



REQUEST FOR PROPOSAL

FOR

NON-EMERGENCY

TRANSPORTATION SERVICES

(as amended)

December 18, 2020

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SECTION 1 – RFP OVERVIEW AND PROPOSAL PROCEDURES

This Request for Proposal (“RFP”) is being issued by South Florida Community Care Network, LLC d/b/a Community Care Plan (“CCP”) to select a vendor to provide Non-Emergency Transportation Services for CCP’s Enrollees in its Statewide Medicaid Managed Care Program (“MMA Program”) and Florida Healthy Kids Program (“FHK Program”). CCP is required by its contracts with the Agency for Health Care Administration (“AHCA Contract”) and Florida Healthy Kids Corporation (“FHK Contract”) to contract with a provider of Non-Emergency Transportation Services (“NET Services”) with the experience and expertise to deliver NET Services to CCP’s Enrollees. CCP seeks to identify the most competitive Bidders to furnish NET Services and related administrative services to CCP’s Enrollees and who will best provide services in an efficient, transparent, and collaborative manner that assures high-quality transportation services and Enrollee experience.

1.1 Introduction/Background

CCP is a provider service network (“PSN”) owned and operated by the North Broward Hospital District d/b/a Broward Health and the South Broward Hospital District d/b/a Memorial Healthcare System (“the Members”). South Florida Community Care Network, LLC was incorporated in 2014 as a Florida limited liability company, with its principal place of business located at 1643 Harrison Parkway, Suite H-200, Sunrise, Florida 33323.

As part of its operations, CCP has and continues to establish a network of providers to provide health care services to certain payor groups, including Medicaid, Florida Healthy Kids, among others. CCP provides services to Enrollees in Region 10 (Broward County) for the MMA Program and in Regions 9, 10 and 11 (Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Miami-Dade and Monroe Counties) for the FHK Program.

1.2 Objective

CCP is seeking a provider of NET Services with the experience and expertise to deliver NET Services to CCP’s Enrollees, as is required by its AHCA Contract and FHKC Contract, in a timely, professional, efficient, and cost-effective manner while ensuring the highest standards of integrity, customer service, accountability and performance.

The AHCA Contract and FHKC Contract may be collectively referred to as “Prime Contract(s)” when terms and responsibilities of the RFP are applicable to both. If terms and responsibilities are applicable to a specific contract, reference will be to either the AHCA Contract or the FHKC Contract.

Copies of CCP’s contracts with the Agency and Florida Healthy Kids can be found by clicking on the links included in the contract names below:

- [AHCA Contract](#); and
- [FHKC Contract](#).

This RFP shall not be construed as a request or authorization to perform work at CCP’s expense. Any work performed by a respondent in connection with its evaluation and response to this RFP and, if selected, negotiating a definitive agreement will be at the respondent’s own discretion and expense.

1.3 RFP Timeline

The projected timeline for the RFP is shown below. CCP reserves the right to amend the timeline. If CCP finds it necessary to change any of the activities/dates/times listed below, all interested parties will be notified by addenda to the original RFP document.

ACTIVITY	DATE/TIME	DESCRIPTION
RFP Release Date	November 10, 2020	CCP will publish notice of the release of the RFP in the <i>Florida Administrative Weekly</i> and it will be available at https://www.ccpcares.org/Newsroom
Acknowledgment Form (Attachment 2) from Interested Bidders due to CCP	November 13, 2020 @ 5:00 p.m.	Interested Bidders should submit Attachment 2 via email to rfp@ccpcares.org
Written Questions (Attachment 3) due to CCP	November 20, 2020 @ 5:00 p.m.	Interested Bidders should submit written questions utilizing Attachment 3 via email to rfp@ccpcares.org
CCP’s Response to Written Questions due from CCP (Attachment 3)	December 18, 2020	CCP will submit its Response to Written Questions to Interested Bidders from rfp@ccpcares.org
Responses to RFP due to CCP	January 8, 2021 @ 5:00 p.m.	Bidders should submit response electronically to CCP by email to rfp@ccpcares.org
Oral Presentations	February 1-5, 2021	Community Care Plan 1643 Harrison Parkway Suite H-200 Sunrise, Florida 33323
Notice of Intent to Award	February 26, 2021	Electronically transmitted to Awarded Bidder from rfp@ccpcares.org
Anticipated “Go Live” Date	July 1, 2021	Subject to final contract negotiations

1.4 RFP Availability

- 1.4.1 CCP will publish notice of the RFP in the *Florida Administrative Register*. Interested Bidders may submit a written request for a copy of the RFP by email to RFP@ccpcares.org or the RFP will be available for download on CCP's website at <https://www.ccpcares.org/Newsroom>.
- 1.4.2 Interested Bidders should complete the non-binding Acknowledgment Form (Attachment 2) and return it by email to RFP@ccpcares.org no later than 5:00 p.m. on November 13, 2020.

1.5 Restrictions on Communications

Bidders to this RFP or persons acting on their behalf are prohibited from contacting any member of the staff, commissioner or representative of CCP, Memorial Healthcare System or Broward Health beginning on the date on which the RFP is first advertised by CCP and continuing until the later of the date of the final award of the RFP or the date of rejection of all bids or responses to the RFP. Violation of this section, may, at CCP's sole discretion, result in disqualification of the offending Bidder from the RFP, as well as possible suspension or debarment from participating in any future CCP procurements or competitive solicitations. This restriction on communications shall not apply to:

- (a) Communications with CCP staff by an existing vendor regarding the Bidder's existing contract;
- (b) Communications to or with the designated point of contact identified in the RFP; or
- (c) Presentations before the Selection/Evaluation Committee meetings.

1.6 Written Questions; Additional Information; Addenda

- 1.6.1 Interested Bidders must submit all questions and requests for additional information or clarification ("Written Questions") via email to RFP@ccpcares.org no later than 5:00 p.m. on November 20, 2020, as specified in the RFP Timeline above. Written Questions should be submitted in a format substantially the same as Attachment 3, Question/Answer Template.
- 1.6.2 CCP's answers to the Written Questions will be distributed by email to all Interested Bidders who submitted the non-binding Acknowledgment Form (Attachment 2) and/or the Interested Bidder's email address submitting the Written Questions.
- 1.6.3 It is the sole discretion of CCP to consider questions received after the Written Questions submission deadline.

1.7 Conflict of Interest

- 1.7.1 There shall be no dealings between any Bidder and CCP that might be construed as a conflict of interest. All Bidders shall provide CCP with an executed copy of Attachment 4, Conflict of Interest Disclosure Form, which shall include any and all information pertaining to any dealings that Bidder has had with CCP, Memorial Healthcare System and Broward Health that might be construed as a conflict of interest. Any individuals who were employees of Bidder within the last year who are now employees of CCP shall also be disclosed. Similarly, any employees of Bidder who were employees of CCP within the last year shall also be disclosed.
- 1.7.2 No employee or officer of CCP shall have any ownership or monetary interest in, share in the benefits of, or be a part of any contract either directly or indirectly pursuant to this RFP. Additionally, no CCP employee or officer shall personally benefit monetarily or otherwise as a result of the Contract contemplated by this RFP.

1.8 Bankruptcy

No RFP Response will be considered from any Bidder who, at the time during the RFP, is/was involved in bankruptcy as a debtor, or in a reorganization, liquidation, or dissolution proceeding, or if a trustee or receiver has been appointed over all or a substantial portion of the property of the Bidder under federal bankruptcy law or any state insolvency law.

1.9 Excluded Provider

- 1.9.1 Section 287.133(2)(a), Florida Statutes, states that a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a response on a contract to provide any goods or services to a public entity, may not be awarded or perform work as a vendor, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount of \$35,000 provided in Section 287.017(2) for a period of thirty-six (36) months from the date of being placed on the convicted vendor list. Each RFP Response should include a verified certification that Bidder has not been placed on the State's convicted vendor list within the last thirty-six (36) months. Please complete Attachment 5 – "Sworn Statement" Section of this RFP.
- 1.9.2 Pursuant to section 287.134(2)(a), a Bidder who has been placed on the Discriminatory Vendor List may not submit a RFP Response on a contract to provide any goods or services to a public entity; may not submit a RFP Response on a contract with a public entity for the construction or repair of a public building or public work; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity.

- 1.9.3 Bidder will represent and warrant that Bidder and none of its employees or subcontractors are and at no time have been excluded from participation in any federally funded health care program under sections 1128 and 1128A of the Social Security Act, or any other federally funded program or federal contract, including Medicare and Medicaid, and that neither it nor any affiliate is currently included in or listed on the List of Excluded Individuals/Entities maintained by the Department of Health and Human Services Office of Inspector General pursuant to 42 U.S.C. §§ 1320a-7, 1320c-5, 1395cc, and regulation promulgated thereunder, which can be searched at <http://exclusions.oig.hhs.gov/> (“OIG List”), or is an affiliate, as defined in the Federal Acquisition Regulation at 48 C.F.R. § 2.101, of a person described in 42 C.F.R. § 438.610(a)(1), or is on the Convicted Vendor List or Discriminatory Vendor List maintained pursuant to section 287.133 or 287.134, Florida Statutes.
- 1.9.4 CCP has the right to immediately terminate any Contract upon notice that a Bidder is debarred or excluded from participating in federal funded health care programs or listed on the Convicted Vendor List or Discriminatory Vendor List maintained pursuant to section 287.133 or 287.134.
- 1.9.5 The Bidder awarded a Contract shall comply with all applicable federal and state laws relating to nondiscrimination and equal employment opportunity, and assure physical and program accessibility of all services to persons with physical and sensory disabilities pursuant to Section 504 of the Federal Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), all requirements imposed by applicable regulations (45 C.F.R. part 84), Title VI of the Civil Rights Act, the Americans with Disabilities Act, the Age Discrimination and Employment Act of 1967 and the Age Discrimination Act of 1975.

1.10 Florida Sunshine Act and Public Records Law

- 1.10.1 Bidder understands that CCP is subject to chapter 119, Florida Statutes. If any party requests access to or copies of information submitted by a Bidder in connection with this RFP, the following terms will apply:
- A. CCP will notify Bidder of any instance in which the disclosure or copies of Bidder’s confidential information is requested by any party to be disclosed under chapter 119, Florida Statutes. If Bidder submitted a redacted copy of its RFP Response with the statutory basis for said redactions, CCP will respond to the public records request with a copy of the redacted response.
 - B. If the party requesting the disclosure contests the legal basis for withholding any of the documents Bidder contends should be held as confidential, then Bidder will, at its sole cost, defend its position that the requested documents should not be released. To the extent CCP incurs liability for costs or attorneys’ fees (including, without limitation, those awarded to the party

requesting the disclosure) in connection with such challenge or appeal, Bidder agrees to indemnify and hold harmless CCP for those costs and fees.

- 1.10.2 If a Bidder is awarded a Contract, the Bidder will agree that the aggregate pricing and other compensation payable to Bidder under the final Contract are not confidential and may be disclosed pursuant to chapter 119, Florida Statutes.

1.11 HIPAA Statement

1.11.1 Bidder shall be subject to all of CCP's obligations relating to compliance with confidentiality laws and the confidentiality of protected health information ("PHI") and personal identifying information ("PII"). Bidder acknowledges and agrees to comply with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA"), Health Information Technology for Economic and Clinical Health ("HITECH") and the Florida Information Protection Act ("FIPA"), section 501.171, Florida Statutes, which are incorporated herein by reference and made a part of any contract, as if they were printed in full therein. Bidder shall not disclose PHI or PII to any other party without the prior consent of the enrollee. Bidder shall ensure that each affected employee of their company is trained in the substance and importance of complying with the HIPAA requirements mentioned above, including the duty to avoid viewing stored materials except as expressly necessary to carry out legitimate job duties.

- 1.11.2 Bidder agrees that it will enter into an appropriate business associate agreement, or other agreements as may be required by law.

1.12 Insurance

1.12.1 Bidder, if awarded a contract, agrees to keep and maintain the following minimum insurance coverage and ensure the same is included in any downstream contract, where applicable:

- A. Comprehensive general liability insurance with minimum policy limits in the amount of at least one million dollars (\$1,000,000) per occurrence;
- B. Umbrella liability insurance with a limited of not less than five million dollars (\$5,000,000) in the aggregate;
- C. Automobile liability insurance with a limit of not less than one million dollars (\$1,000,000) combined single limit;
- D. Workers' compensation insurance with limits sufficient to meet statutory requirements; and
- E. Professional liability insurance with a limit of not less than one million dollars in the aggregate to insure Bidder and its officers and employees

acting within the scope of their duties, against any claims for property damage, personal injury or death occasioned directly or indirectly by Bidder or by its officers or employees, in connection with the performance of the Bidder's responsibilities under the agreement.

1.12.2 CCP shall be named as an additional insured on the above insurance policies effective upon the commencement of any agreement ensuing from this RFP. Each insurance policy shall state it is not subject to cancellation or reduction in coverage without written notice to CCP thirty (30) days prior to the effective date of cancellation or reduction.

Please attach copy of the certificates of insurance for each of the policies identified above with your proposal.

1.13 Lobbying

This section deals with lobbying CCP only and does not apply to or include lobbying of any state or federal agency, legislature, or other governmental authority. Bidder warrants that: (A) it has not retained any "lobbyist," which for the purposes of this section is a company or person, other than its own bona fide employees, to solicit or secure this Agreement and that it has not paid or agreed to pay any lobbyist, other than its bona fide employees, any fee, commission, gift, or other consideration to solicit or secure this Agreement; or (B) any lobbyist retained by Bidder who is not an employee of Bidder has notified CCP's General Counsel.

1.14 Joint Ventures

A Bidder that desires to form a joint venture with one or other firms for the purpose of collectively meeting the requirements for one or both engagements in this RFP shall be limited to no more than one other firm (for a total of two) in the joint venture. Any joint ventures responding to this RFP must submit one, combined response. No firm included in a joint venture proposal may provide a separate submission as a member of another joint venture proposal.

[Remainder of page intentionally left blank]

SECTION 2 – RFP RESPONSE FORMAT AND REQUIREMENTS

2.1 Instructions to Bidders

Bidders should carefully follow the format and instructions outlined below, observing format requirements where indicated. Bidder must submit a proposal addressing each of the points in the same order as presented herein. Failure to do so could eliminate that proposal from consideration in the contract award. All materials (except for plans and schematics, if any) are to be submitted on 8 ½ by 11 pages, neatly typed, with one (1) inch margins and spacing. Proposals that do not include the required documents may be deemed non-responsive and may not be considered for contract award.

If a Bidder is asserting any exemption(s) under chapter 119, Florida Statutes, Bidder must submit one (1) redacted copy of the RFP Response with the statutory basis for the redactions with the Bidder's name clearly printed on the transmittal letter of the redacted RFP Response.

2.2 Format of Proposal/Response

The RFP Response shall be written in sufficient detail to permit CCP to conduct a meaningful evaluation of the proposed services. The RFP Response must include the following information:

- A. Transmittal Letter – Attachment 6 is to be used as the transmittal letter for the RFP Response. This form must be fully completed and signed by an authorized officer submitting the proposal.
- B. Table of Contents – The Table of Contents should outline in sequential order the major areas of the proposal. All pages of the proposal, including the attachments, must be clearly and consecutively numbered and correspond to the Table of Contents.
- C. Executive Summary – The Executive Summary shall condense and highlight the contents of the Bidder's RFP Response in such a way as to provide a broad understanding of the entire proposal. The Executive Summary should include a summary of the proposal technical approach, the staffing structure, and the task schedule, including a brief overview of (1) the proposed work plan; (2) staff organizational structure; (3) key personnel; and (4) a brief discussion of the Bidder's understanding of the MMA Program and FHKC Program requirements. The Executive Summary should be no more than five (5) pages.
- D. Qualifications: This section shall be completed by all Bidders as it relates to the NET services for which it is proposing. Each Bidder must respond in the sequential order to each of the sections identified in Attachment 7.

Inability to supply documentation acceptable to CCP in the order requested may result in rejection of the RFP Response or registering a score of zero by CCP for that section. Please submit proof of compliance/documentation/plan/policy to each of the sections in Attachment 7. Do NOT include hyperlinks as part of your response.

- E. Service Requirements: The service requirements specified on Attachment 8 are the minimum service level requirements for all Bidders submitting a RFP Response. A completed checklist should be included in all RFP Response(s) and each Bidder must indicate whether they can comply with each of the minimum requirements. If Bidder indicates “No” to any of the requirements, a proposed alternative must be included in Bidder’s RFP Response.
- F. Conflict of Interest Disclosure Form. Bidder must attach a signed copy of the Conflict of Interest Disclosure Form (see Attachment 4 to this RFP).
- G. Sworn Certificate under section 287.133, Florida Statutes, Public Entity Crime Provision. Bidder must attach a signed and notarized copy of the Sworn Certificate (see Attachment 5 to this RFP).

2.3 Pricing Proposals

CCP anticipates entering into a three (3) year contract. The Contract may be renewed, at the option of CCP, for two (2) one (1) year renewal periods.

Bidders must submit Pricing Proposals by completing the information included in Attachment 9. Bidder should submit both a FFS (per trip) rate proposal and a full risk capitated rate proposal for the MMA and FHKC Programs using the NET Metrics provided on Attachment 9.

2.4 Software/Hardware

Any software or hardware that may be required to perform the proposed service must be compatible and comply with CCP Information Technology requirements. If you propose to utilize proprietary software or hardware requiring connectivity to CCP systems, please include a list of this technology for CCP IT review and approval.

[Remainder of page intentionally left blank]

SECTION 3.0 – SUBMISSION OF RFP RESPONSE; EVALUATION/SELECTION PROCESS; AND AWARD

3.1 Submission of RFP Responses

- 3.1.1 All RFP Responses must meet the requirements specified in this section of the RFP. The submission of a RFP Response means that the Bidder has read and agrees to comply with the contents of this RFP.

RFP Responses shall include the following:

- A. Transmittal Letter (Attachment 6);
 - B. Executive Summary;
 - C. Qualifications Checklist (Attachment 7);
 - D. Service Requirements Checklist (Attachment 8);
 - E. Pricing Proposals (Attachment 9);
 - F. Conflict of Interest Disclosure Form (Attachment 4); and
 - G. Sworn Certificate Under Section 287.133, Florida Statutes, Public Entity Crime Provision.
- 3.1.2 RFP Responses must be received by CCP via electronic mail to rfp@ccpcares.org no later than 5:00 p.m. on December 21, 2020. Before the RFP Response deadline, CCP will provide Bidders information to a secured FTP site for submission of responses that are too large to email to CCP.
- 3.1.3 RFP Responses received after the closing date, for any reason whatsoever, will not be accepted or considered. Any dispute regarding timely receipt of an RFP Response shall be decided in favor of CCP.
- 3.1.4 All RFP Responses must be complete. If executed forms are not included as part of a RFP Response, Bidders will be advised and will be allowed seventy-two (72) hours to provide the missing forms. Should a Bidder fail to provide the missing forms within the seventy-two (72) hours provided, the RFP Response shall be deemed incomplete and not acceptable.
- 3.1.5 Under no circumstance may a Bidder modify a RFP Response after the deadline for receipt of the RFP Responses unless agreed to by CCP. Any request for withdrawal must be made via email to rfp@ccpcares.org. All responsive RFP Responses will be considered.
- 3.1.6 CCP reserves the right to accept all, any or none of the RFP Responses submitted.
- 3.1.7 CCP understands that the services requested in this RFP may vary from company to company in technique and material. All specifications set forth in this RFP are to be considered and construed as a general description of function, purpose and

performance of the services desired. No RFP Response will be disqualified from consideration where services offered by the Bidder are substantially equivalent in quality, purpose and standards, even though it does not correspond exactly to the description contained in the specifications. Where differences exist, they shall be separately identified in an addendum to the RFP Response with a specific and concise explanation of what differences exist and why such differences do not substantially deviate from the quality, purpose and standards of the services specified. Further data on such difference shall be provided if requested.

3.2 Evaluation Process

3.2.1 CCP will use a three-part evaluation process for this RFP. In the first part (the Part A evaluation), CCP will review all timely submitted RFP Responses with respect to completeness, accuracy and content. The evaluation criteria for this “Part A” evaluation is more fully set forth in Section 2. CCP anticipates selecting and inviting at least two (2) Bidders whose scores on the “Part A” evaluation ranked the highest to make oral presentations (the “Part B” Presentation Process). After the selected Bidders have made their oral presentations, CCP will score each Bidder based on his or her performance. Following the “Part B” presentation, the Bidders will be given a weighted score which will be based on their corresponding Part A and Part B scores, the process to which is also detailed below (the “Part C” Process). This combined score will constitute each Bidder’s final total score.

CCP will then rank the Bidders based on their final total scores and will submit the ranking to the CCP Members for Board approval. Upon approval, CCP will then negotiate a contract with the Bidder who has the highest score. If CCP is unable to negotiate a satisfactory contract for any reason, CCP shall formally terminate negotiations with the highest ranked Bidder and shall then undertake negotiations with the second highest Bidder. Should CCP be unable to negotiate a satisfactory contract with any of the ranked Bidders, CCP shall, at its sole discretion, either cancel or withdraw this RFP or select additional Bidders who submitted RFP Responses in the order of their scoring and shall continue negotiations in accordance with this paragraph until an agreement is reached.

3.2.2 CCP may elect to conduct site visits to a Bidder’s business location(s).

3.3 RFP Postponement/Cancellation

CCP reserves the right, in its sole and absolute discretion, to withdraw, postpone or cancel all or part of this RFP at any time, including after award is made and contract negotiations have begun. CCP further reserves the right to re-advertise this RFP, which may also be modified to meet the current needs of CCP.

3.4 Award

- 3.4.1 Bidders shall refrain from contacting CCP, to inquire the status of the award.
- 3.4.2 Once a recommendation to the CCP Member Board has been approved, the first ranked firm will be notified both by telephone and in writing so that contract negotiations may commence. All Bidders who are not selected will be notified in writing only after the RFP has been awarded.

ATTACHMENT 1 – DEFINITIONS

<u>TERM</u>	<u>DEFINITION</u>
“Agency for Health Care Administration” (“AHCA” or “the Agency”)	The State agency responsible for administering the Medicaid Program and the lead agency for Title XXI of the Social Security Act for purposes of receipt of federal funds, reporting and for ensuring compliance with federal and state regulations and rules. Any reference to AHCA or the Agency includes its employees acting in their official capacity, its designee or its successor agency.
“AHCA Contract”	The contract between CCP and the Agency where CCP provides Covered Services to assigned Enrollees in the Statewide Medicaid Managed Care (“SMMC”) Managed Medical Assistance (“MMA”) Program in Broward County, Florida. CCP and its Providers are required to remain in compliance with all AHCA Contract requirements at all times in the performance of their obligations.
“Bidder”	A person or entity submitting a RFP Response to CCP for the supply of goods or services.
“Community Care Plan” or “CCP”	The fictitious name established in 2016 for South Florida Community Care Network, LLC (“SFCCN”) to promote and effectively target the services of SFCCN in the health care marketplace. The naming of CCP does not modify or amend any covenants, Contracts, or other obligations of SFCCN. References to CCP throughout this RFP mean and refer to SFCCN.
“Business Day”	Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding legal holidays.
“Contract”	All types of CCP agreements, regardless of what they may be called or referred to, for the Procurement or disposal of goods or services of any kind. Contracts also include amendments, modifications, supplemental agreements, addendums, exhibits, and/or attachments with respect to any of the foregoing. Every Contract must be duly authorized and approved.
“Contract Renewal”	The exercise of extending the term that a Contract is in effect.
“Contractor”	Any person or entity having a Contract with CCP to provide goods or services of any kind.
“Enrollee”	An eligible MMA or FHKC recipient who is enrolled in a CCP Program.
“FHKC Contract”	The contract between CCP and FHKC where CCP provides Covered Services to assigned Enrollees in the FHKC Program in FHKC Regions 9, 10 and 11. CCP and Provider are required to remain in compliance with all FHKC Contract requirements at all times in the performance of their obligations under this Agreement.

<u>TERM</u>	<u>DEFINITION</u>
“Florida Healthy Kids Corporation” or “FHKC”	A private, non-profit corporation created by the Legislature in section 624.91, Florida Statutes. FHKC collaborates with public and private partners statewide to ensure access to affordable, high quality health and dental insurance for all Florida children. Children’s Medicaid, Florida Healthy Kids, MediKids and Children’s Medical Services are marketed as Florida KidCare. The latter three comprise Florida’s Title XXI CHIP, created in Florida pursuant to sections 409.810 through 409.821, Florida Statutes.
“Leg A”	Transportation from the originating pick-up site to the provider/appointment location.
“Leg B”	Return transportation from the provider/appointment location to the originating site.
“Members”	CCP’s Members are the North Broward Hospital District d/b/a Broward Health and the South Broward Hospital District d/b/a Memorial Healthcare System.
“Missed Trip”	A scheduled trip for which the transportation provider failed to pick up the Enrollee.
“Non-Emergency Transportation Services”	Transportation services provided to CCP Enrollees.
“Person”	Any business, individual, union, committee, club, other organization, or group of individuals.
“Qualified Contractor”	An entity or person who: (1) has evidenced current qualifications to do business in the state of Florida; (2) possesses appropriate licensure; and (3) maintains liability insurance in an amount determined to be adequate by CCP.
“Request for Proposal”	A solicitation by CCP for Proposals and includes all documents, whether attached or incorporated by reference, utilized for soliciting Proposals.
“Responsive Bidder”	A Bidder who, as determined by CCP, has submitted a Bid which conforms in all material respects to a solicitation.
“RFP Response”	A response submitted by a Bidder in response to a Request for Proposal issued by CCP.
“Selection/Evaluation Committee”	A group of persons appointed by CCP to evaluate Proposals in competitive Procurement processes by CCP.
“Solicitation”	A Request for Proposals or a Request for Quote.

ATTACHMENT 2 – ACKNOWLEDGMENT FORM

This form acknowledges receipt of CCP’s Non-Emergency Transportation Services Request for Proposal and indicates whether Bidder intends to submit a response.

RFP Responses must be received prior to 5:00 p.m. on December 21, 2020.

Return this form via email no later than 5:00 p.m. on November 13, 2020 to RFP@ccpcares.org.

Company Name: _____

Contact Name: _____

Street Address _____

City, State, Zip _____

Office Number: _____

Cell Number: _____

Email: _____

Authorized Signature: _____

Print Name _____

Title: _____

Date: _____

Will Bidder be submitting a RFP Response? Yes

No

Please indicate the reason(s) for not submitting a response. _____

ATTACHMENT 3 – QUESTION/ANSWER TEMPLATE

Question #	Vendor Name	Section Reference	Subsection Reference	Attachment Reference	Page #	Question	Response

ATTACHMENT 4 – CONFLICT OF INTEREST DISCLOSURE FORM

Bidder: _____

The following are relationships, business and personal, that may create a conflict of interest that Bidder is hereby disclosing (add rows as necessary):

Type of Relationship (Business, Personal)	Name of Individual or Organization	Status of Organization or Individual (e.g., Current Contractor, CCP Employee, Board Member, Memorial Healthcare System, Broward Health, etc.)	Term of Relationship

To the best of my knowledge, no conflicts of interest exist between _____ and any person or organization identified in CCP’s Transportation RFP; CCP’s Members, Memorial Healthcare System, Broward Health, any employees of CCP or its Members.

Signature of Individual Authorized to Represent Bidders

Date

Printed Name

Title

ATTACHMENT 5 – SWORN CERTIFICATE UNDER SECTION 287.133, FLORIDA STATUTES, PUBLIC ENTITY CRIME PROVISION

STATE OF _____

COUNTY OF _____

Before me, the undersigned notary public, personally appeared _____ of _____, in his/her capacity as _____ (“Contractor”)

who, having taken an oath deposes and says:

1. Contractor has personal knowledge of all matters set forth in this certificate and all matters are true and correct.
2. Contractor’s business address: _____
_____ and the Contractor’s Federal Employee Identification Number (FEIN) is _____.
3. Contractor is familiar with and understands all of the provisions contained in section 287.133, Florida Statutes, concerning a public entity crime.
4. Contractor certifies that one of the following is true and correct:

_____ Neither Contractor nor any affiliate of Contractor has been placed on the state’s Convicted Vendor List following a conviction within thirty-six (36) months prior to executing this Certificate; or

_____ Although Contractor or an affiliate of Contractor was placed on the Convicted Vendor List within the last thirty-six (36) months, the Contractor or its affiliate has been removed from the List pursuant to section 287.133(3)(f), Florida Statutes.
5. Contractor acknowledges that South Florida Community Care Network, LLC d/b/a Community Care Plan is a public entity as defined in section 287.133(1)(f), Florida Statutes, and that South Florida Community Care Network, LLC d/b/a Community Care Plan is relying upon this Certificate in accepting Contractor’s bid with a potential for awarding the contract to Contractor.
6. This Certificate is made and given by Contractor with full knowledge of applicable Florida laws regarding sworn affidavits and the penalties and liabilities resulting from false statements and misrepresentation therein.

By: _____

Name: _____

Title: _____

Sworn to and subscribed before me this _____ day of _____, 2020 by _____
_____ in his/her capacity as _____
_____ of _____, who is
personally known to me or who has produced _____ as
identification, and who did take an oath.

Notary Public

Printed Name
(Printed, typed or stamped)

My Commission Expires:

ATTACHMENT 6 – RFP RESPONSE TRANSMITTAL LETTER

TRANSMITTAL LETTER
Non-Emergency Transportation Services

Name of Bidder: _____

Bidder's Address: _____

Federal Employer ID Number: _____

Official Contact Person: Name: _____
Title: _____
Office No: _____
Cell No.: _____
Email: _____

Alternative Contact Person: Name: _____
Title: _____
Office No: _____
Cell No.: _____
Email: _____

Authorized Signature: _____
Print Name _____
Title: _____
Date: _____

ATTACHMENT 7 – QUALIFICATIONS CHECKLIST

This Attachment shall be completed by all Bidders as it relates to **Non-Emergency Transportation Services**. Bidder should submit proof of compliance/documentation/plan/policy to each of the sections and subsections below.

A. **CORPORATE BACKGROUND AND EXPERIENCE**: The Corporate Background and Experience Section shall include the details of the background of the company, its size and resources, details of corporate experience relevant to the proposed Contract, financial statements, and a list of all current and recent Medicaid or related projects. The timeframe to be covered should begin, at a minimum, the past five (5) years.

1. **Corporate Background**: The details of the background of the corporation, its size, and all resources, shall cover:
 - (a) Date established;
 - (b) Tax identification number of company;
 - (c) Florida Medicaid Provider ID Number;
 - (d) Location of the principal place of business;
 - (e) Location of the place of performance of the proposed contract;
 - (f) Ownership (name, address and SSN/TIN of any persons (individual or corporation) with an ownership or control interest in Bidder and the percent of ownership for such person or corporation);
 - (g) Number principals, partners and professional staff;
 - (h) Organizational chart;
 - (i) Total number of employees; and
 - (j) Number of personnel currently engaged in project operations.

2. **Financial Statements**: Financial statements for the Bidder shall be provided for each of the last two (2) years, including at a minimum:
 - (a) Statement of income;
 - (b) Balance sheet;
 - (c) Statement of changes in financial position during the last two (2) years;
 - (d) Statement of cash flow;
 - (e) Auditors' report;
 - (f) Notes to financial statements; and
 - (g) Summary of significant accounting policies.

CCP reserves the right to request any additional information to assure itself of a Bidder's financial status.

Provide information regarding Bidder's ability to meet the insolvency account obligations required by the Prime Contracts.

3. **Corporate Experience:** The corporate experience section must present the details of the Bidder's experience with NET Services to be provided by this RFP and Medicaid experience shall cover:
 - (a) The nature of your business operations;
 - (b) Your major lines of business, major markets served, and service history;
 - (c) A representative list of your NET Services clients;
 - (d) A list of clients that were previously or are currently contracted with AHCA to provide Covered Services to Enrollees in the MMA Program;
 - (e) A list of clients that were previously or are currently contracted with FHKC to provide Covered Services to Enrollees in the FHKC Program;
 - (f) A detailed explanation of any sanctions or liquidated damages, imposed by AHCA or FHKC resulting from the failure of Bidder to provide timely and accurate services or information or reporting;
 - (g) Experience and capability of reporting Encounters;
 - (h) Ability to meet Call Center Performance Measures;
 - (i) Bidder's current stats for Call Center Performance Measures;
 - (j) Bidder's scheduling process;
 - (k) A timeline with the steps taken and the time lapse between each step;
 - (l) Ability of Bidder to process same day transportation requests (describe the process or explain why not);
 - (m) Three (3) client references which include the following:
 - (i) Company name;
 - (ii) Street address;
 - (iii) City, State, Zip Code;
 - (iv) Contact name;
 - (v) Telephone number;
 - (vi) Email address;
 - (vii) Contract commencement and termination date; and
 - (viii) Scope of services provided.

B. PROJECT ORGANIZATION AND STAFFING: The Project Organization and Staffing section shall include project team organization, charts of proposed personnel and positions, estimates of the staff-hours by major task(s) to be provided by proposed positions, and if known, résumés of all management and key professional personnel as required by this RFP.

1. **Organization:** The organization charts shall show:
 - (a) Organization and staffing during each phase as described in the RFP; and
 - (b) Full-time, part-time and temporary status of all employees.
2. **Résumés:** Bidders must submit résumés of all proposed key staff persons - Project Manager, and other key management staff. Experience narratives shall be attached to the résumés describing specific experience with the type service to be provided by this RFP, a Medicaid program, and professional credentials, including any degrees, licenses and recent and relevant continuing education.

3. Responsibilities. This section should discuss the anticipated roles of personnel during all phases of the Contract. All proposed key technical team leaders, including definitions of their responsibility during each phase of the Contract, should be included.
4. Backup Personnel Plan: If additional staff is required to perform the functions of the Contract, the Bidder should outline specifically its plans and resources for adapting to these situations. The Bidder should also address plans to ensure the longevity of staff in order to allow for effective CCP support.
5. Screening Process: Describe the screening process used for all employees, including all drivers and contract employees (for example, Level II background checks, drug testing, E-verify, etc.).
6. Retention Rate: Provide details on Bidder's Staff Retention Rate and incentives to retain employees.
7. Rotation of Personnel: Provide Bidder's policy regarding the rotation of personnel.
8. Provide information on any of Bidder's employees that have any family members employed at CCP. If there are employees that have family members employed at CCP, please disclose the CCP department name, family member name and job title.

C. **METHODOLOGY**: The Methodology Section should describe the Bidder's approach to providing the NET Services described in the RFP. This section should contain a comprehensive description of the proposed work plan. The narrative descriptions within this section must include the following:

1. The description shall encompass the requirements of this RFP.
2. The proposal must describe the methodology to be followed in sufficient detail to demonstrate the Bidder's direction and understanding of this RFP.
3. The proposal must include a high-level project plan for the project.
4. The proposal must summarize how CCP's staff will be used as resources in this project. It is CCP's desire that CCP staff be advised of all aspects of the engagement.
5. The proposal should include information about past performance results and a plan for evaluating the proposed project.

D. TRANSPORTATION METHODS:

1. Provide information pertaining to types of vehicles Bidder currently uses or plans to use to transport Enrollees if awarded a Contract. Rule 59C-4.330 requires that services be rendered by one of following vehicles that meet all applicable licensure and regulatory requirements for passenger transport:
 - Commercial airline
 - Ground ambulances subcontracted for use as stretcher vans
 - Ground and air ambulances
 - Mass transit and public transportation systems (Bus Passes)
 - Medical vehicles (wheelchair or stretcher vans)
 - Multi-load passenger van
 - Private vehicle / Gas Reimbursement
 - Private non-profit agencies
 - Taxi
 - Transportation network companies
2. If Bidder uses other methods of transportation, provide a detailed description.
3. If other methods of transportation are used by Bidder, provide a detailed description of Bidder's oversight of these transportation providers.
4. Bidder's relationships and experience dealing with Prescribed Pediatric Extended Care Centers (PPEC).
5. Bidder's experience with transporting children with complex health care needs.
6. Bidder's experience with responding to hospitals for discharge planning and hospital to hospital transfers.
7. Describe how Bidder confirms that a service is a Covered Service and what measures Bidder takes to verify the address where the Enrollee is being taken and/or picked up is the address for a medical provider.
8. Describe Bidder's process of transporting companions with enrollees.
9. How many companions are allowed with a child?
10. Does Bidder provide a car seat for children?
11. Describe Bidder's process of registering/accessing the type of vehicle an Enrollee will need.
12. Describe Bidder's process for overnight trips.

13. Describe Bidder's process for out of area trip.
14. Describe Bidder's level of oversight of its contracted providers/transportation network companies.
15. If Uber, Lyft or other similar ridesharing company is used, what oversight is provided?
16. Describe how Bidder will ensure compliance with the following transportation standards, measured on a monthly basis, for processing transportation requests in a timely manner:
 - (a) that at least ninety percent (90%) of trips resulted in the Enrollee arriving to their scheduled appointment on time;
 - (b) that no more than two-tenths percent (0.2%) of transportation requests resulted in a missed trip;
 - (c) that at least eighty-five percent (85%) of unscheduled trips are fulfilled within three (3) hours of the request;
 - (d) that at least ninety percent (90%) of the total scheduled Leg A trip requests were fulfilled within fifteen (15) minutes of the scheduled time for pick-up; and
 - (e) that at least ninety percent (90%) of the total scheduled Leg B trip requests were fulfilled within thirty (30) minutes of the scheduled time for pick.
17. Provide three (3) years of historical data regarding compliance with the transportation standards identified in Paragraph D.16., above.
18. Describe Bidder's process to correct any missed trips.

E. OTHER:

1. Describe Bidder's experience in promoting minorities and women (provide a policy statement of non-discrimination and equal employment opportunity within Bidder).
2. Describe any potential conflict of interest if Bidder is awarded a Contract with CCP.
3. Describe Bidder's process used to keep informed of current federal, state and local issues affecting NET services.
4. Provide information regarding any disciplinary action (including government issued sanctions, suspensions, terminations, fines, or similar adverse actions) over the last three (3) years.

5. List any other company names for which Bidder's partners, owners or principals operate.
6. Describe the circumstances, status and outcome of any substantial litigation in which Bidder has been involved over the last five (5) years related to the provision of non-emergency transportation services.
7. List information for any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers related to the provision of non-emergency transportation services.
8. Provide information pertaining to any dealings between Bidder and CCP, Memorial Healthcare System and Broward Health that might be construed as a conflict of interest.
9. Provide information pertaining to any individuals who were employees of Bidder within the last year who are now employees of CCP.
10. Provide information pertaining to any employees of Bidder who were employees of CCP within the last year.
11. Provide policies and information related to Bidder's programs to combat fraud, waste and abuse.
12. Provide policies and information related to Bidder's Business Recovery/Disaster Plan.
13. Describe the process of scheduling for Enrollee reoccurring appointments, i.e. dialysis, therapy, etc.
14. Provide information regarding Bidder's written procedures for NET Services for determining service eligibility for each Enrollee and what type of transportation is needed for that Enrollee.
15. Provide information regarding Bidder's written procedures for establishing a minimum twenty-four hour advance notification policy to obtain transportation services and communication of such policy to Enrollees.
16. Provide information regarding Bidder's written procedures for complying with the pick-up windows as prescribed by the Prime Contracts.
17. Provide a copy of Bidder's Enrollee Communication Material.
18. Provide a copy of Bidder's Provider Training Manual.

19. Provide a copy of Bidder's Marketing Material.
20. Provide a copy of Bidder's COVID-19 Rideshare Policy.
21. Provide a copy of Bidder's sample financial report provided to health plans.
22. Please list all expanded benefits Bidder is willing to offer, at no cost to cost to CCP.
23. Provide information on whether Bidder is able to provide transportation to non-Medical appointments.
24. Provide copies of all policies and procedures relating to Bidder's implementation of protective measures taken by Bidder relating to COVID-19.
25. Provide information regarding Bidder's passenger/trip database that includes information for each Enrollee it transports and the details of the driver providing the trip (name, driver's license number).
26. Provide information on any app that Bidder has available for Enrollees' use to schedule, cancel or track NET Services.

F. ADDITIONAL INFORMATION. Under this Section, Bidder may include any additional information relating to this RFP that Bidder would like CCP to consider in its evaluation of Bidder's response to the RFP.

ATTACHMENT 8 – SERVICE REQUIREMENTS CHECKLIST

This Attachment shall be completed by all Bidders as it relates to Non-Emergency Transportation Services. If Bidder indicates “No” on any of the requirements below, a proposed alternative must be included in Bidder’s RFP Response.

Number	Service Requirements	<i>Check one of the following</i>	
1.	Bidder agrees to provide its staff with all specific training, equipment and supplies needed or desired for the performance of NET Services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Bidder agrees to ensure that its staff is fully trained and has in-depth knowledge of regulations and procedures required to perform the services outlined in the RFP.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Bidder agrees to provide experienced supervisory personnel to oversee, manage and assist in providing the services herein.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Bidder agrees to have the capability of providing electronic reports to CCP as requested.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Bidder agrees to promptly address any Enrollee complaints and/or concerns and coordinate its response with CCP.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Bidder agrees to provide reasonable but prompt availability to senior supervisory personnel, and/or others within its business having technical expertise relevant to its qualifications and involvement in the engagement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Bidder agrees to provide immediate phone contact with a designated emergency coordinator 24/7/365 to resolve issues.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Bidder agrees to provide on-going quality assurance activities to meet state, federal, and professional requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Bidder agrees to submit periodic updates during the performance of NET Services to CCP. It will be the responsibility of Bidder to promptly communicate any difficulties encountered or potential difficulties in its ability to provide the services in accordance with agreed upon timetables and contract terms with such advance notice so as to afford CCP the ability to address such and maintain timetables and contract terms.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Bidder understands and is committed to meeting CCP’s timetable.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Number	Service Requirements	<i>Check one of the following</i>	
11.	Bidder agrees that if awarded the Contract, its transportation network is of sufficient size to ensure the provision of the services required under the AHCA Contract and the FHKC Contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Bidder agrees to ensure that Enrollees arrive on time at pre-arranged times for appointments and are picked up on time at pre-arranged times for the return trip if the covered service follows a reliable schedule. The pre-arranged times may not be changed by the transportation provider or driver without prior permission from the Enrollee.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	<p>Bidder agrees to comply with the following transportation standards, measured on a monthly basis, for processing transportation requests in a timely manner:</p> <p>A. at least ninety percent (90%) of trips resulted in the Enrollee arriving to their scheduled appointment on time;</p> <p>B. no more than two-tenths percent (0.2%) of transportation requests resulted in a missed trip;</p> <p>C. at least eighty-five percent (85%) of unscheduled trips are fulfilled within three (3) hours of the request;</p> <p>D. at least ninety percent (90%) of the total scheduled Leg A trip requests were fulfilled within fifteen (15) minutes of the scheduled time for pick-up; and</p> <p>E. at least ninety percent (90%) of the total scheduled Leg B trip requests were fulfilled within thirty (30) minutes of the scheduled time for pick.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	Bidder agrees to provide CCP with all information needed to comply with reporting requirements imposed by the Prime Contracts with respect to NET Services. (See Attachment 10).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	Bidder agrees that any liability, including any sanctions or liquidated damages, imposed upon CCP by AHCA or FHKC resulting from the failure of Bidder to provide timely and accurate services or information or reporting shall be subject to Bidder's indemnification obligations set forth in the Contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Number	Service Requirements	<i>Check one of the following</i>	
16.	Bidder agrees that verification of additional requirements for transportation providers is required under the Prime Contracts.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.	Bidder agrees to comply with standards set forth in chapter 427, Florida Statutes, and Rules 41-2 and 14-90, Florida Administrative Code. These standards include drug and alcohol testing, safety standards, driver accountability, and driver conduct.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18.	Bidder agrees to maintain vehicles and equipment in accordance with state and federal safety standards and the manufacturers' mechanical operating and maintenance standards for any and all vehicles used for transportation of Enrollees.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19.	Bidder agrees to immediately remove from service any vehicle that does not meet the Florida Department of Highway Safety and Motor Vehicles licensing requirements, safety standards, ADA regulations, or Prime Contract requirements and reinspect the vehicle before it is eligible to provide transportation services for Enrollees.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20.	Bidder agrees that vehicles shall not carry more passengers than the vehicle was designed to carry.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21.	Bidder agrees to confirm that all lift-equipped vehicles comply with ADA regulations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22.	Bidder agrees to maintain sufficient liability insurance to meet requirements of Florida law.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23.	<p>Bidder agrees to ensure adequate seating for paratransit services for each CCP Enrollee and escort, child, or personal care attendant, and shall ensure that the vehicle meets the following requirements and does not transport more passengers than the registered passenger seating capacity in a vehicle at any time:</p> <p>A. Enrollee property that can be carried by the passenger and/or driver, and can be stowed safely on the vehicle, shall be transported with the passenger at no additional charge. The driver shall provide transportation of wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, and/or intravenous devices, as applicable, within the capabilities of the vehicle.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Number	Service Requirements	<i>Check one of the following</i>	
	<p>B. Each vehicle shall have posted inside the Managed Care Plan’s toll-free telephone number for enrollee complaints.</p> <p>C. The interior of all vehicles shall be free from dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal, or other objects or materials which could soil items placed in the vehicle or cause discomfort to enrollees.</p> <p>D. Smoking, eating and drinking are prohibited in any vehicle, except in cases in which, as a medical necessity, the enrollee requires fluids or sustenance during transport.</p> <p>E. All vehicles must be equipped with two-way communications, in good working order and audible to the driver at all times, by which to communicate with the transportation services hub or base of operations.</p> <p>F. All vehicles must have working air conditioners and heaters.</p>		
24.	<p>Bidder agrees to comply with the minimum liability insurance requirement of two hundred thousand dollars (\$200,000.00) per person and three hundred thousand dollars (\$300,000.00) per incident for all transportation services purchased or provided for the transportation disadvantaged through the Managed Care Plan. § 768.28(5), Fla. Stat. Bidder agrees to indemnify and hold harmless the local, state, and federal governments and their entities and the Agency from any liabilities arising out of or due to an accident or negligence on the part of the Bidder and/or all transportation employees.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25.	<p>Bidder agrees to maintain a passenger/trip database that includes information for each Enrollee it transports and the details of the driver providing the trip (name, driver’s license number).</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26.	<p>Bidder agrees to provide Enrollees with boarding assistance, if necessary or requested, to the seating portion of the vehicle, including but not be limited to: opening the vehicle door, fastening the seat belt or wheelchair securing devices, storing mobility assistive devices, and closing the vehicle door. In the door-through-door paratransit service category, the driver shall open and close doors to buildings, except in situations in which assistance in opening and/or closing building doors would not be</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Number	Service Requirements	<i>Check one of the following</i>	
	safe for passengers remaining in the vehicle. The driver shall provide assisted access in a dignified manner.		
27.	Bidder agrees to provide shelter, security, and safety of CCP Enrollees at vehicle transfer points.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28.	Bidder agrees to provide pick up from and return to a mutually agreed-upon location for the enrollee and associated attendant/escort.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29.	Bidder shall ensure that all vehicles used for transportation services have received annual safety inspections.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30.	Bidder shall ensure that all drivers providing transportation services have passed background checks and meet all qualifications specified in the Prime Contracts, law and rule.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31.	Bidder agrees to provide NET Services to eligible Enrollees twenty-four (24) hours per day, seven (7) days per week for Enrollees who have no other means available to any covered service.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32.	<p>Bidder agrees to develop and implement written procedures for NET Services for the following:</p> <p>A. Determining service eligibility for each Enrollee and what type of transportation to provide that Enrollee;</p> <p>B. Establishing a minimum twenty-four (24) hour advance notification policy to obtain transportation services and communicate such policy to CCP for its Enrollees;</p> <p>C. Complying with pick-up windows to CCP Enrollees as prescribed by the Agency.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33.	Bidder agrees that its advance notification policies shall comport with the timely access to medical care requirements as specified in the AHCA Contract and the FHKC Contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
34.	Bidder agrees to work in conjunction with CCP to participate in an Agency-approved statewide performance improvement project focusing on the administration of the transportation benefit to Enrollees, specifically focusing on the rate of trips resulting in the Enrollee arriving to their scheduled appointment on time.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Number	Service Requirements	<i>Check one of the following</i>	
35.	Bidder agrees to provide transportation to an Enrollee and/or the Enrollee's authorized representative upon request and if the Enrollee has no other means of transportation to and from the nearest Medicaid Fair Hearing call-in center in accordance with the AHCA Contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
36.	Bidder agrees to meet all of the qualifications specified in the NET Services Coverage Policy (Rule 59G-4.330, F.A.C.) in order to be reimbursed for Florida Medicaid NET services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
37.	<p>Bidder represents and warrants that its individual drivers, as well as all subcontractor's employed drivers, must pass one of the following:</p> <p>A. A Level I background screening in accordance with section 435.03, Florida Statutes;</p> <p>B. A Level II background screening in accordance with section 435.04, Florida Statutes; or</p> <p>C. A background screening using a process that yields the same minimum results as a background screening completed in accordance with sections 435.03 or 435.04, Florida Statutes.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
38.	Bidder agrees that it may not require reservations to be made more than three (3) business days in advance of an Enrollee's scheduled appointment, nor require advance reservations for unscheduled or urgent care trips.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
39.	Bidder agrees that it may not limit the number of Florida Medicaid-compensable trips provided to an Enrollee (e.g., 100 Florida Medicaid-related trips per recipient).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
40.	Bidders agrees that it may not limit recipients to specific medical providers within a geographic range; establish trip zones; or, use similar limitations for the purpose of restricting the distance required to receive Medicaid covered services. The distance from an Enrollee's address to a Florida Medicaid-compensable service cannot be used as a criterion to deny transportation to medically necessary services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Number	Service Requirements	<i>Check one of the following</i>	
41.	Bidder agrees to abide by the general documentation requirements in Florida Medicaid’s Recordkeeping and Documentation Requirements Policy.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
42.	Bidder agrees to operate within full compliance of all federal, state and local laws, rules and regulations, including but not limited to the ADA and the FTA regulations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
43.	Has Bidder been involved in bankruptcy as a debtor, or in a reorganization, liquidation, or dissolution proceeding, or has a trustee or receiver has been appointed over all or a substantial portion of the property of the Bidder under federal bankruptcy law or any state insolvency law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
44.	Bidder represents and warrants that Bidder and none of its employees or subcontractors are and at no time have been excluded from participation in any federally funded health care program under sections 1128 and 1128A of the Social Security Act, or any other federally funded program or federal contract, including Medicare and Medicaid, and that neither it nor any affiliate is currently included in or listed on the List of Excluded Individuals/Entities maintained by the Department of Health and Human Services Office of Inspector General pursuant to 42 U.S.C. §§ 1320a-7, 1320c-5, 1395cc, and regulation promulgated thereunder, which can be searched at http://exclusions.oig.hhs.gov/ (“OIG List”), or is an affiliate, as defined in the Federal Acquisition Regulation at 48 C.F.R. § 2.101, of a person described in 42 C.F.R. § 438.610(a)(1), or is on the Convicted Vendor List or Discriminatory Vendor List maintained pursuant to section 287.133 or 287.134, Florida Statutes.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
45.	Bidder agrees to observe and comply with the applicable requirements of CCP’s compliance program and code of conduct, including those related to compliance with HIPAA rules and regulations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
46.	Bidder agrees to maintain the confidentiality of all enrollee information which it or any of them receives or has access to in connection with any such activities and shall treat all patient PHI and PII in the same manner.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Number	Service Requirements	<i>Check one of the following</i>	
47.	Bidder agrees that the Contracts entered into as a result of this RFP shall be governed by and interpreted in accordance with the laws of Broward County in the state of Florida.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
48.	Bidder agrees that it will indemnify CCP against any legal action that may occur as a result of performance of any obligation under any contract resulting from this RFP.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
49.	Bidder agrees that Bidder is located and shall conduct all obligations under an awarded Contract within the United States. Additionally, Bidder agrees that it shall not send, store or allow access to data outside the United States. A violation of this requirement may result in the termination of the awarded Contract or liquidated damages assessed under the Prime Contract, other provisions of the Agreement notwithstanding.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
50.	Bidder agrees to notify CCP immediately should any regulatory or other government agency requests a review of any NET Services related to any CCP engagement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
51.	Bidder agrees that other than the compensation to be paid under the awarded Contract, CCP shall not be liable or responsible to Bidder beyond the monetary limits specified in section 768.28, Florida Statutes, regardless of whether said liability be based in tort, contract, indemnity or otherwise; and in no event shall CCP be liable to Bidder for punitive or exemplary damages or for lost profits or consequential damages.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
52.	During performance of the awarded Contract, Bidder and any subcontractor and/or joint-venturer shall not discriminate on the basis of race, color, gender, national origin, sexual orientation, age, disability, sex, pregnancy, religion, veteran status, military service, marital status, genetic information or any other status specifically protected by all applicable laws, in the provision of services and goods to CCP, the solicitation for or purchase of goods and/or services, or the subcontracting of work in the performance of the awarded Contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
53.	Bidder agrees that it and any subcontractor shall establish and maintain a written harassment policy and shall inform their employees and/or agents of the policy. The Bidder and/or any subcontractor understands its obligation to abide by CCP policies during the performance of the awarded Contract, including, but not limited to, CCP's Anti-Harassment Policy,	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Number	Service Requirements	<i>Check one of the following</i>	
	which shall be provided to the Bidder and any subcontractor upon request.		
54.	Bidder understands and acknowledges that CCP is subject to the public records provisions of chapter 119, Florida Statutes. Bidder agrees that any provision in this Agreement that conflicts with the public records disclosure requirements of chapter 119, will be held null and void to allow CCP to comply with its statutory disclosure requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
55.	The Bidder understands that the Agency encourages supplier diversity and the participation of small and minority business enterprises in contracting, both as vendors and subcontractors. The Agency supports diversity in its Procurement Program and requests that all subcontracting opportunities afforded by the AHCA Contract enthusiastically embrace diversity.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
56.	<p>Bidder agrees to comply with Section 274A(e) of the Immigration and Nationalization Act. The Agency and FHKC will consider the employment by CCP of unauthorized aliens a violation of this Act. If CCP or Bidder knowingly employs unauthorized aliens, such a violation shall be cause for unilateral cancellation of the Prime Contracts. Bidder shall be responsible for including this provision in all subcontracts with private organizations for work related to the Prime Contract.</p> <p>The Immigration Reform and Control Act of 1986 prohibits employers from knowingly hiring illegal workers. Bidder shall only employ individuals who may legally work in the United States – either U.S. citizens or foreign citizens who are authorized to work in the United States. Bidder shall use the U.S. Department of Homeland Security’s E-Verify Employment Eligibility system to verify the employment status of all new employees employed by Bidder during the term of the Agreement and shall also include a requirement in its subcontracts that the subcontractor utilize the E-Verify system to verify the employment eligibility of all new employees contracted by the subcontractor performing work or providing services pursuant to the Prime Contracts.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
57.	Bidder agrees that it may not seek payment from Medicaid or FHKC on behalf of CCP.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
58.	Bidder agrees to comply with all applicable federal and state laws and regulations, including:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Number	Service Requirements	<i>Check one of the following</i>	
	<p>A. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d et seq.;</p> <p>B. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794;</p> <p>C. Title IX of the Education Amendments of 1972, as amended 20, U.S.C. § 1681 et seq.;</p> <p>D. The Age Discrimination Act of 1975, as amended, 42 U.S.C. § 6101 et seq.;</p> <p>E. Section 654 of the Omnibus Budget Reconciliation Act of 1981, as amended, 42 U.S.C. § 9849;</p> <p>F. The American Disabilities Act of 1990, P.L. 101-336;</p> <p>G. Section 274A (e) of the Immigration and Nationalization Act;</p> <p>H. Title XXI of the federal Social Security Act;</p> <p>I. HIPAA, and any other federal or state laws regarding disclosure of protected health information;</p> <p>J. The Immigration Reform and Control Act of 1986; and</p> <p>K. All applicable federal and state laws regarding advertising, marketing and promotional activities of health care services or otherwise related to the offering of health care services and items and services including:</p> <p>L. The Federal Anti-Kickback Law, 42 U.S.C. § 1320a-7b; (ii) the Civil Monetary Penalty Law, 42 U.S.C. § 1320a-7a; (iii) the Civil and Criminal False Claims Acts, 31 U.S.C. §§ 3729-3733; (iv) the Stark Law, 42 U.S.C. § 1395nn; (v) the Health Care Fraud Statute, 18 U.S.C. § 1347, Federal; and (vi) to the extent applicable, the respective state law counterparts of any of the federal laws described in (i) through (v) above.</p>		
59.	Bidder agrees that all contractors, subcontractors, sub-grantees or others with whom it arranges to provide goods, services or	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Number	Service Requirements	<i>Check one of the following</i>	
	benefits in connection with any of its programs and activities are not discriminating against either those whom they employ nor those to whom they provide goods, services or benefits in violation of the above statutes, regulations, guidelines and standards. It is expressly understood that evidence of Budder's refusal or failure to substantially comply with the awarded Contract or such failure by Bidder's subcontractors or anyone with whom Bidder affiliates in performing under the awarded Contract shall constitute a material breach and render the awarded Contract subject to unilateral termination.		
60.	Does Bidder anticipate a merger or acquisition taking place within the next twelve (12) months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ATTACHMENT 9 – PRICING PROPOSALS

Please complete the following pricing tables as outlined below. The proposal should include both a FFS (per trip) rate proposal and a full risk capitated rate proposal. Bidder may have up to two pages of rationale for the proposed rates.

For the purpose of completing the pricing proposals below, assume the following the utilization data is accurate across CCP’s lines of business:

NET Metrics - Jan-Sept 2020 YTD

<u>Utilization</u>	
Eligible Members	59,000
# trips per month	2,674
trips per 1,000 members	45.3
average miles per trip	8.5

<u>Distance Mix (miles)</u>	<u>Total</u>
< 6	48.2%
6-10	24.6%
11-25	21.6%
> 25	5.7%

<u>Service Mix</u>	<u>% Mix</u>
Ambulatory	84.2%
Wheelchair	12.1%
Mass Transit	2.1%
Stretcher	0.9%
Advanced Life Support	0.4%
Basic Life Support	0.3%

FEE FOR SERVICE PROPOSAL:

NET Services	Proposed Rates Year 1	Proposed Rates Year 2	Proposed Rates Year 3
Per Trip Rate < 6 miles one way			
Per Trip Rate 6-10 miles one way			
Per Trip Rate 11-25 miles one way			
Per Trip Rate > 25 miles one way			
Per Trip Administrative Fee			

FULL RISK CAPITATED PROPOSAL:

NET Services	Proposed Rates Year 1	Proposed Rates Year 2	Proposed Rates Year 3
Capitated (PMPM)			
Additional Services			

ALTERNATIVE FEE PROPOSAL: If Bidder is willing to consider an alternative fee proposal other than FFS (per trip) or a full risk capitated rate, please fully describe in detail the alternative fee proposal (i.e. shared savings, expanded benefits, etc.) with proposed rates for Year 1 through Year 3.

MISCELLANEOUS:

Please provide the amount Bidder is willing to contribute toward the implementation of the Contract, in the event the incumbent is not awarded the Contract. \$ _____

**ATTACHMENT 9A --
TRANSPORTATION STATISTICS**



SMMC MMA FLORIDA MEDICAID DEC 2018 - DEC 2019 TRANSPORTATION STATISTICS

	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Enrollee Call Center Phone Stats													
Number of Member Calls Received	1,054	1,141	1,096	1,147	1,178	1,215	1,032	1,348	1,330	1,219	1,370	1,145	1,114
Number of Member Calls Answered	1,049	1,141	1,094	1,147	1,177	1,214	1,032	1,346	1,329	1,216	1,370	1,142	1,114
Number of Member Calls Abandoned	5	0	2	0	1	1	0	2	1	3	0	3	0
Number of Member Calls Answered (<.30 Seconds)	1,013	1,094	988	1,009	1,091	1,047	955	1,251	1,161	1,036	1,307	1,089	1,065
ASA (<0.30 seconds)	00:08	00:08	00:11	00:14	00:11	00:17	00:12	00:12	00:14	15:00	00:13	00:09	00:09
Average Talk Time	06:08	05:56	05:52	06:02	06:03	05:57	06:12	05:52	05:51	56:00	05:51	05:57	05:24
Average Call Hold Time in Queue (<0.60 seconds)	02:39	00:43	00:49	00:40	00:52	00:54	00:53	00:39	00:41	40:00	00:37	00:49	00:35
Abandonment Rate (<3%)	0.47%	0.00%	0.18%	0.00%	0.08%	0.08%	0.00%	0.15%	0.08%	0.25%	0.00%	0.26%	0.00%
Service Level (>90%)	96.57%	95.87%	90.31%	88.00%	92.70%	86.22%	92.56%	92.96%	87.36%	85.84%	95.37%	95.37%	95.58%
First Call Resolution (>80%)	98.00%	97.37%	98.50%	98.43%	98.47%	99.51%	99.61%	99.78%	100.00%	100.00%	100.00%	0.00%	99.91%
Quality Assurance Monitoring (>95%)	95.60%	97.75%	99.00%	98.63%	99.33%	98.67%	95.00%	98.00%	97.00%	96.88%	94.00%	95.82%	93.50%
Telecom Provider Blockage Rate (<0.5%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
ACD Blockage Rate (0.0%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Provider Call Center Phone Stats													
Number of Provider Calls Received	9,687	9,659	9,916	10,389	8,497	10,317	8,954	10,369	10,941	10,006	10,588	8,628	9,213
Number of Provider Calls Answered	9,687	9,554	9,665	10,168	8,288	10,193	8,915	10,285	10,796	6,322	10,507	8,516	9,181
Number of Provider Calls Abandoned	165	105	251	221	209	124	39	84	145	215	81	112	32
Number of Provider Calls Answered (<.30 Seconds)	9,687	8,870	8,186	8,419	6,324	8,645	8,255	9,318	9,013	7,841	9,877	7,277	8,936
ASA (<0.30 seconds)	36:00	00:15	00:27	00:31	00:38	00:29	00:17	00:19	00:28	35:00	00:14	00:25	00:07
Average Talk Time	43:12	04:46	04:53	05:01	01:41	04:54	04:54	04:41	04:14	11:00	04:10	04:04	04:11
Average Call Hold Time in Queue (<0.90 seconds)	00:00	02:15	02:25	02:31	00:35	02:30	02:24	02:13	01:59	52:00	01:51	01:48	01:49
Abandonment Rate (<3%)	1.70%	1.09%	2.53%	2.10%	2.46%	1.20%	0.44%	0.81%	1.33%	2.15%	0.77%	1.30%	0.35%
Service Level (>90%)	93.41%	92.84%	83.57%	86.80%	95.55%	84.81%	92.60%	90.60%	83.48%	79.09%	94.01%	85.45%	97.33%
First Call Resolution (>75%)	100.00%	92.84%	99.80%	98.55%	98.66%	99.33%	99.41%	99.84%	99.84%	100.00%	100.00%	100.00%	100.00%
Quality Assurance Monitoring (>95%)	98.00%	99.90%	98.30%	97.69%	97.25%	86.00%	90.18%	89.00%	91.00%	89.00%	93.90%	93.00%	92.11%
Telecom Provider Blockage Rate (<5%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
ACD Blockage Rate (0.0%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Processing													
Total Number of Claims Processed	2911	3118	2808	2344	2847	3534	2812	3964	3501	3384	3976	3976	2800
>50% of Claims Processed within 7 Days	81.7%	51.9%	73.5%	76.8%	72.4%	66.6%	72.6%	49.7%	67.5%	65.3%	89.4%	89.4%	85.0%
>70% of Claims Processed within 10 Days	100.0%	99.6%	99.9%	97.6%	100.0%	100.0%	100.0%	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%
>90% of Claims Processed within 20 Days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Number of Adjustments	0	0	0	0	0	0	0	0	0	0	0	0	0
Claim Denial Rate	0.14%	0.00%	0.64%	0.04%	0.35%	0.62%	0.36%	3.73%	4.23%	0.33%	0.08%	0.18%	0.21%
Total Number of Pended Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Backlog Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
Percentage on Paper Claims Within 20 Calendar Days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Percentage on Electronic Claims within 15 Calendar Days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Top 5 monthly claims denial reasons	1. No Signature Provided 2. Billed cost was not provided	None	1. No Signature Provided 2. Invalid Vehicle Number 3. Claim submitted more than the contracted # of days 4. Billed cost was not provided 5. Invalid DL Number	1. Member No Show	1. Invalid Vehicle Number 2. No Signature Provided 3. No PU/DO Time Provided	1. Invalid Vehicle Number 2. Claim was submitted more than the contracted number of days after the trip date. 3. Insufficient information provided to approve charge 4. No PU/DO Time Provided	1. Invalid Vehicle Number 2. No Signature Provided 3. No PU/DO Time Provided	1. Invalid Driver Name 2. Invalid Vehicle Number 3. No Signature Provided 4. Billed Cost was not Provided 5. No PU/DO Time Provided	1. Invalid Vehicle Number 2. Invalid Driver Name 3. No Signature Provided 4. Billed Cost was not Provided 5. No PU/DO Time Provided	1. Claim was submitted more than the contracted number of days after the trip date.	1. No Signature Provided	1. Invalid Vehicle Number 2. No Signature Provided	1. Claim was submitted more than the contracted number of days after the trip date. 2. No Signature Provided

**ATTACHMENT 9A --
TRANSPORTATION STATISTICS**

	December	January	February	March	April	May	June	July	August	September	October	November	December
Credentialing/Network													
Total Number of Initial Credentialed Providers	0	4	6	6	0	0	0	0	0	0	12	9	7
Total Number of Initial Credentialing Providers NOT Approved	0	0	0	0	0	0	0	0	0	0	1	0	0
Total Number of Initial Credentialing Performed Timely	0	0	0	0	0	0	0	0	0	0	12	12	7
Total Number of Recredentialed Providers	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Recredentialed Providers NOT Approved	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Recredentialing Performed Timely	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Providers Credentialed within 45 days of full application receipt	0	2	0	6	0	0	0	0	0	0	0	0	0
Total Number of Providers Board Certified from Above Numbers	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Facilities Accredited from Above Numbers	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Terminated Providers	2	1	0	2	0	0	0	0	0	0	1	0	1
Total Number of Providers Re-Instated	0	0	0	0	0	0	0	0	0	0	0	0	0
Network Gaps (List Specialty and County of Gap)	0	0	0	0	0	0	0	0	0	0	0	0	0
Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP	0	0	0	0	0	0	0	0	0	0	0	0	0
Quality Improvement	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Number of Reported QI Incidents	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Confirmed QI Incidents	0	0	0	0	0	0	0	0	0	0	0	0	0
Enrollee Complaints	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Number of Member Complaints	1	3	2	0	3	3	4	4	22	5	4	9	1
Total Number of Member Complaints referred to the plan	1	1	2	0	3	2	2	2	16	5	3	4	1
Provider Complaint, Grievances & Appeals	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Number of Provider Complaints	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Provider Grievances	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Provider Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0
Fraud, Waste & Abuse	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Number of Fraud Waste and Abuse Issues Suspected	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Fraud Waste and Abuse Issues Under Investigation	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Fraud Waste and Abuse Issues Confirmed	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Amount Paid (FWA)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Amount of Dollars Recovered (FWA)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Incidents Referred to Plan	0	0	0	0	0	0	0	0	0	0	0	0	0
Compliance	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Monthly Review of OIG/GSA Exclusions Database for all employees (Y/N)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
If yes, Total Number of Excluded/Ruled-out employees	0	0	0	0	0	0	0	0	0	0	0	0	0
All Compliance Documents/Materials updated Annually (Y/N)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Annual Compliance Training - FWA, HIPAA, conducted for all employees (Y/N)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Total Number of HIPAA Disclosures	0	0	0	0	0	0	0	0	0	0	0	0	0
Standards of Conduct/Code of Ethics/Compliance P&Ps distributed to all employees Annually (Y/N)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Annual Screening of Employees, Governing Bodies and Senior Leadership for Conflicts of Interest (Y/N)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Notify Plan Immediately (Y/N) Date	N	N	N	N	N	N	N	N	N	N	N	N	N
Utilization Management	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Requests													
Total Enrollment	40,085	39,682	38,089	39,431	37,812	37,829	39,172	39,172	37,631	37,220	37,769	37,585	37,342
Total # Requests Received	4,353	4,586	4,123	4,719	4,714	5,162	4,940	5,516	5,405	4,947	5,205	4,761	4,526
# Approved	4,339	4,581	4,121	4,715	4,709	5,158	4,933	5,513	5,398	4,939	5,204	4,757	4,518
% of Total Requests Approved	99.7%	99.9%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.8%	100.0%	99.9%	99.8%
Requests / 1000 Enrollees	109	116	108	120	125	136	126	141	144	133	138	127	121
Standard (Non-urgent Preservice)													
# of Standard Requests	4,270	4,489	4,055	4,650	4,654	5,076	4,852	5,425	5,353	4,903	5,148	4,681	4,458
% of Total Requests	98.1%	97.9%	98.4%	98.5%	98.7%	98.3%	98.2%	98.4%	99.0%	99.1%	98.9%	98.3%	98.5%
Average TAT (in calendar days) (7 days)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
% Completed within 7 calendar days (100%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
% with Extension completed within 11 calendar days (100%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Expedited													
Urgent Concurrent Requests	20	9	9	16	6	11	12	24	5	4	11	17	11
Urgent Preservice Requests	63	88	59	53	54	75	76	67	47	40	46	63	57
# of Expedited Requests	0	0	0	0	0	0	0	0	0	0	0	0	0
% of Total Requests	1.9%	2.1%	1.6%	1.5%	1.3%	1.7%	1.8%	1.6%	1.0%	0.9%	1.1%	1.7%	1.5%
Average TAT (in calendar days) (2 days)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
% Completed within 2 calendar days (100%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**ATTACHMENT 9A --
TRANSPORTATION STATISTICS**

Transportation Stats	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Advance Notice													
Same Day Trips	83	97	68	69	60	86	88	91	52	44	57	80	68
Excessive Mileage													
Trips over 50 miles	15	0	0	2	4	1	0	3	2	0	0	1	0
Utilization													
Gross Reservations	4353	4586	4123	4719	4714	5162	4940	5516	5405	4947	5205	4761	4526
Cancellations	732	772	646	810	739	1019	781	927	863	850	634	744	724
Member No-Shows	112	114	107	116	107	115	96	150	144	91	104	100	134
Total Trips	3621	3814	3477	3909	3975	4143	4159	4589	4542	4097	4571	4017	3802
Utilization Rate	9.0%	9.6%	9.1%	9.9%	10.5%	11.0%	10.6%	11.7%	12.1%	11.0%	12.1%	10.7%	10.2%
Trip Mode													
Ambulatory	2976	3425	3103	3535	3604	3566	3555	3959	3923	3587	3951	3539	3297
Stretcher	76	5	18	6	7	13	30	35	36	24	34	30	38
ALS	17	12	12	10	4	8	12	12	0	3	4	8	11
BLS	0	3	4	6	3	7	3	5	15	4	19	2	2
Public Transit	92	118	70	92	72	60	52	62	58	48	74	60	42
Commercial Air	0	0	0	0	0	0	0	0	0	0	0	0	0
Wheelchair	460	251	270	260	285	489	507	516	510	431	489	378	412
Quality Mgmt													
Complaints - Total	1	1	2	0	3	2	2	2	16	5	0	9	1
Provider Late	0	0	0	0	1	0	1	1	9	3	0	3	1
Provider No Show	1	0	1	0	1	1	1	1	5	1	0	5	0
Rider (Member) No Show	0	0	0	0	0	0	0	0	0	0	0	0	0
Provider Issue	0	0	1	0	1	1	0	0	2	1	0	1	0
Other	0	1	0	0	0	0	0	0	0	0	0	0	0
Trip Measures													
Percent of trips that resulted in the enrollee arriving to their scheduled appointment on time. (90% or >)	89.85%	89.21%	91.84%	93.33%	90.02%	90.15%	89.87%	87.92%	89.35%	88.79%	89.36%	89.52%	91.97%
Percentage of transportation requests that resulted in a missed trip. (0.2% of <)	0.67%	0.48%	0.27%	0.25%	0.06%	0.58%	0.22%	0.47%	0.56%	0.20%	0.21%	0.23%	0.24%
Percent (85%) of unscheduled trips fulfilled within three (3) hours of the request. (85%)	65.12%	59.38%	62.50%	72.73%	56.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percent of the total scheduled Leg A trip requests were fulfilled within fifteen (15) minutes of the scheduled time for pick-up. (90% or >)	81.36%	82.22%	81.25%	84.47%	89.79%	89.45%	90.84%	90.57%	89.78%	90.95%	91.59%	91.44%	94.39%
Percent of the total scheduled Leg B trip requests fulfilled within thirty (30) minutes of the scheduled time for pick-up. (90 or >)	83.38%	83.17%	75.29%	85.35%	89.24%	88.08%	91.28%	90.22%	88.94%	87.87%	88.14%	89.86%	88.60%

ATTACHMENT 9A --
TRANSPORTATION STATISTICS



**SMMC MMA FLORIDA MEDICAID JAN 2020 - NOV 2020 TRANSPORTATION
STATISTICS**

	January	February	March	April	May	June	July	August	September	October	November	December
Enrollee Call Center Phone Stats												
Number of Member Calls Received	1,237	2,079	1,780	384	423	642	601	537	661	769	656	
Number of Member Calls Answered	1,233	2,074	1,779	384	423	639	598	535	648	756	644	
Number of Member Calls Abandoned	4	5	1	-	-	3	3	2	2	-	-	
Number of Member Calls Answered (<.30 Seconds)	1,176	1,894	1,712	378	407	580	486	419	588	745	628	
ASA (<0.30 seconds)	00:09	00:13	00:08	00:08	00:10	00:11	00:18	00:20	00:12	00:08	00:08	
Average Talk Time	05:43	05:19	04:13	04:50	05:10	05:14	05:31	05:44	05:09	05:51	05:27	
Average Call Hold Time in Queue (<0.60 seconds)	00:38	00:49	01:08	00:33	00:14	00:12	00:09	00:22	00:25	00:34	00:23	
Abandonment Rate (<3%)	0.32%	0.24%	0.06%	0.00%	0.00%	0.47%	0.50%	0.37%	0.30%	0.00%	0.00%	
Service Level (>90%)	95.34%	91.33%	96.26%	98.43%	96.21%	90.78%	81.27%	78.30%	89.36%	96.87%	95.73%	
First Call Resolution (>80%)	100.00%	100.00%	99.88%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	
Quality Assurance Monitoring (>95%)	93.73%	91.94%	90.00%	93.50%	93.39%	95.09%	96.60%	97.09%	98.06%	98.28%	98.16%	
Telecom Provider Blockage Rate (<0.5%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
ACD Blockage Rate (0.0%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Provider Call Center Phone Stats												
Number of Provider Calls Received	9,478	8,896	7,636	3,311	4,245	6,044	6,436	8,003	8,832	9,922	9,004	
Number of Provider Calls Answered	9,435	8,760	7,597	3,310	4,232	5,997	6,348	7,813	8,362	9,588	8,305	
Number of Provider Calls Abandoned	43	136	39	1	13	47	88	190	157	37	38	
Number of Provider Calls Answered (<.30 Seconds)	9,180	7,619	7,270	3,253	4,094	5,358	5,453	6,301	6,193	9,604	8,277	
ASA (<0.30 seconds)	00:09	00:19	00:10	00:06	00:09	00:17	00:26	00:08	00:25	00:11	00:07	
Average Talk Time	03:54	03:44	02:06	02:17	02:23	02:33	02:38	02:54	02:55	02:52	02:45	
Average Call Hold Time in Queue (<0.90 seconds)	01:38	01:28	01:32	01:17	00:59	01:07	01:04	01:05	01:10	01:07	01:06	
Abandonment Rate (<3%)	0.45%	1.53%	0.51%	0.03%	0.31%	0.78%	1.37%	2.45%	1.83%	0.38%	0.43%	
Service Level (>90%)	97.30%	86.97%	95.70%	98.27%	96.75%	89.34%	85.90%	80.65%	87.52%	96.79%	91.93%	
First Call Resolution (>75%)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Quality Assurance Monitoring (>95%)	87.65%	87.62%	81.29%	84.98%	93.39%	95.09%	96.60%	97.09%	98.06%	98.28%	98.16%	
Telecom Provider Blockage Rate (<5%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
ACD Blockage Rate (0.0%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Claims Processing												
Total Number of Claims Processed	4716	3604	3339	2565	1695	1929	2476	1889	2560	2558	2119	
>50% of Claims Processed within 7 Days	78.6%	82.7%	83.1%	80.2%	88.1%	95.9%	72.9%	60.5%	78.7%	78.7%	89.9%	
>70% of Claims Processed within 10 Days	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	
>90% of Claims Processed within 20 Days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Total Number of Adjustments	0	0	0	0	0	0	0	0	0	0	0	
Claim Denial Rate	0.64%	0.19%	3.56%	1.36%	0.77%	0.00%	0.20%	0.11%	0.74%	0.59%	2.03%	
Total Number of Pended Claims	0	0	0	0	0	0	0	0	0	0	0	
Total Number of Backlog Claims	0	0	0	0	0	0	0	0	0	0	0	
Percentage on Paper Claims Within 20 Calendar Days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Percentage on Electronic Claims within 15 Calendar Days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

**ATTACHMENT 9A --
TRANSPORTATION STATISTICS**

Top 5 monthly claims denial reasons												
	1. Invalid Vehicle Number 2. Billed cost was not provided 3. Claim was submitted more than the contracted number of days after the trip date	1. No Signature Provided 2. Insufficient Information provided to approve charge	1. Invalid Vehicle Number 2. No Signature Provided 3. Insufficient Information provided to approve charge 4. Invalid Driver License Number	1. Invalid Driver Name 2. Invalid Vehicle Number 3. No Signature Provided 4. Claim was submitted more than the contracted number of days after trip date 5. Invalid Driver License Number	1. No Signature Provided			1. Invalid Vehicle Number 2. Invalid Driver License Number	1. No Signature Provided 2. Insufficient information provided to approve charge	1. No Signature Provided 2. No PU/DO Time Provided	1. Invalid Vehicle Number 2. No Signature Provided	1. Invalid Vehicle Number 2. Invalid Driver License Number
Credentialing/Network	January	February	March	April	May	June	July	August	September	October	November	
Total Number of Initial Credentialed Providers	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Initial Credentialing Providers NOT Approved	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Initial Credentialing Performed Timely	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Recredentialed Providers	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Recredentialed Providers NOT Approved	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Recredentialed Performed Timely	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Providers Credentialed within 45 days of full application receipt	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Providers Board Certified from Above Numbers	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Facilities Accredited from Above Numbers	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Terminated Providers	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Providers Re-Instated	0	0	0	0	0	0	0	0	0	0	0	0
Network Gaps (List Specialty and County of Gap)	0	0	0	0	0	0	0	0	0	0	0	0
Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP	0	0	0	0	0	0	0	0	0	0	0	0
Quality Improvement	January	February	March	April	May	June	July	August	September	October	November	
Total Number of Reported QI Incidents	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Confirmed QI Incidents	0	0	0	0	0	0	0	0	0	0	0	0
Enrollee Complaints	January	February	March	April	May	June	July	August	September	October	November	
Total Number of Member Complaints	7	6	1	1	5	4	4	4	7	5	4	
Total Number of Member Complaints referred to the plan	6	1	1	0	3	2	1	2	2	1	3	
Provider Complaint, Grievances & Appeals	January	February	March	April	May	June	July	August	September	October	November	
Total Number of Provider Complaints	0	0	0	0	0	0	0	0	0	0	0	
Total Number of Provider Grievances	0	0	0	0	0	0	0	0	0	0	0	
Total Number of Provider Appeals	0	0	0	0	0	0	0	0	0	0	0	
Fraud, Waste & Abuse	January	February	March	April	May	June	July	August	September	October	November	
Total Number of Fraud Waste and Abuse Issues Suspected	0	0	0	0	0	0	0	0	0	0	0	
Total Number of Fraud Waste and Abuse Issues Under Investigation	0	0	0	0	0	0	0	0	0	0	0	
Total Number of Fraud Waste and Abuse Issues Confirmed	0	0	0	0	0	0	0	0	0	0	0	
Total Amount Paid (FWA)	0	0	0	0	0	0	0	0	0	0	0	
Total Amount of Dollars Recovered (FWA)	0	0	0	0	0	0	0	0	0	0	0	
Total Number of Incidents Referred to Plan	0	0	0	0	0	0	0	0	0	0	0	
Utilization Management	January	February	March	April	May	June	July	August	September	October	November	
Requests												
Total Enrollment	36,894	36,931	36,945	39,479	42,007	43,447	37,644	44,862	45,808	43,542	47,193	
Total # Requests Received	5,121	4,893	4,603	3,029	3,050	3,503	3,704	3,438	3,664	3,937	3,603	
# Approved	5,108	4,877	4,576	3,007	3,030	3,474	3,688	3,413	3,647	3,895	3,588	
% of Total Requests Approved	99.7%	99.7%	99.4%	99.3%	99.3%	99.2%	99.6%	99.3%	99.5%	98.9%	99.6%	
Requests / 1000 Enrollees	139	132	125	77	73	81	98	77	80	90	76	

**ATTACHMENT 9A --
TRANSPORTATION STATISTICS**

Standard (Non-urgent Preservice)												
# of Standard Requests	5,035	4,838	4,576	3,004	3,023	3,459	3,674	3,424	3,624	3,899	3,561	
% of Total Requests	98.3%	98.9%	99.4%	99.2%	99.1%	98.7%	99.2%	99.6%	98.9%	99.0%	98.8%	
Average TAT (In calendar days) (7 days)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
% Completed within 7 calendar days (100%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
% with Extension completed within 11 calendar days (100%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Expedited												
Urgent Concurrent Requests	16	11	2	2	3	15	9	4	4	4	4	
Urgent Preservice Requests	70	44	25	23	24	29	21	10	36	34	38	
# of Expedited Requests	0	0	0	0	0	0	0	0	0	0	0	
% of Total Requests	1.7%	1.1%	0.6%	0.8%	0.9%	1.3%	0.8%	0.4%	1.1%	1.0%	1.2%	
Average TAT (In calendar days) (2 days)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
% Completed within 2 calendar days (100%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
% with Extension completed within 3 calendar days (100%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Transportation Stats	January	February	March	April	May	June	July	August	September	October	November
Advance Notice											
Same Day Trips	86	55	27	25	27	44	30	14	40	38	42
Excessive Mileage											
Trips over 50 miles	1	0	1	0	0	2	0	1	0	0	2
Utilization											
Gross Reservations	5121	4893	4603	3029	3050	3503	3704	3438	3664	3937	3603
Cancellations	706	566	936	592	471	535	680	524	769	830	758
Member No-Shows	132	104	123	40	42	90	89	84	212	187	167
Total Trips	4415	4327	3667	2437	2579	2968	3024	2914	2895	3107	2845
Utilization Rate	12.0%	11.7%	9.9%	6.2%	6.1%	6.8%	8.0%	6.5%	6.3%	7.1%	6.0%
Trip Mode											
Ambulatory	3809	3731	3164	2101	2233	2622	2671	2498	2491	2700	2465
Stretcher	56	61	30	30	7	6	7	21	11	1	23
ALS	8	5	7	0	0	1	3	4	0	3	4
BLS	13	7	0	2	0	1	1	0	0	2	0
Public Transit	76	76	78	26	26	26	26	26	26	28	24
Commercial Air	0	0	0	0	0	0	0	0	0	0	0
Wheelchair	453	447	388	278	313	312	316	365	367	373	329
Quality Mgmt											
Complaints - Total	6	1	1	0	3	2	1	2	2	1	3
Provider Late	2	0	1	0	1	0	0	1	1	1	1
Provider No Show	2	1	0	0	2	0	1	1	1	0	1
Rider (Member) No Show	0	0	0	0	0	0	0	0	0	0	0
Provider Issue	0	0	0	0	0	1	0	0	0	0	1
Other	2	0	0	0	0	1	0	0	0	0	0
Trip Measures											
Percent of trips that resulted in the enrollee arriving to their scheduled appointment on time. (90% or >)	93.14%	90.45%	88.06%	91.00%	94.52%	91.78%	95.94%	93.45%	92.68%	95.19%	94.15%
Percentage of transportation requests that resulted in a missed trip. (0.2% of <)	0.31%	0.48%	0.17%	0.33%	0.13%	0.11%	0.03%	0.17%	0.22%	0.13%	0.14%
Percent (85%) of unscheduled trips fulfilled within three (3) hours of the request. (85%)	100.00%	100.00%	100.00%	91.67%	100.00%	94.74%	100.00%	100.00%	84.62%	100.00%	100.00%
Percent of the total scheduled Leg A trip requests were fulfilled within fifteen (15) minutes of the scheduled time for pick-up. (90% or >)	94.29%	89.75%	85.69%	86.46%	90.24%	83.88%	96.84%	92.06%	91.02%	91.53%	93.03%
Percent of the total scheduled Leg B trip requests fulfilled within thirty (30) minutes of the scheduled time for pick-up. (90 or >)	92.09%	88.75%	92.57%	97.10%	94.99%	91.53%	94.07%	95.75%	93.82%	96.03%	94.44%

ATTACHMENT 10 – NON-EMERGENCY TRANSPORTATION SERVICES REPORTS

Non-Emergency Transportation Timeliness Report:

The purpose of this report is to monitor all non-emergency transportation trips, in accordance with the AHCA Contract, that were missed (the Enrollee was not picked up) or were late (did not meet contractual timeliness standards) during the reporting month. This report is due within thirty (30) calendar days after the end of the reporting month.

CCP must submit the Non-Emergency Transportation Timeliness Report for all Enrollees for whom CCP was aware had a non-emergency transportation service scheduled and the trip was late or missed. For purposes of the report, late or missed trip includes the following:

- A. When a trip to an AHCA Contract-covered service or benefit, or other Medicaid service, is late or missed (Leg A), or
- B. When a trip from an AHCA Contract-covered service or service or benefit, or other Medicaid service, was late or missed (Leg B), or
- C. When the entire trip was missed (both Leg A and Leg B).

CCP must include in this report all non-emergency transportation complaints received from the Agency during the reporting month for late or missed trips that occurred during the reporting month.

This report also includes non-emergency transportation late or missed trips when the transportation was requested outside of CCP's stated advance notification policy if:

- A. Transport to a Contract-covered service or benefit, or other Medicaid service, was required to timely access such services in accordance with the access requirements in the SMMC Contract, or
- B. The unscheduled non-emergency transportation trip was authorized by the Managed Care Plan (e.g., hospital discharge request, urgent care trip, etc.).

Each monthly submission must include all data fields on the report template for the non-emergency late or missed trips known to CCP during the reporting month, including the reason for each late or missed trip, unless the report template indicates the field may be left blank.

For months without any non-emergency transportation late or missed trips known to CCP, CCP shall submit only the attestation specifying that there were no non-emergency transportation late or missed trips that occurred during the reporting month that were known by CCP during the reported month.

If later a late or missed trip was made known to CCP that did not get reported in a previous Non-Emergency Transportation Timeliness Report, CCP must submit this trip in the Non-Emergency Transportation Timeliness Report for the reporting period month in which the missed trip was made known to CCP. CCP will be required to explain this in the Comments column of the report.

The Agency template can be found on Attachment 10A.

ATTACHMENT 10A – Non-Emergency Transportation Timeliness Report Template

Non-Emergency Transportation Timeliness Summary

Plan Name
Reporting Month

Leg A Trips

	SCHEDULED TRIPS									UNSCHEDULED TRIPS						MISSED TRIPS	
	NO. OF TRIPS	TOTAL NO. OF SCHEDULED TRIPS	%	TRIPS FULFILLED WITHIN 15 MINS OF SCHEDULED PICK-UP	%	TRIPS FULFILLED LATER THAN 15 MINS OF SCHEDULED PICK-UP	%	NO. TRIPS THAT ARRIVED ON TIME FOR ENROLLEE'S SCHEDULED APPOINTMENT	%	NO. TRIPS THAT ARRIVED LATE FOR ENROLLEE'S SCHEDULED APPOINTMENT	%	TOTAL NO. OF UNSCHEDULED TRIPS	%	TRIPS FULFILLED WITHIN 3 HOURS OF REQUEST	TRIPS FULFILLED LATER THAN 3 HOURS OF REQUEST TIME	NO. OF MISSED TRIPS	%
Totals	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0	0.0%

Leg B Trips

	SCHEDULED TRIPS						UNSCHEDULED TRIPS						MISSED TRIPS	
	NO. OF TRIPS	TOTAL NO. OF SCHEDULED TRIPS	%	TRIPS FULFILLED WITHIN 30 MINS OF SCHEDULED PICK-UP	%	TRIPS FULFILLED LATER THAN 30 MINS OF SCHEDULED PICK-UP	%	TOTAL NO. OF UNSCHEDULED TRIPS	%	TRIPS FULFILLED WITHIN 3 HOURS OF REQUEST	TRIPS FULFILLED LATER THAN 3 HOURS OF REQUEST TIME	NO. OF MISSED TRIPS	%	
Totals	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0	0.0%	

Total Trips

	SCHEDULED TRIPS									UNSCHEDULED TRIPS						MISSED TRIPS	
	NO. OF TRIPS	TOTAL NO. OF SCHEDULED TRIPS	%	TRIPS FULFILLED WITHIN DESIGNATED MINS OF SCHEDULED PICK-UP	%	TRIPS FULFILLED LATER THAN DESIGNATED MINS OF SCHEDULED PICK-UP	%	NO. TRIPS THAT ARRIVED ON TIME FOR ENROLLEE'S SCHEDULED APPOINTMENT	%	NO. TRIPS THAT ARRIVED LATE FOR ENROLLEE'S SCHEDULED APPOINTMENT	%	TOTAL NO. OF UNSCHEDULED TRIPS	%	TOTAL TRIPS FULFILLED WITHIN 3 HOURS OF REQUEST	TRIPS FULFILLED LATER THAN 3 HOURS OF REQUEST TIME	TOTAL NO. OF MISSED TRIPS	%
Total	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0	0.0%

Non-Emergency Transportation Timeliness Report

Managed Care Plan Name:	ABD Plan
Reporting Month (MM/DD/YYYY):	
Plan's 7 Digit Medicaid ID Number ("C" Core	

Enrollee's Last Name	Enrollee's First Name	Enrollee's Medicaid ID	Region	County of Residence	Transportation Subcontractor Name	Transportation Provider Name (if applicable)	Medicaid Program Type (MMA, LTC or SPEC)	Medicaid Service Provider Name	Medicaid Service Provider Type	Date Transportation Scheduled/Authorized	Within Advance Notice Policy	Date of Trip Issue	Trip Leg	Date MCP Notified of Trip Issue	Type of Trip Issue	Reason for Trip Issue	Internal Trip Number (if any)	AHCA Complaint ID (if applicable)	Comments		
Brown	Angie	1234567890	06	Broward	AAA Transport	Bob's Taxi Service	LTC	BBB Cardiology Group	11: PCP	11/10/2018	1. Yes	11/17/2018	1. Leg A	11/20/2018	Later than 15 minutes	12: Wrong Vehicle type/accommodations	ABD123	1234-5678-9012-34	Driver had a flat tire and didn't call in		

ATTACHMENT 11 – SUBCONTRACTOR DELEGATION CHECKLIST

SMMC Contract Section	Subcontract Requirements
42 CFR 438.230(b)(1) Attachment II, X.C.1.a. X.C.1.e.	The Managed Care Plan shall maintain ultimate responsibility for adhering to and otherwise fully complying with all terms and conditions of this Contract, including performance of duties. All tasks related to the subcontract are to be performed in accordance with the terms of the SMMC Contract.
Attachment II, X.C.1.a	The plan's right to promptly revise the subcontract into compliance if the Agency determines, at any time, that a subcontract is not in compliance with an SMMC Contract requirement.
42 CFR 438.230, 438.3(k), 455.104-.106 Attachment II, X.C.1.b	The subcontractor shall comply with all applicable Medicaid laws and regulations, including applicable sub-regulatory guidance and SMMC Contract provisions, and any other applicable State or federal law.
Attachment II, X.C.1.c.	The Managed Care Plan shall identify the service(s) and/or goods covered by the subcontract, as applicable.
42 CFR 438.230(c)(1)(i) & (ii) Attachment II, X.C.1.a.(1) & X.C.1.d.	Contains provisions wherein the subcontractor is agreeing to perform the delegated activities and reporting responsibilities specified in the SMMC Contract Reporting Requirements and the SMMC Report Guide.
Attachment II, X.C.3.a.	The Managed Care Plan agrees to make payment to all subcontractors pursuant to all State and federal laws, rules and regulations, including s. 409.967, F.S., s. 409.975(6), F.S., s. 409.982, F.S., s. 641.3155, F.S., 42 CFR 238.230, 42 CFR 447.46, and 42 CFR 447.45(d)(2), (3), (5) and (6), in addition to sub regulatory guidance and the provisions of this Contract.
Attachment II, X.C.3.a.(1).(a).	Identifies the conditions and method of payment.
Attachment II, X.C.3.a.(1).(b).	Provide for a prompt submission of information needed to make payments.
Attachment II, X.C.3.a.(1).(c).	Provide for full disclosure of the method and amount of compensation or other consideration to be received from the Managed Care Plan.
Attachment II, X.C.3.a.(1).(d).	Requires that any claims processing vendors maintain accurate enrollee and provider information, including provider agreements reflecting the correct reimbursement rate and provider specialty, to ensure the correct adjudication of claims and proper payment to providers.
Attachment II, X.C.3.a.(1).(e).	Requires that any payment to a provider be accompanied by an itemized accounting of the individual claims included in the payment, including but not limited to the enrollee's name, the date of service, the procedure code, service units, the amount of reimbursement, and the identification of the Managed Care Plan.

SMMC Contract Section	Subcontract Requirements
Attachment II, X.C.3.a.(1).(f).	Requires that an adequate record system be maintained for recording services, charges, dates and all other commonly accepted information elements for services rendered to the Managed Care Plan.
Attachment II, X.C.3.a.(1).(g).	Specifies that the Managed Care Plan shall assume responsibility for cost avoidance measures for third party collections in accordance with the Financial Requirements section of the SMMC Contract.
42 CFR 438.230(c)(3)(i) 42 CFR 438.230(c)(3)(iv) Attachment II, X.C.3.b.(1)	Provide that the Agency, CMS, the DHHS Inspector General, the Comptroller General or their designees, and DHHS have the right to audit, evaluate, or inspect the subcontractor's premises, physical facilities, equipment, books, records, contracts, computer, or other electronic systems of the subcontractor, or of the subcontractor's subcontractor, pertaining to any aspect of services and activities performed, determination of amounts payable under the Managed Care Plan's SMMC Contract with the State, or if there is a reasonable possibility of fraud or similar risk.
42 CFR 438.230(c)(3)(iii) 42 CFR 438.3(h) Attachment II, X.C.3.b.(1)	The subcontractor shall agree that the right to audit exists through ten (10) years from the final date of the Managed Care Plan's SMMC Contract period or from the date of completion of any audit, whichever is later.
42 CFR 438.230(c)(3)(ii) 42 CFR 438.3(h) SSA 1903(m)(2)(A)(iv) Attachment II, X.C.3.b.(2)	Provide that the subcontractor shall make available, at anytime, for purposes of an audit, evaluation, or inspection its premises, physical facilities, equipment, books, records, contracts, computers, or other electronic systems relating to its Medicaid enrollees pertinent to the Managed Care Plan's SMMC Contract by the Agency, CMS, the DHHS Inspector General, the Comptroller General or their designees, and DHHS.
Attachment II, X.C.3.b.(3)	Require full cooperation in any investigation by the Agency, MFCU, CMS, the DHHS Inspector General, the Comptroller General, or their designees, DOEA, or other State or federal entity or any subsequent legal action that may result from such an investigation.
Attachment II, X.C.3.b.(6)	Provide for monitoring of services rendered to Managed Care Plan enrollees through the subcontractor.
42 CFR 438.224 Attachment II, X.C.3.c.(1)	Ensuring medical records and other health and enrollment information that identifies a particular enrollee is safeguarded.
Attachment II, X.C.3.c.(2)	An exculpatory clause, which survives subcontract termination, including breach of subcontract due to insolvency, which assures that enrollees or the Agency will not be held liable for any debts of the subcontractor;

SMMC Contract Section	Subcontract Requirements
768.28, F.S. Attachment II, X.C.3.c.(3)	A clause indemnifying, defending and holding the Agency, its designees, and the Managed Care Plan's enrollees harmless from and against all claims, damages, causes of action, costs or expenses, including court costs and reasonable attorney fees, to the extent proximately caused by any negligent act or other wrongful conduct arising from the subcontract agreement. This clause must survive the termination of the subcontract, including breach due to insolvency. The Agency may waive this requirement for itself, but not Managed Care Plan enrollees, for damages in excess of the statutory cap on damages for public entities, if the subcontractor is a State agency or subdivision or a public health entity with statutory immunity.
Attachment II, X.C.3.c.(4)	Require that the subcontractor secure and maintain, during the life of the subcontract, workers' compensation insurance for all of its employees connected with the work under the SMMC Contract unless such employees are covered by the protection afforded by the Managed Care Plan. Such insurance shall comply with Florida's Workers' Compensation Law.
Attachment II, X.C.3.c.(5)	Specify that if the subcontractor delegates or subcontracts any functions of its contract with the Managed Care Plan, that the subcontract or delegation shall include all the requirements of the SMMC Contract, unless otherwise exempted by the SMMC Contract or its Exhibits.
Attachment II, X.C.3.c.(6)	Waiver provisions of those terms of the subcontract, which, as they pertain to Medicaid recipients, are in conflict with the specifications of the SMMC Contract.
42 CFR 438.230(c)(1)(iii) Attachment II, X.C.3.b.& X.C.3.c.(7)	Provide for revoking delegation, or imposing other sanctions, if the subcontractor's performance is inadequate.
42 CFR 438.210 Attachment II, X.C.3.c.(8)	Provide that compensation to individuals or entities that conduct UM activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any enrollee.
Attachment II, X.C.3.c.(9)	The subcontractor shall establish, enforce, and monitor solvency requirements that provide assurance of the subcontractor's ability to meet its obligations.
Attachment II, X.C.3.c.(10)	Require that the subcontractor timely notify the Managed Care Plan of changes in directory information.
Attachment II, X.C.3.c.(11).(a)	Details about the False Claims Act.
Attachment II, X.C.3.c.(11).(b)	Details about the penalties for submitted false claims and statements.
Attachment II, X.C.3.c.(11).(c)	Details about the Whistleblower protections.
42 CFR 438.608(a) Attachment II, X.C.3.c.(11).(d)	Arrangements or procedures for the subcontractor's role in preventing and detecting fraud, waste and abuse, and each person's responsibility relating to detection and prevention that are in accordance with 42 CFR 438.608(a).
Attachment II, X.C.3.c.(12)	Providers are obligated to cooperate with recovery efforts, including participating in audits and repay overpayments.

SMMC Contract Section	Subcontract Requirements
Attachment II, X.C.3.d	Subcontractors will co-brand all communications with enrollees and providers to ensure it is clear that the Managed Care Plan is aware of and endorses the content contained within the communication.
Attachment II, X.C.3.f & h.	Includes detailed termination procedures, which should include a requirement for subcontractors to submit notice of termination at least ninety days before the effective date of such withdrawal.
Attachment II, X.C.3.g	Subcontract specifies that the subcontractor shall comply with the marketing requirements specified in the Marketing Section of the SMMC Contract.
Attachment II, X.C.3.i	Require subcontractors to submit timely, complete and accurate encounter data to the Managed Care Plan in accordance with the requirements of the Information Management Systems Section of the SMMC Contract.
408.809, F.S. Attachment II, X.C.4	Subcontractors are subject to background checks. The Managed Care Plan shall consider the nature of the work a subcontractor or agent shall perform in determining the level and scope of the background checks and include language of such in the subcontractor agreement.
For Claims Processing and Payment and/or Risk-bearing Subcontracts Only:	
Attachment II, X.C.3.a.(2)(a)	Requires the subcontractor to submit quarterly unaudited and annual audited financial statements to the Managed Care Plan. The quarterly unaudited financial statements shall be submitted to the Managed Care Plan within sixty (60) days of the end of the quarter and annual audited financial statements shall be submitted within one hundred twenty (120) days of the end of the year.
Attachment II, X.C.3.a.(2)(b)	The Managed Care Plan will provide to the Agency, upon request, copies of the financial statements, including documentation of the Managed Care Plan's financial review.
Attachment II, X.C.3.a.(2)(c)	The Managed Care Plan will notify the Agency within two (2) days of discovery, if based on the Managed Care Plan's review of financial statements or other information, the Managed Care Plan has reason to believe that the subcontracted vendor is insolvent or becoming insolvent.
Attachment II, X.C.3.a.(2)(d)	<p>The Managed Care Plan will include one or both of the following in the subcontractor agreement for subcontractors delegating claims processing and payment:</p> <p>An insolvency account to meet its obligations. The insolvency account shall be funded in an amount equal to two percent (2%) of the annual contract value. In the event that the subcontractor has filed for bankruptcy or has otherwise been determined to be insolvent by a regulating entity, the insolvency account may be drawn upon solely by the Managed Care Plan to disburse funds to meet Medicaid financial obligations incurred by the subcontractor under the contract between the Managed Care Plan and subcontractor. Documentation of the insolvency account, including account balances and governing agreements, shall be provided to the Agency upon request</p> <p>-AND/OR-</p> <p>An Irrevocable Standby Letter of Credit, with the Managed Care Plan as the beneficiary. The issuing bank shall be a federally guaranteed financial institution, licensed to do business in Florida and shall be an entity that is acceptable to the Agency. The value of the Irrevocable Standby Letter of Credit shall be at least two percent (2%) of the annual subcontract value and shall allow the Managed Care Plan to draw upon the Irrevocable Standby Letter of Credit to disburse funds to meet Medicaid financial obligations incurred by the subcontractor under the contract between the Managed Care Plan and the subcontractor. Copies of the Irrevocable Standby Letter of Credit shall be provided to the Agency.</p>

SMMC Contract Section	Subcontract Requirements
Attachment II, X.C.3.a.(2).b.	For subcontractors delegated claims processing and payment, the subcontractor shall maintain a surplus account to meet its obligations if the subcontractor is at financial risk and/or is delegated to process and pay claims.
42 CFR 438.8(k)(3) Attachment II, X.C.3.e	All subcontracts for claims adjudication activities shall provide all underlying data associated with MLR reporting to the Managed Care Plan within 180 days of the end of the MLR reporting year or within 30 days of being requested by the Managed Care Plan, whichever is sooner, regardless of current contractual limitations, to calculate and validate the accuracy of MLR reporting.
Retention Requirements:	
42 CFR 438.3(u) Attachment II, X.C.3.b.(4)	Require subcontractors to retain, as applicable, the following information for no less than 10 years from the close of the SMMC Contract and further if the records are under review or audit until the review or audit is complete:
42 CFR 438.416 Attachment II, X.C.3.b.(4)	Enrollee grievance and appeal records, including, at a minimum, a general description of the reason for the appeal or grievance, data received, date of each review or review meeting, resolution at each level of the appeal or grievance, date of resolution at each level, name of enrollee for whom it was filed.
42 CFR 438.5(c) Attachment II, X.C.3.b.(4)	Base data (example - encounter data)
42 CFR 438.8(k) Attachment II, X.C.3.b.(4)	MLR Reports that include total incurred claims; expenditures on quality improving activities; expenditures related to the compliance program as outlined in 42 CFR 438.608(a) & (b); taxes, licensing, and regulatory fees; methodology for allocation of expenditures; any credibility adjustment applied; the calculated MLR; any remittance owed to the State; a comparison report with the audited financial report required under 438.3(m); a description of the aggregation method used; and the number of member months.
42 CFR 438.604 Attachment II, X.C.3.b.(4)	Data, information, and documentation, such as encounter data, ownership and control information, overpayment recoveries annual reporting, or any other data, documentation, or information relating to the performance of the subcontractor's obligations required by the Managed Care Plan or State.
For Credentialing Subcontracts Only:	
Attachment II, X.C.3.b.(5)	The monitoring and oversight plan to provide assurance that all licensed medical professionals are credentialed in accordance with the Managed Care Plan's and the Agency's credentialing requirements as found in the SMMC Contract, which should include, at a minimum:
42 CFR 455.100-.106, 455.400-.470 Attachment II, VIII.C.2.a	All providers are eligible for participation in the Medicaid program.
Attachment II, VIII.C.2.b	Use the CAQH app ProView® application throughout the life of the agreement to collect data from providers as necessary to complete the credentialing process.

SMMC Contract Section	Subcontract Requirements
Attachment II, VIII.C.2.c	Process for ensuring all providers have a current provider agreement.
Attachment II, VIII.C.2.d	All providers are fully enrolled/on-boarded within 60 days and the date the full and complete provider application is received is indicated on the PNV file when requested.
42 CFR 438.602(b)(2) Attachment II, VIII.C.2.e	Process for terminating a network provider immediately upon notification from the state that the network provider cannot be enrolled, or the expiration of the 60 day period without enrollment of the provider and notifying enrollees of such.
1173(b), SSA Attachment II, VIII.C.2.f	Process for ensuring all providers have a NPI and providing such as part of the PNV submission.
409.907, F.S. Attachment II, VIII.C.2.g	Ensuring providers with a valid Limited Enrolled or Fully Enrolled agreement with the Agency are deemed as having met the following requirements: (1) Proof of provider's current license or authority to do business (2) No revocation, moratorium or suspension of provider's license (3) No sanctions imposed by Medicare or Medicaid (4) Disclosure of ownership and management, business transactions, and conviction of crimes (5) Level II background check
Attachment II, VIII.C.2.h	To receive payment for covered services, non-participating providers have a Medicaid ID in FMMIS.
Attachment II, VIII.C.2.i	If a provider does not successfully complete onboarding within 60 days and the delay is not caused by the plan or its subcontractor, payments may be recouped.
Attachment II, VIII.C.2.j	Credentialing and recredentialing procedure are in writing and include: (1) Formal delegations and approvals of the process (2) Designated credentialing committee (3) Identification of providers under its scope of authority (4) Process that verifies credentialing and recredentialing criteria in the SMMC contract (5) Approval of new providers and imposition of sanctions, termination, suspension, and restrictions on existing providers (6) Identify quality deficiencies that result in sanctions, termination, suspension and restrictions of a provider
Attachment II, VIII.C.2.k	Process for establishing and verifying additional credentialing and recredentialing criteria.
Attachment II, VIII.C.2.l	If a provider is currently suspended or terminated from Medicaid other than for purposes of inactivity, that provider is not eligible.
Attachment II, VIII.C.2.m	Provide for provider disclosures and notifications to the federal DHHS OIG and MPI.
Attachment II, VIII.C.2.n	Process for reporting suspected unlicensed ALFs and AFCH to the Agency and requiring provider do the same.
Additional Requirements for Transportation Subcontractors Who Credential:	
Attachment II, VIII.C.2.o.(1)	Process for drug and alcohol testing, safety standards, driver accountability, and driver conduct compliance.

SMMC Contract Section	Subcontract Requirements
Attachment II, VIII.C.2.o.(2)	Maintain vehicles and equipment in accordance with State and federal safety standards and the manufacturers' mechanical operating and maintenance standards for all vehicles used for transporting Medicaid enrollees.
Attachment II, VIII.C.2.o.(3)	Complies with applicable State and federal laws, including ADA and FTA regulations.
Attachment II, VIII.C.2.o.(4)	Process to immediately remove any vehicle that does not meet FDHSMV licensing requirements, safety standards, ADA regulations, or SMMC Contract requirements and re-inspect the vehicle before it is eligible to provide transportation services for Medicaid enrollees.
Attachment II, VIII.C.2.o.(4)	Vehicles are not to carry more passengers than the vehicle was designed to carry.
Attachment II, VIII.C.2.o.(4)	All lift-equipped vehicles must comply with ADA regulations.
Attachment II, VIII.C.2.o.(5)	Maintain sufficient liability insurance to meet requirements of Florida law.
Attachment II, VIII.C.2.o.(6)	Ensuring adequate seating for paratransit services for each enrollee and escort, child, or personal care attendant.
Attachment II, VIII.C.2.o.(6)	Ensuring personal property that can be stowed safely is transported with enrollee at no additional charge. This includes wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, and/or intravenous devices, within the capabilities of the vehicle.
Attachment II, VIII.C.2.o.(6)	Requires that each vehicle have posted the plan's toll-free number for complaints.
Attachment II, VIII.C.2.o.(6)	Requires the interior of all vehicles be free from dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal, or other objects or materials which could soil items placed in the vehicle or cause discomfort to the enrollee.
Attachment II, VIII.C.2.o.(6)	Prohibits smoking, eating, and drinking unless medical necessity requires enrollee to have fluids or sustenance during transport.
Attachment II, VIII.C.2.o.(6)	Requires all vehicles be equipped with two-way communications that are in good working order and audible to the driver at all times.
Attachment II, VIII.C.2.o.(6)	All vehicles have working air conditioners and heaters.
Attachment II, VIII.C.2.o.(7)	Complies with the minimum liability insurance requirement of \$200,000 per person and \$300,000 per incident for all services. The plan indemnifies and holds harmless the local, state, and federal governments and their entities and the Agency from any liabilities arising out of or due to an accident or negligence on the part of the plan or transportation providers.
Attachment II, VIII.C.2.o.(8)	Maintains a passenger/trip database that includes information for each enrollee it transports.
Attachment II, VIII.C.2.o.(9)	Requires boarding assistance, if necessary or requested, to the seating portion of the vehicle, including opening the door, fastening the seat belt or wheelchair securing devices, storing mobility assistive devices, and closing doors.
Attachment II, VIII.C.2.o.(10)	Requires providers provide shelter, security, and safety of enrollees at vehicle transfer points.
Attachment II, VIII.C.2.o.(11)	Requires providers provide pick up from and return to a mutually agreed-upon location for the enrollee and associated attendant/escort.
Attachment II, VIII.C.2.p	All vehicles used for transportation services receive annual safety inspections, and all drivers have passed background checks and meet all qualifications specified in law and rule.

SMMC Contract Section	Subcontract Requirements
For Plans Who Have a MMA LOB, Additional Requirements for Credentialing Subcontracts Only:	
Exhibit II-A, VII.C.2.a.(1)	Process to verify physicians have good standing of privileges at the hospital designated as the primary admitting facility by the physician or, if the physician does not have admitting privileges, good standing of privileges at the hospital by another physician with whom the physician has entered into an arrangement for hospital coverage.
Exhibit II-A, VII.C.2.a.(2)	Process to verify physicians have Valid Drug Enforcement Administration certificates, where applicable.
Exhibit II-A, VII.C.2.a.(3)	Process to verify physicians have an attestation that the total active patient load (all populations, including but not limited to Medicaid FFS, Children’s Medical Services, SMMC plans, Medicare, KidCare, and commercial coverage) is no more than three thousand (3,000) patients per physician. An active patient is one that is seen by the provider a minimum of two (2) times per year.
Exhibit II-A, VII.C.2.a.(4)	Process to verify physicians have a good standing report on a site visit survey. For each provider, documentation in the credentialing files regarding the site survey that include: (a) Evidence that the Managed Care Plan has evaluated the provider's facilities using the Managed Care Plan's organizational standards; (b) Evidence that the provider’s office meets criteria for access for persons with disabilities and that adequate space, supplies, proper sanitation, smoke-free facilities, and proper fire and safety procedures are in place; and (c) Evidence that the Managed Care Plan has evaluated the provider's enrollee record keeping practices at each site to ensure conformity with the Managed Care Plan's organizational standards.
Exhibit II-A, VII.C.2.a.(5)	Process to verify physicians have an attestation to the correctness/completeness of the provider's application.
Exhibit II-A, VII.C.2.a.(6)	Process to verify physicians have Statement regarding any history of loss or limitation of privileges or disciplinary activity as described in s. 456.039, F.S.
Exhibit II-A, VII.C.2.a.(7)	Process to verify physicians have a statement from each provider applicant regarding any physical or behavioral health problems that may affect the provider's ability to provide health care and any history of chemical dependency/substance abuse.
Exhibit II-A, VII.C.2.a.(8)	Process to verify physicians have current curriculum vitae or completed credentialing application, which includes at least five (5) years of work history.
Exhibit II-A, VII.C.2.a.(9)	Process to verify physicians have proof of the provider's medical school graduation, completion of residency or other postgraduate training. Evidence of board certification shall suffice in lieu of proof of medical school graduation, residency, and other postgraduate training, if applicable.
Exhibit II-A, VII.C.2.a.(10)	Process to verify providers are recredentialed at least every three (3) years using information from ongoing provider monitoring.
Exhibit II-A, VII.C.2.b.	Process to verify physicians have evidence of specialty board certification, if applicable.
Exhibit II-A, VII.C.2.c.	Process to verify hospital ancillary providers are not required to be independently credentialed if those providers serve Managed Care Plan enrollees only through the hospital.

For Plans Who Have a MMA LOB Physician Incentive Plan Only:	
<p>42 CFR 422.208(c)(1) 42 CFR 438.3(i)</p> <p>Exhibit II-A, X.C.2.</p>	<p>Includes a statement that the Managed Care Plan shall make no specific payment directly or indirectly under a physician incentive plan to a subcontractor as an inducement to reduce or limit medically necessary services to an enrollee, and affirmatively state that all incentive plans do not provide incentives, monetary or otherwise, for the withholding of medically necessary care. If the physician incentive plan places a physician or physician group at substantial financial risk for services that the physician or physician group does not furnish itself, the Managed Care Plan shall assure that all physicians and physician groups at substantial financial risk have either aggregate or per-patient stop-loss protection in accordance with 42 CFR 422.208(c)(2).</p>
For LTC LOB Fiscal/Employer Agent Contract Only:	
<p>Exhibit II-A, X.C.2.</p>	<p>The Managed Care Plan or its subcontractor shall perform all F/EA responsibilities as specified in the Participant Direction Option Manual, as provided by the Agency.</p>
Other Requirements:	
<p>Section 119.0701, F.S.</p> <p>Attachment II, XV.K.1.</p>	<p>To include the following audit and record keeping requirements in all approved subcontracts and assignments: To comply with public record laws as outlined in Section 119.0701, Florida Statutes.</p> <p>Note: Other requirements as mentioned in C.1., 2., 3., & 5., are covered in Attachment II Section VIII.B. (see applicable checklist items).</p>
<p>Section 274A [8 U.S.C. 1324a], Immigration and Nationality Act</p> <p>Attachment II, XV.O.</p>	<p>To comply with Section 274A (e) of the Immigration and Nationality Act, the Agency will consider the employment of any contractor of unauthorized aliens a violation of this Act. If the Vendor knowingly employs unauthorized aliens, such a violation shall be cause for unilateral cancellation of this Contract. The Vendor shall be responsible for including this provision in all subcontracts with private organizations issued as a result of this Contract.</p>
<p>8 CFR 274a.2</p> <p>XV.P.</p>	<p>The Immigration Reform and Control Act of 1986 prohibits employers from knowingly hiring illegal workers. The Vendor shall only employ individuals who may legally work in the United States (U.S.) - either U.S. citizens or foreign citizens who are authorized to work in the U.S. The Vendor shall use the U.S. Department of Homeland Security's E-Verify Employment Eligibility Verification system, https://e-verify.uscis.gov/emp, to verify the employment eligibility of all new employees hired by the Vendor during the term of this Contract and shall also include a requirement in its subcontracts that the subcontractor utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor performing work or providing services pursuant to this Contract.</p>