Fixed Route (Public Transit) Manual
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Enrollment and Participation Requirements

To supplement MTM’s network, we use fixed route public transportation in Mississippi, including JATRAN and Coast Transit Authority, as well as Hub City Transit. Fixed route (public transit) services are always the first mode of choice where available. Maximizing the use of public transit options is the most economical use of DOM’s Medicaid funds and promotes greater independence for beneficiaries. To support public transit use, we program our system with all available public transit routes using electronic downloads with GIS latitude and longitude information from transit authorities. This information includes hours of operation for each route.

MTM’s NET Management system can determine immediately if the beneficiary’s pick-up and drop-off location are within ¼ mile from a fixed route stop. Public transit is only assigned to beneficiaries if they live within ¼ mile of the stop or public transit is requested, unless we arrange for transportation to and from the stop. If the beneficiary’s medical provider indicates the beneficiary can walk to the fixed route stop and navigate the system, MTM’s Care Management Coordinator informs the beneficiary that they are approved to use public transit. If the beneficiary still does not wish to use public transit for future trip requests, they are informed of their appeal rights. If the healthcare provider decides the beneficiary is eligible for a higher mode of transportation, they will be assigned to that mode.

Other factors are considered when assigning public transit, including inclement weather and compatible schedule times. The appointment drop-off time should be no more than 60 minutes prior to the appointment, and a pick-up time should be at least 45 minutes later than the estimated appointment completion time.

File Maintenance and Record Keeping

MTM will maintain detailed records evidencing all expenses incurred pursuant to the Contract, the provision of services under the Contract, and complaints, for the purpose of audit and evaluation by DOM and other Federal or State personnel. All records, including training records, pertaining to the contract will be readily retrievable within three (3) business days for review at the request of DOM and its authorized representatives. All records will be maintained and available for review by authorized federal and State personnel during the entire term of the Contract and for a period of ten (10) years thereafter, unless an audit is in progress or there is pending litigation.
Responsibilities and Relationships

Compliance and NET Administrative Code
All applicable parties must meet or exceed all local, state and federal laws, the requirements of the IFB #20180511, and the Mississippi Administrative Code (found at [https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-201.pdf](https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-201.pdf)).

Covered Services
MTM schedules and authorizes NET requests according to protocols established by DOM.

Limitations & Considerations of NET Services to Covered Medical Services
The following eligibility groups are not eligible for NET: Family Planning Waiver, QMB, QWDI, SLMB, and QI-1. Beneficiaries residing in all Long Term Care (LTC) facilities including Nursing Facilities (NF), Psychiatric Residential Treatment Facility (PRTF), and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) are also not eligible for NET Transportation.

Beneficiary Responsibilities
It is the beneficiary’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 beneficiary’s benefit plan. During scheduling, each beneficiary is assigned to the most appropriate mode of transportation that meets their needs.

Reimbursement

Bus Pass Distribution
MTM has a dedicated Bus Department, with the goal of helping our clients shift eligible beneficiaries to the public transit system whenever possible. To increase public transit use in Mississippi, MTM mails Mississippi beneficiaries or medical facilities bus passes in a timely manner. Our staff ensures the passes reach beneficiaries in time for the appointment. MTM distributes bus passes, tokens, and electronic fare each month to beneficiaries across the nation, using efficient processes that facilitate ease of use and protect our clients from fraud and abuse.
**Complaint Process**

All NET stakeholders may file formal complaints verbally or in writing about any covered service received under this program. MTM maintains accurate records of complaints and understands DOM may publicly disclose a summary of the complaint and disposition.

Should a NET stakeholder become dissatisfied with MTM or the associated contract services, they may submit a formal complaint with MTM’s 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, medical facilities, or any other applicable party regarding complaints submitted by beneficiaries. Should this occur, the applicable party will be required to submit a complete response within 48 hours. This response should detail:

- Name of party(ies) involved
- Detailed description of the occurrence
- Any documentation to support the claim
- A corrective action plan detailing changes that will be made to ensure future similar issues do not occur

**Complaint Resolution Process**

Each complaint will be assigned a unique tracking number. MTM will respond to a complainant within one (1) business day after receipt of a complaint. MTM will provide the complainant with an update of its review of the complaint within ten (10) business days. All complaints will be deemed substantiated or unsubstantiated within twenty (20) calendar days. The beneficiary, beneficiary representative, or medical provider will be allowed twenty (20) calendar days to request a review of the decision by MTM. Failure to request a review within twenty (20) calendar days shall be a waiver of the beneficiary, beneficiary representative, or medical provider’s right to request a review.

MTM will attempt to resolve complaints in accordance with the Complaint Resolution Protocol. MTM will work with all parties, and DOM, as necessary, to resolve the complaint. MTM will require retraining for any NET Providers or individual service personnel deemed in need of retraining as a result of the complaint. Complaint information will be provided to DOM via monthly and quarterly deliverable reports and will include, at a minimum:

1. Documentation or testimony by the Project Manager or other medical or expert consultant who is familiar with and able to testify to the specific case and complaint.
2. Records and documentation regarding MTM’s decision regarding disposition of the complaint.
3. Comprehensive documentation specific to the particular case.

DOM has the authority to overturn MTM’s decision regarding disposition of the complaint. If DOM overturns the MTM’s decision, MTM will notify the beneficiary and/or medical provider and the NET Provider of DOM’s decision; MTM must abide by DOM’s final decision. MTM will review the Complaint Resolution Protocol every three (3) months and will notify DOM of the review through formal written notification and advise if it an amendment to the Protocol is necessary. MTM will amend the process only with the prior written consent of DOM.

**Claims Appeal Process**

If the NET stakeholder does not agree with the adjudication, he or she may request an appeal. MTM strives to resolve all disputes within two weeks. Because most of the information is supplied directly by the stakeholder, appeals should be limited in nature and quantity. Our claims staff will address the appeal and work with the stakeholder to resolve the issue. The NET stakeholder must follow a structured process identifying the grounds for the appeal and supply supporting evidence, if applicable. If the stakeholder does not make an appeal by the appeal deadline, the trip will close out and no appeals will be allowed after that date.

MTM’s Claims department will review all supplementary information. Following evaluation, this department will annotate the trip as approved and the trip claim will move to step three. This will occur within two weeks of receiving additional information. As needed, additional information may be requested. If the review does not justify making payment, the stakeholder will be updated on the status of the trip claim.

**Accidents and Incidents**

In the event of an accident, fixed route providers will follow their internal accident and incident procedures, including their processes to contact law enforcement, ensure passenger safety, and secure the accident scene.

MTM will collect accident reports from the fixed route providers that must include:

- Name of the driver and bus or train involved
- Specific details of the accident or incident and any related injuries
- Copy of police report
MTM will save all accident reports and documentation within our NET Management system, and we will require the public transit agency to save their accident and incident reports internally as well.