

Docket No. A-2026-3061327
SURE STEP TRANSIT LLC

Request for Information

- 1.) In your application, you provided a great deal of information, but do not describe exactly what you will be doing. Please describe in detail who you will be transporting and how your business will operate. Explain your customer base fully: the general public, contracted transportation? Provide all pertinent details so that a clear evaluation of your proposed authority can be made. Please provide it typed so that it is easily read.
- 2.) You mention current or previous work for Integrated Medical Transport LLC, a PUC authorized paratransit carrier and broker. What is unclear is how that relates to Sure Step Transit LLC. Please explain fully. Also please explain the sheet detailing a projected profit and loss regarding some involvement with Integrated Medical Transport. Can you provide some type of agreement with Integrated?

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Answers to Request for Information Docket # A-2026-3061327

1.) In your application, you provided a great deal of information, but do not describe exactly what you will be doing. Please describe in detail who you will be transporting and how your business will operate. Explain your customer base fully: the general public, contracted transportation? Provide all pertinent details so that a clear evaluation of your proposed authority can be made. Please provide it typed so that it is easily read.

Sure Step Transit LLC will provide paratransit services as a contracted transport provider for Integrated Medical Transport (IMT). In addition to providing service as requested by IMT, Sure Step Transit LLC will also accept trip requests from the general population. It is anticipated that 99% of all transports completed by Sure Step Transit will be derived from the contract with IMT. Specifically, Sure Step Transit will provide wheelchair transport services for IMT.

2.) You mention current or previous work for Integrated Medical Transport LLC, a PUC authorized paratransit carrier and broker. What is unclear is how that relates to Sure Step Transit LLC. Please explain fully. Also please explain the sheet detailing a projected profit and loss regarding some involvement with Integrated Medical Transport. Can you provide some type of agreement with Integrated?

Sure Step Transit was primarily created to contract with IMT and provide service for trips requested by IMT. Sure Step Transit is not related in any way to IMT nor has Sure Step Transit ever worked with IMT. Our only connection is through our executed contract to provide service. Sure Step Transit is unable to begin to provide service until PUC Authority is received. The revenue provided in the P&L reflects the anticipated revenue derived by providing wheelchair transport service for IMT. I have attached the contract for your review.

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TRANSPORTATION PROVIDER AGREEMENT

Between

Integrated Medical Transport, LLC ("IMT")

and

Sure Step Transit LLC ("Provider")

EFFECTIVE DATE: 4-1-2026

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WHEREAS, IMT provides brokerage services, including access to a partner software platform (the "ISI/Routegenie") which enables on-demand and future ride booking and trip management for non-emergency medical transportation in the Commonwealth of Pennsylvania pursuant to contracts with certain public agencies and/or private organizations; and

WHEREAS, IMT wishes to enter into Agreements with qualified transportation companies for the provision of high-quality transportation services to be assigned to transportation providers through the ISI/Routegenie, or otherwise; and

WHEREAS, Provider is in the business of performing non-emergency medical transportation services and wishes to provide such services pursuant to the terms of this Agreement;

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein made, the sufficiency of which is hereby acknowledged, the parties agree as follows:

I. RESPONSIBILITIES OF IMT.

- A. Process Transportation Requests. IMT will receive transportation requests from Participants or their agents, verify Participant eligibility, schedule trips, submit daily trip requests to Provider through the ISI/Routegenie Platform or a pre-approved and authorized Software Partner (referred to as a "Provider Manifest"), verify billing information, and perform such other administrative functions as IMT deems necessary to provide quality transportation to Participants on behalf of its Client. Notwithstanding anything herein to the contrary, IMT shall be under no obligation to provide Provider with a specific number of transportation requests. Any trip request assigned to Provider may be withdrawn by IMT, in its sole discretion, in the event that IMT deems it necessary for the proper performance of its obligations under the Client Contract.
- B. Payments for Transportation. IMT shall pay Provider for its services as set forth in Exhibit B. Provider shall not invoice or require payment from Participants or the Client for its services.
- C. Orientation. IMT shall provide one or more orientation sessions for Provider staff, which will be offered at an IMT regional office, Provider's base of operations, a third

7. Provider shall promptly inform IMT if a Participant is assigned to an improper level of service (i.e., ambulatory patient assigned to a wheelchair trip, or wheelchair bound patient assigned to an ambulatory trip).
8. Provider, upon consultation with IMT, may refuse to transport any person who, in the judgment of the Provider, is a threat to the health, safety, or welfare of either Provider's employees or other Participants, or prevents or inhibits the vehicle from being operated in a safe manner.
9. Provider shall participate in IMT's quality assurance plan, which may include discussing Provider's performance in the delivery of transportation. Provider agrees to assist in the development of corrective action plans and cooperate with all data collection that may be requested to monitor the results of such corrective action plans.
10. Provider shall not unlawfully discriminate against any Participant on the basis of marital status, sexual orientation, race, color, sex, age, religion, national origin, disability, or diagnosis/health status in providing services under this Agreement.
11. Provider shall comply with applicable federal and state requirements with regard to mandatory reporting of suspected Participant abuse or neglect. Provider shall cooperate with IMT, Client, and any applicable government agency in the investigation of suspected or alleged abuse or neglect of a Participant.
12. Provider shall only use drivers and vehicles that are registered with and pre-approved by IMT to perform services under this Agreement. Provider agrees that no payment will be made for any trips performed by drivers or vehicles not pre-approved by IMT to perform services.
13. Provider shall maintain office hours for dispatch and recovery until all trips assigned to provider are complete.

B. Representations and Warranties. Provider makes the following material warranties to IMT to induce IMT to enter into this Agreement.

1. Provider warrants that it or its owners and employees have never been terminated from participation in any state Medicaid or Medicare program or been determined to have committed Medicaid or Medicare fraud.
2. Provider warrants that it or its owners and employees have not been excluded from participation in Federal health care programs under either Section 1128 or 1128A of the Social Security Act.
3. Provider warrants that it has and shall maintain throughout the term of this Agreement all licenses and certificates required by any federal, state, county or local governments, including but not limited to all licenses, registrations, or certificates required to provide transportation for hire. Provider will notify IMT immediately of any change in the status of its licenses or certificates and/or any other legal requirements referenced in this section. Provider will furnish IMT with all documentation required by this section immediately upon request.
4. Provider warrants that all employees, including drivers and attendants, have (or will) received training on HIPAA and Fraud, Waste and Abuse upon employment and annually thereafter and will provide documentation of such training to IMT or Client upon request.
5. Provider warrants and agrees to be bound by the mandatory terms and conditions applicable to Provider that are contained in the contract between IMT and Client.
6. Provider warrants and agrees to accept the rates and payment terms as set forth in Exhibit B. Provider also agrees that all billing and payment disputes will be handled according to normal business practice as defined in Appendix 1 to Exhibit B as a mandatory prerequisite to engaging the dispute resolution process defined in Section IV.G of the Agreement.
7. To the extent any compensation paid by IMT to Provider under the terms of the Agreement are subject to the provisions of 31 USC 1352, Provider certifies, to the best of his/her/its knowledge, that:
 - a. No Federal appropriated funds have been paid or will be paid to any person by or on behalf of Provider for the purpose of influencing or attempting to influence an officer or employee of any agency, a Member

“Additional Insured” and shall be primary with respect to claims and co-insurance determinations.

- b. Before the Effective Date of the Agreement the Provider shall submit to IMT certificates of insurance from its agent or carrier listing Integrated Medical Transport LLC and Client (if requested by Client) as “Additional Insured” and listing Integrated Medical Transport, LLC as a “Certificate Holder.” Failure of Provider to submit the required certificate of insurance by the effective date of this Agreement shall render the Agreement null and void as though never executed by the parties.
- c. Insurance policies shall indicate that IMT will be informed in writing at least 30 days prior to any termination of or change in insurance coverage.
- d. The certificate of insurance submitted to IMT shall describe the Provider’s vehicle insurance to include coverage for “non-emergency medical transportation and/or transportation for hire,” and confirm that the Comprehensive General Liability policy provides coverage for contractual liabilities, sexual abuse and molestation. The certificate of insurance shall also confirm the vehicle insurance policy provides coverage for “Any Auto” or symbols “2”, “8” and “9”.
- e. Provider shall submit additional certificates of insurance from its agent or carrier immediately upon the renewal of or any change to its insurance coverage.
- f. Provider agrees that IMT may communicate directly with its insurance agent or carrier to confirm details or obtain clarification of Provider’s insurance coverage or policy terms.

D. Indemnification. Provider shall indemnify, protect, and hold IMT and the Client harmless from and against any and all claims or liabilities of any kind or nature whatsoever related to or arising or alleged to arise from actions connected with services provided by or at the direction of Provider or its agents, including the cost of reasonable attorney fees and other expenses incurred by or assessed against IMT and/or the Client.

E. Maintenance of Records. Provider must maintain all records related to this Agreement for the entire term of the Agreement and for ten years thereafter, or longer as required by law. Notwithstanding the foregoing, in the event that any litigation, claim, dispute, audit, or other proceeding has commenced before the expiration of the retention period set forth herein, all records shall be retained until completion of the proceeding or the end of the retention period, whichever is later. Provider must be able to provide copies of any requested records to IMT, the Client or its agents within three days’ notice. Detailed document retention requirements are also included in the Provider Manual.

F. Independent Contractor. The relationship between IMT and Provider is solely that of independent contractors and nothing in this Agreement or otherwise shall be construed to create any other relationship, including one of employer/ employee, principal/agent, joint venturers, partners, or any relationship other than that of independent parties contracting with each other solely for the purpose of carrying out the provisions of this Agreement. Provider is solely responsible for the management, compensation, and payment of its employees and subcontractors, including payment of employment related taxes and insurance such as workers’ compensation and unemployment insurance.

G. Liquidated Damages. Exhibit A. There are no Liquidated Damages.

H. Assignment. Provider may not assign, transfer, delegate, consign, or convey to any other person or entity Provider’s rights and responsibilities hereunder without the express written consent of IMT, which may be withheld in IMT’s sole discretion. Any attempted unauthorized assignment shall be null and void. IMT may assign its rights and obligations under this Agreement and any such assignment shall be communicated to Provider by written notice.

reasonable by both parties after due consideration of all relevant circumstances. This provision shall survive termination of this contract.

Facilities: Provider understands and appreciates the significant time and cost expended by IMT to contract with Health Facilities as the Primary First Call provider for all the Health Facility's transportation requirements. Provider also understands and certifies, for any Facility where the Provider has delivered service through this agreement. That if the Provider services the Facility outside of this subcontractor Agreement with IMT, after the Provider has previously performed subcontracting services for IMT at the Facility, IMT will be significantly damaged. Provider agrees IMT will be entitled, and Provider will pay IMT, 2x the total amount billed to the Facility for the trips provided to the Facility outside of the Provider/IMT subcontractor agreement. For clarity, this provision remains in force even if the Provider had delivered services outside of this subcontractor Agreement prior to the execution of this agreement or prior to being requested by IMT to provide subcontracting services. This provision will survive this Agreement and remains effective for one year after this agreement is terminated.

D. Use of Name. IMT shall have the right to use the name of Provider for purposes of informing Clients and potential clients of the inclusion of Provider within the IMT network and to otherwise carry out the terms of this Agreement. Provider shall not use the name, trademark or service marks of IMT or any IMT affiliate in its advertising or marketing without the prior written consent of IMT.

E. Notices. All written notices required by this Agreement shall be deemed delivered either on the date of receipt if personally delivered; on the day following mailing if sent postage prepaid by overnight mail through a nationally recognized overnight carrier; or on the Third day following mailing if mailed postage prepaid certified return receipt requested. Such notices shall be sent to the following addresses, or to such other addresses as the parties may hereafter designate in writing:

to IMT at:

Integrated Medical Transport.
1600 Hummel Ave
Camp Hill, PA 17011
Attn: Compliance Department

to Provider at:

Sure Step Transit LLC
815 Selkirk St
Lancaster PA, 17603

F. Amendments. This Agreement (including Exhibits) may be amended only by a document in writing duly executed by an authorized representative of both parties. Notwithstanding the foregoing, Provider is obligated to comply with the Provider Manual, as that document may be amended from time to time. In addition, IMT may unilaterally amend this Agreement by notice as required to comply with applicable law or regulation.

G. Client Amendment. This Agreement is subject to approval by the Client. If the Client at any time requires modifications to this Agreement, the parties will execute amendments to this Agreement reflecting such modifications. If either party is unwilling to accept any such modifications required by the Client, such party may exercise its termination rights hereunder.

H. Dispute Resolution and Arbitration. If any claim or controversy arising out of or relating to this Agreement cannot be resolved by the parties in the normal course of business, each Party shall designate a member of its senior management to meet to try to resolve the

Unless otherwise indicated, this Agreement is entered into and effective on the date executed by Integrated Medical Transport as specified below.

INTEGRATED MEDICAL TRANSPORT, LLC

Effective Date: 4-1-2026

Signature: [Handwritten Signature]

Printed Name: Thomas Davalloy

Title: Managing Partner

PROVIDER

Save Step Transit LLC

Date: _____

Signature: [Handwritten Signature]

Printed Name: Reggie Mytil

Title: _____

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date the claim was returned to the Provider. Provider shall continue to perform its obligations hereunder regardless of any outstanding contested amounts.

IMT pays properly submitted uncontested invoices twice per month by check or electronic transfer within 45 days after receipt (which may be the date of receipt of paper trip logs with member signatures, if applicable), or more frequently if required by applicable State regulations or by the Client Contract. If a payment date falls on a holiday payments will be made on the next working weekday.

In the event that the Client is unable or unwilling to pay IMT amounts validly due under the Client Contract, IMT may delay payments to Provider until such time as the Client pays the outstanding amounts. Provider may submit requests for review of denied or paid trip claims in accordance with Appendix 1 to this Exhibit B.

Quality Assurance

IMT will regularly confirm Participant attendance at the medical appointments designated in the trip reservations as part of its duty to prevent and mitigate fraud, waste and abuse. Provider agrees to cooperate with IMT to investigate any instances in which a medical facility reports a Participant did not attend an appointment associated with a trip reservation that has been reported as a completed trip by Provider and has been invoiced to and paid by IMT. Provider's failure to respond in writing within thirty (30) days of IMT's written request shall be considered confirmation that the trip did not occur, and Provider waives any right to protest or appeal such determination. IMT shall deduct the cost of such trips from Provider's next payment. If no payments to Provider are due, the Provider shall return the amounts in question to IMT within thirty (30) days of written demand.

INTEGRATED MEDICAL TRANSPORT, LLC

Date: 4-1-2024
Signature: [Handwritten Signature]
Printed Name: Thomas Lavalley
Title: Managing Partner

SUBCONTRACTOR

(Print or Type Provider Name)
Date: 4-1-2024
Signature: [Handwritten Signature]
Printed Name: Reggy Myrti
Title: _____

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Attachment 1 to Exhibit B

Provider Name: Sure Step Transit LLC

Rate Table

[to be inserted]

Wheel Chair Base Rate - \$43.00 each way

Wheel Chair Mileage - \$2.00 per loaded mile

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Appendix 1 to Exhibit B

Invoice Dispute Resolution Process

If discrepancies or potential errors in submitted invoices are identified at any time, IMT will initiate an investigation and notify Provider. This communication will include an "Invoice Error Report" with the unique trip number(s), trip details as recorded by IMT, submitted invoice amount, and IMT's calculated payment amount.

Provider has 15 days to review and respond to IMT and provide any additional details about the trip(s). If Provider fails to respond to the Invoice Error Report, or there is disagreement between the parties, then the final payment amount will be calculated using available routing data (date/time, duration, recorded GPS locations). IMT's calculated payment amount will prevail as the final paid amount to Provider.

Submitting Invoice Disputes or Errors to IMT

All invoice disputes or errors must be submitted to IMT in writing by emailing :
businessoffice@integratedmedicaltransport.com

When submitting a dispute or error notice, the submitter must provide the following information:

- Subject
- Description
- Issue
- Participant Name (if applicable)
- Trip Number (if applicable)
- Trip log(s) (if applicable)

IMT will acknowledge receipt of all written dispute or error notices and provide summary as soon as possible describing actions that are being taken to resolve the issue and next steps.

j. **Breach** shall mean the unauthorized acquisition, access, use, or disclosure of PHI which compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information. Exceptions to this definition exist for cases in which: (1) the unauthorized acquisition, access, or use of PHI is unintentional and made by an employee or individual acting under authority of Subcontractor if such acquisition, access, or use was made in good faith and within the course and scope of the employment or other professional relationship with Subcontractor, and such information is not further acquired, accessed, used, or disclosed; (2) an inadvertent disclosure occurs by an individual who is authorized to access PHI at Subcontractor to another similarly situated individual at Subcontractor, as long as the PHI is not further acquired, accessed, used, or disclosed without authorization; or (3) a disclosure of PHI occurs and Subcontractor has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

k. **Security Incident** shall have the meaning set forth in 45 C.F.R. § 164.304 and related Guidance promulgated by the Secretary.

l. Any terms capitalized, but not otherwise defined, in this Agreement shall have the same meaning as those terms have under HIPAA, the HIPAA Regulations, and the HITECH Act.

2. **Limits on use and Disclosure of PHI.** Subcontractor agrees that it will not use or disclose PHI for any purpose other than as expressly permitted or required by this Agreement. Subcontractor may use or disclose PHI for the following purposes:

a. As reasonably necessary to perform the services described in, and to effectuate the purposes of, the Prior Agreement, or as otherwise permitted or required under this Agreement or as Required By Law;

b. For the proper management and administration of Subcontractor's business and to carry out its legal responsibilities provided that: (i) such disclosures are Required by Law; or (ii) Subcontractor obtains in writing prior to making any disclosure to a third party (a) reasonable assurances from the third party that the PHI will be held confidentially and used or further disclosed only as Required by Law or for the purposes for which it was disclosed to the third party; and (b) an agreement from the third party to notify Subcontractor immediately of any instance of which it is aware in which the confidentiality of the PHI has been breached; and

c. To perform Data Aggregation Services, as that term is defined by 45 C.F.R. § 164.501, on behalf of IMT.

3. **Additional Obligations:**

a. **Limits on use and Further Disclosure.** Subcontractor agrees that the Protected Health Information shall not be further used or disclosed other than as permitted or required by the Prior Agreement, as amended by this Agreement or as Required by Law.

b. **Safeguards.** Subcontractor will establish and maintain appropriate safeguards and warrants that it has established reasonable safeguards to prevent any use or disclosure of the PHI, other than as provided for by the Prior Agreement, as amended by this Agreement, or as Required by Law. Without limiting the foregoing, Subcontractor agrees to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic PHI. Subcontractor further warrants that it will not use or disclose any PHI in any manner that will violate HIPAA Regulations if IMT engaged in such activity. Subcontractor shall specifically comply with 45 C.F.R. §§ 164.308, 164.310, 164.312, and 164.316 of the Security Rule as such regulations are amended from time to time, as required by the HITECH Act. Subcontractor agrees to periodically complete a privacy and security survey, audit, and/or attestation if requested by IMT to assist IMT in auditing Subcontractor's compliance with the HIPAA Regulations.

c. **Minimum Necessary.** Subcontractor shall only request, use, and disclose the minimum amount of PHI necessary to accomplish the purpose of the request, use, or disclosure.

d. **Reports of Improper use or Disclosure.** Subcontractor shall report to IMT, within one business day, any use or disclosure of PHI not provided for or allowed by this Agreement of which Subcontractor becomes aware. Without limiting the foregoing, Subcontractor agrees to report to IMT, within one business day, any Security Incident with respect to Electronic PHI of which it becomes aware. Such reports should be made to the designated IMT HIPAA Compliance Officer at any of the following:

c. **State Law.** To the extent any applicable state law confidentiality requirements are not preempted by HIPAA, Subcontractor agrees to comply with such state law requirements.

d. **Third Party Participants.** Subcontractor agrees that any of IMT's Covered Entity Clients to whom Subcontractor provides services and with whom IMT has entered into a Business Associate agreement are third party Participants of this Agreement. Notwithstanding the foregoing, no other individual or entity shall be considered a third party beneficiary of this Agreement.

e. **Amendment.** The Parties mutually agree to amend this Agreement from time to time as necessary for either party to comply with the requirements of HIPAA, the HITECH Act, and/or the HIPAA Regulations as they may be amended or revised from time to time, and any judicial, legislative, or administrative interpretation which alters or conflicts with any provisions contained herein. If the parties are unable to agree on an amendment within ten business days thereafter, IMT may terminate the Agreement immediately with written notice to Subcontractor.

f. **Conflict.** In the event of any conflict between this Agreement and the Prior Agreement as to the subject matter referenced herein, this Agreement shall control.

g. **Interpretation.** The terms of this Agreement shall be construed in light of any applicable interpretation or guidance on HIPAA, the HITECH Act, and/or the HIPAA Regulations issued by the HHS or the Office for Civil Rights from time to time. This Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, and the HIPAA Regulations. The parties agree that any ambiguity in this Agreement shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, and the HIPAA Regulations.

h. **Independent Contractors.** Subcontractor and IMT agree that they are independent parties and not employees, partners, or party to a joint venture of any kind. Neither party shall hold itself out as the other's agent for any purpose and shall have no authority to bind the other to any obligation.

i. **Assignment.** Subcontractor shall not assign its rights or obligations under this Agreement without the prior written consent of IMT.

IN WITNESS WHEREOF, IMT and Subcontractor have caused this Agreement to be signed and delivered by their duly authorized representatives, as of the date set forth above.

INTEGRATED MEDICAL TRANSPORT, LLC

Date: 4-1-2026

Signature: [Handwritten Signature]

Printed Name: Bama Haulky

Title: Managing Partner

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SUBCONTRACTOR

(Print or Type Provider Name)

Date: 4-1-2026

Signature: [Handwritten Signature]

Printed Name: Regguy Myrtal

Title: _____

EXHIBIT D

FRAUD, WASTE AND ABUSE PREVENTION POLICY

Federal law requires that entities that receive at least \$5 million in annual payments under a State Medicaid program establish written policies for their employees, contractors and agents that furnish detailed information regarding the federal and state False Claims Acts, the administrative remedies available under those acts, other protection under the acts, and the Company's procedures for detecting fraud, waste and abuse.

Integrated Medical Transport's policy is to provide detailed information to all employees, contractors and agents about federal and state False Claims Acts as well as information about Integrated Medical Transport's policies and procedures to detect and prevent fraud, waste and abuse. We require that you adhere to these policies and disseminate the information in this Exhibit D to all employees and contractors. The information in this policy forms part of its employee manual, its transportation provider manual, and is distributed to all contractors and agents as required by the Deficit Reduction Act of 2005.

Federal False Claims Act

The Federal False Claims Act applies to the submission of claims by healthcare providers for payment by Medicare, Medicaid and other federal and state healthcare programs. The False Claims Act is the federal government's primary civil remedy for improper or fraudulent claims. It applies to all federal programs, from military procurement contracts to welfare benefits to healthcare benefits.

The False Claims Act prohibits, among other things:

- knowingly presenting or causing to be presented to the federal government a false or fraudulent claim for payment or approval;
- knowingly making or using, or causing to be made or used, a false record or statement in order to have a false or fraudulent claim paid or approved by the government;
- conspiring to defraud the government by getting a false or fraudulent claim allowed or paid; and
- knowingly making or using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.

"Knowingly" means that a person, with respect to information: 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falsity of the information.

the False Claims Act. If, based on the investigating official's report, an agency concludes that further action is warranted, it may issue a complaint regarding the false claim. A hearing following the detailed due process procedures set forth in the regulations implementing the PFCRA would be held.

State False Claims Acts

In addition to the requirements of federal law, you must comply with applicable state laws. At this time, nearly forty states have enacted False Claims Acts that are similar in substance and procedure to the Federal laws described, above. In addition, a number of municipalities, such as Chicago and New York City have their own False Claims Acts that are similar in substance and procedure to the Federal laws described above.

Fraud, Waste and Abuse / Company Detection

Integrated Medical Transport has numerous policies and procedures for detecting fraud, waste and abuse. Some of the most important procedures are described below.

- A specific gate keeping protocol during the reservation process is used to verify that the member is eligible for transportation and that the trip is to a Medicaid provider.
- A detailed verification process for each invoice submitted by transportation providers checks whether the trip was performed by an eligible driver in a certified vehicle; that the price is correct; and that the member signed for the trip.
- Standing orders are regularly recertified with the health care facility.
- Patient attendance records at health care facilities are compared to provider invoices.
- Field monitors inspect vehicles and monitor trips for compliance.
- Every trip must be preauthorized, have a job number, and be performed in compliance with contract requirements in order to be paid.
- All network transportation provider drivers undergo criminal background checks and are checked against the OIG exclusion database. No excluded person may drive under a Integrated Medical Transport contract.

Integrated Medical Transport takes any allegation of fraud, waste or abuse very seriously and appropriately investigates any such allegation. Providers are required to report suspected cases of fraud, waste, abuse or other impropriety. Providers must cooperate in any investigations initiated by Integrated Medical Transport or any government agency, as required by law.

INTEGRATED MEDICAL TRANSPORT LLC

SUBCONTRACTOR

Sure Step Transit LLC
(Print or Type Provider Name)

Date: 4-1-2020
Signature: [Signature]
Printed Name: Thomas Faulstich
Title: Managing Partner

Date: 4-1-2020
Signature: [Signature]
Printed Name: Regina Mytil
Title: _____

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, Peggy Mytil hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

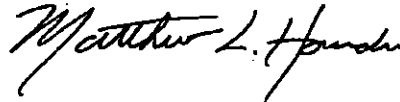


The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to Jerome Elliott, Bureau of Technical Utility Services at 717-214-7155. Faxed or emailed filings are not accepted.

Sincerely,



Matthew L. Homsher
Secretary

Enclosure

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COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

March 31, 2026

A-6227981
A-2026-3061327

SURE STEP TRANSIT LLC
815 SEYMOUR STREET
LANCASTER PA 17603

RE: APPLICATION OF SURE STEP TRANSIT LLC

To Whom It May Concern:

On March 20, 2026, the application of Sure Step Transit LLC, at A-2026-3061327, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

ALL Parties to proceedings pending before the Commission are advised to open and use an e-filing account through the Commission's website, OR you may submit your filing by mail. If a filing contains confidential or proprietary material, the filing is required to be submitted by mail.

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