\$0.00
0609017577T	9/25/06		9/25/06	Pending	\$0.00

The information contained in this site, as well as any processes or know-how associated with it is both property of ACCESS2CARE, INC. and is confidential.

Done

McAfee SiteAdvisor

6:49 AM

Status: The date is the date we will cut a check or transfer the funds (EFT.)

Pending means the trip has not yet been processed for payment.

Investigation means the trip may have a

Clearing Date is the date you cleared the trip. Our goal is to pay you within about 21 days of clearing.

Note that you may have more than 1 page of cleared trips. They are listed in date order. Click on the blue

\$ Amt: This is the amount to be paid. It will be \$0 until the trip is ready for payment.

LOGOUT

Clear Trips

INC. User

Trips in this screen are listed by Trip Date. You may sort your trips by the topic in any of the Column Headers, by clicking on that Header.

A/R READY

Once payment is issued, you may come to this page to view payment details.

For support, please call 1-888-939-2273

A/R READY

Check Date is the day on which the payment is made.
 Number of Trips reflects the number paid.
 \$ Amt is the amount of the payment.

Welcome, CO

Click on the check date to view the trips for that date.

Check Date	Number of Trips	\$ Amt
7/21/06	6	\$197.72
8/1/06	2	\$155.00
8/8/06	14	\$330.88
8/11/06	5	\$39.60
8/15/06	6	\$151.60
9/1/06	22	\$192.36
9/12/06	1	\$6.00
9/19/06	5	\$332.20
9/26/06	2	\$19.32
9/29/06	12	\$231.98
10/3/06	1	\$6.00
10/24/06	5	\$39.60

To view the trips being paid on the date, click on the date. A screen will open with the detail. See below.

Trips for 09/29/2006

Click on a trip number to view the details of the trip

12 trips found

Trip #	Trip Date	Member Name	\$ Amount
0607007437T	8/10/06		\$6.00
0608010639T	8/14/06		\$8.40
0608010638T	8/14/06		\$9.66
0608010629T	8/14/06		\$8.40
0608010136T	8/15/06		\$75.70
0608010136T	8/15/06		\$75.70
0608011593T	8/24/06		\$6.00
0608012195R	8/24/06		\$8.40
0608012195T	8/24/06		\$8.40
0608012430T	8/25/06		\$6.00
0608012323T	8/30/06		\$6.00
0608012323R	8/30/06		\$6.00

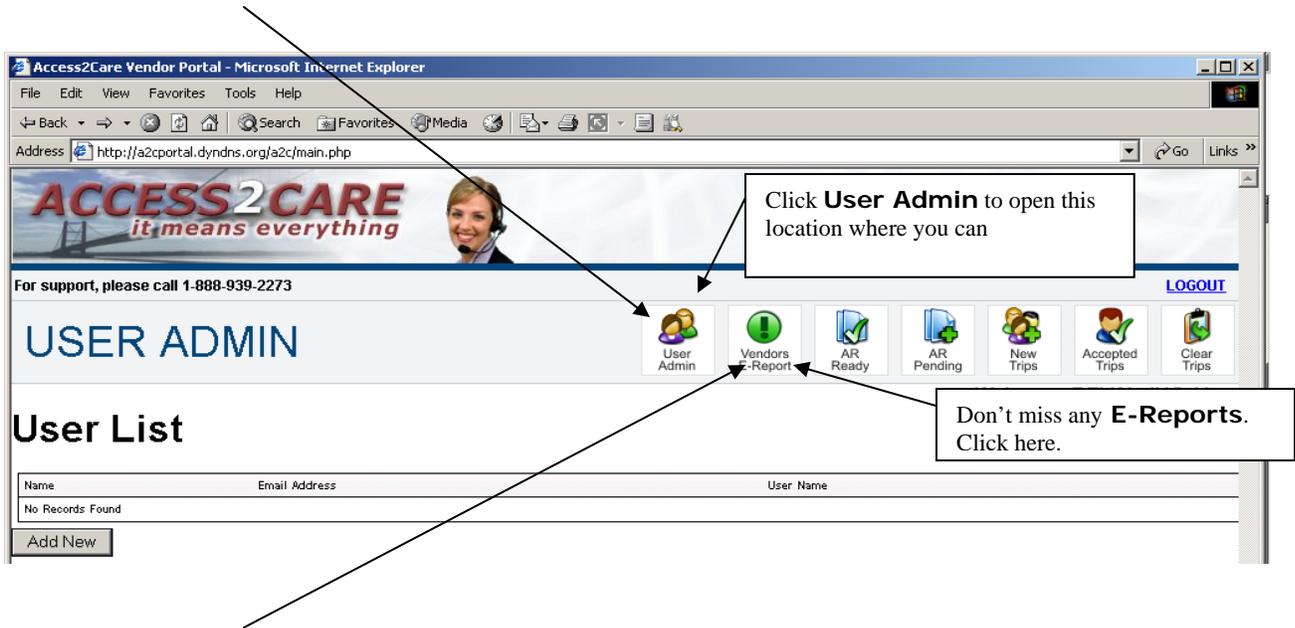
Click on Print to send this list of trips to your printer.

Click on Export to export this list to an Excel spreadsheet.

Print Export

USER ADMIN - Managing Users

From anywhere in your website you can click on the tab that lets you manage who may access your web portal.



The screenshot shows the Access2Care Vendor Portal interface in Microsoft Internet Explorer. The browser title is "Access2Care Vendor Portal - Microsoft Internet Explorer" and the address bar shows "http://a2cportal.dyn dns.org/a2c/main.php". The page features a banner with the "ACCESS2CARE it means everything" logo and a support phone number "1-888-939-2273". A navigation menu includes "USER ADMIN" (highlighted), "Vendors E-Report", "AR Ready", "AR Pending", "New Trips", "Accepted Trips", and "Clear Trips". Below the menu is a "User List" section with a table header containing "Name", "Email Address", and "User Name". The table currently displays "No Records Found" and an "Add New" button. Three callout boxes provide instructions: one points to the "User Admin" tab, another points to the "Vendors E-Report" tab, and a third points to the "Vendors E-Report" tab with the text "Don't miss any E-Reports. Click here."

Provider E-Reports

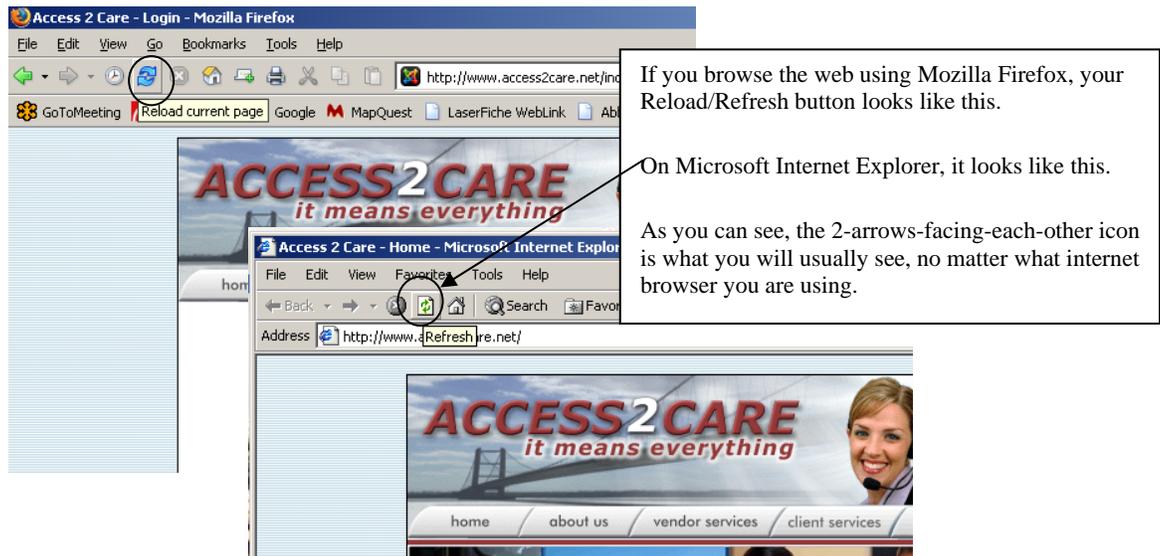
From anywhere in your website you may look at Provider E-Reports we have issued recently. The new and archive editions are available with a click.

Miscellaneous Information:

A. Refresh your screen - why and how:

If your website has been open for more than an hour or two, it will be a good idea to “Refresh” or “Reload” your screen. This action will import any recently added New Trips, Cancellations, trip updates, A/R updates or other new information. There are two ways to do this.

- 1) Log out (or close the site) and log back in. This will update all information, but you will have to re-enter your ID and password and will be taken back to [New Trips](#), no matter where you were when you logged out. There is an easier way...
- 2) **Click** on the Refresh (or Reload) button on your internet browser’s tool bar at the top of your screen (see below for examples from two commonly used browsers). This will update all the information in your site; you won’t have to log back in and you will stay right where you were working when you “refreshed”.



B. What can we do better?

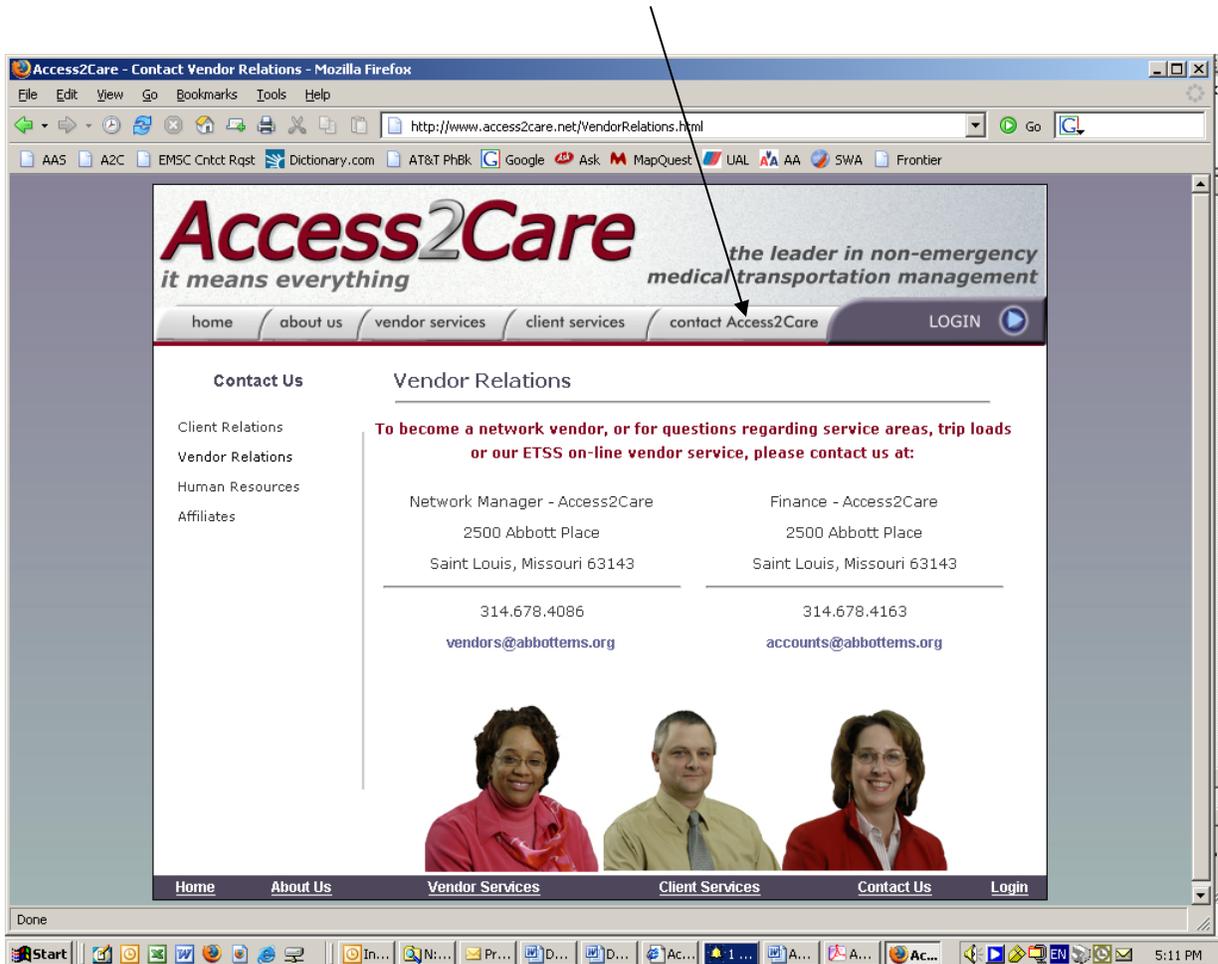
Since we began live operation of this Electronic Trip Management System, we have made a number of excellent changes based solely on the feedback we have received from you, our “Web” providers. If you see something that we can do better, please don’t hesitate to share your suggestions! (See **E** below for contact information.)

C. Watch for Changes:

As the website is updated and new services are added, you may notice changes. We will do our best to keep you up-to-date about any additions to the site through our *Provider E-Reports*, which we will send to you by email, so it will be a good idea to take time to read these. As we recognize how valuable your time is, we will only send them when we have information to share.

D. Contact Us:

We are at your service. Click on the contact Access2Care tab on the website for information on how to get in touch.



E. If you have questions

...about the website, contact your Network Specialist or email Michael Hite at: Michael.Hite@amr.net.

Once you have spent a little while on the web site, you will find that it is not only easy to use, but will also most certainly help make your operation more efficient and productive as you manage your trips with a few clicks. We have almost completely eliminated the need to send paper back and forth and greatly speeded up the payment process if you clear your trips in a timely fashion. We welcome your feedback and are here to help you succeed.

Attachment A



Access2Care

NON-AMBULANCE CREDENTIALING CRITERIA AND STANDARDS

NETWORK MANAGER INITIALS & DATE	TITLE	STANDARD
	Licensure and Compliance	The organization must have and provide copies of all current licenses required by state or federal laws.
	Organizational Structure	The organization must have and provide a copy of their internal structure.
	Insurance	The organization must have and provide evidence of adequate insurance as required by the Provider Network Agreement.
	Policies and Procedures	The organization must have and maintain written policies and procedures. These should describe all aspects of the operations and address all operational requirements by state or federal laws.
	Backup Services Plan	The organization must have and maintain Backup Service Plans for addressing vehicle malfunctions or communication outages.
	Complaint Tracking, Reporting and Resolution	The organization must have and maintain a system to track, report and document resolution of complaints.
	Incident Reporting	The organization must have and maintain a method of reporting incidents inclusive of accident reporting.
	Employee Substance Screening	The organization must have and maintain current copies of employee substance screening as required by law for all personnel providing patient services.

NETWORK MANAGER INITIALS & DATE	TITLE	STANDARD
	Driver's DMV and Criminal Background Checks	The organization must have and provide evidence of Driver DMV and Criminal Background checks for all personnel providing patient services with routine rechecks at least annually.
	Debarment	The Provider must not be on any applicable state or federal debarment list
	Driver Training	The organization must have and maintain a driver training program that addresses utilization of safety restraints, non-smoking, safe driving, defensive driving and patient assistance.
	Dispatcher Training	The organization must have a dispatcher training program and written procedures must exist.
	Vehicle Maintenance	The organization must have a documented vehicle cleaning and preventive maintenance program.
	Service Requests	The organization must have the ability to document and maintain forms on all service requests.
	Response Time Reports	The organization must have the ability to track and report on actual response times.
	Billing and Collections	The organization must have written policies and procedures for submitting billings and demonstrate the ability to collect for services.

After review and inspection of all applicable documents and records, I attest that _____ has met the above credentialing/requirements. Attached are copies of the required documents.

Access2Care Network Specialist

Date

Attachment B

Vehicle Inspection Report

Provider: _____ Date: _____

Vehicle Make/Model/Yr: _____ License Number: _____

Requirement	Yes	No
1. Vehicle identified with Provider name and vehicle number using letters at least 6" high		
2. Functioning, clean and accessible seat belts for each passenger seat position and stored off the floor when not in use		
3. Operating speedometer and odometer		
4. Two exterior rear view mirrors, one on each side of the vehicle		
5. Interior mirror for monitoring passenger compartment		
6. Clean interior and exterior. Exterior is free of broken mirrors or windows excessive grime, rust, chipped paint or major dents which detract from the appearance of the vehicle. Interior is free from torn upholstery of floor coverings, no broken or damaged seats. Interior has adequate interior sidewall padding and ceiling covering		
7. Vehicle floor is covered with commercial anti-skid, ribbed rubber flooring or carpeting.		
8. Vehicle is equipped with functioning UL-approved fire extinguisher, functioning flashlight		
9. Vehicle is equipped with a first aid kit which includes latex gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer (spill kit)		
10. 3 portable triangular reflectors mounted on stands. Flares are prohibited		
11. Working heating and cooling systems adequate for heating, cooling and ventilation needs of both the driver and passengers		
12. Signage posted within the vehicle that reads: "No Smoking, Eating, or Drinking". "All passengers must wear seat belts"		
13. Accident report form		
14. Working turn signals, headlights, taillights, brake lights, windshield wipers, and functioning horn		
15. Functional handles on all doors		
16. Functional interior lights		
17. Shoulder restraints for each wheelchair station with safety locks		
18. Vehicle meets Federal, State, and ADA requirements		
19. Child safety seats, where applicable, which meet State and Federal Guidelines		
20. Tires are correctly pressurized and have appropriated tread depth		
21. Spare tire is accounted for, pressurized and has accompanying car jack		
22. Exhaust muffler is in working condition and free of damage		
23. Vehicle is equipped with a stationary or removable step		
24. Vehicle and/or driver must carry an acceptable form of communication (radio, cell phone)		

Corrective Actions:
1.
2.

Re-Inspection Date: _____ Inspector's Name: _____

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ATTACHMENT 6: SAMPLE PROVIDER



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TRANSPORTATION PROVIDER APPLICATION

INSTRUCTIONS: Please complete all sections of this application.

Service Information

Legal Name of Service:		DBA:	
Corporate Street Address:		City:	
County:	State:	Zip Code:	Phone:

Mailing Address: (If different from above)		
City:	State:	Zip Code:

Attach a separate list of all applicable service address locations and contact name and telephone number

Applicant Information

Owner's Name:		
Street Address:		City:
State:	Zip Code:	Phone:
Fax:	E-mail:	Federal Tax ID Number:

Type of Service (check all that apply)

- Ambulatory Gurney Van Private
 Wheelchair ALS/BLS Public/Municipal
 Bus
 Other (please explain) _____

Type and number of Vehicles

- _____ Taxi / Yellow Cabs
 _____ Med Car (sedans/vans used for medical trips only)
 _____ Medical Facility Based Service
 _____ Non-Emergency Ambulance Based Service
 _____ Community Service Agency
 _____ Para lift Van Service
 _____ Public Fixed Bus Service
 _____ Stretcher
 Other Explain: _____



Access2Care

TRANSPORTATION PROVIDER APPLICATION

Service Area - Indicate counties in which applicant is licensed: _____

Vehicle Liability Insurance Information

Insurance Company Name:
Limit Amount per occurrence/aggregate \$

Personal Liability Insurance Information

Insurance Company Name:
Limit Amount per occurrence/aggregate \$

NOTE: Attach insurance cover sheets, binders, or certificates of insurance to this application.

1. Have there ever been any liability (i.e., malpractice, commercial, or vehicle) claims, suits, judgments, settlements or arbitration proceedings brought against you or currently pending involving you?
 No Yes
2. Have you (or any employees that will provide services for us) ever been suspended, fined, disciplined, investigated, expelled, sanctioned or otherwise restricted or excluded from participation in any private, federal, or state health insurance program (for example Medicare or Medicaid) or are any such proceedings in progress against you?
 No Yes
3. Have you (or any employees that will provide services for us) ever been disciplined or sanctioned by any professional licensing body or accrediting organization, or are any such proceedings in progress against you?
 No Yes
4. Have you (or any employee that will provide services for us) ever been convicted of, pled guilty to, or pled nolo contendere to any felony that is reasonably related to your qualifications, competence, functions or duties of the services that will be provided or currently under indictment or currently have pending any such charges?
 No Yes
5. Have you (or any employee that will provide services for us) ever been convicted of, pled guilty to, or pled nolo contendere to any felony that alleged fraud, an act of violence, child abuse, patient abuse, or sexual misconduct or are currently under indictment or currently have pending any such charges?
 No Yes



Access2Care

TRANSPORTATION PROVIDER APPLICATION

For any of these questions in which you answered Yes, please provide a full and complete explanation on an additional sheet of paper. Answering Yes to any of the above questions does not necessarily disqualify you from consideration.

Current Business License

Please attach copies of all current city, county and/or state licenses to this application

Hours of Availability -

Monday – Friday _____am _____pm
Saturday _____am _____pm
Sunday & Holiday _____am _____pm

Does your business qualify for your State’s “Minority-Owned Business Enterprise” (MBE)?

Yes No

Does your business qualify for your State’s “Women-Owned Business Enterprise? (WBE)?

Yes No

(This designation is not available in all states. The description is as above, replacing “woman” for “minority”.)

If yes, is your company a **Certified WBE**? Yes___ No___ If so please provide us with your certification number and a copy of your certificate.

If not, are you interested in becoming certified? Yes___ No___

By signing this application, the Transportation Provider acknowledges that it, as well as any employee or contract employee are not listed on the U.S. Department of Health and Human Services’ Excluded Provider list for federal health care programs. In no event, shall any such excluded provider be allowed to provide services in our Network.



Access2Care

TRANSPORTATION PROVIDER APPLICATION

APPLICANT'S SIGNATURE

The undersigned Provider certifies that the above information is true and complete. I further certify that the service specified above will operate in conformity to the requirements of all local, state, and federal regulations. The undersigned Provider hereby consents to its (including any of its principals or employees) background being checked by AMR and/or its agent. Provider consents to the disclosure, inspection and copying of information and documents related to Provider's qualifications for Network participation by and between AMR and other health care organizations and third parties regarding Provider's qualifications for the purpose of evaluating this application. Provider is informed and acknowledges that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications made in good faith in connection with evaluating the qualifications of health care providers. Provider hereby releases all persons and entities, including AMR, their representatives and all persons and entities providing information to AMR, from any liability they might incur for their acts and/or communications in connection with evaluation of Provider's qualifications for Network participation, including any decision to admit or deny Provider's application. Provider understands and agrees that Provider, as an applicant, has the burden of producing adequate information for proper evaluation of Provider's qualifications for Network membership. The undersigned hereby affirms that the information submitted in this application and any addenda thereto is true, current, correct, and completed to the best of my knowledge and belief and is furnished in good faith. Provider agrees to provide AMR with any updated information in the event of any change in the information set forth in this application.

Applicant Signature

Date

PLEASE CHECK THE FOLLOWING TO MAKE SURE YOU'VE SUBMITTED A COMPLETE APPLICATION:

- Have you completed all Provider information?
- Have you attached a copy of your insurance coverage?
- Have you attached a copy of your business license?
- Did you sign the application?

Please fax your completed application to **Mike Hite** at **(303) 495-1295**

Access2Care

ATTACHMENT 7: SUBSTANCE ABUSE PREVENTION POLICY



EMSC SUBSTANCE ABUSE PREVENTION POLICY

<u>SECTION</u>	<u>TOPIC</u>	<u>PAGE</u>
*	INTRODUCTION.....	1
1.0	POLICY STATEMENT.....	2
2.0	STANDARDS OF EMPLOYEE CONDUCT.....	2
3.0	DRUG & ALCOHOL SCREENING.....	3
4.0	PRE-EMPLOYMENT DRUG TESTING.....	3
5.0	DRUG & ALCOHOL SCREENING / TESTING, CURRENT EMPLOYEES ⁴	4
6.0	DRUG & ALCOHOL TEST PROCESS.....	5
7.0	DRUG & ALCOHOL TEST METHODS.....	5
8.0	CONFIRMATION OF TEST RESULTS.....	6
9.0	ALCOHOL TEST FAILURE CRITERIA & CONSEQUENCES.....	6
10.0	DRUG TEST FAILURE CRITERIA & CONSEQUENCES.....	6
11.0	EMPLOYEE ASSISTANCE PROGRAM.....	7
12.0	SELF-DISCLOSURE OF A DRUG OR ALCOHOL PROBLEM.....	7
13.0	EDUCATION AND TRAINING.....	7
14.0	EXCEPTIONS.....	7

BACKGROUND

Emergency Medical Services Corporation (EMSC) recognizes that alcohol and substance abuse can create a hazard both for the user and for those persons who come in contact with the user. While each employee is ultimately responsible for his or her own safety and health, EMSC recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable laws and regulations.

PURPOSE

The purpose of the *EMSC Substance Abuse Prevention Policy* is to outline a comprehensive prevention and response system that will reduce the likelihood of substance abuse by employees, thereby supporting EMSC’s Risk Management Program and creating a safer environment for employees, patients and the general public.

APPLIES TO

This policy applies to all EMSC employees.

ENFORCEABILITY

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap / injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about substance abuse prevention, please contact your supervisor or the Human Resources Department.



EMSC SUBSTANCE ABUSE PREVENTION POLICY

Version 1.0 <> Effective 09/21/2006

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1.0 It is the policy of EMSC to:

- 1.1 Expressly prohibit the unlawful use, possession, manufacture, distribution, dispensation, or sale of alcohol and controlled substances or illicit drug paraphernalia by its employees at all times. In addition to termination, EMSC may report these activities to local law enforcement or other regulating agencies.
- 1.2 Require EMSC employees to be fit for duty while performing services on behalf of the company and to perform all assigned duties without the presence of illegal drugs, alcohol or inappropriate legal drugs in their systems.
- 1.3 Test any employee for alcohol and controlled substances as outlined in this policy.
- 1.4 Whenever necessary, search EMSC premises for evidence of potential substance abuse. "EMSC premises" includes but is not limited to: all facilities and areas in which EMSC operates, EMSC owned / leased property, any property where services on behalf of EMSC are being performed, EMSC owned or leased equipment, privately owned vehicles while on EMSC owned or leased property, parking lots, lockers, desks, equipment, work spaces, and storage facilities.

PROCEDURES

2.0 Standards of Employee Conduct

- 2.1 Employees should refrain from alcohol consumption for at least 8 hours prior to the start of any work shift.
- 2.2 * EMSC employees shall not consume alcohol if any of the following situational factors apply:
 - (a) On-duty
 - (b) On-call
 - (c) In EMSC uniform, even if "off-duty"
- 2.3 EMSC employees may be exempt from the alcohol related provisions of this policy for a specific meeting or company function where alcohol consumption is permitted by EMSC management.
 - (a) Alcohol related exemptions shall not apply to any employee that:
 - (1) Is expected to remain ready to respond to emergency calls, provide patient care, or provide clinical guidance to on-duty employees [e.g. field employees or field supervisors who are on-duty or on-call].
 - (2) Drives an EMSC vehicle to or from the meeting / company function
 - (3) Is in EMSC uniform, regardless of duty status
- 2.4 * EMSC employees are prohibited from unlawful use, possession, manufacture, distribution, dispensation, or sale of controlled substances or illicit drug paraphernalia.
- 2.5 If taking a prescribed or over-the-counter drug, employees must immediately report to their supervisor if the use of the drug may alter the employee's behavioral alertness or mental ability and / or may interfere with the employee's ability to perform their normal job duties in a safe and competent manner.
 - (a) The company may require the employee to provide a written letter of explanation from their physician that indicates knowledge of the employee's work, sufficient awareness of the



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hazards associated with the work, and professionally reasoned confidence that the prescribed medication will not create unreasonable risk for the employee, coworkers, patients, or the community.

(b) Employees are not to take prescription drugs unless they are issued to them by a physician. Therefore, any prescribed drugs taken while on duty must be in the original container and be clearly marked with the employee's name on the prescription label.

(c) Employees are not to knowingly misuse or abuse over-the-counter or prescription medications.

2.6 Employees must notify their supervisor immediately if they are arrested or convicted under any criminal statute associated with drugs or alcohol.

3.0 Drug and Alcohol Screening

3.1 EMSC locations that do not have a saliva-based screening process available should proceed directly to drug and alcohol testing if indicated by Section 5.0 of this policy.

3.2 Where available, saliva-based drug and alcohol screening may be used to "rule-out" the presence of alcohol or controlled substances in an employee's system. In such cases, an HR-approved procedure or checklist should be used to govern the key steps of the screening process, including but not limited to:

(a) Ensuring appropriate steps are taken to document the reason for administering the screen

(b) Providing for a witness while the screen is administered

(c) What to do if the saliva-based screen indicates "non-conclusive" or similar findings that suggest the need to utilize a drug and alcohol test.

3.3 No EMSC location or department is obligated to make saliva-based screening available to employees.

3.4 Saliva-based screening is not to be used as the basis for taking corrective action. Rather, it may be used only to determine whether to proceed with a drug and alcohol test.

3.5 Screening results that indicate "non-conclusive" [or equivalent] shall trigger quantified drug and alcohol testing as described elsewhere in this policy.

3.6 Regardless of saliva-based screening results or an employee's refusal to participate in a drug or alcohol screen, EMSC reserves the right to require an employee to undergo a drug or alcohol test.

4.0 Pre-Employment Drug Testing

4.1 Individuals that receive a job offer from EMSC must complete a post-offer / pre-placement drug test that is administered by an EMSC-designated provider. EMSC's Human Resources Department should provide guidance to employment candidates regarding HR-designated test locations, documentation and process requirements.

4.2 Saliva-based screening is not permitted for use in lieu of the drug test required by this section.

4.3 Employment candidates that refuse to undergo a drug test, or who fail the test, are not eligible for hire.

5.0 Drug and Alcohol Screening / Testing—Current Employees

5.1 Reasonable suspicion criteria



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- (a) EMSC management may initiate a reasonable suspicion drug and alcohol screen or test for any employee who exhibits physical, behavioral, or performance indicators of possible drug or alcohol use.
- (b) Prior to initiating a reasonable suspicion drug and alcohol screen or test, Supervisors should consult with the EMSC Human Resources Department and other appropriate resources as necessary.
- (c) The investigating Supervisor should clearly document the physical, behavioral or performance indicators of possible drug or alcohol use that formed the basis of their reasonable suspicion. This information, along with any other investigation work products, should be forwarded to Human Resources for review.

5.2 For cause criteria

(a) Post-incident

- (1) All collisions involving an EMSC vehicle where one or more persons are transported by ambulance or any vehicle must be towed from the scene
- (2) More than 2 workers' compensation claims that involve treatment in a 12 month period
- (3) Discovery of an open container of alcohol, controlled substances or drug paraphernalia in an employee's possession while at work, in the employee's work area, or in any area the employee had access to
- (4) Missing or altered controlled substances to which the employee had access
- (5) More than one customer complaint of missing medications in a 36 month period
- (6) Arrest or conviction for violation of a criminal drug statute
- (7) Alleged felony activity while on duty

5.3 Return to duty testing criteria

- (a) Employees that meet the condition of Section 9.2 of this policy are required to successfully pass a return to duty alcohol test before resuming duty.
- (b) Employees that proactively self-disclose a drug or alcohol problem to the company are required to take a return to duty drug and alcohol test before returning to duty. See also Section 5.4 below.

5.4 Follow-up testing criteria

- (a) Employees that proactively self-disclose a drug or alcohol problem to the Company or who meet the condition of Section 9.2 of this policy will be required to participate in a follow-up [unannounced / random] testing regimen that is designed or approved by the Company.

5.5 Random testing criteria

- (a) Excepting those covered by a last-chance agreement, as outlined in Section 12.2 of this policy, random drug and alcohol testing may not be done unless a separate written program is established by the EMSC Human Resources Department.

6.0 Drug and Alcohol Test Process

- 6.1 Given the inability to determine the presence or type of substance(s) that might be in an employee's system without conducting an appropriate test, alcohol testing must be done in



EMSC SUBSTANCE ABUSE PREVENTION POLICY

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conjunction with controlled substance testing and vice versa. Using only one or the other test is not permitted—both must be used.

- 6.2 * If the employee refuses to submit to a drug and alcohol test or refuses to sign a chain of custody form or any other documentation associated with this policy or the drug or alcohol testing process, he/she will be terminated.
- 6.3 * Employees shall not take any deliberate action to mask the signs of alcohol or controlled substance use or to elude detection of having alcohol or controlled substances in their system.
- 6.4 * Employees shall not switch or adulterate a drug or alcohol test specimen. This action shall result in termination.
- 6.5 * Upon being notified by the Company of the need to submit to a drug and alcohol test, employees must immediately report to the test collection site as directed by the investigating supervisor. Failure to do so may result in termination.
- 6.6 EMSC management should provide or arrange safe transportation for the employee upon request, or upon management suspicion that an employee may be unable to safely operate a vehicle.
- 6.7 An employee required to undergo an alcohol and drug test based on “reasonable suspicion” should be placed on unpaid administrative leave until the test results are received. Employees required to undergo a drug and alcohol test based solely on the basis of meeting the “for cause” criteria specified in Section 5.2 of this policy [i.e. no reasonable suspicion factors evident] do not normally need to be placed on administrative leave. Consult the Human Resources Department as needed in this regard.
- 6.8 All documentation associated with the administration of this policy will be maintained by the EMSC Human Resources Department and will be treated as confidential.

7.0 Drug and Alcohol Test Methods

- 7.1 As established in Section 3.0 of this policy, EMSC may elect to utilize a saliva-based drug and alcohol screening to help determine whether administering a quantified drug and alcohol test is indicated.
- 7.2 EMSC controlled substance testing detects opiates, marijuana, phencyclidine (PCP), amphetamines, cocaine, cocaine & marijuana metabolites, benzodiazepines, barbiturates, methadone, propoxyphene and may test for any other substances identified in Schedules I-V of Section 202 of the Controlled Substances Act (21 U.S.C. Section 812). Controlled substance testing will be performed with split urine samples by a HHS-certified laboratory under the National Laboratory Certification Program (NLCP).
 - (a) An initial screen by immunoassay (e.g. EMIT) and confirmation test using Gas Chromatography/Mass Spectrometry will be conducted.
 - (b) In addition to the interpretation, test sites should be asked to provide quantified results.
- 7.3 Alcohol testing may be conducted by breathalyzer, urinalysis, or blood. If the initial test indicates the presence of alcohol, a confirmation test will be done within fifteen minutes. Confirmation testing may be by breathalyzer, blood testing or any other evidentiary means for testing alcohol.

8.0 Confirmation of Test Results

- 8.1 EMSC will designate a Medical Review Officer (“MRO”) who shall be a licensed physician with knowledge of drug and alcohol abuse disorders. The MRO shall perform the following functions:



EMSC SUBSTANCE ABUSE PREVENTION POLICY

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- (a) Review and interpret each confirmed positive test result to determine if there is an alternative medical explanation for the result. The MRO should:
 - (1) Conduct a medical interview with the individual tested.
 - (2) Review the individual's medical history and any relevant biomedical factors.
 - (3) Review all medical records made available by the individual tested to determine if a confirmed positive test resulted from a legally prescribed medication.
 - (4) If necessary, require that the original specimen be reanalyzed to determine the accuracy of the reported test result.
 - (5) Verify that the laboratory report and assessment are correct.

8.2 The MRO review of confirmed positive test results shall conclude with one of the following determinations:

- (a) There is a legitimate medical explanation for the confirmed positive test result other than unauthorized use of a controlled substance. This shall be reported to EMSC as a negative test and shall be recorded in the employee's medical file.
- (b) Based on a review of laboratory inspection reports, quality assurance and quality control data, and other drug test results, the MRO may conclude that a particular drug test result is scientifically insufficient for further action. This shall be reported to EMSC as a negative test and shall be recorded in the employee's medical file.
- (c) The MRO determines, after appropriate review, that there is no legitimate medical explanation for the confirmed positive test result other than the unauthorized use of a controlled substance or alcohol. This shall be reported to EMSC as a positive test and shall be recorded in the employee's medical file.

9.0 Alcohol Test Failure Criteria and Consequences

9.1 < 0.02: No action based on alcohol concentration.

9.2 ≥ 0.02 and ≤ 0.039 : Removal from duty, mandatory EAP referral, mandatory final written warning, at least a one (1) shift unpaid suspension, mandatory return to work test, mandatory / signed last chance agreement that includes [but is not limited to] mandatory participation in a follow-up testing program designed or approved by EMSC. This option may be used only once during an employee's work experience(s) with EMSC.

9.3 ≥ 0.04 : Termination.

10.0 Drug Test Failure Criteria and Consequences

10.1 Any detectable presence of controlled substances, controlled substance metabolites, or controlled substance test adulterants will result in termination.

11.0 Employee Assistance Program

11.1 EMSC supports early intervention and treatment for employees faced with alcohol or controlled substance related problems by providing an Employee Assistance Program (EAP). Employees



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with alcohol and /or substance abuse problems are strongly encouraged to voluntarily and proactively utilize the EAP service. For current information about this service, employees should contact their supervisor or the EMSC Human Resources Department.

12.0 Self-Disclosure of a Drug or Alcohol Problem

- 12.1 Employees are strongly encouraged to proactively inform their supervisor or a Human Resources Department staff member if they have an alcohol or a controlled substance abuse problem. If notified, the Company should carry out an investigation into the matter. The investigation may include requiring the employee to take an alcohol and / or controlled substances test.
- 12.2 If the investigation shows the employee's disclosure was made proactively [i.e. before being requested by the Company to submit to drug or alcohol testing and before an incident occurs that could reasonably lead to such request], the employee may be permitted, in lieu of termination, to enter into a written "Last-chance agreement" between the employee and the Company.
 - (a) As part of the last-chance agreement, the employee may be required to take an unpaid leave of absence in order to complete appropriate treatment for alcohol and / or controlled substance abuse.
 - (b) Before becoming eligible to return to duty, employees participating in a last-chance agreement must agree to and fully comply with all requirements established by the Company, the local EMS Agency, and the EMS Agency Medical Director.
 - (c) Failure to sign the last-chance agreement or failure to fully comply with the terms therein shall be grounds for termination.
- 12.3 Self-disclosure of an alcohol or substance abuse problem that is deemed to be reactive in nature [i.e. after being requested by the Company to submit to drug or alcohol testing or after an incident occurs that could reasonably lead to such request] will have no effect. If a drug or alcohol test reveals a failed result, the employee will be subject to the corrective actions specified in Sections 9.0 and 10.0 of this policy.

13.0 Education and Training

- 13.1 EMSC has implemented a Drug Free Awareness Program to educate employees and their families on alcohol and substance abuse issues. The Program includes information about:
 - (a) The EMSC Substance Abuse Prevention Policy.
 - (b) The dangers of alcohol and drug abuse.
 - (c) The availability of confidential treatment and counseling through EMSC's EAP
 - (d) The consequences of violating this policy.

14.0 Exceptions

- 14.1 Any exception(s) to this policy must be approved by the National VP of Human Resources and the National VP of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

Access2Care

ATTACHMENT 8: DISASTER RECOVERY PLAN

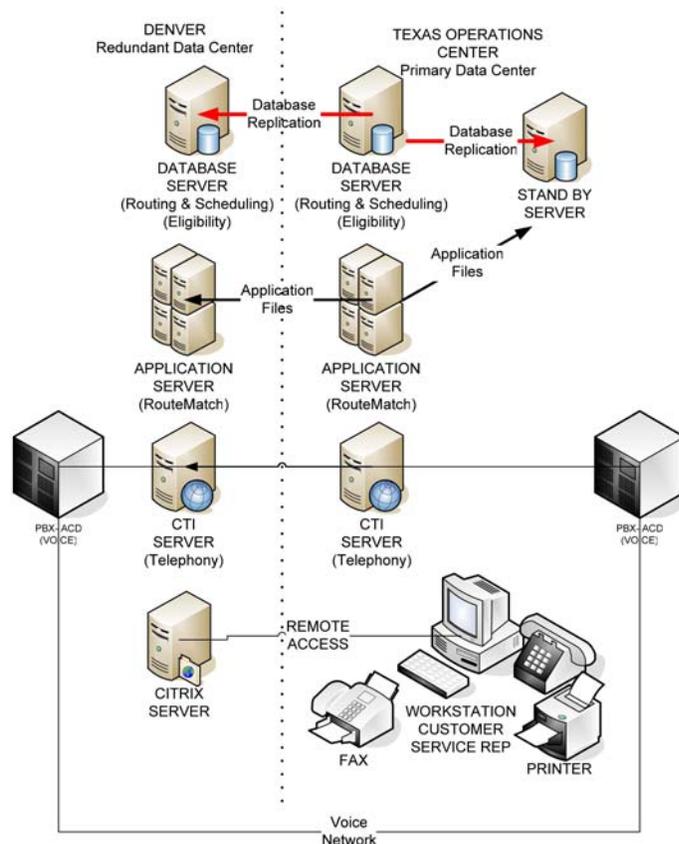
Disaster Recovery Plan

By virtue of its expertise in providing emergency and non-emergency medical services including call intake, dispatching and vehicle tracking across the country, AMR understands the importance of having a robust, scalable, and fully tested disaster recovery plans in place for all facilities and functions. In an integrated network such as AMR's, discussing disaster recovery in a single facility would be woefully inadequate — as our national network of call centers, dispatch and operations centers is designed to support the failure of one or more centers in the network. The following is a discussion of our system architecture philosophy, and how this architecture plays a vital role in the overall availability of our capabilities.

System Infrastructure and Design

AMR has designed its infrastructure to provide multiple layers of redundancy to ensure business continuity in support of the contract. The primary database and application reside in our harden national data center while the telephony integration and phone switch resides in the State of Idaho. On site in the Idaho Operations Center is a “standby” system to process reservations and transportation requests, data access, and reporting in the event of a local hardware failure. If the site needs to be evacuated or is deemed “dark” due to an outage or natural disaster, a fully redundant system hosted in Denver, Colorado, has the capability to answer and process beneficiary transport requests. The Denver location will route the telephone calls to an off-site location for business continuance, and the Access2Care application is running in Denver for call processing and transportation scheduling. The Access2Care application is running in several of AMR's call and dispatch centers nationwide.

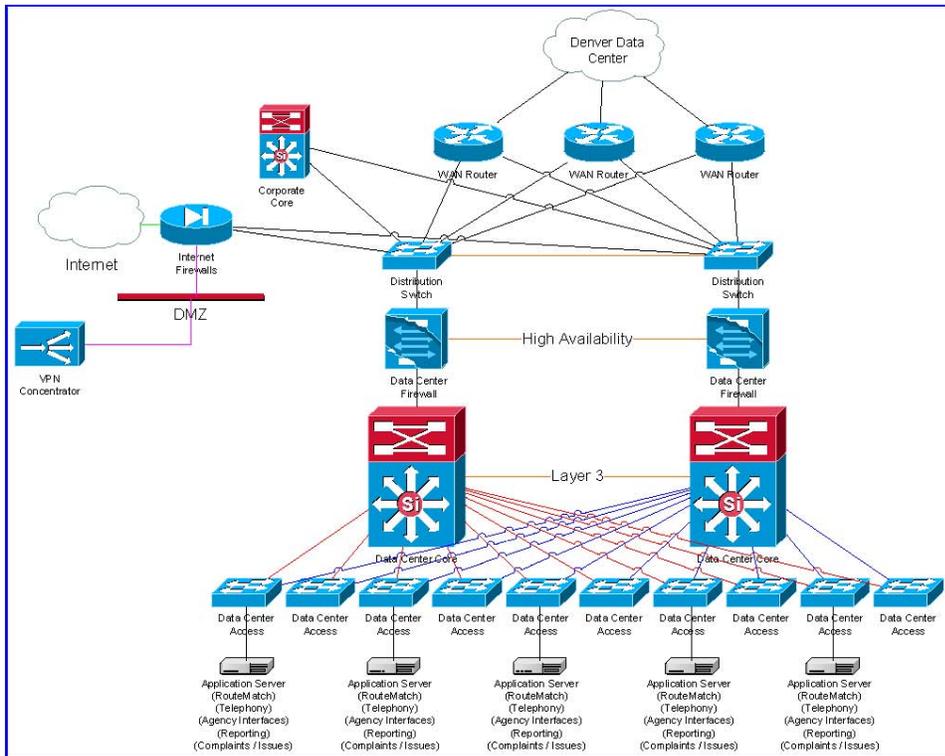
The following is a graphic representation of our redundant system solution:



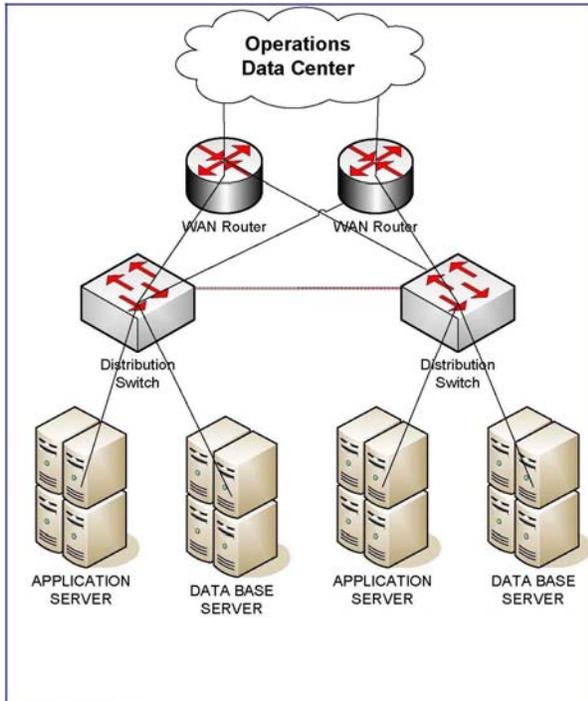
The entire infrastructure resides within the AMR national network and may be accessed from outside the AMR network only via secure login and the use of a Virtual Private Network (VPN) solution or business partner network.

The following diagrams outline our data center and WAN design:

AMR's Network Infrastructure

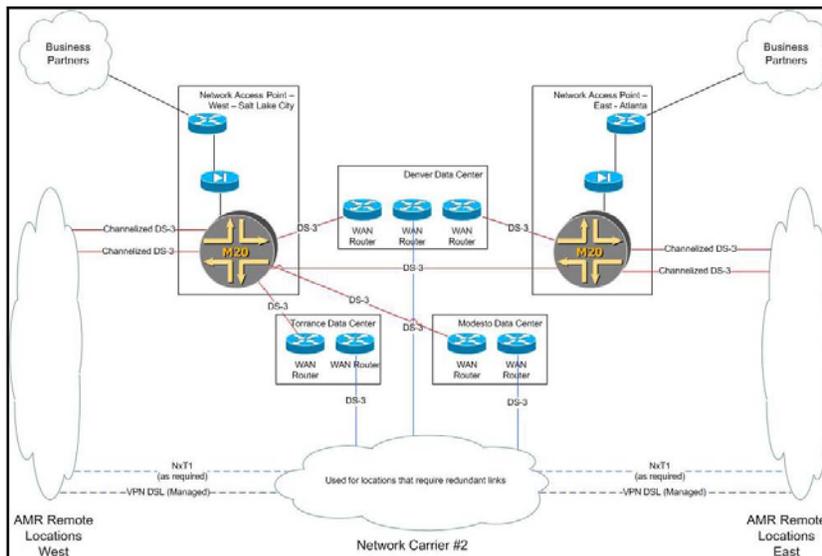


Data Center System Redundancy



AMR has designed the network to provide multiple layers of electronic security for systems, data and services. Any external connection is secured by redundant firewalls. Data centers are additionally secured with separate security devices. Since no system can be immune to external threats, AMR has implemented and maintains this multi-tiered security model to provide multiple barriers to entry and the ability to rapidly respond to any threats.

Wide Area Network



AMR also has implemented security best practices based on ISO-17799 processes and programs to continuously monitor and improve the electronic security of its systems. In cooperation with an objective, third-party security firm, AMR undergoes a Continuous Security Improvement Program managed by the Information Systems Security Office Manager. These internal and external security scans produce work lists of issues for resolution and an annual end-of-year electronic security audit that produces a comprehensive view of AMR's infrastructure and its security status.

This program delivers the IT Group a focused set of objectives to accomplish and prioritizes issues based on the severity of the security warnings identified. The IT Group is then able to quickly and effectively address issues related to every network device (firewalls, VPN, routers, and switches), telephone switch, server, printer and workstation at all locations within the infrastructure. With the scanning program, the engineers immediately can see the results of their actions and fine-tune the infrastructure to further remove any potential for vulnerabilities. A copy of the annual electronic security audit report is available for review. All scans within the program are maintained as confidential information and will not be shared with anyone outside of the infrastructure team.

Data Architecture and Replication

AMR's data-storage capabilities have been designed using state-of-the-art architecture to provide for high availability and fail-over. Application and database servers will be clustered to provide high availability, and a storage-area network is employed to provide centralized data repositories for the clusters. Database servers use Microsoft Clustering Server to keep each server in fail-over mode. These clusters are replicated across the WAN to provide a complete mirror of all application data at the Denver data center. This architecture allows any one of our call centers to act as a backup or fail-over for other data/call centers. Redundant center locations include but are not limited to the following sites: Atlanta, Georgia, Akron, Ohio, Houston, Texas, St. Louis and Denver.

Fault Tolerance

AMR's network and systems infrastructure is designed to provide fault tolerance in the event of a major issue or problem. Server hard-disk drives are mirrored as a precaution against service interruption or data loss due to hardware failure. Network devices are configured in fail-over mode to maintain continuous operation regardless of hardware or service issues. Enterprise Monitoring and Management software is used to monitor and execute automated resolution instructions and notify IT staff of issues; both pending and immediate. IT business processes are designed to proactively identify and resolve issues before they can affect business operations. Back-up procedures follow industry standards for ensuring the security of data. Network redundancy and diverse providers ensure that network traffic is successfully carried, even if some components or providers should fail.

Electronic data security is a key component of the AMR architecture. All network traffic between locations is sent via private point-to-point circuits. Each server employs RAID technology that allows for the replacement of hard drives without shutting down a server. By employing mirrored servers and storage media, the need to repair a failed component in one server will not require AMR to interrupt working services while repairs are made to the affected server. Finally, new data is filed off the system daily and stored in off-site locations in accordance with our enterprise backup processes.

Facility Considerations

This section highlights potential problem areas that more directly affect individual facilities, including the following:

- Phone services
- Electrical power
- Building safeguard
- Data safeguards

Continuous Phone Service

AMR has defined business-continuity activities for each location that may transfer responsibilities and phone services to an alternate facility in the event of an interruption in local phone service. The physical

roll-over of phone service is coordinated with our long-distance provider and is executed from a central office site. The established procedures, combined with our daily business processes, allow for a quick and smooth transition of operations from one facility to another so no local problem can hinder our ability to provide services to our customers. In addition, Service Delivery Coordinators at back-up locations are trained in the Access2Care application so they can properly service callers.

Electrical Power

The Idaho call center is attached to an Uninterruptible Power Supply (UPS). This allows for the continuous operation of systems in the event of a temporary interruption of power. It also allows AMR to condition the power delivered to systems, further protecting those systems from damaging power spikes. In the case of our data centers, generator power provides additional security and allows AMR to continue to deliver services during extended periods, even when there is no commercial power available. Generator power is automatically initiated in the event of an interruption in our data center without the need for manual intervention. The local call center will have UPS and Generator power available as well.

Building Safeguards

AMR physically secures all data centers to control access to the critical services and hardware installed therein. The rooms are key-card controlled to provide limited access and a history of access by cardholders. In addition, a digital camera system is installed in each data-center room, to snap and record photos of entry and exit. These photos may be viewed remotely and researched to provide historical documentation of activities within the data center room. We monitor all systems.

AMR's National Data Center in Denver is protected by an FM-200 pre-action fire protection system. With this system, smoke detection and air-sampling technology provides advance warning of any problems and notifies staff to shut off power to the computer room in the event of an electrical fire. If staff cannot shut down the services, the system automatically initiates and eliminates the potential for a fire without causing damage to the systems. In addition, a Liebert RCM8CE Monitoring System monitors data center conditions and alerts staff to any problems it may detect. Finally, the NetBotz camera system delivers another layer of monitoring by allowing real-time and historical access to server-room conditions (heat, humidity, etc). An independent air-conditioning system provides overall climate control in the computer room. This system also has the ability to maintain the temperature and humidity of the systems within acceptable factor-specified levels.

Data Safeguards

AMR has implemented operational safeguards, procedures, and contractual amendments to ensure full compliance with the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, AMR is deemed a "Business Associate" of its health care-related clients. As such, to the extent AMR receives personally identifiable health care information ("PHI") from its clients; AMR has undertaken to protect that information in the same manner and to the same degree as that required of its clients. AMR has entered into Business Associate agreements with those clients that spell out AMR's obligations. As required by the statute and the applicable Business Associate agreement, AMR will use or disclose only the minimum necessary PHI to perform its duties. AMR employees have been trained in HIPAA requirements and applicable state law confidentiality requirements.

Disaster Recovery Situations

AMR is aware of the effect that disasters can have on people and businesses. We maintain the following priorities when confronted with a disaster:

- 1) Protect the safety and security of our employees and other people who may be at our facilities
- 2) Work to maintain uninterrupted service to our clients

3) Protect the physical assets we have invested into serving our clients

AMR has policies and systems in place to mitigate the impact of a disaster. The first part of this section provides a brief overview of the steps we take to protect human life in the event of relevant disasters. All these processes are a combination of good common sense, best practices, and legal compliance.

The second part of this section discusses the processes we have in place to provide uninterrupted service to our clients and to protect our corporate assets. Since technology is such an important part of contract execution and a large component of our assets, the majority of this section will cover protection of technology and our physical plant in disaster situations.

The Protection of Human Life in Disaster Situations

Hurricanes

High winds, storm surges, inland flooding, and tornadoes are all very real threats when a hurricane strikes.

When a Hurricane Watch is issued in areas that include AMR facilities indicating possible hurricane conditions within 36 hours, the Operations Director will make plans with AMR's National Resource Center to close the office and send our employees home so they can make their own preparations to protect their families and personal property and transition the operating functions to a new location.

Tornadoes

Tornadoes are most likely to occur in the spring and summer. Each AMR facility, if not already appropriate as a tornado shelter, will identify nearby locations that are appropriate for protection in the event of a hurricane. When a Tornado Watch has been issued in an area with AMR facilities, a decision will be made on a case-by-case basis as to whether to keep that facility open. In the event of a Tornado Warning indicating that severe weather is occurring, the facility's manager will direct employees to the pre-determined shelter location.

Severe Thunderstorms

In addition to significant downbursts of wind, severe windstorms can produce dangerous hail. When a Severe Thunderstorm Watch or Warning is issued, AMR will follow the same policies as outlined above for tornadoes.

Floods

Flooding is a frequent hazard. While AMR avoids acquiring facilities in potential flood zones, each of our new offices nonetheless will develop a flood emergency action plan appropriate to each specific location.

Fires

AMR meets or exceeds all fire-prevention regulations. AMR works with our respective building owners to make each building as safe as possible. In the event of fire, our employees will follow pre-designated plans to escape from buildings safely and quickly. Our office managers practice regular fire drills.

Hazardous Material Emergencies

To prepare for the remote possibility of the discharge of hazardous materials near an AMR facility, facility managers will familiarize themselves with the recommended best practices to establish a "Shelter in Place."

Terrorism

A terrorist attack occurs with little or no warning. As preparation for these events, AMR facility managers

familiarize themselves with terrorism best practices to know how to best direct others in the facility before, during, and after any attack. We currently reference best practices from the Federal Emergency Management Agency (FEMA). An overview of these best practices is contained in FEMA's terrorism fact sheet located at: <http://www.fema.gov/hazard/terrorism>.

Protecting Assets and Continuing Service in Disaster Situations

When ensuring service continuity and protection of assets, it is not as important to be ready to connect a plan to a specific type of disaster as it is when considering human safety. Rather, it is important to have in place the resistance, protection, redundancy and work-around plans and systems to maintain continuity of service and protect assets regardless of the type of disaster.

The system-security plans and prevention methods described earlier in this document fully document our preparation for managing these kinds of problems.

AMR maintains a corporate Disaster Recovery & Business Continuity Plan that defines the issues and requirements of each call center in the event of any disruption of normal business operation, including any interruption of computer functionality, be it a power failure or any other local disaster situation. Each facility maintains a local plan that builds on the corporate approach and defines specific actions related to that location, its staff and its clients.

Technology and processes used in AMR operations and call centers facilitate the delivery of high measures of stability and continuity in situations posing unusual and dramatic challenge to our operations.

Our enterprise software systems and data centers are designed with severe weather safeguards to maintain operations in times of crisis and inclement conditions. As described earlier, these safeguards include daily backups, alternative power sources, physically and digitally secure locations, and redundant design. To ensure uninterrupted operations in each of our operations centers, AMR maintains mirrored capabilities throughout our nationwide operations-center infrastructure. If one center cannot operate normally, its work immediately rolls over to its designated backup center(s). Our enterprise systems are designed with diverse connectivity and redundant devices that are configured to allow fault tolerance and automatic fail-over in the event of any service or hardware failure. Additionally, AMR maintains four-hour response maintenance services with our major suppliers to ensure a rapid solution in the event of hardware issues. The effectiveness of our emergency preparedness has been tested numerous times in a wide variety of conditions and has been proven effective in every circumstance. AMR also has stand-by "go to paper" procedures for continuing to receive call reservations and record reservations requests, even if the computerized reservations system is down. Reservations calls can be fully recorded on paper forms and faxed to providers. Data can then be entered into the computer system when power has been restored.

NET OPERATION DISASTER RECOVERY PLAN – Contact Outline

Any failure in the operations will result in a staff member contacting the facility manager, who will in turn address the areas outline below that are affected by the failure.

Utility Power Failure: With operational UPS and generator, call handling should not be interrupted.

- ✓ Notify AMR Technical Support at 1.866.267.9111
- ✓ If call center "goes dark"
 - Bypass UPS

- Contact Strategic Energy (if necessary)
- Ensure that generator has started
 - Generator not automatically started
 - Start generator
 - Contact Strategic Energy (if necessary)

Verizon (3) T1 Data and Voice Circuit Failure: Call handling at local center would not be halted. Each T1 circuit backs each other up.

- ✓ Notify AMR Technical Support 1.866.267.9111
- ✓ Notify client
- ✓ Reroute calls, if necessary:
 - Verizon Contact
 - Escalation level
 - C/B and Response Times
- ✓ Verizon Emergency Routing
 - To Local center (via alternate, functional circuits)
 - To alternate call center
- ✓ All call routing returned to normal when service is restored

Telephony Server and/or Router Failure: Calls will be routed to agents in St Louis. Agents will be able to use the application to take calls.

- ✓ Notify AMR Technical Support 1.866.267.9111
- ✓ Notify client contact
- ✓ Re-route calls to live agents in alternate call center
- ✓ Notify Telephony Technical Support (if necessary)
- ✓ Re-route calls for alternate call center
- ✓ All call routing returned to normal when system is operational

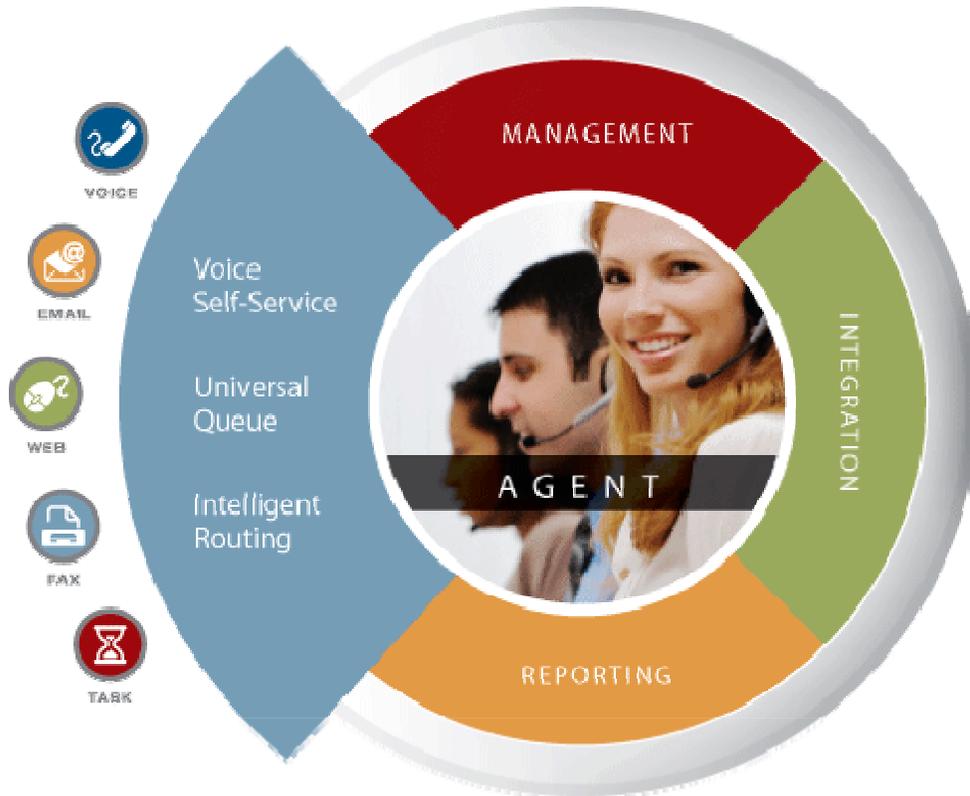
Access2Care Application Failure: Agents take call information manually (providing any telephony systems are operational).

- ✓ Notify AMR Technical Support 1.866.267.9111
- ✓ Notify client contact
- ✓ Notify other Access2Care users
- ✓ Activate manual process
- ✓ Check/change call allocation. All call routing returned to normal when system is operational

Access2Care

ATTACHMENT 9: SYNTELLECT CIM INFORMATION

Syntellec Customer Interaction Management



Experience Is Everything

The core of Syntellec Customer Interaction Management (CIM) contains an advanced management engine that enables you to fully control a universal queue of customer interactions of all types, including telephone and Interactive Voice Response (IVR), voice mail, email, web chat, web transactions, fax and agent tasks.

This fully featured contact center solution integrates seamlessly into your business environment and connects existing Customer Relationship Management (CRM) solutions, and other back-office applications, with your contact center, giving you and your agents a complete view of customer interactions. The platform delivers true site-independent universal queuing of all communication types across multiple contact centers, routing them to the most appropriate resource that is available.

Equipped with access to customers through multiple channels, complete interaction histories, comprehensive customer account information and quality service data, your agents can respond promptly and facilitate seamless escalation between qualified channels if necessary. Agents are provided with a consolidated view of all customer interactions, giving them the knowledge and tools to effectively handle any customer inquiry.

Along with traditional multi-channel interactions, Syntellec CIM supports tasks – activities

NEMT PROGRAM TELEPHONY SYSTEM

associated with, or independent of, standard interactions into or out of the contact center. Tasks can be generated by events within the platform or externally (e.g. CRM applications or workflow solutions) and placed in queue and prioritized along with other interactions, such as a call or voice mail. Tasks let the system accurately track the content and time of any agent activity, in a central location.

Syntellect CIM provides web-based administration, real-time monitoring and a comprehensive decision management system, which allows you to create a complete, customizable picture of how your customer interactions are handled. This gives you the knowledge and tools to make necessary changes to optimize your contact center.

Key Syntellect CIM Capabilities

- Enterprise-class scalability
- Multi-node resiliency and failover capability
- Global system configuration administration
- Global queuing across all sites
- PBX/IP independence
- Full multi-media contact blending
- Tasks queuing
- Blended inbound and outbound voice
- iVault – complete interaction lifecycle history
- Push/pull interactions
- Customer, skills and proficiency based routing
- Customer segmentation and prioritization
- Open API

For organizations looking for deeper integrations, Syntellect provides Software Development Kits (SDKs) and APIs to support embedded integrations with partner products, and custom enhancements for customer deployments.

With the power of Syntellect's Customer Interaction Management platform, you will be able to optimize operational efficiency, continuously improve agent performance, reduce costs associated with customer interactions, increase revenue, and ensure customer loyalty and branding.

Visit the [Contact Center Resources](#) section to discover more about Syntellect's interaction management solutions, whitepapers, case studies, articles and other information about the contact center industry.

Syntellect Communications Portal

Help Your Customers Help Themselves



Syntellect Communications Portal is an open, standards-based platform with integrated application development and management components that significantly reduce the time, cost and complexity of deploying voice and IP communications solutions. The Communications Portal combines the industry's most complete support for IP communication, including telephony, video messaging, SMS, and email with comprehensive support for traditional voice communication. By melding these capabilities, the Communications Portal offers a multi-modal Portal that enables organizations to deploy all of their communication applications on a single, cost-effective platform.

The Syntellect Communication Portal Empowers

- Voice self-service solutions, such as interactive voice response (IVR), interactive voice and video response (IVVR), outbound dialing, and speech-enabled self-service systems
- SMS, email, standards-based voice mail
- Contact center solutions, including outbound dialing, intelligent routing applications and screen pop applications
- Unified communications solutions, including standards-based voice-mail systems and applications that combine traditional voice, IP telephony, video messaging, SMS, email, and fax communication
- Syntellect Communication Portal provides significant value to enterprises, service providers, value added resellers, and systems integrators alike.

Benefits

- Comprehensive support for industry standards enables organizations to leverage prior investments in hardware, software and solution development, while providing a smooth migration path to the emerging standards and technologies that will be required in the future
- Superior performance – the Communications Portal has handled billions of transactions for our customers in the most demanding of environments
- Industry leading ease-of-use and unmatched flexibility
- Reduced development time and faster time-to-market – developers can create voice solutions 50% faster than they can with other graphical development tools
- Outstanding price/performance compared to proprietary IVR systems and other standards-based voice platforms
- The industry's broadest support for industry standards, such as VoiceXML, CCXML, MRCP, SIP, and Web services, ensures that solutions are compatible with a wide array of IT environments, including Web and service oriented architectures (SOA)
- Powerful management tools for easily configuring, monitoring and managing large-scale deployments

NEMT PROGRAM TELEPHONY SYSTEM

Components

- Syntellect Studio: A graphical application development environment that reduces development time by 50% or more
- Syntellect Communications Server: A highly scalable, reliable and fault tolerant VoiceXML gateway and run-time environment for deploying Syntellect-based voice solutions and voiceXML applications
- Syntellect Console: A graphical interface that provides a single point of control for administering large-scale or distributed voice solution installation
- Syntellect Domain Server: A dynamic license management utility that ensures the continuous availability

Visit the [Contact Center Resources](#) section to discover more about Syntellect's interaction management solutions, whitepapers, case studies, articles and other information about the contact center industry.

Access2Care

ATTACHMENT 11: LETTERS OF REFERENCE



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

THOMAS M. SUEHS
EXECUTIVE COMMISSIONER

VIA FACSIMILE: 850-437-5578

April 14, 2010

Mr. Tim Weltzin, Issuing Officer
Iowa Department of Human Services
Division of Medical Services
100 Army Post Road
Des Moines, Iowa 50315

Re: American Medical Response, Inc. d.b.a Access2Care (AMR) letter to RFP MED-10-011

Dear Mr. Weltzin:

In 2006, AMR was contracted as a medical transportation broker for demand response transportation services in four areas of the Texas. At the time of the contract, the Medical Transportation Program (MTP) was administered by the Texas Department of Transportation. In 2008, MTP transferred to the Health and Human Services Commission (HHSC) and the contracts for medical transportation followed the program. The original contracts were for a three-year period ending in 2009, with an option for at least one extension. In 2009, HHSC extended all the MTP contracts for an additional 18 months, with the current contract period ending in August 2010. MTP is in the process of developing a new procurement for medical transportation in Texas.

At this time, AMR is not prohibited from participating in future procurements.

If you have any additional questions, I can be reached at (512) 487-3407.

Sincerely,

A handwritten signature in black ink, appearing to read "Cecile Erwin Young", with a long horizontal flourish extending to the right.

Cecile Erwin Young

Associate Commissioner for Health Coordination and Consumer Services

UPS CampusShip: View/Print Label

1. **Print the label(s):** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. **Fold the printed label at the solid line below.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.

3. GETTING YOUR SHIPMENT TO UPS

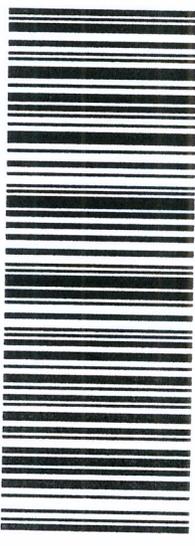
Customers without a Daily Pickup

- Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.
- Hand the package to any UPS driver in your area.
- Take your package to any location of The UPS Store®, UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot® or Staples®) or Authorized Shipping Outlet near you. Items sent via UPS Return ServicesSM (including via Ground) are also accepted at Drop Boxes.
- To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.

Customers with a Daily Pickup

- Your driver will pickup your shipment(s) as usual.

FOLD HERE

<p style="text-align: right;">0.5 LBS LTR 1 OF 1</p> <p>VIRGINIA Y. WANG 5102685584 KAISER PERMANENTE 300 LAKESIDE DR. OAKLAND CA 94612</p> <p>SHIP TO: GREGG CHIASSON 303-495-1212 AMERICAN MEDICAL RESPONSE SUITE 200 6200 S. SYRACUSE WAY GREENWOOD VILLAGE CO 80111</p>	<p>CO 801 0-03</p> 	<p>UPS 2ND DAY AIR</p> <p>TRACKING #: 1Z 231 A33 02 9707 8821</p> <p style="font-size: 2em;">2</p>	
<p>BILLING: P/P</p>		<p>GL - Code: 030830000794279810</p> <p style="font-size: 0.8em;">CS 12 0 23. WXP/E60 99 0A 01/2010</p>	





KAISER PERMANENTE®

April 6, 2010

State of Iowa
Attn: Mr. Tim Weltzin, Issuing Officer
Iowa Department of Human Services
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Mr. Weltzin:

American Medical Response (AMR) is a nationally contracted supplier with Kaiser Permanente in seven (7) of our eight (8) regions across our enterprise. They provide medical transportation management and transportation services to our integrated delivery system.

I have worked with AMR for the last five (5) years and appreciate their level of customer service, account management, and subject matter expertise core competencies.

I am confident in my recommendation to the State of Iowa that AMR will be a valuable collaborative partner in helping the state achieve its managed medical transportation goals.

Sincerely,

A handwritten signature in black ink, appearing to read "Jonathan S. Van Etten".

Jonathan S. Van Etten

Director – National Provider Contracting & Network Management



April 6, 2010

Mr. Tim Weltzin
Issuing Officer
State of Iowa

Re: Reference Letter – American Response, Inc. d.b.a. Access2Care (AMR)

Dear Mr. Weltzin:

It is my pleasure to recommend AMR to you as not only a very experienced, financially sound, and technologically advanced broker, but also as a collaborative partner leading the industry with their innovative and customer-centered managed transportation services.

I have worked with AMR for the past three years and have come to appreciate their customer service philosophies. It is very apparent from the start that AMR holds customer satisfaction as their top priority without losing focus of running a very efficient managed transportation program.

Since partnering with AMR, we have found AMR to be a capable manager of transportation services providing the most cost-effective solutions to fit our needs, while not compromising the level of service provided to our constituents.

I am confident in my recommendation to the State of Iowa that AMR will be a valuable partner in helping the state achieve its managed transportation goals.

If you have any questions or require additional information, please feel free to contact me at (248) 925-1750.

Sincerely,

A handwritten signature in black ink that reads "Dennis Rogissart".

Dennis Rogissart
Director, Provider Contracting

DR/wrc



To: Mr. Tim Weltzin, Issuing Officer
From: Gary Francis
Date: 4-19-10
Subject: American Medical Response, Inc. d.b.a Access2Care (AMR/ACCESS2CARE) reference letter

Dear Mr. Weltzin:

It is my pleasure to recommend AMR/ACCESS2CARE to you as not only a very experienced, financially sound, and technologically advanced broker, but also as a collaborative partner leading the industry with their innovative and customer centered managed transportation services.

I have worked with AMR/ACCESS2CARE for the last four years and have come to appreciate their customer service philosophies. It is very apparent from the start that AMR/ACCESS2CARE holds customer satisfaction as their top priority without losing focus of running a very efficient managed transportation program.

Since partnering with AMR/ACCESS2CARE we have found AMR/ACCESS2CARE to be a capable manager of transportation services by providing the most cost effective solutions to fit our needs, while not compromising the level or integrity of the service provided to our Members.

I am confident in my recommendation to the State of Iowa that AMR/ACCESS2CARE will be a valuable partner in helping the state achieve its managed transportation goals.

Very Respectfully,

A handwritten signature in black ink, appearing to read "Gary M. Francis", written in a cursive style.

Gary M. Francis

Manager Network Development

Access2Care

ATTACHMENT 12: FINANCIALS (on attached CD)

A. 2005-2009 10-K Financial Statements

**B. 2005-2008 Annual Reports (2009 Annual Report
will be provided once it becomes available)**

EMSC

Emergency Medical Services Corporation



Audited Financial Statements
and Annual Reports

EMSC

Emergency Medical Services Corporation



Audited Financial Statements
and Annual Reports

Access2Care

ATTACHMENT 13: FINANCIAL LETTERS OF REFERENCE



Corporate Debt Products

January 25, 2010

Jason Standifird
6200 S. Syracuse Way St. 200
Greenwood Village, CO 80111

RE: Bank Letter

AMR Holdco Inc. (Company), has maintained a banking relationship with us for at least fifteen years, through their prior parent company Laidlaw. In February 2005, the Parent established a large credit facility in the low nine-figure range. Bank of America, N.A. is the administrative agent for this secured credit facility, provided to the Company by a group of lenders (the "Credit Facility"). January 25, 2010, the amount available for withdrawal under the credit agreement is in the high eight figure range.

The availability of funds under the Credit Facility is subject to conditions that (a) the Company not be in default under the terms of the Credit Facility and (b) the Company's representations and warranties contained in the agreement governing the Credit Facility be true and correct in all material respects as of the date of the borrowing.

Please note that the information set forth in this letter is subject to change without notice, and is provided in strict confidence, without any responsibility or liability on the part of Bank of America, N.A., its affiliates, or any of its or its affiliates' directors, officers, or employees. Bank of America, N.A. undertakes no responsibility to update the information set forth in this letter.

Very truly yours,

A handwritten signature in black ink that reads "Robert Klawinski".

Robert Klawinski
Senior Vice President
BANK OF AMERICA, N.A.

Tel: 980.888.2478

Bank of America, N.A., NC1-007-17-19
100 North Tryon Street, Charlotte, NC 28255

♻️ Recycled Paper

JPMorgan Chase Bank, N.A.
383 Madison Avenue, 24th Floor
New York, NY 10179

J.P.Morgan

April 2, 2010

Mr. Jason Standifird
6200 South Syracuse Way
Greenwood Village, CO. 81000

RE: Reference Letter

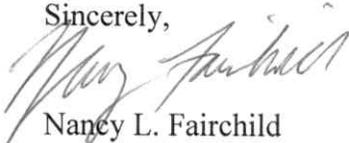
AMR Holdco, Inc. (the "Company") has maintained a banking relationship with JPMorgan Chase Bank, N.A. and J.P. Morgan Securities Inc. (collectively "JPMorgan") for approximately three years. In February, 2005 Bank of America, N.A. and JPMorgan jointly arranged a credit facility (the "Credit Facility") in the low nine-figure range. JPMorgan's share is in the low eight figures, with availability as of today in the high seven figures.

The availability of funds under the Credit Facility is subject to conditions that (a) the Company Be in compliance with the terms under the Credit Facility and (b) the Company's representations and warranties contained in the agreement governing the Credit Facility be true and correct In all material respects as of the date of any borrowing.

JPMorgan has had a satisfactory relationship with the Company.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Nancy L. Fairchild
Associate

This letter is written as a matter of business courtesy, without prejudice, and is intended for the confidential use of the addressee only. No consideration has been paid or received for the issuance of this letter. The sources and contents of this letter are not to be divulged and no responsibility is to attach to this bank or any of its officers, employees or agents by the issuance or contents of the letter which is provided in good faith and in reliance upon the assurances of confidentiality provided to this bank. Information and expressions of opinion of any type contained herein are obtained from the records of this bank or other sources deemed reliable, without independent investigation, but such information and expressions are subject to change without notice and no representation or warranty as to the accuracy of such information or the reliability of the sources is made or implied or vouched for in any way. This letter is not to be reproduced, used in any advertisement or in any way whatsoever except as represented to this bank. This bank does not undertake to notify of any changes in the information contained in this letter. Any reliance is at the sole risk of the addressee."



WACHOVIA

A Wells Fargo Company

April 2, 2010

To Whom It May Concern:

At the request of our customer, **Emergency Medical Services Corporation**, please be advised of the following information.

This is to confirm that Emergency Medical Services Corporation is currently a client of our banking institution, and has maintained a satisfactory relationship with our Bank since September 26, 1980 and we hold this account in high regard.

This reference is issued for the interested party, and does not impose any responsibility to the bank.

If I can be of further assistance in this matter, please do not hesitate to contact me 727-954-2182.

Sincerely,

A handwritten signature in cursive script that reads "Kara B. Edwards".

Kara B. Edwards, CTP
Senior Vice President



**6200 S Syracuse Way, Suite 200
Greenwood Village, CO 80111**

CREDIT INFORMATION

Type of Business: Medical Transportation/Medical Services

Established: 1992

Federal Tax ID: 20-2076564

Duns Number: 60-6877830

Financial Institutions:

Bank of America
Attn: Confirmation Desk
PO BOX 100289
Columbia, SC 29202-3289
Phone: 803-765-4882
Fax: 415-343-9304

Principals:

William Sanger, Chief Executive Officer
Randy Owen, Chief Financial Officer

Accounts Payable Customer Service:

Telephone: (303) 495-1222
Fax: (303) 495-1482

TRADE REFERENCES:

TravelFocus

12655 N Central Expwy
Dallas, TX 75243
Contact: Kathy Burns
(214) 915-9035 Phone
(214) 915-9009 Facsimile

Corporate Express

10700 East 45th Avenue
Denver, CO 80239
Contact: Nancy Duncan
(303) 307-5771 Phone
(303) 307-5799 Facsimile

Federal Express

4901 S Zuni Street
Littleton, CO 80120
Contact: Michael Lobjko
(303) 7304300 Phone
(303) 730-4305 Facsimile

IKON Office Solutions

7173 S Havana St, Bldg A
Englewood, CO 80112
Contact: Cindy Tovrea
(720) 875-8632 Phone
(720) 875-8699 Facsimile

OfficeMax

16600 East 33rd Drive, Suite 30
Aurora, CO 80011
Contact: Bill Bostwick
(303) 459-8236 Phone
(303) 459-8201 Facsimile

Barker Specialty Company

27 Realty Drive
Cheshire, CT 06410
Contact: Roger Luchnick
(800) 227-5377 Phone
(203) 272-2727 Facsimile

Access2Care

ATTACHMENT 14: POSITION DESCRIPTIONS

AMR Position Descriptions for Iowa NEMT Program

TITLE: FINANCIAL ANALYST

STATUS: EXEMPT

DEPARTMENT: NEMT REIMBURSEMENT

REPORTS TO: FINANCE OFFICER

SUMMARY

On a post payment review basis, creates ad hoc reports to evaluate issues related to utilization trends, complex fraud and abuse targets, and other provider payment issues. Creates summarized reports for management so that appropriate action can be taken when issues or concerns are identified. Responsibilities include ensuring that the processes of releasing funds for all NEMT are consistent with company policy and compliance guidelines.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Maintains and Investigate billing trends identified as inconsistent with appropriate practice.
- Creates ad hoc reports through Crystal Reports to analyze potential fraud or abuse situations and utilization changes and trends
- Reviews, analyzes and s weekly Key Performance Indicator reports to management
- Monitors and reports turnaround time of claims processing to maintain department and contractual goals
- Maintains cash controls and follows compliance guidelines related to disbursement of funds
- Maintains confidentiality at all times whether in reference to confidential financial information or as it relates to medical and/or personal information for specific patients.
- Responsible for policy and procedure proficiency of the NEMT Reimbursement Department, as well as a thorough understanding of the Millennium call taking and payment system.
- Demonstrates a willingness to assist as necessary to meet departmental goals and requirements.
- Adheres to all company policies and procedures.

MINIMUM QUALIFICATIONS

To perform this job successfully a High School Diploma/GED and a four-year degree in accounting, finance or related field is preferred. One to three years of relevant experience is preferred. Proficiency in Microsoft Word and Excel required. Familiarity with Microsoft Access is a plus. Must be able to work in a fast-paced, deadline-oriented environment and able to work long hours if needed. Must have strong analytical skills and be detail oriented. Effective oral and written communication and interpersonal skills are a must.

AMR Position Description for Iowa NEMT Program

TITLE: Complaint Handler
STATUS: Non -Exempt
DEPARTMENT: Iowa NEMT Operations
REPORTS TO: Case Manager

SUMMARY

The Compliant Handler is responsible for all aspects of the complaint process. This process includes being the first point of contact for all complaints, documenting the complaints, as well as facilitating the proper communication, investigation and corrective action plan required to resolve the complaints. Works directly with the Call Center staff and Network team toward ensuring that the complaint process is followed. This individual performs in a leadership capacity for the quality team in addition to managing related brokerage specialist tasks. Monitors and enforces contract management of transportation responsibilities for the NEMT program.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Serves as a departmental resource, and deals effectively with operational difficulties within the NEMT quality department.
- Responsible for ensuring that all complaints are taken, documented and resolved in a timely manner.
- Available to fill staff vacancies for sickness, vacation and other time off.
- Assists with call taking as needed and responds to escalated calls when assistance is requested by CSR.
- Monitors the status of corrective action document for specific complaints.
- Identifies, investigates, and resolves service related issues and report to management.
- Investigates all complaints as referred by QA staff.
- Participates in quality improvement activities; assists in maintaining compliance with all established customer service standards.
- Performs random audits on all areas of the NEMT program.
- Responsible for reporting all complaints on a weekly, monthly, quarterly and annual basis.
- Develops skills and talents of all personnel and ensures equal employment opportunities for all employees.

QUALIFICATIONS

High school graduate or equivalent required. One year experience within a high volume call center, para-transit service provider, brokerage call center or EMS communications center preferred. Two years supervision experience required that includes strong personnel management and staff development skills. Must be able to demonstrate technical knowledge related to call taking equipment and software. Must have the ability to perform in a high stress environment. This position requires good communication skills and computer literacy in Microsoft Word, Excel, and Access.

AMR Position Description for Iowa NEMT Program

TITLE: NETWORK REPRESENTATIVE

STATUS: Exempt

DEPARTMENT: Provider Network Management

REPORTS TO: Account Manager

SUMMARY

This key role is responsible for all aspects and activities of the NEMT provider network and the network's compliance with contractual expectations. Creates and coordinates contract methodology to support service needs of the project. The NEMT provider network includes contracted network transportation providers, public transit and volunteer organizations. Provides or coordinates appropriate in service and training with new service providers to help organize operations, and ensure that they understand project standards and expectations before to the assignment and transport of passengers.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Completes contract negotiations when provider commits to entering the network for assigned community
- Develops and implements pre-award audit system
- Monitors the status of provider pool and pursues contracting with other providers as needed, recruiting new providers to support the Brokerage Center on an ongoing, year around basis.
- Monitors Key Performance Indicators of providers to assure requirements of NEMT contract and commitment are met
- Responsible for updating other management teams of changes to Provider Network, Transit and Volunteer providers that affect call taking, reimbursement and other areas
- Creates financial pro-forma to support negotiation of cost effective contractual relationships for each region as assigned
- Reviews contract language, and coordinates with corporate offices when proposed language changes require legal review
- Reports to management team scheduling, performance, recruitment needs, termination, discipline, and other provider issues
- Creates, manages and/or approves provider improvement plans to ensure system operates as required and designed.
- Supervises staff member(s) who compile data and performs provider inspections including semi annual audits and site reviews
- Works with advisory board to facilitate quarterly advisory board meeting

QUALIFICATIONS

BS/BA degree in Business or related field is desired. Experience may be substituted for education. Three to five years contract compliance and negotiations in a transit, EMS, healthcare or related field are required. This position requires good communication skills and computer literacy in Microsoft Word, Excel, and Access. This position requires knowledge of transportation operations, budget preparation, and two years supervision experience that includes strong personnel management and staff development skills.

AMR Position Description for Iowa NEMT Program

TITLE: QUALITY ANALYST

STATUS: EXEMPT

DEPARTMENT: IOWA CALL CENTER

REPORTS TO: QUALITY MANAGER

SUMMARY

The duties of a Quality Analyst include: quality improvement case reviews, data management, feedback, continuing education development and teaching, reporting, investigations, and general staff training.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- . Assist with monitoring performance standards of the Customer Service Representative (CSR) in transportation protocols compliance.
- Assists as needed with new hire training and continuing education (CE). This includes program development by providing orientation and training to CSR personnel and organizing and collecting all CSR personnel related quality improvement (QI) and CE records.
- Works with the Department data processing personnel as necessary to meet the Department and or agency data related needs.
- Coordinates between the Department administration and personnel and transportation provider's administration on quality related issues.
- Serves on quality subcommittees during scheduled or non scheduled work time (e.g. State reviews and Audits) as well as appropriates local, regional and State committees or groups
- Conducts case evaluation on random selections of CSR non-emergent transportation call tapes for review and measurement of protocol compliance. Provides feedback to call center administration and CSR's.
- Responsible for organization, filing and distribution of all QI data, findings, transportation protocol enhancement, recommendations, documents and reports.
- Reviews trade literature for pertinent information and relevant new technology to keep the Call Center current with the industry.
- Provides reporting to AMR customers regarding service levels, protocol compliance, and other contract requirements.
- Maintains accreditation standards as; pursue other appropriate accreditations.
- Provides Access2Care software, training to employees, visitors, and potential new clients.
- Provides QA/QI processes and methodology training and implementation.
- Maintains knowledge of, and complete understanding of, AMR and IOWA non emergency medical transportation protocols and procedures.
- Functions as Customer Service Representative when necessary.
- Ensures appropriate utilization and disposition of calls with Access2Care.
- Investigates and resolves customer service complaints.
- Monitors variances within operational processes for appropriate service levels.
- Provides beta testing for Access2Care products.
- Presents lectures/training to external clients, which may require domestic traveling.
- Actively supports and implements all company policies and procedures.

MINIMUM QUALIFICATIONS

- High School Diploma or GED required.
- Two years of previous Customer Service related job experience.
- Two years of Quality Analyst experience.
- Must be computer literate, including experience with Windows and a mouse, Microsoft Word, PowerPoint and Excel.
- Must be able to type 35 words per minute.
- Must be able to establish a rapport and maintain diplomacy when interacting with customers, facilities, State Bureau's of Medicaid Transportation, agency administration, and transportation and field personnel.
- Ability to wear and use a headset.
- Ability to input information in computers with accuracy from oral instructions.
- Must have no significant loss of hearing.
- Able to stay seated for long periods of time without relief.
- Must have Color Vision: the ability to distinguish and identify different colors.
- Effective oral, written and interpersonal communication skills

PREFERRED REQUIREMENTS

- Current, or former, paramedic (EMT-P) certification
- Experience in non-emergent/pre-hospital education and training preferred.
- BS/BA in related field preferred.
- Management experience preferred.

AMR Position Description for IOWA NEMT Program

TITLE: CUSTOMER SERVICE MANAGER

STATUS: Exempt

DEPARTMENT: NEMT Call Center

REPORTS TO: Account Manager

SUMMARY

This key leadership role is responsible for the supervision, management, coordination and prioritization of all NEMT Call Center activities. This position oversees the trip brokering function and call taking functions of department staff. They are responsible for ensuring that Call Center Key Performance Indicators (KPI) are reported and monitored. Strict customer service standards are monitored and evaluated to initiate improvements on an ongoing basis. The Call Center Supervisor will ensure that all call taking contractual requirements are successfully integrated into the daily operations of the IOWA NEMT Call Center.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Demonstrates strong knowledge of Medicaid rules and NEMT requirements. Works with information systems staff to automate business practices to improve call taking efficiency
- Communicates and facilitates problem resolution with transportation providers as issues are escalated to resolve potential service issues in real time
- Works closely with Quality Assurance staff to monitor performance of operations through complaint management and provider compliance
- Monitors staff training needs for all call center positions and functionality. Works with Quality Assurance to manage training needs on an ongoing basis
- Directly supervises call center supervisors and assists in hiring, training, mentoring and discipline of staff
- Assists with the development of goals and objectives for the Department. Disburses information and implement Department policies and procedures
- Serves as a Departmental resource, and deals effectively with operational difficulties within the communications center
- Manages and maintains AMR's system status plan, and ensures departmental compliance by all controllers
- Supports other management staff as it works towards goals established by management team
- Supports and uphold established corporation and departmental policies, procedures, objectives, quality improvement, and safety standards
- Maintains competency and enhances professional growth and development through continuing education, conferences, and seminars

QUALIFICATIONS

BS/BA degree in business or related field desired. Experience may be substituted for education. Requires experience supervising high volume call centers and/or paratransit operations required. Customer service experience and scheduling experience is ideal. This position requires good communication skills and computer literacy in Microsoft Word, Excel, and Access.

AMR Position Description for IOWA NEMT Program

TITLE: Call Center Supervisor - Call Intake and Distribution

STATUS: Exempt

DEPARTMENT: NEMT Call Center

REPORTS TO: NEMT Call Center Manager

SUMMARY: The NEMT Call Center Supervisor is responsible for directing customer service representatives and schedulers during daily call assignment activity. Works directly with the other Call Center Supervisors and Leads to review and enhance daily passenger schedules. This individual performs in a leadership capacity of the call center team in addition to managing related brokerage specialist tasks. Assists system functionality to optimize provider unit deployment. Monitors and enforces contract management of call taking responsibilities for NEMT. Responsible for KPI reporting, shift accountability, coordinating daily operations and executing prescribed policies and procedures.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Serves as a departmental resource, and deals effectively with operational difficulties within the NEMT call center
- Responsible for motivating staff by coaching, counseling and establishing a positive work environment
- Monitors staffing to ensure adequate staff are on duty to respond to demand. Manages filling vacancies for sickness, vacation and other time off
- Assists with call taking as needed and responds to escalated calls when assistance is requested by CSR
- Serves as floor supervisor providing training and assistance as needed this includes maintaining knowledge of call taking components of Access2Care software and the ability to train staff
- Monitors ACD/MIS and maintains adherence to contract requirements
- Monitors the status of ride provider pool and escalates issues when necessary
- Completes and submits KPI reports to team leaders, making recommendations for operational improvements
- Identifies, investigates, and resolves service related issues and reports to management
- Investigates complaints as referred by QA staff
- Participates in quality improvement activities; assists in maintaining compliance with all established customer service standards
- Develops skills and talents of all personnel and ensures equal employment opportunities for all employees
- Responsible for the hiring, training and discipline of call taking staff

QUALIFICATIONS:

High school graduate or equivalent required. One year experience within a high volume call center, para-transit service provider, brokerage call center or EMS communications center preferred. Two years supervision experience required that includes strong personnel management and staff development skills. Person must be able to demonstrate technical knowledge pertaining to call taking equipment and software. Also, the person must possess the ability to perform in a high stress environment. This position requires good communication skills and computer literacy in Microsoft Word, Excel, and Access.

AMR Position Description for IOWA NEMT Program

Job Title: Call Center Lead Agent

Status: Non -Exempt

Department: NEMT Call Center

Reports To: NEMT Call Center Supervisor

SUMMARY: The NEMT Call Center Lead is responsible for directing customer service representatives and schedulers during daily call assignment activity. Works directly with the other Call Center Supervisors and CSR's to review and enhance daily passenger schedules. This individual performs in a leadership capacity of the call center team in addition to managing related brokerage specialist tasks. Assists system functionality in order to optimize provider unit deployment. Monitors and enforces contract management of call taking responsibilities for NEMT.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Serves as a departmental resource, and deals effectively with operational difficulties within the NEMT call center.
- Responsible for motivating staff by coaching, counseling and establishing positive work environment
- Monitors staffing to ensure adequate staff are on duty to respond to demand. Manages filling vacancies for sickness, vacation and other time off.
- Assists with call taking as needed and responds to escalated calls when assistance is requested by CSR
- Serves as floor supervisor providing training and assistance as needed. This includes maintaining knowledge of call taking components of Access2Care software and the ability to train staff
- Monitors ACD/MIS and maintains adherence to contract requirements
- Monitors the status of ride provider pool and escalates issues when necessary
- Completes and submits KPI reports to team leaders, making recommendations for operational improvements
- Identifies, investigates, and resolves service related issues and report to management
- Investigates complaints as referred by QA staff
- Participates in quality improvement activities; assists in maintaining compliance with all established customer service standards.
- Develops skills and talents of all personnel and ensures equal employment opportunities for all employees.

QUALIFICATIONS:

High school graduate or equivalent required. One year experience within a high volume call center, para-transit service provider, brokerage call center or EMS communications center preferred. Two years supervision experience that includes strong personnel management and staff development skills is required. Person must be able to demonstrate technical knowledge pertaining to call taking equipment and software. Moreover, the person must have the ability to perform in a high stress environment. This position requires good communication skills and computer literacy in Microsoft Word, Excel, and Access.

AMR Position Description for IOWA NEMT Program

TITLE: CUSTOMER SERVICE REPRESENTATIVES (CSRS)

STATUS: NON EXEMPT

DEPARTMENT: NEMT CALL CENTER

REPORTS TO: CALL CENTER MANAGER

SUMMARY

This staff is responsible for answering calls from Medicaid clients, confirming Medicaid eligibility, determining transportation requirements, and determining the appropriate mode of transportation. These individuals work to assign transportation to providers on a daily basis while identifying and recommending improvement to routing system functionality. Utilizes scheduling software to optimize the number of rides and minimize circuitous routing.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- These positions are responsible for answering telephone calls and efficiently confirming eligibility and scheduling necessary and appropriate transportation. The intention is to ensure program client's calls are answered and trips are scheduled in a timely manner.
- Performs gatekeeping functions
- Confirms medical appointments and schedules appropriate transportation
- Reviews trips in area of specialization and determines provider assignments
- Assigns one-time and subscription trips to transportation providers
- Assigns reservations to network transportation providers to ensure vehicle resources are used most efficiently
- Analyzes feedback and service delivery issues; recommends and implements changes; communicates to appropriate individuals
- Tracks specific passengers and trip progress as requested
- Routes trips to providers and prepares manifests
- Completes end of day reports
- Prepares daily transition log for shift transition

QUALIFICATIONS

High school diploma or GED. Must have knowledge of the service area, and prior dispatch/routing or professional brokering, experience. Driving experience is helpful. Previous experiences as CSR or dispatcher is required. Excellent customer service and telephone skills are required. The person must be able to key data and follow directions stated on the computer. Person must possess the ability to perform in a high stress, high call volume environment when necessary. Multilingual capabilities are a plus. Position requires knowledge of call taking and routing software.

AMR Position Description for IOWA NEMT Program

TITLE: PRIOR AUTHORIZATION COORDINATOR

STATUS: EXEMPT

DEPARTMENT: GOVERNMENT AND NATIONAL SERVICES

REPORTS TO: CUSTOMER SERVICE MANAGER

SUMMARY

Pending CSR answers incoming network transportation provider calls in a prompt, courteous and professional manner in accordance with Access2Care Call Center and company protocols/guidelines. Provides back-up support to the Call Center for calls from plans when more than 15 calls are in queue.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Escalates or transfers any extraordinary situations to the Call Center Manager.
- Works with the pending lead to identify problem areas and providers within all plans.
- Works with your pending lead to assist control quality/cost initiatives and to reduce the cost of trips by not enlisting rates without supervisor approval.
- Improves system handling and the identifying of trips that go to park and pending.
- Sends requests to pending supervisors for a network transportation provider if there are no transportation providers in the service area to handle any trips in a timely manner (before close of business days in the plan's service area).
- Decreases the amount of negotiated trips by CSRs.
- Other duties as assigned

QUALIFICATIONS

- Excellent customer service skills
- Excellent attendance
- Six months employment in current position with good attendance history
- Six months Call Center experience
- One-year telephone experience
- One-year customer service experience
- Ability to type 40 words per minute (net)
- Familiarity with utilizing e-mail and Internet
- Ability to learn and understand other computer programs
- Ability to learn all geographic areas Access2Care services

AMR Position Description for IOWA NEMT Program

Job Title: Claims Auditor

Status: Non -Exempt

Department: NEMT Quality

Reports To: Quality Manager

SUMMARY: The Claims Auditor is responsible for ensuring that pre-authorized trips are in compliance with program benefits and performance standards. Person works directly with the Call Center staff to review current accepted trips on a daily basis and works with external medical providers to ensure that client appointments are scheduled. This individual performs in a leadership capacity on quality team in addition to managing related brokerage specialist tasks. Monitors and enforces contract management of call taking responsibilities for NEMT.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Serves as a departmental resource, and deals effectively with operational difficulties within the NEMT quality department.
- Responsible for ensuring accepted trip are verified with medical providers.
- Available to fill any vacancies for sickness, vacation and other time off.
- Assists with call taking as needed and responds to escalated calls when assistance is requested by CSR
- Serves as Pre-Authorization for all trips that are being paid by the State agency.
- Monitors the status of ride provider pool and escalates issues when necessary
- Identifies, investigates and resolves service related issues and reports to management
- Investigates complaints as referred by QA staff
- Participates in quality improvement activities; assists in maintaining compliance with all established customer service standards.
- Performs random audits on all areas of the NEMT program
- Develops skills and talents of all personnel and ensures equal employment opportunities for all employees.

QUALIFICATIONS:

High school graduate or equivalent required. One year experience within a high volume call center, para-transit service provider, brokerage call center or EMS communications center preferred. Two years supervision experience that includes strong personnel management and staff development skills is required. Must be able to demonstrate technical knowledge related to call taking equipment and software. Must possess the ability to perform in a high stress environment. This position requires good communication skills and computer literacy in Microsoft Word, Excel, and Access.

AMR Position Description for IOWA NEMT Program

Job Title: Network Coordinator

Status: Exempt

Department: NEMT Operations

Reports To: Account Manager

SUMMARY: Acts as liaison to Network providers to create, foster and maintain positive relationships and to ensure contract service standards are maintained. Often needs to balance and represent the impact on the Network provider when designing, changing and enforcing internal policy and process initiatives. This position serves as a public information, public educator, and public relations contact for assigned territory/regional area.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Monitor, analyze, and maintain assigned territory and client market to provider and to identify potential new network providers.
- Perform vehicle inspections for all network providers
- Responsible to initiate phone calls, visitation, orientation, supply of information, claims/capitation route cause, problem solving, and research for perspective provider.
- Serves as conduit of communications between providers and call center
- Responsible for supporting on-going operations of provider contract. Provide successful use of product knowledge, market knowledge, and information to improve provider performance/understanding and reduction of cost and compliance issues.
- Working with the providers he/she will provide or coordinate consulting and technical assistance on dispatch techniques, operation procedures, writing manuals, developing policies and procedures, and provider contract compliance
- Collaborate with others in AMR to conceive, develop, implement, evaluate, and refine activities to secure appropriate network composition.
- Provide educational services to government agencies, service groups, and hospitals or care facilities as needed to ensure education of available service.
- Maintain successful relationship with providers for their active participation in supporting organization with the surrounding community
- Maintain corporate standards for the release of information to the public
- Coordinates public information releases about AMR NEMT and/or general releases related AMR Inc. with Corporate Communications
- Maintain confidentiality on all matters concerning AMR
- Responsible for adhering to all company policies and procedures
- Perform other related duties as assigned.

MINIMUM QUALIFICATIONS:

College Degree or equivalent work experience preferred. A minimum of 2-3 years network management experience and/or contract experience preferred. Computer literate and knowledgeable of graphic, multimedia, and presentation platforms. Knowledge of Microsoft Office Suite required.

Self-motivated and ability to work closely with others. Ability to help manage multiple projects and priorities. Must be able to work independently and regularly demonstrate initiative. Ability to work with a variety of personalities and diplomatically resolve interpersonal conflict. Willingness to make decisions and be held accountable.