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MART Brokerage Application Instructions

User Guide for Completing the Company Profile

Prepared For:
Montachusett Regional Transit Authority

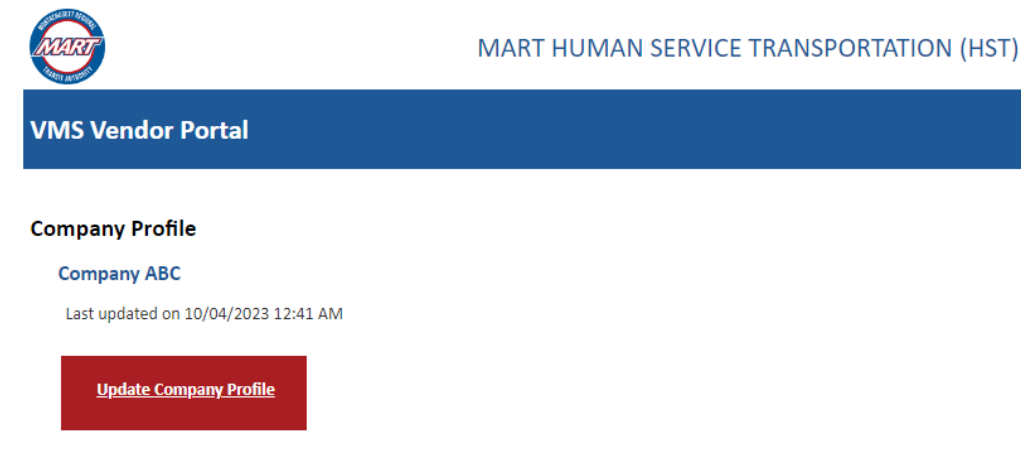
Contents

Completing the Company Profile.....	3
General Notes on completing your Company Profile.....	4
Section Specific Instructions in Completing your Company Profile	5
Section 1. Organizational Information.....	5
Section 2. Address Information.....	7
Section 3. Provider Information	8
Section 4. Questions	9
Section 5. Review	10
Section 6. Change History	11
Contact Information.....	12

COMPLETING THE COMPANY PROFILE

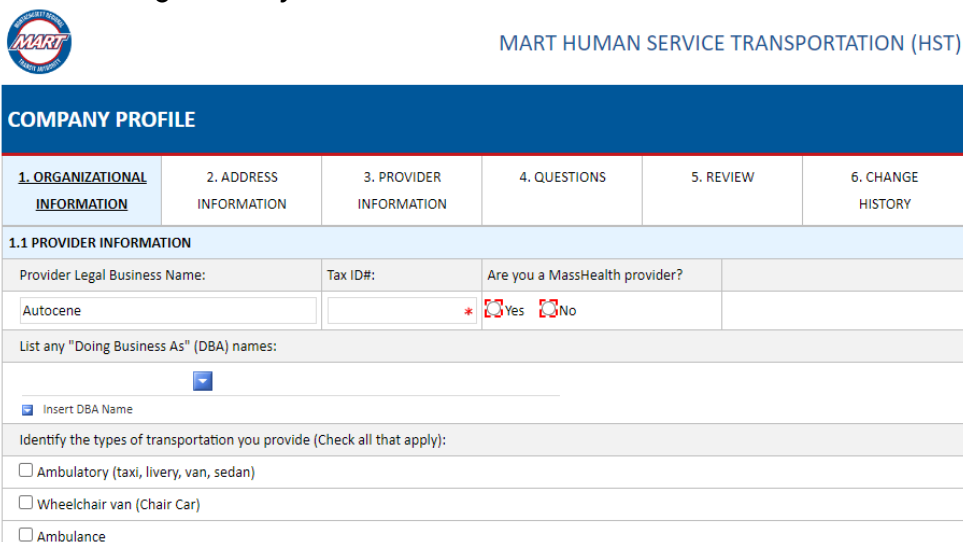
You must complete your company profile before you can access the Transportation Provider Application

1. Go to the [MART VMS](#) and Sign in.
2. On the home page, you will see the Company Profile Section. Under this, click the "Update Company Profile" button.




3. You will then be transferred to the "Company Profile" page that is divided into **six sections**:

1. *Organizational Information*
2. *Address Information*
3. *Provider Information*
4. *Questions*
5. *Review*
6. *Change History*



GENERAL NOTES ON COMPLETING YOUR COMPANY PROFILE

- Use the **Navigation bar** to navigate across the different sections of the Company Profile.
- Any fields marked with a red dashed box  or a red asterisk * are **mandatory**. To be able to move on to the next section, you must completely fill out all the mandatory fields.
- There are fields in Section 1 and 2 that are **pre-populated** based on the information you entered in the registration form.

Section 1:

1.1 – Provider Legal Business Name

1.4 – Current Owner’s Name

1.4 – Phone Number

1.4 – Email Address

Section 2:

2.1 – Contact Person Name

2.1 – Email Address

2.1 – Office Phone Number

- If you are unable to complete the mandatory fields on the section you are currently viewing, you can use the **“Save as Draft”** functionality to save your work. To do this, click the **“Save as Draft”** button at the bottom of the page.
 - The next time you click the **“Update Company Profile”**, you will be presented with the following page:



MART HUMAN SERVICE TRANSPORTATION (HST)

COMPANY PROFILE

You currently have an existing draft for your Company Profile. Click the following link if you would like to continue editing the draft:

[Click here to go to your existing draft](#)

If you would like to discard your draft and start anew, click the button below:

Continue to Company Profile >>

- If you would like to continue your draft, click the **“Click here to go to your existing draft”** link.
- If you would like to start from the beginning, click the **“Continue to Company Profile >>”** button.

IMPORTANT: Your changes to the company profile are not committed until you Submit it. This means any changes you made when you just save a draft will not show on other parts of the VMS platform where your Company Information is used, like in the Provider Application.

- If all the mandatory fields in the current section you are viewing are all filled in, you can submit to commit your changes. Click the “**Submit**” button at the bottom of the page to do this.
 - After submitting the completed Company Profile, you will see the following confirmation:

Thank you! Your form has been submitted. Please check you email for the submission confirmation.

- Shortly after submitting, you should receive a confirmation email about your Company Profile update submission
- The next time you update your profile, you should see a log of changes you made in your submission in Section 6 – Change History of your Company Profile

SECTION SPECIFIC INSTRUCTIONS IN COMPLETING YOUR COMPANY PROFILE

Section 1. Organizational Information

- 1.1 Provider Information
- 1.2 Legal Status / Classification of Organization
- 1.3 Supplier Diversity Office (SDO) Status
- 1.4 History of Ownership
- 1.5 Related Ownership

- If you select “Wheelchair van (Chair Car)” for the type of transportation, you will be asked if you have at least two (2) Wheelchair Vans. You must answer “Yes” to this question to be able to apply as a Wheelchair Van Service provider.

Identify the types of transportation you provide (Check all that apply):		
<input type="checkbox"/> Ambulatory (taxi, livery, van, sedan)		
<input checked="" type="checkbox"/> Wheelchair van (Chair Car)	Do you have at least two (2) Wheelchair Vans? <input checked="" type="radio"/> Yes <input type="radio"/> No	Eligible for Wheelchair Van Service
<input type="checkbox"/> Ambulance		

Completing the Company Profile - Instructions

- Complete all fields based on your **Organizational information**, and make sure all mandatory fields are filled up. Once done, click **“Continue”** to proceed in Section 2.



MART HUMAN SERVICE TRANSPORTATION (HST)

COMPANY PROFILE					
1. ORGANIZATIONAL INFORMATION	2. ADDRESS INFORMATION	3. PROVIDER INFORMATION	4. QUESTIONS	5. REVIEW	6. CHANGE HISTORY
1.1 PROVIDER INFORMATION					
Provider Legal Business Name:		Tax ID#:	Are you a MassHealth provider?		
<input type="text" value="Company ABC"/>		<input type="text" value="*"/>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List any "Doing Business As" (DBA) names:					
<input type="text" value="Insert DBA Name"/>					
Identify the types of transportation you provide (Check all that apply):					
<input type="checkbox"/> Ambulatory (taxi, livery, van, sedan)					
<input type="checkbox"/> Wheelchair van (Chair Car)					
<input type="checkbox"/> Ambulance					
Have you provided transportation for one or more HST Brokers within the last 5 years?					
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Describe the area(s) of the State you wish to serve:					
<input type="text" value=""/>					
1.2 LEGAL STATUS / CLASSIFICATION OF ORGANIZATION					
Identify your legal entity type below:					
<input checked="" type="checkbox"/> Individual / Sole Proprietor or Single Member LLC		<input checked="" type="checkbox"/> C Corporation	<input checked="" type="checkbox"/> S Corporation	<input checked="" type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Trust / Estate
<input checked="" type="checkbox"/> Limited Liability Company (LLC)		<input checked="" type="checkbox"/> Other			
Legally Classified As:		State where business was established:		Date Established:	
<input checked="" type="checkbox"/> Profit <input checked="" type="checkbox"/> Non-profit		<input type="text" value="*"/>		<input type="text" value="*"/>	
1.3 SUPPLIER DIVERSITY OFFICE (SDO) STATUS					
Is the business certified by the Massachusetts Operational Services Division (OSD) Supplier Diversity Office (SDO)?					
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
1.4 HISTORY OF OWNERSHIP					
Current Owner's Name:		Phone Number:		Email Address:	
<input type="text" value=""/>		<input type="text" value=""/>		<input type="text" value="odezaacfc@gmail.com"/>	
Percentage of Ownership:		Date of ownership		Does the business have multiple current owners?	
<input type="text" value=""/> %		<input type="text" value=""/>		<input type="radio"/> Yes <input type="radio"/> No	
Has this business had other owners in the past 10 years?					
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
1.5 RELATED OWNERSHIP					
Have any Principals of this business been owners or operators of another passenger transportation business or previously contracted with MART?					
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input type="button" value="Continue"/>					

Section 2. Address Information

- 2.1 Legal Business Address
- 2.2 Physical Address (Service Site)
- 2.3 Languages

Complete all fields based on your **Address Information**, and make sure all mandatory fields are filled up. Once done, click **“Continue”** to proceed in Section 3.



MART HUMAN SERVICE TRANSPORTATION (HST)

COMPANY PROFILE					
1. ORGANIZATIONAL INFORMATION	2. ADDRESS INFORMATION	3. PROVIDER INFORMATION	4. QUESTIONS	5. REVIEW	6. CHANGE HISTORY
2.1 LEGAL BUSINESS ADDRESS					
Street Address:	P.O. Box:	City:	State:	Zip:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Person Name:	E-mail Address:	Office Phone Number:	Office Fax Number:		
<input type="text"/>	odezaacfv@gmail.com	00000000	<input type="text"/>		
2.2 PHYSICAL ADDRESS (SERVICE SITE)					
A service site is a place where you dispatch transportation vehicles.					
Main Service Site Details:					
<input type="checkbox"/> Same as above					
Street Address:	P.O. Box:	City:	State:	Zip:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Person Name:	E-mail Address:	Office Phone Number:	Office Fax Number:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Location Type:	Does this site provide 24-hour coverage?		Are there other Service Sites?		
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.3 LANGUAGES					
Identify languages other than English that are spoken by your dispatchers and drivers:					
<input type="text"/>					
<input checked="" type="checkbox"/> Insert language					
<input type="button" value="Back"/>			<input type="button" value="Continue"/>		

Section 3. Provider Information

- 3.1 Licensure / Certification Information
- 3.2 Former MassHealth Provider Numbers
- 3.3 Other Contracting Agreements

Complete all fields based on your **Provider Information**, and make sure all mandatory fields are filled up. Once done, click “Continue” to proceed in Section 4.



MART HUMAN SERVICE TRANSPORTATION (HST)

COMPANY PROFILE					
1. ORGANIZATIONAL INFORMATION	2. ADDRESS INFORMATION	3. PROVIDER INFORMATION	4. QUESTIONS	5. REVIEW	6. CHANGE HISTORY
3.1 LICENSURE / CERTIFICATION INFORMATION					
Are you licensed or certified by any state or local regulatory agency relative to provision of transportation?					
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown					
Attach a copy of Articles of Organization with all amendments below:					
Click here to attach a file					
3.2 FORMER MASSHEALTH PROVIDER NUMBERS					
Do you have former MassHealth Provider Numbers?					
<input type="radio"/> Yes <input type="radio"/> No					
3.3 OTHER CONTRACTING AGREEMENTS					
Do you contract with any of the following organizations? (Check all that apply)					
<input type="checkbox"/> Nursing Facilities		<input type="checkbox"/> Day Habilitation Programs		<input type="checkbox"/> Adult Day Health Programs	
<input type="checkbox"/> School systems / Head Start					
<input type="checkbox"/> Other (e.g., hospitals or other state agency programs)					
<input type="button" value="Back"/>			<input type="button" value="Continue"/>		

Section 4. Questions

4.1 Questions about Licensure and Driving Privileges

4.2 Questions about Insurance Coverage and Claims

4.3 Miscellaneous Questions

- Answer each question by selecting “Yes” or “No”. If you answer “Yes” to a question, you are required to provide an explanation.

4.1 QUESTIONS ABOUT LICENSURE AND DRIVING PRIVILEGES

1. Have any disciplinary actions been threatened or initiated, or are any pending against the business or any of its drivers by a state licensure board or agency?

Yes No

Please explain:

- Once done, click “Continue” to proceed in Section 5.



MART HUMAN SERVICE TRANSPORTATION (HST)

COMPANY PROFILE					
1. ORGANIZATIONAL INFORMATION	2. ADDRESS INFORMATION	3. PROVIDER INFORMATION	4. QUESTIONS	5. REVIEW	6. CHANGE HISTORY
4.1 QUESTIONS ABOUT LICENSURE AND DRIVING PRIVILEGES					
1. Have any disciplinary actions been threatened or initiated, or are any pending against the business or any of its drivers by a state licensure board or agency?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
2. Has the license of any driver for your business, in any state, ever been denied, limited, suspended, revoked, diminished, not renewed, or relinquished (voluntarily or involuntarily), within the last 5 years or are any proceedings pending that may result in such action?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
3. Have any formal complaints been filed against the business with any state licensing board?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
4.2 QUESTIONS ABOUT INSURANCE COVERAGE AND CLAIMS					
1. Has the business's auto liability insurance coverage ever been terminated by action of an insurance company?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
2. Has the business's workers' compensation insurance coverage ever been terminated by action of an insurance company?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
3. Have there been any legal proceedings or claims against the business, alleging negligence or failure to observe transportation or motor vehicle rules that are open, pending, or closed within the past 10 years?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
4.3 MISCELLANEOUS QUESTIONS					
1. Have any of the business's drivers ever been convicted of a speeding or traffic violation or other motor vehicle offense?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
2. Have any driver or monitor's annual Criminal Offender Record Information (CORI) check produced results that could disqualify their hiring under 101 CMR 15.00?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
<input type="button" value="Back"/>			<input type="button" value="Continue"/>		

Section 5. Review

- Use this section to check if you have completed all the mandatory fields for each section.
- Click the underlined section and subsection names to quickly navigate to the section that requires corrections.
- For sub-sections with completed mandatory fields, it will be marked as "**Complete**," as shown below:



MART HUMAN SERVICE TRANSPORTATION (HST)

COMPANY PROFILE					
1. ORGANIZATIONAL INFORMATION	2. ADDRESS INFORMATION	3. PROVIDER INFORMATION	4. QUESTIONS	<u>5. REVIEW</u>	6. CHANGE HISTORY
5. REVIEW					
You are required to complete your company profile before you can access the Provider Application. Please use the information below to ensure that the mandatory information of your profile is complete.					
<u>SECTION 1 - ORGANIZATIONAL INFORMATION</u>					
<u>1.1 PROVIDER INFORMATION</u>					
Complete					
<u>1.2 LEAL STATUS / CLASSIFICATION OF ORGANIZATION</u>					
Complete					
<u>1.3 SUPPLIER DIVERSITY OFFICE (SDO) STATUS</u>					
Complete					
<u>1.4 HISTORY OF OWNERSHIP</u>					
Complete					
<u>1.4 RELATED OWNERSHIP</u>					
Complete					
<u>SECTION 2 - ADDRESS INFORMATION</u>					
<u>2.1 LEGAL BUSINESS ADDRESS</u>					
Complete					
<u>2.2 PHYSICAL ADDRESS (SERVICE SITE)</u>					
Complete					
<u>SECTION 4 - QUESTIONS</u>					
<u>4.1 QUESTIONS ABOUT LICENSURE AND DRIVING PRIVILEGES</u>					
Complete					
<u>4.2 QUESTIONS ABOUT INSURANCE COVERAGE AND CLAIMS</u>					
Complete					
<u>4.3 MISCELLANEOUS QUESTIONS</u>					
Complete					
Back			Continue		

Section 6. Change History

- Use this section to review the changes made to your Company Profile. By default, it lists the most recent changes first.
- If you are looking for a specific change that was made to your profile, you can use the Date Range filter and/or the Keyword filter. Once you enter the filter that you would like to apply, click the **"Search"** button. To reset your filters, click the **"Clear"** button
- To send the completed Company Profile, click **"Submit"**.



MART HUMAN SERVICE TRANSPORTATION (HST)

COMPANY PROFILE					
1. ORGANIZATIONAL INFORMATION	2. ADDRESS INFORMATION	3. PROVIDER INFORMATION	4. QUESTIONS	5. REVIEW	6. CHANGE HISTORY
6.0 COMPANY PROFILE CHANGE HISTORY					
Search Filters:					
Date Range		Keyword			
From:	<input type="text"/>	To:	<input type="text"/>	<input type="button" value="Search"/>	<input type="button" value="Clear"/>
1 - 25 of 32		<input type="button" value=">"/>			
Date	Change Description				
10/05/2023 02:30 PM ET	New Articles of Organization Uploaded: https://mart-dev.formverse5.com/AUTOCENESERVER_MART/WebApp/DownloadAttachment.aspx?attachmentId=093b5db5-6792-4678-a96f-83c6d7b6e32c				
10/05/2023 03:52 AM ET	Updated Physical Address (Service Site) from Office - 88 Smith Road 888 Boston MA 88888-8888 to Office - 888 Smith Road 888 Boston MA 88888-8888				
10/05/2023 03:52 AM ET	Updated Legal Business Address from 88 Smith Road 888 Boston MA 88888-8888 to 888 Smith Road 888 Boston MA 88888-8888				

CONTACT INFORMATION

For any technical questions or issues regarding the MART VMS, please reach out to the following:

USA

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