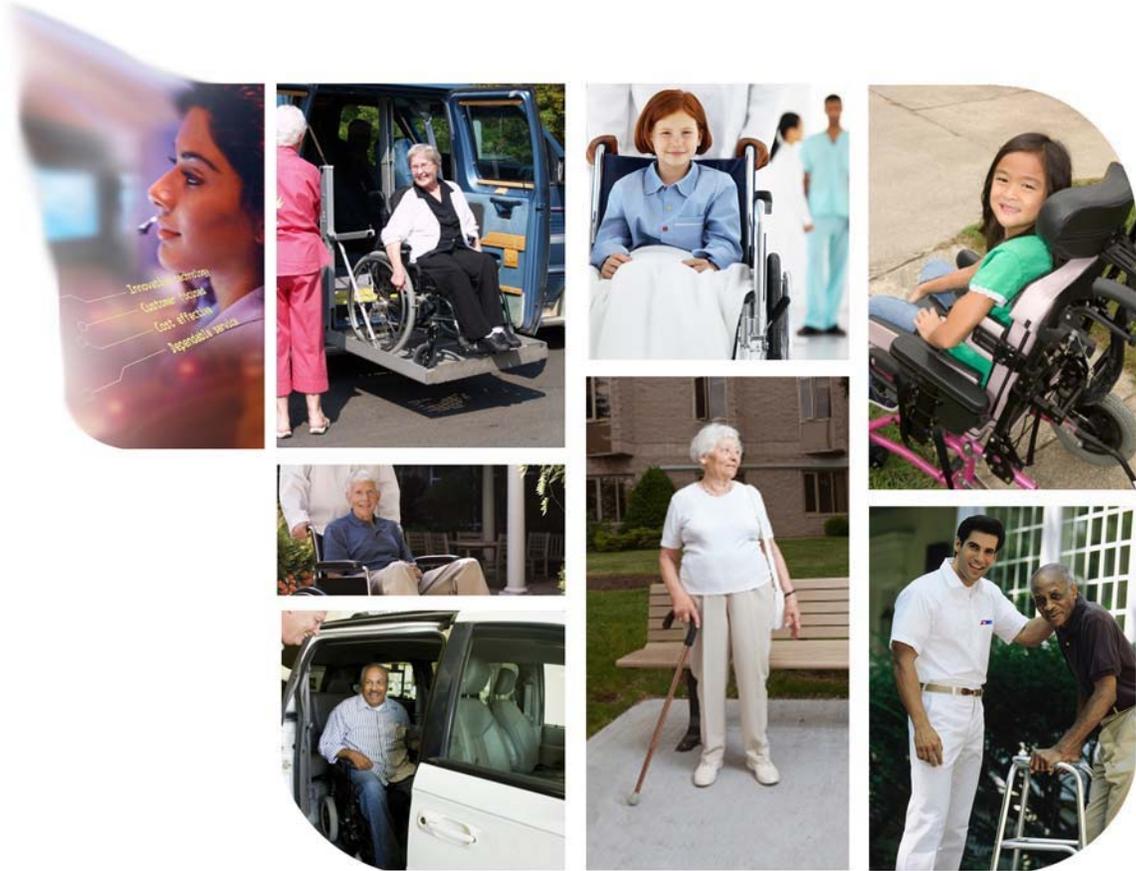


Kansas Transportation Provider Manual



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I. Welcome to Access2Care

Congratulations and welcome to the Access2Care, Inc. network of quality transportation providers. Access2Care specializes in delivering timely, appropriate, and cost-effective non-emergency medical transportation (NEMT) services to health plans, government entities, and health care facilities through a robust network of high-quality transportation providers such as your company. Transportation providers prefer working with Access2Care 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 20 years throughout the United States. In fact, we manage approximately 2.6 million trips for over 5 million lives each year. In joining the Access2Care 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 Access2Care, see the summary at the end of this section or visit us on the web at www.access2care.net.

We designed this user-friendly manual to provide you with the information necessary to successfully operate as an Access2Care transportation provider. The manual covers important subjects such as:

- Introduction
 - How to Contact Us
 - Medicaid Overview
 - KanCare 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.

II. Introduction

A. Overview of Approach to Management of Provider Network

Access2Care 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 Access2Care 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 Access2Care. 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, Access2Care'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.

Access2Care 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. Overview of Kancare

The KanCare program is a managed care Medicaid program which will serve the State of Kansas through a coordinated approach. In 2010, Governor Sam Brownback identified the need to fundamentally reform the Kansas Medicaid program to control costs and improve the quality of services. The State of Kansas has determined that contracting with multiple managed care organizations (MCOs/CONTRACTOR(S)) will result in the provision of efficient and effective health care services to the populations currently covered by the Medicaid, Children's Health Insurance Program (CHIP), and substance use disorder (SUD) programs in Kansas, and will ensure coordination of care and integration of physical and behavioral health services with each other and with home and community based services (HCBS).

NOTE Access2Care follows KMAP TPL policy. All KMAP TPL billing requirements still apply. Please refer to KMAP General TPL Payment provider manual.

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E. Important Contact Information

Central Division Staff:

Network Specialist,
Information provided
to contracted providers

Account Manager,
Information provided to contracted
providers

Audits Toll-free Number
(866) 874-0222

Corporate Office:

Access2Care, LLC.
6363 S. Fiddlers Green Cir, 13th FL
Greenwood Village, CO 80111
(303) 495-1200 (main)
(303) 495-1295 (fax)

Corporate Staff:

Central Region Director
Information provided to contracted
providers

Vice President, Integrated Health
and Access2Care
Information provided to contracted
providers

Director, Claims and Billing,
Information provided
to contracted
providers

Manager, Business Integration &
Transportation Networks
Information provided to contracted
providers

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F. Transportation Grievances – Investigation Process

As part of our quality assurance and continuous quality improvement, Access2Care collects, investigates, and works to resolve grievances from the various stakeholders of the program. We accept grievances from medical providers, transportation providers, KanCare members, or their representatives, and the Managed Care Organizations.

Once Access2Care 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 Access2Care 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 on 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 Access2Care make payment for a trip in which a member missed an appointment because the transportation provider was late requiring the rescheduling of the appointment.**

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G. 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 Access2Care as a company dedicated to quality service. We hold our transportation providers to specific performance criteria to meet our clients', as well as Access2Care'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.

Scheduling pick-up time:

Transportation provider will arrive up to 90 minutes before the appointment time to ensure that the member will arrive at their appointment between 15 minutes and one (1) hour prior to the appointment time.

Return pick-up:

When returning the Member to the point of origin, the Transportation Provider shall ensure return routes are efficient and do not result in unnecessary delays.

Transportation provider will give the member an information card to call when ready for return pick up. Providers have one (1) hour to pick up the member once they have been called. Access2Care monitors transportation providers in a variety of ways including both scheduled and random visits. Our monitoring includes but is not limited to:

- **Mystery Rider programs** - We randomly schedule Access2Care staff to ride with a transportation provider and observe the driver and the vehicle during the transport. The staff member will log all findings and report it to the Network Coordinator. Access2Care will pay for all trips scheduled under the Mystery Rider program, and the provider will notice nothing unusual about the trip request.
- **Observations** – Access2Care staff will randomly visit common pickup and drop-off points observing both driver behavior and vehicle standards from afar. Again, the provider 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.

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H. Trip Assignments

Web Portals: Access2Care 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 multiple times daily and accept/reject the trips within 24 hours of receipt of the assignment(s), preferably as far in advance as possible.
- 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.
- Access2Care will assign every trip an authorization number. Trips performed without prior authorization from Access2Care 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 Access2Care 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, Access2Care may authorize the transportation provider the ability to negotiate pickup and drop-off times to maximize multiloading opportunities.
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: Access2Care 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.

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I. 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.

Transportation Provider Requirements

- Agrees not to differentiate or discriminate in the treatment of any member on the basis of sex, marital status, age, race, color, national origin, ancestry, religion, disability, medical condition, veteran status, political affiliation, economic status, or sexual orientation.
- Transportation Provider shall provide identification in accordance with State and contractual guidelines
- Transportation Providers 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
- Drivers/attendants/escorts must not smoke while in the vehicle, or while in the presence of any Access2Care member.

III. Access2Care Payment Process

A. Invoicing requirements

The Claims Reimbursement Department conducts trip verification and prepayment audits and provides support to transportation providers in the processing and adjudication of trip claims. For each transport, drivers must fill out a driver log that includes the trip number, passenger's signature for each leg of a trip, date, and the actual pick-up and drop-off times.

ACCESS2CARE REQUIRES A SIGNATURE FOR EACH LEG OF EACH TRIP.

If the member is unable to sign, a facility employee, family member, or attendant may sign on their behalf. **Drivers and employees of the transportation provider must not sign the driver log except under the guidelines below.**

Driver logs must also contain the driver's signature. See **Attachment B** for a Sample Driver Log. All information must be included in the invoice or payment will be delayed or denied. The required information for payment is as follows:

- Access2Care trip number
- Member name
- Date of service
- Drive name
- Driver signature
- Vehicle ID number
- Escort full name and signature, if applicable
- Scheduled pickup time
- Actual pickup time
- Schedule drop-off time
- Actual drop-off time
- 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**
- Any and all audit, investigation or follow-up flags have been resolved
- DL #
- Provider Name

** If the member is unable to sign the trip log, it is allowable to have an escort, caregiver or medical staff sign the trip log for the member. If a member refuses to sign the trip log, the driver will write in "MEMBER REFUSED TO SIGN."

If all the above information is included in the original invoice, once received by the claims department and verified against any pending spend down requirements*, it will be considered a "clean claim."

Our client requires payment within 20 days of receipt of a clean claim. However Access2Care typically authorizes payments for transportation provider checks weekly. A "clean claim" for Access2Care users is defined as a trip that has been "cleared" by the transportation provider and includes all the information required to process the trip including any verifications made by the claims department.

Every transportation provider is strongly encouraged to clear their trips off the Access2Care portal every day.

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B. Invoicing process

Access2Care will not process payment for any trip that does not have the required driver log documentation. Complete driver logs must be kept on file and are subject to random audits by Access2Care.

Access2Care 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.

Invoicing with Internet Access:

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. We prefer Electronic Funds Transfers (EFT) or we can send payments via USPS. A detailed description of this process is outlined in the Electronic Trip Management Instruction Manual included as *Appendix I*.

Invoicing without Internet Access:

Access2Care will fax a weekly reconciliation form to the transportation provider. The transportation provider must complete the form for the previous week’s trips. See *Attachment A* for an example of the Non-Web Trip Reconciliation form.

The transportation provider is required to complete the reconciliation form with the pickup and drop-off times, trip status, and an indication showing if the member’s signature was obtained. Fax or scan completed reconciliation forms to the Access2Care Claims Department using the contact information below. If the provider chooses to e-mail information to Access2Care, you must ensure that it does not contain any PHI. If the items contain PHI, you MUST either send via secured e-mail or mail via the USPS.

We will process all *clean claims* (definition on the previous page) within contractual and regulatory requirements. If all required information or documentation is not submitted, we will notify you of the required documentation. This will slow the reconciliation/payment process. Therefore, to avoid any unnecessary delays, always double-check the form.

Payment: Access2Care will send out a Remittance Report with each check. Checks and EFT information is also viewable on the Transportation provider portal.

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C. Contracted Rates & Pricing

Pricing is based upon the contracted rates in the subcontractor Service Agreement. Access2Care 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 Access2Care, using MapQuest. We calculate mileage based upon the shortest distance calculation. Access2Care does not pay for “no shows,” dry runs, or deadhead miles.

D. Trip Audit and Follow-Up

As a steward of public funds, Access2Care 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 Access2Care cannot validate or verify the medical services related to the transportation claim following the audit, we may recoup the amount of the payment.

Access2Care performs random prepayment audits on the trips cleared by each transportation provider. You may see trips flagged by Access2Care for pre-payment audit in your transportation provider portal. Please submit the required information, using the Prepayment Audit Cover Sheet included as *Attachment C* of this manual. All audited documentation must be received by Access2Care within 20 calendar days of the cleared trip date. Failure to submit within 20 days will result in payment denial of the trip. Please send all driver logs to the dedicated Access2Care Claims Department fax at (866) 214-0528 or scan and e-mail* to A2CAUDITS@EVHC.NET. We will process the audited trip information within ten business days of receipt. **Please note that the above contact information is only to contact the Audit Department and send the required information.**

Audit Department Contact Information

**Audit Follow Up
(USE Only for trips in audit)**

Toll free line: 1 (866)-874-0222, Option 2

A2Caudits@evhc.net

*If the provider chooses to email information to Access2Care, you must ensure it does not contain any Personal Health Information (PHI). If the items contain PHI, you MUST either send via secured e-mail or mail via the USPS.

When a trip is suspended for audit or follow-up payment, Access2Care 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.

This statistical review of random trips is one of many approaches Access2Care takes to mitigate fraud and abuse in our continual commitment to program integrity.

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E. Payment Denials

If a transport is going to be denied for any reason, 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:

- **Member Spend down is not met:** If a member spend down has not been met, Access2Care will deny the payment request. If a payment request is denied for spend down, the transportation provider must collect payment from the member directly. **YOU MAY ONLY COLLECT PAYMENT FROM MEMBERS THAT HAVE NOT MET SPENDDOWN. NO OTHER REASONS.**
- **Timeliness:** Transportation providers must 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.
- **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 a member No-Show.

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 on the transportation portal.
- Payment or denial will be made within the contractual or regulatory requirements.

Claims Department Contact Information

Payment Follow Up
(USE Only when Trips have been CLEARED)

USPS
Claims Submission Address

Toll free line: 1 (866)-874-0222

A2Caudits@evhc.net

Access2Care, LLC
6363 Fiddler's Green Circle Ste #1400
Greenwood Village, Co 80111

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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.”

Access2Care 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, a State’s MFCU, and Access2Care. The transports you provide are reimbursed by federal and state funds. Because of this, it is important for Access2Care 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”).

Access2Care 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.

Access2Care 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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Access2Care 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
- Mystery Rider program and random field observations

Transportation providers must cooperate fully with any investigation regarding fraud, waste and abuse initiated by Access2Care or any government agency. Access2Care will notify the client of any suspected fraud and abuse.

IV. Transportation Provider Educational Plan

Access2Care has created this manual and related policies and procedures to assist our network of transportation providers. We are required to ensure that both Access2Care 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. Access2Care 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 Access2Care 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 Access2Care 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.

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.

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In conclusion, we designed this manual to provide a thorough understanding of how to achieve success as an Access2Care 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 Access2Care, 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.

V. Appendices

Appendix I: Access2Care Transportation Provider Portal

Information provided to contracted providers

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.



Redacted pages (20-27) are proprietary and provided to the contracted client, providers, and state agencies.

Attachment A Non-Web Trip Reconciliation Form

Information provided to contracted providers

Attachment B Sample Driver Log

Information provided to contracted providers

Attachment C Pre-Payment Audit Cover Sheet

Information provided to contracted providers

Attachment D Driver Training Acknowledgement Form
Information provided to contracted providers