Texas MTO Transportation Provider Manual

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Transportation Provider Manual

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I. Welcome to American Medical Response (AMR)

Congratulations and welcome to the American Medical Response Inc. network of quality transportation providers. American Medical Response specializes in delivering timely, appropriate, and cost-effective non-emergency medical transportation (NEMT) services to health plans, government entities, and healthcare facilities through a robust network of high quality transportation providers such as your company. Transportation providers prefer working with American Medical Response due to our fair practices, supportive staff, and easy-to-use web-based tool called Access2Care.

We are excited at this opportunity; we have provided NEMT services for over 12 years throughout the United States. In fact, we manage approximately 2.6 million trips for over 5 million lives each year. In joining the American Medical Response network, you have become a part of a very big family of dedicated professionals, committed to safe, reliable, and high quality service. To learn more about, see the American Medical Response summary at the end of this section or visit us on the web at www.access2care.net, www.amr.net.

We designed this user-friendly manual to provide you with the information necessary to successfully operate as an American Medical Response transportation provider. The manual covers important subjects such as:

- Introduction
  - How to Contact Us
  - Medicaid Overview
- How to get Paid
  - Trip management using the Access2Care web tool
  - Retrospective review procedures
  - Preauthorization
  - Claims processing

Should you have any additional questions or need assistance, please contact your Network Coordinator.

Sincerely,

Dan Cyr

Project Director
II. Introduction
A. Overview of Approach to Management of Provider Network
American Medical Response proactively pursues a positive business relationship with the transportation providers that serve our passengers (also sometimes referred to as members or beneficiaries, or recipients depending on the client’s nomenclature). Transportation providers enjoy working with us because of our attention to detail, our commitment to quality, the responsiveness of our staff, and our sophisticated A2C system.

The A2C system allows transportation providers to manage trips from a dedicated and secure website, thus increasing efficiency, expediting the payment process, and lowering administrative costs. From the moment a trip is assigned to the time the trip claim is paid, the transportation provider can manage and track all details of the trip online. In most cases, the need for paper claims or invoices is eliminated and makes the process nearly paperless for both the transportation provider and American Medical Response.

We welcome your feedback on the tool. To provide feedback, just click on the Contact Us tab on our web page or contact your Network Coordinator.

B. Support through a Designated Network Coordinator
To ensure you receive the support needed for success, we designate a qualified, well-trained Network Coordinator to each region we serve. The Network Coordinator receives support from our Manager of Business Integration & National Transportation Networks. These individuals will readily work with you to ensure you understand our processes and expectations and to be a resource to answer any questions. Together we will ensure a high level of customer service and performance standards.

Additionally, our Network Coordinators will assist transportation providers in managing and tracking all details of trip volume from trip assignment to payment. As needed, American Medical Response’s Claims Processing staff will also provide insight, support, or answers to questions regarding the claims process. We cover these expectations in more detail throughout this manual.

C. Overview of Medicaid
Pursuant to Title XIX of the Social Security Act, the Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The federal and state governments jointly fund the Medicaid program. At the federal level, the Centers for Medicare & Medicaid Services (CMS) administer the program. Each state administers its Medicaid program in accordance with a CMS-approved state plan. Although, the state has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable federal requirements. Pursuant to 42 CFR § 440.170, the transportation benefit includes transportation expenses and related travel expenses deemed necessary by the State Medicaid agency to secure medical examinations and treatment for a beneficiary. Examples of modes of transportation that states authorize include ambulances; specialized motor vehicles (e.g., wheelchair-accessible vans); and common carriers (e.g., taxis, personal vehicles, and public transportation).

The original Title XIX legislation that created the Medicaid program did not include language requiring states to provide NEMT to and from routine medical appointments. Medicaid transportation programs exist today because of court decisions that ruled states must assure access to covered Medicaid services. Medicaid clients are entitled to NEMT, and both the states and federal government must pay for those transportation services. Federal Medicaid regulations now assert that states must ensure necessary transportation for members to and from providers as codified in 42 C.F.R. § 431.53.

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Medicaid is one of the largest federal and state budget items, growing at almost 10 percent annually with likely expansion in the coming years. Medicaid spending has increased significantly as eligibility has expanded to include population segments not previously anticipated. In addition, therapeutic treatments such as dialysis, radiation therapy, and organ transplant programs have greatly increased the frequency of treatments and encounters. In addition, medical advancements have led to longer lives for the general population including Medicaid clients. Adding to all of this, the nation’s population has grown by more than a third since the Medicaid program’s enactment forty-five years ago.

American Medical Response views our role in serving the Medicaid population as completing the healthcare delivery cycle while upholding cost-effective strategies and ensuring utmost safety. We balance the needs of our clients, such as cost containment, with the interests of our transportation providers through fair rates and efficient processes. We look to our transportation providers to serve as ambassadors of our commitment to quality service as we live out our mission of Making a Difference by Helping People in Need.
D. Important Contact Information

**Local Office:**
American Medical Response  
7509 South Frwy.  
Houston, TX 77021

Network Coordinator  
Efrain Cortez  210-213-9823

Billing & Reimbursement  
(303) 495-1718  
(303) 495-1719

Network Manager  
Randy Frisina  
(281)-678-1425

Claims and Billing Supervisor  
Diana McCabe  
(303) 495-1729  
(281) 904-8351

**Corporate Office:**
American Medical Response  
6200 S. Syracuse Way Ste. 200  
Greenwood Village, CO 80111  
(303) 495-1200 (main)  
(303) 495-1295 (fax)

**Corporate Staff:**
Vice President, Managed Transportation  
Matt McCormick  
(303) 495-1200

**QA Supervisor**  
Sharon Vincent  
(303) 495-1273
E. Transportation Grievances – Investigation Process
As part of our quality assurance and continuous quality improvement, American Medical Response collects, investigates, and works to resolve grievances from the various stakeholders of the program. We accept grievances from medical providers, transportation providers, Texas members, or their representatives.

Once American Medical Response receives a grievance pertaining to an individual’s trip, we flag the trip for investigation and notify the provider of the details surrounding the grievance. The transportation provider must respond to the grievance within 2 business days. Grievances against the transportation provider may include but are not limited to:

- Transportation provider did not show
- Untimely arrival for pickup (late or too early)
- Cleanliness of a vehicle
- Driver conduct (attitude, politeness, helpfulness)
- Driving safety
- Violations by the driver of contract requirements
- Vehicle safety issues

The American Medical Response system supports the grievances management process. We document all information received from the transportation provider and work with all parties involved toward a resolution. A grievance received about a trip will result in a hold being placed on the trip payment. Once the grievance is resolved, we will remove the investigation flag. Based on the outcome of the grievance investigation, the payment or denial will be scheduled within the contractual or regulatory requirements.

We review grievance resolution reports daily and work with the involved parties to develop a mutually satisfactory solution, which may include retraining or placing the provider on an improvement plan or as a last resort, removal from the network. If you receive notification of a trip placed under investigation, send the requested trip information to the fax number indicated on the request. Requests that contain Protected Health Information (PHI) should be mailed by the United States Postal Service (USPS). Any questions related to grievances or investigations should be directed to the Quality Assurance Supervisor.

*In no event will American Medical Response make payment for a trip in which a member missed an appointment because the transportation provider was late requiring the rescheduling of the appointment.

F. Performance Compliance
Our clients hold us to specific performance standards, many of which relate to our transportation providers’ performance. In addition, we established internal quality metrics that distinguish as a company American Medical Response dedicated to quality service. We hold our transportation providers to specific performance criteria to meet our clients’, as well as American Medical Response’s, expectations. We monitor compliance to these standards through a variety of means including claims processing on our website, on-street observations, the complaint process, telephone communications, and on-site visits.

American Medical Response monitors transportation providers in a variety of ways including both scheduled and random visits. Our monitoring includes but is not limited to:

- Observations – American Medical Response staff will randomly visit common pickup and drop-off points observing both driver behavior and vehicle standards from afar. Again, the provider

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will not be aware of anything unusual and the report will be forwarded to the Network Coordinator.

- **On-site visits** – the Network Coordinator will schedule an on-site visit with the transportation provider to review records, operations, drivers and vehicles.
- **Random on-site visits** – The Network Coordinator will stop by the transportation provider’s operations unannounced to visit, provide educational materials and to inspect the operations to ensure requirements are being followed.

We look at these monitoring activities as a great opportunity to support our providers; any deficiencies will be addressed with the transportation provider and given the time and support to correct. If the deficiency is severe enough, it may require temporary removal of a driver or vehicle from service until the deficiency is corrected.

**Transportation providers must remove any driver or vehicle from service if they are found to be out of compliance with any of the requirements listed in the Service Agreement and/or state or federal regulations.**

**G. Trip Assignments**

**Web Portals:** AMR/A2C prefers all transportation providers have Internet access to enable use of the Access2Care web portal for efficient trip assignment and claims processing. We send trip requests to transportation providers directly via the Access2Care system. Transportation providers will be assigned trips based on the following:

- Level of need of the passenger (appropriate mode assignment)
- Service delivery area
- Highest quality score
- Lowest cost /

When you review your trip assignments, remember:

- You must check your trip assignments daily and accept/reject the trips within 24 hours of receipt of the assignment(s).
- When you accept a trip, you have made a commitment to perform the transport.
  - If you do not accept a trip, the trip will be removed from your schedule and assigned to another provider.
- American Medical Response will assign every trip an authorization number. Trips performed without prior authorization from American Medical Response will not receive payment.
- Always verify your accepted trips directly with the members up to 24 hours in advance of the appointment time to ensure no changes have occurred such as a canceled appointment or altered appointment time. The trip manifest includes the member’s contact number.
- You must immediately inform American Medical Response of any breakdown, accident or incident, as well as any other problems that might cause a delay of more than ten (10) minutes in the trip.
- At times, American Medical Response may authorize the transportation provider the ability to negotiate pickup and drop-off times to maximize multi loading opportunities.

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At no time is the member allowed to remain in the vehicle greater than one (1) hour longer than the average time for direct transport.

All transportation providers are required to have a working fax machine to be used as a backup for trip scheduling.

**Faxed request:** American Medical Response can assign transports on a temporary basis via fax or telephone until Internet access is established. We will make longer-term accommodations for providers who do not have Internet access in their areas.

For transportation providers without Internet access due to their remote location or for those providers awaiting Internet installation, we have designed efficient processes for trip management and claims reconciliation. Instead of Internet access, this process requires a working facsimile (fax) machine.

**H. Trip Management**

You play a vital role in helping us verify and update member information. Sometimes, the trip information provided to us by the client via the eligibility system or by the member during the call intake process may be inaccurate or incomplete. Once assigned a trip, if you discover appointment times, addresses or scheduling times have changed, please let us know by calling the customer service representatives with the details and/or corrected information.

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III. American Medical Response (AMR) Payment Process

A. Invoice requirements

The Claims and Reimbursement Department conducts trip verification, prepayment audits and provides support to transportation providers in the processing and adjudication of trip claims. For each transport, drivers must fill out a trip log and submit for payment.

Member and attendant (if applicable) signatures are required for each leg of a completed trip.

Driver trip logs must also contain the driver’s signature. See Attachment B for a Sample Driver Log.

All information must be included on the trip log or payment will be denied. The required information is as follows:

- AMR trip number
- Member name
- Date of service
- Driver printed name
- Driver signature
- Vehicle ID number
- Approved Attendant full name and signature, if applicable
- Scheduled pickup time
- Actual pickup time
- Scheduled drop-off time
- Actual drop-off time
- Pickup address
- Drop-off address
- Mileage for each leg of the trip
- Trip status
- No-show information (member or transportation provider) if applicable
- Pharmacy stop information if applicable
- Member signature obtained**

** If a member is unable to sign the trip log the driver is required to indicate why he/she was unable to obtain the required signature(s) such as ‘patient unable to sign’ and initial by the notation. If the member refuses to sign the trip log the driver will indicate ‘member refused to sign’ on the trip log and initial by the notation.

The only acceptable signatures are those of the member, attendant, and driver.

AMR typically authorizes payments weekly. A “clean claim” for AMR users is defined as a trip that has been “cleared” by the transportation provider and includes all of the information required to process the trip including any verifications made by the claims department.
Every transportation provider is strongly encouraged to clear their completed trips in the Access2Care trip portal daily.

B. Invoicing process
AMR will not process payment for any trip that does not have the required trip log documentation. Complete driver logs must be kept on file and are subject to random audits by AMR.

AMR recognizes the importance of cash flow and prompt payments. In response we designed our Access2Care online trip management resource to allow transportation providers to easily accept and send electronic transactions. See Appendix I of this manual for a guide on using the online Access2Care system.

Once a transportation provider has cleared a trip on the transportation provider portal, we will process the trip for payment or denial. Only cleared trips deemed as “clean claims” will be paid. Electronic Funds Transfers (EFT) is the preferred payment method or via manual check. A detailed description of this process is outlined in the Electronic Trip Management Instruction Manual included as Appendix I.

We will process all clean claims within contractual and regulatory requirements. If all required information or documentation is not submitted, we will notify you of the required documentation.

Payment: AMR will send out a Remittance Report with each check. EFT information is viewable on the Transportation provider portal.

C. Contracted Rates & Pricing
Pricing is based upon the contracted rates in the subcontractor Service Agreement. AMR adheres to all CMS and contractual requirements. We only reimburse for compensable, authorized services. Therefore, to avoid misunderstandings about payment, any and all services must be authorized prior to transport. Any exceptions to the processes outlined in this Manual must be approved by the Network Coordinator.

Mileage is predetermined by AMR using MapQuest. We calculate mileage based upon the shortest distance. AMR does not pay for “no shows,” dry runs, or deadhead miles.

D. Trip Audit and Follow-Up
As a steward of public funds AMR must ensure services occur for payments rendered. To ensure we meet the contractual obligations and expectations of our clients, we have developed audit and verification processes of trips presented for payment. If AMR cannot validate or verify the medical services related to the transportation claim following the audit, we will recoup the amount of the payment.

AMR performs 100% audits on the trips cleared by each transportation provider. All audited documentation must be received by AMR within 45 calendar days of the trip date. Failure to submit within 45 calendar days will result in payment denial of the trip. Please send all driver logs to the AMR Claims department. AMR will process the audited trip information within ten business days of receipt.

When a trip is suspended for audit or follow-up payment, AMR will withhold payment following review of the driver log or trip detail sheet, inclusive of the member’s signature. Payment will not be made on any trips suspended for audit or follow-up. Typically, the reason for a suspended payment is inconsistent information related to the trip mileage or distance. These types of errors can result in an inaccurate payment.

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100% review of all trips is one of many approaches AMR takes to mitigate fraud and abuse in our continual commitment to program integrity.

E. Payment Denials
If a transport is denied for any reason you will receive notification. You will receive notice on your transportation provider portal. Denials may be based upon failure to adhere to contractual obligations. Other reasons for denial may include but are not limited to:

- **Timeliness:** Transportation providers must clear all trips within 45 calendar 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 potentially through the appeals process.
- **No documentation to support service:** When a transportation provider fails to respond to an investigation or 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.
- **Member canceled services** prior to the pickup time and transportation provider was notified.
- **Member No-Show Denials:** We will deny the trip if the transportation provider clears a trip as completed and the member was a no-show.
- **Transportation Provider No-Show Denials:** We will deny the trip when the member states the driver never arrived and the transportation provider cleared trip as completed.

F. 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 letter or fax and contain the following information:

- The reason for the appeal.
- Documentation to support the service provided (i.e. driver log with member signature and times of transport).
- All requests must be received within 30 days from the date of denial.
- Appeals are considered based upon information provided.
- The documentation will be reviewed, and the provider will be notified of the payment decision.
- Payment or denial will be made within the contractual or regulatory requirements.

<table>
<thead>
<tr>
<th>Claims Department Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Payment Follow Up</strong></td>
</tr>
<tr>
<td>(USE Only when Trips have been CLEARED)</td>
</tr>
<tr>
<td><strong>USPS</strong></td>
</tr>
<tr>
<td><strong>Claims Submission Address</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
G. Fraud, Waste and Abuse

In a 2009 Memorandum titled *Fraud and Abuse Safeguards for State Medicaid Nonemergency Medical Transportation Services*, the Deputy Inspector General for Evaluation and Inspections, Stuart Wright stated, “The Office of Inspector General (OIG) and other entities have identified significant vulnerabilities to fraud and abuse in State NEMT programs.” The Memorandum goes on to say, “If a State detects evidence of potential provider fraud, it must refer such a case to the State Medicaid Fraud Control Units (MFCU) or other appropriate law enforcement agency, such as a local district attorney. The MFCU is responsible for reviewing the referrals it receives from the state Medicaid agency and other sources to determine whether the issues involved merit criminal and/or civil investigation.”

AMR upholds integrity as an essential business attribute. As the above text denotes, fraud and abuse in the NEMT program will not be tolerated by the OIG, the MFCU, or AMR. The transports you provide are reimbursed by federal and state funds. Because of this, it is important for AMR to inform its employees and subcontractors about Federal and State False Claims Acts and the company’s procedures for reporting fraud, waste and abuse.

The False Claims Act ("FCA") prohibits anyone from submitting a false or fraudulent claim in order to secure payment from the federal government. The FCA helps the federal government combat fraud and recovers losses resulting from fraud in federal programs, purchases, or contracts. A person or entity may violate the FCA by knowingly:

- Submitting a false claim for payment,
- Making or using a false record or statement to obtain payment for a false claim,
- Conspiring to make a false claim or get one paid,
- Making or using a false record to avoid payments owed to the U.S. Government (the “Government”).

AMR policy states that any employee who suspects or has knowledge that fraudulent activity may be or has occurred should notify his/her supervisor immediately. Transportation providers must have a similar process in place for reporting such activities.

AMR policy also prohibits any retaliation or retribution against any person who, in good faith, reports suspected violations of these laws.

The Program Fraud Civil Remedies Act of 1986 grants federal agencies the right to investigate and assess penalties for the submission of false claims. Any person may be liable if they know or have reason to know that a claim:

- Is false, fictitious or fraudulent;
- Includes or is supported by any written statement that asserts a material fact which is false, fictitious, or fraudulent;
- Includes or is supported by any written statement that omits a material fact;
- Is false, fictitious, or fraudulent as a result of such omission; and/or
- Is for payment for the provision of property or services which the person has not provided as claimed.

Any suspected false claims may be investigated by the Department of Justice. If further action is deemed necessary, the Department of Justice may issue a complaint regarding the false claim and further legal action may be required.

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AMR has numerous policies and procedures in place to monitor and detect fraud, waste and abuse. These include but are not limited to:

- Code of Business Conduct and Ethics
- Compliance policies
- Prior Authorization process
- Trip verification
- Random audits
- Credentialing and re-credentialing of transportation providers
- Random field observations

Transportation providers must cooperate fully with any investigation regarding fraud, waste and abuse initiated by AMR or any government agency. AMR will notify the client of any suspected fraud and abuse.

IV. Transportation Provider Educational Plan

American Medical Response has created this manual and related policies and procedures to assist our network of transportation providers. We are required to ensure that both American Medical Response and the subcontractors we use are compliant with all requirements of our clients. As such, we have developed an educational plan for instances when a transportation provider is not performing to our standards. It is our goal to work positively with providers and not penalize the providers unnecessarily. We will take every effort possible to work with you so you can remain in our network.

Transportation providers are monitored throughout all aspects of the programs. American Medical Response monitors via on-street observations, complaint processes, random on-site inspection, annual credentialing, etc. If a provider is found to be non-compliant with any of their requirements they may enter into the following:

- **Minor** – Any deficiency that will not immediately harm the passenger or drivers and/or any items that does not present a legal risk to American Medical Response or the client. An example: Missed or late pickup times higher than .5 percent

- **Major** – Any deficiency that could harm the passenger or driver. Items that would increase legal risk of both American Medical Response and the client, for example…lack of appropriate insurance.

**Warning:** Would only be issued in the case of minor deficiencies. The network coordinator would contact the provider in writing explaining the deficiencies and the expected time frame to come into compliance. This is a formal process that will be in the providers file. If at any time the provider continues to be noncompliant, the issues will be escalated to the next level.

**Provider Improvement Plan (PIP):** Is used for minor issues. The network coordinator will meet with the provider to explain the deficiencies and work out a plan to help the provider become compliant. The PIP will be documented, have set milestones and time frames and also become part of the transportation provider’s file. The network coordinator will monitor the progress of the provider to ensure that improvements are being made. If the provider does not meet the required time frame, he or she may be moved to the next level, or the PIP may be extended.

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Corrective Action Plan (CAP): A CAP may be used for both minor and major deficiencies. The CAP process may include more drastic actions such as suspending a provider, driver or vehicles temporarily until the issue can be resolved. It can also mean reducing the number of trips the provider is able to receive. The network coordinator will meet with the provider to explain the deficiencies and work out a plan to help the provider become compliant. The CAP will be documented, have set milestones and time frames, and become part of the provider’s file. The network coordinator will monitor the progress of the provider to ensure that improvements are being made. If the provider does not meet the required time frame, the CAP may be extended, depending on the deficiency, or the provider may be terminated from the network.

Termination: In rare cases, the transportation provider may be completely removed from the network and possibly turned into the OIA office for further investigation. Termination is the most serious action and would be used when a provider has been proven of committing fraud, unwilling to work within the requirements of the contract and/or having prolonged, repetitive issues.

We want to work with our providers and help them improve and grow their business. We’ve developed an educational plan based on positive retraining and monitoring.

In conclusion, we designed this manual to provide a thorough understanding of how to achieve success as an American Medical Response subcontracted transportation provider. If you have any specific questions or comments, please feel free to contact any member of our Network team.

The following pages contain the Appendices, as well as the various Attachments referred to throughout this manual.

Appendix II includes all policies and procedures that apply to transportation providers under contract with American Medical Response, including policies that may not be specifically outlined in this manual. This manual is considered a guide to understanding the basics of the program.

As always, thank you for your exceptional service and commitment to quality for the passengers in your care.

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V. Appendices

Appendix I: Access2Care Transportation Provider Portal

Access2Care Transportation Provider Portal

GETTING TO YOUR PERSONAL WEB PAGE:

- Go to https://A2CTP.emsc.net the Access2Care home page.
- Type in your Username and Password assigned to you during credentialing.
- Press the Enter key or click on LOGIN.
- The first time you log in, you will be prompted to change your password.
- Password Must contain a capital letter, a number, and a special character.

MANAGING NEW TRIPS

- This will open the NEW TRIPS screen. Here, you can view trips that are offered exclusively to you.
- The underlined blue trip number with the “T” behind it is the client’s first trip, going TO the destination; and the “R” is the RETURN leg of the same trip. If the client has additional stops, these numbers will have a “1”, “2”, etc. behind the letters.

Sample View of New Trip Assignments Screen

- To view the Trip Details, click on the blue trip number. The detail will open in a separate screen and will display all the detail 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 an accepted trip.

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Sample View of Trip Detail Screen

- You can only open the Trip Detail for one trip at a time.
- Click the Accept <Acpt> or Reject <Rjct> button for each trip to accept or reject the trip being offered.
- You cannot accept only one leg of a round trip. If you take the original trip, the return leg and any additional stops will automatically be assigned to you.
- You may accept or reject ALL the trips being offered by scrolling down to the bottom of the list and clicking on Accept All or Reject All.
- If you need to, you can also clear your selections by clicking on <Reset>.
- Once you have selected all the trips you’re accepting or rejecting, click <Next>.
- This brings you to the Confirm Trips screen.
Sample View of Confirm Trips Screen

- Carefully verify accepted and/or rejected trips and then click Finish. If you need to make a change, click the Back button to start over. Once you click Finish, your trips are considered accepted and you will be taken back to the NEW TRIPS screen.
- It’s important that you accept or reject trips as quickly as possible so we have time to reassign any trips you are rejecting.

**NOTE:** You **MUST** complete this final step in order to accept trips. **Until you press Finish, your trips have not been accepted.**

**ACCEPTED TRIPS**

- You can click on the ACCEPTED TRIPS button to view and manage your accepted trips.
  - **NOTE:** Once you have ACCEPTED a trip and “Finished” the process, you **CANNOT** reject trips from your website. You must call ACCESS2CARE to “give” the trip back.
  - Call the phone number that appears at the top of the trip detail to speak with a CSR.
The Sample View of Accepted Trips screen shot 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.)

You can use the “Display Trips for” section to view a single date at a time and then click the “View All” to return to all accepted trips.

IMPORTANT NOTE: ALWAYS VERIFY your trips with the clients at least 24 hours prior to the appointment time to confirm that no changes have been made and to inform the client when you will arrive to pick them up.

Changes to a trip will be highlighted and can include times and/or destinations. If the trip change is less than 48 hours from the appointment time, we will call and notify you. If the change occurs greater than 48 hours from the appointment, we will not call you and the change will be highlighted on your website.

Changes to trips must be viewed and acknowledged by you. Click on the trip number to view the changes and then click on the “Acknowledge” button. You must acknowledge all changes to trips or you will NOT be allowed to clear the trip.

You also have the ability to export these trips into Microsoft Excel for easy sorting. You will export ALL Accepted Trips unless a date range is identified in the Display Trips field.

If for any reason you cannot perform a trip that you previously accepted, you must call ACCESS2CARE to reject the trip. Call the phone number that appears at the top of the trip detail to speak with a CSR.

MANAGING CANCELED TRIPS

At the bottom of both your NEW TRIPS and ACCEPTED TRIPS screens you will see any previously accepted trips that have been canceled.

It is important to check for canceled trips regularly and acknowledge them (see the illustration below.)

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 website.

NOTE: If you run a trip that has been canceled, you cannot clear it as a Client No-Show, so checking for cancellations will help you prevent wasted resources.

Sample View of Canceled Trips Screen

CLEARING TRIPS: (You MUST Clear Trip In Order To Receive Payment)
A key component to managing your trips is clearing them off the website once the trip is completed. This is a critical step and will allow us to pay you for the trip. Clearing trips daily is recommended and will speed the time it takes for you to get reimbursed.

There are several options to select in order to successfully clear a trip:
- First, click the checkbox on the left side of the screen in the “Clear” column to select a trip.
- Enter the pickup <p/up> time and the destination <dest> time.
- Notify Time is a REQUIRED field for return trips and additional stops when applicable.

Choose Trip Outcome to select one of the following:
- Client No-Show: Select if the client was not at the pick-up location when you arrived. You must enter the pick-up time. (Note: if the trip was canceled and you failed to confirm on your Canceled Trips screen, you cannot clear as a Client No-Show.)
- Client Canceled: If client refused to go upon your arrival.
- Client did not Confirm Return: Use if client did not call you for the return leg.
- Vendor No-Show: Use if you failed to show up for any reason, or were late enough to cause the client to miss his or her appointment.

Resource is a drop down box that displays driver and vehicle assigned to this leg of the trip if required by ACCESS2CARE.

Pharmacy Stop: (Pharmacy stops MUST be pre-authorized by ACCESS2CARE)

Signature: You must have the client’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. All driver logs are subject to audit and MUST be submitted to ACCESS2CARE.

Escort Signature will be required only when there was an additional passenger associated with this trip as required by ACCESS2CARE.

Sample Clear Trips Screen

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 encourage you do this before you move on to clear another page of trips.
you are called away, or distracted before you finish, you “time out” or have to go to a
different screen. This will cause you to lose any data you have entered and you will have to
re-enter the information to clear the trips.

Tracking your Accounts Receivable <A/R>:  
- As previously stated, you do not have to submit an invoice for payment. Once a trip has been
cleared on your website, it will be processed for payment, audit or investigation.
- You must have a completed driver log with a passenger signature for all completed trips. All
driver logs are subject to audit.
- We may request additional 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 a random audit.

A/R PENDING  
- Once cleared, all trips will appear on this screen. All trips are sorted by trip date. The trip can
be tracked here so you can see when the trip was cleared, the status of the trip, scheduled
payment date, and payment amount.

Sample View of A/R Pending Screen  

A/R READY  
- Once we have cleared the trip, payment is issued. You can view payment details from this
screen.

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Sample View of A/R Ready Screen
➢ Click on the “Check Date” to open a list of trips paid on this check. Once opened, it is exportable to Excel.

Sample View of Trip Assignment Screen

**COMPLAINTS**
➢ When you have new complaints, a message will be displayed in red on your web page.

credible, timely response is crucial.

- All complaints must be responded to within one (1) business day or you may NOT be paid for the trip.
- If a complaint is filed after the trip has been paid, American Medical Response has the right to recoup the original trip cost from a future payment if you do not respond within the required timeframe. Once the complaint is resolved, we will remove the investigation flag. Based on the outcome of the complaint investigation, the payment or denial will be scheduled within the contractual or regulatory requirements.*

*In no event will AMERICAN MEDICAL RESPONSE make payment for a trip in which a member missed an appointment because the transportation provider was late requiring the rescheduling of the appointment.
➢ To open a complaint, click on the Incident Number. This will open the complaint and allow you to respond to the complaint and attach any requested documentation.
➢ If you do not have the ability to scan and attach, you can still fax in the required documents but please state so in your reply.
Sample View of Complaint Alert

Sample View of Complaint Detail Screen

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.

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Sample View of User Administration

- Click on “Add New” to add additional users and fill in required fields.

Sample View of User Administration Screen to add new Users

On the Road Newsletter

- *On the Road* is ACCESS2CARE’s transportation provider newsletter. This recently revamped newsletter is filled with helpful tips, interesting facts, and occasionally, important process updates or changes. We distribute *On the Road* via e-mail or you can access *On the Road* from anywhere in your website. We will also maintain archived editions here for easy referral as desired.

Sample View

RESOURCES

- This is where you can add your list of vehicles and drivers that meet the eligibility requirements.

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Sample View of Resources Screen

Sample View of Driver Resources Screen

Sample View of Vehicle Resources Screen

Miscellaneous Information:
Refreshing your screen
➢ If your website has been open for more than 30 minutes with no activity, it is a good idea to “Refresh” or “Reload” your screen. This will import any recently added New Trips, Cancellations, trip updates, A/R updates or other new information. There are two ways to do this:

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- Click on the Refresh (or Reload) button on your Internet browser’s tool bar at the top of your screen. This will update all the information in your site; you will not have to log back in and you will stay right where you were working when you “Refreshed”.
- 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.
- As the website is updated and new services are added, you may notice changes. We will do our best to keep you informed of any additions to the site through the On the Road publication.

Contact Us:

- We are at your service. Click on the contact Access2Care tab on the website for information on how to get in touch with us.
- If you have questions about the website or our services, forgotten or need to change your password, please contact your Network Coordinator.

We have designed the online system for easy use. If you have any questions, concerns, or suggestions, our team is ready to assist you. We welcome your feedback and are here to help you succeed.

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Attachment B  Sample Driver Log

<table>
<thead>
<tr>
<th>Trip #</th>
<th>Member Name</th>
<th>Attendant Name (if applicable)</th>
<th>Service Type</th>
<th>Pickup Address</th>
<th>Drop off Address</th>
<th>Scheduled P/U Time</th>
<th>Actual P/U Time</th>
<th>Drop off Time</th>
<th>Mileage</th>
<th>Member Signature</th>
<th>Attendant Signature (if applicable)</th>
<th>No Show</th>
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</tbody>
</table>

I understand that AMR will verify the above information and I certify the information is true and accurate.

Driver Signature: ________________________________

In compliance with HIPAA this form should not contain any PHI (Personal Health Information). If PHI is added to this form it must be handled appropriately and within HIPAA guidelines.

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Appendix II:

NETWORK SUBCONTRACTOR REQUIREMENTS

1.0 Subcontractor Requirements

1.1 Subcontractor agrees not to differentiate or discriminate in the treatment of any passenger on the basis of sex, marital status, age, race, color, national origin, ancestry, religion, disability, medical condition, veteran status, political affiliation, economical status, or sexual orientation.

1.2 Subcontractor shall provide drivers with visible employee picture identification card, picture ID badge or uniform with name for security and identification purposes.

1.3 Subcontractor’s must comply with all applicable State and Federal laws including, but not limited to, the Americans With Disabilities Act (ADA) of 1990; Federal Transit Administration (FTA) regulations (including FTA’s drug and alcohol regulations); the Federal Highway Administration’s drug and alcohol regulations’ Rehabilitation Act of 1973, Section 504; the requirements of 42 Code of Regulations, Part 431, Subpart F; and Title VII of the Civil Rights Act of 1964.

2.0 Subcontractor Operational Requirement

2.1 Subcontractor’s must obtain and maintain current status on any and all business licenses, permits, certificates, and registrations that are required by Federal, State or local laws, rules and regulations.

2.2 During normal business hours the Subcontractor must be staffed so that all calls from AMR can be answered by a

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“live” person, not by an answering machine or answering service.

2.2.1 If a transport happens before or after normal business hours, AMR must have a way of contacting the Subcontractor / driver during those times when the office is not open.

2.3 All records must be kept in secure files for a minimum of ten (10) years and be readily accessible to AMR staff within 2 business days without additional expense to AMR.

2.4 Subcontractor agrees to work with AMR to respond to all complaints within 2 business days

2.4.1 Subcontractor understands that not responding to complaints may result in Corrective Action.

2.5 Subcontractor agrees to cooperate in all on-site visits of the Subcontractor’s place of business and inspection of business records and vehicles.

2.6 Subcontractor may not solicit or accept any money from any passengers you transport for AMR.
3.0 Driver Requirements

3.1 Drivers are required to wear visible identification badges or similar items so staff are easily identified as employees of your company.

3.3 Verify that the motor vehicle operator has a valid driver's license. A motor vehicle operator without a valid driver’s license may not provide transportation services under the contract. Verify the driving record information of the motor vehicle operator is maintained by the Department of Public Safety (DPS) pursuant to Texas Transportation Code, Chapter 521, Subchapter C. A motor vehicle operator who does not meet driving history requirements may not provide transportation services.

3.4 Drivers must have no more than one moving violation within a twelve (12) month period.

3.5 Ensure that all drivers are at least 18 years of age.

3.6 All drivers must have a current background check. Subcontractors must check the public criminal record information of the motor vehicle operator that is maintained by DPS and made available to the public through the DPS website. A motor vehicle operator who does not meet criminal history requirements as specified in the contract between AMR and the Subcontractor may not provide transportation services under the contract.

Ensure drivers do not have any findings by a law enforcement authority of driving while intoxicated (DWI/DUI) or under the influence of any substance that may impair the driver’s ability to safely operate a motor vehicle within seven years prior to the initial hire date or any time after the hire date. Any Patient Focused, Customer Centered, and Caregiver Inspired.
driver who is convicted of DWI/DUI after the hire date is immediately ineligible to provide services under the contract for a period of seven years after the date of conviction. Ensure drivers do not have a felony or misdemeanor conviction within seven years of the initial hire date or any time after the hire date.

3.7 Subcontractor’s employee who works directly with clients under the contract, or who have direct access to client records, a state Internet Computerized Criminal History file (CCH) background check through the Department of Public Safety’s public internet website, a National CCH from an organization that is nationally approved and recognized to provide criminal history background checks, and a National and State Sex Offender Registry check.

3.8 Drivers must not have been convicted of any felony crime and/or misdemeanor related to health care fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct; elder abuse; patient abuse in connection with the delivery of a health care item or service; unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; and any felony or misdemeanor conviction for child abuse, elderly abuse, domestic violence, criminal sexual conduct, drugs or weapons.

3.9 Subcontractors and subcontractor’s employees must obtain finger prints in a form and quality acceptable to the Department of Public Safety and the Federal Bureau of Investigation on any employees who would be placed in direct contact with a client.

3.10 The subcontractor shall check for felony and misdemeanor convictions for the seven (7) years prior to the hire date and annually thereafter. Individuals with any criminal

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conviction that falls within the aforementioned categories that occurred within seven (7) years prior to the hire date or any time after the hire date shall not be allowed to participate in providing requirements of the contract and any services that are determined to have been provided by a person not eligible to provide services under the contract will be recouped.

3.11 All drivers /attendants/escorts must be courteous, patient, and helpful to all passengers and be neat and clean in appearance.

3.12 Drivers shall NOT use alcohol, narcotics, medical marijuana, illegal drugs or drugs that impair ability to perform while on duty and shall NOT abuse alcohol or drugs at any time. The Subcontractor shall not use drivers who are known abusers of alcohol or known consumers of narcotics or drugs/medications that would endanger the safety of recipients, whether those drugs are legally prescribed or not.

3.13 All Subcontractors must implement a drug and alcohol testing program in accordance with federal regulations 49 C.F.R Part 40 and Part 655. Use of any substance that may impair the operation of the motor vehicle by the driver is prohibited.

3.14 Drivers must not smoke within the proximity (15 feet) of the vehicle or while clients are in the vehicle.

3.15 Drivers must not wear any type of headphones at any time while on duty, with the exception of hands-free headsets for mobile telephones if this is the company communication device.

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3.16 If a non-curb-side pick-up is being made, drivers must identify themselves, show their identification and announce their presence at the entrance of the facility or residence.

3.17 Drivers must assist AMR passengers getting into and out of the vehicle and confirm that all seat belts are fastened.

3.18 No AMR passenger will be transported unless all passengers are buckled.

3.19 The number of persons in the vehicle, including the driver, must not exceed the vehicle manufacturer’s approved seating capacity.

3.20 Drivers must ensure AMR passengers in wheelchairs are properly secured prior to departure and at all times while in transit.

3.21 Upon arrival at the destination, the vehicle should be parked or stopped so that AMR passengers do not have to cross streets to reach the entrance of their destination.

3.22 Drivers must not leave passengers unattended in the vehicle.

3.23 Drivers must not touch any recipient except as appropriate and necessary to assist the AMR passengers into or out of the vehicle, into a seat, to secure the seat belt, or to render first aid or assistance for which the driver has been trained.

3.24 Drivers are expected to follow company and broker guidelines for HIPAA compliance by keeping all AMR passengers protected health information (PHI) confidential. It should not be visible to other recipients/passengers, and

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drivers must not discuss this information with anyone who is not involved with the recipient’s treatment or connected health care services.

3.25 Subcontractors must also perform checks against the Nurse Aid registry and the Employee Misconduct Registry maintained on DAD’s Employability Status Check Search website. http://www.dads.state.tx.us/subcontractors/nf/credentialing/sanctions/index.cfm

4.0 Required Training

4.1 All drivers must receive training on the following topics:

4.1.2 Passenger assistance annually
4.1.3 ADA training annually
4.1.4 Assistive devices, including wheelchair lifts, tie-down equipment, scooters, and child safety seats annually
4.1.5 Culture diversity
4.1.6 Customer Service
4.1.7 Defensive Driving Techniques every two years
4.1.8 Prohibited behavior by motor vehicle operators, including use of offensive language, use of tobacco, alcohol or drugs, and sexual harassment; and any other additional training AMR determines to be necessary
4.1.9 HIPAA Compliance
4.1.10 Dealing with clients with behavioral issues including violent behaviors
4.1.11 MTO Operating Procedures
4.1.12 Orientation familiarization of Medical Transportation Program (MTP)

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4.1.13 Trip documentation (signature logs)
4.1.14 When and how to call for emergencies
4.1.15 Emergency Procedures
4.1.16 Use of Fire Extinguisher
4.1.17 Universal Precautions for Blood Bourne Pathogens

5.0 Vehicle Requirements

5.1 All vehicles must pass AMR inspection prior to transporting Medicaid recipients.

5.2 All vehicles used to transport passengers will be inspected annually.

5.3 All vehicles must be equipped with adequate and functioning heating and air-conditioning systems.

5.4 All vehicles shall have functioning, clean and accessible seat belts for each passenger seat position. Each vehicle shall utilize child safety seats or booster seat when transporting children under age eight (8), if applicable.

5.5 Seat belts must be stored off the floor when not in use.

5.6 Each vehicle must be equipped with at least one seat belt cutter within easy reach of the driver.

5.7 All vehicles must have an accurate speedometer and odometer.

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5.8 All vehicles must have two exterior rear view mirrors, one on each side of the vehicle.

5.9 All vehicles must be equipped with an interior mirror for monitoring the passenger compartment.

5.10 The exterior of the vehicle must be clean
5.11 Free of broken mirrors or windows
5.12 Excessive grime
5.13 Have no major dents or paint damage that detracts from the overall appearance of the vehicle

5.14 The interior of the vehicle must be
5.15 Clean
5.16 Free from torn upholstery
5.17 Floor or ceiling covering
5.18 Free from damaged or broken seats
5.19 Free from protruding sharp edges
5.20 Must also be free of dirt, oil, grease and litter

5.21 Vehicles will be free of hazardous debris or unsecured items and will be operated within the manufacturers safe operating standards at all times.

5.22 All vehicles shall be identified with the Subcontractor name and vehicle number using letters that are at a minimum six (6) inches in height.

5.23 Smoking is prohibited in all vehicles at all times.

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5.24 All vehicles must have the following signs posted in all vehicle interiors, easily visible to the passengers:

5.25 “NO SMOKING”
5.26 “ALL PASSENGERS MUST USE SEAT BELTS

5.27 Vehicles must carry an information packet containing vehicle registration, insurance card, and accident procedures and forms.

5.28 Vehicles must be equipped with a first aid kit. (Which must include at a minimum latex gloves, hazardous waste disposal bags, scrub brush, disinfectant, and deodorizer).

5.29 Vehicles must be equipped with a functional fire extinguisher (which must be secured within reach of the motor vehicle operator and visible to passengers).

5.30 Non-compliance: Any vehicle or driver found out of compliance with any of these requirements or any State or Federal regulations must be removed from service immediately.

5.31 Wheelchair Vehicles

5.32 For all vehicles used for para-lift operations, the overhead clearance between the top of the door opening and the raised lift platform, or highest point of ramp, shall be a minimum of 56 inches, or such other distance as may be required by ADA or other federal or state laws or regulations.

5.33 All wheelchair lifts must have a design load of at least 600 pounds.

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5.34 All ramps used for the loading and unloading of passengers must meet ADA Accessibility Guidelines.

5.35 All tie-downs or other securement devices used for para-lift operations must meet the ADA Accessibility Guidelines.

6.0 Vehicle Maintenance

6.1 Network Subcontractors must have a comprehensive Preventive Maintenance (PM) program for all vehicles and equipment used for members.

6.2 The required maintenance program will include

6.2.1 Inspected and serviced in accordance with manufacturer recommendations

6.2.2 A vehicle maintenance file for each vehicle that includes records of all maintenance actions, including but not limited to:

6.2.3 Servicing
6.2.4 Preventive maintenance inspections
6.2.5 Repairs
6.2.6 Brake adjustments
6.2.7 Any bodywork
6.2.8 Documentation of vehicle inspection
6.2.9 Repair and replacement of associated equipment, such as radios
6.2.10 Records of inspections conducted by an entity with jurisdiction, if applicable and certification that the vehicle passed inspection

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7.0 Insurance Requirements

7.1 Insurance coverage for all vehicles must be in force at all times during the contract period in accordance with state and local regulations and contract requirements.

7.2 In compliance with AMR and our client’s requirements, all vehicles shall have a minimum of $750,000 combined single limit insurance coverage for vehicles at all times during the contract period.

7.3 Subcontractor must supply up-to-date copies of all insurance certificates to AMR before they expire. Subcontractor understands that if current copies are not on file with AMR the subcontractor will be suspended and no trips will be assigned.

8.0 Trip Log Requirements

8.1 All Subcontractors must require each driver to maintain a daily trip log for each trip.

8.2 The Daily trip log must capture at a minimum the items below:

- Subcontractor
- Date of service
- Driver’s first name Driver’s last name
- Driver’s License Number
- Driver’s signature
- Vehicle identification number and vehicle number
- if any Unique trip authorization number for each segment

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- Type of vehicle authorized, if specialty vehicle
- Pick up time
- Pick up address
- Drop off time
- Drop off address
- Miles driven per trip odometer
- Status of trips (e.g., cancellation, no show, accident or incident)
- Client’s first and last name
- Attendant’s first and last name
- Client’s signature and attendant’s signature

In lieu of a driver log, the Subcontractor may use an automated system, to capture and report the data elements specified above. The identified system should be included in the response.

8.3 All of the above information must be included on the trip log or the subcontractor will not receive payment for the trip. Subcontractors can use the sample form included in their Provider manual.

8.4 Inability to obtain a client or attendant’s signature must be documented. Service must not be denied to the client or their attendant on the basis of refusal to sign. A client or attendant may place a mark on the driver log in place of their signature when they are unable to sign. The driver or attendant must sign beneath the mark as the witness.

8.4.1 If the recipient refuses to sign the driver log the driver must notate the reason on the log and sign beneath the reason.

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8.4.1.1 Subcontractor must contact the AMR call center so a “claims note” can be added to the recipient’s record.

8.4.1.2 Trip logs with this notation will be flagged for an audit so AMR can provide education to the recipient.

8.4.2 If the recipient is medically unable to sign the driver log the driver must note ‘patient unable to sign’ on the log and sign beneath the notation.

8.5 Subcontractor is required to send in all trip documentation with the invoice before any payment will be made for these trips.

9.0 Trip Assignment Requirements

9.1 Web Portals: AMR prefers all Subcontractors have Internet access to enable use of the AMR web portal for efficient trip assignment and claims processing. We send trip requests to Subcontractors directly via the AMR system. Subcontractors will be assigned trips based on the following:

9.2 Level of need of the passenger (appropriate mode assignment)

9.3 Lowest cost / highest quality subcontractor

9.4 You must check your trip assignments nightly and accept/reject the trips within 24 hours of assignment.

9.5 When you accept a trip, you have made a commitment to perform the transport.

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9.6 If you do not accept a trip the trip will be removed from your schedule and assigned to another subcontractor.

9.7 AMR will assign every trip an authorization number. Trips performed without prior authorization from AMR will not receive payment.

9.8 You must re-confirm the pick-up with the recipient twenty-four (24) hours ahead of the scheduled medical appointment to reduce the possibility of a no-show.

9.9 You must wait at least ten (10) minutes after the scheduled pick-up time before “no-showing” the recipient at the pick-up location.

9.10 You must immediately inform AMR of any breakdown, accident or incident as well as any other problems that might cause a delay of more than fifteen (15) minutes in the trip.

9.11 At times AMR may authorize the Subcontractor the ability to negotiate pick-up and drop-off time to maximize multi-loading opportunities.

9.12 At no time is the member allowed to remain in the vehicle greater than one (1) hour longer than average of the time for direct transport.

9.13 All Subcontractors are required to have a working fax machine to be used as a back-up for trip scheduling.

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9.14 Faxed request: AMR can assign transports on a temporary basis via fax or telephone until Internet access is established. We will make longer term accommodations for subcontractors who do not have Internet access in their areas.

9.15 For Subcontractors without Internet access due to their remote location or for those subcontractors awaiting Internet installation, we have designed efficient processes for trip management and claims reconciliation. Instead of Internet access, this process requires a working facsimile (fax) machine.

10.0 Accidents and Incidents

10.1 Subcontractor agrees to follow AMR accident and incident process.

10.1.1 The Subcontractor shall report any accidents, injuries and incidents on a prescribed form within the prescribed time frames noted below:

• Report all incidents/accidents with injuries occurring while the Subcontractor is transporting any AMR passenger(s) within 1 hour

• Report all incidents/accidents without injuries occurring while the Subcontractor is transporting any AMR passenger(s) within 24 hours
10.1.2 Subcontractor must have a form to document all information about the accident/incident. This form must be approved by AMR.

10.1.3 Subcontractor must request a copy of the police report and must forward the report to AMR as soon as possible.

10.1.4 In the event of an accident or injury, the Subcontractor shall develop a trip recovery protocol to ensure that clients arrive at their appointment on time and are transported to their residence without excessive delays.

Schedule “D”
Performance Requirements

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1.0 Liquidated Damages

1.1 Failure to maintain a current vehicle and driver roster with AMR.
Liquidated damage value = $2,500.00 where a driver or vehicle was used that was not included on the roster.

1.2 Failure to maintain or provide insurance. Liquidated damage value = $500.00 per day.

1.3 Client Safety

1.3.1 Client injuries occurred due to failure to follow approved plans, materials, and manuals. Subcontractor will be placed on corrective action plan.

1.3.2 Client injuries means an accident, or incident where a client was injured and required medical attention or was assaulted or sexually harassed. Liquidated damage value = $10,000 per accident.

1.4 Demand Response Services

1.4.1 Subcontractor must ensure that a reliable fleet of vehicles including ADA compliant vehicles meet federal, state and local laws and ordinances including insurance requirements used for transporting clients. Liquidated damage value = $1,000 for each vehicle used that did not meet standards.

1.4.2 Subcontractor must ensure that driver adhere to performing requirements.

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Liquidated damage value = $1,000 for each driver that does not meet requirements.

Liquidated damage value = $2,000 for unlicensed driver or using a driver prior to completing the credentialing requirements on a driver.

Liquidated damage value = $2,000 for using a driver with a background check that has an impermissible criminal conviction.

1.4.3 Each vehicle used must be available for inspection by AMR and HHSC. Inspection records must be on file with AMR. Liquidated damage value = $750.00 per request.

1.4.4 Ensure that all drivers do not charge program client for authorized services. Liquidated damage value = $500.00 incident