

REQUEST FOR PROPOSAL FOR NON-EMERGENCY TRANSPORTATION SERVICES

March 25, 2026

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SECTION 1 - RFP OVERVIEW AND PROPOSAL PROCEDURES

This Request for Proposal (“RFP”) is being issued by South Florida Community Care Network, LLC d/b/a Community Care Plan (“CCP”) to select a vendor to provide Non-Emergency Transportation (“NET”) Services to its Enrollees in the Statewide Medicaid Managed Care Program (“SMMC”) Program and the Florida Healthy Kids Program (“FHK Program”). CCP is authorized to provide Managed Medical Assistance (“MMA”) services as an MMA Plus Plan and offers Serious Mental Illness (“SMI”) specialty product services (“MMA/SMI Program”) to eligible recipients.

CCP must contract with a NET Services provider with the experience and capability to deliver safe, timely, and high-quality transportation services in compliance with its agreements with the Agency for Health Care Administration (“AHCA”) and Florida Healthy Kids Corporation (“FHK”). CCP’s goal is to identify competitive Respondents that can provide efficient, transparent, and collaborative NET Services and related administrative services that ensure a positive Enrollee experience.

1.1 Introduction/Background

CCP is a provider service network (“PSN”) owned and operated by the North Broward Hospital District d/b/a Broward Health and the South Broward Hospital District d/b/a Memorial Healthcare System (“the Members”). South Florida Community Care Network, LLC (“SFCCN”) was incorporated in 2014 and is headquartered at 1643 Harrison Parkway, Suite H-200, Sunrise, Florida 33323.

CCP has established a network of providers to furnish health care services to various payer groups, including Medicaid and Florida Healthy Kids. CCP provides services to its Enrollees in the MMA/SMI Program in Regions E through I¹ and in the FHK Program in Regions G, H and I².

1.2 Objective

CCP seeks a NET Services provider with the expertise to deliver transportation services in a timely, professional, efficient, and cost-effective manner while maintaining high standards of integrity, customer service, accountability, and performance.

References to the AHCA Contract and FHK Contract may be collectively described as the “Prime Contracts” when requirements apply to both. When applicable to only one, the specific contract will be identified.

¹ Region E consists of Brevard, Orange, Osceola, and Seminole Counties.
Region F consists of Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota Counties.
Region G consists of Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties.
Region H consists of Broward County.
Region I consists of Miami-Dade and Monroe Counties.

² *Id.*

Links to the Prime Contracts are provided below:

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

This RFP does not authorize Respondents to perform work at CCP's expense. Any work associated with preparing a response or negotiating an agreement is solely at the Respondent's cost.

1.3 RFP Timeline

CCP reserves the right to amend the timeline. All changes will be communicated via addenda.

DATE/TIME	DESCRIPTION
March 25, 2026	RFP Notice published in the <i>Florida Administrative Weekly</i> and posted on https://www.ccpcares.org/Newsroom
March 31, 2026	Respondents submit Attachment 1 - Acknowledgment Form via email to procurements@ccpcares.org
April 6, 2026	Respondents submit written questions using Attachment 2 - Question/Answer Template via email to procurements@ccpcares.org
April 13, 2026	CCP distributes responses to Written Questions via email from procurements@ccpcares.org
May 4, 2026	RFP Responses due to CCP via email to procurements@ccpcares.org
May 18, 2026	Best and Final Offers (if applicable)
May 22, 2026	Notice of Intent to Award

RFP Responses submitted after the deadline will not be accepted.

CCP may request meetings with Respondents for clarification after responses are received.

1.4 Restrictions on Communications

Beginning with publication of this RFP and continuing through the final award (or rejection of all responses), Respondents and their representatives may not contact CCP staff, Memorial Healthcare System, or Broward Health regarding RFP-related services except through:

- Communication with the RFP-designated point of contact;
- Communications regarding an existing contract; or
- Presentations before the Evaluation Committee, if requested.

Non-permitted communication may result in disqualification.

1.5 Written Questions; Additional Information; Addenda

- All written questions must be emailed to Procurements@ccpcares.org by March 30, 2026 at 5:00 p.m., using **Attachment 2 - Question/Answer Template**.
- CCP will distribute written responses who submitted an **Acknowledgment Form** and/or questions.
- CCP may, at its discretion, consider questions received after the deadline.

1.6 Florida Sunshine Act and Public Records Law

Respondents acknowledge CCP's obligations under chapter 119, Florida Statutes. If a public records request includes confidential information:

- CCP will notify Respondent.
- If a redacted version was provided, CCP will release the redacted version.
- If confidentiality is challenged, the Respondent must defend its position at its own cost and indemnify CCP for any resulting expenses.
- Pricing and compensation under the final Contract are not confidential and may be publicly disclosed.

1.7 Conflict of Interest

Respondents must disclose:

- Any relationships or dealings with CCP, Memorial Healthcare System, or Broward Health that could be perceived as conflicts of interest.
- Any individuals currently employed by CCP who Respondent employees within the past year were, and vice versa.

No CCP employee may benefit directly or indirectly from this RFP.

1.8 Excluded Respondents

Respondents must certify that they:

- Are not on the Convicted Vendor List (section 287.133, Florida Statutes).
- Are not on the Discriminatory Vendor List (section 287.134, Florida Statutes).
- Are not excluded from federal health care programs, per 42 U.S.C. §§ 1320a-7, 1320c-5, 1395cc, and the OIG List.
- Will comply with nondiscrimination and accessibility laws, including the ADA, Section 504, Title VI, and other applicable federal and state requirements.

CCP may terminate a Contract if a Respondent becomes excluded or debarred.

1.9 HIPAA Statement

Respondents must comply with all confidentiality laws governing protected health information (“PHI”) and personal identifying information (“PII”), including:

- Health Insurance Portability and Accountability Act (“HIPAA”)
- Health Information Technology for Economic and Clinical Health (“HITECH”)
- Florida Information Protection Act (“FIPA”)

Respondents may not disclose PHI/PII without Enrollee consent and must train staff accordingly. A Business Associate Agreement will be required.

1.10 Insurance

If awarded a Contract, Respondents must maintain, at minimum:

- \$1,000,000 Comprehensive General Liability per occurrence;
- \$5,000,000 Umbrella Liability in the aggregate;
- \$1,000,000 Automobile Liability (combined single limit);
- Workers’ Compensation per statute;
- \$1,000,000 Professional Liability; and
- \$10,000,000 Cyber Liability per occurrence and aggregate.

CCP must be named as an additional insured on all policies. Certificates of insurance must accompany the proposal.

1.11 Lobbying

Respondents must certify that:

- No lobbyist (other than bona fide employees) has been retained to secure this Agreement unless CCP’s General Counsel has been notified; and
- No fees, commissions, gifts, or other consideration have been given to secure this Agreement, except to bona fide employees.

1.12 Joint Ventures

Joint ventures may consist of no more than one additional entity (maximum total of two entities). A joint venture must submit one combined response, and no participating entity may submit another proposal separately.

SECTION 2 - EVALUATION CRITERIA - (RESPONDENT QUALIFICATIONS, SCOPE OF SERVICES, AND COST OF SERVICES)

This section outlines the information that CCP will use to evaluate all submitted RFP Responses. Respondents should review this section thoroughly and provide complete, well-organized answers. Failure to fully respond to the evaluation criteria may result in disqualification.

CCP requests that Respondents follow the required format and organization and avoid including promotional or marketing materials not relevant to the evaluation. Incomplete or non-responsive answers may lead to elimination from consideration.

2.1 Respondent Qualifications

Respondents must follow all instructions in the RFP and its attachments. Responses must address each evaluation item in the order presented.

Proposals missing required information or documents may be deemed non-responsive.

If a Respondent claims any exemption under chapter 119, Florida Statutes, one (1) redacted copy of the RFP Response must also be submitted, clearly identifying the statutory basis for each redaction.

2.2 Respondent Qualifications

Each RFP Response must contain sufficient detail to allow CCP to conduct a meaningful evaluation. The Response must include the following components:

A. Title Page

Include the RFP Title/Subject, Respondent's name, address, telephone number, email address, and submission date.

B. Table of Contents

List all sections of the Response in sequential order. All pages—including attachments—must be clearly numbered and aligned to the Table of Contents.

C. Letter of Transmittal

The letter should include:

- Respondent's name and business address
- Contact person's email address
- Federal Employer Identification Number (FEIN)

- Names and contact information of individuals authorized to make representations on behalf of the Respondent

D. Background / Executive Summary

Provide a concise (approx. 5-page) description of the Respondent's services, qualifications, number of years providing similar services, number of employees, and number of past and current clients.

E. Litigation

Disclose all litigation or regulatory actions filed or pending during the past three (3) years. Include:

- Description of the action
- Court/agency name
- Case/file number
- Status or disposition

If none, state that no litigation or regulatory action exists.

Joint ventures must submit this information for each member organization.

F. Differentiating Factors

Describe the unique qualifications, capabilities, or experience that distinguish the Respondent from competitors.

G. Required Attachments

Respondents must submit completed versions of the following:

- Attachment 3 – Respondent Qualifications
- Attachment 4 – Service Requirements
- Attachment 5 – Pricing Proposals

H. Contract and Scope of Services

Respondent should include a copy of its proposed contract and a detailed scope of work with service-level agreements, milestones, and timelines.

I. Exemptions (if applicable)

If claiming exemptions under chapter 119, provide the required redacted copy with statutory justification.

Please ensure that Respondent’s executive responsible for approving Respondent’s bid is able to legally bind Respondent.

CCP reserves the right to request modifications to any response and is not obligated to accept, review, or award a contract based on any proposal received.

Att. #	Title/Descriptions
3	Respondent Qualifications - <ul style="list-style-type: none"> • Answer each item accurately based on Respondent’s knowledge or experience. • If an item does not apply to Respondent, state “N/A” in Respondent’s Response. • Keep your responses as brief as possible; backup material may be attached to your final response.
4	Service Requirements - The requirements in this attachment will ultimately become an exhibit to the contract awarded in this RFP process. <ul style="list-style-type: none"> • Place a check the appropriate box indicating Respondent’s agreement that Enrollees enrolled in the MMA/SMI Program and FHK Program are entitled to receive the covered NET Services selected below. If Respondent does not agree that the requirement should apply to Respondent, state “No” or “N/A” and provide a brief explanation of the reasoning, in the “Response/Comments” column. • Use the format provided. • Keep your responses/comments to 50 words or less; backup material may be attached to your RFP Response. All responses must be entered in this form or embedded in this form to be considered.
5	Pricing Proposal (Note that all rates provided should be Respondent’s guaranteed or minimum guaranteed effective rates.)
6	Non-Emergency Transportation Services Reports
6A	Non-Emergency Transportation Timeliness Report Template
7	Subcontractor Delegation Checklist

2.3 Pricing Proposals

CCP anticipates entering a three-year Agreement, with up to two (2) one-year renewal options.

Respondents must submit pricing using **Attachment 5 – Pricing Proposals**, including:

- Fee-For-Service (per-trip) rate proposal
- Full-risk capitated rate proposal

Pricing must reflect the NET Metrics and utilization data provided in **Attachment 5**.

2.4 Software/Hardware

All proposed software and hardware must be compatible with CCP's Information Technology requirements.

If proprietary systems requiring integration with CCP systems are proposed, the Respondent must provide a complete list of technologies for CCP IT review and approval.

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

3.1 Submission of RFP Responses

All RFP Responses must meet the requirements outlined in this section. Submission of a Response signifies that the Respondent has read, understands, and agrees to comply with the RFP.

Each Response must include:

- Transmittal Letter
- Executive Summary
- Respondent Qualifications (Attachment 3)
- Service Requirements (Attachment 4)
- Pricing Proposals (Attachment 5)

Submission Requirements

- Responses must be submitted via email to Procurements@ccpcares.org no later than **5:00 p.m. on May 4, 2026**.
- Late submissions will not be accepted for any reason. Disputes regarding timely receipt will be resolved in favor of CCP.
- Responses must be complete. Missing executed forms must be provided within 72 hours of CCP's notification. Failure to do so will result in rejection.
- Respondents may not modify Responses after the submission deadline unless permitted by CCP.
- Requests for withdrawal must be emailed to Procurements@ccpcares.org.
- CCP may accept all, any, or none of the submitted Responses.

CCP understands that Respondents may differ in how they deliver services. Specifications in this RFP are general descriptions of the desired function and performance. CCP will not disqualify substantially equivalent service models, provided any differences are clearly identified in an addendum and explained sufficiently. Additional data may be requested.

3.2 Evaluation Process

A. Evaluation of Proposals

All proposals will be reviewed by CCP's internal Evaluation Committee. Evaluations are based solely on the written submissions, including both the technical and pricing proposals.

CCP will first determine whether each submission is responsive and complete. CCP may eliminate any proposal that fails to meet minimum requirements.

CCP may request written clarifications during the evaluation, but Respondents may not revise their submissions unless specifically authorized.

B. Evaluation Criteria - Responsive proposals will be assessed on:

- Organizational Qualifications & Experience: Demonstrated history providing NET Services, particularly in Florida Medicaid programs.
- Operational Capabilities: Ability to administer transportation operations, including call center functionality, dispatch, network oversight, compliance processes, quality assurance, and reporting.
- Implementation & Transition Plan: Readiness plan, staffing, timelines, and approach to ensuring uninterrupted service continuity.
- Technology & Reporting: Capabilities of scheduling systems, member/provider interfaces, data reporting, encounter reporting, and integration with CCP systems.
- Compliance & Program Integrity: Ability to meet federal and state requirements, including fraud, waste, and abuse safeguards and subcontractor oversight.
- Pricing Proposal: Reasonableness, competitiveness, and completeness of pricing across the required models.

C. Evaluation Methodology: The Evaluation Committee may use scoring or qualitative assessments to determine overall value. Pricing will be considered together with technical merit.

Pricing considerations include (but are not limited to):

- Unit rates for transportation services;
- Administrative fees or PMPM rates;
- Pricing structure and assumptions; and
- Overall cost effectiveness.

CCP reserves the right to consider both technical merit and pricing in determining the proposal that represents the best value.

D. Selection: Upon completing evaluations, CCP may:

- Select one or more Respondents for contract negotiations;

- Request additional clarification or written information; or
- Reject any or all proposals.

Issuing this RFP does not obligate CCP to award a contract.

3.3 RFP Postponement/Cancellation

CCP reserves the right, in its sole discretion, to withdraw, postpone or cancel the RFP at any time. This includes after recommendations have been made or negotiations have begun. CCP may re-advertise the RFP, which may be modified to meet updated needs.

3.4 Award

Respondents should not contact CCP for updates regarding award status.

After the CCP Member Board approves a recommendation:

- The first-ranked Respondent will be notified via telephone and in writing to begin contract negotiations.
- All non-selected Respondents will be notified in writing after the award is finalized.

APPENDIX A - DEFINITIONS

1. **Agency for Health Care Administration (“AHCA” or “the Agency”)** – The State agency responsible for administering the Medicaid Program and the lead agency for Title XXI of the Social Security Act for purposes of receipt of federal funds, reporting and for ensuring compliance with federal and state regulations and rules. Any reference to AHCA or the Agency includes its employees acting in their official capacity, its designee or its successor agency.
2. **AHCA Contract** – The contract between CCP and the Agency where CCP provides Covered Services to assigned Enrollees in the Statewide Medicaid Managed Care (“SMMC”) Managed Medical Assistance (“MMA”) Program and the Serious Medical Illness (SMI) Program in AHCA Regions Broward County, Florida. CCP and its Providers are required to remain in compliance with all AHCA Contract requirements at all times in the performance of their obligations.
3. **Community Care Plan (“CCP”)** – The fictitious name established in 2016 for South Florida Community Care Network, LLC (“SFCCN”) to promote and effectively target the services of SFCCN in the health care marketplace. The naming of CCP does not modify or amend any covenants, Contracts, or other obligations of SFCCN. References to CCP throughout this RFP mean and refer to SFCCN.
4. **Business Day** – Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding legal holidays.
5. **Enrollee** – A recipient who is enrolled as a member of CCP.
6. **FHK Contract** – The contract between CCP and FHK where CCP provides Covered Services to assigned Enrollees in the FHK Program in FHK Regions 9, 10 and 11. CCP and Provider are required to remain in compliance with all FHK Contract requirements at all times in the performance of their obligations under this Agreement.
7. **Florida Healthy Kids (“FHK”) Program (“FHK Program”)** – The FHK program is administered by Florida Healthy Kids Corporation, a private, non-profit corporation created by the Legislature in section 624.91, Florida Statutes. FHK collaborates with public and private partners statewide to ensure access to affordable, high quality health and dental insurance for all Florida children. Children’s Medicaid, Florida Healthy Kids, MediKids and Children’s Medical Services are marketed as Florida KidCare. The latter three comprise Florida’s Title XXI CHIP, created in Florida pursuant to sections 409.810 through 409.821, Florida Statutes.
8. **Florida Information Protection Act (FIPA)** – A state law that provides procedures for the protection and security of the sensitive personal information of Floridians. It includes a comprehensive set of breach notification requirements.

9. **Florida Medicaid Policies** – The NET Services Coverage Policy (Rule 59G-4.330, F.A.C.) must be used in conjunction with Florida Medicaid’s General Policies and any applicable service-specific and claim reimbursement policies with which providers must comply. All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code. Coverage policies are available on the Agency’s Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.
10. **Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)** – Federal law that protects health insurance coverage for workers and their families when they change or lose their jobs. The federal laws include the HIPAA Privacy Rule, the HIPAA Security Rule, and the HIPAA Breach Notification Rule, to protect the privacy of an individual’s health information; set national standards for the security of protected health information sent electronically; and to require notification following a breach of unsecured protected health information.
11. **Leg A** – Transportation from the originating pick-up site to the provider/appointment location.
12. **Leg B** – Return transportation from the provider/appointment location to the originating site.
13. **Medically Necessary or Medical Necessity** – The medical or allied care, goods, or services furnished or ordered must meet the following conditions:
 - Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain
 - This requirement applies only to recipients age 21 years or older.
 - Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs
 - Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational
 - Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
 - Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

Medically necessary or medical necessity for inpatient hospital services requires that those services furnished in a hospital on an inpatient basis could not, consistent with the

provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type

14. **Missed Trip** – A scheduled trip for which the transportation provider failed to pick up the enrollee.
15. **NET Services Coverage Policy** – The policy intended for use by providers that render NET services to eligible Florida Medicaid recipients.
16. **Non-Emergency Transportation (“NET”) Services** – Transport provided to Enrollees when the transport is related to Medicaid-compensable services.
17. **Person** – Any business, individual, union, committee, club, other organization, or group of individuals.
18. **Personal Assistance** – Help provided to a recipient to successfully use the mode of transport and reach their intended destination.
19. **Provider** – The term used to describe any entity, facility, person or group enrolled to furnish services under the AHCA Contract and FHK Contract.
20. **Qualified Respondent** – An entity or person who (1) has evidenced current qualifications to do business in the state of Florida; (2) possesses appropriate licensure; and (3) maintains liability insurance in an amount determined to be adequate by CCP.
21. **Recipient** – For the purpose of this RFP and the NET Services Coverage Policy, the term used to describe an individual enrolled in Florida Medicaid (including CCP enrollees).
22. **Respondent** – The entity submitting a response to CCP’s Request for Proposal for Non-Emergency Transportation Services.
23. **Request for Proposal (“RFP”)** – A solicitation by CCP for Proposals and includes all documents, whether attached or incorporated by reference, utilized for soliciting Proposals.
24. **Reservation Period** – Time period between a trip reservation request and the date the trip is provided.
25. **Scheduled Trip** – A trip that is arranged in advance of medical appointment or service.
26. **Serious Mental Illness (“SMI”)** – General descriptor for one, or a combination of the following diagnostic categories: psychotic disorders, bipolar disorder, major depression, schizophrenia, delusional disorder, or obsessive-compulsive disorder.

27. **Trip** – A one-way leg to or from a Florida Medicaid covered services.
28. **Trip Reservation** – A request for NET services.
29. **Unscheduled Trip** – A trip that is not or cannot be arranged in advance related to a medical appointment or service, for example when a recipient is delayed beyond their originally scheduled pick-up time due to reasons beyond their control.
30. **Urgent Care Trip** – A trip that requires transport to medical services that cannot be arranged in advance, without which the recipient could suffer serious injury or disability (e.g., high fever, animal bites, severe pain, fracture, etc.), or which could substantially restrict a recipient's activity (e.g., infectious illnesses, flu, sudden illness, respiratory ailments, etc.).

ATTACHMENT 1 - ACKNOWLEDGMENT FORM

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

RFP Responses must be received prior to 5:00 p.m. on **May 4, 2026**.

Return this form via email no later than 5:00 p.m. on **March 30, 2026** to Procurements@ccpcares.org.

Company Name: _____

Contact Name: _____

Street Address _____

City, State, Zip _____

Office Number: _____

Cell Number: _____

Email: _____

Authorized Signature: _____

Print Name _____

Title: _____

Date: _____

Will Respondent be submitting an RFP Response? Yes
 No

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

ATTACHMENT 3 - RESPONDENT QUALIFICATIONS

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

A. Corporate Background and Experience

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

1. Corporate Background: The details of the background of the corporation, its size, and all resources, shall cover:
 - (a) Date established;
 - (b) Tax identification number of company;
 - (c) Florida Medicaid Provider ID Number;
 - (d) Location of the principal place of business;
 - (e) Location of the place of performance of the proposed contract;
 - (f) Ownership (name, address and SSN/TIN of any persons (individual or corporation) with an ownership or control interest in Respondent and the percent of ownership for such person or corporation);
 - (g) Number of principals, partners and professional staff;
 - (h) Organizational chart;
 - (i) Total number of employees; and
 - (j) Number of personnel currently engaged in project operations.
2. Financial Statements: Financial statements for the Respondent shall be provided for each of the last two (2) years, including at a minimum:
 - (a) Statement of income;
 - (b) Balance sheet;
 - (c) Statement of changes in financial position during the last two (2) years;
 - (d) Statement of cash flow;
 - (e) Auditors' report;
 - (f) Notes to financial statements; and
 - (g) Summary of significant accounting policies.

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

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

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

B. Project Organization and Staffing

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

1. **Organization:** The organization charts shall show:
 - (a) Organization and staffing during each phase as described in the RFP; and
 - (b) Full-time, part-time and temporary status of all employees.

2. **Résumés**: Respondents must submit résumés of all proposed key staff persons - Project Manager, and other key management staff. Experience narratives shall be attached to the résumés describing specific experience with the type of service to be provided by this RFP, a Medicaid program, and professional credentials, including any degrees, licenses and recent and relevant continuing education.
3. **Responsibilities**: This section should discuss the anticipated roles of personnel during all phases of the Contract. All proposed key technical team leaders, including definitions of their responsibility during each phase of the Contract, should be included.
4. **Backup Personnel Plan**: If additional staff is required to perform the functions of the Contract, the Respondent should outline specifically its plans and resources for adapting to these situations. The Respondent should also address plans to ensure the longevity of staff in order to allow for effective CCP support.
5. **Screening Process**: Describe the screening process used for all employees, including all drivers and contract employees (for example, Level II background checks, drug testing, E-verify, etc.).
6. **Retention Rate**: Provide details on Respondent's Staff Retention Rate and incentives to retain employees.
7. **Rotation of Personnel**: Provide Respondent's policy regarding the rotation of personnel.
8. Provide information on any of Respondent's employees that have any family members employed at CCP. If there are employees that have family members employed at CCP, please disclose the CCP department name, family member name and job title.

C. Methodology

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

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

5. The proposal should include information about past performance results and a plan for evaluating the proposed project.

D. Transportation Methods

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

11. Describe Respondent's process of registering/accessing the type of vehicle an Enrollee will need.
12. Describe Respondent's process for overnight trips.
13. Describe Respondent's process for out of area trip and mileage reimbursement.
14. Describe Respondent's level of oversight of its contracted providers/transportation network companies.
15. If Uber, Lyft or other similar ridesharing company is used, what oversight is provided? How are they credentialed?
16. Describe how Respondent will ensure compliance with the following transportation standards. Items (a) through (e) shall be measured on a monthly basis, for processing transportation requests in a timely manner. Item (f) will be measured per occurrence.
 - (a) Respondent shall ensure that at least ninety percent (90%) of trips resulted in the Enrollee arriving to their scheduled appointment on time.
 - (b) Respondent shall ensure that no more than two-tenths percent (0.2%) of transportation requests resulted in a missed trip.
 - (c) Respondent shall ensure that at least eighty-five percent (85%) of unscheduled trips are fulfilled within three (3) hours of the request.
 - (d) Respondent shall ensure that at least ninety percent (90%) of the total scheduled Leg A trip requests were fulfilled within fifteen (15) minutes of the scheduled time for pick-up.
 - (e) Respondent shall ensure that at least ninety percent (90%) of the total scheduled Leg B trip requests were fulfilled within thirty (30) minutes of the scheduled time for pick-up.
 - (f) Respondent shall ensure that no enrollee with a Standing Order misses an appointment due to late pick-up, missed trip, or cancellation by the transporter. Examples of Standing Orders include persons receiving Dialysis, Cancer, and Methadone treatments. Item (f) will be measured by occurrence as determined from complaints received by the Agency. If liquidated damages are assessed, the corresponding missed trip will be removed from the performance calculation of items (a)-(e) above.
 - (g) If an Enrollee who does not have a Standing Order misses an appointment due to late pick up, missed trip, or cancellation by the transporter, the Respondent must work expeditiously with CCP and the appointment provider and Enrollee to

coordinate and reschedule the appointment for the nearest available time slot as possible.

17. Provide three (3) years of historical data regarding compliance with the transportation standards identified in Paragraph D.16., above.
18. Describe Respondent's process to correct any missed trips.
19. Describe Respondent's credentialing standard operating procedure and any additional requirements for Respondent's subcontractors. Please provide copies of Respondent's credentialing and recredentialing policies and procedures.
20. Describe Respondent's experience complying with Florida Medicaid Expanded Benefits (non-Medicaid covered services.)
21. Describe Respondent's experience complying with Best and Final Offer (BAFO) services.
22. Describe Respondent's process for excluding Missed Trips from CCP's Invoices.

E. Other

1. Describe Respondent's experience in promoting minorities and women (provide a policy statement of non-discrimination and equal employment opportunity within Respondent).
2. Describe any potential conflict of interest if Respondent is awarded a Contract with CCP.
3. Describe Respondent's process used to keep informed of current federal, state and local issues affecting NET services.
4. Provide information regarding any disciplinary action (including government issued sanctions, suspensions, terminations, fines, or similar adverse actions) over the last three (3) years.
5. Provide information regarding Respondent's involvement in a bankruptcy as a debtor, or in reorganization, liquidation, or dissolution proceeding, or if a trustee or receiver has been appointed over all or a substantial portion of the property of the Respondent under federal bankruptcy law or any state insolvency law.
5. List any other company names for which Respondent's partners, owners or principals operate.
6. Describe the circumstances, status and outcome of any substantial litigation in which Respondent has been involved over the last five (5) years related to the provision of non-emergency transportation services.

7. List information for any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers related to the provision of non-emergency transportation services.
8. Provide information pertaining to any dealings between Respondent and CCP, Memorial Healthcare System and Broward Health that might be construed as a conflict of interest.
9. Provide information pertaining to any individuals who were employees of Respondent within the last year who are now employees of CCP.
10. Provide information pertaining to any employees of Respondent who were employees of CCP within the last year.
11. Provide policies and information related to Respondent's programs to combat fraud, waste and abuse.
12. Provide policies and information related to Respondent's Business Recovery/Disaster Plan.
13. Describe the process of scheduling for Enrollee reoccurring appointments, i.e. dialysis, therapy, etc.
14. Provide information regarding Respondent's written procedures for NET Services for determining service eligibility for each Enrollee and what type of transportation is needed for that Enrollee.
15. Provide information regarding Respondent's written procedures for establishing a minimum twenty-four hour advance notification policy to obtain transportation services and communication of such policy to Enrollees.
16. Provide information regarding Respondent's written procedures for complying with the pick-up windows as prescribed by the Prime Contracts.
17. Provide a copy of Respondent's Enrollee Communication Material.
18. Provide a copy of Respondent's Provider Training Manual.
19. Provide a copy of Respondent's Marketing Material.
20. Provide a copy of Respondent's sample financial report provided to health plans.
22. Please list all expanded benefits Respondent is willing to offer, at no cost to CCP.
23. Provide information on whether Respondent is able to provide transportation to non-Medical appointments.

24. Provide copies of all policies and procedures relating to Respondent's implementation of protective measures taken by Respondent.
25. Provide information regarding Respondent's passenger/trip database that includes information for each Enrollee it transports and the details of the driver providing the trip (name, driver's license number).
26. Provide information on any app that Respondent has available for Enrollees' use to schedule, cancel or track NET Services.
27. Describe Respondent's experience with assisting with the completion of a Health Risk Assessment (HRA) or related assessment form on behalf of Plans.
28. Describe Respondent's experience to provide member demographic data (e.g. name, phone number, email, etc.) on a regular, ongoing basis.
29. Describe Respondent's process to ingest 834, 835 and 837 files.
31. Describe Respondent's process to submit, correct and resubmit 100% of encounters.
32. Respondent should provide a detailed description of its mobile application available to recipients covered by the AHCA Contract and/or FHK Contract. The response should include a list of application functions and services currently available to members, including screenshots or other functionality demonstration materials, if available.
33. Please describe any training provided to drivers on interacting with passengers with Serious Mental Illness. If such training is provided, include details regarding content, format, frequency, and duration.

F. Additional Information

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

ATTACHMENT 4 -SERVICE REQUIREMENTS

The MMA/SMI Program and FHK Program Service Requirements will apply to the awarded Respondent’s performance in managing the provision of NET Services to CCP Enrollees enrolled in the MMA/SMI Program and the FHK Program.

- Respondent should check the appropriate box indicating Respondent’s agreement that Enrollees enrolled in the MMA/SMI and FHK Programs are entitled to receive the covered NET Services below. If Respondent does not agree that the requirement should apply to Respondent, state “No” or “N/A” and provide a brief explanation of the reasoning, in the “Response/Comments” column.
- Use the format provided.
- Keep your responses/comments to 50 words or less; backup material may be attached to your RFP Response. All responses must be entered into this form or embedded in this form to be considered.

No.	Requirements	Check one of the following			Response/Comments If “No”, provide an explanation
1.	Respondent acknowledges that CCP is subject to Florida’s Public Records Act.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
2.	Respondent will be able to successfully implement this plan given at least a 120-day implementation timeline.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.	Respondent agrees, if awarded a contract, to use its best efforts to negotiate and enter into a NET Services contract within thirty (30) days of the award. CCP reserves the right to withdraw the award and issue it to the next highest bidder if a contract is not finalized within thirty (30) days of the award date.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
4.	Respondent agrees that if awarded a contract, to comply with the Delegated Subcontractor Requirements set forth in Attachment 7 - Subcontractor Delegated Checklist to this RFP in performing any relevant delegated activities under such Contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
5.	Respondent agrees to operate a customer service call center with access offered to Enrollees and Network Transportation Providers in accordance with federal and state laws and regulations, MMA/SMI Program Requirements, FHK Program Requirements, and accreditation standards.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
6.	Respondent agrees to submit to CCP copies of its policies and procedures relating to aspects of customer service functions upon CCP's reasonable request.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
7.	Respondent should indicate the standard days and hours of its Customer Service Center Operation in the Response/Comments Section.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
8.	Respondent should indicate its holiday and evening/weekend hours of operation in the Response/Comments Section.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
9.	Respondent agrees to 24/7/365 Call Center Availability for Urgent Trip Requests, hospital discharges and for ride assistance.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
10.	Respondent agrees to set up its Interactive Voice Response (IVR) greeting will be "Thank you for calling Community Care Transportation".	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
11.	Respondent agrees to set up its CSR Greeting: <ul style="list-style-type: none"> • When no screen pop is present to CSR: "Good morning/afternoon, this is XXX. How may I help you?" • When screen pop is available: "Hello, this is XXX, I see you are calling to make XXXX." 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
12.	Respondent agrees to provide Interpreter Services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
13.	Respondent agrees to that if business process outsourcing (BPO) is used that On-Shore Only will be allowed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
14.	Respondent agrees to the following digital services/platforms that are approved for use: <ul style="list-style-type: none"> • Member Services website • A web-based platform that allows providers or facilities to request and manage transportation trips for patients without calling the call center • Member App • Text Messages (including Text-To-Book) • Appointment Reminder • Chat 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
15.	Respondent agrees to provide NET Services to MMA/SMI Program Enrollees in the following Regions/Counties: <ul style="list-style-type: none"> • Region E - Brevard, Orange, Osceola, and Seminole Counties. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	<ul style="list-style-type: none"> Region F - Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota Counties. Region G - Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties. Region H - Broward County. Region I - Miami-Dade and Monroe Counties. 				
16.	<p>Respondent agrees to provide NET Services to MMA/SMI Program Enrollees in the following Regions/Counties:</p> <ul style="list-style-type: none"> Region G - Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties. Region H - Broward County. Region I - Miami-Dade and Monroe Counties. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
17.	<p>Respondent agrees that under the MMA/SMI Program:</p> <ul style="list-style-type: none"> It may not limit Enrollees to specific medical providers within a geographic range; establish trip zones; or use similar limitations for the purpose of restricting the distance required to receive Covered Services. The distance from an Enrollee's address to a Covered Services cannot be used as a criterion to deny transportation to Medically Necessary services. Trips over fifty (50) miles require prior authorization from CCP. Trips over twelve (12) miles per leg for non-medical purposes require prior authorization from CCP. Non-Medical Purpose Trips shall be subject to approval by CCP (2 one-way trips per month not to exceed 12 miles per trip, capped at 25 combined miles for benefit.) 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
18.	<p>Respondent agrees that under the FHK Program:</p> <ul style="list-style-type: none"> It may not limit Enrollees to specific medical providers within a geographic range; establish trip zones; or use similar limitations for the purpose of restricting the distance required to receive Covered Services. The distance from an Enrollee's address to a Covered Services cannot be used as a criterion to deny transportation to Medically Necessary services. Trips over twenty-five (25) miles require prior authorization from CCP. Trips for non-medical purposes are not allowed 				

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
19.	Respondent agrees that trips out of state are permitted with prior authorization from CCP.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
20.	Respondent agrees that the following persons can request transportation: <ul style="list-style-type: none"> • Enrollees that are at least sixteen (16) years of age • Enrollee's parent, legal guardian, or authorized representative • CCP's Case Manager or other CCP representative • Enrollees at least twenty-one (21) years or older for trips for non-medical purposes 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
21.	Respondent agrees that the MMA/SMI Program requires at least 48 hours' advance notice is required for scheduled routine (non-urgent) medical appointments.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
22.	Respondent agrees that urgent trips will be allowed without notice: <ul style="list-style-type: none"> • Hospital discharges • Dialysis appointments • Wound Care • Chemo/Radiation treatments • Urgent Care Facilities • Health Plan Requests 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
23.	Respondent agrees that the FHK Program requires at least 72 hours' advance notice is required for scheduled routine (non-urgent) medical appointments.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
24.	Respondent agrees that Enrollees in the MMA/SMI Program may make reservations no more than two (2) weeks in advance of a scheduled trip.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
25.	Respondent agrees to provide "Will Call" for return trips (when the Enrollee does not know how long the appointment will last).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
26.	Respondent agrees that Enrollees in the FHK Program may make reservations no more than thirty (30) days in advance of a scheduled trip.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
27.	Respondent agrees that if an Enrollee calls with less than the required hours of advance notice, Respondent will: <ul style="list-style-type: none"> • Educate the Enrollee, schedule the trip, and note in the Enrollee's record if it is the Enrollee's first or second time calling; 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	<ul style="list-style-type: none"> If it is the Enrollees third attempt, Respondent will educate the Enrollee, note in the Enrollee's record, and ask Enrollee to reschedule their medical appointment to be within the advance notice requirements. 				
28.	Respondent agrees to verify appointments for same day and urgent trip requests.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
29.	Respondent agrees that it must verify an Enrollee's eligibility for requested covered Transportation Services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
30.	Respondent agrees to call CCP Enrollee Services if the Enrollee is not in Eligibility file.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
31.	Respondent agrees to determine what type of transportation is appropriate for each Enrollee's request: <ul style="list-style-type: none"> Mass Transit Mileage Reimbursement Ambulatory: Sedan, van, taxi (including TNCs) Wheelchair lift-equipped vehicle Stretch Van Non-emergency ALS and BLS ambulance 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
32.	Respondent agrees to the following levels of assistance/services: <ul style="list-style-type: none"> Curb to curb Door to door* Hand to hand* <p>* Indicates Enrollees with a physical, sensory, intellectual, developmental, or cognitive disability, especially those residing in nursing facilities, require dialysis, or are attending Day Support/Adult Day Health programs may require door to door or hand to hand transportation services.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
33.	Respondent agrees to meet the following mass transit eligibility criteria: <ul style="list-style-type: none"> If an Enrollee resides less than ¾ of a mile from transit stop; If an Enrollee appointment is less than ¾ of a mile from transit stop; If Enrollee is ambulatory. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
34.	Respondent agrees that meals and lodging are covered: <ul style="list-style-type: none"> Meals on non-emergency transportation day trips are allowed; 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	<ul style="list-style-type: none"> With prior authorization from CCP; \$150 maximum amount per stay for meals. 				
35.	Respondent agrees to provide meals for Enrollees receiving medically necessary covered services and their accompanying attendant.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
36.	Respondent agrees that transportation to and/or from an ER: <ul style="list-style-type: none"> Is not allowed to the ER; Is not allowed between ERs; Is allowed from ER to an Enrollee's residence. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
37.	Respondent agrees that trips to the pharmacy are allowed under the non-medical purposes transportation benefit.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
38.	Respondent agrees that trips to nursing homes are allowed from: <ul style="list-style-type: none"> An Enrollee's home to nursing home; A nursing home to covered service and back to the nursing home; and From one nursing home to another nursing home (one-way only). 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
39.	Respondent agrees that trips for MMA/SMI Program Covered Services and Non-Medical Purposes are: <ul style="list-style-type: none"> Only allowed for Covered Services; and Non-Medical purpose trips must be approved by CCP (2 one-way trips per month not to exceed 12 miles per trip, capped at 25 miles combined for benefit). 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
40.	Respondent agrees that trips for FHK Program Covered Services and Non-Medical Purposes are: <ul style="list-style-type: none"> Only allowed to CCP participating providers for Covered Services, and Non-Medical purpose trips are not allowed 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
41.	Respondent agrees that an Enrollee and one escort or personal assistant are permitted for the MMA/SMI Program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
42.	Respondent agrees that an Enrollee and two additional passengers/companions are permitted for the FHK Program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
43.	Respondent agrees that transportation services covered through CCP are available only to eligible recipients who cannot obtain transportation on their own through any available means such as family, friends, or community resources.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
44.	Respondent agrees that it cannot limit the number of Florida Medicaid-compensable trips provided to an Enrollee.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
45.	Respondent agrees that MMA/SMI Program allows two (2) one-way trips per month not to exceed 12 miles per trip for non-medical purpose trips; capped at 25 miles combined for benefit.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
46.	Respondent agrees that when an Enrollee reaches the trip limit for non-medical purpose trips Respondent will direct the Enrollee to contact CCP.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
47.	Respondent agrees to implement activities to monitor rides in order to facilitate on time trips and prevent no shows to the extent possible.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
48.	<p>Respondent agrees that:</p> <ul style="list-style-type: none"> • Enrollees under the age of sixteen (16) may travel alone without a Consent for Minor Travel Form who are an emancipated minor or Enrollee who is a parent or pregnant. • Minors between the ages of thirteen (13) and sixteen (16) years of age may travel alone to Medicaid-paid program services if a Consent for Minor Travel Form signed by the parent is on file prior to the date of transport. • If a parent/legal guardian/family-approved adult is not available to accompany a child twelve (12) and under, arrange transportation with a provider that can provide an appropriately trained attendant based on the child's individual needs. Respondent will need to have a Consent for Minor Travel Form on file. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
49.	Respondent agrees that Enrollees may be picked up from any location not otherwise prohibited by this Agreement for Covered Services within the Service Area.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
50.	<p>Respondent agrees to develop and maintain a monitoring process to:</p> <ul style="list-style-type: none"> • Monitor future and active trips via Status Updates, Geo-mapping, and/or Alert features, as applicable; • Deliver or make available trip confirmations and updates to Enrollees via text message and/or IVR, as applicable; • Responsible for scheduling; and • Take action on trips that are delayed or missed to the extent possible. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
51.	Respondent agrees to notify CCP of habitual no-show Enrollees.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
52.	Respondent agrees that multi-loading is permitted and Respondent may multi-load CCP Enrollees with enrollees of Respondent's other clients.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
53.	Respondent agrees to the following standard reporting:				
	A. Financial Arrangement Review Notice - Every 90 days	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	B. Invoice - 10th Calendar day of each month	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	A. Trip Scheduling and Intake Reports - Monthly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	B. Call Center Reports - Monthly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	C. Trip Monitoring Reports - Monthly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	D. Network Management Reports - Monthly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	E. Credentialing Reports - Monthly and Annually	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	F. Claims Processing Reports - Monthly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	G. Administrative Subcontractors and Affiliates Report - Quarterly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	H. Adverse and Critical Incident Report - Monthly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	I. Annual Fraud and Abuse Activity Report - Annually	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	J. Claims Aging Report - Monthly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	K. Denied/Suspended/Terminated Provider Report - Quarterly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	L. Provider Helpline Stats (CCP Template, until AHCA releases) - Monthly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	M. Inter Rater Reliability Report - Quarterly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	N. Provider Complaints & Appeals Report - Monthly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	O. Fraud and Abuse Activity Report - Quarterly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	P. Service Authorization Performance Outcome Report - Quarterly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	Q. Suspected/Confirmed Fraud and Abuse Reporting - Variable	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	R. Suspected Confirmed Waste Report - Quarterly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	S. Special Encounter Data Feed Report - Ad Hoc Quarterly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	T. Provider Network Verification File - Weekly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	U. Encounter Submission - Weekly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	V. Affirmative Statement Attestation - Quarterly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	W. Annual Ownership and Management Disclosure Form - Annually	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	X. Business Continuity Disaster Recovery Plan - Annually	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	Y. Co-Branding Attestation - Monthly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	Z. Dashboard Report - Monthly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	AA. Debarment Attestation - Monthly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	BB. Down-streaming Attestation - Quarterly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	CC. Financial Reporting - Quarterly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	DD. Quality Improvement Committee Presentation - Quarterly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	EE. Warranty of Security/No Offshoring Attestation - Annually	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	FF. Provider Overpayment Report - Annually	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	GG. Ad hoc reports - Based upon mutually agreed ad hoc pricing and production timing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	HH. Raw Encounter data - Upon request	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	II. All reports will be provided to CCP electronically.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
54.	<p>Respondent agrees that:</p> <ul style="list-style-type: none"> Respondent will be delegated for intake of complaints. A complaint is a concern that is communicated to Respondent that cannot be resolved to the Enrollee's satisfaction on the same call. The concern would then be entered into Respondent's system as a complaint to be addressed. CCP will receive weekly reports of all complaints received in week prior via a SharePoint portal in a Complaints folder. Respondent agrees to investigate complaints and notate the findings within 10 business days of receipt and notify CCP in a monthly complaint report. For complaints that require additional time, Respondent will note the case is on closed pending status. Closed pending status are cases that require additional time due to investigation. Complaints are reported to CCP via monthly report. CCP may contact Respondent to request additional information to resolve complaints. Every attempt will be made to provide the additional questions to Respondent two (2) business days prior to turnaround time to ensure a timely response. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
55.	<p>Respondent agrees that complaints received directly by CCP:</p> <ul style="list-style-type: none"> Will be forwarded to Respondent by email. Respondent will investigate the complaint and will provide its findings to CCP within ten (10) business days on the same email thread received. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	<ul style="list-style-type: none"> For complaints that require additional time, Respondent will note the case is on closed pending status. Closed pending status are cases that require additional time due to investigation. These Complaints will be included in the monthly report. 				
56.	<p>Respondent agrees that:</p> <ul style="list-style-type: none"> Expedited Grievances are requests coming directly from CCP designated as urgent. Urgent investigation request being defined as less than a five (5) business day turnaround time. In these cases, Respondent will acknowledge receipt of the request within one (1) business day. For those requests needing a 24-hour to 4-day turnaround time, Respondent will provide CCP with a summary update. For complaints that require additional time, Respondent will notify CCP that the case is closed pending status. Closed pending status are cases that require additional time due to investigation. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
57.	Respondent agrees to complete and submit the annual (or other regular frequency) oversight/audit documents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
58.	Respondent agrees that a formal, regular quality assurance process is required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
59.	Respondent agrees to provide on-going quality assurance reporting to meet state, federal, and professional requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
60.	Respondent agrees to meet the following call center metrics:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	A. At least ninety percent (90%) of calls shall be answered within thirty (30) seconds.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	B. Call abandonment rate shall not exceed three percent (3%).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	C. The wait time in the queue shall not exceed sixty (60) seconds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	D. The average hold time after a call is answered shall not exceed sixty (60) seconds. (Average Hold Time)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	E. The call blockage rate shall not exceed one-half of one percent (0.5%).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	F. The percentage of calls that make it into the system that are forced disconnects, as reported by the reporting software is no more than zero percent (0.0%).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	G. The complaint ratio is less than one percent (1%). This is a total quarterly calculation based on gross complaints vs. gross ride volume	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
61.	Respondent agrees to the following MMA/SMI Program claims processing performance metrics:				
	A. To process and pay claims in accordance with applicable federal and state laws and regulations and Program Requirements, including but not limited to prompt pay and payment of interest on late claims payment. By way of explanation and not limitation of the foregoing, claims for Covered Transportation Services provided to Enrollees enrolled in the MMA/SMI Program and FHK Program shall be processed and paid in accordance with state law and regulation (to the extent not preempted by federal law and regulation).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	B. To utilize performance metrics, including metrics for quality, accuracy, and timeliness, and include a process for measurement and monitoring, and for the development and implementation of interventions for improvement regarding claim processing and claims payment. Respondent shall keep documentation of the above and have these available for CCP's and any applicable government agency's review.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	C. To accept electronically transmitted claims from Network Transportation Providers in HIPAA compliant formats.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	D. Electronic transmission of claims, transactions, notices, documents, forms, and payments shall be used to the greatest extent possible by Respondent and shall be HIPAA compliant.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	E. Not deny Medicare crossover claims solely based on the period between the date of service and the date of Clean Claim submission, unless that period exceeds three (3) years	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	F. Communicate denials to Network Transportation Providers and Enrollees as applicable on a timely basis in accordance with applicable federal and state laws and regulations and Program Requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	G. Accept written requests for reconsideration of its original determinations in accordance with federal and state laws and regulations and Program Requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	H. All correspondence sent to or received from Enrollees or Providers will be stored with an index system to allow for retrieval by the users of the system, as required by federal and state laws and regulations and Program Requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	I. Respondent shall submit to CCP copies of its policies and procedure relating to aspects of Claims Processing functions upon CCP's reasonable request. Such policies and procedures will include, at a minimum, the following aspects of Claims Processing functions: <ul style="list-style-type: none"> • Issuance of denials (service denials and payment denials) to Providers and CCP Enrollees, if applicable. • The acceptance of written requests for standard reconsideration of original determinations of requests for service or payment. • Respondent's policies and procedures relating to timely claims payment. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	J. Eighty-five percent (85%) of all clean claims will be paid within seven (7) calendar days	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	K. Ninety-five percent (95%) of clean claims will be paid within ten (10) calendar days	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	L. Ninety-eight percent (98%) of clean claims will be paid within twenty (20) calendar days.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
62.	Respondent agrees to the following FHK Program claims processing performance metrics:				
	A. To process and pay claims in accordance with applicable federal and state laws and regulations and Program Requirements, including but not limited to prompt pay and payment of interest on late claims payment. By way of explanation and not limitation of the foregoing, claims for Covered Transportation Services provided to Enrollees enrolled in the FHK Program shall be processed and paid in accordance with state law and regulation (to the extent not preempted by federal law and regulation).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	B. To utilize performance metrics, including metrics for quality, accuracy, and timeliness, and include a process for measurement and monitoring, and for the development and implementation of interventions for	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	improvement regarding claim processing and claims payment. Respondent shall keep documentation of the above and have these available for CCP's and any applicable government agency's review.				
	C. To accept electronically transmitted claims from Network Transportation Providers in HIPAA compliant formats.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	D. Electronic transmission of claims, transactions, notices, documents, forms, and payments shall be used to the greatest extent possible by Respondent and shall be HIPAA compliant.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	E. Not deny Medicare crossover claims solely based on the period between the date of service and the date of Clean Claim submission, unless that period exceeds three (3) years	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	F. Communicate denials to Network Transportation Providers and Enrollees as applicable on a timely basis in accordance with applicable federal and state laws and regulations and Program Requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	G. Accept written requests for reconsideration of its original determinations in accordance with federal and state laws and regulations and Program Requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	H. All correspondence sent to or received from Enrollees or Providers will be stored with an index system to allow for retrieval by the users of the system, as required by federal and state laws and regulations and Program Requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	M. Respondent shall submit to CCP copies of its policies and procedure relating to aspects of Claims Processing functions upon CCP's reasonable request. Such policies and procedures will include, at a minimum, the following aspects of Claims Processing functions: <ul style="list-style-type: none"> • Issuance of denials (service denials and payment denials) to Providers and CCP Enrollees, if applicable. • The acceptance of written requests for standard reconsideration of original determinations of requests for service or payment. • Respondent's policies and procedures relating to timely claims payment. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	N. Fifty percent (50%) of all clean claims will be paid within seven (7) calendar days	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	O. Seventy percent (70%) of clean claims will be paid within ten (10) calendar days	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	P. Ninety percent (90%) of clean claims will be paid within fifteen (15) calendar days.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
63.	Respondent shall ensure that at least ninety percent (90%) of the total scheduled Leg A (i.e., at the originating pick-up site) trip requests were fulfilled within fifteen (15) minutes of the scheduled time for pick-up.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
64.	Respondent shall ensure that at least ninety percent (90%) percent of the total scheduled Leg B (i.e., at the provider/appointment pick-up location) trip requests were fulfilled within thirty (30) minutes of the scheduled time for pick-up.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
65.	Respondent shall ensure that at least eighty-five percent (85%) of unscheduled trips (e.g., hospital discharge requests, urgent care trips, etc.) are fulfilled within three (3) hours of the request.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
66.	Respondent shall ensure that at least ninety percent (90%) percent of trips resulted in the enrollee arriving to their scheduled appointment on time.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
67.	Respondent shall ensure that no more than 0.2 percent (0.2%) of transportation requests resulted in a Missed Trip (i.e., the enrollee was not picked up for the appointment).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
68.	Respondent shall ensure that no Enrollee with a Standing Order misses an appointment due to late pick-up, missed trip, or cancellation by the transporter. Examples of standing orders include persons receiving Dialysis, Cancer, and Methadone treatments. Item (F) will be measured by occurrence as determine by complaints received by the Agency.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
69.	If an Enrollee who does not have a Standing Order misses an appointment due to late pick up, missed trip, or cancellation by the transporter, Respondent agrees to work expeditiously with the appointment provider and Enrollee to coordinate and reschedule the appointment for the nearest available time slot as possible.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
70.	Respondent shall ensure that at least ninety percent (90%) of calls are resolved within the first call (without internal hard transfer or soft internal conference call or barge-in).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
71.	Respondent shall ensure that the average quality monitoring score resulting from call monitoring of all call center agents must be ninety-five percent (95%) or greater.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
72.	Respondent agrees that encounter data for each product (if more than one) and type (professional) must be provided to CCP within three (3) business days.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
73.	Respondent shall ensure that its encounter data will have at least ninety-five percent (95%) acceptance/ accuracy rate. Acceptance rate calculation is dependent upon systematic receipt of response files from CCP.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
74.	If an Encounter Data submission fails to meet the ninety-five percent (95%) acceptance/accuracy rate, Respondent will, within seven (7) calendar days after notice by CCP of encounters failing X12 (EDI) or MMIS edits, correct encounter records for which errors can reasonably be remedied to achieve a ninety-five percent (95%) or higher acceptance/accuracy rate and resubmit to CCP and AHCA or FHK. The seven (7) calendar day timing of resubmission begins upon the Respondent's receipt of the 835 file.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
75.	Respondent agrees to submit periodic updates as will be defined within the scope of the awarded contract during the performance of Transportation Services to CCP. Respondents agrees to promptly communicate any material difficulties encountered in its ability to provide the services in accordance with agreed upon timetables.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
76.	Respondent agrees that the pre-arranged times may not be changed by the transportation provider or driver without prior permission from the Enrollee.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
77.	Respondent shall ensure that its staff is provided specific training, equipment and supplies needed to provide the services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
78.	Respondent shall ensure that its staff is fully trained and understands procedures required to perform the services defined in this Agreement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
79.	Respondent shall provide supervisory personnel to oversee, manage and assist in providing the NET services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
80.	Respondent shall provide reasonable but prompt availability to senior supervisory personnel, and/or others within its business having technical expertise relevant to any escalated issues, as needed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
81.	Respondent agrees that credentialing and recredentialing will be delegated to Respondent.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
82.	Respondent shall maintain records for a period of not less than ten (10) years from the close of the AHCA Contract and the FHK Contract or until any audit is complete.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
83.	Respondent agrees to meet the following insurance requirements if awarded a contract: <ul style="list-style-type: none"> • \$1,000,000 Comprehensive General Liability per occurrence; • \$5,000,000 Umbrella Liability in the aggregate; • \$1,000,000 Automobile Liability (combined single limit); • Workers' Compensation per statute; • \$1,000,000 Professional Liability; and • \$10,000,000 Cyber Liability per occurrence and aggregate. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
84.	Respondent will schedule trips for CCP Enrollees using its own network of providers. Respondent's algorithm will be utilized to select providers for fulfillment of the rides for CCP's Enrollees. Respondent will ensure that, at all times, CCP's Enrollees have access to all service types (e.g., door-to-door) and modalities (e.g., wheelchair).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
85.	Respondent shall ensure that no Network Transportation Provider shall participate in the network unless such Network Transportation Provider is eligible to participate in the Medicaid program, if applicable.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
86.	Respondent shall contract with a sufficient number and type of Network Transportation Providers to ensure that Respondent's network allows for sufficient access to Covered Services by Enrollees in accordance with Program Requirements, and accreditation standards.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
87.	Respondent shall contract with Network Transportation Providers using a provider agreement template that is compliant with federal and state law and regulations and meets requirements of an awarded contract, including, but	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	not limited to, if required, review and approval by the applicable state agency.				
88.	Respondent shall, and cause all Network Transportation Providers to, cooperate with CCP on the reporting of performance measures, including but not limited to, HEDIS® measures (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
89.	Respondent shall maintain policies and procedures relating to aspects of network management functions and provide copies upon CCP's reasonable request.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
90.	Respondent agrees that any damages or liability, including any sanctions or liquidated damages, suffered by CCP and/or imposed upon CCP by AHCA or FHK resulting from the failure of Respondent to comply with a Performance Metric or other requirement of an awarded contract will be passed down to Respondent. Notwithstanding the foregoing provision, no damages, liabilities, sanctions, or liquidated damages shall be passed down to Respondent unless AHCA has made a final written determination that Respondent, acting in its capacity as a delegate of CCP under an awarded contract, has failed to comply with requirements of such contract, and to the extent permitted by AHCA and FHK, Respondent has received notice from CCP and an opportunity to be heard by AHCA or FHK with respect to such determination.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
91.	Respondent agrees to submit periodic updates during the performance of NET Services to CCP. It will be the responsibility of Respondent to promptly communicate any difficulties encountered or potential difficulties in its ability to provide the services in accordance with the timetable agreed upon and contract terms with such advance notice so as to afford CCP the ability to address such and maintain timetables and contract terms.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
92.	Respondent understands and is committed to meeting CCP's timetable.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
93.	Respondent agrees that if awarded the Contract, its transportation network is of sufficient size to ensure the provision of the services required under the AHCA Contract and the FHK Contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
94.	Respondent agrees that CCP must comply with the service coverage requirements outlined in the NET Services Coverage Policy, unless otherwise specified in the AHCA Contract and FHK Contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
95.	Respondent agrees that the provision of NET Services to CCP Enrollees must not be subject to more stringent service coverage limits than specified in Florida Medicaid Policies.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
96.	Respondent agrees that NET Services are authorized by the following: <ul style="list-style-type: none"> • Title XIX of the Social Security Act (SSA) • 42 C.F.R. § 440.390 • Sections 409.905 and 409.973, Florida Statutes 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
97.	Respondent agrees that transportation providers must meet the qualifications specified in the NET Services Coverage Policy in order to be reimbursed for NET Services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
98.	Respondent agrees that Rule 59C-4.330, F.A.C., requires that NET Services be rendered by one of following using vehicles that meet all applicable licensure and regulatory requirements for passenger transport: <ul style="list-style-type: none"> • Commercial airline • Ground ambulances subcontracted for use as stretcher vans • Ground and air ambulances • Mass transit and public transportation systems (Bus Passes) • Medical vehicles (wheelchair or stretcher vans) • Multi-load passenger van • Private vehicle • Private non-profit agencies • Taxi • Transportation network companies <ul style="list-style-type: none"> □ Individual drivers must pass one of the following: <ul style="list-style-type: none"> ▪ A Level I background screening in accordance with section 435.03, Florida Statutes. ▪ A background screening using a process that yields the same minimum results as a background screening completed in accordance with section 435.03, Florida Statutes. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
99.	Respondent agrees that Florida Medicaid covers NET Services that meeting the following: <ul style="list-style-type: none"> • Are determined medically necessary 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	<ul style="list-style-type: none"> Do not duplicate another service Meet the criteria as specified in the NET Services Coverage Policy (Rule 59G-4.033, F.A.C.) 				
100.	Respondent agrees that Florida Medicaid covers the most cost effective mode of NET services when: <ul style="list-style-type: none"> The recipient has no other means of transportation. The recipient requires assistance during transport to a Florida Medicaid covered service. The mode of transport is medically appropriate for the recipient's mental or physical condition as determined by a licensed health care professional. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
101.	Respondent agrees that Florida Medicaid covers NET services provided out-of-state, including lodging and per diem payments, when: <ul style="list-style-type: none"> The recipient (or attendant) does not have access to alternate accommodations in accordance with 42 C.F.R. § 440.170. The Florida Medicaid covered service(s) that will be provided out-of-state are prior authorized. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
102.	Respondent agrees that Florida Medicaid covers NET services when the recipient's level of care or treatment needs cannot be met by the originating facility, and the transfer is not solely for the convenience of the recipient.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
103.	Respondent agrees that providers must allow an escort to accompany the recipient, and may not seek reimbursement from the recipient, their parent, legal guardian, or their authorized representative for transporting the escort when the recipient: <ul style="list-style-type: none"> Is blind, deaf, has a mental health disease, or is intellectually disabled. Requires personal assistance due to their medical condition. Is under the age of 21 years. The escort cannot be the driver or an employee of the transportation provider. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
104.	Respondent agrees that recipients requiring NET services to attend a Prescribed Pediatric Extended Care Center (PPEC) center must be accompanied by an escort during transport when it is medically necessary to protect the health and safety of the recipient. Transportation providers must	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	<p>pick up the escort at the PPEC center or a mutually agreed location prior to transporting the recipient(s).</p> <p>Transportation providers must return recipient(s) to their point of origin prior to returning the escort to the PPEC or the mutually agreed upon location.</p>				
105.	Respondent agrees that providers may seek reimbursement from the recipient or their authorized representative for accompanying riders in excess of one child and one escort.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
106.	Respondent agrees that providers may not require reservations to be made more than three business days in advance of the recipient's scheduled appointment, nor may they require advance reservations for unscheduled or urgent care trips.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
107.	<p>Respondent agrees that providers may not limit the number of Florida Medicaid-compensable trips provided to a recipient (e.g., 100 Florida Medicaid-related trips per recipient).</p> <p>Providers may not limit recipients to specific medical providers within a geographic range; establish trip zones; or use similar limitations for the purpose of restricting the distance required to receive Florida Medicaid covered services. The distance from a recipient's address to a Florida Medicaid-compensable service cannot be used as a criterion to deny transportation to medically necessary services.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
108.	Respondent agrees that Florida Medicaid covers lodging accommodations and a per diem for meals for all overnight trips required to secure medically necessary Medicaid-compensable services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
109.	Respondent agrees that all NET services must be coordinated and authorized through the transportation broker contracted with AHCA.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
110.	Respondent agrees to ensure that Enrollees arrive on time at pre-arranged times for appointments and are picked up on time at pre-arranged times for the return trip if the covered service follows a reliable schedule. The pre-arranged times may not be changed by the transportation provider or driver without prior permission from the Enrollee.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
111.	Respondent agrees to provide CCP with all information needed to comply with reporting requirements imposed by the AHCA Contract and/or FHK Contract with respect to NET Services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
112.	Respondent agrees that any liability, including any sanctions or liquidated damages, imposed upon CCP by AHCA or FHK resulting from the failure of Respondent to provide timely and accurate services or information or reporting shall be subject to Respondent's indemnification obligations set forth in the Contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
113.	Respondent agrees that verification of additional requirements for transportation providers is required under the AHCA Contract and/or FHK Contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
114.	Respondent agrees to comply with standards set forth in chapter 427, Florida Statutes, and Rules 41-2 and 14-90, Florida Administrative Code. These standards include drug and alcohol testing, safety standards, driver accountability, and driver conduct.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
115.	Respondent agrees to maintain vehicles and equipment in accordance with state and federal safety standards and the manufacturers' mechanical operating and maintenance standards for any and all vehicles used for transportation of Enrollees.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
116.	Respondent agrees to comply with applicable state and federal laws, including, but not limited to, the ADA and the Florida Transportation Association (FTA) regulations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
117.	Respondent agrees to immediately remove from service any vehicle that does not meet the Florida Department of Highway Safety and Motor Vehicles licensing requirements, safety standards, ADA regulations, or AHCA Contract and FHK Contract requirements and re-inspect the vehicle before it is eligible to provide transportation services for Enrollees.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
118.	Respondent agrees that vehicles should not carry more passengers than the vehicle was designed to carry.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
119.	Respondent agrees that all lift-equipped vehicles comply with ADA regulations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
120.	Respondent agrees to maintain sufficient liability insurance to meet requirements of Florida law.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
121.	<p>Respondent agrees to ensure adequate seating for paratransit services for each Enrollee and escort, child, or personal care attendant, and shall ensure that the vehicle meets the following requirements and does not transport more passengers than the registered passenger seating capacity in a vehicle at any time:</p> <ul style="list-style-type: none"> • Enrollee property that can be carried by the passenger and/or driver, and can be stowed safely on the vehicle, shall be transported with the passenger at no additional charge. The driver shall provide transportation of wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, and/or intravenous devices, as applicable, within the capabilities of the vehicle. • Each vehicle shall have posted inside CCP's toll-free telephone number for enrollee complaints. • The interior of all vehicles shall be free from dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal, or other objects or materials which could soil items placed in the vehicle or cause discomfort to enrollees. • Smoking, eating and drinking are prohibited in any vehicle, except in cases in which, as a medical necessity, the enrollee requires fluids or sustenance during transport. • All vehicles must be equipped with two-way communications, in good working order and audible to the driver at all times, by which to communicate with the transportation services hub or base of operations. • All vehicles must have working air conditioners and heaters. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
122.	Respondent agrees to comply with the minimum liability insurance requirement of two hundred thousand dollars (\$200,000.00) per person and three hundred thousand dollars (\$300,000.00) per incident for all transportation services purchased or provided for the transportation disadvantaged through CCP. § 768.28(5), Fla. Stat. Respondent agrees to indemnify and hold harmless the local, state, and federal governments and	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	their entities, the Agency and FHK from any liabilities arising out of or due to an accident or negligence on the part of the Respondent and/or all transportation providers under contract with CCP.				
123.	Respondent agrees to maintain a passenger/trip database that includes information for each Enrollee it transports and the details of the driver providing the trip (name, driver's license number). Information in the Respondent's passenger/trip database must be maintained in a reproduceable format and available to CCP, the Agency and FHK upon request.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
124.	Respondent agrees to provide Enrollees with boarding assistance, if necessary or requested, to the seating portion of the vehicle, including but not be limited to: opening the vehicle door, fastening the seat belt or wheelchair securing devices, storing mobility assistive devices, and closing the vehicle door. In the door-through-door paratransit service category, the driver should open and close doors to buildings, except in situations in which assistance in opening and/or closing building doors would not be safe for passengers remaining in the vehicle. The driver should provide assisted access in a dignified manner.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
125.	Respondent agrees to provide shelter, security, and safety of Enrollees at vehicle transfer points.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
126.	Respondent agrees to provide pick up from and return to a mutually agreed-upon location for the enrollee and the enrollee's attendant/escort.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
127.	Respondent should ensure that all vehicles used for transportation services have received annual safety inspections.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
128.	Respondent shall ensure that all drivers providing transportation services have passed background checks and meet all qualifications specified in law and rule.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
129.	Respondent agrees that an eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in rule 59G-4.330, Florida Administrative Code.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
130.	Respondent agrees that all transportation providers must verify each Enrollee's eligibility each time a services is rendered.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
131.	Respondent agrees that transportation providers must meet the qualifications specified in the NET Services Coverage Policy in order to be reimbursed for Florida Medicaid NET Services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
132.	Respondent agrees to provide NET Services to eligible Enrollees twenty-four (24) hours per day, seven (7) days per week for Enrollees who have no other means available to any covered service.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
133.	Respondent agrees to develop and implement written procedures for NET Services for the following: <ul style="list-style-type: none"> • Determining service eligibility for each Enrollee and what type of transportation to provide that Enrollee; • Establishing a minimum twenty-four (24) hour advance notification policy to obtain transportation services and communicate such policy to CCP for its Enrollees; • Complying with pick-up windows to CCP Enrollees as prescribed by the Agency. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
134.	Respondent agrees that its advance notification policies should comport with the timely access to medical care requirements as specified in the AHCA Contract and the FHK Contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
135.	Respondent agrees to work in conjunction with CCP to participate in an Agency-approved statewide performance improvement project focusing on the administration of the transportation benefit to Enrollees, specifically focusing on the rate of trips resulting in the Enrollee arriving at their scheduled appointment on time.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
136.	Respondent agrees to provide transportation to an Enrollee and/or the Enrollee's authorized representative upon request and if the Enrollee has no other means of transportation to and from the nearest Medicaid Fair Hearing call-in center in accordance with the AHCA Contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
137.	Respondent agrees to meet all of the qualifications specified in the NET Services Coverage Policy (Rule 59G-4.330, F.A.C.) in order to be reimbursed for Florida Medicaid NET services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
138.	Respondent represents and warrants that its individual drivers, as well as all subcontractor employed drivers, must pass one of the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	<ul style="list-style-type: none"> Level I background screening in accordance with section 435.03, Florida Statutes; or A background screening using a process that yields the same minimum results as a background screening completed in accordance with sections 435.03, Florida Statutes. 				
139.	Respondent agrees that it may not require reservations to be made more than three (3) business days in advance of an Enrollee's scheduled appointment, nor require advance reservations for unscheduled or urgent care trips.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
140.	Respondent agrees that it may not limit the number of Florida Medicaid-compensable trips provided to an Enrollee (e.g., 100 Florida Medicaid-related trips per recipient).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
141.	Respondents agrees that it may not limit recipients to specific medical providers within a geographic range; establish trip zones; or use similar limitations for the purpose of restricting the distance required to receive Medicaid covered services. The distance from an Enrollee's address to a Florida Medicaid-compensable service cannot be used as a criterion to deny transportation to medically necessary services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
142.	Respondent agrees to abide by the general documentation requirements in Florida Medicaid's Recordkeeping and Documentation Requirements Policy.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
143.	Respondent agrees to operate within full compliance of all federal, state and local laws, rules and regulations, including but not limited to the ADA and the FTA regulations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
144.	Has Respondent been involved in bankruptcy as a debtor, or in a reorganization, liquidation, or dissolution proceeding, or has a trustee or receiver has been appointed over all or a substantial portion of the property of the Respondent under federal bankruptcy law or any state insolvency law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
145.	Respondent represents and warrants that Respondent and none of its employees or subcontractors are and at no time have been excluded from participation in any federally funded health care program under sections 1128 and 1128A of the Social Security Act, or any other federally funded program or	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	federal contract, including Medicare and Medicaid, and that neither it nor any affiliate is currently included in or listed on the List of Excluded Individuals/Entities maintained by the Department of Health and Human Services Office of Inspector General pursuant to 42 U.S.C. §§ 1320a-7, 1320c-5, 1395cc, and regulation promulgated thereunder, which can be searched at http://exclusions.oig.hhs.gov/ ("OIG List"), or is an affiliate, as defined in the Federal Acquisition Regulation at 48 C.F.R. § 2.101, of a person described in 42 C.F.R. § 438.610(a)(1), or is on the Convicted Vendor List or Discriminatory Vendor List maintained pursuant to section 287.133 or 287.134, Florida Statutes.				
146.	Respondent agrees to observe and comply with the applicable requirements of CCP's compliance program and code of conduct, including those related to compliance with HIPAA rules and regulations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
147.	Respondent agrees to maintain the confidentiality of all enrollee information which it or any of them receives or has access to in connection with any such activities and shall treat all patient PHI and PII in the same manner.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
148.	Respondent agrees that the Contracts entered into as a result of this RFP shall be governed by and interpreted in accordance with the laws of Broward County in the state of Florida.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
149.	Respondent agrees that it will indemnify CCP against any legal action that may occur as a result of performance of any obligation under any contract resulting from this RFP.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
150.	Respondent agrees that Respondent is located and shall conduct all obligations under an awarded Contract within the United States. Additionally, Respondent agrees that it shall not send, store or allow access to data outside the United States. A violation of this requirement may result in the termination of the awarded Contract or liquidated damages assessed under the Prime Contract, other provisions of the Agreement notwithstanding.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
151.	Respondent agrees that all data related to the AHCA Contract or the FHK Contract shall be processed and stored in data centers that are located only in the forty-eight (48) contiguous U.S. States.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
152.	Respondent agrees that no claims shall be paid to a transportation provider or financial institution located outside the United States.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
153.	Respondent agrees to notify CCP immediately should any regulatory or other government agency requests a review of any NET Services related to any CCP engagement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
154.	Respondent agrees that other than the compensation to be paid under the awarded Contract, CCP shall not be liable or responsible to Respondent beyond the monetary limits specified in section 768.28, Florida Statutes, regardless of whether said liability be based in tort, contract, indemnity or otherwise; and in no event shall CCP be liable to Respondent for punitive or exemplary damages or for lost profits or consequential damages.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
155.	During performance of the awarded Contract, Respondent and any subcontractor and/or joint-venturer shall not discriminate on the basis of race, color, gender, national origin, sexual orientation, age, disability, sex, pregnancy, religion, veteran status, military service, marital status, genetic information or any other status specifically protected by all applicable laws, in the provision of services and goods to CCP, the solicitation for or purchase of goods and/or services, or the subcontracting of work in the performance of the awarded Contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
156.	Respondent agrees that it and any subcontractor shall establish and maintain a written harassment policy and shall inform their employees and/or agents of the policy. The Respondent and/or any subcontractor understands its obligation to abide by CCP policies during the performance of the awarded Contract, including, but not limited to, CCP's Anti-Harassment Policy, which shall be provided to the Respondent and any subcontractor upon request.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
157.	Respondent understands and acknowledges that CCP is subject to the public records provisions of chapter 119, Florida Statutes. Respondent agrees that any provision in this Agreement that conflicts with the public records disclosure requirements of chapter 119, will be held null and void to allow CCP to comply with its statutory disclosure requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
158.	The Respondent understands that the Agency encourages supplier diversity and the participation of small and minority business enterprises in contracting, both as vendors and subcontractors. The Agency supports diversity in its Procurement Program and requests that all subcontracting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	opportunities afforded by the AHCA Contract enthusiastically embrace diversity.				
159.	<p>Respondent agrees to comply with Section 274A(e) of the Immigration and Nationalization Act. The Agency and FHK will consider the employment by CCP of unauthorized aliens a violation of this Act. If CCP or Respondent knowingly employs unauthorized aliens, such a violation shall be cause for unilateral cancellation of the Prime Contracts. Respondent shall be responsible for including this provision in all subcontracts with private organizations for work related to the Prime Contract.</p> <p>The Immigration Reform and Control Act of 1986 prohibits employers from knowingly hiring illegal workers. Respondent shall only employ individuals who may legally work in the United States - either U.S. citizens or foreign citizens who are authorized to work in the United States. Respondent shall use the U.S. Department of Homeland Security's E-Verify Employment Eligibility system to verify the employment status of all new employees employed by Respondent during the term of the Agreement and shall also include a requirement in its subcontracts that the subcontractor utilize the E-Verify system to verify the employment eligibility of all new employees contracted by the subcontractor performing work or providing services pursuant to the Prime Contracts.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
160.	Respondent agrees that it may not seek payment from Medicaid or FHK on behalf of CCP.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
161.	<p>Respondent agrees to comply with all applicable federal and state laws and regulations, including:</p> <ul style="list-style-type: none"> • Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d et seq.; • Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794; • Title IX of the Education Amendments of 1972, as amended 20, U.S.C. § 1681 et seq.; • The Age Discrimination Act of 1975, as amended, 42 U.S.C. § 6101 et seq.; 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

No.	Requirements	Check one of the following			Response/Comments If "No", provide an explanation
	<ul style="list-style-type: none"> • Section 654 of the Omnibus Budget Reconciliation Act of 1981, as amended, 42 U.S.C. § 9849; • The American Disabilities Act of 1990, P.L. 101-336; • Section 274A (e) of the Immigration and Nationalization Act; • Title XXI of the federal Social Security Act; • HIPAA, and any other federal or state laws regarding disclosure of protected health information; • The Immigration Reform and Control Act of 1986; and • All applicable federal and state laws regarding advertising, marketing and promotional activities of health care services or otherwise related to the offering of health care services and items and services including: • The Federal Anti-Kickback Law, 42 U.S.C. § 1320a-7b; <ul style="list-style-type: none"> ○ the Civil Monetary Penalty Law, 42 U.S.C. § 1320a-7a; ○ the Civil and Criminal False Claims Acts, 31 U.S.C. §§ 3729-3733; ○ the Stark Law, 42 U.S.C. § 1395nn; ○ the Health Care Fraud Statute, 18 U.S.C. § 1347, Federal; and ○ o the extent applicable, the respective state law counterparts of any of the federal laws described above. 				
162.	Respondent agrees that all contractors, subcontractors, subgrantees or others with whom it arranges to provide goods, services or benefits in connection with any of its programs and activities are not discriminating against either those whom they employ nor those to whom they provide goods, services or benefits in violation of the above statutes, regulations, guidelines and standards. It is expressly understood that evidence of Budder's refusal or failure to substantially comply with the awarded Contract or such failure by Respondent's subcontractors or anyone with whom Respondent affiliates in performing under the awarded Contract shall constitute a material breach and render the awarded Contract subject to unilateral termination.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
163.	Does Respondent anticipate a merger or acquisition taking place within the next twelve (12) months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

ATTACHMENT 5 - PRICING PROPOSALS

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

For the purpose of completing the pricing proposals below, assume the following the utilization data is accurate across CCP's MMA/SMI Program and FHK Program lines of business:

NET Metrics - Jan-Sept 2025 YTD

<u>Utilization</u>	
Eligible Members	74,300
# trips per month	14,800
Trips per 1,000 members	199
Average miles per trip	11

<u>Distance Mix (miles)</u>	<u>Total</u>
< 6	32%
6-10	27%
11-25	34%
> 25	7%

<u>Service Mix</u>	<u>% Mix</u>
Ambulatory	96%
Wheelchair	4%
Mass Transit	.002%
Stretcher	.09%
Advanced Life Support	.03%
Basic Life Support	.02%

FEE FOR SERVICE PROPOSAL:

NET Services	Proposed Rates Year 1	Proposed Rates Year 2	Proposed Rates Year 3
Per Trip Rate < 6 miles one way			
Per Trip Rate 6-10 miles one way			
Per Trip Rate 11-25 miles one way			
Per Trip Rate 26-50 miles one way			
Per Trip Rate > 50 miles one way			
Per Trip Administrative Fee			

FULL RISK CAPITATED PROPOSAL:

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

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

MISCELLANEOUS:

Please provide the amount of any credit, if any, Respondent is willing to offer toward implementation fees or towards any ancillary programs not otherwise addressed in the RFP and offered by Respondent (e.g., gap closure initiatives, enhanced monitoring or reporting).

ATTACHMENT 6 - NON-EMERGENCY TRANSPORTATION SERVICES REPORTS

Non-Emergency Transportation Timeliness Report:

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

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

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

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

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

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

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

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

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

The Agency template can be found on Attachment 6A.

ATTACHMENT 6A - Non-Emergency Transportation Timeliness Report Template

Non-Emergency Transportation Timeliness Summary

Plan Name
Reporting Month

Leg A Trips

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

Leg B Trips

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

Total Trips

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

ATTACHMENT 7 - SUBCONTRACTOR DELEGATION CHECKLIST

If awarded a contract by CCP, Respondent agrees to comply with the Subcontractor Delegation Requirements, if applicable, set forth in this Attachment in performing the relevant Delegated Activities which will ultimately be incorporated into an exhibit of the contract.

AHCA Contract Section	Subcontract Requirements
42 CFR 438.230(b)(1) Att. II, § IX.C.1.a., e.	The Managed Care Plan shall maintain ultimate responsibility for adhering to and otherwise fully complying with all terms and conditions of this Contract, including performance of duties. All tasks related to the subcontract are to be performed in accordance with the terms of the SMMC Contract.
Att. II, § IX.C.1.a.	The plan's right to promptly revise the subcontract to bring it into compliance if the Agency determines, at any time, that a subcontract is not in compliance with an SMMC Contract requirement.
42 CFR §§ 438.230, 438.3(k), 455.104 - 455.106 Att. II, § IX.C.1.b	The subcontractor shall comply with all applicable Medicaid laws and regulations, including applicable sub-regulatory guidance and SMMC Contract provisions, and any other applicable State or federal law.
Att. II, § IX.C.1.c.	The Managed Care Plan shall identify the service(s) and/or goods covered by the subcontract, as applicable.
42 CFR 438.230(c)(1) (i) and (ii) Att. II, § IX.C.1.d.	Contains provisions wherein the subcontractor is agreeing to perform the delegated activities and reporting responsibilities specified in the SMMC Contract Reporting Requirements and the SMMC Report Guide.
Att. II, § IX.C.3.a.	The Managed Care Plan agrees to make payment to all subcontractors pursuant to all state and federal laws, rules and regulations, including sections 409.967, 409.975(6), 409.982, 641.3155, Florida Statutes, 42 CFR 238.230, 42 CFR 447.46, and 42 CFR 447.45(d)(2), (3), (5) and (6), in addition to sub regulatory guidance and the provisions of this Contract.
Att. II, § IX.C.3.a.(1)(a)	Identifies the conditions and method of payment.
Att. II, § IX.C.3.a.(1)(b)	Provide for a prompt submission of information needed to make payments.
Att. II, § IX.C.3.a.(1)(c)	Provide for full disclosure of the method and amount of compensation or other consideration to be received from the Managed Care Plan.
Att. II, § IX.C.3.a.(1)(d)	Requires that any claims processing vendors maintain accurate enrollee and provider information, including provider agreements reflecting the correct reimbursement rate and provider specialty, to ensure the correct adjudication of claims and proper payment to providers.

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

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

AHCA Contract Section	Subcontract Requirements
Att. II, § IX.C.3.d	Subcontractors will co-brand all communications with enrollees and providers to ensure it is clear that the Managed Care Plan is aware of and endorses the content contained within the communication.
Att. II, § IX.C.3.f., h.	Includes detailed termination procedures, which should include a requirement for subcontractors to submit notice of termination at least ninety (90) days before the effective date of such withdrawal.
Att. II, § IX.C.3.g	Subcontract specifies that the subcontractor shall comply with the marketing requirements specified in the Marketing Section of the SMMC Contract.
Att. II, § IX.C.3.i	Require subcontractors to submit timely, complete and accurate encounter data to the Managed Care Plan in accordance with the requirements of the Information Management Systems Section of the SMMC Contract.
Section 408.809, Fla. Stat. Att. II, § IX.C.4	Subcontractors are subject to background checks. The Managed Care Plan shall consider the nature of the work a subcontractor or agent shall perform in determining the level and scope of the background checks and include language of such in the subcontractor agreement.
For Claims Processing and Payment and/or Risk-bearing Subcontracts Only:	
Att. II, § IX.C.3.a.(2)(a)	Requires the subcontractor to submit quarterly unaudited and annual audited financial statements to the Managed Care Plan. The quarterly unaudited financial statements shall be submitted to the Managed Care Plan within sixty (60) days of the end of the quarter and annual audited financial statements shall be submitted within one hundred twenty (120) days of the end of the year.
Att. II, § IX.C.3.a.(2)(b)	The Managed Care Plan will provide to the Agency, upon request, copies of the financial statements, including documentation of the Managed Care Plan's financial review.
Att. II, § IX.C.3.a.(2)(c)	The Managed Care Plan will notify the Agency within two (2) days of discovery, if based on the Managed Care Plan's review of financial statements or other information, the Managed Care Plan has reason to believe that the subcontracted vendor is insolvent or becoming insolvent.
Att. II, § IX.C.3.a.(2)(d)	<p>The Managed Care Plan will include one or both of the following in the subcontractor agreement for subcontractors delegating claims processing and payment:</p> <p>An insolvency account to meet its obligations. The insolvency account shall be funded in an amount equal to two percent (2%) of the annual contract value. In the event that the subcontractor has filed for bankruptcy or has otherwise been determined to be insolvent by a regulating entity, the insolvency account may be drawn upon solely by the Managed Care Plan to disburse funds to meet Medicaid financial obligations incurred by the subcontractor under the contract between the Managed Care Plan and subcontractor. Documentation of the insolvency account, including account balances and governing agreements, shall be provided to the Agency upon request</p> <p>-AND/OR-</p> <p>An Irrevocable Standby Letter of Credit, with the Managed Care Plan as the beneficiary. The issuing bank shall be a federally guaranteed financial institution, licensed to do business in Florida and shall be an entity that is acceptable to the Agency. The value of the Irrevocable Standby Letter of Credit shall be at least two percent (2%) of the annual subcontract value and shall allow the Managed Care Plan to draw upon the Irrevocable Standby Letter of Credit to disburse funds to meet Medicaid</p>

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

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

AHCA Contract Section	Subcontract Requirements
Att. II, § VII.C.2.p.(1)	Process for drug and alcohol testing, safety standards, driver accountability, and driver conduct compliance.
Att. II, § VII.C.2.p.(2)	Maintain vehicles and equipment in accordance with State and federal safety standards and the manufacturers' mechanical operating and maintenance standards for all vehicles used for transporting Medicaid enrollees.
Att. II, § VII.C.2.o.(3)	Complies with applicable State and federal laws, including ADA and FTA regulations.
Att. II, § VII.C.2.p.(4)	Process to immediately remove any vehicle that does not meet FDHSMV licensing requirements, safety standards, ADA regulations, or SMMC Contract requirements and re-inspect the vehicle before it is eligible to provide transportation services for Medicaid enrollees.
Att. II, § VII.C.2.p.(4)	Vehicles are not to carry more passengers than the vehicle was designed to carry.
Att. II, § VII.C.2.p.(4)	All lift-equipped vehicles must comply with ADA regulations.
Att. II, § VII.C.2.p.(5)	Maintain sufficient liability insurance to meet requirements of Florida law.
Att. II, § VII.C.2.p.(6)	Ensuring adequate seating for paratransit services for each enrollee and escort, child, or personal care attendant.
Att. II, § VII.C.2.p.(6)(a)	Ensuring personal property that can be stowed safely is transported with enrollee at no additional charge. This includes wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, and/or intravenous devices, within the capabilities of the vehicle.
Att. II, § VII.C.2.p.(6)(b)	Requires that each vehicle have posted the plan's toll-free number for complaints.
Att. II, § VII.C.2.p.(6)(c)	Requires the interior of all vehicles be free from dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal, or other objects or materials which could soil items placed in the vehicle or cause discomfort to the enrollee.
Att. II, § VII.C.2.p.(6)(d)	Prohibits smoking, eating, and drinking unless medical necessity requires enrollee to have fluids or sustenance during transport.
Att. II, § VII.C.2.p.(6)(e)	Requires all vehicles be equipped with two-way communications that are in good working order and audible to the driver at all times.
Att. II, § VII.C.2.p.(6)(f)	All vehicles have working air conditioners and heaters.
Att. II, § VII.C.2.p.(7)	Complies with the minimum liability insurance requirement of \$200,000 per person and \$300,000 per incident for all services. The plan indemnifies and holds harmless the local, state, and federal governments and their entities and the Agency from any liabilities arising out of or due to an accident or negligence on the part of the plan or transportation providers.
Att. II, § VII.C.2.p.(8)	Maintains a passenger/trip database that includes information for each enrollee it transports.
Att. II, § VII.C.2.p.(9)	Requires boarding assistance, if necessary or requested, to the seating portion of the vehicle, including opening the door, fastening the seat belt or wheelchair securing devices, storing mobility assistive devices, and closing doors.
Att. II, § VII.C.2.p.(10)	Requires providers provide shelter, security, and safety of enrollees at vehicle transfer points.

AHCA Contract Section	Subcontract Requirements
Att. II, VII. § C.2.p.(11)	Requires providers provide pick up from and return to a mutually agreed-upon location for the enrollee and associated attendant/escort.
Att. II, § VII.C.2.q.	All vehicles used for transportation services receive annual safety inspections, and all drivers have passed background checks and meet all qualifications specified in law and rule.
For Plans Who Have an MMA LOB, Additional Requirements for Credentialing Subcontracts Only:	
Att. II, Ex. II-A, § VII.C.2.a.(1)	Process to verify physicians have good standing of privileges at the hospital designated as the primary admitting facility by the physician or, if the physician does not have admitting privileges, good standing of privileges at the hospital by another physician with whom the physician has entered into an arrangement for hospital coverage.
Att. II, Ex. II-A, § VII.C.2.a.(2)	Process to verify physicians have Valid Drug Enforcement Administration certificates, where applicable.
Att. II, Ex. II-A, § VII.C.2.a.(3)	Process to verify physicians have an attestation that the total active patient load (all populations, including but not limited to Medicaid FFS, Children’s Medical Services, SMMC plans, Medicare, KidCare, and commercial coverage) is no more than three thousand (3,000) patients per physician. An active patient is one that is seen by the provider a minimum of two (2) times per year.
Att. II, Ex. II-A, § VII.C.2.a.(4)	Process to verify physicians have a good standing report on a site visit survey. For each provider, documentation in the credentialing files regarding the site survey that include: (a) Evidence that the Managed Care Plan has evaluated the provider’s facilities using the Managed Care Plan’s organizational standards; (b) Evidence that the provider’s office meets criteria for access for persons with disabilities and that adequate space, supplies, proper sanitation, smoke-free facilities, and proper fire and safety procedures are in place; and (c) Evidence that the Managed Care Plan has evaluated the provider’s enrollee record keeping practices at each site to ensure conformity with the Managed Care Plan’s organizational standards.
Att. II, Ex. II-A, § VII.C.2.a.(5)	Process to verify physicians have an attestation to the correctness/completeness of the provider’s application.
Att. II, Ex. II-A, § VII.C.2.a.(6)	Process to verify physicians have Statement regarding any history of loss or limitation of privileges or disciplinary activity as described in section 456.039, F.S.
Att. II, Ex. II-A, § VII.C.2.a.(7)	Process to verify physicians have a statement from each provider applicant regarding any physical or behavioral health problems that may affect the provider’s ability to provide health care and any history of chemical dependency/substance abuse.
Att. II, Ex. II-A, § VII.C.2.a.(8)	Process to verify physicians have current curriculum vitae or completed credentialing application, which includes at least five (5) years of work history.
Att. II, Ex. II-A, § VII.C.2.a.(9)	Process to verify physicians have proof of the provider’s medical school graduation, completion of residency or other postgraduate training. Evidence of board certification shall suffice in lieu of proof of medical school graduation, residency, and other postgraduate training, if applicable.
Att. II, Ex. II-A, § VII.C.2.a.(10)	Process to verify providers are recredentialled at least every three (3) years using information from ongoing provider monitoring.
Att. II, Ex. II-A, § VII.C.2.b.	Process to verify physicians have evidence of specialty board certification, if applicable.

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

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