

Last Revised: April 6, 2018

Medical Transportation Access Coalition (MTAC) Charter

MISSION: The MTAC is dedicated to ensuring that Americans, particularly those from vulnerable and at-risk populations, have access to vital healthcare services by providing necessary, high-quality and trusted medical transportation services.

WHO WE ARE: The MTAC is a coalition of non-emergency medical transportation (NEMT) providers, brokers and their allies, such as healthcare providers, patient advocates and others, united by the common mission of preserving and strengthening access to healthcare transportation services.

WHAT WE BELIEVE: The MTAC believes:

1. Healthcare benefits are meaningless if patients cannot get to their appointments to obtain care.
2. A significant segment of the Medicaid population does not have regular access to safe and reliable transportation, placing their ability to access medical appointments at risk.
3. Health care costs go down or are stabilized when people have appropriate access to health care.
4. Non-emergency medical transportation bridges this gap, helping keep Americans healthy by getting them to their appointments safely and reliably.
5. Non-emergency medical transportation services are an essential component of our healthcare delivery system, without which millions of Americans would be left without a safe and reliable way to get the care they need.
6. States and managed care organizations contract with brokers because they manage NEMT programs efficiently, including by developing a high quality and robust network of transportation providers, ensuring the use of good drivers and safe vehicles, interacting with other healthcare providers and reducing fraud and abuse.
7. Brokers also promote transparency and accountability among all stakeholders, which balance beneficiary access with safeguards to assure that program benefits are used correctly and to reduce fraud and abuse.

WHAT WE DO: The MTAC will collaborate to:

1. Communicate the value of NEMT services to state and federal policymakers, key stakeholders, and the public;
2. Advocate for continued patient access to NEMT services for all Medicaid beneficiaries who lack transportation and other appropriate disadvantaged populations, and against state or federal proposals that would limit beneficiary access;
3. Analyze the industry and related care health delivery reforms and share best practices with NEMT brokers and our business partners; and

4. Engage allies and build relationships with others for whom NEMT services are critical.

STRUCTURE: At the time of founding, the MTAC is an informal, unincorporated, organization united by a common purpose. All participants have a voice and no organization has a veto. The MTAC strives to set an agenda based on consensus of all members.

MEMBERSHIP

The MTAC has two categories of members:

1. **Board Members:** Board Members contribute financially to the MTAC and are ultimately responsible for determining the agenda. Founding Board Members are LogistiCare Solutions LLC, Medical Transportation Management, Inc., and Southeastrans, Inc. (“Founding Board Members”). Other Board Members may be added pursuant to the process outlined below.
2. **Allied Members (or “Allies”):** Allied Members are organizations such as medical providers and patient advocates who support the organization’s mission. Allies may participate in MTAC meetings as permitted by Board Members, provide expertise and input on MTAC policies and strategies, and otherwise inform and advise the MTAC.

AFFILIATED PROVIDERS

Consistent with the MTAC’s mission to reflect a diverse set of stakeholders that understand the value of NEMT and support the organization’s mission, MTAC also draws from providers of NEMT services, including software-based companies. These providers (hereinafter referred to as “Affiliated Providers”) can provide financial support and collaborate with MTAC on certain *ad hoc* projects, such as strategic communications and research efforts.

GOVERNANCE

The Board. Each Board Member shall designate one delegate who will function as the manager of his or her institution’s involvement in the MTAC, though other designees of the organization can contribute in meetings and deliberations.

The Board – and accordingly each Board Member – is responsible for, without limitation, issues regarding (1) policy development and MTAC positions, (2) procedures or activities undertaken by MTAC, and (3) communications with MTAC members and vendors.

The Board strives to make decisions by consensus of all members. When developing policy, communicating as a coalition, and otherwise taking actions on behalf of the MTAC, the Board will consider the input of all members. While the Board strives for consensus of members, if consensus is not reached on any issue, the Founding Members will determine the course of action by unanimous vote.

Allied Members. Allied Members help shape the MTAC’s positions and actions but do not have a vote. They are not required to pay dues but rather contribute to MTAC through regular, periodic participation in policy discussions, collaborating in communications, and other similar advisory roles.

Affiliated Providers. Affiliated providers make an annual contributions to support MTAC’s lobbying, research, and education efforts. They do not have a vote. The Board may determine on an *ad hoc* basis to collaborate with Affiliated Providers on policy discussions, advocacy, and communications.

MEMBERSHIP DUES / FINANCIAL CONTRIBUTIONS

Financial support for the MTAC is based on the market share of each Board Member and contributions of Affiliated Providers. Regarding Board Member contributions, the market share of the sector will be reassessed twice-annually and any necessary adjustments to this pro-rata allocation will be determined at such times.

New Board Members may be admitted upon consensus of the Founding Board Members and shall pay dues at a rate that reflects their market share and as determined unanimously by Founding Board Members.

The Board shall determine how membership dues and Affiliated Provider contributions will be used to advance the work of MTAC. Possible uses of dues are, among other things, paying MTAC vendors or consultants, funding research, and buying advertising, etc.

MEMBERSHIP/AFFILIATED PROVIDER CRITERIA, EXPANSION AND REMOVAL

All Members and Affiliated Providers agree to:

- Actively support and commit to the Charter, mission, and agenda of the MTAC;
- Financially support the work of the MTAC (applicable to Board Members and Affiliated Providers only);
- Provide in-kind support to MTAC as appropriate; and
- Act in good faith and be a constructive, collaborative participant in MTAC.

Other membership criteria may be established by the Board and, if established, such criteria shall be applicable to all members and shall be incorporated into this Charter.

If a Member or Affiliated Provider fails to abide by one or more of these requirements, the Board shall consider the issue and take corrective action. If, after a period of time set by the Board, the concerns go unaddressed, the Founding Board Members may remove the Member or Affiliated Provider, as applicable.

In addition, an Affiliated Provider may be removed at any time by the Board if the Board determines that the Affiliated Provider’s continued participation in the coalition would damage the MTAC’s standing or reputation.

The MTAC welcomes additional Board or Allied Members. New Members and Affiliated Providers must be approved unanimously by the Board.

MTAC VENDORS AND CONSULTANTS

Faegre Baker Daniels Consulting (FBDC) serves as strategic advisor and coalition manager to MTAC. In this capacity, FBDC manages coalition operations and helps to steer MTAC's policy and advocacy work. The Board has authorized FBDC to represent the coalition with third-party organizations, policymakers, and media.