



The State of Connecticut
Department of Social Services
Non-Emergency Medical Transportation (NEMT) Program
Response to
Request for Information
By
Coordinated Transportation Solutions, Inc.

April 21, 2016

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coordinated**transportation**solutions

April 21, 2016

Ms. Marcia McDonough
Connecticut Department of Social Services
55 Farmington Avenue Hartford, CT 06105

Re: Response to Connecticut Department of Social Services Request for Information (RFI) –
Non-Emergency Medical Transportation (NEMT) Program – Due 4/21/16

Dear Ms. McDonough:

On behalf of Coordinated Transportation Solutions, Inc. (CTS), I am pleased to submit our response to the Department's Request for Information regarding its non-emergency medical transportation program for its nearly 750,000 Medicaid recipients.

CTS is a Connecticut-based not-for-profit (501c3) non-emergency medical transportation (NEMT) management organization with 19 years of experience providing NEMT services to state, local and Medicaid managed care organizations. For fifteen (15) of those years, we were an integral part of the CT Medicaid NEMT Program serving members enrolled in Oxford Health Plan, Yale Preferred Health and Community Health Network (HUSKY, SAGA and LIA).

Our response utilizes our Connecticut specific experience, experience with other NEMT projects and comments recently received at two Town Hall Meetings we held with transportation providers and representatives of the Medical, Behavioral Health and aligned organizations. It will describe best practices that will insure that the NEMT program is member focused and aligns with the Department's member care model. They take advantage of the latest technological and management advances in the field and are designed to provide significant improvements to members' NEMT experience.

Please accept these responses as an expression of interest in providing an on-site presentation to the Department to further detail our responses and answer any questions the Department might have. Please also accept them as an expression of keen interest in any subsequent NEMT Request for Proposal (RFP) that may be released. It will be the intention of CTS to offer a proposal in response to an RFP released by the Department.

Transit Brokerage, Consulting and Technology Solutions

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A not for profit corporation. An equal opportunity employer.

I will be the contact for any questions the Department has regarding our responses or to establish a date for our presentation. I can be reached at:

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Trumbull, CT 06611

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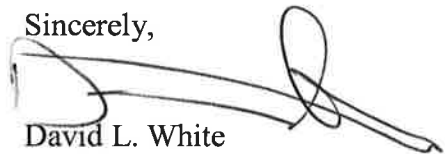
Ms. Margaret Mixon, Director of Business Development, will be the contact for any information regarding the release of an NEMT Request for Proposal.

Ms. Mixon may be reached at:
Coordinated Transportation Solutions, Inc.
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Trumbull, CT 06611

Telephone: 203-736-8810 ext. 132
Fax#: 203-375-0510
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Thank you for your attention to this matter. We look forward to working with the Department and NEMT stakeholders as you re-design the NEMT benefit to provide an exceptional program that provides critically needed access to healthcare services for Connecticut's Medicaid members.

Sincerely,



David L. White
President

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Section I: Executive Summary of Organization (2 page maximum)

The Connecticut Department of Social Services is seeking responses to a Request for Information (RFI) to improve the administration of the statewide non-emergency medical transportation (“NEMT”) program. As a key manager of the Department’s statewide NEMT program from 1997 to 2012, **Coordinated Transportation Solutions, Inc. (“CTS”)** is pleased to submit our response to the Department’s NEMT RFI. Our response will demonstrate our extensive experience and exceptional past performance. We will suggest cost effective and innovative strategies to administer the NEMT program for the nearly 750,000 eligible Medicaid Clients within the Department’s fully integrated Health Purchasing Model.

Exceptional NEMT Experience

Prior Connecticut NEMT Experience

Since our first statewide contract in 1997 to administer NEMT services for 33,000 Husky A Clients enrolled in Oxford Health Plan, CTS has consistently exhibited its commitment to provide an exceptional transportation program compliant with state and federal NEMT rules and regulations at an affordable cost to our customers.

During our last year of participation in the program, CTS was providing nearly one million (1,000,000) Statewide NEMT trips annually to 325,000 Connecticut HUSKY A and LIA members enrolled with Community Health Network of Connecticut, Inc.

Nearly 80% of all trips for LIA Clients were provided by public transportation producing significant savings for the NEMT program. A very successful Friends and Family Mileage Reimbursement program also contributed to meaningful savings. CTS managed an extremely effective LIA non-emergency ambulance program identified by the Department as compliant with their prior authorization process and regulations.

Since 2003, we have also successfully managed NEMT contracts in New York, Massachusetts, New Hampshire, Maine and Georgia.

Policies, Procedures and Focus on Fraud, Waste & Abuse Prevention and Detection

CTS Policies and Procedures (“P&Ps”) and fully developed staff training programs are in compliance with Departmental NEMT regulations. CTS is committed to leading the efforts, on behalf of the Department, to prevent, detect, investigate and report potential fraud and abuse in the NEMT program. Our responses will document our proven prevention and detection strategies.

Transportation Provider Relationships

CTS has maintained strong, long-term relationships with an experienced and diverse network of over fifty (50) NEMT Transportation Providers that include for-profit, not-for-profit and public sector entities throughout Connecticut. Additional Providers will be identified as needed.

This network offers the Department sufficient capacity to meet the needs of clients statewide for ambulatory, wheelchair and non-emergency ambulance services 24/7, 365 days/year. Our

network management model that will be re-introduced in Connecticut will consist of conducting routine site visits as well as unannounced spot checks. An annual meeting will be held each year with the entire network to exchange information, forward new policies and procedures and provide selected training (cultural sensitivity or fraud, waste and abuse prevention and detection, as examples).

The traditional provider network will continue to be augmented by the state's public transit system and a member mileage reimbursement program.

When contracted to provide services to the Community Health Network (as well as the other plans we worked for), any evidence of member dissatisfaction was recorded as a complaint and reported to Community Health Network. During 2011 our complaint rate was less than 1%. We continue this practice in all our projects.

We have forged productive relationships with the Three (3) Administrative Service Organizations (ASOs) and behavioral health and medical facilities throughout Connecticut. We will continue and build on these relationships to insure that NEMT is a key element of a coordinated care strategy that improves member access to needed medical services.

Technology Platform

CTS uses an end to end off-the-shelf fully HIPAA compliant Scheduling, Reservations and Reporting System with multiple transportation provider, member, facility and customer (DSS) portals for the intake of member reservations, the electronic transmittal of trip information to providers, and claims processing and interface with our customer (DSS). CTS is prepared to interface with the current fiscal agent. Our Telecom system includes a state-of-the-art automated call distribution system that allows for the distribution of calls amongst multiple queues, the recording of 100% of all calls coming into the contact center and the detailed reporting of call center performance. Our Interactive Voice Response System (IVR) provides a number of member self-service options including reminder calls, the ability for a member to check on their reservation and cancel a reservation. These will all be available to the Department from Day one of operations.

Program Transition

Given CTS's 15 year relationship with the Connecticut NEMT program, our continued close working relationship with the Provider Network and the program's stakeholders, CTS is confident that a transition of some or all of the program to its management will ensure a seamless start-up for the Department and its Clients.

SECTION II: INFORMATION REQUESTED

General Questions (4 page maximum)

Question Set #1

Describe the Medicaid NEMT model under which you operate.

Response: While we have operated fully risked based models (including in Connecticut), generally we have worked with a hybrid model that CAPs the administrative fee (based on a per member per month model). Transportation costs are paid using a fee for service model. This is similar to the ASO model currently being used by Connecticut, however, we pay the providers directly rather than the providers being paid by a third party (HPE). In most cases performance penalties and incentives are also included in the non-risked based contracts. Examples might include those described below:

Standard Metric	Target	Measurement Tool	Frequency	Penalty/ Incentives
Enrollment	Contractor shall load the enrollment file within two (2) Business Days of receipt from Department	Contractor to report to Department in a mutually agreed upon format	Monthly	TBD
Invoices-Processing Timeliness	Payment of invoices within thirty (30) days for provider and member clean claims. .	TBD	Monthly	TBD
Access to Services	In markets that Contractor is performing contracting and network development, Contractor must ensure that an appropriate provider is identified within two (2) days of a request for services, if applicable, or non-par provider will be secured.	Narrative report format as described in Section 6, Reports to be Prepared by the Contractor	Per occurrence	TBD
Contracting and Network Development	Contractor must maintain network adequacy requirements as required by the State.	Network and Provider Monitoring reports as identified in Section 6 Reports to be Prepared by the Contractor	Monthly	TBD
Call Center Performance	To align with the state's mandated performance requirements.	Monthly Transportation Scorecard	Monthly	TBD
Provider No Show	Total Provider No-shows not to exceed one percent (1%) of the total commercial trips in a month	Complaint Log	Per reporting	TBD
Complaints	Total Complaints not to exceed one percent (1%).	Compliant Log	Monthly Per reporting	TBD
Complaint Resolution	100% of complaints resolved within fourteen (14) Business Days of receipt	Compliant Log	Monthly Per reporting	TBD

Standard Metric	Target	Measurement Tool	Frequency	Penalty/ Incentives
Vehicle Safety	100% of vehicles pass daily safety inspection prior to use.	Report	Quarterly Submission;	TBD
Reliability	100% of vehicles used shall have documented regular preventative maintenance records	Report	Monthly	TBD

Are your contracts risk-based or non-risk based?

Response: We have both types of contracts however with the non-risk based, the administrative fee is always capped using a PMPM payment model.

What are the advantages and/or disadvantages of each of these models, and of your model, from the members' perspective and from your perspective?

Response: A fully risked based model tends to put the focus for the broker on carefully managing trip volumes and providing those trips at the lowest cost possible to enable the broker to insure the financial viability of the project. This could adversely impact the member's transportation experience. Conversely, a hybrid, or ASO model, with performance measurements linked to member satisfaction and the imposition of significant penalties for low satisfaction scores and awarding incentives for high member satisfaction promotes an improved member experience.

In particular, are your services under the State Plan or a waiver?

Response: Both.

If under the State Plan, is NEMT an administrative and/or a medical service; if a waiver, which waiver and are all NEMT services under the waiver or is it a mixed model with some NEMT under the State Plan and some under the waiver?

Response: We have a mixed model that meets the requirements of both a state plan and a waiver.

Question Set #2

Do you pay the NEMT provider claims directly?

Response: In all cases, yes.

What are advantages and/or disadvantages of this arrangement?

Response: The clear advantage is that CTS is the provider's customer; loyalty is not split while policies and procedures are centralized and consistent. We do not believe there is any disadvantage to this model.

Does your contract require paying providers using a fee schedule or a standard per mile level of reimbursement, or is another payment arrangement used?

Response: Generally speaking, provider rates by mode have been set by the States in which we work using a base rate plus mileage approach for commercial carriers. Bus pass rates are established by the public transit authorities and mileage reimbursement is determined by the state

or health plans. While there is some flexibility (particularly in rural or hard to service areas), rates are consistent by jurisdiction across our various networks.

If so, what is this other arrangement?

Response: The Connecticut model of changing the mileage rate for commercial carriers, based on distance travelled, is an alternative option and does recognize added cost to the provider network for longer distance trips.

Who sets the rates for NEMT providers?

Response: As mentioned, generally the State in which we are working, just as Connecticut has.

How are NEMT claims submitted for federal financial participation?

Response: Claims are submitted through 837 encounter files.

Question Set #3

Which Medicaid members are served?

Response: This depends on project eligibility criteria.

Are all Medicaid members eligible for NEMT or only certain members or services covered?

Response: In the projects we currently have, all Medicaid members are eligible for NEMT provided they are being transported to a covered service.

If the latter, how is this determined?

Response: Not applicable.

Question Set #4

What types of providers are included in your transportation network?

Response: Our provider network includes ambulance, wheelchair, taxi/livery, volunteers and Public Transit. Additionally in most areas, we offer a very robust Friends and Family Mileage Reimbursement program,

Question Set #5

What efficiencies do you bring to your contracts?

Response: CTS determines the most cost effective and most appropriate mode of transportation through a series of strategies such as: modal determination through scripting, call routing and subscription reservations.

Do you utilize innovations to facilitate scheduling, deployment of drivers (e.g. GPS, etc.), use of alternative transportation services, or other innovations that you are willing to describe?

Response: Yes we utilize several innovations in this area that we would be very willing to share with you at an in-person presentation or through an RFP.

Question Set #6

Are there NEMT services that you carve out or provide separately from the broker?

Response: CTS is a broker, therefore this question is not applicable

SECTION II: INFORMATION REQUESTED

Utilization Management (2 Page Maximum)

Our Utilization Management (UM) system enables Contact Center staff to provide the lowest cost NEMT solutions for Members. Following a series of scripted questions, our Customer Service Representative (CSR) can determine the lowest cost transportation solution including friends or family mileage reimbursement, public transportation if available, and Commercial providers.

If Public Transportation (PT) is available, CTS and DSS will determine policy and workflow during implementation regarding distribution of bus passes. We will work with DSS to outline what actions CTS should take if the Member rejects the transportation option to use public transit. CTS will also determine the least expensive denomination of bus pass options required to satisfy the member's verified medical transportation needs. A bus pass may take one of many forms including but not limited to: a one ride ticket, a multi-ride ticket, all day pass, 3-Day, 5-Day, 7-day, 31-day unlimited ride pass dependent upon the number of appointments in a given month.

If the individual lives in the same town as the destination, our reservation system will identify how far apart the two (2) locations are, distance from a bus stop, distance of bus stop to medical provider, etc. If they are within a reasonable walking distance (policy to be determined i.e. 3/4 mile) then the Member will be advised to walk, unless the individual has a medical or psychiatric condition that affects their capability to do so. If this is not an option, the CSR then moves on to the next inquiry.

Through scripted questions provided by the reservation system, the CSR will determine the Member's normal and customary method of transportation for trips such as church, visiting friends- and, grocery shopping. If there are alternatives, the CSR will ask the Member to use those same resources (walk, family member, friend, volunteer organization) for medical transportation. If a family member or friend usually drives the Member to the medical appointment, the CSR will ask the Member about using these resources without Medicaid reimbursement. If the member indicates a good cause as to why they cannot use available resources, however has a friend or family member who can transport them, the CSR explains the process for mileage reimbursement, up to and including how to submit for payment, and sends the member a reimbursement form. In the event that neither public transportation nor mileage reimbursement is a viable option, the CSR can also broker lowest cost transportation solutions for Members by selecting from multiple commercial providers and assign trips based on lowest cost, capacity, and the member's individual needs.

Additionally, we also take into account his or her health and safety, weather conditions, geographic service area, the Provider's capacity restrictions and the Provider's service hours. For example, we may require a Member who normally uses public transportation to take the bus to a medical appointment during daylight hours and a cab ride home when it is dark and there is a risk for the Member's safety. Other times a Member may be able to take a bus to a dialysis

appointment but may need a commercial/taxi ride home. A taxi ride might be scheduled on a particular day for a Member who normally rides the bus but has a fever. If the trip is for an urgent medical visit, the CSR takes into consideration that a trip cannot be rescheduled for a time when a family member or friend can drive, or a public transit option will not arrive in time for the appointment.

If the member requests a higher level of transportation than has been issued in the past or member indicates they are not able to utilize the lower mode of transportation the CSR advises the member that we will contact the doctor and request that the doctor complete a “Modal Determination Form” justifying the need for the higher level of service and noting the medical reason for the higher level of transportation, whether the condition is permanent or temporary, and an expiration date, if appropriate. Upon receipt of the determination form, the CSR updates the members record with the information received from the medical facility, with the proper expiration, for future reference.

Additional info on CTS Connecticut experience:

Given our fifteen (15) years of past experience managing key components of CT’s NEMT program, CTS is uniquely qualified to assist the Department to meet its goals and expectations for the NEMT program. Our successful implementation of the LIA program with CHNCT and the Department involved innovative public transit options, strict modal utilization and non-emergency ambulance prior-authorization processes that saved CT significant dollars and exemplify the superior efforts the Department can expect from CTS.

Connecticut Low Income Adult (LIA) – CTS implemented LIA in August 2010 as a result of the passing of the federal Affordable Care Act. The SAGA program migrated into the LIA program offering an expansion of NEMT services. CTS worked closely with the Department and CHNCT defining the contrasts between the two programs. Using a case management approach, CTS redefined the approach to managing NEMT ambulance services. Strict modal determination processes resulted in ever increasing public transportation utilization (over 75%). At the six (6) month mark, CTS was successfully absorbing the increased volume, program complexities, refined P&Ps, and new reporting modules were created.

Section II: INFORMATION REQUESTED

Quality Management (2 page maximum)

CTS has a robust Quality Management Plan (QMP) to monitor and measure the performance of our Operations. The Plan is managed and implemented by our Compliance Department and includes a Compliance Committee chaired by the VP of Compliance with membership from each Department. Monthly meetings are held for ongoing assessment of Key Performance Indicators (KPIs), Internal Operations and Transportation Provider performance are measured according to established best practices, standards, policies and procedures.

We use both internal reference material and tools (manuals, data, reports, call scores, etc.) and external (complaints, stakeholder input etc.) information and strategies to identify trends that may adversely affect our programs and or members. When a root cause is identified for an area, we discuss options and identify possible steps to improve service levels or transportation provider behavior. Remedies include modification of our reference materials, Policies and Procedures, and/or Operations Manuals; implementation of changes to our training program, staff retraining, corrective action plans for our transportation provider(s); and /or removal of a provider(s) from our network.

We communicate changes with internal staff, Transportation and Medical Providers, members, and other stakeholders. The plan is implemented and measured, and accomplishments documented. If results do not show improvement, the QA cycle begins again.

The following is a number of tools that we use to measure performance and identify key areas that need to be addressed:

CTS Policies and Procedures Manual	Quarterly Provider Report Cards	Medical and Transportation Provider Site Visit information
CTS Training Manual	Call Recording and Call Monitoring	Eligibility Verification
Transportation Provider Orientation Manual	Internal trip audits from initial reservation to claims close-out	Call Management Assessment Tools and Reports,
Tracking Dispatch Errors	Transportation Provider Database (Incidents/accidents, Credentials, Rates, number of trip reassignments)	Using complaint management system to identify Root Cause and Analyze all complaints (Member, Transportation Provider, Medical Provider)
Current Trip and Expenditure Utilization Data	Member demographic & trip information	Fraud and Abuse Prevention and Detection Program

Provider Specific Monitoring: On a regular basis, Transportation Providers are profiled to ensure that they adhere to contractual agreements and consistently meet required service level standards. Our QA Manager oversees a comprehensive, cross-functional approach to effectively monitor performance measurements. The Provider Relations and Operations Department reviews internal reports on each provider and makes recommendations for corrective action plans as appropriate. They produce quarterly reports based on a number of different matrix and standards. The Team credentials and contracts the network, conducts site visits and, spot checks in order to guarantee full compliance with all aspects of our detailed Provider Service Agreement.

Complaint Management: CTS uses a complaint (defined as any expression of dissatisfaction with the service by a member or medical provider) as an opportunity to gather real-time information about our customer service contact center and transportation provider service delivery systems. A complaint is also a source of information to identify areas that may need to be monitored more closely, i.e. condition of vehicles, professionalism of drivers, timeliness of pickups and drop-offs. CTS registers complaints through our end-to-end scheduling reservations and reporting software. Complaints are segregated by type (timeliness, courtesy, etc.), and tied to a specific trip. Complaints are investigated thoroughly, resolved and responded to within thirty (30) days. Significant events (those involving injury to a member as an example) will be investigated and reported on the same day the complaint is received. After recording a complaint, information is forwarded to a supervisor for review and investigation.

The Contact Center management team reviews all complaints and consults with the Provider Relations staff to identify a proposed resolution to the problem. Potential actions may include: one-on-one coaching with a customer service representative; provider spot-check and ongoing monitoring; and implementation of corrective action plans (CAP). Provider Relations addresses any observable trends, detailing actions taken or anticipated to resolve the root causes. Progress is monitored and measured throughout for improvement and the CAP is altered accordingly until the standards are met.

Fraud and Abuse: Detection Strategies

Provider/Contractor Fraud/Abuse: CTS uses various methods to prevent provider fraud and abuse such as a standardized transportation provider invoice format and billing cycle and reservation system functionality that will update a Member's record when a "no-show" or "cancelled" trip is reported in order to prevent a prior authorization being issued or improper billing. We review the Office of Inspector General's (OIG) data on provider suspension and or termination, SAM, daily trip logs/ signature cards, driver spot-check reports, incident reports, and site visit reports. We conduct a 100% trip reconciliation process, analyze invoice discrepancies and review billing error rates on a monthly basis, and trend historical provider complaints.

Member Fraud/Abuse: CTS uses various methods to prevent member fraud and abuse. Members must request NEMT directly with the Contact Center, member eligibility verification is done before a trip is reserved, pre-appointment verification is performed (100% of new trip requests/subscription trip renewals), covered service verification is performed and the contact center makes a modal determination. Friends & Family (mileage reimbursement) requests require the medical facility to return a form detailing appointment dates that must be signed by the facility. Transportation provider observations/reports of member suspicious behavior are logged and tracked. One "lost" bus pass is replaced per year. If fraud or abuse is suspected, we also verify appointment attendance at an appointment prior to return ride home being provided.

Employee Fraud/Abuse: CTS uses various methods to prevent employee fraud and abuse such as monitor and review publicly available data from the OIG and SAM lists of individuals who have been suspended, excluded, or terminated. Contact Center activity is monitored to CSR assigning more trips to a particular provider and call monitoring for suspicious trip assignment.

Section II: INFORMATION REQUESTED

Data Analysis and Reporting (2 page maximum)

Our transportation management system is designed to track detailed trip information for easy reference and analysis. CTS provides a number of standard reports designed to allow selection by provider for operational and financial reports. Reporting capability consists of SQL Server Reporting which provides a full range of ready-to-use tools and services to help create, deploy, and manage reports for any organization, as well as programming features that enable CTS to extend and customize our reporting functionality. CTS can create interactive, tabular, graphical, or free-form reports from relational, multidimensional, or XML-based data sources. Reports include rich data visualization including charts and maps. CTS can publish reports, schedule report processing or access reports on-demand. Our reporting tool makes the data easy to access and our reporting system is designed to collect the appropriate data at a trip level. Past experience has shaped the data collected to give useful information when doing historical analysis, Medicaid audits or operational research. Trip information includes the origin and destination of each trip (including longitude/latitude coordinates for mapping), the purpose of the trip, all performance information such as pickup requested time, appointment time, and actual arrival and drop-off times reported by the provider. Transportation Providers can easily reference past trips to verify completion, submission, and payment status. A complete history of all activities related to a trip is available in the Claim History module. For example, a claim history entry is created with a date and time whenever a trip is added to the system, the trip is assigned to a provider, the provider accepts or declines the trip, the provider submits a reimbursement claim for payment, any time a claim modification is requested, when the claim for the trip is approved and when payment of the trip has been made.

CTS' Contact Center Platform is capable of generating standard and ad hoc reports daily regarding Contact Center performance levels. Our system can specify the parameters of any report allowing advanced scheduling and automatic delivery via email to our business partner. CTS offers a variety of standard reports providing our business partners and internal management staff with timely, comprehensive and useful Contact Center information.

Our data analytics group reviews trends and makes recommendations for corrective action as well as being for generating reports to meet contract requirements. Our Operations staff has access to electronic data captured by our system to generate data for the service reports. Our reporting platform is one of the tools used by the analytics group and senior staff, and it is the foundation supporting our program quality improvement process. Analytics are used to interpret trends or variances from the norm. Management dashboards are reviewed monthly to inform the management team of program progress.

See example of our reporting capabilities below:

Reporting

PROGRAM IMPROVEMENT PROCESS



March 26, 2015

Call Center Reports

- Total Calls Answered
- Calls Answered within 60 seconds
- Average Speed of Answer
- Number of Calls Abandoned
- Abandon Percentage

Fraud & Compliance

- Reporting of suspected fraud, waste and abuse.
- Identifying sanctioned Providers
- Complaint Handling & Escalation

Trip Reports

- Number of Trips Requested
- Number of Trips Denied
- Number of Trips Completed
- Number of Trips Cancelled
- Total Number of Users
- Hospital Discharges
- No Show Report
- Completed Trips by Destination
- Modal Usage
- Daily, Scheduled Trip Reports

Provider Reports

- Provider Change File
- Site Visit Reports
- Vehicle Inspection Reports
- Number of Trips that Exceed 50 Miles



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Section II: INFORMATION REQUESTED

Technology (2 page maximum)

CTS built its Reservation system on industry standard technology, best practices and solid policies and procedures. Our Technology platform is HIPAA compliant, resilient, highly available, and reflective of current technology models in the industry today. Our data center is secured and our architecture reflects redundant equipment, failover mechanisms, redundant ISPs, and cloud-based back-up and recovery options.

Monthly Eligibility Files

CTS has extensive experience with eligibility verification through HIPAA compliant file downloads, web portals and telephone verification. We manage the eligibility process so that our Transportation Providers receive trip requests only for verified eligible Members.

CTS's platform has the ability to import eligibility files via an 834 import file. CTS also has experience using the ANSI 270/271 to verify eligible for those Members who have booked trips. For any Member determined ineligible for services, our system cancels all pending trips for that Member. This process is conducted daily to ensure that only those members who are eligible receive the NEMT benefit.

Providers and Technology: CTS provides a platform that will allow us to batch deliver many trips to our major transportation providers and allows those same providers to batch deliver performed trips back to our claims management module requesting payment. This technology accommodates several trips to be processed at one time.

Claims Processing Through Provider Portal

Claims processing takes place once the trip has been booked, assigned and completed by the Provider. Providers have 3 options when submitting their claims electronically: accept the trip as is, request a modification to the trip, or cancel/no show the trip.

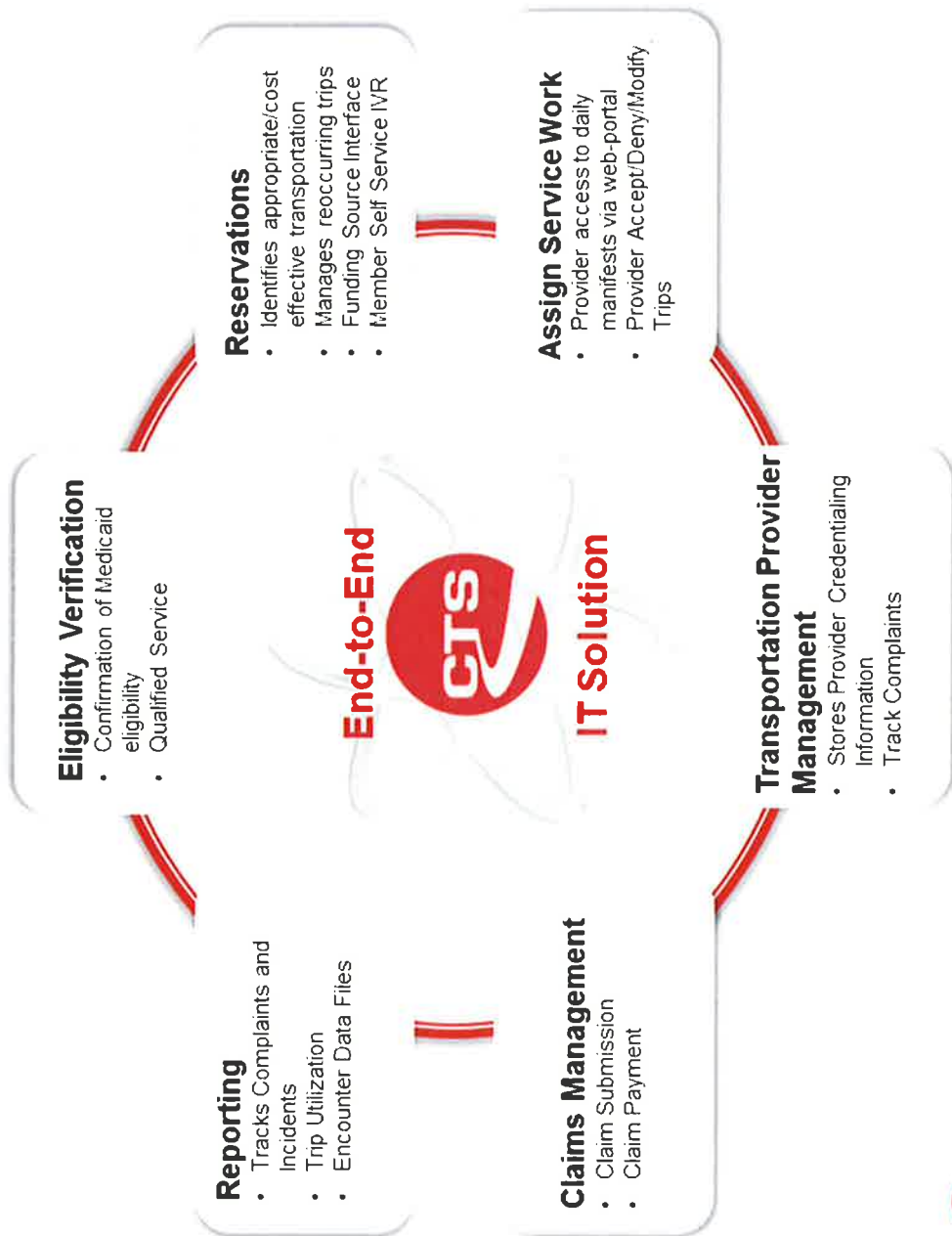
Upon submission of claim, CTS is responsible for ensuring accurate submissions, approving modifications and moving claim to a transmitted status prior to payment.

Once the claim has been submitted and approved for payment, CTS has the ability to bill via the 837 (EDI) export file.

CTS also hosts an Interactive Voice Recognition system (IVR) and notification system which is a demand response application that takes members/clients engagement to the next level. Cloud-based passengers are given up-to-the minute notifications to enhance their transportation experience. The client can receive an automated outbound telephone call on which they can confirm or cancel a trip. The IVR can send out alerts and reminders using a SMS and/or email message. Alerts may be sent the day prior to the trip or moments before the transportation provider is about to arrive.

Technology Driving Efficiency

FULL SERVICE TRANSPORTATION MANAGEMENT



Section II: INFORMATION REQUESTED

Additional Content Area (2 page maximum)

CTS is using this Section to detail our recommendations for a re-designed NEMT program. We believe these recommendations are cost effective, less complex to manage and most importantly meet the needs for members to access needed medical services as efficiently as possible.

These recommendations are based on:

1. Our fifteen years of experience with the program
2. Industry best practices
3. Our ability to introduce emerging but tested technologies to improve member and stakeholder experience with the transportation program
4. Recent stakeholder meetings held with Medical/Behavioral Health and Transportation Providers to solicit information on suggested improvements

Recommendation #1: Issue Performance Based Request for Proposal

Issue a Request for Proposal for the Provision of NEMT services to align implementation (Go-Live) with the completion of the initial term of the current contract. The development of the RFP and the responses received will allow the Department to implement improvements to the program in a methodical way using prior program experience (before 2012), current experience, industry best practices and technology advances that are now available. The resultant contract (s) will also be able to incorporate a fully performance based contracting model that holds the broker(s) accountable for their work but could also incentives them for superior performance.

Recommendation #2: Multiple Brokers

During the first 15 years of the program, three (3) brokers managed a project roughly one half the size of the current program. During the last year of that model, two brokers managed three Fee for Service regions, while CTS administered the managed care and LIA expansion populations. This model of multiple brokers served the state well for many years with member satisfaction generally high. Robust public transit and Friends and Family Mileage Reimbursement programs kept transportation costs low in relation to what they would have been without them.

The program has nearly doubled in size with nearly 750,000 members now being served and 4,000,000 trips being provided per year. CTS recommends a return to the successful regional model. We also recommend that no broker be awarded more than two regions.

Recommendation #3: Broker and Transportation Payment Model

CTS recommends a modification of the current non-risk based model. An administrative cap rate model as is currently in place should be continued.

However, the Brokers should be paid on a fee for service basis for the cost of all transportation services (not just the cost of public transit passes and mileage reimbursement) by the state using

a fee for service model in order to pay the transportation providers directly based on the submittal of a monthly 837 encounter file.

This re-introduces the model in place prior to 2012 when the Brokers reimbursed the transportation providers for the services rendered and reconciled all trips performed against the payments requested. This will allay provider concerns that have been raised regarding not being paid for trips performed and difficulty reconciling payments made with trips billed.

Penalties tied to industry standard performance measures (examples provided in our response to general questions) should be included in a final contract and assessed if requirements are not met. Conversely, incentives should be provided the selected brokers as also described in the General Questions for performance that exceeds the contract requirements.

Recommendation #4: Contact Center Organization

Numerous reports and testimony has raised the issue of difficulty reaching or communicating effectively with the NEMT Call Center. CTS recommends that separate teams be required to be established within the contact center to accommodate:

1. Member Calls
2. Medical Facility Calls
3. Transportation Provider Calls
4. Behavioral Health Facility Calls

This will ensure that the specific needs of each of these stakeholders have a dedicated and trained team to address their issues.

Recommendation #5: Technology Enhancements

CTS recommends that the following IT enhancements be required of the Brokers:

1. Self Service IVR Capabilities
2. Medical/Behavioral Health Facility Reservation Self Service Options
3. Member Self Service Options (especially for Friends and Family Mileage Reimbursement)
4. Technology enhanced transportation provider communications and monitoring

We believe that the implementation of these recommendations will promote the development of an exceptional transportation program for members that will address their concerns and the concerns of the organizations providing their healthcare.