



Welcome to LCP's Vendor Network.

We value our vendor partners as an extension of our service to deliver an exceptional customer experience for our passengers, programs, and the communities that we serve.

We have a team dedicated to support our vendor questions and look forward to working together as leaders in Non-Emergency Medical Transportation (NEMT).

LCP's dedicated team is here to support you as our vendor partner. Please utilize the contact numbers and emails below to assist you.

LCP Transportation Office Line (Members): (317) 291-9318

LCP Transportation Office Line (Vendors & Drivers): (765) 566-7204 Opt. 1 – No Shows/Courtesy Calls

Opt. 2 – Scheduling

Vendor Relations / Compliance: Phone: <u>LCP's office line - Vendor Relations ext. 101</u>

Compliance ext. 146

Claims Processing: Email: <a href="mailto:vendorsupport@lcptransportation.com">vendorsupport@lcptransportation.com</a>
Phone: <a href="mailto:LCP's office line - ext. 314 or ext. 312">LCP's office line - ext. 314 or ext. 312</a>

Email: vendorclaims@lcptransportation.com



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#### INTRODUCTION

**LCP Transportation LLC.,** established in 1998, is a valued partner for many national Managed Care Entities (MCEs) to provide quality and efficient transportation management to Medicaid members throughout Indiana. We provide non–emergency medical transportation (NEMT) by utilizing our own fleet and our valued vendor partner network.

Our Mission is to provide effective transportation solutions that enhance the quality of life for the communities we serve through innovative, practical, and efficient services.

We look forward to building a relationship with you to create and maintain the highest level of service as a partner within our network.

## Member Eligibility

In order to verify eligibility for NEMT services, members are instructed to contact LCP's centralized Call Center Team at office phone#: (317) 291-9318. LCP's Customer Service Representative 1) confirms member's eligibility under the plan 2) Obtains the covered facility the member is traveling to, and 3) schedules the advanced service(s) for the member's transportation.

LCP main office hours are from Monday – Friday 8:00 a.m. to 8:00 p.m. Eastern Standard Time. However, LCP has a twenty-four (24) hour staff to receive calls outside of regular office hours.

Our team works hard to fulfill our member's service needs and client obligations to remain compliant with our contractual agreements. Please let LCP be the main point of contact for our members. This will avoid members obtaining vendor's personal numbers from your drivers, calling your office, and getting involved with issues that must be managed by LCP. LCP records and documents all calls in order to track and report information for quality assurance.

## Transportation Providers - Credentialing

To properly service the needs or our clients and members, LCP Transportation has established a network of qualified, licensed, and insured transportation providers offering several levels of services. We are continually in search of new vendors p and focus on building long lasting partnerships as a diverse and inclusive team to strengthen our programs success. LCP Transportation operates under the philosophy that encourages and fosters individual rights and equal opportunity for all and maintains an environment of social and business responsibility that responds to the needs of our employees, customers, vendors, members applicants, contractors, and subcontractors.

The provider manual has been developed to assist current and new Transportation Providers with policies and procedures outlined for LCP's Network and to communicate program and service obligations. As part of the vendor agreement with LCP, you have agreed to abide by all terms and conditions within this manual.

The below checklist are the credentialing requirements to join LCP's provider network. Our team is available to support and assist you during this process. You may contact us by email: : <a href="mailto:vendorsupport@lcptransportation.com">vendorsupport@lcptransportation.com</a> or by phone (317) 412-9781 ext. 555 to answer your questions.

LCP – Transportation Provider Manual Revised September 2020



| Pro | vider Credentialing Checklist   |
|-----|---|
|     | IHCP Enrollment Letter  |
|     | Transportation Authority Certificate/Certificate of Convenience & Necessity/Taxi License  |
|     | - Transportation Authority Certificate renews annually (expires Dec. 31st).   |
|     | - Certificate of Convenience and Necessity usually never expire.  |
|     | Taxi License usually never expire / each city has its own requirements.   |
|     | Once you provide the above requirements, I will contact you to review the additional items  |
|     | Non-Emergency Medical Transportation (NEMT) Agreement (Initialed and signed)  |
|     | Copy of LCP's vendor agreement will be provided upon returning the above 2 requirements. If rates   |
|     | differ, attach amendment to agreement w/new rates (including taxi rates). Revised vendor agreement  |
|     | will be sent for initials & signature; providing fully executed copy.   |
|     | Acord Certificate of Liability Insurance: The below information must be included on the Certificate   |
|     | - In the Certificate holder box, you must include LCP Transportation, LLC.  |
|     | - In the Description of Operations / Locations / Vehicles box, you must include the following: "LCP Transportation, LLC. is named as an additional insured. Thirty (30) day notice of cancellation will |
|     | be given for any reason including non-payment of premiums."   |
|     | Workers Compensation Clearance Certificate (if not covered on insurance)  |
|     | workers compensation clearance certificate (if not covered on insurance)  |
| П   | Profile Sheet   |
|     | Frome Sheet   |
|     | Driver & Vehicle logs   |
|     | briver & verific togs   |
|     | Disclosure of Ownership   |
|     | Annual Attestation Report   |
|     | - Included in the agreement   |
|     | - Updated annually (expires Dec. 31st)  |
|     | Site Inspection   |
|     | Vehicle Inspection  |
|     | W9  |
|     | Deposit Form  |
|     | OIG/SAM Report  |
|     | - After initially provided, must submit monthly on the 6 <sup>th</sup> of each month.   |
|     | Background Reports, drug and alcohol checks, Motor Vehicle Report, Copy of Driver's License   |
|     | (Owners, Drivers)   |
|     | - National Criminal Background Check (include National, State & Sex Offender)   |
|     | - 10 panel Drug Screen & alcohol screening (drug testing must include alcohol (ethanol) screen).  |
|     | <ul> <li>Motor Vehicle Report (MVR)</li> <li>Provide copy of Driver's License.</li> </ul>   |
|     | HIPAA & FWA Training Material & Acknowledgement   |
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### LCP Responsibilities and Requirements

- 1. LCP will assign transportation provider to their vendor portal with as much lead time as possible; typically, 72 hours in advance. Urgent care and same day trips will receive notification of 24 hours or less and will include a second form of communication to vendor; such as a phone call or email.
- 2. LCP will complete an on-boarding session with new vendors which will include one on one session instructions and reference material of LCP's vendor portal, review of transportation guidelines and training, provider policies and procedures, forms and reporting requirements, invoicing instructions, vehicle/site inspection overview and completion as well as LCP's organization structure and contacts for support and assistance to ensure successful start of services and continued support as valued partner.
- 3. LCP will inform transportation provider of member's special accommodations needed during service by providing icon indicators on trips and/or adding notes within the trip assignment (i.e. wheelchair ramp, door to door service, urgent care).
- 4. LCP will place courtesy calls to members within 48 hours of scheduled service.
- 5. LCP will notify transportation provider of trip cancellation immediately after cancellation request is received by LCP's call center.
- 6. LCP will process vendor invoices (clean claims) at a minimum of twice a month; on the 6<sup>th</sup> and 22<sup>nd</sup> (unless pay dates fall on a weekend and/or holiday at which time payment will be processed the next business day).

## Billing and Rates

Transportation provider will bill according to the contractually authorized rate within their LCP Vendor Agreement. Transportation provider will not bill in excess of those rates for overtime, holidays, or any other circumstances. Rates may only be modified by mutual written agreement of both transportation provider and LCP.

Some rates may be reimbursed at a negotiated rate if, such rate is determined prior to transportation by the parties and agreed upon and noted in writing by LCP.

Transportation provider's mileage must be billed in accordance with the IHCP Handbook for Transportation Services. Billing of excess mileage is not permitted. Transportation Provider's mileage is subject to audit. If it is determined that excessive mileage has been charged, the claim will be adjusted and could result in potential suspension or termination of the vendor agreement as well as reported to the appropriate authorities.

#### **Combined Trips:**

Ref: http://provider.indianamedicaid.com/media/155589/transportation%20services.pdf

When <u>two or more members</u> are transported simultaneously from the same county to the same vicinity for medical services, the second and subsequent member transported for medical services in a single CAS or NAS vehicle is reimbursed at one-half the base rate. The full base code, mileage, and waiting time are reimbursed for one member (longest distance). **LCP will reimburse \$5.00** for each additional rider (member) with a scheduled trip number. For example, no mileage should be billed in conjunction with T2004 - Non-emergency transport; commercial carrier, multi-pass, individualized service provided to more than one patient in the same setting."



#### **Linked Trips:**

When two or more members transported from same residence to same facility. The full base rate, mileage, and waiting time are reimbursed for one member. LCP will reimburse \$5.00 for each additional rider (member) with a scheduled trip number.

#### **POLICIES**

The policies that govern the NEMT program are provided as they pertain to confidentiality, legal compliance, insurance, vehicle standards and inspections, driver & employee requirements and record keeping. These policies; however, are not all inclusive and may be subject to change at the discretion of LCP Transportation.

## Confidentiality & Legal Compliance

The transportation provider may receive personal or medical information relating to the members receiving NEMT services. The information received from LCP about members may be considered Protected Health Information (PHI). This includes member's name, contact information, pick-up and drop off location, Medicaid number and information about member's health care providers.

As soon as a transportation provider receives or has access to PHI, it may become subject to the regulations set forth in the Health Insurance Portability and Accountability Act (HIPAA) to protect the confidentiality, integrity, and availability of this information. Additional information regarding transportation providers' obligations under HIPAA are included in the vendor agreement, Business Associate Agreement (BAA) and credentialing requirements for training and acknowledgement. By entering into the agreement with LCP, you have agreed to safeguard the use and disclosure of member PHI in accordance with HIPAA and any other applicable federal and state statutes and regulations. Transportation providers also agree to employ appropriate security measure in transmitting member information, whether verbal or written, via email, fax, phone, etc., as well as to refrain from discussions and/or from releasing any information without the prior consent of LCP.

Per HIPAA, PHI can only be shared with a limited set of individuals, including the member, the medical provider, the member's consented personal representative, and contracted providers such as LCP. As a transportation provider, use of this information must be restricted to only those uses directly connected with the services you provide to LCP.

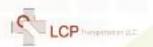
A transportation provider's entire workforce must complete and acknowledge initial HIPAA training prior to performing any service with LCP. This includes owners, management, supervisors, dispatchers, drivers, billing clerks and other office staff.

Failure to safeguard member information can result in termination of the vendor service agreement as well as civil fines, penalties, and/or criminal prosecution.

Transportation providers must at all times be compliant of all applicable local, state, and federal laws and regulations and hold in good standing any and all required licenses and certifications.

Furthermore, providers must remain compliant with:

- All applicable federal, state, and local transportation safety standards.
- LCP Transportation's policies and procedures.



- All applicable industry and accreditation standards relating to the maintenance of vehicles and equipment, passenger and wheelchair accessibility, availability, functioning of seat belts, etc....
- Standards established by the State Department of Transportation (DOT) as well as any city or county in which the provider operates.
- Enrollment and certification requirements of the Indiana Health Coverage Programs (IHCP)
   https://portal.indianamedicaid.com/hcp/provider/Home

As part of LCP's service to its Clients, LCP oversees payment to the transportation providers. Therefore, any questions or claims processing should be directed to LCP claims department.

Transportation providers may not seek any type of compensation, remuneration or reimbursement, or have any recourse against any member, client, or parties other than LCP for their transportation services associated with LCP Transportation.

#### Insurance

Transportation providers are required to obtain and maintain, at their sole expense, worker's compensation, auto liability and general commercial liability insurance.

Insurance coverage will be in the amounts that are industry standards, applicable laws, rules, and regulations and are acceptable to LCP Transportation and Client, the minimum amounts of which is provided below:

- Worker's Compensation: Shall be statutory for the state in which services are rendered; including a Workers Compensation Exemption Clearance Certificate for Sole Proprietor, Partnerships, and LLCs when applicable (Go to www.in.gov for more information).
- Liability insurance: should be no less than one million five hundred thousand (\$1,500,000) in coverage. (Note: Not for Profits may abide by the IHCP guidelines for insurance coverage) transportation Provider, at its sole cost and expense, shall procure and maintain such policies of comprehensive general and automobile liability insurance, which policies shall include property damage, agreement liability, and completed products coverage; and Workers Compensation insurance and other insurance, as may be required by LCP, as shall be necessary to insure it and its employees and agents against any claim or claims for damages arising from performance of any service by NEMT Providers in connection with this Agreement. The limits of all such insurance shall be in such form and coverage amounts as may be determined by LCP, and which may be amended by LCP upon notice to Transportation Provider, and shall, at a minimum, be in compliance with LCP's contractual requirements with its Client; and in compliance with all Federal, State and local insurance requirements for the jurisdiction in which transportation services are rendered.
- LCP Transportation, LLC. listed as additional insured.
- Notation of the following must be noted on the Acord Certificate of Insurance: Thirty (30) day notice of cancellation will be given for any reason including non-payment of premiums."

Acord certificates of insurance must be provided to LCP prior to beginning transportation services and maintain for compliance prior to expiration date and at any other time requested by LCP.



## Records and Reports / Manifest Log

Records and reporting requirements are necessary as part of LCP's vendor network for invoicing and compliance purposes.

#### **Daily Reports**

- Upon completion of passenger(s) transport, drivers must complete a manifest log with driver's and member's signature. All manifest(s) are required to include the below information and must be submitted with vendor's invoice to qualify as a clean claim.
  - Date of service;
  - Driver's name;
  - Driver's signature;
  - Name of escort or accompanying adult (for members under age eighteen (18) and relationship to member (if applicable);
  - Vehicle Identification Number (VIN);
  - Member's name:
  - The NEMT provider's name;
  - Confirmation number;
  - Mode of transportation;
  - Actual begin time (from the base station) for the time zone applicable to the starting location;
  - Scheduled pick-up time for the time zone applicable to the pick-up location;
  - Actual pick-up location and time for the time zone applicable to the pick-up location;
  - Actual departure time from pick-up location for the time zone applicable to the pick-up location;
  - Actual destination and time for the time zone applicable to the destination;
  - Actual number of wheelchairs, escorts, and accompanying adults;
  - Odometer readings at each point of pick-up and of drop-off;
  - Notes associated with the trip
  - Vendor must provide LCP with a list of all combined trips with each invoice.

#### **Monthly Reports**

- OIG/SAM Verification and acknowledgment reports must be submitted to LCP monthly, on or before the 6th of each month.
- Driver/Vehicle List must be submitted by the 6<sup>th</sup> of each month.

#### **Bi-Annual Reports**

 Background, MVR and 10-panel drug and alcohol screen are required for all drivers bi-annually based on previous report date.

#### **Annual Reports**

- Transportation Authority (Intrastate motor carrier safety and insurance registration receipt or taxi permit) are due annually prior to the expiration date.
- Acord Certificate of Insurance and workers compensation insurance or clearance certificate are due annually prior to the expiration date.
- HIPAA & Fraud Waste & Abuse Training and Acknowledgement are due annually from the previous signature date.



## Manifest Log

| 2:         |              |                 |                            |               | Vendo                    | r Nam              | ne                     |                               | Name (PRINTED):         |                   |
|------------|--------------|-----------------|----------------------------|---------------|--------------------------|--------------------|------------------------|-------------------------------|-------------------------|-------------------|
|            |              |                 | _                          |               |                          |                    |                        |                               | nivers s signature      |                   |
|            |              | Only the same I |                            | on the same   | e sheet (EI:             | if 1st tri         | ip is MH               | HS HCC 2nd trip mu            | st also be MHS H        | CC)               |
|            |              |                 | MHS                        |               |                          |                    |                        |                               | CareSource              |                   |
| MCE:       | □MHS         | □MHS            | HCC                        | □M⊦           | HS HIP 2.0               |                    |                        | ☐ Care Source H               | IP I                    | ☐ Care Source HHW |
|            | ☐ Dual Advar | ntaage          | ☐ One-Way                  | Round         | Γrip □ Halfv             | vay                | Wa                     | ait Time:                     | ☐ No Show               | Military time     |
| Trip ID:   |              |                 | Combined                   | d with Trip # |                          |                    |                        |                               | Cancelled               | Military time     |
| Member Nan | ne           |                 | Link with                  | Trip#         |                          |                    |                        |                               | Dispatcher's Name       |                   |
| 1st Los    | Start City   | End City        | Start Time                 | P/U Time      | D/O Time<br>Militay Time | Odor               | Start<br>meter Reading | Beginning<br>Odometer Reading | End<br>Odometer Reading | Member Signature: |
| 1st Leg    |              |                 |                            |               |                          |                    |                        |                               |                         |                   |
|            |              |                 |                            |               |                          | Total<br>Unloaded: |                        | Total<br>Loaded:              |                         |                   |
| 2nd Leg    | Start City   | End City        | Start Time                 | P/U Time      | D/O Time<br>Militay Time | Odor               | Start<br>meter Reading | Beginning<br>Odometer Reading | End<br>Odometer Reading | Member Signature: |
| ziiu Leg   |              |                 |                            |               |                          |                    |                        |                               |                         |                   |
|            |              |                 |                            |               |                          | Total<br>Unloaded: |                        | Total<br>Loaded:              |                         |                   |
|            |              |                 | □ One-Way                  | ☐ Round 1     | Trip □ Halfv             | wav                | w.                     | bit Time:                     | ☐ No Show               | Military time     |
| Trip ID:   |              |                 | Combined                   |               | пір Шпану                | way                |                        | at time.                      | □ Cancelled             | Military time     |
| Member Nan |              |                 | Link with                  |               |                          |                    | -                      |                               | Dispatcher's Name       | wintary unic      |
| Member Nan |              | End City        | Start Time                 | P/U Time      | D/O Time                 |                    | Start<br>meter Reading | Beginning<br>Odometer Reading | End<br>Odometer Reading | Member Signature: |
| 1st Leg    | Start City   | End City        | Militay Time               | MilitayTime   | Militay Time             | Oder               | meter Reading          | Odometer Reading              | Odometer Reading        | -                 |
|            |              |                 |                            |               |                          | Total              |                        | Total                         |                         |                   |
|            | Start City   | End City        | Start Time<br>Militay Time | P/U Time      | D/O Time                 | Unloaded:          | Start<br>meter Reading | Beginning<br>Odometer Reading | End<br>Odometer Reading | Member Signature: |
| 2nd Leg    | Start City   | Life City       | Militay Time               | MilitayTime   | Militay Time             | Odor               | meter Reading          | Odometer Reading              | Odometer Reading        |                   |
|            |              |                 |                            |               |                          | Total              |                        | Total                         |                         | -                 |
|            |              |                 |                            |               |                          | Unloaded:          |                        | Loaded:                       |                         |                   |
|            |              | OFFICE USE C    | NIY                        |               |                          |                    |                        |                               | Drivers Notes           |                   |
|            |              | 011102 002 0    |                            |               |                          | □Det               | four                   |                               | D. Mela Hotea           |                   |
|            |              |                 |                            |               |                          |                    |                        | pick-up/drop off              |                         |                   |
|            |              |                 |                            |               |                          |                    |                        | pron-aprairop on              |                         |                   |
|            |              |                 |                            |               |                          |                    | turn Cand              | celled                        |                         |                   |
|            |              |                 |                            |               | ☐ Halfway Driver Name :  |                    |                        |                               |                         |                   |
|            |              |                 |                            |               | I                        |                    | me:                    |                               |                         |                   |
|            |              |                 |                            |               |                          | _ '''              | ioo ivdii              |                               |                         |                   |
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|            |              |                 |                            |               |                          | ı                  |                        |                               |                         |                   |

### **DRIVERS & STAFF**

Transportation provider must submit a detailed and complete employee/driver list at the time of initial onboarding with LCP. Each month thereafter, vendor must submit an Employee Status Form and Checklist each time a driver is added and/or deleted along with an update employee list each month. Newly added drivers are to first be approved with all required credentialing information noted on checklist prior to transporting with LCP. Information required for each driver will include; driver's name, date of birth, date of hire, drivers license number, and employment status.

#### **Driver List Form**

| rovider Name:<br>river Name | Date of Birth |              | Date:                   |  |  |  |
|-----------------------------|---------------|--------------|-------------------------|--|--|--|
|                             | Date of Birth | Date of Hire | Driver's License Number | Initial List Provided/New Hire/Termination |  |  |
|                             |               |              |                         |  |  |  |
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#### Employee Status Notification / Credentialing & Compliance Checklist

(Reporting: New Hires, Terminations & Current Employee Information & Compliance Requirements)

To enroll and maintain compliance as a vendor partner for LCP Transportation, vendors must complete the below form and fulfill the credentialing and compliance requirements for all company staff and drivers. All information can be emailed to: vendorsupport@lcptransportation.com

#### New Hire /Termination Information

| Vendor Company Name:  |                               |                                  |           |        |
|---|-------------------------------|----------------------------------|-----------|--------|
| Employee Full Name:   |                               |                                  |           |        |
| Employee Status:  | nt 🗆 Terminated               | Status Date:<br>(Hire/Term Date) | /         | /      |
| Transporting Start Date:<br>(First Day to Transport for LCP)  | / /                           |                                  |           |        |
| Date of Birth:  | / /                           | Driver's License #:              | Exp: /    | /      |
| Job Position / Title:   | ☐ Driver ☐ Office (If Offi    | ce employee, list pos            | ition):   |        |
| Checklist - Credential  | ling and Compliance Requiren  | nents & Timelines                |           |        |
| New Hire (Driver):  | 24 Hrs./Prior to Transporting | Monthly (6th Day)                | Bi-Annual | Annual |
| Form Completion Information (Top Section):  | -                             |                                  |           |        |
| National Criminal Background Check (include<br>National, State & Sex Offender)  | -                             |                                  |           |        |
| 10 Panel drug & alcohol (ethanol) test:   | -                             |                                  |           |        |
| Motor Vehicle Report (MVR):   | -                             |                                  |           |        |
| Copy of Driver's License  | -                             |                                  |           |        |
| OIG/SAM Report & Acknowledgement  | -                             |                                  |           |        |
| HIPAA Training & Acknowledgement  | -                             |                                  |           |        |
| FWA Training & Acknowledgement  | -                             |                                  |           |        |
|   |                               |                                  |           |        |
| Current Employee (Driver):  | 24 Hrs./Prior to Transporting | Monthly (6th Day)                | Bi-Annual | Annual |
| 1 <sup>st</sup> Report - <u>National Criminal Background Check</u><br>(include National, State & Sex Offender)<br>2 <sup>rd</sup> Report- <u>Background Check</u> (Indiana my case site)<br>https://public.courts.in.gov/mycase/#/vw/Search |                               |                                  | `         |        |
| 10 Panel drug & alcohol (ethanol) test:   |                               |                                  | 1         |        |
| Motor Vehicle Report (MVR):   |                               |                                  | 1         |        |
| OIG/SAM Report & Acknowledgement  |                               | -                                |           |        |
| HIPAA Training & Acknowledgement  |                               |                                  |           | -      |
| FWA Training & Acknowledgement  |                               |                                  |           | -      |
|   |                               |                                  |           |        |
| New or Current Employee (Office):   | 24 Hrs./Prior to Transporting | Monthly (6th Day)                | Bi-Annual | Annual |
| Form Completion information (Top Section):  | 1                             |                                  |           |        |
| OIG/SAM Report & Acknowledgement  |                               | -                                |           |        |
| HIPAA Training & Acknowledgement  |                               |                                  |           | -/     |
| FWA Training & Acknowledgement  |                               |                                  |           | 1      |
|   |                               |                                  |           |        |

Background checks completed on my case: https://public.courts.in.gov/mycase/#/vw/Search

Drivers can not have any felony on background check (must be dismissed or expunged).

Backgrounds for current employee = 1" Background report - must be an ordered report / 2" Background can be completed through My Case



## Criminal Background and Motor Vehicle Check (MVR)

Potential drivers must submit to a national criminal background check and a motor vehicle check (MVR). Drivers must be verified as not having been convicted of any crimes against other people or of any drug or alcohol related offenses. Additionally, driver background checks must pass the terms noted below. Any exceptions to this rule can only be made with consent from LCP.

If the criminal background record is positive in any of the following, driver shall not provide service to LCP:

- General
  - Less than 21 years of age.
  - Less than two years of continuous driving experience within the United States.
  - Inability to obtain auto insurance.
- Regardless of when it occurred:
  - Conviction involving physical harm or attempted physical harm to a person.
  - Conviction involving offense or attempted offense involving or against a child.
  - Conviction involving offense or attempted offense against an elderly person, person with a disability, or Long-Term Care Facility Resident.
  - Conviction for an offense related to or involving use of firearm.
  - Conviction or an offense or attempted offense involving fraud, identity theft, financial exploitation, computer tampering, deceptive practices, forgery, or theft.
  - Conviction for an offense related to reckless driving, OVI/DUI or reckless homicide while operating a motor vehicle.
  - Felony conviction of any type.
  - Any suspension or revocation of driver's license that is driving related, in any jurisdiction.
- Within the past five years
  - Conviction for any traffic crime (including, but not limited to; driving under the influence, reckless driving, attempting to elude a police officer, leaving the scene of an accident).
  - Any combination of serious traffic infractions and accidents (i.e. two accidents and three moving violations).
- Within the past 12 months
  - More than two serious traffic infractions of any kind.
  - More than four traffic infractions of any kind.
  - More than three motor vehicle accidents.

Driving record verification must consist of a three-year personal driving record check and a three-year commercial or business driving record check, or a five-year combined check. Out-of-state driving records must be reviewed if a driver has not been a resident of Indiana for all of the past ten years, or a driver held an out of state driver's license during the past ten years.

## OIG/SAM Screening/Reporting

All transportation provider staff performing service to LCP Transportation under the vendor agreement, must also undergo exclusion screenings during initial screening as a provider and on a monthly basis (by the 6<sup>th</sup> day of each month). This includes owners, management, supervisors, billing, office staff, drivers, and attendants. These individuals must:

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- Not be listed as an excluded persons on the U.S. Department of Health and Human Services, Officer
  of Inspector General (OIG)'s list of Excluded Individuals and Entities currently available on the
  website: <a href="http://exclusions.oig.hhs.gov">http://exclusions.oig.hhs.gov</a>
- Not be listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal procurement or Non-procurement Programs currently found on the website: https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf

### **Drug Testing**

Transportation providers must additionally establish a drug-free workplace policy statement and a substance abuse management and testing program. This testing must be performed prior to hire, on a biannual basis, after an accident, and whenever reasonable suspicion is found. Testing will include a ten (10) panel drug screen, which shall mean a urine based drug test that screen for the use of Amphetamines, Barbiturates, Benzodiazepines: including Valium, Restoril, , Xanax, and Librium, Cocaine, Methadone, Methaqualone, Marijuana, Opiates, and Phencyclidine (PCP), and Propoxyphene (Darvon) and alcohol screen.

#### Driver's License

Drivers must have an appropriate and valid state driver's license and at least two (2) years of continuous driving experience in the United States.

A driver who receives a notice of license suspension, cancellation or revocation must inform their transportation provider of the contents of the notice immediately or no later than the end of the business day after receiving the notice. Transportation provider must notify LCP Transportation in writing within one (1) business day.

LCP reserves the right to submit requests for information to various state Department of Motor Vehicles (DMV) on certain or all drivers used in the network.

## **Training**

Transportation providers must train their employees in the understanding of NEMT services in general, its reporting forms, vehicle operation, requirements for fraud, abuse reporting and the geographic area in which provider will perform service. All employees must be trained in the understanding of service expectations set forth in the Vendor Agreement and this Provider Manual. Provider must be trained in understanding established procedures for providers and drivers in the event that the member needs emergency care during the ride.

In addition, transportation provider's entire staff must undergo the following training prior to transportation provider accepting or performing services for LCP Transportation:

HIPAA Privacy and Security Training: HIPAA training is required upon hire and on an annual basis.
 Such training is required for the transportation provider's entire workforce including office staff, executives, management, and drivers. LCP offers HIPAA training material and acknowledgement.
 Each employee is required to review and acknowledge all contents of the material and return to LCP.



Fraud Waste and Abuse Training: Medicaid Fraud, Waste, and Abuse (FWA) training is required
upon hire an on an annual basis. This training is required for provider's entire workforce including
office staff, executives, management, and drivers. LCP offers FWA training material and
acknowledgement. Each employee is required to review and acknowledge all contents of the
material and return to LCP.

Additionally, before allowing new drivers to drive unsupervised, transportation providers must train and test their drivers to demonstrate and ensure that each has the adequate skills and capabilities to safely operate each type of vehicle or vehicle combination. Transportation providers must provide drivers with explicit instructional and procedural training and testing in the following areas as well:

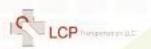
- Safety and operational policies and procedures as set forth in the Indiana Transportation Handbook.
- Briefing about the program, its reporting forms, and the geographical are in which they will be performing service.
- Operational vehicle and equipment inspections.
- Familiarization with vehicle equipment.
- Basic operations and maneuvering.
- Boarding and safety for passengers.
- Operation of wheelchair lift and other special equipment and driving conditions.
- Defensive driving.
- Passenger assistance and securement.
- Awareness and handling of emergency and security threats.

Transportation provider must also provide their driver with written operational and safety procedures addressing the following:

- Communication and handling of unsafe conditions, security threats and emergencies.
- Familiarization and operation of safety and emergency equipment, wheelchair lift equipment and restraining devices.
- Application and compliance with applicable federal and state rules and regulations.
- Procedures for reporting abuse and neglect.

## Other Driver Requirements

- All drivers must at least 21 years of age and possess a current valid Indiana driver's license. LCP
  provides continued monitoring of drivers and vendors according to contract, state, and federal laws
  for driver accountability (42 CFR 455.106).
- Drivers shall not have any prior convictions for sexual abuse, barrier crimes, or crimes of violence. These checks should be made prior to providing services.
- No driver shall use alcohol, narcotics, illegal drugs, or drugs that impair the ability to perform while on duty. Each employee must be screened prior to employment for drug use and be subject to random drug screening due to post accident reasonable suspicion.
- Drivers should be checked annually that he/she does not appear on the Sexual Offender Registry in all 50 states.
- No driver should be convicted on a criminal offense related to the driver's involvement with Medicare, Medicaid, or the Federal Title XX services program.



- Driver must immediately notify the Vendor if a driver is arrested for, charged with, or convicted of a criminal offense that would disqualify the driver.
- All drivers shall be neat and clean in appearance and courteous, patient, and helpful to members.
- All drivers shall display photo Identification in visible site of the vehicle; name patches, inscription or badges are to be affixed to the drivers clothing.
- All drivers must be compliant by providing the below items to LCP Transportation.
  - HIPAA & Fraud Waste & Abuse Training and Acknowledgement at time of hire and annually.
  - Background, MVR and 10-panel drug and alcohol screen at time of hire and bi-annually
  - OIG/SAM Verification at the time of hire and monthly, by the 6th of each month.
  - Driver List (updated with any changes to staff).

#### **VEHICLES**

As part of the application and onboarding process, transportation provider must complete a detailed vehicle list and provide to LCP. Only vehicles on the list may be used for any service provided to members. This list must be updated continually and resubmitted any time a change in occurs such as adding a vehicle, updating information about a vehicle or when a vehicle is removed from service. Regardless of such changes a fully current fleet roster is to be submitted monthly. Provider may utilize only its own leased or owned vehicles and shall not sublet, subcontract, or arrange for transportation under this agreement from any third party.

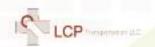
Provider shall comply with the appropriate federal, state, and local transportation safety standards regarding passenger safety and comfort. Provider shall ensure that every vehicle operating in connection with the vendor agreement is in first class operating condition and shall be maintained in this condition throughout the life of the Agreement.

Any vehicle found non-compliant with applicable local or state inspection standards, including, but not limited to, licensing requirements, operating authorities, safety standards, state highway and/or transportation department requirements, ADA regulations, or other State or Federal laws or regulations shall be immediately removed from service and shall pass a re-inspection before it may be used to provide transportation services for participants under this Agreement. Vehicles shall comply with the Americans with Disabilities Act (ADA)Accessibility Specifications for Transportation as well as Federal Transit Administration (FTA) regulations, as applicable for the type of vehicle utilized by Provider. Wheelchair vehicles must be ADA compliant.

- The number of occupants in the vehicle, including the driver, shall not exceed the vehicle manufacturer's approved seating capacity.
- All vehicles shall have adequately functioning heating and air-conditioning systems and at all times shall maintain a temperature that is comfortable to the Participant.
- All vehicles shall have functioning seat belts and restraints as required by applicable law. All vehicles shall
  have an easily visible interior sign that states: "ALL PASSENGERS SHALL USE SEAT BELTS". Seat belts must
  be stored off the floor when not in use.
- Provider shall have at least two seat belt extensions available in each vehicle.
- All vehicles shall be equipped with at least one seat belt cutter that is kept within easy reach of the driver for use in emergency situations.
- All vehicles shall have an accurate, operating speedometer and odometer.



- All vehicles shall have two exterior rear-view mirrors, one on each side of the vehicle.
- All vehicles shall be equipped with an interior mirror for monitoring the passenger compartment.
- The exterior of all vehicles shall be clean and free of broken mirrors or windows, excessive grime, major dents, or paint damage that detracts from the overall appearance of the vehicles.
- The interior of all vehicles shall be clean and free of torn upholstery, torn or damaged floor or ceiling covering, damaged or broken seats, protruding sharp edges, dirt or litter, oil, grease, hazardous debris, or unsecured items.
- All vehicles and equipment must be maintained and operated in accordance with the manufacturers' state and federal safety and mechanical operating and maintenance standards.
- All vehicles shall have Provider's business name displayed on at least both exterior sides. In compliance
  with HIPAA regulations, nowhere on any vehicle, including in Provider's business name, shall be the words
  Medicaid or Medicare or any other verbiage which indicates that Medicaid or Medicare members are
  riding in the vehicle.
- Smoking shall be prohibited in all vehicles at all times. All vehicles shall have an easily visible interior sign that states: "NO SMOKING".
- All vehicles shall carry a vehicle information packet containing vehicle registration, proof of insurance card, and accident procedures and forms.
- All vehicles shall be equipped with an Occupational Safety and Health Administration (OSHA) approved first aid kit on board, as well as a "spill kit" containing liquid spill absorbent, latex gloves, hazardous waste disposal bags, scrub brush, disinfectant, and deodorizer.
- All vehicles shall be equipped with a multipurpose dry chemical fire extinguisher for use on Class A, B and C fires. With the exception of sedans, the fire extinguisher should be mounted securely within reach of the driver and visible to passengers for use in emergencies when the driver is incapacitated. In sedans, the extinguisher may be mounted securely in a rear compartment if there is no space for mounting it in the interior of the vehicle.
- All vehicles shall be equipped with three (3) portable triangular reflectors mounted on stands (Note: The use of emergency lighting devices is authorized upon approval by LCP Transportation vendor relations department). Use of flares is prohibited and may not be carried on board.
- All vehicles shall carry extra electrical fuses, a functioning flashlight, and an ice scraper.
- All vehicles shall either have a functional GPS system or carry a current map of the applicable geographic area with sufficient detail to locate Participant and medical provider addresses.
- Provider shall utilize only its own leased or owned vehicles and shall not sublet, subcontract, or arrange for transportation under this Agreement from any third party.
- All vehicles must be equipped with a 2-way communications system linking each vehicle with the Provider's primary place of business. Cell phones and 2-way radios are acceptable.
- All vehicles must properly utilize approved child safety seats when transporting children in accordance with federal, state, and local laws and regulations. Participants are responsible for providing child safety seats when applicable unless otherwise informed by LCP in advance as part of the scheduled reservation. If the Participant scheduled to provide his/her own child safety seat does not provide the required safety seat(s) the Provider shall not transport the child and shall advise the Participant to contact LCP to reschedule the appointment. (NOTE: LCP Transportation requires that all vehicles be equipped with 2 (two) child booster seats but does not require that the provider have child seats.).
- All vehicles shall have a functioning interior light within the passenger compartment.



- All vehicles shall have adequate sidewall padding and the vehicle's floor must be covered with commercial
  anti-skid flooring or carpeting. Flooring or carpeting in vehicles equipped to transport wheelchair
  passengers shall not interfere with wheelchair movement between the lift and the wheelchair positions.
- All vehicles with a floor threshold of greater than twelve (12) inches shall be equipped with a retractable step, fixed sideboard (running board), or a step stool approved by LCP to aid Participant boarding. An approved step stool shall have four (4) legs and with anti-skid tips; under no circumstances shall a milk crate or similar substitute be permitted on any vehicle. Removable steps shall be properly secured while the vehicle is in motion.
- Vehicles involved in an accident must be repaired and documentation must be provided to LCP before the vehicle can be put back to service under the Agreement.
- Vehicles added or removed from your fleet must be reported to LCP compliance on the vehicle List Form.

### Inspections

Each vehicle and provider site location are subject to an initial and annual inspection by LCP as well as interim inspections as required by LCP or Client at its sole discretion. All vehicles must be made available to LCP, Client, or its agent(s) for inspection at any time. Inspections performed by LCP do not replace or excuse the transportation provider from obtaining vehicle safety inspections as required by state or local law and/or ensuring vehicle safety. LCP's vehicle inspection checklist requirements are completed for each provider during an initial inspection and on an annual basis. In addition to these inspections, providers must instruct their drivers to perform daily pre-trip inspections to ensure safe transport of all members. Unfavorable inspection results as noted by LCP Transportation will require evidence of fix or repair and reinspection of vehicle until favorable result is reached before used to transport members.

During LCP's inspection, providers may be required to provide written documentation of each vehicle's preventative maintenance, regular maintenance, inspections, and repairs.

#### **Inspection Results**

| Pass       | Continue to use the vehicle.   |
|------------|--|
| Re-inspect | Fix the minor infraction and continue to use the vehicle and have the vehicle re-<br>inspected on or before the date indicated on the inspection form. |
| Fail       | Vehicle must remain out of service until the infraction is fixed and the vehicle is reinspected.   |

#### **Daily Pre-trip Inspections**

Drivers are required to perform daily pre-trip inspections of the vehicles used to transport members to ensure that the following are in safe condition and good working order. Transportation providers must provide their drivers with either their own reporting form (which would include all requirements noted by LCP) or the Vehicle Inspection Checklist used by LCP to inspect provider's vehicles.

- Service brakes
- Parking brakes
- Tires and wheels



- Wiring and batteries
- Steering
- Horn
- Lighting devices
- Windshield wipers
- Mirrors
- Passenger doors and seats
- Exhaust system
- Equipment for transporting wheelchairs
- Seatbelts
- Safety, security, and emergency equipment

# Vehicle Inspection Checklist

| Inc | necto    | or Name:            | Т        |                     |                              | e Inspectio  | $\overline{}$ | te:    |       |                  |                               |
|-----|----------|---------------------|----------|---------------------|------------------------------|--------------|---------------|--------|-------|------------------|-------------------------------|
|     |          | Informat            | ion:     |                     |                              |              | -             | -      |       |                  |                               |
|     | ne:      | any or and a        |          |                     |                              |              | Ph            | one:   |       |                  |                               |
|     |          | informat            | ion:     | □ Initial           | Inspection                   |              | _             | pect   |       |                  |                               |
|     | ne:      | anjormo.            | ·        | _ III.04            | mapeccon                     | Phone N      |               |        |       |                  |                               |
|     | te#:     |                     |          |                     |                              | VIN#         | unio          |        |       |                  |                               |
|     | ke:      | -                   |          |                     |                              | Model:       |               |        | _     |                  |                               |
| Yes |          |                     |          |                     |                              | Mileage      |               |        | _     |                  |                               |
|     | nicle:   |                     |          |                     |                              | milicage     |               |        |       |                  |                               |
|     |          | Туре:               | ☐ Se     | dan 🗆 Va            | n 🗆 Van                      | habaalcha    | ie N          | lav #  | af D  |                  | Other                         |
| VCI | IICIC    | Type.               | U ×      | coan U va           | n 🗆 van                      | /wheelcha    | II N          | lax #  | 01 F  | assengers        | other                         |
| ins | pecti    | ion – Inte          | rior / F | osted & Cle         | arly Visible                 | •            | Int           | erior, | /Ext  | erior            |                               |
| Р   | F        | "No Sm              | oking"   | Sign                |                              |              | Р             | F      | Int   | erior mirror/li  | ght                           |
| Ρ   | F        |                     |          | s Shall Use S       |                              |              |               |        |       |                  |                               |
| Р   | F        | Name &              | phone    | e# of Transp        | ortation Ve                  | ndor         | Р             | F      | Wo    | orking horn      | <u> </u>                      |
|     |          |                     |          | ed within in        |                              | on both      |               |        |       | _                |                               |
|     | _        | _                   |          | ndows in fu         | I view)                      |              | _             |        | _     |                  |                               |
| Ρ   | F        | Vehicle             | #, if ap | plicable            |                              |              | Р             | F      |       |                  | nals, headlights, taillights, |
|     | _        |                     |          |                     |                              |              | _             |        | _     |                  | windshield wipers             |
| Р   | F        | Photo II            | of Dr    | iver                |                              |              | Р             | F      | Wo    | orking speedo    | meter/odometer                |
| P   | F        | Vehicle<br>(glovebo |          | ation, insure       | ince card                    |              | Р             | F      | Tw    | o-way commi      | unication system              |
| Р   | F        | Acciden             | t/Incid  | lent Forms 8        | procedure                    |              | Р             | F      | Wo    | orking heating   | & air systems                 |
|     |          |                     |          |                     |                              |              | Р             | F      | Wi    | ring & Battery   | 1                             |
|     |          |                     |          |                     |                              |              | Р             | F      | Ser   | rvice & Parkin   | g Brakes                      |
|     |          |                     |          |                     |                              |              | Р             | F      | (2)   | Exterior reary   | riew mirrors (one each side)  |
|     |          |                     |          |                     |                              |              | P             | F      | Ext   | ra electrical fi | uses                          |
| Saf | ety/     | General             |          |                     |                              |              |               |        |       |                  |                               |
| P   | F        | Seat bel            |          | erational), (2<br>r | ) extension                  | ns and       | P             | F      | Fire  | st Aid kit       |                               |
| Р   | F        | (2) Func            | tioning  | Booster Se          | ats                          |              | Р             | F      | Fire  | e extinguisher   |                               |
| Р   | F        |                     |          | ctive & warr        |                              | (3           | Р             | F      | _     |                  | kdown kit (jumper cables,     |
|     |          |                     |          | gular reflecti      |                              |              |               |        |       | plant, motor o   |                               |
|     |          | prohibit            |          |                     |                              |              | L             |        |       |                  |                               |
| Р   | F        | Window              | break    | er                  |                              |              | Р             | F      | Wo    | orking flashligh | ht                            |
| Р   | F        | Ice scra            | per      |                     |                              |              | Р             | F      |       |                  | ithin spec. 2/32" penny rule) |
| Р   | F        | Spill kit           | OSHA     | (includes li        | quid spill al                | bsorbent, I  | atex          | glow   | s, h  | azardous was     | te disposable bags, scrub     |
|     | L        |                     |          |                     |                              |              |               |        |       |                  | rne pathogens)                |
| Р   | F        | Interior            | clean (  | & well maint        | ained; free                  | of dirt, gri | ime,          | greas  | e, o  | il, trash, majo  | r dents, paint damage, torn   |
|     |          |                     |          |                     |                              |              |               |        |       |                  | uding metal or other items    |
|     | L        |                     |          |                     |                              |              |               |        |       | paired promp     |                               |
| Р   | F        |                     |          |                     |                              |              |               |        |       |                  | carpeting. Carpeting will not |
|     |          |                     |          |                     |                              |              |               |        |       |                  | 2) inches equipped with       |
|     |          |                     |          |                     |                              |              |               |        |       |                  | oarding. Stool shall have (4) |
|     | <u> </u> |                     |          |                     |                              |              | (no           |        |       |                  | bstitute is prohibited).      |
| _   |          | on Results:         | _        | ] Pass              | <ul> <li>Reinsper</li> </ul> | ction Date:  |               |        | uil ( | Out of Service)  |                               |
| Cor | recti    | ive Action          | /Note    | 5:                  |                              |              |               |        |       |                  |                               |
|     |          |                     |          |                     |                              |              |               |        |       |                  |                               |
| Ver | ndor     | Name (Pr            | rinted)  | :                   |                              |              |               |        |       | Date:            |                               |
| Ver |          | Name (Si            |          |                     |                              |              |               |        |       | Date:            |                               |
|     |          |                     | on/ Ins  | -                   |                              |              |               |        |       | Date:            |                               |



# Provider Site Inspection

| LCP Vendor Si   | te Inspection  |
|---|--|
| Vendor Name: VENDOR NAME HERE                                   | Date:  |
| Number of company employees:                                    |  |
| Number of drivers employed:                                     |  |
| 3. BMV record available for each driver: YES / NO               |  |
| 4. Number of annual drug tests performed:                       |  |
| 5. Number of vehicles currently in operation:                   |  |
| Ambulatory: (# of Vehicles) Non-ambulatory                      | r: (# of Vehicles)                                     |
| 6. Office hours of Operations: Weekdays                         | _Weekends  |
| Driver hours of Operations: Weekdays                            | _Weekends  |
| 7. Available for after hour urgent care trips? YES / NO         |  |
| If yes, what times?   | _  |
| 8. (If taxi company) Business licensing authority viewed: YES   | 3/NO   |
| 9. (If transportation company) Transportation authority availab | le: YES / NO   |
| 10. Does the vendor agree to comply with the provisions of Ex   | secutive Order 11246, as amended by 11375, relating to |
| Equal Employment Opportunity? YES / NO(                         | Vendor Initials)                                       |
| 11. For Profit Vendor: Not-for-Profit Vendor                    | :  |
| Townsties and formal by Bring Many                              | Total  |
| Inspection performed by Print Name                              | <del></del>  |
| Signature Da  | tte:   |
| Vendor Printed Name   |  |
| Signature of Company Representative                             | Date:  |
|   |  |

#### Accidents & Incidents

Transportation providers must inform LCP Transportation must follow the below guidelines if an accident and or incident occur while transporting a member:

- Report to LCP's Compliance Team within one (1) hour of any motor vehicle accident and/or incident with a passenger on board. Provider will notify LCP's Compliance Team verbally by phone (317) 412-9781 ext. 146 or by email: <a href="weight: vendorsupport@lcptransportation.com">weight: vendorsupport@lcptransportation.com</a> providing as much detail as possible including trip number, time, date and location of occurrence, passengers involved, if police were notified and if medical attention was needed.
- LCP's Accident/Incident report must be completed and submitted to LCP's Compliance Team within 24 hours via email: <a href="mailto:vendorsupport@lcptransportation.com">vendorsupport@lcptransportation.com</a> following the occurrence, along with the following items, if applicable (police report, video of accident/incident, provider's insurance carrier, claim number and adjuster information).
- All accidents (occurring while member is being transported), require the driver to complete a 10-panel drug and alcohol screen on the same day of accident occurrence. Drivers will be notified if unfavorable results are received to communicate eligibility status change. (Note: Vendors under the 5311 Program are permitted to follow their guidelines).



# Accident/Incident Form

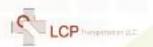
| Date of Accident:  | JIRED ACCIDENT/INCIDENT INFORMATION - MUST NO<br>Trip # | MCE                      |  |
|--------------------|---|--------------------------|--|
| Date of Accident.  | mp#   | WICE                     |  |
| Call to LCP from?  | Police Report? Who                                      | Insurance Accident       |  |
| &/0r MBR?          | Called?   | Report                   |  |
|                    |   |                          |  |
|                    | Driver Name   | DOB                      |  |
| Vendor             | History printout  |                          |  |
|                    | · ·   | •                        |  |
|                    |   |                          |  |
| Details of the     |   |                          |  |
| Accident           | Location of Accident                                    | Time                     |  |
| Involved including |   |                          |  |
| plate # and car    |   |                          |  |
| info               |   |                          |  |
|                    |   |                          |  |
|                    |   | Who was                  |  |
| Injuries           | Transported to ER?                                      | Transported?             |  |
| Minor Injury?      |   |                          |  |
|                    | Marshada Sirantana                                      |                          |  |
| Member states      | Member's Signature:                                     |                          |  |
| No Injuries        | Member's Signature:                                     |                          |  |
|                    | M - 1 - 1 - 2: - 1                                      |                          |  |
| Refused Medical    | Member's Signature:                                     |                          |  |
| Treatment          | Member's Signature:                                     |                          |  |
|                    | Weather   | Vendor is required to no | tify LCP Transportation within                                 |
| Tickets Issued?    | Conditions?   |                          | s involved in any accident or                                  |
|                    | Driver Drug/Alcohol                                     | incident. Vendor mus     | complete the "LCP Vendor                                       |
| Fault?             | Tested? Results?  | -                        | (Exhibit D) and email to LCP                                   |
| 0 11 11 3          | In Car Camera   |                          | ortation at<br>portation.com. The day of the                   |
| Seatbelts?         | Footage?  |                          | portation.com. The day of the<br>uired to have a 10 Panel Drug |
| Mechanical         |   | · ·                      | an alcohol test.   |
| Failure?           |   |                          |  |

#### Individuals with Disabilities

Under the ADA, the Department of Transportation (DOT) issues and enforces accessibility standards for transportation vehicles that are based on the Board's <u>ADA Accessibility Guidelines (ADAAG) for Transportation Vehicles</u>. Vehicles shall comply with the Americans with Disabilities Act (ADA) Accessibility Specifications.

#### Drive and Vehicle Standards

- All communication with members must be through LCP.
  - All members must be deferred to LCP's office number. LCP's clients require trips to be documented with certain information for claims to be valid and processed. Please ensure this guideline is consistently followed.
  - Members must contact LCP on all return trips. Once contacted, LCP will in turn contact your dispatch to communicate pick-up information.
  - Vendor's dispatch must contact LCP's vendor/drive line. Vendors will communicate with a live LCP representative or leave a detailed message if call goes to voicemail so that LCP can return your call within one (1) hour. Vendor drivers are not allowed to contact the member directly.
  - Vendors can place confirmation calls to the members. Confirmation calls are placed the day prior to member's appointment to provide notification that your driver is scheduled to provide transportation.
  - Vendors must allow LCP to place courtesy calls to members. Vendor dispatch must contact LCP's dispatch to communicate to the member that the driver has arrived for transport. These calls must always be initiated by LCP. If vendor contacts LCP's vendor/driver line and receives voicemail, vendor must leave detailed message of information needed so that we can return your call and document the trip within our system. If trips are not documented appropriately, LCP's customers will not consider trip to be a clean claim for processing payment.
- Vendors/Drivers can not cancel any trips for the member.
  - The member must call LCP to cancel all trips.
  - Vendor may call LCP to inform dispatch the member requested to cancel his/her trip. LCP will in turn
    call the member to verify. Once verified, LCP will give you a cancellation time.
- Drivers/Vendors are not allowed to "No Show" a trip without authorization from LCP.
  - If a driver/vendor "No Shows" without the authorization of LCP, disciplinary action/payment may not occur. A Driver/Vendor will be required to pick-up the member if this "No Show" process is not followed. The Driver/Vendor may also be required to pick up the return. (Note: Vendors must follow the "No Show" process provided in this agreement. Disciplinary actions may occur if guidelines are not followed which may affect future trip assignments.
- Drivers must always identify themselves by name and company. A member should never be transported in an unauthorized vehicle.
- Passengers not accounted for on the manifest for the trip must be approved by LCP's dispatch prior to transport.
- Drivers will always obey traffic laws when transporting members (i.e. speed limits, cell phone laws, seat belts, car/booster seats, etc....).



- Vendor/Driver dispatch should promptly contact LCP's dispatch to inform them of any delays involved in transporting members. For example, accidents, traffic situations, weather delays, construction, etc....
- Drivers must ensure adequate seating space for the member and attendant(s). The vehicle must not transport more passengers than registered seating capacity at any time.
- Drivers must not operate a vehicle with passenger doors in the open position or a vehicle with inoperable passenger doors when members are on-board. The doors must not be opened until the vehicle comes to a complete stop.
- Drivers, attendants, and passengers must wear seat belts at all times.
- Drivers must provide service according to trip assignment instructions and allow for identified
  equipment to be carried by passenger or stowed safely on the vehicle (i.e. door to door service;
  wheelchairs, secured oxygen, personal assistive devices).
- Temperature shall be maintained for the comfort of the passenger(s).
- Music talk radio and conversations should always remain tasteful, non-offensive, respectful and at an
  acceptable volume level.
- Smoking shall not be permitted in the vehicle at any time. All vehicles shall post "no smoking" signs on the interior of vehicles, which are easily visible.
- All drivers shall be courteous, patient, and helpful to all passengers and be neat and clean in appearance.
- Vehicles shall not be left unattended in an unsafe condition with passenger(s) aboard at any time.
- Drivers must not place calls or texts at any time during transport unless safely parked.
- Payment for LCP trips are paid via our invoice/claims processing system. Vendors/Drivers are not to collect or ask member for any money. This includes tips, cost of trip, gas, food, etc...
- LCP Transportation or any company transporting on behalf of LCP is not responsible for any items left behind in the vehicle. Please make sure you direct every member to remove all personal items upon exiting the vehicle. This would include car seats, bags, coats, purses, wallets, keys, medication, cell phones, etc.
- A driver should never transport a member to a destination not listed on the manifest.
  - If a member requests to be transported to another location, please contact LCP's dispatch before accommodating any changes to a trip, vendor and/or member must contact LCP.
- All instances of potential fraud, waste, and abuse should be reported to the Vendor Relations team immediately.
- All accidents (occurring while member is being transported), require the driver to complete a 10-panel drug and alcohol screen on the same day of accident occurrence. Drivers will be notified if unfavorable results are received to communicate eligibility status change. (Note: Vendors under the 5311 Program are permitted to follow their guidelines).
- Vendors must notify LCP at least 2 weeks in advance of any office closings for holidays, vacations, unavailable service dates outside of your normal service hours. We understand that circumstances beyond control (i.e. weather, illness, and/or vehicle issues) may not allow a 2-week lead time but we ask that you notify LCP as far in advance as possible.
- Vendors must contact LCP to report any new hires, terminations or additions in staff/drivers and report vehicles added/removed from fleet within 24 hours.
- Vendors must manifest and invoice weekly. It is the Vendor's responsibility to manifest and complete
  trips and invoice weekly to report trip status timely. Invoices are paid within 30 days of receiving a clean
  claim. Invoices submitted after 90 days from service date will not be paid.



#### **PROCEDURES**

The procedures that govern the NEMT program are provided as they pertain to trip assignments acknowledgement, performance reviews, notification of services, trip no shows & cancellations, invoicing, and payment instructions. These procedures; however, are not all inclusive and may be subject to change at the discretion of LCP Transportation.

## Provider Responsibilities, Trip Assignments & Notification of Services

LCP strives to accommodate all transportation service needs for our members with the highest quality of customer service and care. In order to meet these requirements, we ask that providers follow the below guidelines for accepting/rejecting trips assigned to your portal. If you are unable to provide service, please reject the trip as soon as possible and we will reassign the service. It is not counted against the provider when rejecting trips timely and providing reason for rejections.

- Provider must accept or reject trips daily by 3:00p.m. Monday, Tuesday, and Wednesday trips should be accepted or rejected by EOB on Friday.
- If our team reviews assignments with no action taken before 5:00p.m; trips may be pulled and reassigned to another provider in efforts to accommodate all transportation needs.
- Once provider accept trips; you are confirmed to transport; if rejected after accepted, we run the risk for disruption of our member's needed service and may affect how we assign your trips in the future.
   (Please note that we do understand that circumstances beyond your control do occur; in these cases, please communicate with us as soon as possible).
- LCP reviews and considers many areas when assigning transportation needs for our members. When we assign trips through our provider network, we consider provider's location, services, dependability, and historical service provided. We continue to prioritize our trip assignments with our provider partners that consistently meet guidelines, timelines, service expectations. If there are ways that you feel we could communicate better with you, please contact LCP's vendor support team and schedule time to discuss and explore solutions together.

#### **Provider Communication with Office Closings/Alternate Contacts:**

Provider must notify LCP at least 2 weeks in advance, if possible, of any office closings for holidays, vacations, unavailable service dates outside of your normal service hours. We understand that circumstances beyond control (i.e. weather, illness, and/or vehicle issues) may not allow a 2-week lead time but we ask that you notify LCP as far in advance as possible.

Providers must notify LCP with any contact name, phone number and or address changes. Our team will contact you regularly with return trip information, ETA inquiries, and other updates. If they are not able to reach you on the number(s) you have provided; please provide an update with alternate ways we can communicate with you and your team.



#### **Provider Transport Guidelines and Expectations:**

- Members must be picked up and dropped off at their appointments within the pick-up time and the appointment time.
- The return pick-up must be done within one (1) hour from the time the members call for their return ride home or to a second appointment. The provider must notify LCP within 15 minutes of the return call from the member/LCP if they will not get the member picked up within that one (1) hour window.
- Provider is required to pick-up member at the To Be Ready (TBR) Time, within 15-minute window of TBR time or within enough time to arrive at member's scheduled appointment safely and on-time. The member should not be picked up any earlier than the To Be Ready Time. If your driver does arrive early, they are required to wait until the TBR time before counting the 10-minute wait period and contacting LCP. (i.e. if your driver is picking up a member who has a TBR time of 8:00a.m. and driver arrives at 7:45a.m.; driver must wait until 8:10a.m. before contacting LCP for a no-show).
- Providers must be mindful of appointment times and communicate any delays or changes to your
  driver's schedule by contacting LCP for further instruction and documentation. It is not up to the
  Provider or Driver whether the member can be late and must communicate any delays to LCP as soon as
  known.

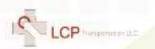


## Provider Performance Reviews & Key Performance Indicators (KPI's)

LCP Transportation has a system to determine each vendor's priority level for trips in each county. This system is designed to ensure each vendor has the same criteria and ability to increase its trip priority with LCP. The higher a vendor's priority in a county, the more trips will be assigned to that vendor over other vendors covering the same county. The three categories each vendor's priority level will be determined are vendor pricing, dependability, and customer service.

| VENDOR PRICING                                       | DEPENDABILITY   | CUSTOMER SERVICE   |
|--|---|--|
| Medicaid rates billed for trips completed            | Open 24 hours for service   | Customer Complaints (Each complaint will be reviewed on                                |
| 2 points   | .5 point  | an individual basis by an LCP review   |
| No unloaded miles charged in occupied counties       | Number of operational vehicles in counties covered  | board and points will be awarded based on a percentage of complaints and the severity) |
| 2 points   | .5 point  | 2 points   |
| Other than Medicaid rates billed for trips completed | Lowest amount of trip turn<br>downs vs. other vendors in each<br>county occupied (Based on a<br>percentage) | Abiding by the agreement outlined by LCP Transportation                                |
| 0 points   | 1 point   | 1 point  |
|  | Number of vendors "No Shows" vs. other vendors in each county occupied (Based on a percentage)              |  |
|  | .5 point  Vendor trip cancellations after trip has been assigned  |  |
|  | .5 point  |  |
| Total possible points for Vendor Pricing             | Total possible points for<br>Dependability  | Total possible points for Customer<br>Service  |
| 4 points   | 3 points  | 3 points   |

Each vendor will earn a number rank from 1-10 to determine its priority rank among other vendors utilized by LCP Transportation. The higher the number, the higher priority level each vendor will be in their designated counties.



#### No Shows & Cancellations

Vendors must always follow LCP's "No Show" process and guidelines. No-Shows: are when a driver arrives at a member's pickup location and has made every effort to make the member aware that they are there. After the driver has arrived the requirements as noted below. Providers that do not follow the no show process guidelines may result in disciplinary action and/or impact performance and future trip assignments.

No Shows - There are 2 kinds of "No Shows" (1) Member "No Show" and (2) Provider "No Show."

- Member "No Show" is when the member:
  - Cancels less than 2 hours prior to their To-Be-Ready Time for local trips (<50 miles)</li>
  - Cancels less than 4 hours prior to their To-Be-Ready for long distance trips (>50 miles).
  - Does not show 10 minutes after arrival time at pick-up location.
  - Member cancels at the door (Note: Must follow "No Show" Procedure) Time handled through the LCP Vendor No Show Procedure. Failure to get a confirmation of a "No Show" from an LCP dispatcher will result disciplinary action. "No Show" manifest information (pick-up/arrival time) must be completed before submitting for payment. LCP must also be notified of a member "No Show" before leaving the location of the pick-up.
- Provider "No Show" is when the Vendor:
  - Arrives late for pick-up and does not deliver member to the appointment on time.
  - Does not arrive to pick-up member at all.
  - Accepts trip and later decides they cannot transport member but does not notify LCP of trip status change prior to 3:00p.m. the day before member's appointment.

#### No-Show Process:

Upon Vendor/Driver presenting to pick up a member, the driver must wait a minimum of five minutes for the member to present himself or herself for pick-up before calling the LCP Vendor/Driver Line (see contact list) for No Show's / Courtesy Calls. LCP will contact member to notify of the driver's arrival. A driver is not required to wait longer than an additional 5 minutes after member is contacted (total of 10 minutes) before leaving the pick-up location without the member and reporting the trip as a no-show. Once LCP attempts to contact member and confirm no show, documentation is made on the trip record within LCP's system and driver will be released. If Vendor/Driver receives voicemail when contacting LCP's vendor/Driver line, a detailed message should be left with Company name, driver name and contact number, trip number, time of arrival and time of departure after 10-minute wait time. An LCP Representative will contact vendor within one (1) hour of voicemail confirming receipt of message and no show issued.

#### Cancellations:

LCP will notify Vendor 2 hours or more prior to their To-Be-Ready Time for local trips (<50 miles);</li>
 LCP will notify Vendor 4 hours or more prior to their To-Be-Ready Time for long distance trips (>50 miles). There will be no reimbursement for trips cancelled with a lead time greater than designated times listed above, prior to the appointment time.



### Invoicing & Payment

The invoice process for Providers includes electronic manifesting and submission of completed trips through our MILE system vendor portal and completion of LCP's Grand Total Invoice (GTI) and manifest logs with signatures uploaded to Provider's one drive folder for LCP's claims team to process your payment.

- All manifested and billing information must be submitted electronically with the invoice to be paid.
   Providers will receive an email invite to OneDrive. Please bookmark the link to upload your invoices and signature sheets. Once received, LCP processes vendor invoices at a minimum twice a month. LCP has 30 days to pay a clean claim once received.
- All invoices must be submitted to LCP Transportation for payment within ninety (90) days of services rendered or else LCP Transportation will deny payment. LCP also strongly encourages all Providers to have their invoices and signature sheets submitted on a weekly basis.
- All invoices must be submitted using LCP's approved format and all corrections must be sent back to LCP within thirty (30) days of receipt.
- LCP reserves the right to reconcile any errors on vendors claims and remove funds from future invoices.
   This includes but is not limited to the results of audits conducted internally, by the MCE's, and the State of Indiana. The vendor is responsible to notify LCP Transportation immediately of any requirements that have expired or been revoked. This includes but is not limited to transportation authority, taxi license, certificate of convenience and necessity, insurance coverage and eligibility, Medicaid eligibility, and OIG exclusions.
- When manifesting trips, LCP will be using the shortest mileage provided by Google Maps when reviewing an invoice. Please make sure you put in the note area any reason there may be a difference in the mileage. LCP will take it in to consideration when reviewing the invoice.
- LCP Transportation strongly urges Provider to never schedule/transport a member without first receiving authorization from LCP. LCP Transportation will not reimburse for trips that are not authorized/scheduled through LCP.

#### Electronic Manifest & Submission of Completed Trips – Vendor Portal (MILE)

Trips are manifested and invoiced through LCP's vendor portal within - MILE System. The link to the vendor portal is provided below and accessed by your login credentials given during your Provider on-boarding session.

#### https://mile.lcptransportation.com/vendor

#### Invoicing Instructions - Grand Total Invoice (GTI) and Signature Upload to One Drive

LCP's Grand Total Invoice is completed and uploaded to provider's one drive folder along with the manifest logs; including member's signature to validate trip's completion for approval and payment processing.

- Providers must submit GTI and signature logs at least on a weekly basis to expedite approval of your manifested trips in MILE and subsequent payment processing.
- LCP processes provider invoices at a minimum of twice monthly. A provider must submit their GTI &
  Signature Sheets within 90 days from the date of service to receive payment. LCP has 30 days from the
  date of upload into one drive to pay a clean claim.



## Invoice Grand Total

Company Name Address City, State Zip Code

DATE:

LCP Claims Processing 4310 Guion Rd Indianapolis IN 46254 317-291-9318

| DESCRIPTION     |       | AMOUNT |
|-----------------|-------|--------|
| MHS HHW         |       |        |
| MHS HIP         |       |        |
| мнѕ нсс         |       |        |
| Care Source HHW |       |        |
| Care Source HIP |       |        |
|                 |       |        |
|                 |       |        |
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|                 |       |        |
|                 |       |        |
|                 |       |        |
|                 |       |        |
|                 | TOTAL | \$ -   |

Make all checks payable If you have any questions concerning this invoice, contact Name, Phone Number, E-mail

THANK YOU FOR YOUR BUSINESS!



|                             |                                    | Invoice G                    | rand Total    |
|-----------------------------|------------------------------------|------------------------------|---------------|
| Company Name                | Update with Company                |                              |               |
| Address                     | name and address                   |                              |               |
| City, State Zip Code        |                                    | DATE:                        |               |
| ·                           |                                    |                              |               |
|                             |                                    |                              |               |
|                             |                                    |                              |               |
|                             |                                    |                              |               |
| LCP Claims Procces          | :sing                              |                              |               |
| 4310 Guion Rd               |                                    |                              |               |
| Indianapolis IN 46254       |                                    |                              |               |
| 317-291-9318                |                                    |                              |               |
|                             |                                    |                              |               |
|                             |                                    |                              |               |
|                             |                                    |                              |               |
|                             |                                    |                              |               |
|                             | DESCRIPTION                        |                              | AMOUNT        |
| MHS HHW                     |                                    |                              | -             |
| MHS HIP                     |                                    |                              | . <del></del> |
| MHS HCC                     | Invoice nun                        | nber                         |               |
| MHS Dual                    | -//                                |                              | +             |
| Care Source HHW             | Gorresponding Invo                 | pice Amount                  | -             |
| Care Source HIP             |                                    |                              | *             |
|                             |                                    | -                            |               |
|                             | ted trips by MCE and program M     | MHS (HCC, HIP, HHW, Dual) or |               |
| CareSource (HIP, HHV        | •                                  |                              |               |
|                             | ımber and total in the correct row |                              |               |
|                             | oice at \$0.00, need to be added i |                              |               |
| -                           | e 123456 was adjusted \$7.50 due   | to No-Show trip 3876543      |               |
| invoicing at \$0.00."       |                                    |                              |               |
| 4. Wheelchair rates         |                                    |                              |               |
| 5. Creat a file with the GI | _                                  |                              |               |
|                             | Tand signature sheet file into the |                              |               |
| an invite to OneDrive.      | Make sure to bookmark the site     | once you click the link.     |               |
|                             |                                    |                              |               |
|                             |                                    | TOTAL                        | <b>\$</b> -   |
|                             |                                    |                              |               |
|                             |                                    |                              |               |
| Make all checks payable.    |                                    |                              |               |
| If you have any questions   | concerning this invoice, contact ( | Name, Phone Number, E-mail   |               |
|                             |                                    |                              |               |
|                             |                                    |                              |               |



## We Look Forward to Partnering with You.

Aaron Suggs, Director, Programs & Vendor Management LCP Transportation, LLC.
Office: (317) 412-9781 ext. 555
Cell: (540) 425-1755

<u>aaron.suggs@lcptransportation.com</u> www.lcptransportation.com

