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April 19, 2010

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

Reference: RFP MED-10-011--Non-Emergency Transportation Brokerage

Dear Mr. Weltzin,

American Medical Response, Inc. (AMR), dba Access2Care, is pleased to submit this proposal to provide brokerage services for the provision of Non-Emergency Medical Transportation Brokerage for the Iowa Department of Human Services, Division of Medical Services Iowa Medicaid Enterprise as set forth herein. AMR acknowledges the receipt of five amendments related to responses for questions for this RFP.

Access2Care is a St. Louis-based company that is a wholly owned subsidiary of American Medical Response (AMR) and a member of the Emergency Medical Services Corporation (EMSC) family of companies. Access2Care is the managed transportation "arm" of AMR, acquired in July, 2007, specializing in providing brokered transportation services to Medicaid participants. Access2Care and AMR collectively provide Medicaid brokerage services in over 20 states.

AMR has a sister company called EmCare, the nation's largest provider of outsourced hospital-based physician staffing and management serving more than 2,500 hospitals across the country. The combined operating companies annually serve more than 11 million patients.

A shared commitment to quality led Access2Care to join ranks with AMR. As part of a $2.5 billion company with more than 18,000 employees, AMR provides Access2Care with the necessary financial resources to serve current and future growth in the Medicaid transportation brokerage industry. With these combined resources,

Access2Care is positioned to continue to "raise the industry bar," in a leadership position we have enjoyed throughout our history.

We are pleased to respond to the State agency's Request for Proposals (RFP) to operate the Non-Emergency Transportation Brokerage contract for the State of Iowa. Successful Medicaid transportation brokerage programs are built on a firm foundation of cost-effectively serving three key groups—Medicaid participants, transportation providers, and the State agency. As demonstrated in our proposal, we are renowned for the quality of services we provide all three groups with a constant commitment to cost containment resulting in more budget certainty for the State agency while facilitating the public entity's all-important function of access to care maintenance and provision.

Medicaid Participants - Medicaid participants consistently rate our services as superior. This starts with a comprehensive call center staffed with knowledgeable and courteous Customer Service Representatives (CSR's), supported by a technologically-superior, computer-automated, Internet-driven system.

Transportation Providers - We have developed an analytical approach to developing and managing national medical transportation networks. We have built these networks through mutual respect, honesty, and an aggressive tact of including participation by MBE/WBE firms. For example, in Texas, over 80% of our transportation provider network comprises Historically Underutilized Businesses (HUB).

Moreover, in Missouri, we already have contracts with 21 transportation providers, many who are already certified by the State to be a MBE/WBE.[1] Further, we have a waiting list of transportation providers requesting to join our network—an anomaly in an industry where transportation providers frequently shun Medicaid work. We have built our provider network and our reputation with providers on a partnership philosophy, a commitment to enhancing provider efficiencies through web-based technology and a dedication to timely, accurate payment to providers for rendered services.

Finally, our third constituent group—the State Agency—appreciates the brokerage services we provide for two primary reasons: (1) *Our complaint rate is a mere fraction of the industry average* and (2) our *automated computer system produces a wealth of instantaneous data* that allows agency managers to on-demand learn the status of any trip, any client, and any provider. Armed with convenient data access, our State clients are better able to respond to public and legislative inquiries as well as generate a full range of management and statistical reports.

In responding to the state agency's RFP, we have sought to meet not only the letter of the procurement—but its spirit as well. Ultimately, we believe the Iowa Department of Human Services should select our proposal for three primary reasons: (1) Our people; (2) Our technology; and (3) Our commitment to quality. Each is discussed in the following paragraphs.

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[1] We have also committed 5% of the contract revenues to Lighthouse for the Blind to provide staff and services for the Missouri NEMT contract

Our People

We are committing a professional Implementation Team for this program, including some of the country's most experienced Medicaid transportation brokerage experts. Several Iowa team members were on the Implementation Team that passed the 2006 Texas Operational Readiness Review in 30 days, helping us to enact and maintain the Texas State NEMT contract. Our tried and true implementation process honed through the completion of dozens of managed transportation projects will ensure minimal disruption to Iowa's State Medicaid participation during the new broker transition.

This is one of the best-tested readiness teams assembled for the transition of any State Medicaid brokerage program. We feel strongly that our team embodies the many inherent benefits a State agency realizes from the selection of a firm of our size and programmatic cost-cutting expertise. Moreover, we are committed to detecting, reducing and eliminating fraud and abuse of public monies earmarked for the provision and maintenance of access to care. This, of course, is a part of our continued commitment toward quality, cost and ultimately--the client.

For the operations function, we have developed a customized implementation program for the Iowa NEMT Brokerage Program consisting of 14 major tasks and over 300 sub-tasks. Moreover, we have carefully assigned and committed staff that are ideally suited to perform these tasks; drawing the best staff from both AMR and Access2Care. In addition to our programmatic and technical staff we have assigned personnel who are expert at hiring and training staff, developing policies and procedures, developing transportation networks, developing informational materials, and developing quality assurance and contract compliance programs. Further, we have assigned senior executives to monitor every process step, and every deliverable to ensure it meets the Department's high standards—as well as our own.

Our Technology

A Medicaid transportation brokerage program is data-driven, requiring a full-function, automated system. In selecting a system for our brokerage program, we were guided by a single principle—the computer system should support the program rather than having the program support the computer system. After analyzing commercially available automated systems, we determined that each system lacked significant functionality required for a comprehensive, integrated and seamless system. Consequently, we have selected our own operationally-proven system that meets and exceeds all of our, and the Department's needs.

Perhaps the greatest advantage we offer our Iowa transportation network providers is the ability to manage their trips from a dedicated and secure website. This improved gatekeeping function truly sets our organization apart from the competition, as it is a state-of-the-art improvement on past NEMT brokerage processes.

From the moment a trip is assigned to a Network Provider to the time the claim for the trip is paid, with our system the Network Provider can manage and track all details of the trip on "their" Web site. When the trip is completed, it can be "cleared" and invoiced on the website as well, eliminating the need for paper claims or invoices. This makes the process nearly paperless for both the Network Provider and for Access2Care, thus increasing efficiency, speeding payment and more importantly--lowering costs. More than 95% of our current Network Providers are "web providers" who receive and manage their trips online. In fact, their enthusiasm for this process also provides us with an excellent resource for constantly improving procedures or features through their feedback on "real world" experiences. Our computer system integrates the call taking, eligibility determination, trip assignment, payment processing, and quality assurance functions into a single, integrated system that is operational today.

Our Commitment to Quality

As we implement the State agency's NEMT program, our Quality Assurance staff will modify and refine existing Key Performance Indicators (KPIs) to help assess the service quality we offer to the Department, its clients, and the transportation community. We will define standards of performance and apply the means by which to measure that performance. Regular reports, graphs, and other media presentations will be developed to convey findings to our staff and management team. These reports will then be used to identify areas where our policies, procedures, and training program need revision to improve quality. As we revise our training program, we will retrain all existing staff within a continuing education program on the revised procedures. In this way, our QA program provides a corrective element to the overall program, leading to ongoing improvement. In some cases, additional provider training may be required. For example, we have included two full-time positions to monitor and improve operational processes. Our commitment to quality is as complete as it is constant; and the State agency will be the direct beneficiary of this steadfast dedication.

These corporate attributes have propelled our organization into a recognized leadership role of providing cost-effective, efficient State Medicaid transportation brokerage.

Summary

As you will see from the remainder of our proposal, in every instance possible we have met or exceeded all contractual requirements of the RFP. We believe our proposal represents a viable alternative for NEMT brokerage in the State of Iowa.

The selection of AMR's Access2Care subsidiary for this procurement offers Iowa an opportunity to "turn the page" to a financially strong and technologically-superior company that has a reputation for providing superior service. As embedded in our proposal, we have a commitment with the Lighthouse for the Blind and several new MBE/WBE firms to join our team for this project. Their participation is evidence of our commitment to the Department, Medicaid participants, and the people of Iowa.

I am authorized to submit this proposal and negotiate any resultant contract. I am delegating to Gregg Chiasson, Vice President of Client Services, authority to be the designated contact to interact with the Department on any matters pertaining to this RFP and the resultant contract. Mr. Chiasson's contact information is as follows:

Gregg Chiasson
Vice President, Client Services
Access2Care
2500 Abbott Place
St. Louis, MO 63143
Telephone: 314.678.4100
Or, 303.495.1212
Email: gregg.chiasson@amr.net

We look forward to working with the Department as your Non-Emergency Medicaid Transportation Services Broker.

If there is any additional information we can provide please contact Mr. Chiasson at the number above. Thank you.

Sincerely,

Steven G. Murphy
Senior Vice President of Government and National Services

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ATTACHMENT B

Primary Bidder Detail Form & Certification

(Instructions: Return this completed form behind Tab 2 of your Bid Proposal)

RFP No. MED-10-011: NEMT – Waiver Transportation Brokerage

Primary Contact Information (individual who can address issues re: this Bid Proposal)	
Name:	Gregg Chiasson
Address:	6200 Syracuse Way, Suite 200, Greenwood Village, CO 80111
Tel:	(303) 495-1212
Fax:	(303) 495-1295
E-mail:	Gregg.Chiasson@amr.net

Primary Bidder Detail	
Business Legal Name:	American Medical Response Inc.
"Doing Business As" names, assumed names, or other operating names:	Access2Care
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	Corporation
State of Incorporation/organization:	Delaware
Primary Address:	6200 Syracuse Way, Suite 200, Greenwood Village, CO 80111
Tel:	(303) 495-1212
Fax:	(303) 495-1295
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	
Number of Employees:	18,000
Number of Years in Business:	18
Primary Focus of Business:	Medical Transportation
Federal Tax ID:	04-3147881
Bidder's Accounting Firm:	
If Bidder is currently registered to do business in Iowa, provide the Date of Registration:	
Do you plan on using subcontractors if awarded this Contract? {If "YES," submit a Subcontractor Disclosure Form for each proposed subcontractor.}	NO

Request for Confidential Treatment		
Location in Bid (Tab/Page)	**Statutory Basis for Confidentiality**	**Description/Explanation**
Tab 5.2.5 All Pages Tab 5.2.6 All Pages Attachment 2 Attachment 10	**Trade Secrets**	These sections provide client lists, software functionality and operational procedures that, if discovered, would cause AMR competitive harm.

RFP Section and Page	Language to which Bidder takes exception	Explanation and Proposed replacement language:

BID PROPOSAL CERTIFICATION

By signing below, Bidder certifies that:

- Bidder will comply with all Contract Terms and Conditions as indicated in Section 6 of the RFP;
- Bidder has reviewed Attachment E to the RFP (Certifications), which are incorporated herein by reference, and by signing below represents that Bidder agrees to be bound by the obligations included in Attachment E to the RFP;
- No attempt has been made or will be made by the Bidder to induce any other person or entity to submit or not submit a proposal in response to this RFP;
- Bidder does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap;
- No cost or pricing information has been included in the Bidder's Technical Proposal;
- Bidder has received any amendments to this RFP issued by the Department;
- The prices proposed have been arrived at independently, without consultation, communication, or agreement, as to any matter relating to such prices with any other bidder or with any competitor for the purpose of restricting competition;
- Unless otherwise required by law, the prices quoted have not been knowingly disclosed by the Bidder prior to award, directly or indirectly, to any other Bidder or to any competitor;
- Bidder either is currently registered to do business in Iowa or agrees to register if Bidder is awarded a Contract pursuant to this RFP;
- The person signing this Proposal certifies that he/she is the person in the Bidder's organization responsible for, or authorized to make decisions regarding the prices quoted and he/she has not participated, and will not participate, in any action contrary to the anti-competitive obligations agreements outlined above;
- Bidder specifically stipulates that the bid proposal is predicated upon the acceptance of all terms and conditions stated in the RFP. If the bidder objects to any term or condition, specific reference to the RFP page and section number must be made in the Primary Bidder Detail Form and Certification. Objections or responses that materially alter the RFP shall be deemed non-responsive and disqualify the bidder. All changes to proposed contract language, including deletions, additions, and substitutions of language, must be addressed in the Bid Proposal;
- Bidder certifies that the bidder organization has sufficient personnel resources available to provide all services proposed by this Bid Proposal, and such resources will be available on and after **October 1, 2010**; and
- Bidder guarantees the availability of the services offered and that all bid proposal terms, including price, will remain firm a minimum of 120 days following the deadline for submitting proposals.

By signing below, I certify that I have the authority to bind the Bidder indicated below to the specific terms, conditions and technical specifications required in the Department's Request for Proposals (RFP) and offered in the Bidder's Proposal. I understand that by submitting this Bid Proposal, the Bidder indicated below agrees to provide services described in the Iowa Medicaid Enterprise NEMT and HCBS Waiver Transportation Brokerage RFP which meet or exceed the requirements of the Department's RFP unless noted in the Bid Proposal and at the prices quoted by the Bidder. I certify that the contents of the

Bid Proposal are true and accurate and that the Bidder has not made any knowingly false statements in the Bid Proposal.

Signature:	
Printed Name/Title:	Steven G. Murphy, Senior Vice President Government and National Services
Date:	April 19, 2010

ATTACHMENT A

Bid Proposal Mandatory Requirements Checklist

DHS has provided a template for the Bid Proposal Mandatory Requirements Checklist that is to be submitted with the Technical Proposal portion of Bid Proposals. Bidders are expected to confirm compliance by typing or printing "Yes" in the "Bidder Check" column. Upon receipt of Bid Proposals, DHS will confirm compliance by entering "Yes" in the "DHS Check" column.

Bidder	DHS	
Yes		1. Did the Issuing Officer receive the bid proposal before 4:00 p.m. Central Time on the date specified for receipt?
Yes		2. Was the proposal submitted with the correct number of copies, and in the correct format as specified in section 4.1 of the RFP? • Submitted in spiral, comb or similar binder (no loose leaf binders) • Divided in two parts: (1) Technical Proposal; (2) Cost Proposal. • Original, and seven (7) copies properly labeled • Two (2) electronic copies in Adobe PDF file format on CD ROM • One (1) hard copy and one (1) electronic copy of bid proposal from which confidential information has been redacted, if any claim of confidential information is made. • Bid proposal must respond to RFP requirements by restating the number and text of the requirement in sequence and writing the response immediately after the restated requirement.
Yes		3. Does the proposal include a signed copy of Attachment D: Authorization to Release Information?
Yes		4. Does the proposal include all declarations required to be submitted in Section 4.2.2 of the RFP?
Yes		5. Does the proposal include three (3) letters of reference as specified in Section 4.2.6.3.2 of the RFP?
Yes		6. Does the proposal include a bid bond or other bid security, payable to the State of Iowa, in the amount of $5,000?

Signature

April 19, 2010

Date

ATTACHMENT D

AUTHORIZATION TO RELEASE INFORMATION

American Medical Response, Inc. (name of bidder) hereby authorizes any person or entity, public or private, having any information concerning the bidder's background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Iowa Department of Human Services.

The bidder acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The bidder acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the Department or may otherwise hurt its reputation or operations. The bidder is willing to take that risk. The bidder agrees to release all persons, entities, and the Department from any liability whatsoever that may be incurred in releasing this information or using this information.

American Medical Response, Inc., dba Access2Care

Printed Name of Bidder Organization

Signature of Authorized Representative

April 19, 2010

Date