



Transportation Provider Handbook



2023

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TRANSPORTATION PROVIDER WELCOME AND OVERVIEW

At MTM, we appreciate all our Transportation Partners. We value that relationship and strive for mutual success in providing high quality transportation for our Medicaid members.

In this document, we provide basic information and expectations. In addition to your Recruiter and Trainer, you will be assigned an MTM Vendor Account Manager (“VAM”) who will work with you on a regular basis. Your Representative will guide you through the most current processes and answer any questions you may have along the way.

How Do I CONTACT MTM?

Each Transportation Provider is assigned a VAM. This person serves as your primary contact and will supply you with any additional contact information you may need. Given that such information can change over time, your VAM will ensure you always have the most up-to-date contact information.

In addition, our Training Department will provide you with current contact information for specific issues during your training sessions.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Per HIPAA regulations, Transportation Providers are required to maintain the privacy and confidentiality of Protected Health Information (PHI). This information should never be disclosed to another party. MTM mandates that all Transportation Providers remain HIPAA compliant and adhere to PHI restrictions.

MTM LINK – SINGLE SIGN-ON ACCESS SITE

MTM Link (<https://mtm.mtmlink.net/#/>) is our Transportation Provider access site, allowing providers to access all systems needed for interacting with MTM. This includes trip management, credentialing, claims, and more.

Training is easy and convenient. This can be completed on demand using our training videos and reference guides. MTM will provide instruction regarding the process to ensure you and

your team are well trained. If you or your staff need additional training support, your VAM will assist and can set up live training.

INSURANCE REQUIREMENTS FOR CREDENTIALING

Your VAM will keep you updated on any changes to required credentials and/or levels of insurance. While you receive this information and supply the necessary credentials during the recruitment process, there can be occasional updates (*often made by an amendment to your service agreement*).

All Transportation Providers are expected to keep their credentials current. In the event any credentials expire, the provider may see a reduction in work, or will be closed to all work, until such credentials are renewed or corrected, and evidence of such is provided to MTM.

TRAINING

Your VAM will help get you set up with all the training you need. Training is completed on demand using our training videos and reference guides. If you or your staff need additional training support, your VAM will assist and can set up live training.

Training Includes (but is not limited to)

- Accidents and Incidents
- Credentialing
- Claims
- MTM Link
- FWA (Fraud, Waste and Abuse)/HIPAA
- Cultural Competency

PERFORMANCE STANDARDS

PERFORMANCE

MTM prides itself on the high level of quality service we provide our Medicaid members. We recruit Transportation Providers with that same mindset and dedication to quality service.

Your VAM will educate you on our quality metrics and expectations. This Representative will monitor your performance and communicate with you regularly. If your performance becomes substandard, your VAM will alert you and assist with any feedback needed for improvement. Likewise, exceptional performance is acknowledged and appreciated!

Our Training Department will educate you on our Performance Improvement Plan (PIP) process for situations where your performance remains substandard over time. MTM wants to see you succeed and will supply metrics and feedback while monitoring your progress.

ACCIDENT AND INCIDENT REPORTING

Transportation providers must report all accidents, incidents, and injuries that occur during the transport of an MTM passenger. Accident and incident reports must be submitted to MTM in writing within 24 hours injury reports must be made verbally to MTM within three hours of the occurrence. Reports must include:

- Name of the driver and vehicle involved
- Name of passenger(s) in vehicle
- Specific details of the accident or incident and any related injuries
- Copy of police report (if applicable)

Transportation provider agrees to verbally notify MTM immediately of any incidents of member misconduct. MTM requires written follow-up from the transportation provider within 24 hours of receipt of that request, with the exception of incidents involving injury of persons, which must be received by MTM within 3 hours.

COMPLAINTS AND GRIEVANCE PROGRAM

Any complaints or grievances received by MTM with respect to the provision of transportation provider services will be forwarded to transportation provider for immediate attention and response. Any problem(s) related to the service shall be promptly resolved. Transportation

provider agrees to comply with MTM’s complaint resolution policies, cooperate with MTM, and provide MTM with the information necessary to help resolve grievances or inquiries with respect to transportation provider’s services and other issues.

TRANSPORTATION PROVIDER WEBSITE ACCESS

Transportation providers that have gone through training will have access to MTM’s website at (<https://mtm.mtmlink.net/#/>). Each user is given unique log-in information to access the site. Through this website, providers can utilize tools such as:

- Credentialing: Helps MTM and transportation providers electronically manage credentialing information
- Claims: Allows providers to electronically submit claims for services rendered and review payment information online
- Provider Trip Management (PTM): Gives providers the ability to report trip statuses, which will automatically be updated in MTM’s system
- Electronic Trip Download (ETD): Allows providers to download assigned trips in real time.

INSURANCE REQUIREMENTS FOR CREDENTIALING

During the credentialing process, transportation providers must submit current insurance certificates in the following limits:

- Vehicular liability of no less than \$500,000 combined single limit
- Commercial general liability of \$500,000 combined single limit
- Worker’s compensation in the statutory amount for the state in which services are rendered

Certificates must, at the transportation provider’s expense, name MTM as “Additional Insured” and “Certificate Holder” for vehicular and general liability policies. MTM must be listed as certificate holder on workers compensation insurance. Prior to the expiration date stated on the certificate, MTM will remind the provider that new certificates are needed. Renewals must be submitted to MTM prior to expiration. Failure to comply with these requirements will result in deactivation or removal from the MTM Transportation Provider network.

General liability and auto liability insurance policies must provide a specific endorsement policy with MTM as Additional Insured to receive notice of cancellation or suspension of policy. If the provider’s insurance carrier cannot provide a specific endorsement for the notice of cancellation the insurance carrier or underwriter can provide a letter stating they cannot provide a specific endorsement policy and the reason.

QUALITY MANAGEMENT

Should a member become dissatisfied with MTM or a transportation provider, they may submit a formal complaint with our Quality Management department, which strives to document, investigate, and resolve the issue within three business days. Please note that our Quality Management department may contact transportation providers regarding complaints submitted by members. Should this occur the provider will be required to submit a complete response within 24 hours. This response should detail:

- Name of driver or other staff member(s) involved
- Detailed description of the occurrence
- Any documentation to support the provider's claim
- A corrective action plan detailing changes that will be made to ensure future similar issues do not occur

TRANSPORTATION PROVIDER COMPLAINTS AND GRIEVANCES

Grievances

Transportation providers have the right to file a grievance regarding denials, claims, decisions, or other situations that affect business relationships with MTM. Grievances should be directed to our Transportation Helpdesk Monday through Friday from 6 a.m. to 7 p.m. at 1-888-597-1180. Calls received after hours will be directed to leave a voice message.

Appeals

If the transportation provider is dissatisfied with the resolution of the grievance, they have the right to appeal MTM's decision within 30 days. Requests may also be sent via mail to:

Medical Transportation Management
16 Hawk Ridge Drive
Lake Saint Louis, MO 63367
Attn: Quality Management
Resolution of Appeals

RESPONSIBILITIES AND RELATIONSHIPS

MEMBER RESPONSIBILITIES

It is the member's responsibility to provide MTM with all appointment details at the time of the transportation request. Transportation can be scheduled for services covered under the member's benefit plan. During scheduling, each member is assigned to the most appropriate mode of transportation that meets their needs.

GUIDELINES BETWEEN TRANSPORTATION PROVIDERS AND MEMBERS

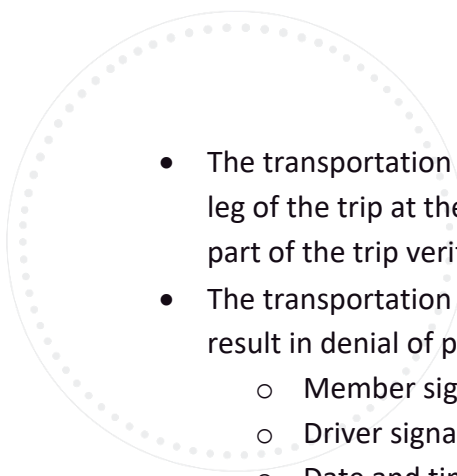
Please keep in mind the following items:

- Return trips may only be provided from the authorized point of drop-off
- The transportation provider must pick up the member no later than one hour from the time the member calls to request the return ride or "will-call" trip
- If the return pick-up has a prescheduled time, the transportation provider must pick up the member no later than 15 minutes from the prescheduled time. You must also call the member to schedule a pick-up time.
- Drivers are not required to wait more than 15 minutes for a member after the scheduled pick-up time.
- For verification purposes, members must sign a log for each trip leg taken; MTM will accept the following signatures if the member is unable to sign:
 - Parent/guardian
 - Caregiver
 - Medical provider

TRIP PROCESS SIGNATURE GUIDELINES WHEN USING MTM'S DAILY TRIP LOG

Transportation providers must maintain a signed trip or log sheet, (attached below) including member's original signature and date of transport and listing all members' scheduled rides for each individual day. These guidelines should be followed on a daily basis:

- The transportation provider must not require a member to sign the trip/log sheet on any leg of the trip which is not completed.

- 
- The transportation provider must require the member to sign the trip/log sheet for each leg of the trip at the time of completion of the trip. The member's signature is used as part of the trip verification process.
 - The transportation provider understands that lack of required trip documentation will result in denial of payment. These requirements include:
 - Member signatures
 - Driver signatures
 - Date and time of transport pick up and drop off
 - If the member is unable to sign, the driver must have the facility staff or aid accompanying the member to sign on behalf of the member. Transportation provider understands payment may be subject to verification.
 - An adult, accompanying a minor child, may sign the adult's name on the trip/log sheet as long as the minor's name is clearly noted as well.
 - The transportation provider must provide MTM with the trip/log sheets upon request.

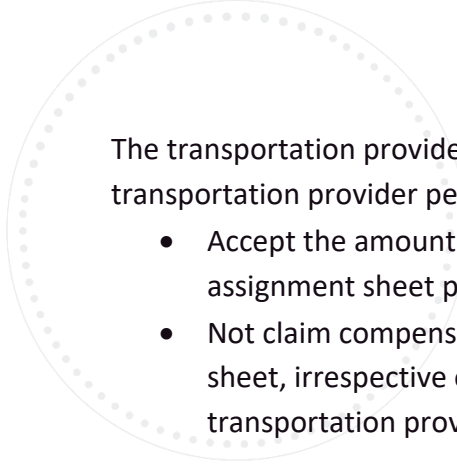
PRE-TRIP CONFIRMATIONS

- Transportation provider agrees to contact the member by phone the day before the appointment to confirm the transportation provider's estimated pick-up arrival time.
- Transportation provider shall provide their phone number to the member during the pre-trip confirmation phone call.

TRIP PROCESS: ETIQUETTE

TRIP COST

A payment by MTM of the amount noted on the trip shall constitute payment in full and satisfaction of transportation provider's claim for compensation for services rendered for that trip. The transportation provider, by performing the trip, waives any claim for compensation in excess of the stated compensation on the trip. If the transportation provider knows that the price, designated level of service, mileage, zip codes, or any other data on the trip request is incorrect when checking the Electronic Trip Download, the transportation provider must immediately notify MTM of the corrections prior to performing the trip.



The transportation provider has the right to refuse any trip assignment from MTM. If the transportation provider performs a trip, the transportation provider agrees to:

- Accept the amount of compensation for that trip that is noted by MTM on the trip assignment sheet provided in advance by MTM to the transportation provider.
- Not claim compensation in excess of the compensation noted on the trip assignment sheet, irrespective of the level of service, or the totality of services provided by transportation provider for the given trip.

COMMUNICATING WITH MEMBERS

- If member calls transportation provider directly, transportation provider must notify them to call MTM to arrange and authorize their transportation.
- Transportation provider will not contact member's medical provider to schedule or re-schedule appointments.
- Drivers must make best effort to make contact with the member notifying them their ride has been waiting outside and wait for at least 15 minutes after the scheduled pick-up time before leaving the premises without the member. This would include, at a minimum and where applicable, honking, knocking at door, inquiring at reception desk, and calling dispatch to place a call to the member to notify them their ride is outside.
- Members must call MTM for approval prior to an unscheduled appointment or a pharmacy trip. If the transportation provider does not obtain prior approval from MTM, they will not be paid for the trip.
- Drivers must not enter the passenger's home except under prior authorization from MTM or in the event of an emergency.

MILEAGE, TRIP COSTS, AND DISCREPANCIES

- Transportation provider understands all trips are defined as one-way trips.
- Transportation provider acknowledges and agrees that where mileage is paid by MTM for a trip, all mileage will be calculated by MTM's commercial GPS based mileage system, which is powered by Google Maps, based on the shortest distance from the pick-up point to the final destination point, irrespective of the route actually taken by the transportation provider, and irrespective of the actual travel time incurred in the performance of the trip.
- If transportation provider knows that the price, designated level of service, mileage (3 miles or more in difference), zip codes, or any other data on the trip request is incorrect, transportation provider must notify MTM of the corrections prior to performing the trip.

- If there is a discrepancy on the number of additional members with an appointment noted on the trip faxes, transportation provider must contact the MTM Transportation Provider Helpdesk before leaving member's home/pick-up location.

TIMELINESS

- Transportation provider must allow a minimum of fifteen (15) minutes wait time at the scheduled pick-up locations for scheduled member(s) to enter vehicle.
- Transportation provider must not cause a member to arrive more than 30 minutes prior to an appointment, unless requested or pre-authorized by MTM or the member.
- The wait time for a pre-scheduled return trip, such as dialysis, rehabilitation, etc., after an appointment, shall not exceed 15 minutes.
- Transportation provider must accommodate "will-call" pick-ups within one hour from time of the member's call.
- Transportation providers are given a ½ hour window, 15 minutes before and after the scheduled pick-up time, to arrive to the pick-up location. Transportation provider must allow a minimum of 15 minutes wait time after the pre-scheduled pick-up time before leaving the member's pick-up location.
- Transportation provider must maintain that all trips must be scheduled to ensure participants are in the transportation network provider's vehicle no longer than twice the amount of time of the normal average commute from the participant's pick-up and delivery location.
- In multiple-member situations, members should not remain in the vehicle for more than 45 minutes longer than the average travel time for direct transport except in cases when long distance travel is involved.
- Transportation provider agrees to complete any pre-scheduled round trips even under the circumstance when the medical service extends past the approximate expected completion time.
- Transportation provider agrees to contact the member of a significant pick-up delay and obtain information as to whether or not the member will still be able to attend the scheduled appointment.
- Transportation provider understands if they are consistently late for pick-up and/or drop-off by MTM's timeliness standards, transportation provider may face corrective action and be assessed liquidated damages.
- If Transportation provider fails to perform agreed services or arrive within a timely period resulting in the member missing their appointment as described in this section, provider agrees they may be assessed a provider "no-show," where provider may face corrective action and be assessed liquidated damages.

MEMBER CANCELLATIONS, NO-SHOWS, AND REASSIGNMENTS

Trip Cancellations

If the member contacts the transportation provider directly to cancel transportation, the transportation provider must notify MTM immediately to cancel the trip. If the transportation provider does not report the cancellation, this could result in an unwarranted and unintentional provider no-show.

Member No-Show

The transportation provider should report a trip leg as a member no-show at the time the member was a no-show for the scheduled transportation. Lack of notification to MTM could warrant a provider no-show, in the event that the member contacts MTM and states that the no-show occurred on the part of the transportation provider.

The transportation provider may report a no-show by calling the Transportation Provider Helpdesk at 1-888-597-1180.

Reassignments

If a transportation provider refuses a trip assignment, the transportation provider must notify MTM within 24 hours of receiving the trip and no later than 48 hours before the appointment date. The transportation provider should report a trip leg as a reassignment if they are unable to provide service for the trip. The transportation provider should report a reassignment as soon as they are aware that they are unable to provide service. This will allow MTM enough time to find alternate transportation and can be done up to 48 hours prior to the trip. To submit a reassignment less than 48 hours before the trip, the transportation provider will need to call the MTM Provider Helpdesk at 1-888-597-1180.

APPENDICES

MILITARY/STANDARD TIME CONVERSION

MTM uses military time on all trips; conversions to military times are shown in the following table.

Military Time	Standard Time	Military Time	Standard Time
0000	12:00 AM	1200	12:00 PM
0100	1:00 AM	1300	1:00 PM
0200	2:00 AM	1400	2:00 PM
0300	3:00 AM	1500	3:00 PM
0400	4:00 AM	1600	4:00 PM
0500	5:00 AM	1700	5:00 PM
0600	6:00 AM	1800	6:00 PM
0700	7:00 AM	1900	7:00 PM
0800	8:00 AM	2000	8:00 PM
0900	9:00 AM	2100	9:00 PM
1000	10:00 AM	2200	10:00 PM
1100	11:00 AM	2300	11:00 PM

TRIP STATUS CODES

Trips may be assigned the following codes:

- S1** Trip scheduled
- SQ** Trip scheduled, with special rate
- SV** RETURN (FROM) TRIP – Provider did not pick up passenger
- S4** Return Trip - Passenger was not at pre-arranged pickup point, could not be located
- S7** RETURN TRIP - Passenger cancelled direct to Provider prior to return pick-up
- S8** RETURN TRIP - Passenger did not call Provider to be picked up and Provider did not go
- X1** Passenger cancelled direct to driver at time of pick-up
- X2** Passenger was not there at time of pick-up
- X3** Passenger was there but not ready - driver required going to next pick-up
- X5** Passenger cancelled direct to Provider prior to trip
- X6** MTM cancelled to the Provider prior to pick-up
- X9** Cancelled due to schedule/appointment change
- XE** Cancelled due to operator error
- XH** Cancelled, passenger hospitalized
- XM** Cancelled by MTM dispatch
- XN** Cancelled, provider not most appropriate
- XS** Cancelled due to provider being non-compliant
- XT** Cancelled, duplicate trip
- XW** Cancelled by social worker or facility
- XX** Cancelled due to misinformation given by the provider, plan or passenger
- XQ** Provider cancelled - i.e., turn back, more than 48 hours prior to appointment
- XV** Provider cancelled - i.e., bad weather, mechanical breakdown, accident, traffic jam, lost order, over-scheduled, turn back less than 48 hours prior to appointment etc.
- VN** ORIGIN (TO) TRIP -Provider did not pick up passenger or provider was tardy in picking up passenger, which resulted in passenger not being seen at appointment



Vehicle Inspection Sheet

Idaho V1 January 2018

1	Inspection Date:			8	State/Regulatory Authority Inspection Date:	N/A
2	Transportation Provider:			9	State/Regulatory Authority #:	N/A
3	Year/Make/Model:			10	Vehicle Color:	
4	VIN:			11	Capacity:	
5	License Plate #:			12	W/C Lift Type:	
6	License Expiration Date:			13	Lift Location:	
7	Fleet #:			14	Odometer:	
Exterior Safety		Approved	Service Notes	Signs		Approved
15	Horn*			52	Exterior Company Placard (both sides) *	
16	2 Exterior Rearview Mirrors*			53	Interior Company Placard / MTM Contact Info	
17	Brake Lights*			54	"No Smoking / Eating / Drinking"	
18	Headlights*			55	"All Passengers Must Wear Seatbelts"	
		Approved	Service Notes			
20	Reverse Lights*			56	Wall Panel / Headliner *	
21	Turn Signals*			57	Vehicle Body Integrity*	
22	Parking Brake*			58	Operational Doors*	
		Approved	Service Notes			
23	Tire Condition*			Wheel Chair Vehicle		
24	Spare Tire & Jack*			59	Operable Wheelchair Lift/Ramp*	
25	Windshield Condition*			60	Hand Rails*	
26	Wipers Operational*			61	Lift Controls Inside Vehicle & Secure*	
Interior Safety Equipment		Approved	Service Notes			
27	Seat Belts*			62	Shoulder Restraint*	
28	Seat Belt Extensions			63	Lap Belt*	
29	Seat Belt Cutter			64	4 Floor Straps - Forward Facing Position*	
30	Step Stool (if applicable)			65	Lift/Ramp Lock*	
31	Operable Speedometer/Odometer			66	Parking Brake & Engine Interlock System*	
32	Blood Borne Pathogen Kit			67	Metal / Mesh / Non-skid Plate*	
33	First Aid Kit			68	Emergency Manual Lift*	
34	Mounted Fire Extinguisher			69	Lift Reflector Tape*	
		Approved	Service Notes			
35	3 Emergency Triangle Reflectors			Stretcher		
36	Interior Lights			70	Mattress: non-porous fabric, at least 3" thick*	
37	Interior Rear View Mirror *			71	Restraining straps (chest, hip & knee)*	
38	Upholstery Condition *			72	Restraint for upper torso*	
39	Clean Interior			73	Straps have metal-to-metal quick-release*	
40	Operable Windows*			74	Clean Linen, Blankets, Pillows*	
41	Operable AC / Heat / Ventilation*			75	Exit / Entry Area Clear*	
42	Extra Electrical Fuses			76	Oxygen Tank Retention System*	
43	Operable Flashlight			77	Waterless Antiseptic Hand Wash*	
44	Ice Scraper (if applicable)			78	Disinfection Supplies / Soiled Linen Bag*	
45	Functioning Clock			79	Stretcher Anchorages, Center Mounting*	
Communication		Approved	Service Notes	80 Comments:		
46	2 Way Radio or Cellular Phone					
Information Package		Approved	Service Notes			
47	Current Vehicle Registration*			81	Inspection Result: Pass	}
48	Valid Insurance ID Card*			82	Inspection Sticker Applied: Yes	
49	Incident /Accident Forms					
50	Maps or GPS Applications					
51	Complaint Procedure Form					
KEY: Section with (*) asterisk = Missing or unacceptable condition means vehicle cannot be approved. Section with no asterisk = Missing more than five, vehicle cannot be approved. All sections must be filled out. If section does not apply, mark N/A.				83	Next Inspection Date: 6-2019	
				Type of inspection: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Initial Inspection</div>		Inspector Signature



Provider Audit

Provider Code _____ Provider Name _____

Address _____

City _____ State _____

Zip _____

On-Site Desk Audit

Time: _____ Date: _____

	Yes	No	N/A
1 Verify the following are on the MTM provider website or that they are available to the provider:			
<i>Transportation provider manual</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Disclosure of Ownership</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Provider services agreement</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Does the provider meet all MTM driver training requirements per Service Agreement Appendix B?			
<ul style="list-style-type: none"> At least 10% of approved drivers need to be audited Collect copies of the training certificates for those drivers Store the collected training certificates in the Completed Provider Audits - Training Certificates folder. Label them with the providers name and date of the audit in the designated state folder. 			
<i>Verify on the provider website</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Verify driver file at provider office</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Are providers identifiable? (Badges, Uniforms, or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Verify that the provider has implemented the following:			
Driver's Training Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Training Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver Orientation Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver Performance Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident / Accident Investigation Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Screening Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Does the provider follow all trip guidelines?			
<i>Proper record retention</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Contact passengers within 24 hours of trip</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Obtain passenger signatures for all trips</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use a trip log or voucher for all trips</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Does the provider meet all insurance requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 Does the provider have a current and valid business license?

8 Are daily pre-trip inspections performed?

9 Does provider road test with the type of vehicle the driver will be operating?

10 Completed provider review of HIPAA information?

Number of driver files audited at this visit:

Drivers:

Attendants:

Number of vehicles inspected at this visit:

Ambulatory:

Paralift:

Additional Comments:

Provider Print Name/Title

Provider Signature:

MTM Print Name

MTM Signature

On-Site

The Provider & MTM signature attests that the information provided has been understood and is accurate.

Desk Audit

The MTM signature attests that the information provided has been understood and is accurate.

**MEDICAL TRANSPORTATION MANAGEMENT
ACCIDENT/INCIDENT REPORT FORM**

Accident and incident reports must be submitted to MTM in writing by the end of the following business day; injury reports must be made verbally to MTM within three hours of the occurrence.

DATE OF ACCIDENT/INCIDENT: _____

PARTICIPANT(MEMBER/RECIPIENT/BENEFICIARY) INFORMATION

Name of Primary Person(s) Involved: _____

Medicaid/ID # (if applicable): _____

Trip Number: _____

Health Plan: _____

Age: _____ Phone #: _____

Residential Address: _____

LOCATION OF ACCIDENT/INCIDENT

Address (if different from above): _____

Transportation Provider Name: _____ Phone: _____

Driver Name: _____

OTHER PARTICIPANTS(MEMBERS/RECIPIENTS/BENEFICIARIES) INVOLVED:

Name: _____

Name: _____

Name: _____

STAFF INVOLVED:

Name: _____ Title: _____

Name: _____ Title: _____

Reported by (name): _____ Title: _____

Phone: _____ Fax: _____

Section 1 Accident/Incident Categorization

SERIOUS REPORTABLE (report to be submitted within 24 hours)	<i>Alleged Abuse/Neglect Categories</i> a. Physical b. Sexual c. Verbal d. Psychological e. Self abuse f. Mistreatment g. Exploitation h. Individual/Individual	REPORTABLE (report written and maintained in-house for internal investigation and trending/tracking report)	PRIMARY LOCATION
<ol style="list-style-type: none"> 1. Death 2. Allegation of Abuse 3. Neglect 4. Serious Physical Injury 5. Theft of Personal Property or Funds of Customers 6. Serious Medication Error 7. Improper Use of Restraints 8. Emergency Inpatient Hospitalization 9. Suicide Attempt or Threat 10. Missing Person 11. Incident Requiring Law Enforcement or Emergency Personnel 12. Aspiration 	<p>For abuse and neglect allegations, staff must be removed from <u>all</u> customer contact immediately. Please indicate below that this action has been taken.</p> <p>Name of Supervisor certifying that action has been taken (print): _____ Title: _____ Signature: _____</p>	<ol style="list-style-type: none"> 1. Property Damage 2. Medication Error 3. Suicide Threat (BSP) 4. Hospitalization 5. Physical Injury 6. Vehicle Accident 7. Theft by an Individual of an Individual's Funds/Property 8. Ingestion of Harmful Substance 9. Overuse of Chemical Restraints 10. Burns 11. Bloodborne Pathogens Exposure 	<ol style="list-style-type: none"> 1. Residential Facility Circle (ICF) (CRF) 2. Day Treatment Program 3. Community Outing 4. Transportation Vehicle 5. Natural Home 6. Hospital 7. Nursing Home 8. Other

**MEDICAL TRANSPORTATION MANAGEMENT
ACCIDENT/INCIDENT REPORT FORM**

Accident and incident reports must be submitted to MTM in writing by the end of the following business day; injury reports must be made verbally to MTM within three hours of the occurrence.

DATE OF ACCIDENT/INCIDENT:

Section 2 DESCRIPTION OF ACCIDENT/INCIDENT (Check or complete, as appropriate)

Date of Accident/Incident: _____ Time: _____ AM PM Informed Witnessed Discovered

Reporter Code: 1. Employee 2. Facility 3. Family 4. Visitor 5. Other (Name) _____

Witness Name: _____ Witness Telephone Number: _____

Witness Name: _____ Witness Telephone Number: _____

Description of the Accident/Incident (Please provide all information in a clear and concise manner – use additional pages as necessary)

Immediate Actions Taken (Include what actions were taken and by whom, i.e., medical treatment provided)

Investigation Initiated By Whom _____ Investigator _____

Signature of Reporter _____ Date: _____ Time: _____ AM PM

Corrective Action Plan: _____

VERBAL NOTIFICATION: (Check All That Apply)

- Case Manager
- MTM
- Family/Guardian (unless otherwise documented)
- Nurse/Physician
- Adult/or Child Protective Services
- Legal Representative/Attorney
- Police Department/ MPD Report Number: _____

PERSON NOTIFIED

DATE

TIME

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Driver Signature: _____
Management/Owner Signature: _____
MTM Signature (if applicable): _____