

## Appendix F: Material Subcontractor Response Template

<b>Proposer (MCO) name:</b>
UnitedHealthcare of Louisiana, Inc.
<b>Material subcontractor name:</b>
National MedTrans, LLC
<b>Description of the Proposer's role and material subcontractor's role:</b>
<p><b>Proposer's Role:</b> To provide high quality health care services statewide to Medicaid enrollees in the Louisiana Medicaid managed care program, while using the most cost-effective manner and in accordance with LDH's terms and conditions.</p> <p><b>Material Subcontractor's Role:</b> To provide non-emergency transportation benefit management services, to include the provision of a network of non-emergency medical transportation providers, appropriate level of non-emergent transportation services, oversight of network to manage on-time performance of non-emergency transportation services and payment of pre-authorized trip claims to non-emergency medical transportation providers.</p>
<b>Explanation of why the Proposer plans to subcontract this service and/or function:</b>
<p>To support UnitedHealthcare of Louisiana in its mission of providing high quality non-emergent medical transportation services statewide to Medicaid enrollees in the Louisiana Medicaid managed care program, utilizing the most cost-effective manner and in accordance with LDH's terms and conditions</p> <p><b>For example, to best serve Louisiana enrollees and to meet LDH's goals, National MedTrans will:</b></p> <p><b>Ensure enrollees ready access to care,</b> by leveraging proprietary software and capabilities that provide access to the highest-quality transportation experience possible. MedTrans creates in-depth profiles detailing each enrollee's unique needs and circumstances, and leverage sophisticated algorithms that match them with trained and credentialed transportation providers. Internal algorithms consider dozens of unique variables (e.g., language, gender preference, assistive devices, driver quality and driver availability, etc.), to service enrollees with the right vehicle at the right place and time. MedTrans builds, maintains and expands its network of transportation providers via the geographic locations' of enrollees, the anticipated needs of the populations, and expected demand to deliver prompt and available access to transportation services. MedTrans has developed applications that put the power of scheduling and managing transportation in the hands of enrollees, their care providers and health plan partners. Enrollees access real-time data on the status of their trips, provide feedback on their rides, and connect with our customer service team, which substantially reduces grievances and provides a mechanism to resolve any issues quickly that may arise. National MedTrans coordinates trips through a compassionate and highly capable team of call center professionals—providing further accessibility to enrollees. <b>(1.3.2.3)</b></p> <p><b>Minimize wasteful spending, abuse and fraud,</b> via MedTrans' proprietary technology that detects and prevents instances of waste, abuse and fraud. Internal algorithms analyze trips data to reduce superfluous trips and flag suspicious activity for further review. MedTrans pulls in data from multiple sources to validate origin and destination addresses, verify trip mileage and ensure that members were present during trips. MedTrans partners with the health plan to cross-reference claims data to</p>

link trip details with provider medical claims, allowing for verification on whether members attended the appointments for which they were scheduled. (1.3.2.9)

**A description of the material subcontractor's organizational experience:**

**National MedTrans, LLC**

National MedTrans' technology makes it simple and easy to configure complex products and coordinate trips. Through the National MedTrans "Frances" app, customers can configure business rules, such as benefit limits and approved modes of transportation that are incorporated into National MedTrans' Smart Dispatch system. Customers and transportation providers receive reports, alerts and geo-stamped trip confirmations through the National MedTrans web or mobile app. Everything from trip scheduling and grievance reporting, to provider confirmation and mileage reimbursements, they are all handled through the same portal across all devices. The National MedTrans platform connects all stakeholders involved in the transportation experience in a fully transparent, real-time environment.

Since 2005, National MedTrans has delivered non-emergency medical transportation benefit-management solutions to managed care, governmental, nonprofit, private and consumer-facing payers. National MedTrans uses proprietary technology, data analytics and a human touch to deliver "best-in-class" experiences for varied populations in non-emergency medical transportation and care coordination. Customer service operations are supported in Flushing, Ronkonkoma and Whitestone, NY; Sugar Land, TX; and Orem and Sandy, UT. Administrative offices are located in Burbank, CA; Hartford, CT; Minnetonka, MN; Islandia, NY and Sandy, UT. Currently, with more than 800 employees, National MedTrans manages transportation benefits in partnership with more than 30 payer clients coordinating more than 4,000,000 transports annually.

For the public sector, National MedTrans has supported the Medicaid market since 2005. Currently, they serve approximately 2,500,000 enrollees nationally through various Medicaid and Medicare Advantage programs providing non-emergent medical transportation to some of the most socioeconomically disadvantaged and chronically ill populations in more than 13 states (e.g., Alabama, California, Florida, Louisiana, Kansas, Maryland, Michigan, Mississippi, Missouri, Nevada, New York, Ohio and Virginia). Populations, for example, include complex ill, CHIP, dual eligible, expansion, long term care/services and supports, Medicaid, special needs and TANF type subscribers. Since 2018, National MedTrans has provided non-emergent transportation services for Healthy Louisiana's recipients; currently, they serve more than 450,000 Louisiana Medicaid enrollees, meeting the needs of the Medicaid population.

**The processes the Proposer will implement to monitor and evaluate the performance of the material subcontractor to ensure that all contract requirements are met and to determine the return on investment:**

We monitor and manage the performance of subcontractors through the mechanisms described below. These mechanisms facilitate our oversight of the subcontractors and allow us to evaluate performance, especially with respect to state contractual requirements. Unless otherwise noted, we use these approaches for both external nonaffiliate subcontractors and our affiliate entities within UnitedHealth Group:

- ***Operating Arrangements:*** The operating document incorporates a description of the required functions and service levels, the process by which we assess performance, the recourse we have if service standards or expectations are not met (including revocation of delegation or imposing other sanctions if the subcontractor's performance is inadequate), and the authority of Scott Waulters and the executive team to drive change. Relationships are constructed, formalized and managed with the consent of

LDH, the subcontractor and UnitedHealthcare. LDH has the right to review and approve or disapprove all subcontracts for the services provided under this contract.

- **Vendor Collaboration Meeting:** Twice a week, we invite representatives from National MedTrans to our regular operations meetings, promoting understanding of how each functional area is dependent upon the success of the others. During these meetings, we provide direction for our subcontractors and verify their quality and effectiveness is sufficient to meet objectives. Local functional area business owners also report on subcontractor performance and measurements. Operations meetings include:
  - Feedback and oversight
  - Review of policies and procedures
  - Training and education
  - Monitoring of key performance indicators
  - Effective lines of communication
  - Responding to issues/escalating when necessary
- **Joint Operating Committee (JOC):** Our Joint Operating Committee monitors subcontractor performance on a monthly basis. An expedited meeting may be called to address critical issues in a timely manner as determined by our leadership and our subcontractor(s). The scope of the JOC includes developing compliance strategies and initiatives to support the subcontractor's performance such as:
  - Overall review of business performance
  - Assessment of key compliance/regulatory issues and risks
  - Audit planning and reporting
  - Escalation of issues, especially from local health plans
  - Review of fraud, waste and abuse prevention efforts
  - Confirmation of monthly checks of federal and state exclusion lists
  - Response to identified issues

Membership of the JOC includes Louisiana plan leadership, national representatives and key business leads from UnitedHealthcare's Community & State (Medicaid) organization, and operational partners.
- **Dedicated Staff:** We designate accountable relationship owners from the Louisiana health plan in the appropriate functional area to work with specific subcontractors. The local relationship owner works with regional and national relationship owners to perform this oversight. Subcontractors may require additional attention when their responsibilities are of a critical nature or where performance warrants additional oversight. We understand that such steps are necessary for high quality, given the size of our health plan and the large number of members and providers that depend on us. These staff members monitor and drive improvement in our subcontracted services.
- **Statistics and Reports:** Subcontractors are required to report key performance indicators on a daily basis. These reports allow UnitedHealthcare staff to monitor and evaluate subcontractors, as well as indicate action steps for improvements. Review of these statistics occurs in monthly and quarterly committee reviews.

- ***Collaboration Calls:*** During monthly or as appropriate collaboration calls, our CEO, COO and CMO (as needed), members of the local team meet with executives from our affiliate organizations, allowing for constant exchange of best practices, problem-solving and innovations that are working in other markets. Executives from our claims operations, member and provider services centers, provider contracting, pharmacy and other functional areas attend this meeting as needed. In addition, this dialogue allows our executive staff to provide direct feedback to our partners on their service quality and reinforce the prioritization of our Medicaid programs to promote contract compliance. UnitedHealthcare uses these overall monitoring approaches and mechanisms to identify and prioritize areas for improvement, set quantifiable goals and metrics, and communicate clear expectations. By creating a systematic approach to evaluate and improve our operations with our subcontractors, we have a process that promotes ongoing identification and remediation of operational challenges and implementation of best practices and innovations.
- ***Call Calibration with National MedTrans:*** On a monthly basis we listen to customer service calls from National MedTrans and provide feedback to ensure appropriate customer service. This feedback is given back to National MedTrans, where they disseminate it to relevant service representatives.

Instructions: The Proposer should attach the executed or draft contract and indicate compliance with each of the following checklist items by completing the “Location” column.

	<b>Checklist Item</b>	<b>Location</b> (Include Name of Document, Page Number, and Section Number/Letter)
1	Contain language that the subcontractor shall adhere to all requirements set forth for MCO subcontractors in the contract between LDH and the MCO and the MCO Manual, and either physically incorporate these documents as appendices to the subcontract or include language in the subcontract that the MCO shall furnish these documents to the subcontractor upon request.	Regulatory Appendix Pg. 10 Section 4.7
2	Include a signature page that contains an MCO and subcontractor name with titles that are typed or legibly written, subcontractor company name, and dated signature of all appropriate parties (applicable for executed contracts).	<b>Within Executed Contract</b> Base Agreement Pg. 15-15a
3	Specify the effective dates of the subcontract agreement.	<b>Within Executed Contract</b> Base Agreement Pg.1 Preamble Pg. 9 Section 7
4	Specify that the subcontract and its appendices contain all the terms and conditions agreed upon by the both parties.	Regulatory Appendix Pg. 20 Section 6.3
5	Require that no modification or change of any provision of the subcontract shall be made unless such modification is incorporated and attached as a written amendment to the subcontract and signed by the parties.	Regulatory Appendix Pg. 20 Section 6.3
6	Specify procedures and criteria for any alterations, variations, modifications, waivers, extensions of the subcontract termination date, or early termination of the subcontract and that such change shall only be valid when reduced to writing, duly signed and attached to the original of the subcontract.	Regulatory Appendix Pg. 20 Section 6.3
7	Specify that the MCO and subcontractor recognize that in the event of termination of the contract between the MCO and LDH for any of the reasons described in the contract, the MCO shall immediately make available to LDH or its designated representative, in a usable form, any and all records, whether medical or financial, related to the MCO's and subcontractor's activities undertaken pursuant to the subcontract agreement. The provision of such records shall be at no expense to LDH.	Regulatory Appendix Pg. 7 Section 4.4(e)
8	Ensure the subcontractor shall not, without prior approval of the MCO, enter into any subcontract or other agreement for any of the work contemplated under the subcontract without approval of the MCO.	Regulatory Appendix Pg. 15 Section 4.22
9	Require that if any requirement in the subcontract is determined by LDH to conflict with the contract between LDH and the MCO, such requirement shall be null and void and all other provisions shall remain in full force and effect.	Regulatory Appendix Pg. 20 Section 6.1

	<b>Checklist Item</b>	<b>Location</b> (Include Name of Document, Page Number, and Section Number/Letter)
10	Identify the population covered by the subcontract.	Regulatory Appendix Pg. 1 Section 2.2
11	Specify that the services provided under the subcontract must be in accordance with the Louisiana Medicaid State Plan and require that the subcontractor provide these services to enrollees through the last day that the subcontract is in effect.	Regulatory Appendix Pg. 15 Section 4.23
12	Require that the subcontractor be currently licensed and/or certified under applicable state and federal statutes and regulations and shall maintain throughout the term of the subcontract all necessary licenses, certifications, registrations and permits as are required to provide the health care services and/or other related activities delegated by the MCO.	Regulatory Appendix Pg. 14 Section 4.20
13	Specify the amount, duration, and scope of benefits and services that are provided by the subcontractor.	Regulatory Appendix Pg. 17 Section 4.29
14	Provide that emergency services be coordinated without the requirement of prior authorization of any kind.	Regulatory Appendix Pg. 2 Section 3.1(b)
15	Require that if the subcontractor performs laboratory services, the subcontractor must meet all applicable state requirements and 42 C.F.R. § 493.1 and 493.3, and any other federal requirements.	Regulatory Appendix Pg. 18 Section 4.35
16	Require that an adequate record system be maintained for recording services, charges, dates and all other commonly required information elements for services rendered to MCO enrollees pursuant to the subcontract (including but not limited to such records as are necessary for the evaluation of the quality, appropriateness, and timeliness of services performed under the contract between LDH and the MCO). MCO enrollees and their representatives shall be given access to and can request copies of the enrollees' medical records, to the extent and in the manner provided by La. R.S. 40:1165.1 and 45 C.F.R. §164.524 as amended and subject to reasonable charges.	Regulatory Appendix Pg. 6 Section 4.4(b)
17	Include record retention requirements as specified in the contract between LDH and the MCO.	Regulatory Appendix Pg. 6 Section 4.4 (c)

	<b>Checklist Item</b>	<b>Location</b> (Include Name of Document, Page Number, and Section Number/Letter)
18	Shall make all program and financial records and service delivery sites open to CMS, the U.S. Office of the Inspector General (OIG), HHS, the State Auditor's Office, the Office of the Attorney General, Government Accountability Office (GAO), LDH, and/or any of their designees upon request, and shall provide them with timely and reasonable access and the right to examine and make copies, excerpts, or transcripts of all books, documents, papers, and records which are directly pertinent to a specific program for the purpose of making audits and examinations, contact and conduct private interviews with the subcontractor's clients, employees, and contractors, and do on-site reviews of all matters relating to service delivery as specified by the Contract. The rights of access in this provision are not limited to the required retention period, but shall last as long as records are retained. The subcontractor shall provide originals and/or copies (at no charge) of all records and information requested. Requests for information shall be compiled in the form and the language requested.	Regulatory Appendix Pg. 9 Section 4.5 (e)
19	INTENTIONALLY LEFT BLANK	
20	Whether announced or unannounced, provide for the participation and cooperation in any internal and external quality assessment review, utilization management, and grievance procedures established by the MCO and/or LDH or its designee.	Regulatory Appendix Pg. 14 Section 4.18
21	Specify that the subcontractor shall monitor and report the quality of services delivered under the subcontract and initiate a plan of correction where necessary to improve quality of care, in accordance with that level of care which is recognized as acceptable professional practice in the respective community in which the MCO /subcontractor practices and/or the standards established by LDH or its designee.	Regulatory Appendix Pg. 20 Section 6.2
22	Require that the subcontractor comply with any corrective action plan initiated by the MCO and/or required by LDH.	Regulatory Appendix Pg. 20 Section 6.2
23	Specify any monetary penalties, sanctions or reductions in payment that the MCO may assess on the subcontractor for specific failures to comply with subcontract and/or credentialing requirements. This shall include, but may not be limited to a subcontractor's failure or refusal to respond to the MCO's request for information, the request to provide medical records, credentialing information, etc.; at the MCO's discretion or a directive by LDH, the MCO shall impose at a minimum, financial consequences against the subcontractor as appropriate.	Regulatory Appendix Pg. 17 Section 4.32
24	Provide for submission of all reports and clinical information to the MCO for reporting purposes required by LDH.	Regulatory Appendix Pg. 16 Section 4.25

	<b>Checklist Item</b>	<b>Location</b> (Include Name of Document, Page Number, and Section Number/Letter)
25	Require safeguarding of information about MCO enrollees according to applicable state and federal laws and regulations and as described in contract between LDH and the MCO.	Regulatory Appendix Pg. 9 Section 4.6
26	Make full disclosure of the method and amount of compensation or other consideration to be received from the MCO.	<b>Regulatory Appendix</b> Pg. 22 Section 6.11 <b>Within Executed Contract</b> Exhibit A
27	Provide that the subcontractor comply with LDH's claims processing requirements as outlined in the RFP.	Regulatory Appendix Pg. 22 Section 6.11
28	Provide that the subcontractor adhere to LDH's timely filing guidelines as outlined in the RFP.	Regulatory Appendix Pg. 16 Section 4.26
29	Provide that, if LDH or its subcontractors discover an error or a conflict with a previously adjudicated encounter claim, the subcontractor shall be required to adjust or void the encounter claim within fourteen (14) calendar days of notification by LDH or the MCO, or if circumstances exist that prevent the subcontractor from meeting this time frame, by a specified date approved by LDH.	Regulatory Appendix Pg. 16 Section 4.26
30	Specify that the subcontractor shall accept the final payment made by the MCO as payment-in-full for covered services provided and shall not solicit or accept any surety or guarantee of payment from LDH or the member(s). Member shall include the patient, parent(s), guardian, spouse or any other legally or potentially legally, responsible person of the member being served.	Regulatory Appendix Pg. 4 Section 4.1
31	Specify that at all times during the term of the subcontract, the subcontractor shall indemnify and hold LDH harmless from all claims, losses, or suits relating to activities undertaken pursuant to the contract between LDH and the MCO, unless the subcontractor is a state agency. For subcontractors that are not state agencies, the indemnification may be accomplished by incorporating such language from the contract between LDH and the MCO in its entirety in the subcontractor's agreement or by use of other language developed by the MCO and approved by LDH. For state agencies, the liability protection may be accomplished by incorporating language developed by the state agency and approved by LDH.	Regulatory Appendix Pg. 5 Section 4.2
32	Require the subcontractor to secure all necessary liability, malpractice, and workers' compensation insurance coverage as is necessary to adequately protect the MCO's enrollees and the MCO under the subcontract. The subcontractor shall provide such insurance coverage upon execution and at all times during the subcontract and shall furnish the MCO with written verification of the existence of such coverage.	Regulatory Appendix Pg. 14 Section 4.19

	<b>Checklist Item</b>	<b>Location</b> (Include Name of Document, Page Number, and Section Number/Letter)
33	Specify that the subcontractor agrees to recognize and abide by all state and federal laws, rules and regulations and guidelines applicable to the provision of services, and stipulate that Louisiana law, without regard to its conflict of laws provisions, will prevail if there is a conflict between the state law where the material subcontractor is based and Louisiana law.	Regulatory Appendix Pg. 18 Section 4.36
34	Provide that the agreement incorporates by reference all applicable federal and state laws, rules or regulations, and revisions of such laws, rules, or regulations shall automatically be incorporated into the subcontract as they become effective.	Regulatory Appendix Pg. 20 Section 6.3
35	Provide that the MCO and subcontractor shall be responsible for resolving any disputes that may arise between the two (2) parties, and that no dispute shall disrupt or interfere with the provisions of services to the MCO member.	Regulatory Appendix Pg. 21 Section 6.8
36	Include a conflict of interest clause as stated in the contract between LDH and the MCO.	Regulatory Appendix Pg. 17 Section 4.30
37	Specify that the subcontractor must adhere to the Quality Assessment Performance Improvement (QAPI) and Utilization Management (UM) requirements as outlined the contract between LDH and the MCO. The QAPI and UM requirements shall be included as part of the subcontract between the MCO and the subcontractor.	Regulatory Appendix Pg. 14 Section 4.18
38	Provide that all subcontractors shall give MCO immediate notification in writing by certified mail of any litigation, investigation, complaint, claim or transaction that may reasonably be considered to have a material impact on the subcontractor's ability to perform the services included in its contract with the MCO.	Regulatory Appendix Pg. 16 Section 4.27
39	Provide that in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d et. seq.) and its implementing regulation at 45 C.F.R. Part 80 (2001, as amended), the subcontractor must take adequate steps to ensure that persons with limited English skills receive free of charge the language assistance necessary to afford them meaningful and equal access to the benefits and services provided under the subcontract.	Regulatory Appendix Pg. 12 Section 4.12
40	Contain no provision which restricts a subcontractor from subcontracting with another MCO or other managed care entity.	Regulatory Appendix Pg. 23 Section 6.14
41	Require that, when the MCO has entered into an alternative reimbursement arrangement with subcontractor, all encounter data must comply with the same standards of completeness and accuracy as required for proper adjudication of claims by the MCO.	Regulatory Appendix Pg. 16 Section 4.25

	<b>Checklist Item</b>	<b>Location</b> (Include Name of Document, Page Number, and Section Number/Letter)
42	Require that the services to be provided under this subcontract shall be performed entirely within the boundaries of the United States, which includes the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa. In addition, the subcontractor will not hire any individual to perform any services under this Contract if that individual is required to have a work visa approved by the U.S. Department of Homeland Security and such individual has not met this requirement.	Regulatory Appendix Pg. 19 Section 4.43
43	<p>Contain the following language:</p> <p>The subcontractor and the subcontractor's providers assign to the State of Louisiana any and all rights or claims it currently has or may acquire under any state or federal antitrust laws and that are attributable to any product units purchased or reimbursed through any state program or payment mechanism, including but not limited to product units purchased or reimbursed under the Louisiana Medicaid managed care program. For purposes of this assignment clause, the "subcontractor" shall include any direct or indirect owner to whom the right or claim to be assigned actually belongs, including any and all parents, branches, departments or subsidiaries.</p>	Regulatory Appendix Pg. 3 Section 3.3
44	<p>Contain the following language:</p> <p>The subcontractor and the subcontractor's providers shall comply, within a reasonable time, with any information, records or data request from any healthcare oversight agency, including the Louisiana Office of the Attorney General, Medicaid Fraud Control Unit (MFCU), related to any services provided under Louisiana's Medical Assistance Programs. This requirement shall be inclusive of contracts or subcontracts with entities who manage or coordinate certain benefits for Medicaid beneficiaries on behalf of the MCO's but does not directly provide the service to Medicaid beneficiaries. When requested by the MFCU the production of the information, records or data requested by the MFCU shall be done at no cost to the MFCU, and the contractor, subcontractor or provider shall not require the MFCU to enter into any contract, agreement or memorandum of understanding to obtain the requested information, records or data. The MCO contractor, subcontractor and/or provider agrees that this contract creates for the healthcare oversight agency an enforceable right for which the healthcare oversight agency can petition the court in the event of non-compliance with an information, records or data request.</p>	Regulatory Appendix Pg. 8 Section 4.5(c)