

Application Requirements

PROVIDER

✓	Topic	Details	Documentation
	To Become a Provider	<p>Complete and Submit all necessary documentation to Transdev.</p> <p>Quick Tip: To become a provider in the Greater Metropolitan Area Portland, Oregon, please visit our Oregon NEMT Application page.</p>	<p>Please refer to online Oregon NEMT Application for required documentation.</p>
	Copy of Business License	<p>This is proof of provider’s legal ability to do business from the State of OR Certificates of Good Standing can be found on the OR Secretary of State website.</p> <p>Quick Tip: Make sure the license is CURRENT and legible.</p>	<p>Certificate of Good Standing or business license</p>
	Prohibited Practice Certification	<p>This form and signed statement is an acknowledgement that the provider is in understanding of the policies regarding restraints and seclusions as a prohibited practice</p> <p>Quick Tip: This is a two-part requirement:</p> <ol style="list-style-type: none"> 1. Complete Transdev’s Prohibited Practice Form. 2. Provide a signed statement, on company letterhead, that states verbatim: “This letter is additional certification that the use of restraints and/or seclusions in the provision of NEMT services is PROHIBITED PRACTICE for the company.” <p>Contact us.thproviders@transdev.com if you are a provider authorized to use restraints and seclusions.</p>	<p>Prohibited Practice – NEMT Seclusion and Restraint Form</p> <p>and</p> <p>Signed statement on company letterhead</p>
Ambulance only	OHA Provider Enrollment Information	<p>Quick Tips: Business and owner names must match registered business license.</p>	<p>Medicaid or Oregon Health Authority provider enrollment information</p>

Need Assistance with completing your application? Contact us.thproviders@transdev.com.

Page 1 of 5

✓	Topic	Details	Documentation
	Certificate of Insurance	<p>Auto and General Commercial liability insurance is required in the following amounts:</p> <ul style="list-style-type: none">• General Liability Insurance is a minimum of \$1,000,000 combined single limit coverage per occurrence.• Must include coverage for sexual abuse and molestation.• Auto Insurance is a minimum of \$1,000,000 for combined single limit coverage per occurrence including all owned, hired or non-owned vehicles as applicable. <p>Insurance company must have an AM rating of at least B+ or higher. Check your insurance here.</p> <p>Insurance coverage must list Transdev (or First Transit) as additional insureds, and company must be licensed to do business in Oregon.</p> <p>Workers Compensation coverage is required unless provider has a valid WC waiver.</p> <p>Quick Tip: Make sure your COI is current. If coverage is for scheduled vehicles, the schedule must match your vehicle roster. You will need to resend this to Transdev every six (6) months and upon any change or expiration. City of Portland requires A-rating.</p>	Certificate of Insurance

Application Requirements

PROVIDER

	<p>Fleet Maintenance Guidelines</p>	<p>These are the steps you take to keep your vehicles safe and reliable. Do you have a preventative maintenance schedule? Daily pre-trip and/or post-trip inspections?</p> <p>Quick Tips: Guidelines don't have to be fancy, but they do need to be in writing. Think about how and when you check tire tread, brake lights, oil changes, tune-ups, etc. and then WRITE IT DOWN!</p>	<p>Your Written Guidelines</p>
	<p>Drug Free Workplace Policy</p>	<p>This is your company's Drug Free Workplace and Testing Policy.</p> <p>Quick Tips: Pre-employment testing is required, and staff must be re-screened every three years. Additional Screenings may be required based on contractual and/or regulatory requirements.</p>	<p>Your company's Drug Free Workplace and Testing Policy</p>
	<p>Ownership and Control Form</p>	<p>These are disclosures required, for more information see 42 CFR 455 Subpart B (here).</p> <p>Quick Tip: Initial the bottom of every page and sign. You will need to resubmit this form every year; keep last year on file.</p>	<p>Transdev's Ownership and Control Form</p>
	<p>Medicare Advantage Programs</p>	<p>Some of the riders are dual eligible for Medicaid and Medicare. This form acknowledges that the provider will abide by the requirements.</p> <p>Quick Tip: Initial the bottom of every page and sign the last page.</p>	<p>Medicare Advantage Program Form</p>
	<p>Fraud Waste and Abuse Compliance (DRA Education)</p>	<p>This form acknowledges that the provider is committed to promoting the prevention and detection of fraud, waste and abuse.</p> <p>Quick Tip: You will resubmit this form every year. Make sure to initial the bottom of every page. An authorized official must sign this form.</p>	<p>FWA/DRA Education Form</p>

Application Requirements

PROVIDER

	Restrictions of Lobbying	<p>There are restrictions on how public funds can be used. This is an acknowledgment that you will abide by these restrictions.</p> <p>Quick Tip: Don't forget to sign!</p>	Lobbying Form
	Provider Compliance Policy and Training Attestation	<p>This form is an attestation (promise) that the provider has, and will continue to, train its staff appropriately.</p> <p>Quick Tip: This form will be submitted every year.</p>	Provider Compliance Policy and Training Attestation
	Payment Forms	<p>Before Transdev can pay you for any trips, you'll need to be set up as a vendor. The Vendor Maintenance Form, W-9 and ACH Form help you get paid.</p> <p>Quick Tip: This form asks for similar information found in the Ownership and Disclosure form. Save time by completing these forms together. The ACH form is optional.</p>	<p>Transdev's Vendor Maintenance Form W-9 ACH Form</p> <p>Voided Check (only for electronic payments)</p>
Optional	Certifications (DBE, MWBE, ESB)	<p>Did you know that Oregon sponsors a Disadvantaged Business Enterprise (DBE) program for Women, Minorities, Emerging Small Businesses and other businesses controlled by a socially and economically disadvantaged individual? Disadvantaged Business Enterprise (DBE) certifications are for businesses seeking federally funded transportation related contracting opportunities. You may qualify for this program if the provider is:</p> <ul style="list-style-type: none"> • U.S. citizen or a lawfully admitted, permanent resident • Organized as a for-profit business • At least 51% owned and controlled by a socially and economically disadvantaged individual • Contribution of capital equal to ownership <p style="text-align: right;"><i>(continued next page)</i></p>	<i>Certification Letter (if applicable)</i>

Need Assistance with completing your application? Contact us.thproviders@transdev.com.

Page 4 of 5

Application Requirements

PROVIDER

	<p>Certifications (DBE, MWBE, ESB)</p> <p>(continued)</p>	<ul style="list-style-type: none">• Individual controls and manages the day-to-day operations; includes experience and education• Operate and owned independently; must not be dependent on non-disadvantaged firms or individuals• Properly licensed (e.g., engineering, architecture, electrician, plumber, construction, etc.) and registered with the Secretary of State• Gross annual receipts (3 yr. average) not to exceed \$23.98 million• Applicant's personal net worth must not exceed \$1.32 million (excluding permanent residence and business equity) <p>To take advantage of this program, you have to apply and receive a BEP Certification. For more information on DBE please refer to the Business Oregon website.</p> <p>Quick Tip: Visit our website at transdevhealthsolutions.com/oregon for more information or email us.thproviders@transdev.com for assistance with the application process.</p>	<p><i>Certification Letter (if applicable)</i></p>
--	--	--	--