

## MEDICAL TRANSPORTATION MANAGEMENT, INC.

### AMENDMENT NO. 6

The January 1, 2019 Agreement between the State of Rhode Island and Providence Plantations Executive Office of Health and Human Services (“EOHHS”) and Medical Transportation Management, Inc. (the “Contractor, MTM or Broker”), is hereby amended effective July 1, 2021.

**WHEREAS**, as of effective date of this Amendment No. 6, the Agreement is hereby amended as follows;

#### ADDENDUM XIX: CORE STAFF & BROKER LOCATION

1. This Addendum is Amended by *ADDING* the following for an in-state position:

State Requirement	Department	RFE Title	Proposal	
			RI	LSL
Yes	Quality and Compliance	Facilities Manager/Liaison	1	

2. This Addendum is Amended by changing the following position:

State Requirement	Department	RFE Title	Proposal	
			RI	LSL
Yes	ETO	Education and Training Manager	1	

To read:

State Requirement	Department	RFE Title	Proposal	
			RI	LSL
Yes	ETO	Education and Training Manager		0.5

#### ARTICLE II: TRANSPORTATION PROGRAM STANDARDS

##### SECTION NUMBER 15.0: GUARANTEES, WARRANTIES, AND CERTIFICATIONS

1. This section is Amended by *ADDING* the following sentence to the end of the **Partner/Stakeholder Communication/Engagement** section.

“Stakeholder meetings shall occur quarterly, at a minimum.”

**COVERED SERVICES FOR RI MEDICAID NEMT**

1. This Addendum is Amended by ADDING the following service to covered services:  
 “Nursing home discharge to home”

**Rhode Island EOHHS NEMT Covered & Non-Covered Services**

	Covered	Not covered
AA or self-help groups		X
Abortion (elective)		X
Abortion (medically necessary)	X	
Acupuncture	X	
Adult Day Healthcare	X	
Alcohol abuse evaluation to enter a treatment program	X	
Alcohol rehabilitation program	X	
Allergy	X	
Aquatic therapy (one on one with physical therapist at PT office)	X	
Audiology and hearing aids	X	
Botox Injections (non-cosmetic) - administered by a physician	X	
Cardiac Rehabilitation	X	
Case Management ( <i>transporting a member to his/her case manager</i> )	X	
Chemotherapy/Radiation	X	
Chiropractor services (non-Medicare)	X	
Clinical psychologist services	X	
Contact lenses, eye exams, eye glass fittings	X	
Counseling Provided by a Social Worker (independent, not associated with a clinic)	X	
Cosmetic surgery (elective)		X
Dental services	X	
Dermatology	X	
Diabetic education and transport to pick up supplies	X	
Diabetic Nutritional Counseling	X	
Diagnosis, screening, preventive and rehabilitative services	X	
Dialysis	X	

Durable medical equipment (fittings, supply pick-up)	X	
Durable medical equipment: Wheelchair Repair	X	
Emergency Room Trips When Urgent Care is Needed	X	
Emergency Room Discharge (see also Hospital Discharge below)		X
Emergency Room Trips To Get A Drug Prescription		X
Early Periodic Screening, Diagnosis & Treatment for members under age 21	X	
Examination for Social Security Eligibility Determination		X
Exercise Gyms (even when ordered by a physician)		X
Experimental procedures/drugs		X
Fair Hearing: transport to		X
Family planning services	X	
Federally qualified health center services	X	
Follow-up Appointments	X	
Follow-up to surgery (including foot care, wound dressing)	X	
Free-standing clinic services	X	
Gender Reassignment Surgery	X	
Group therapy (with RI-licensed therapist)	X	
Hearing: Family Court, Drug Court, etc.		X
Home healthcare (HHC): transporting HHC workers to a member's home		X
Horseback riding therapy	X	
Hospital admission	X	
Hospital discharge (see also Emergency Room Discharge above)		X
Hospital inpatient transportation ( <i>hospital-to-hospital DRG</i> )		X
Hospice ( <i>to hospice usually covered, otherwise not covered</i> )	X	
Inpatient and outpatient hospital services	X	
Inpatient psychiatric facility services for individuals under age 21 or over age 65	X	
To or from medical only, not day program or employment	X	
Laboratory and X-ray services	X	
Lamaze/birthing technique classes	X	
Mammogram	X	
Massage Therapy	X	
Medical and surgical dental services	X	
Midwife services	X	
Music therapy	X	
Nurse midwife	X	
Nurse practitioner	X	
Nursing facility services	X	
Nursing home to nursing home (medically necessary)	X	
Nursing home discharge to home	X	
Nutritional counseling	X	
OB/GYN Services	X	

Occupational therapy	X	
Ophthalmology	X	
Optometrist services and eyeglasses	X	
Orthodontia (under age 18)	X	
Orthopedics	X	
Outpatient/ambulatory surgery	X	
Paternity testing		X
Pharmacy: as part of transport to and from the doctor	X	
Pharmacy: standalone trip to and from the pharmacy	X	
Physical, speech and occupational therapies	X	
Physician services	X	
Pick up X-Rays/test results (no examination)		X
Podiatry (Qualified Medicare Enrollee or under age 18)	X	
Prosthetic devices and orthotic appliances	X	
Psychiatrist/Psychologist	X	
Psychology	X	
Research Programs		X
Rural health clinic services	X	
Club House / a treatment modality for psych patients	X	
Medicaid funded support groups	X	
Service animal training course		X
Sheltered workshop		X
Smoking cessation	X	
Speech therapy	X	
SSI Determination Hearing (see Examination for SSI Determination above)		X
Summer camp programs		X
Transplant Services	X	
Transport belongings from hospital to member at another location	X	
Transportation to the Emergency Room via 911 Ambulance		X
Transportation to the Grocery Store: standalone transport to and from		X
Transportation to the Grocery store after trip to and from doctor "to pick up a few things"		X
Visitation - parent visiting child who is hospitalized	X	
Treatment at Veteran's Affairs (VA) Hospital/Clinic	X	
WIC Appointments		X
Workman's Compensation: transport to a hearing		X
X-Ray, MRI, EKG, EEG, etc.	X	

**ADDENDUM XIV: BUDGET**

Contract Period 3: July 1, 2021 – June 30, 2022:

**MEDICAID POPULATION**

Annual capitation payments shall be paid as outlined in the MTM response to the RFP (as outlined in Amendment 5) plus the increase in ambulance rates.

Below are the capitation rates outlined in the MTM response to the RFP.

**Contract Period 3: July 1, 2021 - June 30, 2022**

Medicaid/Non	Program	PMPM	Monthly rate	Ceiling
Medicaid	Children	\$ 1.26	N/A	\$1.34
Medicaid	Adults	\$ 9.55	N/A	\$10.30
Medicaid	Aged	\$ 31.89	N/A	\$34.37
Non-Medicaid	RI TANF Only	\$ 82.25	N/A	\$82.25
Non-Medicaid	Elderly Transportat	N/A	\$ 340,000	\$360,000.00

Below are the capitation rates outlined in the MTM response plus the increase in ambulance rates for the Medicaid population.

TB04 – Children, 0-18	\$	1.35
TB05 – Adults, 19-64	\$	10.21
TB06 – Aged, 65+	\$	34.12
<b>Total Revenue</b>	\$	<b>35,100,394</b>

**NON-MEDICAID POPULATION**

Contract Period 3: July 1, 2021 –June 30, 2022, the rates for RI TANF only and the Elderly Transportation Program will be:

- \$82.25 per member per month for RI TANF only
- \$340,000 per month for the Elderly Transportation Program

IN WITNESS HERETO, the parties have caused this Amendment to be executed under Seal by their duly authorized officers or representatives as of the day and year stated below.

STATE OF RHODE ISLAND:

MEDICAL TRANSPORTATION  
MANAGEMENT, INC.:

Benjamin  
Shaffer

Digitally signed by Benjamin Shaffer  
DN: cn=Benjamin Shaffer, o=EOHHS,  
ou=Medicaid,  
email=benjamin.shaffer@ohhs.ri.gov,  
c=US  
Date: 2021.09.03 09:48:26 -04'00'



SIGNATURE

AUTHORIZED AGENT/SIGNATURE

MEDICAID DIRECTOR

Alaina Macia, CEO

BENJAMIN L. SHAFFER

PRINT NAME

August 16, 2021

DATE

DATE