PART II

POLICIES AND PROCEDURES
for
NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION of MEDICAL ASSISTANCE PLANS

Version Date: July 1, 2026

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Policy Revision Record
from 2024 to Current[1]

REVISION DATE	SECTION	REVISION DESCRIPTION	REVISION TYPE **A**=Added **D**=Deleted **M**=Modified	CITATION (Revision required by Regulation, Legislation, etc.)
07/01/2026	818	Added this policy to establish the rules and processes for requesting and receiving fuel reimbursement related to Georgia Families 360° members service activities, including eligibility criteria and required documentation.	A	
04/01/2026	Appendix A	Removed the reference to Psychiatric Residential Treatment Facilities (PRTFs) from Section B.i.1., Services Not Covered by Georgia Medicaid. Because PRTFs are classified as hospitals, services provided in these settings are covered for hospital discharges.	D	
04/01/2026	Appendix C	Revised the Appendix to reflect the change to a statewide broker, Verida, providing service to all five (5) NEMT regions.	M	
04/01/2026	906.4	Added Psychiatric Residential Treatment Facilities (PRTFs) to the hospital discharge policy. Because PRTFs are classified as hospitals, NEMT will provide transportation for discharges from these facilities.	A	
01/01/2026	906	Section 906, previously titled Driver Conduct, has been retitled, Hospital Discharge Transportation Coordination Policy.	A	
01/01/2026	907	Please refer to the updated Table of Contents for the revised list of policies. Driver Conduct is now listed as Section 907.	M	
01/01/2026	1010.8	Section 1010.8 of the Turnover Plan has been updated to include an annual due date of July 31.	M	
10/01/2025	NA	No changes were made this quarter		
07/01/2025	Appendix A	Item #2 Dental Services under Services Covered by Georgia Medicaid, has been revised to reflect the changes effective July 1, 2024. Transportation will be provided for individuals over age 21and older will	M	

[1] The revisions outlined in this Table are from July 1, 2024 to current. For revisions prior to July 1, 2024, please see prior versions of the policy.

		receive the following medically necessary dental services: diagnostic, preventive, restorative, periodontal, prosthodontic, orthodontic, endodontic, emergency dental services, and oral surgery (inpatient and outpatient).		
07/01/2025	Appendix A	Item #19 under Services Covered by Georgia Medicaid previously referenced Section 300.3a – Dialysis Transportation Requirements. This reference has been updated to align with the revised manual and now correctly cites Section 904.	M	
07/01/2025	Appendix B	Please note the first sentence in the first paragraph has been revised to reflect the correct reference in the updated manual. Previously, cited "Section 300.6." This reference has been updated to align with the revised manual and now correctly cites Section 907.	M	
07/01/2025	Section 803	The final paragraph has been revised to reflect the correct reference in the updated manual. Previously, cited "Section 300.6 Vehicle Requirement." This has been updated to accurately the revised manual, which now references "Section 907 – Vehicle Requirement."	M	
07/01/2025	Section 903.1.6	The last sentence has been revised to reflect the correct reference in the updated manual. Previously, cited "Section 300.10 Back-up Services." This has been updated to accurately reflect the revised manual, which now references "Section 911 – Back-up Services."	M	
07/01/2025	Section 906.18	Revised policy from CMS requires Long-Term Care (LTC) Facilities to test drivers for COVID-19 based on parameters set forth within the Community COVID-19 activity level. All nursing home drivers must adhere to the requirements of Antigen testing for COVID-19 before transporting a nursing home resident. Directives in accordance with CMS guidelines and CDC recommendations www.cdc.gov. Policy now states, COVID-19 testing for drivers transporting nursing home residents is no longer required. Passive screening is now in place, and drivers must report symptoms	M	
04/01/2025	NA	No changes were made this quarter.		
01/01/2025	Appendix N	Revised Appendix N to include a comprehensive appendix which includes links to the websites providing information on Georgia Families, and the Georgia Families 360 program.	M	
01/01/2025	Appendix P	Formerly Appendix Q – Revised as the Reporting Requirements Matrix, now Appendix P	M	
01/01/2025	Appendix Q	Formerly Appendix R – Revised as the NEMT		

		Physician's Medical Necessity Certification, now Appendix Q	M	
01/01/2025	Appendix R	Formerly Appendix S – Revised as the Glossary, now Appendix R	M	

Part II: Non-Emergency Medical Transportation (NEMT)
Chapter 600: Preface and Overview

601. Preface

This manual contains basic information concerning the Non-Emergency Medical Transportation (NEMT) Program and is intended for use by all participating providers and in conjunction with the Part I Policies and Procedures Manual for Medicaid and PeachCare for Kids. Part I of any DCH manual outlines the Statement of Participation for participating providers. Part II of any DCH manual outlines the policies and procedures specific to that program as well as the terms and conditions for receipt of reimbursement.

We urge you and your office staff to familiarize yourself with the contents of Part I and Part II of the manual and refer to it when questions arise. Use of the manual will assist in the elimination of misunderstandings concerning program policies, coverage levels, eligibility, and billing procedures that can result in delays in payment, incorrect payment, or denial of payment.

Amendments to this manual will be necessary from time to time due to changes in federal and state laws and Department of Community Health (the Department), Division of Medical Technology (GAINWELL) web portal at www.mmis.georgia.gov and if applicable, will include any amendments when such amendments are made. These postings shall constitute formal notification to providers of any changes or amendments. The amended provisions will be effective on the date of the notice on the manual or as specified by the notice itself. All providers are responsible for complying with the amended manual provisions as of the effective dates. (Rev. 01/2021)

Thank you for your interest and participation in Georgia's Medicaid/PeachCare for Kids program and the Non-Emergency Medical Transportation program. Your service is greatly appreciated.

602. General Information

602.1. Background

The Georgia Medical Assistance Program (Medicaid) became effective in October 1967, under the provisions of Title XIX of the 1965 amendments to the Social Security Act (42 USC 1396 et seq.).

On July 1, 1977, the Georgia Department of Medical Assistance (DMA) was created to administer the Medicaid program (GA Laws 1977, p. 384).

On July 1, 1999, the Department of Community Health (DCH) was created to administer health care programs in Georgia, including Medicaid. DMA then became the Division of Medical Assistance within DCH (GA Laws 1999).

DCH is the single State agency charged with the responsibility of administering the Medicaid program. DCH is responsible for assuring that needy Georgians can request

and receive Medicaid services through an eligibility process and that providers of these services are reimbursed. DCH administers the Medicaid program through several contracts, in addition to the direct employment of departmental staff. DCH is divided into multiple divisions and offices responsible for administering Medicaid services and other health care programs in Georgia.

In accordance with Code of Federal Regulations (CFR) (42 CFR 431.53), the Non-Emergency Medical Transportation (NEMT) program offers transportation services for eligible Medicaid members who have no other means of transportation to secure the necessary health care that they need. The Georgia Medicaid program covers transportation to and from health care services that are covered under the State's Medicaid Plan or through waivers. This is based on the recognition that unless individuals can get to and from health care services, the entire State's Medicaid program is compromised.

Prior to FY' 97, the DMA reimbursed on a fee-for-service basis for NEMT services to transport Medicaid members to receive necessary Medicaid-covered services from enrolled Medicaid providers. Members could access these services on demand through direct contract with enrolled NEMT Providers, Department of Human Services' County Departments of Family and Children Services and the County Offices of the Department of Public Health.

In FY' 97, the DMA requested proposals for the implementation of a NEMT Broker system, which divided the State into five (5) service regions for NEMT and sought a Broker contractor for each of the five (5) regions. Three (3) Brokers were eventually selected from among the offerors to provide brokered NEMT services in the five (5) regions. That program became operational on October 1, 1997. Each of the Brokers were responsible for verifying eligibility for NEMT services, as well as for scheduling transportation for members determined in need, through a Network of transportation resources under agreements with the Brokers. The Brokers were paid a capitated rate for each eligible Medicaid member residing in their service region(s).

NEMT Brokers are selected through a bidder's process. Awards are made on a periodic basis, to be determined by DCH. (Rev. 10/2016)

603. Definition of Service

Non-Emergency Medical Transportation services are defined as medically necessary transportation for eligible Medicaid members (and escort, if required) who have no other means of transportation available to any Medicaid-reimbursable service for the purposes of receiving treatment, medical evaluation, obtaining prescription drugs or medical equipment.

Members enrolled in certain programs, including but not limited to the Mental Health, Mental Retardation and Substance Abuse (MHMRSA), Comprehensive Support Waiver (COMP) and New Options Waiver (NOW) are deemed to have other means of transportation if the program includes transportation services for the type of medical treatment being sought by the member.

Transportation may be provided to health practitioners or entities that are not participating in the Georgia Medicaid program if the services furnished to the member are covered under the Georgia Medicaid plan and therefore would be payable were the member to go to a Medicaid participating

provider; and, if a member obtains the medical service from the type of provider that could be a Medicaid participating provider had the provider applied to participate.

604. Severability Clause

In the event any provision or any portion of any provision of this Manual conflict with State law, federal law or federal regulations, or is otherwise held invalid, the other provisions of this Manual and the remaining portions of said provision shall not be affected thereby and shall continue in full force and effect.

605. Categories of Service Reimbursed

The NEMT program provides transportation through a Brokerage System. Five NEMT regions have been established in the state: North, Atlanta, Central, East, and Southwest. The Department has contracted with a Broker in each of the five NEMT regions to administer and provide NEMT services for eligible Medicaid members. Appropriate vehicles will include minibus, wheelchair van, stretcher vans and public or Paratransit. The Brokers are reimbursed a monthly capitation rate for each eligible Medicaid member residing within their NEMT service region.

606. General Reimbursement Principles

606.1. Prudent Buyer

The Department's goal is to make quality health care services available to all eligible members. To maximize allocated funds, the Department has employed the concept of the "Prudent Buyer." Briefly stated, if two different plans of treatment will meet the need of the member, the less expensive treatment should be employed, all other conditions being equal. The NEMT Broker should apply the same principle in providing services to Medicaid members.

606.2. Collection Agencies

Federal law prohibits payments for Medicaid services to anyone other than a provider, except in specified circumstances. Expressly prohibited are payments to collection agencies working on a percentage or other basis unrelated to the cost of processing the billing.

606.3. Covered Services

A "Covered Service" is an item of medical or remedial care or service, including dispensation of equipment and drugs, for which reimbursement is allowed through the Georgia Medical Assistance Program. Refer to Appendix A Georgia Medicaid Covered and Non-Covered Services for covered services within the NEMT Broker Program.

607. Enrollment

The Department of Community Health (DCH) utilizes a broker system to administer its NEMT

program. Transportation providers interested in providing transportation services to Medicaid members must contact and arrange a service agreement with the NEMT Broker for the region(s) in which they are willing to provide transportation services. (Rev. 10/2016).

608. General Conditions of Participation

608.1. As general conditions of participation, all NEMT Brokers must:

608.2. Comply with State and federal statues, policies and regulations applicable to the Medicaid Program;

608.3. Provide services in compliance with Title VI of the Civil Rights Act of 1964, as amended. Title VI provides that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance;

608.4. Provide services in compliance with Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act of 1990 (ADA). Section 504 provides that no otherwise qualified handicapped individual shall solely by reason of his or her handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance;

608.5. Not intentionally or negligently damage or endanger the health, safety or welfare of any member;

608.6. The Broker, owner, and managing employee(s) cannot appear on the Department of Health and Human Services, Office of the Inspector General's (OIG) Exclusion List and the System for Award Management (SAM). The Broker is required to check both systems on a monthly basis and maintain documentation of results. (Rev. 10/2015)

608.7. The Broker is required to check the Social Security Administration's Death Master File (DMF) for each of its employees, transportation providers and drivers and volunteer drivers at the time of employment and on an annual basis thereafter. (Rev. 10/2015)

608.8. Not employ or contract with a person, provider, owner, partnership or corporation previously terminated or suspended from the Program, barred from enrollment, or on the OIG's sanction or Exclusion list and SAM. Brokers may search the DHHS-OIG and SAM websites to capture exclusion and reinstatements. (Rev. 10/2015)

608.9. Notify the Department of any of the following changes immediately:

608.9.1. Change in business and/or email address, telephone and/or facsimile number;

608.9.2. Change in corporate status or nature;

608.9.3. Change in business location;

608.9.4. Change in solvency;

608.9.5. Change in corporate officers, executive employees, or corporate structure;

608.9.6. Material changes in ownership (i.e. more than 25% a month); and/or

608.9.7. Change in federal employee identification number or federal tax identification number.

608.10. Not engage in any illegal activities related to the furnishing of services.

608.11. Adhere to all the applicable policies and procedures of the Department.

609. Member Eligibility

DCH establishes eligibility criteria for Medicaid/PeachCare for Kids benefits based upon federal regulations. Eligibility criteria for major coverage groups are identified in Appendix E. The Department contracts with the Department of Human Services' Division of Family and Children Services, and the Social Security Administration to perform eligibility determinations. Individuals and families should be referred to local offices of these agencies for their eligibility determinations.

609.1. Newborn Eligibility Verification

"Newborn" as a Medicaid coverage group refers to the Medicaid coverage available to infants who are born to Medicaid eligible mothers. To provide immediate enrollment for newborns, authorized providers may obtain a temporary Medicaid identification number for a newborn infant, born to a mother eligible for Georgia Medicaid benefits.

Any physician, nurse midwife, nurse practitioner, health check provider, pharmacy, hospital, Health Department, durable medical equipment provider or birthing center enrolled as a Georgia Medicaid provider is authorized to obtain a temporary Medicaid identification number for these newborn infants. Enrolled providers can access Gainwell Technologies (GAINWELL) on-line to obtain a Medicaid identification number. The manual process of completing a Newborn Medicaid-Certification form DMA-550, remains in place for enrolled providers who are unable to execute the on-line process. See Appendix D for sample of DMA-550. Upon completion of the form providers may contact GAINWELL at 1-800-766-4456 to obtain a Medicaid identification number. In order to confirm issuance of the number and Medicaid eligibility, providers must mail the white copy of the form to GAINWELL, P. O. Box 105200, Tucker, Georgia 30085-5200, Fax (866)483-1045. (Rev. 01/2021)

A child is eligible for Newborn Medicaid for up to 13 months beginning with the month of birth and continuing through the month in which the child reaches age one.

609.2. Medical Assistance Eligibility Certification

Generally, Medicaid coverage is available for the month of application for those individuals and families who meet the eligibility standards. Medicaid members covered under one of the Care Management Organizations (CMO) will receive a card which identifies the CMO responsible for the member's care. Members not enrolled in one of

the CMOs receive a MHN ID card.

609.3. Pending Eligibility

A pending eligible individual is defined as any individual who has been admitted to a Medicaid certified facility and has made an application for Medicaid benefits. Pending Medicaid eligible individuals are eligible for NEMT services. The Broker must accept the monthly per capita rate reimbursement as payment in full, inclusive of all administrative costs, transportation costs, overhead, and profit, for all services required. (Rev. 10/2018)

Chapter 700: Program Requirements

701. Broker Responsibilities

701.1. Recruiting and Negotiating with Transportation Providers

701.1.1. The NEMT Broker shall establish a network of independent transportation providers to deliver transportation and negotiate individual service delivery rates with each qualified transportation entity. (Rev. 10/2016)

701.1.2. The Broker shall submit to DCH copies of all executed Transportation Provider service agreements five (5) business days from date of execution, and shall include all documentation for driver qualifications along with the initial written verification that provider is not listed on the following: Department of Health and Human Services, Office of the Inspector General's (OIG) Exclusion List; the System for Award Management (SAM); and the Social Security Administration's Death Master File (DMF) as referenced in Part III General Conditions of Participation of this manual. The required monthly and/or annual checks of the aforementioned shall be maintained by the Broker and made available to DCH upon request. (Rev. 10/2017)

701.1.3. The NEMT Broker is responsible for identifying, recruiting, and negotiating service agreements with transportation providers for all service regions. The provider network must be sufficient (numbers and types of vehicles, drivers, and attendants) and under service agreements to meet the needs of the members in that service region so that the failure of any provider to perform will not impede the ability of the Broker to provide NEMT services.

701.1.4. Transportation providers who have service agreements with NEMT Brokers, must be registered/licensed where required by law or appropriate authority (Georgia Department of Public Safety, County Government, etc.) to provide transportation services and/or be certified/licensed by the Georgia Department of Public Health's Division of Emergency Medical Services (EMS) in the case of emergency ambulance providers. Active valid registrations must be maintained throughout the term of the service agreement with the Broker. (Rev. 10/2016)

701.1.5. The Broker is prohibited from establishing or maintaining service agreements with transportation providers who have been determined to have committed fraud of a State or federal agency or who have been terminated from the Medicaid program.

701.1.6. The Broker shall terminate a service agreement with a transportation provider when substandard performance is identified and/or when the transportation provider has failed to take satisfactory corrective action within the required timeframe. DCH reserves the right to correct failures

identified by the Broker and to terminate any service agreement with a transportation provider when DCH determines it to be in the best interest of the State. The transportation provider is allowed fifteen (15) calendar days from the date of written notification of termination to request a review of the decision by the Broker or DCH or both. Failure to request a review within (15) calendar days from the date of written notification of termination waives the provider's rights. (Rev. 07/2016)

701.1.7. The Broker is encouraged to utilize federally funded and public transportation whenever possible if it is cost-effective, and to negotiate service agreements with such entities when appropriate.

701.1.8. The Broker must submit for DCH review and approval a model service agreement that the Broker will use to obtain transportation service. This model should be reasonably representative of the actual service agreement to be used with the transportation providers.

701.1.9. The service agreement shall include at a minimum the following requirements:

701.1.9.1. Payment administration;

701.1.9.2. Levels of transportation;

701.1.9.3. Companion and attendant services;

701.1.9.4. Telephone and vehicle communication systems;

701.1.9.5. Computer requirements:

701.1.9.6. Scheduling;

701.1.9.7. Pick-up and delivery standards;

701.1.9.8. Urgent care;

701.1.9.9. Driver manifest delivery;

701.1.9.10. Driver qualifications

701.1.9.11. Driver conduct;

701.1.9.12. Vehicle requirements;

701.1.9.13. Back-up service;

701.1.9.14. Quality assurance;

701.1.9.15. Non-compliance with standards:

701.1.9.16. Training for drivers and attendants;

701.1.9.17. Confidentiality of Information;

701.1.9.18. Specific provision - that in the instance of default by the agreeing Broker, the agreement will pass to DCH or its agent for continued provision of transportation services. All terms, conditions and rates established by the agreement shall remain in effect until or unless renegotiated with DCH or its agent subsequent to default action or unless otherwise terminated by DCH at its sole discretion;

701.1.9.19. Indemnification language to protect the State and DCH:

701.1.9.20. Evidence of adequate Insurance for vehicles and drivers;

701.1.9.21. Submission of documentation as required by DCG; and

701.1.9.22. Appeal and dispute resolution.

701.2. The Broker shall arrange for non-emergency medical transportation by:

701.2.1. Negotiating service agreements with qualified transportation providers. Any essential rural healthcare provider as defined herein; or any disproportionate share hospital as defined by DCH; or any municipally or county-owned emergency medical services department which is in a rural area shall have the opportunity to become a participating provider of NEMT services to eligible Medicaid members under a Broker service agreement if such provider meets all the following conditions:

701.2.1.1. participates in the Medicare and Medicaid programs;

701.2.1.2. is licensed, where required under law, and qualified to render the services required under the service agreement; and

701.2.1.3. agrees to payment terms which are either the same payment terms applicable to other similar participating providers in the service agreement; or, such payment terms as may be mutually agreed upon by such provider and the Broker.

701.2.2. Entering into service agreements with federally funded or public transit service, including not-for-profit agencies, transit authorities and licensed common carriers;

701.2.3. Providing tokens or passes to members, and escorts upon request, to cover the fare for federally funded, established public, or private transit service which is available when the member has the physical and mental capacity to use such service;

701.2.4. Volunteer transportation; and

701.2.5. Entering into service agreements with commercial taxi services to supplement its ambulatory services.

701.3. In all cases, the Broker must use the most appropriate service available, which meets the healthcare needs of the member. The Broker is encouraged to make use of public transit resources for ambulatory members.

701.4. Regardless of the method or combination of methods used to provide NEMT services, the Broker is responsible for the management, supervision and monitoring of all transportation services provided with funds received through the NEMT Contract.

701.5. The Broker and its subcontractor(s) for the NEMT Contract shall not itself be a provider of transportation. The State may require that the Broker own/operate and have available vehicles referred to as "shooter vans" in the event the scheduled transportation provider is unavailable for transport or if there are no other qualified providers available to provide the transportation. For the purposes of the NEMT program, the State requires the Broker to have available shooter vans. The State acknowledges that the Broker will use shooter vans only as a back-up measure to assure that members can access medical services, and not as a standard means of transportation.

702. Payment Administration

From capitation payments made to the Broker by DCH, the Broker will pay transportation providers in accordance with the terms of the service agreement between the Broker and each transportation provider.

702.1. Full payment of undisputed invoices for all authorized trips must be made to the transportation providers as agreed to between the parties and made a written term of the service agreement; otherwise, payment shall be made within fifteen (15) business days of the Broker's receipt of an undisputed invoice.

702.2. For Brokers in areas where there is a public Paratransit service, the Broker must negotiate with the public Para transit service provider a rate that is reasonable as determined by the Broker and the Para transit service.

702.3. The Broker will: validate that all transportation services paid for are properly authorized and actually rendered;

702.4. receive and transmit to DCH or its agent all applicable transactions required by HIPAA regulations in the version deemed by DCH;

702.5. develop safeguards against fraudulent activity by the transportation service providers and Medicaid members and fulfill DCH's reporting requirements regarding such activity;

702.6. in the instance it is able to offer insurance to providers, not withhold premiums from provider's payments;

702.7. pay the provider for the "A" leg (as defined in the Glossary) of a trip in the instance where a member fails to board the vehicle for a trip within the time frame described in

Section 903 Pick-up and Delivery Standards. The definition for "no show" can be found in the Glossary. The Broker shall submit to the Department a report of the methodology it will use to determine a member no show. The requirements for this report can be found in Section 1110 Member No-Show Report.

702.8. indemnify and defend DCH against any causes of actions or claims of payment brought by the transportation provider or Medicaid member; and

702.9. negotiate with the public Para transit service providers a rate that is reasonable as negotiated between Broker and public Para transit provider.

703. Gatekeeping

The Broker shall oversee, orchestrate and control the arranging and coordination of non-emergency medical transportation for eligible Medicaid members assigned to the awarded service region within the terms of NEMT policy (see Appendix G, NEMT Gatekeeping Policy). The Broker's gatekeeping responsibilities include but are not limited to the following (Rev. 10/2017):

703.1. verifying the member's current eligibility status for Medicaid by assessing this information via the web portal at the following address: http://www.mmis.georgia.gov or the broker may use the Medicaid Eligibility Inquiry System (MEIS);

703.2. assessing the member's need for NEMT services by identifying if member has other modes of transportation available or if the NEMT request is to a service that is covered by Medicaid;

703.3. identifying the most appropriate non-emergency mode of transportation necessary to meet the needs of the member, including any special non-emergent transport requirements for medically fragile and/or physically/mentally challenged members (See Appendix A Georgia Medicaid Covered and Non-Covered Services); and

703.4. educating members on the use of NEMT services;

703.5. providing other gatekeeping responsibilities within program requirements and as outlined in Appendix G NEMT Gatekeeping.

704. Reservations and Assignments

Receive member requests for transportation and assign the trip to the most appropriate transportation provider. The Broker must assure that dispatching activities are performed, but may, at its option and under its responsibility, delegate dispatch activities to the transportation provider.

704.1. Request for Transportation Services. At the time a request for transportation is received, a computerized member worksheet must be completed and maintained by the Broker that contains, at a minimum, the following information:

704.1.1. unique transaction identification number;

704.1.2. date and time of request;

704.1.3. name of the Medicaid member requiring transportation;

704.1.4. address of Medicaid member;

704.1.5. Medicaid identification number;

704.1.6. point of origin if different from above address;

704.1.7. point of destination;

704.1.8. type of Medicaid reimbursable service to be received;

704.1.9. date and time of medical appointment;

704.1.10. disposition of request, including type of transportation to be provided (public transportation, minibus, wheelchair van, or NEMT stretcher van);

704.1.11. scheduled date and time of pickup;

704.1.12. identification of operator who recorded the request; and

704.1.13. identification of transportation provider to which the trip was assigned.

704.2. Member Intake Worksheet. The Broker must complete a computerized member intake worksheet at the time of contact for each request made by the member. The Broker shall develop and submit to DCH, for prior written approval within thirty (30) calendar days after Contract execution, a model worksheet for NEMT services that provides the following or substantially similar information:

704.2.1. Verification of or proof of eligibility:

704.2.1.1. Name and address:

704.2.1.2. Medicaid number; and

704.2.1.3. Telephone number, if available

704.2.2. Availability of suitable mode of transportation to other community locations:

704.2.2.1. availability of friend and relative with vehicle; and

704.2.2.2. ownership or previous transportation arrangements.

704.2.3. Necessity of Trip:

704.2.3.1. point of origin and destination;

704.2.3.2. reason for the trip;

704.2.3.3. identification of Medicaid reimbursable service; and

704.2.3.4. identify provider to be visited and available telephone.

704.2.4. Availability of Federally Funded or Public Transportation:

704.2.4.1. distance from scheduled stops;

704.2.4.2. age and disabilities of member;

704.2.4.3. any physical and/or mental impairments which would preclude use of public transportation;

704.2.4.4. availability of funds to pay for transportation; and

704.2.4.5. previous use.

704.2.5. Special Needs:

704.2.5.1. mode of transportation needed;

704.2.5.2. services needed in route; and

704.2.5.3. need for escort or attendants.

704.2.6. Results of Interview:

704.2.6.1. transportation approved or denied;

704.2.6.2. mode of transportation if approved; and

704.2.6.3. date(s) of service.

704.3. Validity of Information. Except for the information contained on the Medicaid eligibility certification, the Broker shall accept the information provided verbally by the member, or person speaking on behalf of the member, as valid when determining or predetermining the need for NEMT services unless the Broker has cause to doubt the validity of information provided.

If the Broker has cause to doubt the validity of the information provided by or on behalf of the member, in accordance with approved gatekeeping protocols (see Appendix G NEMT Gate-keeping Policies), the Broker may require documentation of that information.

705. Quality Assurance

Provide assurance that transportation providers meet health and safety standards for vehicle maintenance, operation, and inspection; driver qualifications and training; member problem/complaint resolution; and the delivery of courteous, safe, and timely transportation services.

706. Positive COVID-19 Test Results

Upon results of a positive COVID-19 test, the broker shall immediately remove the driver or attendant from service until such time the driver has been subsequently tested and the results are negative before returning to service. (Rev. 10/2021)

707. Administrative Oversight/Reporting

The Broker is responsible for the management of overall day-to-day operations necessary for the delivery of NEMT services, the maintenance of appropriate and/or required records/files, and systems of accountability to report to DCH.

The activities required for the administration and delivery of NEMT services shall include but not be limited to the following:

707.1. negotiating, signing and executing service agreements with qualified transportation provider resources.

707.2. scheduling and dispatching the most appropriate mode of transportation that meets the needs of the member; and

707.3. monitoring quality of all service delivery and payment to transportation provider resources.

708. Trend Analysis

The Broker is required to develop a methodology to gather and maintain information for, and examine and respond to, changes in member populations and member needs to insure adequate numbers and types of vehicles are available as demand dictates.

709. Modes of Transportation

The Broker shall determine the most appropriate mode of transportation based on information provided by the member or their representative and must ensure that that any type of vehicle used must meet the minimum insurance requirements. NEMT provides the following modes of transportation:

709.1. Minibus: A multiple passenger van. Commercial taxi service may be considered a component of this mode of transportation service. The vehicle standards specified in Section 300.6 Vehicle Requirements, shall not apply to commercial taxi;

709.2. Wheelchair Van: A van equipped with lifts and locking devices to safely secure a wheelchair while the van is in motion;

709.3. Stretcher (non-emergency) Van: An enclosed vehicle that accommodates a litter and is equipped with locking devices to secure the litter during transit. Stretcher service is required for members, which are non-ambulatory and need the assistance of at least two (2) persons to be transported to and from the vehicle and the healthcare provider in a reclining position. No flashing lights, sirens, or emergency equipment is required;

709.4. Public Transportation: Brokers are encouraged to use federally funded and public transportation whenever possible if it is cost-effective to do so; and

709.5. Other forms of passenger vehicles (i.e. Sedans): Enclosed vehicles having two or four doors and seats four or more persons with at least two full-width seats. (Rev. 07/2019)

709.6. Transportation Network Companies (TNCs) (formerly Ride Share Companies): Refer to Section 200.3b of this manual for more details.

709.7. Transportation Network Companies (TNCs) (formerly Ride Share Companies): Refer to Section 200.3b of this manual for more details.

When determining the most appropriate mode of transportation for a member, the Broker must consider the member's current level of mobility and functional independence. Modes other than public transportation must be used when the member:

709.8. is able to travel independently; but, due to a permanent or temporary debilitating physical or mental condition, cannot use the mass transit system;

709.9. is unable to be accommodated by the public Para Transit System;

709.10. is traveling to and from a location which is inaccessible by mass transit (accessibility is not within 1/2 mile of scheduled stop); and,

709.11. is medically fragile and requires the assistance of an escort (see Appendix A Georgia Medicaid Covered and Non-Covered Services).

710. Geographic Considerations

The transportation Broker for each region is responsible for the provision of transportation services for all eligible Medicaid members to or from a stated point of origin and to or from a specific Medicaid reimbursable service at the request of the member or person acting on behalf of the member. A chart listing the five (5) NEMT geographic regions by county is provided in Appendix C NEMT Regions & Counties Served.

710.1. Transportation shall be supplied without the collection of any co-payment.

710.2. The Broker may opt to expand the mileage limits for transportation without a healthcare provider's referral per region; however, at a minimum transportation shall be provided for Medicaid members within the following general geographic access standards for health care services:

710.2.1. 30 miles Urban;

710.2.2. 50 miles Rural;

710.2.3. 15 miles Adult Day Health Care Urban and 30 miles Rural; and

710.2.4. 15 miles Pharmacies Urban and 30 miles Rural.

710.3. Transportation outside the general geographic access standard for health care services is to be provided only when sufficient medical resources are not available in the member's service area and a physician statement has been received attesting to medical necessity (see Appendix R NEMT Physician's Medical Necessity Certification), or when a healthcare provider has referred the member to medically necessary health care services outside of the geographic access standard.

710.4. The Broker is not responsible for arranging Medicaid NEMT services for Medicaid members who reside outside of the Broker's service region. The Broker will refer these eligible members to the appropriate Broker covering that member's county of residence. The Broker will arrange travel into and out of other regions when the Medicaid member being transported is a resident of the Broker's service region.

710.5. Members enrolled in managed care health plans are obligated to use providers participating in the managed care health plan. Travel for such managed care plan enrollees shall be considered the same as travel based on a healthcare provider's referral.

710.6. The Broker is responsible for NEMT services to and from healthcare providers no more than fifty (50) miles beyond the state of Georgia boundaries. There are limited, specific exceptions to the fifty-mile limit for certain regions such as non-Georgia hospitals in bordering states participating in Georgia Medicaid. Members who require out-of-state transportation beyond fifty (50) miles of Georgia's border line may be eligible for DCH's Exceptional Transportation Services (ETS) program. The Department of Human Services' Division of Family and Children Services (DFACS) partners with DCH to arrange and coordinate medically necessary and approved ETS services. Please see Section 200.2 Exceptional Transportation Services. (Rev. 10/2017)

711. Reimbursement

The Broker shall be reimbursed a monthly capitated rate (per member, per month) for each Medicaid member eligible for NEMT services in that service region. The Broker must accept the monthly per capita rate reimbursement as payment in full, inclusive of all administrative costs, transportation costs, overhead, and profit, for all services required under the NEMT Contract.

712. Implementation Work Plan

The Broker must prepare and maintain an implementation work plan that includes all the activities required to begin operations successfully. The work plan must be sufficiently detailed to enable DCH to be satisfied that the work is to be performed in a logical sequence, in a timely manner, and with an efficient use of resources.

Each activity listed in the work plan (Gant Chart) must include a description of the task, a scheduled start date and a scheduled completion date. The types of activities required to be included in the work plan include but are not limited to the following:

712.1. acquisition of office space, furniture, and telecommunications and computer equipment;

712.2. hiring and training of central office, in Georgia, service staff and drivers;

712.3. recruitment of transportation providers;

712.4. completion of all transportation service agreements;

712.5. verification that transportation provider's vehicles meet NEMT required standards;

712.6. verification that drivers meet NEMT required standards;

712.7. operational readiness testing of daily operational requirements to ensure all components are functioning adequately;

712.8. staff training plan and installation calendar for the trip scheduling and reservations systems;

712.9. member education; and

712.10. Development of required deliverables, including reports, operational procedures manual, encounter data submission procedures, Quality Assurance Plan, and Business Continuity and Disaster Recovery Plan.

The Broker must submit for DCH approval a final work plan (Gant chart) within fifteen (15) business days after Contract execution.

713. Operational Readiness Testing

Approximately three (3) weeks before the NEMT Broker program becomes operational, each of the successful Brokers must pass an operational readiness-testing program (see Appendix H Implementation Checklist). Representatives from DCH will go to each Broker's facility to determine if all systems are operational and ready for full-time service. During this test, the Broker will ensure that:

713.1. telephone systems are fully operational;

713.2. computer system is fully operational;

713.3. staffing is in compliance with the Contract; and

713.4. all deliverables required in the Contract are available for review and approval prior to "Go Live."

713.5. The Broker will be required to demonstrate readiness of the following systems and processes:

713.5.1. a Georgia-established central office operation (this includes telephone and computer systems interaction);

713.5.2. member application process;

713.5.3. scheduling and carrier trip notification procedures;

713.5.4. after-hours coverage arrangements;

713.5.5. gate-keeping protocols;

713.5.6. denial process;

713.5.7. quality assurance;

713.5.8. member complaint and appeal process;

713.5.9. model service agreements;

713.5.10. vehicle inspection report forms;

713.5.11. encounter data submission procedures;

713.5.12. reporting procedures; and,

713.5.13. any other items or functions deemed necessary by DCH.

The Brokers will have an opportunity to make corrections prior to "Go Live" and will be required, upon request by DCH, to submit proof to DCH that corrections were made.

The Brokers will not be allowed to begin service until the operational readiness testing is complete and the Broker is fully ready to provide service. If Broker is not ready at "Go Live" as determined by DCH, Broker will pay any additional costs DCH may incur if DCH must use services other than those of the successful Broker to continue to supply transportation services in the region. Payment will also be withheld until the Broker passes the operational readiness tests.

Once operational readiness testing has been completed and approved by DCH, the Broker will be allowed to begin taking reservations approximately one (1) week before transportation services are to begin.

Chapter 800: Program Policies and Procedures

801. Program Policies and Procedures

This section describes the criteria to be used in determining whether NEMT services are necessary and appropriate. Federal requirements mandate that Medicaid funds be expended only for the purchase of services for Medicaid members. Medicaid state and federal matching funds cannot be used to provide services to individuals who are not Medicaid members on the date(s) of service.

801.1. General Requirements

NEMT services are defined as medically necessary transportation for any eligible Medicaid member and companion, if required, who have no other means of transportation available to any Medicaid-reimbursable service for the purposes of receiving treatment, medical evaluation, obtaining prescription drugs or medical equipment. Medicaid reimbursable services are described in Appendix A Georgia Medicaid Covered and Non-Covered Services. For clarification purposes, NEMT shall be provided to healthcare practitioners or entities that are not participating in the Georgia Medicaid program under the following three (3) conditions (Rev. 04/2016) :

801.1.1. the services provided to members are Medicaid reimbursable services under the Georgia Medicaid plan;

801.1.2. transportation services are provided not more than 50 miles beyond the State of Georgia border line; and

801.1.3. the type of provider performing the medical service could be a Medicaid participating provider had the provider applied to participate.

NEMT vehicles and drivers, including stretcher van providers/drivers, are not equipped to supply, maintain and/or administer oxygen to or care for a member who is ventilator-dependent or who requires other life-sustaining medical equipment while being transported. Members utilizing NEMT services must have battery-operated ventilator and/or medical equipment that is portable and fully charged and travel with an individual or escort who has been trained to provide care needed for the member if applicable and to manage required medical equipment. (Please see Appendix A Georgia Medicaid Covered and Non-Covered Services).

802. Exceptional Transportation Services (ETS)

Exceptional Transportation Services (ETS) is defined as non-emergency transportation that is necessary under extraordinary medical circumstances that requires traveling out-of-state for health care treatment not normally provided through in-state healthcare providers. This transportation, including commercial air and ground travel, is limited to out-of-state travel. ETS services are arranged through the Department of Human Services' (DHS) Division of Family and Children Services (DFCS) and is outside the scope of the NEMT Broker's responsibility. Members requiring transportation to and from medical appointments within the state of Georgia and no more than 50 miles beyond Georgia's borders must contact the NEMT broker assigned to the county in which member resides, provided the member is eligible to receive NEMT services.

Requests for ETS must be referred to DHS (State) DFCS at 404-657-7543. More information can be found in DCH's Policies and Procedures Manual for Exceptional Transportation Services. (Rev. 04/2020)

803. Volunteer Transportation

Volunteer transportation is supplied to individuals or agencies that receive no compensation or payment other than expenses for the provision of this transportation. Volunteer travel is not considered to be exceptional travel as this type of travel can be provided in state or out-of-state. Non-profit agencies, such as senior citizen centers or community action agencies ordinarily provide this service. The county DFCS offices may also offer some volunteer transportation through networks they have developed. If use of volunteer transportation is contemplated, the Broker must arrange transportation with the volunteer organization directly, including scheduling appointments and notifying members of arrangements.

Additionally, the Broker shall be responsible for payment of the expenses of the volunteer transportation. The Broker may develop volunteer services as part of the responsibility to provide NEMT services. Use of volunteer transportation does not alleviate the Broker's responsibility to assure the safety, comfort and appropriate mode of transportation to meet the member's health care needs. The Broker must ensure that all volunteers and vehicles used to provide volunteer transportation are properly licensed, insured and inspected.

The Broker shall have written oversight procedures for ensuring that volunteer drivers utilized for this Contract are legally licensed by the State of Georgia or bordering state of residence, completed driver training and Broker's orientation programs and maintain insurance coverage. In addition, the Broker must develop and implement at a minimum an annual vehicle inspection process to verify that all vehicles meet applicable requirements of Section 907 - Vehicle Requirements of this manual.

803.1. Volunteer transportation requirements include:

803.1.1. The Broker must have procedures in place to verify and document that vehicles used in volunteer transportation are adequate to meet the safety and comfort needs of the member, including, but not limited to:

803.1.1.1. appropriate State operating requirements and registration;

803.1.1.2. child safety seats when appropriate; and

803.1.1.3. passed vehicle inspection.

803.1.2. The Broker must have procedures in place to verify and document that drivers used in volunteer transportation meet the following requirements:

803.1.2.1. have a valid Georgia driver's license or legally licensed by bordering state of residence;

803.1.2.2. maintain certification for first aid training, passenger assistance orientation program and a safety and

sensitivity program to ensure a safe operating environment; and

803.1.2.3. all drivers and attendants must have no prior convictions for a sexual crime or crime of violence. (Rev. 10/2015)

803.1.2.4. the transportation provider shall not utilize drivers who have been convicted of driving under the influence of alcohol, narcotics or drugs/medications within five years prior to date of employment. If the transportation provider suspects a driver to be driving under the influence of alcohol, narcotics or drugs/medications that would endanger the safety of members, the transportation provider shall immediately remove the driver from providing service to Medicaid members. Any person who has been convicted of a felony during the last five (5) years will drive and/or attend passengers only after satisfactory review by the Broker and DCH or its agent. (Rev. 10/2015)

803.1.3. Reimbursement for volunteer transportation is limited to payment of expenses. The Broker must obtain DCH approval for the basis and method for which reimbursement to volunteer drivers will be made.

804. Transportation Network Companies – (TNCs) (formerly referenced as Ride Share Companies)

The demand for NEMT services has resulted in Brokers utilizing more available options to ensure that Medicaid Members have access to Medicaid covered services. The use of TNCs may be a viable and cost-effective option, in addition to the more traditional forms of non-emergency medical transportation currently utilized by the Broker.

For purposes of the NEMT program, a TNC is defined as an entity with no direct contractual relationship with DCH that is primarily engaged in the business of using electronic software applications and algorithms to provide its customers with transportation service through the owner or operator of a privately-owned vehicle and, as applicable, is licensed in Georgia as a TNC. Prior to utilizing TNCs, the Broker shall establish that the TNC adheres to all applicable Georgia laws governing their services.

The use of TNCs does not alleviate the Broker's responsibility to provide safe, comfortable, and courteous transportation to Medicaid members.

804.1. The Broker shall only use TNCs under the following circumstances:

804.1.1. as back-up in cases of "provider no-shows," where the scheduled or assigned transportation provider does not show up to transport member;

804.1.2. only for ambulatory members who require no physical assistance;

804.1.3. when no transportation provider is available to transport member to or from their scheduled appointments; and,

804.1.4. if requested by the member or member's representative and approved by the Broker in accordance to the guidelines stated herein.

The Broker shall only utilize a TNC with the prior knowledge or consent of the member or the member's representative and shall maintain a record of that consent (via recording, electronically, hard copy, etc.). The Broker shall consider any special needs that the member may have and must determine if transport via a TNC is appropriate and meets the needs of the member along with the requirements as stated herein.

804.2. The Broker shall not utilize TNCs for the following:

804.2.1. transportation of Medicaid members to and from nursing home facilities;

804.2.2. transportation of Medicaid members to and from adult day health facilities;

804.3. When the Broker has determined that use of a TNC is appropriate to provide NEMT services, the Broker shall:

804.3.1. arrange transportation directly with that TNC, including scheduling appointments and notifying members of the arrangements;

804.3.2. determine the appropriateness of this type of transport for the Medicaid member;

804.3.3. follow up with any TNC with which it contracts to address complaints, accidents, and incidents involving Medicaid members and any TNC drivers;

804.3.4. reimburse the TNC when utilizing its services. Reimbursement shall be negotiated between the TNC and the Broker;

804.3.5. have procedures in place to verify with the TNC that drivers meet the following requirements (Rev. 10/2019):

804.3.5.1. have a valid Georgia driver's license or other valid state issued driver's license;

804.3.5.2. have no prior convictions for a sexual crime or crime of violence; and,

804.3.5.3. have not been convicted of driving under the influence of alcohol, narcotics or drugs/medications within five years prior to date of employment with TNC. If a driver is suspected of driving while under the influence of alcohol, narcotics or drugs/medications that would endanger the safety of members, the Broker shall immediately notify TNC and immediately discontinue or remove that driver from transporting Medicaid members.

804.3.6. provide Medicaid member with the name of the TNC driver, and the

make and model of vehicle driven.

All NEMT policy requirements of the broker may not apply when using TNCs. Examples include but are not limited to: signage on exterior of vehicle; number of vehicle inspections, training requirements; and, procedures for processing complaints.

805. Public Transportation

In some areas of Georgia, public transportation may be a viable and cost-effective alternative to more traditional and expensive forms of non-emergency medical transportation available to the Broker. Public transportation is transportation available through the payment of a rider fee to the general public.

Transit companies, county or city governments or federally funded transportation authorities may provide public transportation. This type of transportation may be used to provide a full trip or portion of a trip to or from a health care service. This includes Para transit.

The Intermodal Surface Transportation Efficiency Act (ISTEA) provides funding for different types of transportation systems designed to meet public rider demand. Large urban transportation systems, such as Metropolitan Atlanta Rapid Transit Authority (MARTA), receive funding through Section 9 of this Act. Section 5311 provides funding for rural public transportation. In 2005 there were ninety (90) systems statewide receiving Section 5311 funding. Section 5310 funding is available for entities providing transportation to the physically fragile (including the elderly). The Department of Human Services currently offers Section 5310 transportation on a statewide basis.

Brokers are encouraged to use federally funded and public transportation whenever possible if it is cost-effective. The criteria included in Section 704.2 Member Intake Worksheet may be used to determine appropriateness. The Broker must send tokens or passes to members and escorts, if applicable, for use in traveling to or from scheduled health care appointments by public transportation in cases where the member or companion cannot afford to purchase them.

The Broker must have procedures in place to determine whether public transportation is accessible to and appropriate for the member requesting service. The Broker must have procedures for timely distribution of the tokens/passes to the member or escort to ensure receipt prior to the scheduled transportation. In case of the use of Para transit services the Broker must comply as earlier described.

806. Non-Covered Modes of Transportation

Emergency ambulance transportation is not covered under the NEMT program. In the event there is a medical emergency and transportation is needed, the member should call 9-1-1. (Rev. 07/2019)

Transportation to any medical service that is not reimbursable or covered under the Georgia Medicaid program is not covered under the NEMT program.

The use of Medicaid-funded transportation for any purpose other than as required under the NEMT program, or in violation of any State, federal law or regulation is fraudulent activity and is subject to criminal prosecution and civil and administrative sanctions.

807. Residence in NEMT Service Region

Brokers are responsible for NEMT services for eligible enrolled Medicaid members residing in the Broker's service region, and for residents of a Medicaid certified facility in the Broker's service region whose application for Medicaid services is pending. The Broker is not responsible for arranging Medicaid NEMT services for Medicaid members and pending eligible members who reside outside the Broker's service region. The Broker will arrange travel into and out of other regions for medical appointments when the Medicaid member transported resides within the Broker's service region. The Broker may enter service agreements with other Brokers or individual transportation providers in other service regions to provide return trips in cases where a member must travel outside the region of residence to obtain medically necessary health care services.

The Broker is not responsible for providing transportation when the healthcare provider is located outside the geographic access standards (Section 710 Geographic Considerations) for health care services in the member's area if other similar and appropriate healthcare providers of type who offer same or similar services appropriate for the member's needs and who will accept the member as a patient are located closer to the member's residence. However, members enrolled in managed care health plans such as CMO, are obligated to use providers participating in the managed care health plan. Travel for such managed care plan enrollees shall be considered the same as travel based on a healthcare provider's referral. Travel based on a health- care provider's referral must be provided regardless of the distance within the State.

The Broker may request a written referral signed by the referring provider and attesting to the need for travel outside the member's area of residence. Members who are denied NEMT services must be given a written notice of the reason for denial and right to an appeal within three (3) business days of receipt of the denial notice.

808. Transportation Associated with Minors

808.1. Visitation of Hospitalized Minor(s). A parent, foster parent or guardian is eligible to be transported to visit his or her Medicaid member minor children (under age of 18) who are an inpatient of a hospital, whether or not the parent is Medicaid eligible themselves. These trips are limited to the period of the minor child's hospitalization and the availability of transportation resources on the part of the assigned NEMT Broker. Transportation of individuals (parent, foster parent or guardian) who are not Medicaid members should be reported under the minor child's Medicaid eligibility number. Transportation to visit an inpatient adult Medicaid member is not covered. (Rev. 04/2017)

808.2. Minor(s) Traveling Alone. Children under the age of eighteen (18) years shall be escorted to medically necessary appointments. The child's parent, foster parent, caretaker, legal guardian or the Department of Human Services' Division of Family and Children Services (DFCS), where appropriate, shall be responsible for providing the escort. (Rev. 01/2017)

808.3. For those members enrolled in Georgia Families 360˚ an escort is required for ages 18 and under (see APPENDIX N Georgia Families 360˚).

808.4. Minor(s) Traveling with Adult Member or Adult Escort. There may be times when an adult may request a minor(s) to accompany him/her to their appointment, not as an escort, but because of one of the following:

808.4.1. the adult is a Medicaid member who has the appointment and requests that his/her child travels with them because there is no one available to stay with the child; or

808.4.2. the adult serves as the escort to the child (minor) requiring treatment/services and is requesting for an additional child to travel with them because there is no one available to stay with that additional child.

808.5. The Broker may use its discretion to allow the additional child to travel in the above circumstances if there is room or an available seat that is not being occupied by another member requiring treatment/services.

809. Member Education

DCH will provide member notification regarding NEMT service availability and advance scheduling prior to the Broker assuming responsibility for the provision of transportation services.

Separate from Member Rights and Member Responsibilities outlined in Sections 810 and 811 of this manual, the Broker is responsible for developing an educational plan for members that includes each member's rights and responsibilities while utilizing NEMT services. All information materials used or developed by the Broker that is intended for a member, or a healthcare provider shall be reviewed and approved by DCH in writing prior to mailing or otherwise disseminating. All educational materials must be available in alternative formats as required by special needs of members, such as those with visual impairments.

809.1. Initial Member Notice. The initial notice to be disseminated by DCH shall inform members within the respective regions of the availability of NEMT services, including the Broker's name, address, telephone numbers, and hours of operation, as well as a brief description of how to utilize the Broker to arrange for NEMT services. The initial notice shall be mailed to the members prior to the start of services.

809.2. Monthly Notices. A written notice shall be provided through DCH to all newly eligible members at the time of eligibility certification.

809.3. Other Notices. Any other mutually agreed upon notices shall be mailed at a date and time agreed to by DCH and the Broker.

810. Member Rights

Members have rights regarding participation in the NEMT Program. They include but are not limited to:

810.1. You have the right of access to accurate and easy-to-understand information;

810.2. You have the right to be treated with respect and to maintain one's dignity and individuality;

810.3. You have the right to file complaints or incidents regarding treatment or care that is furnished, without fear of retaliation, discrimination, coercion, or reprisal;

810.4. You have the right to confidential treatment of all information in the member's record or

file;

810.5. You have the right to receive care and services without discrimination;

810.6. You have the right to receive at least two (2) warning letters from the Broker regarding inappropriate behavior/cancellations at pick-up/no-shows before adverse action can be taken against you;

810.7. You have the right to an appeal for termination of services by NEMT Broker. Member must request appeal to DCH within 30 calendar days from the date of the termination letter. Failure to request appeal within 30 calendar days waives the member's right to further appeals (see Section 918 Member Appeals);

810.8. You have the right to report matters involving Medicaid fraud and program abuse. If you do not want to identify yourself, you may remain anonymous. You may notify us by:

810.8.1. e-mail - oiganonymous@dch.ga.gov or pianonymous@dch.ga.gov;

810.8.2. on-line - visit our website at http://dch.georgia.gov/report-fraud;

810.8.3. and or telephone - 1-800-533-0686; and,

810.9. You have the right to receive transportation services in accordance with NEMT policies and procedures if you are eligible.

811. Member Responsibilities

Non-emergency medical transportation services are provided for eligible Medicaid members who have no other way to get to their medical appointments. NEMT only provides transportation to members to receive Medicaid covered services. When participating in the NEMT program, members have certain responsibilities.

811.1. It is your responsibility to provide the Broker with correct information so that they can verify your eligibility and schedule transportation. Information required to request a trip:

811.1.1. your name, address, phone number and Medicaid ID number;

811.1.2. date and time of appointment and time appointment will be completed;

811.1.3. physician/facility name, address and phone number

811.1.4. type of Medicaid reimbursable service being received (to verify if service is covered by Medicaid);

811.1.5. type of transportation needed;

811.1.6. any special needs (such as type of wheelchair, walker, oxygen, escort, car seat, service animal, etc.);

811.2. It is your responsibility to schedule transportation at least three (3) business days prior

to a non-urgent scheduled appointment. Do not count the day of the appointment. "Urgent Care" or same-day reservations may require verification from your direct provider of service that you must be seen that day (See Section 905 of this manual). (Rev. 04/2020)

811.3. It is your responsibility to be at pick-up location for your ride. The provider will wait 10 minutes from scheduled pick-up time. If the provider arrives early for your scheduled pickup, the 10-minute wait time begins at your scheduled pickup time.

811.4. It is your responsibility to notify the Broker of any cancellations to your scheduled appointment no later than one (1) hour before your pickup time if possible. Two (2) or more no-shows/cancellations may result in suspension or termination from the NEMT program (see Appendix L Member Abuse of Program). You must notify the Broker of any changes (other than cancellations) to your scheduled transportation prior to your pickup. The Broker shall determine if your change request can be met or if you have to reschedule your transportation. (Rev. 04/2019)

811.5. It is your responsibility to act appropriately and responsibly. Actions of misconduct, including violent or disruptive behavior may result in suspension or termination from NEMT program (see Appendix L Member Abuse of Program);

811.6. It is your responsibility to supply or administer your oxygen (if needed) during transport. NEMT vehicles/drivers are not equipped to supply/administer oxygen.

811.7. It is your responsibility, if ventilator dependent, to notify Broker that you will have a trained escort and that your ventilator is battery operated. NEMT vehicles are not equipped to maintain ventilators and the drivers cannot care for members who are ventilator dependent.

812. Application for Services

812.1. The member must contact the Broker to request NEMT services at least three (3) business days prior to a non-urgent, scheduled appointment. The three (3) day advance scheduling includes the day of the call but not the day of the appointment. Advance scheduling will be mandatory for all NEMT services except urgent care and follow-up appointments when the timeframe does not allow advance scheduling.

812.2. The Broker shall be responsible to provide same-day transportation services when the member has no other available means of transportation and requests services for urgent care. Valid requests for urgent care transport shall be honored within three (3) hours of the time the request is made. Urgent care is defined as an unscheduled episodic situation, in which there is no immediate threat to life or limb, but the member must be seen on the day of the request and treatment cannot be delayed until the next day. A hospital discharge shall be considered as urgent care. The Broker may verify with the direct provider of service that the need for urgent care exists.

812.3. Pending eligibility of individuals must be verified by the Medicaid certified facility. Any individual who has been admitted to a Medicaid certified facility and has made an application for Medicaid benefits shall be determined to be “pending Medicaid eligible.”

812.4. Medicaid members must have a valid Medicaid card or other tangible proof of eligibility (see Appendix E Member Coverage Group and Certification Documents) for acceptable proof of eligibility for the date of service to receive transportation services. If the card has been lost, stolen or cannot be displayed by the member, the Broker must verify eligibility.

812.5. Individuals eligible as Qualified Medicare Beneficiaries (QMBs) only are not eligible for NEMT services. If the member is QMB and is also dually eligible for a full-coverage Medicaid group, the member is eligible for NEMT services.

812.6. Members enrolled in PeachCare for Kids® program are eligible for NEMT services through DCH. To receive NEMT services, the caregiver or CMO plan representative may contact the appropriate NEMT broker directly to schedule transportation according to the member's residential county. The contact information for each broker is listed in Appendix C - NEMT Regions & Counties Served. (Rev. 04/2023)

812.7. The Broker must obtain from the member, or an individual or agency acting on behalf of the member, sufficient information to allow a decision regarding the member's need and eligibility for NEMT services. This determination must take into consideration the member's ability to provide for his or her transportation outside of the NEMT program, pursuant to the NEMT gate-keeping policy established by DCH (see Appendix G Gate-Keeping Policies) as well as the member's needed level of transportation.

813. Member NEMT Application Process

813.1. The Broker shall structure the determination of need for service process to meet the following basic requirements:

813.1.1. the member's eligibility has been established or person is a nursing home resident and has applied for Medicaid;

813.1.2. the member has declared that he or she is a current resident of the Broker's service region;

813.1.3. the member's Medicaid identification number and address have been recorded for reporting purposes;

813.1.4. the member has declared that he or she needs NEMT;

813.1.5. the member has been determined to have a valid service need; and

813.1.6. the computerized member worksheet for services has been completed.

813.2. The Broker shall advise the member that:

813.2.1. the member, under penalty of law, shall provide accurate and complete information to determine need for NEMT services;

813.2.2. the member must provide documentation of Medicaid eligibility;

813.2.3. when requested, the member must provide, as a condition for receiving

service and being determined eligible for the service, information related to the need for services; and

813.2.4. only transportation to or from a health care service provider for Medicaid covered services is allowable.

814. Denial of Service

814.1. The Broker may deny a trip or immediately discontinue a trip for any member who:

814.1.1. refuses to cooperate in determining status of Medicaid eligibility;

814.1.2. refuses to provide the documentation requested to determine need for NEMT services;

814.1.3. is found to be ineligible for NEMT services on the basis of the documented information that cannot be otherwise confirmed;

814.1.4. exhibits uncooperative behavior or misuses/abuses NEMT services (see Appendix L Member Abuse of Program/Warning Letters);

814.1.5. is not ready to board NEMT transport ten (10) minutes after the scheduled pick up time;

814.1.6. fails to request a reservation three (3) business days in advance of appointment without good cause. For purposes of the NEMT program, "good cause" is created by factors such as, but not limited to, any of the following:

814.1.6.1. urgent care;

814.1.6.2. post-surgical and/or medical follow-up care specified by a healthcare provider to occur in fewer than three days;

814.1.6.3. imminent availability of an appointment with a specialist when the next available appointment would require a delay of two weeks or more; or

814.1.6.4. the result of administrative or technical delay caused by the Broker and requiring that an appointment be rescheduled.

814.2. The Broker must provide in writing a letter to members or their legal representatives who have been suspended, denied or terminated from NEMT services. The letter must: 1) include the specific reason for the suspension, denial or termination; and 2) advise the members of their right to an appeal. If the denial is given as a result of the transportation request being made to a service that is not covered by Georgia Medicaid, then no member appeal is warranted (see Section 918 Member Appeal for notice requirements and Appendix F Member Appeal Notices). A copy of that letter must also be provided to DCH.

814.3. Neither Brokers nor providers will discriminate against members based upon political affiliation, religion, race, color, gender, physical handicap, age, or national origin.

815. Criteria for Wheelchair or Stretcher Services

815.1. Services other than minibus or public transportation may be required when one of the following conditions is present.

815.1.1. The member requires a wheelchair and is unable to use public transportation.

815.1.2. The member has a disabling physical condition which requires the use of a walker, cane, crutches or brace and is unable to use a minibus, commercial taxi or public transportation.

815.1.3. An ambulatory member requiring radiation therapy, chemotherapy or dialysis treatment, which results in a disabling physical condition after treatment, causing the member to be unable to access transportation without physical assistance.

815.1.4. The member is unable to ambulate without personal assistance of the driver in entering or exiting the member's residence and medical facility; or the member has a severe, debilitating weakness or is mentally disoriented due to illness or health care treatment and requires personal assistance.

815.2. Brokers are not precluded from using more intensive modes of transportation if the Broker determines the use to be appropriate. One of the above limiting conditions may exist before other than minibus or public transportation is considered; however, the existence of a limiting condition does not necessarily mean that a more intensive mode of transportation is required. While the above conditions may demonstrate the possible need for wheelchair or stretcher services, the functional ability and independence of the Medicaid member should also be considered in determining the mode of transportation required. The key to the use of more intensive modes of NEMT services is that such services be adequate to meet the health needs of the individual.

815.3. The Broker is responsible for securing a mandatory Medical Necessity Certification or a Letter of Medical Necessity (LMN) for the use of a more intensive level of transportation services requiring a stretcher. The Medicaid member, facility, scheduler, etc., should be educated on the NEMT policies and procedures for transporting members according to their level of confinement. The Broker should ensure the Medical Necessity Certification or LMN is in place prior to the third scheduled stretcher transport to continue transporting as a stretcher level of mobility.

815.4. For clarification purposes, stretcher transportation providers are not allowed to use their stretchers for purposes of having members treated on them by the treating provider or facility. (Rev. 04/2016)

816. Escort and Attendant Services

816.1. An escort is defined as an individual whose presence is required to assist a member

during transport and while at the place of treatment. The escort leaves the vehicle at its destination and remains with the member. An escort must be of an age of legal majority recognized under Georgia law.

816.2. An attendant is a staff person of the Broker or provider who is supplied by and trained by the Broker at the Broker's expense. The Broker must arrange with the transportation provider for the provision of one (1) attendant during transport when, in the judgment of the Broker, in consideration of all known factors or as required by the licensed healthcare provider, it is necessary to have an adult helper on a trip to assure the safety of all passengers. The attendant remains with the vehicle after the member has left the vehicle at its destination.

816.3. The Broker must allow, without charge to the escort or member, one (1) escort to accompany a member or group of members who are residents of a nursing home, blind, deaf, mentally challenged, under 18 years of age, or as otherwise determined by DCH staff, when members are transported to receive Medicaid covered services. The Broker is not responsible for arranging for or compensating an escort for services rendered except, upon request, for the cost of public transportation. (Rev. 04/2015)

817. Reporting Suspected Fraud & Abuse

817.1. Fraud: Knowing and willful deception or misrepresentation, or a reckless disregard of the facts, with the intent to receive an unauthorized benefit.

817.2. Abuse: A manner of operation that results in excessive or unreasonable costs to the Department's Medical programs.

817.3. The Department of Community Health's Office of Inspector General investigates possible Medicaid/PeachCare for Kids fraud and abuse cases. The Program Integrity (PI) Section is responsible for appropriate follow-up on all information regarding fraudulent or abusive provider and/or member activities.

817.4. The investigation of provider activities includes, but is not limited to, billing for services not rendered by the provider, up coding, and illegal use of the provider number.

817.5. The investigation of member activities includes but are not limited to, illegal use of Medicaid/PeachCare ID cards and disclosure of resources.

817.6. The primary responsibility of PI is to develop cases for referrals\to the State Healthcare Fraud Unit or the appropriate district attorney for prosecution.

817.7. NEMT Brokers, Medicaid members, providers or other individuals who have information regarding possible fraud and abuse should contact:

817.7.1. DCH Office of Inspector General (Fraud and Abuse) at: Department of Community Health, Office of Inspector General, 2 Martin Luther King, Jr. Dr., SE, 19th Floor, Atlanta, GA 30344.

817.7.2. e-mail - oiganonymous@dch.ga.gov (Anonymous)

817.7.3. on-line - visit our website https://dch.georgia.gov/send-reports-fraud-abuse (Not Anonymous);

817.7.4. and or telephone – 404-463-7590 or 1-800-533-0686

818. Georgia Families 360° Fuel Reimbursement Policy

818.1. Foster parents transporting Georgia Families 360°SM members to covered healthcare appointments in their own vehicle may receive fuel reimbursement. This is a special exception to standard NEMT policies and procedures.

818.2. Reimbursement only applies when:

818.2.1. The child is enrolled in Georgia Families 360° (Foster Care, Adoption Assistance, or eligible DJJ youth).

818.2.2. The requester is the foster parent of record or an approved respite caregiver.

818.2.3. The foster parent uses their personal vehicle.

818.2.4. The trip is for a Medicaid covered healthcare service (medical, behavioral health, dental, vision, pharmacy, specialty care).

818.2.5. The trip would otherwise qualify for NEMT.

818.3. Reimbursement is not available for:

818.3.1. Biological parents, guardians, or adoptive parents not receiving Adoption Assistance.

818.3.2. Any Medicaid member outside Georgia Families 360°

818.3.3. Individuals transporting themselves

818.3.4. Non-medical trips (school, visitation, activities)

818.3.5. Foster parents' own medical appointments

818.3.6. Trips reimbursed by another program

818.3.7. Transportation by anyone other than a foster parent or approved caregiver

818.4. Foster parents must submit:

818.4.1. Fuel reimbursement request form

818.4.2. Appointment verification

818.4.3. Mileage documentation (odometer or mapping software)

818.4.4. Submission within required timeframe

818.4.5. Additional Information: **:** *GAS-REIMBURSEMENT_GA.pdf*

818.5. Reimbursement Rate – Mileage is reimbursed at the approved rate of $0.54 set by Verida, Inc. Rates may change based on periodic review.

Chapter 900: Operational Requirements

901. Hours of Operation

901.1. The Broker shall establish a duly licensed non-residential business office that is located within the service region and is open to conduct the general administration functions of the business between the hours of 8:00 a.m. and 5:00 p.m., Eastern Time, Monday through Friday. All documentation must reflect the address of this location. If a Broker

is awarded both regions, one (1) central business office may be established for both regions.

901.2. The Broker shall provide scheduling services with sufficient capacity Monday through Friday, 7:00 A.M. to 6:00 P.M., Eastern Time. Time of the actual transport is predicated on the need of the member.

901.3. Scheduling and business functions may be closed for New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day and Christmas Day.

901.4. The Broker must have a telecommunications system and appropriate personnel available to allow for "paging" after-hours, including nights, weekends and stated holidays. The Broker will be responsible for arranging transportation services for non-routine appointments, and for replacing disabled or otherwise unavailable vehicles after hours.

902. Telephone System and Scheduling Requirements

902.1. The Broker must provide Medicaid members or persons or agents acting on behalf of the member, with full, easy and long-distance toll-free access to schedule trips.

902.2. Access to the hearing and speech impaired may be satisfied by the use of the Georgia Relay Center (see Appendix J Georgia Relay Center).

902.3. All calls to inquire of or schedule services by the Broker must be answered within 10 (10) seconds.

902.4. On hold timeframe will not exceed an average of sixty (60) seconds.

902.5. The telephone system must have an automatic reporting system that records and reports the following:

902.5.1. number of calls received;

902.5.2. number of calls answered;

902.5.3. number of calls placed on hold;

902.5.4. average hold time for calls placed on hold;

902.5.5. number of abandoned calls;

902.5.6. average calls handled per hour/agent;

902.5.7. average occupancy percentage;

902.5.8. abandoned calls as a percent of total calls received;

902.5.9. average speed of answer;

902.5.10. average talk time; and

902.5.11. number of telephone operators by time of day/day of week.

902.6. The Broker shall develop performance standards and monitor telephone line performance by recording calls and employing other monitoring activities.

902.7. Personnel assigned to the service telephone lines shall maintain a courteous and professional demeanor in all dealings with the public. These personnel must identify the Broker and themselves by name upon answering.

902.8. The Broker must have multilingual capabilities to address the communication/language needs in the region. If the Broker is selected to be a Broker by this procurement process, a demonstration of the Broker's telecommunications system may be required before negotiations on the Contract are complete.

903. Pick-up and Delivery Standards

903.1. The Broker must assure that transportation services are provided which comply with the following minimum service delivery requirements and which shall be delineated in all transportation service agreements.

903.1.1. Arrival on time for scheduled pick-up shall be a standard practice. Arrival before the scheduled pick-up time is permitted; however, a member shall not be required to board the vehicle before the scheduled pick-up time. The Carrier is not required to wait more than ten (10) minutes after the scheduled pick-up time.

903.1.2. Ensure that Medicaid members are transported to and from appointments on time. Medicaid members are to be advised of pick-up time for transportation to appointments when the transportation request is made. Any deviation from the stated time of pick-up of more than fifteen (15) minutes is not acceptable as timely service. For the return pick-up from an appointment, the vehicle shall arrive within one (1) hour from time of notification. (Rev. 04/2015)

903.1.3. In multiple-load situations, ensure that no Medicaid member is forced to remain in the vehicle more than forty-five (45) minutes longer than the average travel time for direct transport from point of pick-up to destination.

903.1.4. Drivers shall deliver members to their destinations on time for their scheduled appointments.

903.1.5. Late arrival will be reported to the dispatcher/transportation provider for the purposes of notifying the direct Medicaid service provider of the late arrival.

903.1.6. If a delay occurs while picking up scheduled riders, the dispatcher/provider must contact proposed riders at their pickup points to inform them of the delay in arrival of vehicle and related schedule. The transportation provider must advise scheduled riders of alternate pick-up

arrangements when appropriate (see Section 911 Back-up Services).

904. Dialysis Transportation Requirements

Non-Emergency Medical Transportation services are defined as medically necessary transportation for eligible Medicaid members (and escort, if required) who have no other means of transportation available to any Medicaid-reimbursable service for the purposes of receiving treatment, medical evaluation, obtaining prescription drugs or medical equipment. It is the responsibility of NEMT providers to provide transportation only.

904.1. NEMT Driver and Attendant Responsibilities:

904.1.1. NEMT drivers and attendants are not required to assist the members beyond the scope of NEMT policy guidelines.

904.1.2. NEMT drivers and/or attendants are not medical personnel and do not provide any direct medical services to the members at the dialysis facility.

904.1.3. NEMT drivers and/or attendants are only responsible for transporting members within the NEMT guidelines which include:

904.1.3.1. Safely transporting the members to and from their designated locations.

904.1.3.2. Adhering to NEMT policies and procedures.

904.1.3.3. No driver and/or attendant shall touch any passenger except as appropriate and necessary to assist the passenger into or out of the vehicle, into a seat on the vehicle and to secure the seatbelt, or as necessary to render first aid or assistance in case of an emergency.

904.1.3.4. Transporting the members to and from their designated locations with the appropriate mobility as described below:

904.1.3.4.1. Ambulatory – Curb to Curb (Member can walk to and from the vehicle without assistance). If a member with ambulatory mobility needs special assistance, the member's escort or facility staff is responsible for providing the member with the needed assistance upon arrival.

904.1.3.4.2. Wheelchair – Door to Door (No lift assistance provided for member to the dialysis chair by the NEMT provider)

904.1.3.4.3. Stretcher – Bed to bed/treatment chair.

The facility must have a bed/treatment chair ready for the Member to offload immediately upon arrival. A letter of medical necessity must be included with all stretcher mobility standing order requests.

904.2. Dialysis Facility Responsibilities:

904.2.1. Upon arrival at the dialysis facility, the dialysis health care team assumes responsibility for the member's care. This includes weighing the member, transferring the member to the dialysis chair, and any other duties outside of the scope of NEMT services.

905. Urgent Care

The Broker shall arrange transportation services when a Medicaid member requests services for urgent care and has no other means of appropriate transportation. Urgent care, for the purpose of the NEMT program, is defined as an unscheduled episodic situation, in which there is no immediate threat to life or limb, but the member must be seen on the day of the request and treatment cannot be delayed until the next day.

905.1. The Broker may verify with the direct provider of service that the need for urgent care exists.

905.2. Hospital discharges shall be considered as urgent care.

905.3. The requirements of this subsection shall also apply to appointments established by medical care providers allowing insufficient time for routine three (3) day scheduling.

905.4. Valid requests for urgent care transports shall be honored within three (3) hours of the time the request is made.

906. Hospital Discharge Transportation Coordination Policy

To ensure timely, appropriate, and cost-effective transportation for Medicaid members and nursing home residents upon hospital discharge, in accordance with Georgia Medicaid Utilization Review Program requirements and federal utilization control standards.

This policy applies to:

906.1. All hospitals participating in the Georgia Medicaid Program under Title XIX.

906.2. Medicaid eligible NEMT members and nursing home residents requiring transportation at discharge.

906.3. The designated NEMT Broker responsible for arranging transportation services.

906.4. Psychiatric Treatment Facilities (PRTF) - PRTFs are classified as hospitals, services provided in these settings are covered for hospital discharges.

906.5. Policies and Procedures

906.5.1. Hospitals must contact the NEMT Broker at the time of discharge to arrange transportation for eligible members. Hospital discharges are classified as urgent care and must be fulfilled within three (3) hours of the request.

906.6. Hospital Responsibilities

906.6.1. Contact the Broker immediately when a member is ready for discharge.

906.6.2. Provide the following information:

906.6.2.1. Member name and Medicaid ID

906.6.2.2. Discharge location and destination

906.6.2.3. Time of discharge

906.6.2.4. Special transportation needs (wheelchair, stretcher, etc.)

906.7. Broker Responsibilities

906.7.1. Verify Medicaid eligibility and urgent care status.

906.7.2. Arrange appropriate transportation within three (3) hours of the request.

906.7.3. Confirm arrangements with hospital discharge staff.

906.7.4. Contact the direct service provider if needed to validate urgent care necessity.

906.7.5. Reimburse the hospital for transport costs should the Broker not be able to meet the three (3) hour requirement.

906.7.6. Broker must notify the hospital immediately if the three (3) hour requirement cannot be met.

906.7.7. All valid hospital discharge transportation requests must be completed within three (3) hours by the assigned NEMT broker.

906.8. Coordination of Care

906.8.1. Hospitals must integrate transportation planning into discharge processes to support continuity of care.

906.8.2. When transferring members to nursing facilities or home-based services, hospitals must identify necessary alternative supports consistent with

utilization review objectives (Georgia Medicaid UR Program, Ch. 1100).

906.9. Compliance

906.9.1. Hospitals that fail to coordinate transportation through the Broker may be subject to review under the Georgia Medicaid Utilization Review Program (SSA §1903(g)).

906.9.2. Brokers must maintain documentation of all discharge transportation requests and responses for post payment review.

907. Driver Conduct

The Broker must assure that drivers and attendants adhere to the following required standards that shall be delineated in all transportation service agreements.

907.1. No driver or attendant shall use or be under the influence of alcohol, narcotics, illegal drugs or drugs that impair ability to perform while on duty and no driver shall abuse alcohol or drugs at any time.

907.2. No driver shall touch any passenger except as appropriate and necessary to assist the passenger into or out of the vehicle, into a seat and to secure the seatbelt, or as necessary to render first aid or assistance for which the driver has been trained.

907.3. All drivers and attendants must wear or have visible, easily readable official company identification (i.e., I.D. badges or uniforms, etc.) when transporting members. (Rev. 07/2019)

907.4. Drivers or attendants shall not smoke, eat or consume any beverage while in the vehicle or while involved in member assistance entering or exiting the vehicle or while in the presence of any member.

907.5. Drivers shall not engage in any behavior practices that will subject the State or the Broker to charges against protected groups.

907.6. Drivers and attendants must not wear any type of headphones at any time while on duty.

907.7. Drivers shall not write, send, or read text-based communication while operating motor vehicle in compliance with O.C.G.A § 40-6-241.2 and in compliance with the Hands-Free Georgia Act, which was effective July 1, 2018. (Rev. 10/2018)

907.8. Drivers shall only use cell phones while driving in compliance with the Hands-Free Georgia Act, which was effective July 1, 2018. (Rev. 10/2018)

907.9. Drivers or attendants must properly identify and announce their presence at the entrance of the building at the specified pick-up location if a curbside pick-up is not apparent.

907.10. Drivers or attendants must exit the vehicle to open and close vehicle doors when passengers enter or exit the vehicle and provide assistance as necessary to or from the main door of the place of destination.

907.11. Drivers shall confirm, prior to vehicle departure that the delivered passenger is inside the destination.

907.12. Drivers or attendants, while on board, must assist the passengers in the process of being seated, including the fastening of the seat belts. Children under age eight must be properly secured in a child safety seat or booster seat in compliance with O.C.G.A § 40-8-76 (b). Drivers shall confirm, prior to allowing any vehicle to proceed, that wheelchairs and wheelchair passengers are properly secured and that all passengers are properly belted in their seat belts.

907.13. Drivers must provide support and oral directions to passengers. Such assistance shall also apply to the movement of wheelchairs and mobility-limited persons as they enter or exit the vehicle using the wheelchair lift. Such assistance shall also include stowage by the driver of mobility aids and folding wheelchairs.

907.14. Driver shall regulate heat and air inside the van during operations at a temperature level suitable to the climate conditions outside for passenger comfort.

907.15. Drivers who have had within the last five (5) years or currently have suspended or revoked driver's licenses, commercial or other, are prohibited from driving for any purpose under the NEMT program. Driver's whose cause for license suspension is for non-payment of child support will be removed from driving under the NEMT program and reinstated only once the courts 1) release the individual and such release can be verified; and 2) the individual remains in good standing for a minimum of ninety (90) days after the release. (Rev. 04/2020)

907.16. Drivers with one confirmed incident of failure to properly secure a member's wheelchair must be removed from providing services until such time the NEMT Provider submits documentation to the Broker to support that the Driver has been properly trained in the use of securement devices. (Rev. 10/2017)

907.17. Drivers or attendants shall not be responsible for passenger's personal items.

907.18. Regular COVID-19 testing of drivers is not required. In accordance with current guidance, passive screening protocols are followed. Drivers are expected to self-monitor and report if they are experiencing symptoms consistent with COVID-19. Facilities may implement additional precautions based on their internal policies or local public health directives. (Rev. 07/2025)

907.19. According to OSHA and CDC recommendations to minimize the spread of COVID-19 and other infectious diseases, the Broker/transportation providers maintain regular housekeeping practices, ensure drivers are wearing the appropriate PPE wipe down the seats, the doorknobs, and inside windows after every trip when all members have exited the vehicle. Frequent and thorough hand washing is required. If soap and running water are not immediately available, alcohol-based hand rubs containing at least 60% alcohol is recommended. (Rev. 01/2021)

907.20. Drivers and attendants will comply with the dialysis transportation requirements as outlined in the NEMT Policy Manual, specifically, Section 904 regarding dialysis transportation.

908. Vehicle Requirements

The Broker must assure that all transportation providers maintain all vehicles and vehicle equipment adequately to meet the requirements of the NEMT program. Vehicles and all components must comply with or exceed the manufacturers, State and federal, safety and mechanical operating and maintenance standards for the particular vehicles and models used under the NEMT program.

908.1. Vehicles must comply with all applicable federal laws including the Americans with Disabilities Act (ADA) regulations.

908.2. Any vehicle found non-compliant with Georgia Department of Motor Vehicles Service (DMVS) licensing requirements, safety standards, PSC or ADA regulations, or NEMT program requirements, that vehicle must be removed from service immediately if this discrepancy creates a health or safety hazard for vehicle occupants.

908.3. Discrepancies shall be defined by DCH in its Policies and Procedures for Non-Emergency Medical Transportation (NEMT) Broker Services manual, as shall discrepancies related to passenger discomfort or inconvenience, and administrative requirements.

908.4. All vehicles must meet the following requirements.

908.4.1. The transportation provider must provide and use a two-way communication system linking all vehicles used in delivering services under the NEMT program with the transportation provider's major place of business. The two-way communication system shall be used in such a manner as to facilitate communication and to minimize the time in which out-of-service vehicles can be replaced or repaired. Pagers are not an acceptable substitute. A vehicle with an inoperative two-way communication system must be placed out-of-service until the system is repaired or replaced.

908.4.2. All vehicles must be equipped with adequate heating and air conditioning for driver and passengers. Any vehicle with a non-functioning climate control system must be placed out-of-service until appropriate corrective action is taken.

908.4.3. All vehicles must have functioning, clean and accessible seat belts for each passenger seat position and shall be stored off the floor when not in use. Each vehicle must utilize child safety seats when transporting children under age five (5). Each vehicle shall have at least two (2) seat belt extensions provided. Additionally, each vehicle shall be equipped with seat belt cutter(s), mounted above the driver's door, for use in emergency situations.

908.4.4. All vehicles must have a functioning speedometer and odometer.

908.4.5. All vehicles must have functioning interior light(s) within the passenger compartment.

908.4.6. All vehicles must have adequate sidewall padding and ceiling covering.

908.4.7. All vehicles must be smooth riding, so as not to create passenger discomfort.

908.4.8. All vehicles must have two exterior rear-view mirrors, one on each side of the vehicle.

908.4.9. All vehicles must be equipped with an interior mirror, which shall be either clear-view laminated glass or clear-view glass bonded to the back, which retains the glass in the event of breakage. This interior mirror shall be for monitoring the passenger compartment.

908.4.10. The vehicle's interior and exterior must be clean and have exteriors free of broken mirrors or windows, excessive grime, rust, chipped paint or major dents, which detract from the overall appearance of the vehicles.

908.4.11. The vehicle must have passenger compartments that are clean, free from torn upholstery or floor covering, damaged or broken seats, and protruding sharp edges and shall also be free of dirt, oil, grease or litter.

908.4.12. The vehicle floor must be covered with commercial anti-skid, ribbed rubber flooring or carpeting. Ribbing shall not interfere with wheelchair movement between the lift and the wheelchair positions.

908.4.13. All vehicles must have the transportation provider's name, vehicle number, and the Broker's phone number prominently displayed within the interior of each vehicle. This information must also be available in written form on each vehicle for distribution to riders on request.

908.4.14. All vehicles must have the name and other identifying information of the transportation provider displayed on the exterior of the vehicle in accordance with the Georgia Department of Public Safety requirements.

908.4.15. All vehicles must have the following signs posted in all vehicle interiors, easily visible to the passengers:

908.4.15.1. no smoking, eating or drinking; and

908.4.15.2. all passengers must use seat belts.

908.4.16. All vehicles must be equipped with one or more functional fire extinguishers at least 2.5 pounds each in size, with a combined capacity totaling at least 5.0 pounds in size (preferably ABC or Halon-type) and shall display a current inspection tag or sticker. The fire extinguisher shall be secured within reach of the driver and visible to passengers for use in emergencies when the driver is incapacitated.

908.4.17. All vehicles, except stretcher vans, that require a step up for entry, must include a retractable step, or a step stool as approved by DCH to aid in passenger boarding. The step stool shall be used to minimize ground-to-first-step height, should have four legs with anti-skid tips, sturdy metal with non-skid tread, with a height of 8 and 1/4", a width of 15" and a

depth of 14" or an equally suitable replacement. Under no circumstances will a milk crate or similar substitute be considered a viable alternative for a step stool and will not be permitted on any vehicle.

908.4.18. All vehicles must have on board three (3) portable triangular reflectors mounted on stands. Use of flares is prohibited.

908.4.19. All vehicles must include a vehicle information packet to be stored in the driver compartment, or securely stored on or in the driver's side visor. This packet will include:

908.4.19.1. vehicle registration;

908.4.19.2. insurance card; and

908.4.19.3. accident procedures and forms.

908.4.20. All vehicles must be provided with a fully equipped first aid kit and a "spill kit" including: liquid spill absorbent, latex gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer.

908.4.21. All vehicles must contain a map of the applicable NEMT Regions with sufficient detail to locate members and medical destinations. Maps must be approved by DCH.

909. Wheelchair Van Requirements

All vehicles used to transport wheelchair passengers must comply with the ADA requirements in effect at the time of the vehicle's construction.

909.1. Vehicles used to transport wheelchair passengers must meet ADA requirements, including but not limited to the following:

909.1.1. must maintain a floor-to-ceiling height clearance of at least fifty-six (56) inches in the passenger compartment;

909.1.2. must have an engine-wheelchair lift interlock system, which requires that the vehicle's transmission be placed in park, and the emergency brake engaged to prevent vehicle movement when the lift or ramp is deployed;

909.1.3. full size wheelchair vans or buses must have wheelchair lift – a hydraulically or electro-mechanically powered wheelchair lift mounted so as not to impair the structural integrity of the vehicle;

909.1.4. wheelchair accessible mini-vans with a lowered floor and fold out ramp must meet ADA requirements;

909.1.5. Wheelchair Restraint System – for each wheelchair position, a wheelchair securement device (or "tiedown") shall be provided that complies with applicable ADA standards; and,

909.1.6. The system utilized may accommodate scooter-type wheelchairs. However, passengers utilizing these devices shall be requested to dismount from the device and be seated in a passenger seat.

910. Vehicle Inspections

910.1. The Broker must develop and implement an annual inspection process, which will occur twice per year (every six (6) months), to verify that all vehicles meet the requirements of Section 907 and Section 908, and that safety and passenger comfort features are in good business order (e.g., brakes, tire tread, turn signals, horn, seat belts, air conditioning/heating, etc.). The Broker shall conduct these biannual inspections using its own staff or an alternate method approved by DCH.

910.2. Prior to the execution of a service agreement between the Broker and a transportation provider, the Broker shall conduct a completed satisfactory initial inspection of all the transportation provider's vehicles prior to, but no earlier than sixty (60) days, before the provider enters any vehicles into service. Subsequent inspections must be completed no later than six (6) months after the most recent inspection. Records of all inspections must be maintained as described in Section 1005 and Section 1006.

911. Prohibition of Smoking

Smoking is prohibited on the vehicles while performing service for DCH. "No Smoking" signs shall be visible to all passengers. Broker shall require that drivers and attendants contact Broker immediately if passengers fail to comply with this prohibition. This prohibition applies to passengers, attendants, and all service providers.

912. Backup Service

912.1. Broker shall be responsible for retaining and arranging for back-up vehicles or personnel or both when notified by a member, a provider or DCH that a vehicle is excessively late, is otherwise unavailable for services or when specifically requested by DCH. The vehicle is excessively late if it is twenty (20) minutes late in meeting its assigned schedule.

912.2. A back-up vehicle for an excessively late vehicle or an otherwise unavailable vehicle must be in place within thirty (30) minutes after a vehicle has been deemed unavailable for service for whatever reason.

912.3. When the Broker fails to provide transportation as scheduled, for any reason, and alternate transportation is secured for the member, the Broker is responsible for reimbursement of alternate transportation. This includes alternate transportation to and from appointments made by the member or on the member's behalf because of the Broker's failure to provide transport. This reimbursement shall be provided to the entity that arranged and or provided transport for the member. This can include (but is not limited to) member loaded miles, relatives, friends, healthcare professionals, healthcare facilities, or ride share networks. (Rev. 04/2023)

912.4. It is the responsibility of the Broker to create a reimbursement process for the alternate transportation provided by those listed above.

913. Removal of Vehicle from Service

913.1. Any vehicle found not in compliance with the vehicle standards required for the NEMT program or any State or federal standards must be removed from service immediately and until DCH certifies, in writing, that it may be returned to service under the NEMT program.

913.2. Any vehicle receiving two (2) or more complaints from passengers concerning cleanliness, heating, air conditioning deficiencies, or other deficiencies within a five (5) day period must be inspected and appropriate corrective actions taken. Such actions must be documented and become a part of the vehicle's permanent record.

914. Driver Qualifications

The Broker shall have written oversight procedures for ensuring that transportation providers meet all driver qualifications as well as deliver the required transportation services required under the NEMT program. The Broker may establish additional qualifications, which shall be approved by DCH prior to implementation.

914.1. The Broker shall assure that an oversight procedure is in place to determine that all drivers, at all times during their employment, be legally licensed by the State of Georgia or bordering state of residence, to operate the transportation vehicle to which they are assigned; be competent in their driving habits; be courteous, patient and helpful to all passengers; and be neat and clean in appearance.

914.2. Drivers shall not engage in any behavior practices that will subject the State or the Broker to charges against protected groups. All drivers employed by transportation providers through service agreements with the Broker to deliver transportation services under the NEMT program shall meet the following conditions:

914.2.1. All drivers must be at least twenty-one (21) years of age and have a current valid Georgia driver's license or be legally licensed by bordering state of residence.

914.2.2. All drivers and attendants must have no prior convictions for a sexual crime or crime of violence. (Rev. 10/2015)

914.2.3. The transportation provider shall not utilize drivers who have been convicted of driving under the influence of alcohol, narcotics or drugs/medications within the last five years prior to date of employment. If the transportation provider suspects a driver to be driving under the influence of alcohol, narcotics or drugs/medications that would endanger the safety of members, the transportation provider shall immediately remove the driver from providing service to Medicaid members. Any person who has been convicted of a felony during the last five (5) years will drive and/or attend passengers only after satisfactory review by the Broker and DCH or its agent. (Rev. 10/2015)

914.2.4. Individuals who have had within the last five (5) years or currently have suspended or revoked driver's license, commercial or other, are prohibited from driving for any purpose under the NEMT program. This

excludes individuals whose cause for license suspension is for non-payment for child support, once the courts release the individual and such release can be verified and the individual remains in good standing for a minimum of ninety (90) days. (Rev. 04/2020)

914.2.5. Drivers who receive citations and are convicted of two (2) moving violations and/or accidents related to transportation provided under the NEMT program where the driver was at fault, must be removed from service.

915. New Transportation Provisions – Provider and Driver Requirements

Section 209 added section 1902(a)(87) of the Act, requiring the Medicaid state plan to provide for a mechanism, which may include attestation, that ensures any provider (including a transportation network company) or individual driver of non-emergency transportation to medically necessary services receiving payments under such plan (but excluding any public transit authority), meets specified minimum requirements.

915.1. These minimum requirements under the state plan must include that:

915.1.1. Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;

915.1.2. Each such individual driver has a valid driver's license;

915.1.3. Each such provider has in place a process to address any violation of a state drug law; and

915.1.4. Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

915.2. Notably, these requirements apply to transportation network companies (such as, without endorsement or limitation, Uber, Lyft, and other "ride sharing" companies) as well as individual drivers. However, this provision excludes those providers that are public transit authorities. CMS understands that states may already include these minimum requirements as part of their transportation program.

916. Driver, Attendant, and Service Personnel Training

The Broker may establish and implement its own Driver, Attendant and Service Personnel Training standards in lieu of the standards established in the following paragraphs of this section, subject to advance review and approval of the Department.

916.1. Drivers: All drivers used by transportation providers to deliver transportation services under the NEMT program must have successfully completed driver training, first aid training and training in the use of a spill kit and the removal of biohazards prior to driving under the NEMT program. Certifications in these areas must be maintained for

each driver throughout their agreement with the Broker under the NEMT program. At a minimum, driver training shall include:

916.1.1. a passenger assistance orientation program;

916.1.2. an on-going safety and sensitivity program to ensure a safe operating environment;

916.1.3. a defensive driving training.

916.2. Any driver who has not previously completed the training required must satisfactorily complete the required training within ninety (90) days of assignment.

916.3. Attendants. All Attendants used by transportation providers to deliver transportation services under the NEMT program must have successfully completed an Attendant training program prior to becoming an attendant under the NEMT program. Certifications in these areas must be maintained for each attendant throughout their agreement with the Broker under the NEMT program. Attendants training shall include at a minimum:

916.3.1. first aid training;

916.3.2. a passenger assistance orientation program; and

916.3.3. an on-going safety and sensitivity program to ensure a safe operating environment.

916.4. Service Personnel. The Broker shall provide service personnel training prior to permitting any public contact and/or communications with Medicaid members or their representatives under the NEMT program. Training shall include sensitivity components that focuses on:

916.4.1. aged and disabled persons;

916.4.2. cultural diversity;

916.4.3. public contact; and

916.4.4. communicating with hearing or speech-impaired individuals through a service such as Georgia Relay.

916.5. Service personnel, including scheduling personnel, must be trained and knowledgeable in all aspects of transportation service operations including Broker reservation procedures. The Broker shall provide a written comprehensive training plan for all service personnel. Any changes to this plan must be approved by DCH prior to implementation. Changes must be submitted to DCH no later than thirty (30) days prior to requested implementation.

917. Orientation for Transportation Providers

917.1. The Broker shall provide an orientation program for all transportation providers with which the Broker has entered into a service agreement. At a minimum, the orientation

program must include:

917.1.1. overview of NEMT Program and division of responsibilities between Broker and transportation provider;

917.1.2. vehicle requirements;

917.1.3. procedures for handling accidents, moving violations and vehicle breakdowns;

917.1.4. driver qualifications;

917.1.5. driver conduct;

917.1.6. the use of attendants and/or companions;

917.1.7. scheduling procedures during regular operating hours, including criteria for determining the most appropriate mode of transportation for the member;

917.1.8. after-hours scheduling procedures;

917.1.9. procedures for handling requests for "urgent care";

917.1.10. criteria for trip assignment;

917.1.11. dispatching and delivery of services;

917.1.12. procedures for obtaining reimbursement for authorized trips;

917.1.13. driver customer service standards and requirements during pickup, transport and delivery;

917.1.14. record keeping and documentation requirements for scheduling, dispatching and driver personnel, including completion of required logs;

917.1.15. procedures for handling complaints and incidents from members or providers;

917.1.16. procedures for notifying members when services are denied or terminated by the Broker;

917.1.17. criteria and procedures for documenting and notifying members when services are denied or terminated by the transportation provider.

918. Operational Procedures Manual

918.1. The Broker must develop an Operational Procedures Manual detailing all procedures to be used in the scheduling and delivery of transportation services. This manual must be submitted to DCH for review and approval at least forty (40) calendar days prior to the start of operations. The Broker must incorporate modifications required by DCH within ten (10) business days of notification. In no case will a Broker be allowed to begin

operations without an approved operational procedures manual.

918.2. The Operational Procedures Manual must be incorporated into all training programs for new employees. The manual must also be provided to all transportation providers with whom the Broker has entered into a service agreement. The manual must be utilized in an orientation program to be provided by the Broker to transportation providers.

918.3. The operational procedures manual must be reviewed and updated annually and whenever changes in the operation of the business are made. Updates to the manual must be approved by DCH before distribution. DCH reserves the right to require modifications to the manual as necessary. Required updates must be submitted to DCH for approval within ten (10) business days of the request.

918.4. The operational procedures manual developed as part of this contract will become the property of DCH, which reserves the right to share selected text with Brokers in other regions for the purposes of improving all such manuals.

919. Member Appeals

919.1. The Broker is responsible for notifying members of the right to appeal when a trip is denied, suspended or terminated.

919.2. The Broker must provide a written notice to the member within three (3) business days of the day a trip is denied, suspended or terminated. The notice must include the specific reason for the denial, suspension or termination and an explanation of the member's appeal rights. The original letter must be mailed or handed to the member, and a copy maintained in the Broker's member file. The Broker must use the notice of appeal letters developed by DCH (see Appendix F Member Appeal Notices).

919.3. The member will be allowed thirty (30) calendar days to appeal the initial decision. Failure to appeal within thirty (30) calendar days waives the member's right to further appeal. Upon receipt of a timely appeal, the Broker has thirty (30) calendar days to complete the appeals process. The Broker will continue to provide transportation during the appeals process. If the appeal is a result from uncooperative or abusive behavior and the member continues to demonstrate documented behavior that is unacceptable and/or unsafe, even during the appeals process, transportation may be discontinued until a final court order overturning DCH's termination decision or settlement agreement between the parties is executed.

919.4. In the event the Broker is unable to resolve the dispute, the member must be given written, final notice informing the member of his/her right for further appeal to the DCH Client Appeals Unit. The Broker agrees to defend its decision, if necessary, at the time of any administrative hearing on the matter and without cost to DCH. All initial and final notices of appeal must be approved by DCH for content and format prior to program operation. If the member submits an appeal to the Client Appeals Unit, the Broker, upon request from the DCH, must submit copies of the notices to the Appeals Unit within two (2) business days of the request.

919.5. At the conclusion of the appeals process, the Broker must implement any corrective action within ten (10) business days following notification by DCH. Corrective action may result in a change of policy or procedures regarding delivery of services.

919.6. The Broker must establish and maintain a member file whenever a complaint or appeal is filed by or on behalf of a member. These files must be available upon request of DCH or its agent within three (3) business days of the request.

920. Complaints and Incidents

920.1. The Broker shall be responsible for recording and responding to all complaints and incidents regarding the delivery of services required under the NEMT program, and then reporting all such complaints and incidents to DCH.

920.2. Complaints and incidents may be reported by Medicaid members and/or their representatives, providers, DCH or its agent, or any individual or group who contacts the Broker.

920.3. Resolutions and corrective actions taken by the Broker to address these complaints and incidents are subject to review and may be overridden by DCH.

920.4. Upon review, DCH may require the Broker to implement new measures and/or submit proof of any corrective actions (including any policy or procedure changes) to improve service delivery.

920.5. The Broker shall establish and maintain standardized written procedures to address all complaints and incidents. Such procedures must, at a minimum, include those currently outlined in this Section.

920.6. For purposes of the NEMT program, the Broker shall consider a complaint and/or incident to be different.

920.7. The Broker shall consider a complaint as a general expression of dissatisfaction with service delivery, and /or the behaviors of other person(s) associated with the delivery of NEMT services. This can include, but not be limited to; dissatisfaction with the appearance, cleanliness or function of an NEMT vehicle; dispatching of inappropriate modes of transportation; dissatisfaction with interaction with members and drivers during transportation, dissatisfaction with the performance of Broker or provider personnel; regulatory or statutory violations, acts of moral turpitude or any other act, or behavior that adversely affects the health, safety or well-being of the member and/or person(s) associated with the NEMT program.

920.8. All complaints must be reported to DCH monthly and include all requirements as outlined in this Section as well as Section 1109 of this manual.

920.9. The Broker shall consider an incident as a distinct piece of action, allegation, or occurrence that is noteworthy. This shall include, but not be limited to a Code of Conduct breach, injury, accident, theft, property/equipment damage, sexual harassment or lewd conduct, alcohol/drug use, verbal/physical abuse, moral turpitude or other act; any inappropriate behavior adversely affecting the health, safety, and well-being of Medicaid members and/or person(s) associated with the NEMT contract.

920.10. All incidents must be reported to DCH immediately upon discovery whether the Broker perceives the incident valid or not.

920.11. The Broker shall respond verbally to the complainant within twenty-four (24) hours of receiving the complaint and/or incident and indicate on file that contact was made with the complainant within the required timeframe.

920.12. Also, the Broker must provide to DCH a written record of the investigative findings and/or resolutions along with any corrective actions taken or to be taken within five (5) business days of receiving the complaint and or incident.

920.13. The Broker must be specific in their response to determine what caused (identify service failure) the complaint, the findings (outcome), the solution to address (resolve) the issue, and any changes (operational, policy, provider, etc.) occurring from the complaint. (Rev. 07/2021)

920.14. The Broker will be responsible for supplying a written response to the complainant on the results of the complaint to include their findings and any action taken to address the concern and minimize the recurrence. (Rev. 07/2021)

920.15. The Broker may be required to remove any transportation provider, including drivers, and/or service personnel immediately upon discovery of non-compliance with NEMT policy for purposes of investigations, retraining applicable to the type of complaint or incident, or other corrective action as determined by DCH.

920.16. The Broker shall compile a report that analyzes the complaints and incidents monthly for the purposes of determining the quality of services, particularly noting any patterns or trends, to ensure services conform to the requirements of the NEMT program. The complaints and incidents received will be submitted to DCH by region and on a monthly basis and will include:

920.16.1. the complainant filing the complaint and/or incident;

920.16.2. the name of Medicaid member being transported;

920.16.3. the dates of service;

920.16.4. a brief description of complaint and/or incident;

920.16.5. the assigned transportation provider; and,

920.16.6. the Broker's corrective actions or resolutions to the complaint and/or incident.

920.17. The report shall be in accordance with the specifications and format approved by DCH.

920.18. The Broker shall designate an individual(s) within its organization to serve as liaison to DCH to ensure proper handling, resolution and/or corrective action to complaints and incidents.

920.19. The Broker must maintain records of complaints and incidents and their resolutions including a brief description of any corrective action taken. Copies of these records must be submitted within three (3) business days upon request by DCH.

921. Performance Monitoring

DCH reserves the right to conduct a review of the Broker's records or to conduct an on-site review at any time to ensure compliance with these requirements.

921.1. Broker agrees to make all records related to services available for such reviews by DCH. DCH or its agent shall monitor the Broker's performance by telephone contact, record reviews, and other means.

921.2. DCH reserves the right to audit the Broker's records to validate service delivery reports and other information.

921.3. DCH staff or their official agent may ride on trips to monitor service. All of the transportation provider's vehicles must be made available to DCH or its agent(s) for inspection at any time.

921.4. DCH staff or its official agent will review reports of complaints and incidents from members, providers, or any individual or group who contacts the Broker regarding the delivery of NEMT services.

921.5. DCH or its official agent will maintain a toll-free telephone number to receive service complaints and incidents from members and healthcare providers. The Broker's project manager or a designee must be available to respond to DCH concerning these complaints and incidents within a thirty (30) minute response time.

921.6. In addition, the Brokers must contract with an independent agent to conduct annual customer service satisfaction surveys. The methodology for administering the survey is subject to DCH approval.

921.7. Copies of the report results and methodology for analyzing the data are due to DCH by July 31st each year following the end of the State fiscal year.

Chapter 1000: Business Requirements

1001. Staffing Requirements

The Broker shall appoint and maintain, subject to DCH approval, a Project Director for this Contract who has sufficient authority for resource control to manage the allocation of resources to meet all contract requirements without service interruption to Medicaid members.

1001.1. The Project Director must be committed to this contract for a minimum period of six (6) months following Contract Award.

1001.2. The Project Director must be on-site within the Broker's region full-time during implementation and the first six (6) months of operation;

1001.3. and then at least fifty percent (50%) of regular operating hours each month. Supervisory personnel must be available to Broker staff in person or by telephone within a thirty (30) minute response time during all hours of operation.

1001.4. The Broker must maintain sufficient levels of supervisory and support staff with appropriate training and work experience that reflects the population being served in each region to perform all contract requirements on an ongoing basis.

1001.5. DCH shall have the right to require reassignment or removal from this contract of any staff or personnel found unacceptable to the DCH.

1002. Equal Employment Opportunity Plan

The Broker's staffing must demonstrate a commitment to minority participation on the Georgia project. The Broker must develop an Equal Employment Opportunity Plan in compliance with the Equal Employment Opportunity Act (Public Law 92-26) of 1982 and submit it to DCH for review and approval at least thirty (30) days prior to the start of operations. The Broker must incorporate modifications required by DCH within ten (10) business days of notification. The Broker will not be allowed to begin operations without an approved Equal Employment Opportunity Plan.

The Equal Employment Opportunity Plan must be revised on an annual basis and resubmitted for DCH approval no later than July 31 of each year. The plan must be reviewed, dated and submitted even if there are no updates.

1003. Central Business Office

1003.1. The Broker must establish a non-residential central business office within the region for which he or she has contract responsibility.

1003.2. If, the Broker is successful in more than one (1) region, then there can be one (1) central business office and an additional non-residential satellite business office servicing the other region(s).

1003.3. This business office must be centrally located within the region in an accessible location for foot and vehicle traffic.

1003.4. The Broker may establish more than one (1) business office within the region, but one

regional non-residential business office must be designated as the central business office.

1003.5. All documentation must reflect the address of the location identified as the legal, duly licensed Central Business Office.

1003.6. This business office must be open between the hours of 8:00 A.M. and 5:00 P.M., Eastern Time, Monday through Friday.

1003.7. The Project Director and scheduling staff must be located at the Central Business Office in each NEMT region.

1003.8. Scheduling staff must be at the office between the hours of 7:00 a.m. and 6:00 p.m., Eastern Time, Monday through Friday.

1003.9. The Broker must have the capacity to send and receive facsimiles at the central business office at all times during business hours.

1003.10. The Broker must provide an administrative telephone number that will enable DCH staff to reach the Project Director directly, without going through the scheduling staff.

1003.11. The Broker must also have the capacity to reproduce documents upon request by DCH and at no cost to DCH.

1004. Meetings

The Broker may meet with DCH representatives quarterly or upon request by DCH via conference call or at a mutually agreed upon location to discuss the NEMT program for their regions and to answer pertinent inquiries regarding the program, its implementation and its operation.

1004.1. The Broker must establish an Advisory Committee in each region. The Committee shall consist of representatives from a nursing home, dialysis center, hospital, transportation provider(s) and the member community. (Rev. 10/2016)

1004.2. The Advisory Committee must meet quarterly of each calendar year and the Broker must provide DCH with a copy of the minutes from each meeting within ten (10) business days of that meeting.

1004.3. The Broker shall commit to meeting with transportation providers, on a monthly basis. The broker will determine the best method to host meetings: Virtual, Conference Call, or In-Person. The meeting must provide an open forum, to address impediments to achieving service level requirements, broker updates, provider network assistance, and NEMT policy changes. (Rev. 07/2022)

1005. Record Retention

1005.1. The Broker shall maintain detailed records evidencing the administrative costs and expenses incurred pursuant to the contract, the provision of services, and complaints and incidents for the purposes of audits and evaluations by the Department and other federal or State personnel.

1005.2. All records, including training records, must be readily retrievable within two (2) business days for review at the request of DCH and its authorized representatives.

1005.3. All records shall be maintained and available for review by authorized federal and State personnel during the entire term of the contract.

1005.4. The Broker shall preserve and make available all its records pertaining to the performance under this contract for a period of five (5) years from the date of final payment under this contract and for such period if any as is required by applicable statue or by any other section of the contract.

1005.5. If the contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of seven (7) years from the date of termination or of any resulting final settlement.

1005.6. Records that relate to appeals, litigation, or the settlement of claims arising out of the performance of the contract, or costs and expenses of any such agreements as to which exception has been taken by the State Contractor, or any of his duly authorized representatives shall be retained by the Broker until such appeals, litigation, claims or exceptions have been disposed of.

1006. Transportation Provider Records

The Broker must establish, maintain and provide upon request, the following records and related information in its files for each non-public transportation provider with which the Broker has entered into a Service Agreement (Rev. 10/2015):

1006.1. copy of Broker's executed service agreement for each transportation provider;

1006.2. copy of transportation provider's registration with the Georgia Department of Public Safety;

1006.3. vehicle records, including at a minimum the following documentation for each vehicle:

1006.3.1. manufacturer and model;

1006.3.2. model year;

1006.3.3. vehicle identification number;

1006.3.4. odometer reading at the time the vehicle entered service;

1006.3.5. type of vehicle (minibus, wheelchair van or NEMT stretcher van);

1006.3.6. capacity (number of passengers);

1006.3.7. capacity (number of passengers);

1006.3.8. license tag number; insurance certifications; Unified Carrier Registration (UCR) and vehicle stamp;

1006.3.9. special equipment (lift, etc.); and

1006.3.10. date, odometer reading and description of inspection activity (e.g., verification that vehicle meets NEMT vehicle requirements, inspection of equipment such as brakes, tire tread, turn signals, horn, seat belts, air conditioning and/or heating, etc.);

1006.4. records must be maintained of the initial inspection and all subsequent inspections;

1006.5. driver records, including at a minimum the following documentation for each driver:

1006.5.1. driver's name, date of birth and social security number;

1006.5.2. copy of the Georgia driver's license;

1006.5.3. prior driving record for previous three (3) years obtained from Georgia State Patrol;

1006.5.4. documentation of background checks conducted by Broker to determine if the driver can provide services under the NEMT program;

1006.5.5. first aid training certificates;

1006.5.6. driver training course certificate; and

1006.5.7. documentation of any complaints and incidents received about the driver and any accidents or moving violations involving the driver.

1007. Services Provided

The Broker must maintain such records as are necessary to fully disclose the extent of services provided and to furnish DCH with information regarding services as may be periodically requested. Required records include completed vehicle manifests.

1007.1. Vehicle manifests are to be completed by each vehicle driver daily and must contain the following information:

1007.1.1. transportation provider name;

1007.1.2. vehicle number;

1007.1.3. vehicle operator name;

1007.1.4. member name;

1007.1.5. member Medicaid number;

1007.1.6. time of medical appointment (if applicable);

1007.1.7. pick up point;

1007.1.8. destination;

1007.1.9. scheduled pick up time;

1007.1.10. actual arrival time at pick-up point;

1007.1.11. actual departure time from pick-up point;

1007.1.12. actual return time from drop off point;

1007.1.13. odometer reading at point of pick-up;

1007.1.14. odometer reading at point of drop-off;

1007.1.15. name of escort and relationship to member;

1007.1.16. date of service; and

1007.1.17. name of Broker-provided attendant (if applicable).

1008. Business Continuity and Disaster Recovery Plan

The Business Continuity and Disaster Recovery Plan must be submitted to DCH for review and approval thirty (30) calendar days prior to the start of operations. The Broker must incorporate modifications required by DCH within ten (10) calendar days of notification. In no case will a Broker be allowed to begin operations without an approved Business Continuity and Disaster Recovery Plan.

1008.1. The Broker must update on an annual basis and submit a complete revised plan within fifteen (15) business days following the end of the contract year.

1008.2. In addition, the Broker must complete interim updates within ten (10) business days of change in procedures.

1008.3. The Broker shall conduct an annual Disaster Recovery Plan Review and exercise/drill at its own expense and shall notify DCH five (5) business days at a minimum of the date of the exercise/drill.

1008.4. A written report of the findings must be delivered to DCH within fifteen (15) calendar days of the date that the test is conducted.

1008.5. The Broker must develop and maintain a Business Continuity and Disaster Recovery Plan designed to minimize any disruption to transportation services caused by a disaster at the Broker's central business office or other facilities.

1008.6. It is the sole responsibility of the Broker to maintain adequate backup to ensure continued scheduling and transportation capability.

1008.7. At a minimum, the Business Continuity and Disaster Recovery Plan must include the following components:

1008.7.1. measures taken to minimize the threat of a disaster at the Broker's central business office and other facilities, including physical security and fire detection and prevention;

1008.7.2. provisions for accepting member telephone calls and scheduling

transportation in the event of a disaster at the Broker's central business office or the failure of the Broker's telephone system;

1008.7.3. procedures utilized to minimize the loss of required records in the event of fire, flood or other disaster; and

1008.7.4. off-site storage.

1009. Turnover Task

Prior to the conclusion or non-renewal of the contract, or in the event of a termination for any reason, the Broker shall provide assistance in turning over the Broker functions to DCH or its agent, as specified in Section 1010 Turnover Plan.

1010. Turnover Plan

No later than forty-five (45) days after the contract is awarded the successful Broker shall submit a Turnover Plan to DCH for approval. Thereafter, an updated Turnover Plan will be due annually to coincide with the anniversary date for the delivery of the initial plan and as may be additionally requested by DCH. The Turnover Plan shall be submitted to DCH for approval on the dates set or within thirty (30) calendar days of a special DCH request. After this date, DCH shall withhold one percent (1%) of the payments to the Broker until the Turnover Plan is received and approved by DCH. The plan shall include:

1010.1. A proposed approach to turnover, in paragraph form, along with a work plan, including the tasks and timeline schedule for the turnover;

1010.2. an estimate of the number of full-time equivalents (FTEs) and type personnel needed to operate all functions of the Turnover Plan. The statement shall be separated by service area and by type of activity of the personnel;

1010.3. a statement of all facilities and resources currently required to operate the Broker functions, including, but not limited to:

1010.3.1. data processing equipment;

1010.3.2. reservation/scheduling software;

1010.3.3. system and special software (data base and telecommunications);

1010.3.4. other equipment;

1010.3.5. office space;

1010.3.6. transport and service provider network; and

1010.3.7. a statement indicating that DCH would have license to utilize the Broker's software until a new Broker can be selected and become operational in that NEMT region.

1010.4. The statement of resource requirements shall be based on the Broker's experience in the operation of the Broker functions and shall include actual Broker resources devoted to

the operation of all tasks required by this Contract.

1010.5. Turnover Services. The Broker will provide to DCH or its agent by a turnover date to be determined by DCH, all current, updated and accurate reference files, and all other records required by DCH or its agents to perform the duties of: recruiting and negotiating with transportation providers; payment administration; gatekeeping; reservations and trip assignments; quality assurance, and administrative oversight/reporting.

1010.6. The Broker will also submit to DCH any inventory of training manuals, operational procedures manuals, brochures, pamphlets, and all other written materials associated with the NEMT Contract.

1010.7. The Broker will, upon request by DCH, begin training the staff of DCH or its designated agent in the required Broker operations. Such training must be completed at least one month prior to the end of the contract or on a date specified by DCH.

1010.8. Turnover Deliverables. The Broker will provide an initial turnover plan on a date approved by DCH for DCH's review and approval and will also provide annual updates to the plan on a schedule to be established by DCH. Must be revised on an annual basis and resubmitted for DCH approval no later than July 31 of each year.

1011. Quality Assurance Plan

The Broker must develop and maintain an ongoing quality assurance plan to support the provision of high-quality transportation services to the Medicaid member community.

1011.1. At a minimum, the Quality Assurance Plan must include the following elements:

1011.1.1. key indicators of quality related to scheduling and delivery of transportation services;

1011.1.2. a description of how the Broker plans to monitor these key indicators;

1011.1.3. a description of how the Broker will develop, implement, and evaluate corrective actions or modifications to overall operations as necessary to address quality concerns;

1011.1.4. a description of the Broker monitoring procedures to safeguard against fraud and abuse by transportation providers and members;

1011.1.5. a description of how the Broker will monitor the quality of the transportation providers;

1011.1.6. a description of how the Broker will ensure that all NEMT Services paid for are properly authorized and actually rendered;

1011.1.7. a description of how the Broker will ensure that transportation providers and volunteer drivers within their network meet standards for driver qualifications, training and vehicle maintenance and inspections;

1011.1.8. a description of the staffing resources responsible for the quality assurance plan and quality assurance activities; and

1011.1.9. samples of all reports related to quality assurance and performance monitoring, along with descriptions of their use and who is responsible for reviewing them.

1011.2. This quality assurance plan must be submitted to DCH for review and approval at least forty (40) calendar days prior to the start of operations.

1011.3. The Broker must incorporate modifications required by DCH within ten (10) business days of notification.

1011.4. In no cases will a Broker be allowed to begin operations without an approved quality assurance plan.

1011.5. Thereafter, the quality assurance plan must be reviewed at least annually, and any revisions must be submitted to DCH for review and approval at least thirty (30) calendar days prior to implementation.

1012. License, Permit and Certification Requirements

The Broker must assure that transportation providers maintain current licenses, permits or certifications as required by all levels of government in Georgia for the operation of necessary vehicles.

1013. Computer Requirements

The Broker shall assist DCH in its efforts to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its amendments, rules, procedures and regulations. The Broker's system shall conform to HIPAA standards for information exchange.

1013.1. The Broker shall be able to transmit and receive all applicable transactions required by HIPAA regulations in the version deemed by DCH.

1013.2. The Broker must have a system that is flexible and can accommodate changes needed based on federal, state, or local government mandates as well as changes needed to support DCH policy changes.

1013.3. The Broker must comply with the implementation timeline established by DCH.

1013.4. The Broker must maintain in the central business office sufficient computer hardware and software to support automated call intake, eligibility verification, needs assessments and trip reservations, as well as to meet the monthly reporting requirements established under the NEMT program.

1013.5. The Broker may use one (1) of two (2) options available to verify member eligibility.

1013.5.1. The Broker may access this information via the web portal at the following address http://www.mmis.georgia.gov; or

1013.5.2. The Broker may use the Medicaid Eligibility Inquiry System (MEIS).

1013.6. MEIS can be accessed with a touch-tone telephone by dialing 770-325-9600 or 1-800-766-4456 twenty-four (24) hours a day (except between the hours of 6:00 PM on Sundays to 6:00 AM on Mondays).

1013.7. Additionally, the Broker may contract with a MEIS agent or use of the web portal to verify eligibility. However, the Broker must insure that they can verify eligibility at all times.

1013.8. The Broker must accept and load in a computer database, on a monthly basis, Medicaid member files for use in identifying members assigned to their region.

1013.9. The Broker must demonstrate the ability to accept, load and utilize the member file during operational readiness testing. DCH or its fiscal agent will provide the format and specifications of the member file download.

1013.10. The reservation/scheduling NEMT software utilized by the Broker must have the following capabilities:

1013.10.1. maintain a database of transportation providers with which the Broker has service agreements, including reimbursement and other information needed to determine trip assignments;

1013.10.2. automatic address validations, distance calculations and trip pricing, if applicable; and

1013.10.3. standing order trips and random trip reservations capability. The Broker must update or confirm existing standing order every 30 days from its effective date. (Rev. 10/2015)

1014. Disclosure of Ownership and Control Statement

The Code of Federal Regulation (42 CFR 455.105(b)) states in part that, upon request, providers furnish to the state or HHS information about certain business transactions with wholly owned suppliers or any subcontractors. (Rev. 04/2015)

1014.1. DCH requires business transaction disclosure information to be submitted by the NEMT Broker on an annual basis no later than January 31st.

1014.2. If the request for disclosure information is made prior to or subsequent that date, the Broker is required to submit that information within 35 days of the date of request.

1014.3. The Broker must immediately resubmit a new or updated disclosure form should there be any changes in information by the subcontractor on previously submitted forms.

1014.4. This form is available on-line at www.mmis.georgia.gov under “Provider Enrollment” and then select “Enrollment Forms” (Disclosure of Ownership and Control Interest Statement – Contractors Only – NEMT).

1014.5. Brokers are required to submit forms electronically.

Chapter 1100: Reporting Requirements

1101. Requirements

1101.1. The Broker must provide reports and summaries upon request and as specified by DCH. DCH will provide the Broker with a copy of each of the required reporting formats upon final execution of the contract. (Rev. 04/2019)

1101.2. The Broker must provide reports by the 30th calendar day of the month following the month of Broker payment to direct service providers or as otherwise noted by DCH in the sections of this Chapter.

1101.3. Reports shall include all data as specified for which payment was made to a direct service provider and shall be reported by month of service.

1101.4. The final report is due by the 30th calendar day of the month following the month of termination of the contract.

1101.5. If the Broker has been awarded more than one (1) region, reports must reflect each region separately.

1101.6. Reports include but are not limited to those named in Section 1102 through Section 1112 below.

1101.7. For a summary detail of required reports in this manual, please see Appendix Q Reporting Requirements Matrix.

1101.8. DCH requires the use of an attestation with all monthly, quarterly, and annual reports. The reports should include a cover letter with a description of the report(s), and the attestation signed by the broker's executive leadership attesting to the validity and accuracy of submitted report(s) to DCH. (Rev. 10/2023)

1102. Driver Report

1102.1. The Broker shall provide DCH, on hard copy and on CD or in electronic format, a listing of entities providing transportation services on behalf of the Broker and a roster of all drivers before the start of operations.

1102.2. Drivers must be listed separately for each transportation provider.

1102.3. The roster shall indicate, at a minimum,

1102.3.1. the driver's name,

1102.3.2. Georgia driver's license number,

1102.3.3. and social security number.

1102.4. The carrier listing and driver roster shall be updated to reflect additions and deletions in carriers and personnel and delivered to DCH each calendar quarter.

1102.5. This roster is due by the 30th calendar day of the month following the end of the

reporting quarter.

1103. Vehicle Report

The Broker shall provide DCH with a listing of all vehicles placed in service for the performance of obligations before the start of operations. The list shall include for each vehicle:

1103.1. name of transportation provider;

1103.2. manufacturer and model;

1103.3. model year;

1103.4. vehicle identification number; and

1103.5. type of vehicle (minibus, wheelchair van or NEMT stretcher van).

1103.6. The roster shall be updated to reflect vehicle additions and deletions and delivered to DCH each calendar quarter.

1103.7. This roster is due by the 30th calendar day of the month following the end of the reporting quarter.

1104. Transportation Services – Encounter Data Report

The Broker shall collect and submit to the Department or its agent detailed encounter data on each trip made on behalf of a Medicaid member residing in the Broker's area. The transactions must comply with HIPAA regulations in the version deemed by DCH.

1104.1. The data will be processed by the Department in a manner similar to claims processing, with the exception that no payment per claim will be generated.

1104.2. All other costs, including telecommunications equipment and expense, computer hardware and software associated with collecting and transmitting encounter data to the Department shall be the responsibility of the Broker.

1104.3. The encounter data are due thirty (30) calendar days following the month of payment by the Broker and shall be reported by month of service.

1104.4. The electronic media must be supported by a summary report, as described in the following section.

1104.5. Totals included in the summary report must balance to the detail reporting information or both the detail and summary reporting will be rejected by DCH, and corrected reports required.

1105. Transportation Services – Summary Report

The following summary reports must be submitted on paper or acceptable electronic media as approved by DCH and in the quantity specified by DCH.

1105.1. A monthly report showing the number of trips, number of unduplicated members, and

the total number of miles, broken out by mode of transportation service provided.

1105.2. This report is due by the 30th calendar day of the month following the month of payment and shall be reported by month of service.

1105.3. The report must balance to the detail reporting information described in Section 1104 Transportation Services- Detail Reporting via Encounter Data or both the detail and summary reporting will be rejected by DCH, and corrected reports required.

1105.4. An annual State fiscal year report showing the number of trips, number of unduplicated members, and the total number of miles, broken out by mode of transportation service provided.

1105.5. In addition, the report should include total number of calls received, number of calls answered, number of calls abandon and the year average hold.

1105.6. This report is due by July 31st each year following the end of the State fiscal year.

1106. Accidents and Moving Violations Report

1106.1. The Broker shall notify DCH or its agent immediately of any accidents resulting in driver or passenger injury or fatality while delivering NEMT services.

1106.2. The Broker shall file a written accident report with DCH within ten (10) business days of the accident and will cooperate with DCH during any ensuing investigation.

1106.3. A police report is also required as supporting documentation.

1106.4. The Broker shall notify DCH immediately of any moving violations that occur while delivering NEMT services.

1106.5. The Broker must provide a copy of the police report within ten (10) business days of the moving violation.

1106.6. The Broker shall maintain copies of each accident report in the files of both the vehicle and the driver involved in the accident.

1106.7. Police reports associated with moving violations must be maintained in the file of the responsible driver.

1106.8. The requirements of this section must be incorporated in all service agreements between the Broker and transportation providers.

1107. Telecommunications System Report

On a monthly basis, the Broker must provide reports produced by the telephone system used in scheduling appointments to DCH or its agent. The following information must be included in this report:

1107.1. number of calls received;

1107.2. number of calls answered;

1107.3. number of calls placed on hold;

1107.4. average hold time for calls placed on hold;

1107.5. number of abandoned calls;

1107.6. average calls handled per Hour/Agent;

1107.7. average occupancy percentage;

1107.8. abandon calls as a percent of total calls received;

1107.9. average speed of answer;

1107.10. number of telephone operators by time of day/day of week.

1107.11. This report is due by the 30th calendar day of the month following the month of the telephone activity.

1108. Annual Financial Reports

1108.1. Certified Financial Audit.

1108.1.1. The Broker must submit an annual certified financial audit through the close of each State fiscal year, calendar year or tax reporting year within six (6) months of the close of the year's end.

1108.2. Financial reports must include financial margins of profit and financials must be certified by an independent Certified Public Account (CPA), or comparable as determined by DCH, for the Georgia-held book of business and Georgia's book of business only.

1108.3. The Broker will inform DCH of the Broker's choice of reporting year within thirty (30) calendar days of Contract execution.

1108.4. Quarterly Financial Report.

1108.4.1. The Broker must also submit unaudited quarterly financial reports. Such reports are due forty-five (45) calendar days following the end of each quarter of the Broker's reporting year.

1109. Complaint and Incident Report

1109.1. As described in Section 919 Complaints and Incidents, the Broker must compile and analyze complaints and incidents on file on a monthly basis.

1109.2. A written summary must be sent to DCH by the 30th calendar day of the month following the month of activity.

1109.3. The report shall include:

1109.3.1. the date of the incident,

1109.3.2. Complainant;

1109.3.3. and number of complaints and incidents by type;

1109.3.4. a description of corrective actions taken; and

1109.3.5. percentage of complaints and incidents by category.

1110. Member No-Show Report

1110.1. As described in Section 702 Payment Administration Number, the Broker will pay the provider for the “A leg" of a trip in the instance where a member fails to board the vehicle for a trip (a.k.a. “member no-show”) within the time frame prescribed in Section 903 Pick-up and Delivery Standards.

1110.2. Also, the scheduled provider must have arrived to pick up the member on time described in Section 903

1110.3. The Broker shall submit to the Department a monthly report containing member no-show data.

1110.4. The Member No-Show Report and the methodology used to capture the member no-show and how the Broker will pay the provider for the “A leg" in the event of a member no-show, must be submitted to DCH for review and approval thirty (30) calendar days prior to the start of operations.

1110.5. The Broker must incorporate modifications required by DCH within ten (10) calendar days of notification.

1110.6. In no case will a Broker be allowed to begin operations without an approved Member No-Show Plan.

1110.7. Updates to the existing Plan must be submitted to DCH for review and approval at a minimum of five (5) business days prior to execution.

1110.8. Implementation of any revisions will not be effective until DCH has given Broker written approval of any proposed revision.

1110.9. This report must be submitted to DCH thirty (30) calendar days following the month of payment by the Broker to direct service provider. (Rev. 10/2018)

1111. Transportation Denied by Reason Report

The Broker shall submit to the Department a monthly report of the number of requests for transportation denied by reason.

1111.1. The written summary must be sent to DCH by the 30th calendar day of the month following the month of activity.

1111.2. The report shall include the reporting month, subtotal, total for fiscal year and percentage of denials by reason.

1112. Late Percentage Summary Report

The Broker shall submit to the Department a late percentage monthly report.

1112.1. The written summary must be sent to DCH by the 30th calendar day of the month following the month of activity.

1112.2. The report shall include for the reporting period the total number of trips, “A leg" late trips, “B leg" late trip, total late trips and the percentage of late trips.

1113. Staff Roster Report

The Broker must submit a staff roster every ninety (90) calendar days during the term of the Contract.

1113.1. The employee listing shall be updated to reflect changes in staffing.

1113.2. DCH, at its sole discretion and without cause, shall have the right to require the reassignment or the removal of any staff or personnel from operating under the NEMT program.

Appendix A
Georgia Medicaid Covered and Non-Covered Services

A. Services Covered by Georgia Medicaid

Medicaid is a health insurance program that pays medical bills for eligible low-income families including pregnant women and women with breast or cervical cancer, foster and adoptive children and for eligible aged, blind and/or those who have disabilities whose income is insufficient to meet the cost of necessary medical services. (Rev. 10/2017)

i. Services Covered by Georgia Medicaid - With applicable service limitations, the following is a list of services covered by Georgia Medicaid:

1. Physician Services
2. Dental Services - individuals over age 21and older will receive the following medically necessary dental services: diagnostic, preventive, restorative, periodontal, prosthodontic, orthodontic, endodontic, emergency dental services, and oral surgery (inpatient and outpatient) (Rev.07/2025).
3. Oral Surgery Services
4. Podiatric Services
5. Orthotic and Prosthetic Services
6. Durable Medical Equipment Services
7. Inpatient and Outpatient Hospital Services
8. Laboratory and Radiological Services
9. Pharmacy Services
10. Home Health Services
11. Rural Health Clinic/Community Health Center Services
12. Physician's Assistant Services
13. Family Planning Services
14. Nurse Midwifery Services
15. Mental Health Clinic Services
16. Non-Emergency Medical Transportation Services
17. Ambulatory Surgical Services
18. Hospice Services

19. Dialysis Services (See section 904 – Dialysis Transportation Requirements)
20. Childbirth Education Services
21. Nurse Practitioner Services
22. Psychological Services
23. Vision Care Services
24. Intermediate Care for the Mentally Retarded Facility Services
25. Swing Bed Services
26. Children's Intervention Services
27. Health Check (Early and Periodic Screening, Diagnostic and Treatment) Services
28. Nursing Facility Services
29. Diagnostic, Screening and Preventive Services (Health Department)
30. Targeted Case Management Services

(a) Adults with AIDS

(b) Children at Risk of Incarceration

(c) Chronically Mentally Ill

(d) Early Intervention

(e) Perinatal

(f) Adult and Child Protective Services

31. Waiver Services

There are services which are covered by Georgia Medicaid but may not be allowed or appropriate for NEMT. For example, transportation of medically fragile children or adults along with the necessary life-sustaining medical equipment may or may not be appropriate for NEMT. If the member's condition is stable (which shall be determined by the member's physician and/or healthcare team) NEMT may be appropriate. However, medically fragile children are required to travel with an escort who can assist the member in and out of the vehicle and manage or maintain the medical equipment needed by the member during transport.

ii. Some medical equipment that may be required for this population during transportation may include but not be limited to:

1. Portable oxygen tank or nasal cannula;
2. IV fluids with measured or calibrated IV equipment;

3. portable ventilator (must be fully charged);

4. Suction equipment that is portable or Endotracheal Tube;

5. Enteral Feeding Tube (nutrition fed through a tube placed in the nose, the stomach , or the small intestine);

6. Cardiorespiratory Monitoring equipment;

7. Urinary Catheterization tube or portable bag

8. Renal or Abdominal Dialysis Equipment;

9. Ministrations imposed by tracheotomy, colostomy, Ileostomy, or other medical surgical procedures:

10. (TPN Dependent) Total Parenteral Feeding.

It should be noted that transportation providers are only responsible for the member's transportation. NEMT vehicles are not equipped to manage or maintain any type of medical equipment. If applicable, equipment must be fully charged and operable during transport.

In the case of an emergency, transportation provider will call 911 for assistance for the member.

B. Services Not Covered by Georgia Medicaid

i. There are certain items and services that Georgia Medicaid does not cover. Services not covered by Georgia Medicaid include but are not limited to:

1. inpatient hospital services for persons in institutions for treatment of mental diseases or special disorders, such as tuberculosis. (Crisis Stabilization Units [CSU] are not considered hospitals);

2. services given by a relative or a member of an individual's household;

3. cosmetic surgery;

4. orthopedic shoes for persons over twenty-one (21) years of age unless attached to a brace;

5. routine foot care except for children under twenty-one (21) years of age;

6. abortions, unless the person's life is at risk or in cases of reported rape or incest;

7. over-the-counter drugs, except insulin;

8. disposable or over-the-counter medical supplies, such as bandages, adult diapers, rubbing alcohol, and cotton;

9. chiropractic services unless the individual is covered by Medicare;

10. experimental items or services; (Rev. 07/2018)

11. eyeglasses for persons over twenty-one (21) years of age (transportation is covered for pickup of dentures and eyeglasses) (Rev. 07/2018):

12. transportation for educational purposes, except childbirth and parenting classes (currently, transportation to parenting classes is limited to hospital outpatient services only);

13. vocational training;

14. transportation to attend amusement parks, sporting events, and other social functions;

15. transportation to pick up Women, Infant and Children (WIC) vouchers;

16. transportation to Alcoholic Anonymous (AA) meetings; and,

17. transportation to Narcotic Anonymous (NA) meetings.

Appendix B
Vehicle Requirement Categories

A. Vehicle Requirement Categories

NEMT vehicle requirements, specified in Section 907, are classified in one of three categories, "health and safety hazards", "passenger comfort and convenience", or "administrative". The categories are listed below:

Health and Safety Hazards Requirements	Passenger Comfort and Convenience Requirements	Administrative Requirements
Functional fire extinguisher(s) at least two 2.5 pounds in size or one 5 pounds in size mounted within reach of the driver	Adequate heating and air-conditioning for driver and passenger	Transportation provider's name, vehicle number, and the Broker's phone number prominently displayed inside the vehicle
Functioning seat belts for all passengers	Functioning interior light	Vehicle information packet containing vehicle registration, valid proof of insurance, original PSC cab card (form G), and accident procedures and forms maintained in the vehicle
Two seat belt extensions	Adequate sidewall padding and ceiling covering	Map of NEMT Region in the vehicle
Seat belt cutters mounted above the driver's door	Interior mirror for monitoring the passenger compartment	
Spill kit: containing liquid spill absorbent, latex gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer	Interior and exterior free from hazardous debris or unsecured items	
First aid kit: containing band aids, gauze, sterile gauze pads, antiseptic pads, scissors, tweezers, latex gloves, antibiotic cream, instant cold pack, and first aid tape	Rubber mat or carpet on floor of passenger compartment	
Three portable triangular reflectors mounted on stands	Operable two-way Communication System	
Hydraulic or electro-mechanical wheelchair lift installed (wheelchair van)	Smooth riding vehicle	
Retractable step or step stool (except emergency ambulance vehicles)	Sign posted in all vehicle interiors, easily visible to passengers: "No smoking, eating or drinking" and "All passengers must use seat belts"	
Reasonable means to secure wheelchairs or stretchers, if applicable.	Passenger compartment must be clean, free from torn upholstery or floor covering, damaged or broken seats and protruding sharp edges, and shall be free of dirt, oil, grease	

	or litter	
Child safety seats when transporting		
Two exterior rearview mirrors one on each side of the vehicle		
Current PSC registration		
Functioning speedometer and odometer		

Appendix C
NEMT Regions & Counties Served

Region	NEMT Broker & Phone Number	Counties Served
North	**Verida** *Toll free* 1-866-388-9844 *Local* 678-510-4555	Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Habersham, Hall, Haralson, Jackson, Lumpkin, Morgan, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, Walton, White and Whitfield
Atlanta	**Verida** 404-209-4000	Fulton, DeKalb and Gwinnett
Central	**Verida** *Toll free* 1-888-224-7981	Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Heard, Henry, Jasper, Jones, Lamar, Laurens, Meriwether, Monroe, Newton, Pike, Putnam, Rockdale, Spalding, Telfair, Troup, Twiggs and Wilkinson
East	**Verida** Toll free 1-888-224-7988	Appling, Bacon, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clarke, Columbia, Effingham, Elbert, Emanuel, Evans, Glascock, Glynn, Greene, Hancock, Hart, Jeff Davis, Jefferson, Jenkins, Johnson, Liberty, Lincoln, Long, Madison, McDuffie, McIntosh, Montgomery, Oconee, Oglethorpe, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Treutlen, Ware, Warren, Washington, Wayne, Wheeler and Wilkes
Southwest	**Verida** Toll free 1-888-224-7985	Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Peach, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Upson, Webster, Wilcox and Worth

Appendix D
Newborn Medicaid Certification (Temporary)

NEWBORN MEDICAID CERTIFICATION
(TEMPORARY)

Georgia Department of Community Health
Division of Public Health

Please mail completed form to

GHP
P.O. Box 105209
Tucker, GA. 30085-5209

NEWBORN MEDICAID ID NUMBER
Certifying provider must contact GHP to obtain a newborn I.D.

NEWBORN'S NAME *First* *MI* *Last* *Suffix*

DATE OF BIRTH **SEX** Male ☐ Female ☐

Mother's Medicaid ID No. *Mother's Social Security No.* *Is the mother a U.S. Citizen?* YES ☐ NO ☐

MOTHERS NAME *First Name* *MI* *Last*

MAILING ADDRESS *Number and street* *City* *State* *Zip* *County* *Telephone Number*

Date of Request *Parent/Relative Signature*

COMPLETED BY *Please Print*

TITLE *Please Print*

PROVIDER NAME *Please Print*

TELEPHONE

PROVIDER SIGNATURE

By signing, I certify to the best of my knowledge that the information above is verified and accurate

DATE COMPLETED

PROVIDER NO.

Please contact GHP to verify the mother's Medicaid eligibility for the month of the newborn's birth, and to obtain the newborn's Medicaid I.D. number.

DMA-550 REV. (07/10)

Appendix E
Member Coverage Groups and Certification Documents

A. Member Coverage Groups and Certification Documents

Eligibility for Medicaid is determined by the Social Security Administration or by the Department of Human Services, Division of Family and Children Services. There are currently 1.8 million Medicaid members in Georgia. There are over forty (40) different coverage groups available through the eligibility process. All eligibility for Medicaid, except that for Supplementary Security Income, and Presumptive Eligibility, is determined by the Division of Family and Children Services.

ii. In Georgia, the following groups of individuals may be eligible to receive Medicaid benefits:

1. persons receiving cash assistance as members of Supplementary Security Income (SSI), Mandatory State Supplement (MSS) or Temporary Assistance to Needy Families (TANF) benefits;

2. children and their families who meet the Aid to Family with Dependent Children (AFDC) requirements that were in effect prior to the Welfare Reform Act of 1996 which separated AFDC and Medicaid. This group was formally AFDC, but is now known as the Low Income Medicaid (LIM) group;

3. aged, blind or disabled individuals residing in nursing facilities who meet certain income criteria;

4. aged, blind or disabled individuals who meet certain income criteria and are in need of nursing facility care but have chosen to remain at home and receive community-based health care services through a Medicaid Waiver Program;

5. children under age 18, including those in two-parent households, whose income and resources are below the AFDC or Medically Needy Standards;

6. aged or disabled individuals who are covered by Medicare Part A insurance. Reimbursement is limited to Medicare cost-sharing expenses. See Subsection Qualified Medicare Beneficiaries (QMB) coverage for details of coverage for Qualified Medicare Beneficiaries (QMB);

7. certain qualified disabled and working individuals (QDWIs) who are eligible to enroll in Medicare Part A insurance (due to the severity of their disability) and whose income is below 200% of the FPL and whose resources are less than twice the SSI standards. Medicaid benefits are limited to the payment of only Medicare Part A insurance premiums;

8. pregnant women, whether married or not, whose family income does not exceed 200% of the FPL for the family size. This coverage group is called “Right from the Start Medicaid for Pregnant Women” (RSM). Once eligibility is established for those pregnant women, they remain Medicaid eligible without regard to changes in family income through the two months following the month in which the last day of pregnancy falls. There is no resource limit for this coverage group;

9. children age 1 through age 5 whose family income does not exceed 133% of the FPL for their family size. This coverage is also called RSM Child. When these children reach the maximum age for RSM coverage, their eligibility terminates under this coverage group unless they are receiving a Medicaid covered inpatient service from a Medicaid provider. There is no resource limit for this coverage group;

10. children ages 6 (six) to age nineteen (19) whose family income does not exceed 100% of the FPL for their family size. This coverage is also called RSM Child. There is no resource limit for this group;

11. children ages 0 (zero) to age 1 (one) whose family income does not exceed 185% of the FPL for their family size. This coverage is also called RSM Child. There is no resource limit for this group;

12. pregnant women whose family income does not exceed 200% of the FPL may receive all Medicaid services, except inpatient hospital and delivery services, as presumptively eligible until a formal eligibility determination is made by RSM Project or County Department of Family and Children Services (DFCS) Medicaid Eligibility Specialists. Presumptive eligibility determinations based on income, pregnancy and citizenship only are made by providers certified to perform this activity. These providers are County Departments of Health;

13. terminally ill individuals who meet certain income criteria and have agreed to receive hospice care services;

14. pregnant women, children, aged, blind or disabled individuals whose incomes are above the monthly cash assistance limit, but who incur medical expenses to offset the excess income in order to become Medicaid eligible (Medically Needy Medicaid);

15. children under age 18 for whom an adoption assistance agreement is in effect or for whom foster care maintenance payments are being made under Title IV-E of the Social Security Act;

16. individuals who would be eligible except for citizenship requirements, may be eligible for Emergency Medical Assistance (EMA); and

17. Medicaid eligibility is available to children under age 18 who are not eligible for SSI in their own homes because of the parents' income and/or resources. This type program, called the TEFRA/Katie Beckett Deeming Waiver program (Katie Beckett), allows the State to disregard parents' income and resources in the determination of Medicaid eligibility. Once determined eligible under the Deeming Waiver program, these children are eligible for the full range of Medicaid services.

C. Three Months Prior Coverage

Individuals included in any of these groups (except QMBs) also may be eligible for Medicaid coverage for the three months immediately preceding the month of application. This coverage may be granted in combination with on-going benefits or as a single period of coverage.

D. Eligibility Begin Date

Medicaid coverage is available for the month of application for those individuals and families who meet the eligibility standards. This does not include QMBs whose coverage begins the month following the month of application.

Additionally, children under age 18, pregnant women and aged, blind or disabled individuals whose income is above the Medically Needy Income Level (MNIL) may become eligible by incurring medical expenses equal to their excess income under the Medically Needy program. Eligibility begins on the day their excess income is spent down by incurred medical expenses. Individuals who receive Medicaid benefits under the Medically Needy program must reapply every six months in order to continue their eligibility.

D. Home and Community Based Waivers

Medicaid coverage is available to certain individuals with special conditions through waiver programs approved by the federal government. These individuals are eligible for nursing facility, ICF-MR or hospital care but have chosen to remain at home and receive services in the community and in the most integrated setting. Eligibility is determined by using SSI criteria and/or a special income limit set by the State. Most waivers provide for a broad array of services to fully support the individual's health, well-being, independence, and productivity.

i. Waivers

1. GAPP/Georgia Pediatric Program Waiver coverage is available to medically fragile children under 21 years of age, and who require private duty nursing and/or medical day care services.

2. New Options Waiver and Comprehensive Waiver (NOW and COMP) serve Medicaid eligible individuals with a mental retardation diagnosis who meet an Intermediate Care Facility for the Mentally Retarded (ICF/MR) level of care.

3. The Independent Care Waiver Program (ICWP) is also available to severely, physically disabled adults who meet nursing home or hospital levels of care but are medically stable and able to live in the community with special service supports.

4. The Elderly and Disabled Program Waiver serves individuals of all ages who meet a nursing facility level of care through two programs: the Community Care Services Program (CCSP) or the SOURCE (Service Options Using Resources in Community Environments) Program. This waiver program provides a range of services including adult day health care which works with NEMT for provision of transportation to and from the facility.

E. Qualified Medicare Beneficiaries (QMB) Coverage

Aged or disabled individuals who are receiving Medicare Part A insurance and whose income is below 100% of the FPL and whose resources are below twice the SSI standards are eligible for limited Medicare cost-sharing expenses.

i. Benefits for individuals eligible for QMB coverage are limited to Medicaid reimbursement for Medicare premiums, coinsurance, and deductibles.

ii. No other services are included for Medicaid reimbursement.

iii. QMB coverage is available the month following the month of the eligibility determination to those individuals who meet the QMB standards. There is no QMB coverage available for months immediately preceding the month of application.

iv. DCH will continue to provide reimbursement for services rendered to those individuals who receive the full range of Medicaid and Medicare services. Persons wishing to apply for QMB coverage should be referred to the DFCS office in their county of residence for an eligibility determination.

F. Qualified Disabled and Working Individuals (QDWI) Coverage

Certain qualified disabled and working individuals who are eligible to enroll in Medicare Part A due to the severity of their disability, whose income is below 200% of the FPL, and whose resources are less than twice the SSI standards are eligible for limited Medicaid benefits.

i. Benefits for individuals eligible for QDWI coverage are limited to payment of their Medicare Part A premiums.

ii. QDWI coverage is available the month of eligibility determination to those individuals who meet the QDWI standards. QDWI coverage is also available for three months immediately preceding the month of application. QDWIs will not receive a Medical Assistance Eligibility Certification (Medicaid card).

iii. Persons wishing to apply for QDWI should be referred to the DFCS office in their county of residence for an eligibility determination.

Appendix F
Member Appeal Notices

A. INITIAL DECISION LETTER

_____
(Date Notice Mailed)

Name of Member
Mailing Address

Medicaid ID #:_____

Dear _____:

Your request for non-emergency medical transportation (NEMT) for a date of service of _____has been initially denied. The reason for this initial denial is:
_____
_____
_____

If you disagree with this decision to initially deny you non-emergency medical transportation, you have the right to request a review (reconsideration) of this denial. If you request a review, you must do so no later than thirty (30) calendar days from the date at the top of this notice. You may request a review by calling us at _____ or writing us at_____
_____
_____

If your review is successful, you will receive transportation. If you again are denied transportation after the review is completed, you will receive a final decision and information on how to request a fair hearing through the Department of Community Health. Please remember that in order to request a fair hearing, you must first request a review of the initial denial as described above. If you do not request a review of the initial denial, then you do not have a right to a fair hearing.

Sincerely,

(Broker)

Appendix F-1
Final Decision Letter

_____
(Date Notice Mailed)

Name of Member
Mailing Address

Medicaid ID #:_____

Dear _____:

This notice is about your request for a review (reconsideration) of the denial of non-emergency medical transportation (NEMT) for a date of service of _____. We have reviewed your request for NEMT and we are now issuing a final denial. The reason for this final decision to deny you non-emergency medical transportation is:

_____
_____
_____

. If you disagree with this decision to deny you non-emergency medical transportation, you have the right to request a fair hearing through the Georgia Department of Community Health. If you request a fair hearing, you must do so no later than thirty (30) calendar days of the date at the top of this notice. You would send your written request for a fair hearing to:

Department of Community Health
Legal Services Section
Two Martin Luther King, Jr. Dr., SE 18th Floor
Atlanta, Georgia 30334

You have the right to legal representation at the fair hearing. If you want to know about legal assistance available, you may contact the GA Legal Services Program (*except for counties served by Atlanta Legal Aid)* or Atlanta Legal Aid (*if member resides in DeKalb, Gwinnett, Cobb, Fulton, or Clayton Counties)* office in your area by calling _____. Your request for a fair hearing to the Client Appeals Unit, GA Department of Community Health will be forwarded to the Office of State Administrative Hearings for processing.

If you do not request a fair hearing within thirty (30) calendar days from the above date, then you do not have the right to further appeal.

Sincerely,

(Broker)

Appendix F-2
Denial Letter

Date

Member Name
Address
City, State, Zip

Dear

Your request for non-emergency medical transportation (NEMT) for date(s) of service *(insert date)* to *(insert location)* has been denied. The reason for this denial is:

The medical appointment requested, (*insert medical appointment),* is not covered by Georgia Medicaid.

Georgia Medicaid will only pay for your non-emergency medical transportation if the service is a covered medical service by the Medicaid program. If you have questions about what services are covered, please contact our Member Services line at 1-866-211-0950.

There are no member appeal rights when transportation service is denied under these circumstances.

Sincerely,

(Broker)

cc: Department of Community Health

Appendix G
NEMT Gatekeeping Policy

A. The Broker shall accept requests for transportation directly from members, adult family members on behalf of minor members, guardians responsible for members, and licensed healthcare professionals on behalf of members who are residents of a nursing facility or other residential care facility, or who are otherwise unable to communicate for themselves.

B. The Broker is not obligated to provide transportation for, and is not capitated for, Qualified Medicare Beneficiaries (QMBs) only.

C. The Broker should assure that the member is a resident of a county in the Broker's region and is currently Medicaid eligible, either listed as on file, either in the Broker's database or through an available eligibility verification system, or in possession of a temporary proof of Medicaid eligibility (forms 962 or 964).

D. The Broker shall attempt to determine if the member has his/her own or other means of transportation available. If the member's own means of transportation is available and the member is capable of driving, the Broker may deny trip request. The Broker cannot deny non-emergency medical transportation solely based upon member owning a vehicle or there being a vehicle in the household.

E. The Broker shall use its discretion to offer fuel assistance as necessary for transportation provided to the member by a friend or relative. Fuel assistance is not offered to the Medicaid member. The Broker shall use its discretion to offer fuel assistance as necessary for transportation provided to the member by a friend or relative. Fuel assistance is not offered to the Medicaid member. (Rev. 07/2016)

F. The Broker may require the use of public transportation, where available and appropriate, for ambulatory members who are able to understand common signs and directions and who indicate familiarity with the use of public transportation.

G. The Broker shall not require any member who is pregnant or has more than two children under age of 6, also traveling to utilize public transportation.

H. The Broker must provide fare, if requested, in a timely manner for a member and escort if applicable, when referring the member to public transportation.

I. The Broker must determine if the member is ambulatory, requires a wheelchair, or requires a stretcher for transport. Members unable to walk, even with assistance, from their door to the vehicle must be transported via wheelchair or stretcher as appropriate. Members who are routinely confined to a wheelchair or bed must be transported in vehicles appropriate to the level of confinement.

J. The Broker is responsible for securing a mandatory Medical Necessity Certification or a Letter of Medical Necessity (LMN) for the use of a more intensive level of transportation services requiring a stretcher. The Medicaid member, facility, scheduler, etc., should be educated on the NEMT policies and procedures for transporting members according to their level of confinement. The Broker should ensure the Medical Necessity Certification or LMN is in place prior to the third scheduled stretcher transport to continue transporting as a stretcher level of mobility. (Rev. 01/2023).

K. The Broker must inquire whether the member requires assistance in walking after receiving treatment. If the member requires assistance, and no escort is available, the Broker must provide an attendant to render

that assistance, or transport by wheelchair or stretcher van, as appropriate.

L. The Broker must allow for extenuating circumstances in applying the three (3) day advance application requirement for transportation. Such extenuating circumstances shall include, but not be limited to, such situations as requirement for post-operative or follow-up appointments in less than 3 days; urgent care requirements as claimed by the member, adult family members on behalf of a minor, elderly or disabled members, guardians responsible for members, and licensed healthcare professionals on behalf of members who are residents of a nursing facility or other residential care facility, or who are otherwise unable to communicate for themselves; hospital and emergency room discharges; and transportation to appointments made to replace appointments missed because of failed transportation arranged by the Broker.

M. The Broker shall provide transportation only to a Medicaid billable service, or one that would be a Medicaid billable service if the provider were enrolled in the Medicaid program.

N. Some nursing facilities, group homes and personal care homes have one or more vehicles, which are intended to facilitate the general administration of the facility and not necessarily to provide for resident transportation. The Broker cannot deny service based on the mere existence of a vehicle. The availability of a vehicle for resident transportation must be determined on a per case basis. If the vehicle is not available for resident transportation at the time required, as represented by the nursing facility manager or director of nursing, as applicable, such vehicle must be excluded from considerations of other available transportation.

O. The Broker shall consider in good faith information presented by or on behalf of a member relative to the need for NEMT services upon each such request for transportation, regardless of the member's having been previously denied NEMT services.

P. The Broker may require that a member and associated escort be picked up from and returned to a common address.

Q. Foster children shall be transported to access Medicaid services upon request of the foster parent, without regard to any transportation resources that may be available in the foster care household.

R. The Broker may opt to expand the mileage limits for transportation without a healthcare provider's referral per region however, at a minimum transportation shall be provided for Medicaid members within the following general geographic access standards for health care services:

v. 30 miles Urban;

vi. 50 miles Rural;

vii. 15 miles Adult Day Health Care Urban, and 30 miles Rural;

viii. 15 miles Pharmacies Urban, and 30 miles Rural.

S. Transportation outside the general geographic access standard for health care services is to be provided only when sufficient medical resources are not available in the member's service area or when a healthcare provider has referred the member to medically necessary health care services outside of the geographic access standard. The Broker shall not arbitrarily deny services, but may require as a condition for approval of NEMT services, a written referral signed by a licensed healthcare provider attesting to the

medical necessity for out-of-area service.

T. Members enrolled in managed care health plans are obligated to use providers participating in the managed care health plan. Travel for such managed care plan enrollees shall be considered the same as travel based on a healthcare provider's referral.

U. Grandfather Clause: Applicable only to those Medicaid members who have had a standing order in effect at an Adult Day Health (ADH) facility prior to July 1, 2012. "Grandfathered" is the term identifying these members and allows them to continue attending that ADH facility and exempts them from the Geographic Considerations policy outlined in Section 100.9 of this manual. Members attending an ADH facility and have a standing order in effect after July 1, 2012, will be subject to the Geographic Considerations policy stated above. Any "Grandfathered" member changing their residence, regardless of the circumstance, and moving outside of the current geographical standards in place after July 1, 2012, will no longer be considered "grandfathered" and will be subject to the Geographic Considerations policy requirements.

Appendix H
Implementation Checklist

NEMT REGION: _____

Implementation Task or Deliverable	Proportion Complete	Complete	Date	Initial
Office Space				
Files/Furniture				
Computer System:				
Hardware installed				
Software installed				
Eligibility Verification System installed				
Staff Training				
Telephones:				
Equipment installed				
Staff Training				
Multilingual capabilities				
Personnel Recruiting and Staff Employed:				
Project Director				
Supervisory Staff				
Support Staff				
Transportation Service Provider Recruitment:				
Development of model service agreement				
Signing of all service agreements				
Verification that vehicles meet RFP standards				
Verification that drivers meet RFP standards				
Training:				
Broker's staff				
Transportation service providers				
Drivers				
Attendants				
MEMBER Education and Application for Services:				
MEMBER education plan				
MEMBER education notices				
MEMBER application for service process				

Implementation Task or Deliverable	Proportion Complete	Complete	Date	Initial
MEMBER Education and Application for Services (*cont'd*):				
MEMBER for handling urgent care				
Denial process/documents				
Computerized MEMBER worksheet				
Development of required deliverables:				
Operational Procedures Manual				
Quality Assurance Plan				
Plan for handling backup service				
Appeals and complaints process in place				
Business Continuity and Disaster Recovery Plan				
Record retention system in place				
Driver report format				
Vehicle report format				
Detailed report of transportation services format				
Accident and moving violation report format				
Telephone system report format				
Broker Monitoring Plan:				
Plan for monitoring driver qualifications/conduct				
Plan for monitoring vehicle requirements				
Operational Readiness Testing:				
Telephone system fully operational				
Computer system fully operational				
Staffing in compliance with RFP and proposal				
All deliverables available for review				
Readiness of central office operations				
Readiness of MEMBER application process				
Readiness of scheduling process				
Readiness of denial process				
Readiness of quality assurance procedures				
Readiness of appeal process				
All service agreements signed/available				

Appendix I
Broker Accident and Moving Violation Report

Name of NEMT Broker: _____

Name & Address of Transportation Provider: _____

_____

Date of Occurrence: _____ Time of Occurrence: _____ Date Occurrence Reported to Broker: _____
Name of Vehicle Driver: _____ Driver's License #_____
Vehicle Tag # _____
Name of Transportation Provider Contact: _____ Telephone # _____
Fax # _____

II. Detailed Description of accident/moving violation (attach additional pages if necessary)

_____
_____
_____
_____

Check all that apply
Injuries: No ___ Yes ___ Minor ☐ Serious ☐ Fatal ☐
Injured: # of Member(s) ___ Driver ___ Attendant ___ Escort___ Other ___

Name of Injured #1: _____ Medicaid #: _____ Phone#_____
Address: _____
Description of Injury: _____
Treated at: Scene ☐ Medical Facility ☐ Name of Facility: ___
Brief Description of Treatment: _____

Name of Injured #1: _____ Medicaid #: _____ Phone #: _____
Address: _____
Description of Injury: _____
Treated at: Scene ☐ Medical Facility ☐ Name of Facility: ___
Brief Description of Treatment: _____

Name of Injured #1: _____ Medicaid #: _____ Phone #: _____
Address: _____
Description of Injury: _____
Treated at: Scene ☐ Medical Facility ☐ Name of Facility: ___
Brief Description of Treatment: _____

III.
Were emergency services called? 911 ☐ Police ☐ Ambulance ☐ Tow Truck ☐ No ☐
If motor vehicle accident, who was charged? ____
Attached: Police Report _____ Other _____
Immediate corrective action taken by carrier/broker: _____

IV. Report Submitted By: _____ **Phone #**: _____ Date**:**_____
Print/Type Name

Signature

Appendix I-1
Instructions for completing the NEMT Broker Accident/Incident Report Form

A. Instructions for completing the Non-Emergency Medical Transportation Broker Accident/Incident Report Form

All accidents or incidents which occur while delivering NEMT Broker services must be reported to the DCH on the Non-Emergency Medical Transportation Broker Accident/Incident Report form (DMA-5/99). This form must be completed and submitted to DCH within five (5) business days of the accident or incident. Please attach additional pages if applicable.

i. Section I

1. This section must be completed to reflect the name of the Broker and the name, contact person, address, telephone number, and fax number of the transportation service provider.

2. Please specify the date and time when the accident/incident occurred.

3. The date reported to the Broker must reflect the date that the provider informed the Broker of the accident/incident.

4. List the name and driver's license number of the individual driving the vehicle involved in the accident/incident and the tag number of the vehicle involved in the accident/incident.

ii. Section II

1. This section must be completed to reflect a detailed description of the accident/incident, whether or not any injuries occurred, the nature of each injury and list each person injured (member, driver, escort, attendant, other). Attach additional pages as needed.

2. If member, the member Medicaid ID number must be given for each person.

3. If the injured person is treated at a medical facility, the name of the medical facility must be given.

4. Provide a brief description of each injury and indicate where treated - at the scene of the accident/incident or a medical facility.

iii. Section III

1. Emergency services - Please check all applicable boxes.

2. If motor vehicle accident, indicate who was charged, the NEMT transportation vehicle driver or the driver of the other vehicle(s).

3. List any immediate corrective actions taken by the carrier and the Broker.

iv. Section IV

1. Print or type full name of person authorized to complete this form.

2. Include signature and date from completed. Include telephone number of the authorized representative who signs form.

3. DMA 5/99

Appendix J
Georgia Relay

Georgia Relay is a FREE public service provided by the State of Georgia to make communicating by telephone easy, accessible and reliable for everyone, including people who are deaf, hard of hearing, deaf-blind or have difficulty speaking.

A. Available 24 hours a day, 365 days a year, Georgia Relay allows users to stay connected through a variety of Traditional Relay and Captioned Telephone services to include:

v. TTY (Text Telephone)

vi. Voice Carry-Over (VCO)

vii. Hearing Carry-Over (HCO)

viii. Speech-To-Speech (STS)

ix. Video Relay Service (VRS)

x. CapTel®

xi. Spanish Relay

B. For more information, please visit www.GeorgiaRelay.org or call or call one of the toll free numbers below:

xii. TTY: 800-255-0056

xiii. Voice: 800-255-0135

xiv. Mobile Caption Service: 800-855-9111

xv. Speech to Speech: 888-202-4082

xvi. Spanish to Spanish: 888-202-3972

xvii. (Includes Spanish-to-Spanish and translation from English to Spanish)

Appendix K
Child Seat Requirements

The Brokers must ensure that a sufficient number of transportation providers within its provider network have appropriate child safety seats for transporting children. The Broker cannot deny transportation to a Medicaid member because the member does not have a car seat available for the child. (Rev. 10/2017)

The Broker is responsible for assuring that all transportation providers are in compliance with all applicable laws including Georgia Section 40-8-76 G.

Appendix L
Member Abuse of Program/Warning Letters

A. Member Abuse of Program/Warning Letters

i. In the instance where a member has on at least two (2) occasions no showed, been late for pick-up, canceled a reservation at the time of pick-up, or is verbally abusive with the Broker's staff or transportation provider, the Broker shall send a warning letter to the member via certified mail (See Member Warning Letter – Letter A).

ii. After receiving a complaint regarding a member's abusive behavior or misconduct, the Broker shall send a warning letter to the member via certified mail (see Member Warning Letter – Letter B).

iii. After two warnings the Broker shall send a letter of denial, via certified mail, informing the member of 1) his/her continued actions that have resulted in the denial of service; and 2) their right to request reconsideration/review by the Broker. The letter must include the member appeal process (See Member Denial Letter – Letter C).

iv. If member requests the Broker to review/reconsider their decision of denial and the non-emergency medical transportation request is again denied after the Broker review is completed, the Broker must send a Final Decision Letter (see Appendix F).

v. The Broker will continue to provide transportation during the appeals process. If the appeal is a result from uncooperative or abusive behavior and the member continues to demonstrate documented behavior that is unacceptable and/or unsafe, even during the appeals process, transportation may be discontinued until a final court order overturning DCH's termination decision or settlement agreement between the parties is executed. (Rev. 10/2015)

Appendix L-1
Member Warning

B. Letter – A

Date

Member Name
Address
City, State, Zip

Dear Member:

You requested non-emergency medical transportation (NEMT) from (insert Broker name)_ for the following date(s): insert date. On each occasion, when the vehicle arrived to transport you, you were (insert one: not at the residence, not at scheduled pick-up location, or cancelled at the time of pick-up).

If you do not need transportation for the date requested, you must contact (insert Broker name) at (insert phone number) to cancel the trip. Please call the day before the scheduled pick-up time or immediately on the day of travel, but no later than one (1) hour before your scheduled pick-up time to cancel transport. Failure to notify (insert Broker name) of the cancellation may result in denial of non-emergency medical transportation services in the future.

This letter serves as formal notice that if this happens again, steps will be taken to suspend, deny, or terminate non-emergency medical transportation services. Always contact (insert Broker name) whenever there is a change in your schedule.

If you have any questions, you may contact (insert Broker phone number).

Sincerely,

(insert Broker information)

cc: Department of Community Health

Appendix L-2
Member Warning

C. Letter – B

Date

Member Name
Address
City, State, Zip

Dear Member:

You requested non-emergency medical transportation (NEMT) services from (insert Broker name) for the following dates: (insert dates).

We have received a complaint from the assigned transportation provider about your behavior during the above scheduled date(s) of service. The provider stated that you were verbally abusive and/or physically abusive to other passengers and/or driver during this trip.

Please note that a transportation provider has a right to refuse service to unruly individuals and eventually refuse to accept the trip request from (insert Broker name).

This letter serves as formal notice that if this happens again, steps will be taken to suspend, deny, or terminate non-emergency medical transportation services.

Sincerely,

(insert Broker information)

cc: Department of Community Health

Appendix L-3
Member Warning

D. Letter – C

Date

Member Name
Address
City, State, Zip

Dear Member:

On (insert dates of previous warning letters), (insert Broker name) notified you that your behavior may result in denial of non-emergency medical transportation (NEMT) services. Please see copies of warning letter(s) attached.

On (insert date), a transportation provider was dispatched to your address as scheduled to transport you to your medical appointment. You (insert member's non-compliance with policy). As a result of your actions and previous warnings, non-emergency medical transportation for you through our current provider network has been suspended.

If you find another transportation provider willing to transport you, (insert Broker name) may be able to provide payment to that provider if provider meets certain guidelines and standards required by (insert Broker name). Please have provider contact us at (insert Broker contact).

If you feel this decision is wrong and you wish to have your case reconsidered, you must contact (insert Broker name) at below information within thirty (30) calendar days from the date of this letter.
insert Broker Contact Information

If your review is successful, your non-emergency medical transportation will be resumed. If your review is unsuccessful, you will receive a Final Decision letter including information on how to request a fair hearing through the Department of Community Health (DCH) only after your appeal to (insert Broker name). If you do not request a review/reconsideration by the (insert Broker name) you do not have the right to a fair hearing through DCH.

Please contact us for any questions you may have regarding this letter.

Sincerely

(insert Broker information)

cc: Department of Community Health

Appendix M
NEMT Encounter Claims Specifications

A. NEMT Encounter Claims Specifications

The 837 Professional transaction is the only acceptable format for electronic NEMT claims submission to the Department of Community Health. The technical requirements for transmission of claims are available in the GAMMIS Non-Emergency Medical Transportation (NEMT) Companion guide (837P) on the web portal site http://www.mmis.georgia.gov.

vi. NEMT program specific required information for NEMT encounter claims processing are as follows:

1. Modifiers must be reported with each procedure code billed for Non-Pharmacy origin and destinations. The one-digit modifiers are combined to form a two-digit modifier that identifies the transportation provider's place of origin with the first digit, and the destination with the second digit. Values of allowable modifiers are:

Modifier Code	Modifier Code Description
D	Diagnostic or Therapeutic site other than "P" or "H" when these are used as origin codes
E	Residential, Domiciliary, Custodial Facility (other than an 1819 Facility (SNF)
H	Hospital
J	Dialysis Facility
N	Nursing Home Facility
P	Physician's office (includes HMO no-hospital facility, clinic, etc.
R	Residence

For example: If a member is transported from their residence (R) to a physician's office (P) the modifier will be (RP). The return trip from the physician's office to the member's residence will be (PR).

2. For Pharmacy Initial/Return Trip the allowable modifiers are:

(a) U1: Initial Trip

(b) U2: Return Trip

3. Valid Procedure Code

Procedure Code	Procedure Code Description
A0120	Non-Emergency Medical Transport Ambulatory Van
A0130	Non-Emergency Medical Transport Wheelchair Van
T2005	Non-Emergency Medical Transport Ambulatory Van
A0110	Non-Emergency Medical Transport (public transportation)
A0080	Non-Emergency Medical Transport by Volunteer

A0100	Non-Emergency Medical Transport Taxi

4. The Appointment Time, Scheduled Pickup Time, Actual Pickup Time and Actual Drop Off Time is required when procedure code A0120, A0130, T2005 or A0080 are billed.

   (a) Appointment Time: 4 position value (hour/minutes) preceded by a qualifier of AT, (ATHHMM)

   (b) Scheduled Pickup Time: 4 position value (hour/minutes) preceded by a qualifier PT, (PTHHMM)

   (c) Actual Pickup Time: 4 position value (hour/minutes) preceded by a qualifier PA, (PAHHMM)

   (d) Actual Drop Off Time 4 position value (hour/minutes) preceded by a qualifier DA, (ADHHMM)

   (e) Note: 0000 is a valid value within the HHMM

   Example of four values being billed: AT1400, PT1230, PA000, AD1330
   Example of singe value being billed: AT0800

B. National Correct Coding Initiative (NCCI)

The Center for Medicare and Medicaid Services (CMS) has directed all State Medicaid agencies to implement the National Correct Coding Initiative (NCCI) as policy in support of Section 6507 of the Patient Affordable Care Act of March 23, 2010.

Georgia Medicaid uses NCCI standard payment methodologies. NCCI Procedure to Procedure edits prevent inappropriate payment of services that should not be bundled or billed together and to promote correct coding practices. Based on NCCI Coding Manual and CPT guidelines, some services/procedures performed in conjunction with an evaluation and management (E&M) code will bundle into the procedure when performed by same physician and separate reimbursement will not be allowed if the sole purpose for the visit is to perform the procedures. NCCI editing also includes Medically Unlikely Edits (MUEs) which prevent payment for an inappropriate number/quantity of the same service on a single day. An MUE for a HCPCS/CPT code is the maximum number of units of service under most circumstances reportable by the same provider for the same patient on the same date of service. Providers must correctly report the most comprehensive CPT code that describes the service performed, including the most appropriate modifier when required.

For additional questions regarding the NCCI or MUE regulations, please see the CMS website: http://www.cms.gov/.

C. General Claims Submission Policy for Ordering, Prescribing, or Referring (OPR) Providers

The Affordable Care Act (ACA) requires physicians and other eligible practitioners who order, prescribe and refer items or services for Medicaid beneficiaries to be enrolled in the Georgia Medicaid Program. As a result, CMS expanded the claim editing requirements in Section 1833(q) of the Social Security Act and the providers' definitions in sections 1861-r and 1842(b)(18)C. Therefore, claims for services that are ordered, prescribed, or referred must indicate who the ordering, prescribing, or referring (OPR) practitioner is. The department will utilize an enrolled OPR provider identification number for this

purpose. Any OPR physicians or other eligible practitioners who are NOT already enrolled in Medicaid as participating (i.e., billing) providers must enroll separately as OPR Providers. The National Provider Identifier (NPI) of the OPR Provider must be included on the claim submitted by the participating, i.e., rendering, provider. If the NPI of the OPR Provider noted on the Georgia Medicaid claim is associated with a provider who is not enrolled in the Georgia Medicaid program, the claim cannot be paid.

Effective 4/1/2014, DCH will begin editing claims submitted through the web, EDI and on CMS-1500 (02-12) forms for the presence of an ordering, referring or prescribing provider as required by program policy. The edit will be informational until 6/1/2014. Effective 6/1/2014, the ordering, prescribing and referring information will become a mandatory field and claims that do not contain the information as required by policy will begin to deny.

D. For the CMS-1500 Claim Form:

Enter qualifiers to indicate if the claim has an ordering, referring, or prescribing provider to the left of the dotted line in box 17 (Ordering = DK; Referring = DN or Supervising = DQ).

D. For claims entered via the web:

Claims headers were updated to accept ordering or referring Provider ID and name for Dental and Institutional claims and the referring provider's name for Professional claims. The claim detail was updated to accept an ordering or referring provider ID and name. Utilize the "ordering" provider field for claims that require a prescribing physician.

E. For claims transmitted via EDI:

The 837 D, I, and P companion guides were updated to specifically point out the provider loops that capture the rendering, ordering, prescribing, referring and service facility provider information that is now used to transmit OPR information.

Appendix N
Georgia Families, Georgia Families 360, and Non-Emergency Medical Transportation

A. Georgia Families, Georgia Families 360, and Non-Emergency Medical Transportation

For information on the Georgia Families, Georgia Families 360, or Non-Emergency Medical Transportation program, please access the overview document at the following link:

i. **Georgia Families Overview:**
https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx

ii. **Georga Families 360 Overview:**
https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx

iii. **Non-Emergency Medical Transportation Overview:**
https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx

Appendix O
Georgia Pathways to Coverage™

Georgia Pathways to Coverage™ is a new program to help low-income Georgians qualify for Medicaid who otherwise would not be eligible for traditional Medicaid.

About the Program

Georgia Pathways to Coverage™ is an innovative program that creates a new pathway to Medicaid coverage and healthier communities. As one of Governor Kemp's key priorities, this program seeks to increase access to affordable healthcare coverage, lower the uninsured rate across Georgia, support members on their journeys to financial independence, and promote members' transition from Pathways into private coverage.

This program offers Medicaid coverage to eligible Georgians ages 19-64 who have a household income of up to 100% of the Federal Poverty Level (FPL), are not otherwise eligible for traditional Medicaid, and meet the qualifying activities threshold. Qualifying activity requirements will only apply to Pathways and not those who are enrolled in other Georgia Medicaid programs.

Pathways covers many of the same medical services as traditional Medicaid, including:
Doctor visits.
Hospital stays.
Emergency services.
Prescriptions.
Laboratory and x-rays.
Family planning services.
Mental health services.
Preventive and wellness services.
Chronic disease management services.

Pathways does not cover Non-Emergency Medical Transportation (NEMT) except for members ages 19-20.

To apply for Pathways, go to gateway.ga.gov. Applicants may also call the Customer Contact Center at 1-877-423-4746 or 711 for the hearing impaired, visit your local Division of Family & Children Services (DFCS) office: dfcs.ga.gov/locations, or via mail to your local DFCS office.

Appendix P
Reporting Requirements Matrix

This Matrix provides a quick reference for submission deadlines for required reports. This matrix may not include all required reports/pans of the NEMT program. The Broker shall ensure that required reports/plans are submitted timely and within required time frame.

Name of Report	Days	Mthly	Qtrly	Annually	Fiscal Year	Requirements
Section 920.6 Customer Service Satisfaction Survey					**X**	Report results and methodology for analyzing the data are due to DCH by July 31st each year following the end of the State fiscal year.
Section 1002 Equal Opportunity Employment Plan				**X**		Must be revised on an annual basis and resubmitted for DCH approval no later than July 31 of each year.
Section 1008 Disaster Recovery Plan Review/Exercise/ Drill				**X**		A written report of the findings must be delivered to DCH within fifteen (15) calendar days of the date that the test is conducted.
Section 1102 Driver Reports			**X**			This roster is due by the 30th calendar day of the month following the end of the reporting quarter.
Section 1103 Vehicle Report			**X**			This roster is due by the 30th calendar day of the month following the end of the reporting quarter.
Section 1104 Transportation Services-Via Encounter Data		**X**				This roster is due thirty (30) calendar days following the month of payment by the Broker.
Section 1105 Transportation Services Monthly Report		**X**				Due by the 30th calendar day of the month following the month of payment and shall be reported by month of service.
Section 1105.4 Transportation Services State Fiscal Year					**X**	Due by July 31st each year following the end of the State fiscal year.
Section 1106 Accidents and Moving Violations Report	**X**					Any injury or fatality shall be reported immediately. The Broker shall file a written accident report with DCH within ten (10) business days of the accident along with a police report documentation.

Name of Report	Days	Mthly	Qtr.	Annual	Fiscal Year	Requirements
Section 1107 Telecommuni-cations System Report		**X**				This report is due by the 30th calendar day of the month following the month of the telephone activity.
Section 1108 Certified Financial Audit					**X**	Report through the close of each State fiscal year, calendar year, or tax reporting year are due to DCH within six (6) months of the close of the year's end.
Section 1108 Certified Financial Audit Quarterly Financial (Unaudited)			**X**			This report is due forty-five (45) calendar days following the end of each quarter of the Broker's reporting year.
Section 1109 Complaint and Incident Report		**X**				This report is due by the 30th calendar day of the month following the month of activity.
Section 1110 Member No-Show Report		**X**				Data due by the 30th calendar day of the month following the month of payment by the Broker.
Section 1111 Transportation Denied by Reason		**X**				The written summary must be sent to DCH by the 30th calendar day of the month following the month of activity.
Section 1112 Late Percentage Summary		**X**				The written summary must be sent to DCH by the 30th calendar day of the month following the month of activity.
Section 1113 Staff Roster			**X**			This roster is due every 90 days during the term of the contract.

Appendix Q
NEMT Physician's Medical Necessity Certification

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Physician's Medical Necessity Certification
Non-Emergency Transportation Broker Program

This form serves to provide medical necessity for the provision of transportation services for the eligible Medicaid member indicated below. Pursuant to **Section 100.9 Geographic Considerations** of the Georgia Department of Community Health's *Non-Emergency Transportation (NET) Broker Program Policies and Procedures Manual*, transportation required for a specific Medicaid reimbursable service located outside of the general geographic access standard for health care services must be medically necessary. After completion and/or review by the attending physician, the physician must sign and date below. Upon proper completion and attestation of this form, no further documentation of medical necessity shall be required by the broker.

Medicaid Member's Information

Name: Date of Birth: Medicaid ID #:		
Address:		Apartment:
City:	State:	Zip:

Medical Provider to Be Transported To

Physician / Facility:			Facility Type:
Address:			City & Zip Code:
Length of time care needed: Permanent [ ] Yes [ ] No	Temporary [ ] Yes [ ] No	Months Estimated _____	GA Medicaid Provider #:

Medical Necessity for Transport

1	This is the closest facility/physician that can provide this treatment/service because the member has one or more of the following needs: (please explain if applicable). Skilled service _____ _____ Language _____ _____ Behavior _____ Treatment _____ Other: _____	[ ] Yes	[ ] No
2	This member has a condition that prevents them from being treated by a nearer physician/facility (i.e., specialty).	[ ] Yes	[ ] No
3	Other (explain)_____ _____ _____		
4	I am unable to attest to medical necessity for the above indicated Medicaid Member to receive treatment at the facility/physician indicated above.	[ ] Yes	

Physician Attestation and Signature/Date

This is to certify that I am a duly licensed physician and that in my professional judgment it is medically necessary for the above Medicaid Member to travel to the above facility/physician for the reasons indicated. I further certify that the medical necessity information above is true, accurate and complete to the best of my knowledge and that this information will be used by The Georgia Department of Community Health and its authorized agent to support the determination of medical necessity to receive NET services outside the geographical access standards for health care services. I understand that any falsification or omission of material fact stated may subject me to penalties by DCH when submitting letters of medical necessity related to the NET program.

_____
Physician's Name (printed)

_____ _____
Physician's Signature **Date**

DCH-NET LOMN 10/1/13

Appendix R
Glossary

Americans with Disabilities Act (ADA) – A law enacted in 1990 (Pub. L. No. 101-336, 104 Stat. 328) to provide protection to individuals against discrimination based on disabilities. Implementing regulations for the ADA govern agencies that provide services to persons with disabilities.

Attendant – A trained person provided by the Contractor, at the Contractor's expense, when, in the judgment of the Contractor or as required by a health care provider, it is necessary to have an adult helper on an NEMT Trip to ensure the safety of all passengers. The Attendant shall successfully complete the same HIPAA, first aid, safety procedures, and sensitivity training that the Drivers receive.

Background Check – An investigation(s) of the driving, criminal, financial, medical or other records of any member of Contractor's staff or the staff of subcontractors performing work under this Contract to assess fitness for the job to be assumed.

Back-up Service – Transportation service utilizing back-up vehicles and/or personnel dispatched by the Contractor when a vehicle is disabled, when the Contractor is otherwise unable to meet transportation service standards or when specifically requested by DCH.

Best Practices - Techniques or methodologies that, through experience and research, have proven to reliably lead to a desired result. A commitment to using the best practices in any field is a commitment to using all the knowledge and technology at one's disposal to ensure success. Contractors should consider utilizing best practices provided such practices are not in conflict with the terms of the Contract or applicable federal and state law, regulations, and policies.

Business Day – Monday through Friday, excluding New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

Calendar Day – All seven (7) days of the week.

Capitated Payment – The prescribed payment made to Contractor monthly for each NEMT-eligible Member living in the Contractor's awarded NEMT Service Region(s).

Capitation Rate – The fixed monthly amount that the Contractor is paid by DCH for each NEMT-eligible Member in its awarded NEMT Service Region(s).

Care Management Organization (CMO) – An entity with a Health Maintenance Organization Certificate of Authority or Consent Order issued by the Office of the Insurance and Safety Fire Commissioner, which contracts with health care providers and furnishes health care services on a capitated basis to Members.

Centers for Medicare and Medicaid Services (CMS) – The agency within the U.S. Department of Health and Human Services responsible for the Medicare, Medicaid and the Children's Health Insurance Programs.

Continuous Transport – An NEMT Trip that may be interrupted by an intermediate stop. For example, on the way home from a doctor visit a Member may need to stop at a pharmacy to have a prescription filled. This is considered a single, continuous NEMT trip from the doctor's office to the Member's home with a stop at the drug store on the way.

Contract - The written, signed agreement between DCH and Contractor to provide NEMT Services within the

NEMT Service Region(s) described in Section 1.A., comprised of the executed Contract and any addenda, appendices, attachments, exhibits, or amendments thereto.

Contract Award – The date upon which DCH issues the Notice of Award to indicate acceptance of the submitted bid.

Contract Execution – The date upon which all Parties have signed the Contract.

Contractor – The selected offeror that executes this Contract with DCH to provide NEMT services within a specific NEMT Service Region.

Corrective Action - A reaction to a problem, complaint or issue that has already occurred. The actions initiated are intended to fix the problem/issue and modify the quality system so that the process that caused it is monitored to prevent a recurrence. Documentation for a Corrective Action provides evidence that the problem was recognized, corrected and proper controls were implemented to make sure that it does not happen again.

Corrective Action Plan (CAP) - The detailed written plan required by DCH to correct or resolve a deficiency or event.

Deliverable – Each document, report, manual, work plan, or other item which the Contractor is required to produce under the terms and conditions of this Contract and deliver to DCH.

Dependent – An individual under the age of eighteen (18). A dependent may be a Member.

Division of Family and Children Services (DFCS) – The division within the Georgia Department of Human Services that determines Medicaid Eligibility for all Members except Social Security Income (SSI) individuals. The county DFCS offices handle all Exceptional Travel service and some voluntary transportation for the NEMT program.

Driver – A person who drives or is the operator of a motor vehicle as a driver for a Transportation Provider or an Independent Driver.

Eligibility Verification System (EVS) – A system for verifying member eligibility for Medicaid services, usually by direct, on-line computer hook-up.

Emergency Care – Care that is medically necessary as a result of a sudden onset of a medical condition manifesting itself by acute symptoms of such severity that the absence of immediate attention could reasonably be expected to result in serious dysfunction of any body part or death of the individual.

Encounter Data – Data on transportation services provided to Members similar to the information on a claim form without any costs listed. Encounter data may be referred to as a dummy claim.

Escort – An individual whose presence is required to assist a Member during NEMT transport and while at the place of treatment. Escorts cannot be charged any cost for transportation when accompanying a Member requiring assistance.

Evaluation Team - shall mean a designated group of DCH Workers/State Officials who review, assess, and score documents submitted to the Department in response to a Procurement Solicitation.

Exceptional Travel or Exceptional Transportation – Non-emergency medical transportation, which is necessary under extraordinary medical circumstances, and that requires traveling out-of-state for medical

treatment not normally provided through health care providers in Georgia. This transportation is limited to out-of-state travel and includes air and ground travel. This type of travel is arranged by the county DFCS offices and is outside the scope of the Contractor's responsibility.

Fixed Route – An NEMT Trip where the vehicle picks up the same Member every day or at a set interval and traverses a regular route.

Full-time Equivalent (FTE) – The result of the division of the sum of all part-time employee hours by the standard number of hours for a full-time employee.

Gatekeeping – The verification that a caller is currently an eligible Member, that NEMT transportation is needed, and the appropriate type of transportation needed.

Georgia Department of Administrative Services (DOAS) – Oversees purchasing services for the State of Georgia and issues administrative rules.

Georgia Department of Community Health (DCH or Department) – The single State Agency responsible for oversight and administration of the Medicaid program, the PeachCare for Kids® program, the Planning for Healthy Babies Program, and the State Health Benefits Plan (SHBP). DCH administers the NEMT program.

Georgia Department of Public Safety (DPS) – The state agency (or any successor agency) with responsibility for regulation, certification, permitting, and enforcement of laws, rules, and regulations governing passenger carriers (motor coaches and buses) and certain other transport vehicles.

Georgia Relay – Georgia Relay is a free public service provided by the State of Georgia to make communicating by telephone easy, accessible and reliable for everyone including for people who are deaf, hard of hearing, deaf-blind or have difficulty speaking.

Go-Live Date – The date determined by DCH on which the NEMT Program under this Contract becomes operational.

Health Insurance Portability and Accountability Act (HIPAA) – A federal law, as well as the regulations promulgated pursuant to the federal law, that includes requirements to protect the patient privacy of individually identified health information in any format, including written or printed, oral and electronic, to, protect the security, and data integrity of individually identified health information in electronic format medical records, to prescribe methods and formats for exchange of electronic medical information, and to uniformly identify Providers. When referenced in this Contract it includes all related rules, regulations, and procedures.

Implementation Period – The period of time from Contract Execution through the Go-Live Date during which the Contractor is required to set up an NEMT organization and be ready to deliver NEMT services.

Implementation Work Plan – A plan developed by Contractor, which includes all the activities required to successfully begin operations under the Contract.

Independent Drivers (formerly known as Volunteer Drivers) – Individuals who provide transportation services and receive no compensation or payment other than allowed expenses as determined by the Contractor. Independent Drivers shall comply with applicable requirements of the NEMT Policy Manual.

In State Travel – In-state travel refers to all transportation services the Contractor is required to deliver within the boundaries of the State of Georgia and within 50 miles outside of the Georgia state line.

Intake – See definition for Gatekeeping.

Joint Venture – A cooperative business agreement or partnership between two or more parties that is usually limited to a single enterprise and that involves the sharing of resources, control, profits, and losses.

Key Staff – At a minimum, the Project Director, Quality Assurance Supervisor, Technical (IT) Lead, Call Center Supervisor and Program Integrity Director are considered Key Staff.

MARTA (Metropolitan Atlanta Rapid Transit System) – A Public Transportation system in Atlanta.

Medicaid Card/Medical Assistance Eligibility Certification – Each month Medical Assistance Eligibility Certifications commonly referred to as "Medicaid Cards" are issued to individuals or families as evidence of eligibility. Certifications are valid only for the period indicated thereon.

Medically Fragile – For purposes of this Contract, refers to a Member eligible to receive NEMT services and with any physical condition or symptoms that may necessitate special arrangements or accommodations during transportation.

Medicare – The federal medical assistance program that is described in Title XVIII of the Social Security Act.

Member or Medicaid Member – For purposes of this contract, an individual enrolled in the State's Medicaid program who is eligible for the NEMT program.

Member Appeal – The process for Members to exercise the right to appeal when the Contractor has denied, terminated, or suspended NEMT services.

Member Residency – The County within which the Member is regularly domiciled, as determined by the residential address is on file with DCH.

Minor – An individual who is under the age of eighteen (18).

Model Service Agreement – the standard service agreement that the Broker will use to secure transportation service from transportation providers. This model should be reasonably representative of the actual service agreement to be used with the transportation providers.

Multi-passenger Vehicles – All multi-passenger vehicle types including, but not limited to, sedans, minivans, and minibuses that are approved by DCH.

Multilingual – Having the ability to communicate in the languages spoken by the Members in the NEMT Service Region(s). This requirement may be satisfied by the Contractor's staff and/or the use of a language line service.

NEMT Service Region – the NEMT Service Region(s) awarded to the Contractor as described in Section 1.A.

NEMT Trip – A one-way transportation service from the Member's location to the place where a covered medical service will be provided to that Member or the reverse or from one covered medical service to another.

Non-Emergency Medical Transportation (NEMT) Services – In accordance with federal regulations, including Title 42 of the Code of Federal Regulations, DCH's NEMT program provides medically necessary, cost-effective transportation for eligible Medicaid Members with no other means of transportation available. The eligible Members may receive transport to and from any Medicaid-reimbursable service to receive treatment, medical evaluation, prescription drugs or medical equipment.

Non-Emergency Medical Transportation (NEMT) Services Policy Manual – The manual which contains requirements governing Contractor's provision of NEMT services as amended by DCH from time to time.

Operational Procedures Manual – A manual developed by the Contractor that dictates the procedures for scheduling, after-hours services, same day requests, Driver customer service standards, record keeping requirements for Drivers, etc.

Operational Readiness Testing – The inspection and evaluation of the Contractor's implementation activities by DCH to determine if the Contractor is ready to begin operations under the Contract. Services cannot begin until DCH has approved the Contractor as operationally ready.

Pending Eligible – Any individual who has been admitted to a Medicaid certified facility and has made an application for Medicaid benefits.

Personally Identifiable Information (PII) – any information about an individual, including (1) any information that can be used to distinguish or trace an individual's identity, such as name, social security number, date and place of birth, mother's maiden name, or biometric records; and (2) and other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information.

Proprietary Software - All computer programs licensed under this Contract, which the Contractor or Subcontractors developed and owned before the Effective Date or which Contractor's staff developed during the term of the Contract in performing work that is not exclusively intended for this Contract, including any configurations, modifications of and derivative works based on those computer programs, and the documentation used to describe, maintain, and use them.

Protected Health Information (PHI) – All "individually identifiable health information," as defined by the Privacy Rule (45 C.F.R. Part 160 and Part 164, Subparts A and E), held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.

Public Transportation – City, county or municipal subway, bus, and other transportation services funded through federal law as further described in the NEMT Policy Manual. For example, MARTA.

Request for Proposals (eRFP) – the written documents published by DOAS on DCH's behalf to solicit proposals from eligible vendors to provide the requested NEMT services.

Reservation – The verification of a trip for a Member at a specific time and place for pick-up and delivery to a specific destination.

Same Day Requests (formerly known as Urgent Care) – An unscheduled episodic situation in which there is no threat to life or limb, but the Member must be seen on the day of the request under currently accepted standards of care. Treatment cannot be put off until the next day. For example, hospital discharges shall be considered as a same day request. This requirement applies to appointments established by medical care providers which do not allow sufficient time for routine three (3) day Scheduling. Valid Same Day Requests for transport shall be honored within three (3) hours of the time the request is made.

Scheduling – The process through which a Member contacts the Contractor and the Contractor assigns the NEMT trip to the most appropriate Transportation Provider or Independent Driver.

Service Agreement – A contract between a Contractor and a Transportation Provider or Independent Driver for the delivery of transportation services.

Social Security Administration (SSA) – The federal agency that determines eligibility for SSI, including Medicaid benefits.

Standing Order – A standing order for an NEMT trip on a set schedule, e.g., every Tuesday afternoon at 2:00. Standing Orders shall be reviewed as required by the NEMT Policy Manual.

State – State of Georgia.

State Medicaid Plan – The comprehensive written commitment by a Medicaid agency, submitted under section 1903(a) of the Social Security Act, to administer or supervise the administration of a Medicaid program in accordance with federal and state requirements.

Stretcher (Non-emergency) Van – An enclosed vehicle that accommodates a stretcher and is equipped with locking devices to secure the stretcher during transit. Members using this vehicle shall be non-ambulatory and need the assistance of at least two persons in order to be transported to and from the vehicle and health care provider in a reclined position. Flashing lights, sirens, or emergency equipment are not required.

Subcontractor – A person, company, or organization the Contractor enters into a contract with to provide some of the services delivered under this Contract. The subcontractors shall meet all eRFP and Contract requirements levied on the Contractor. Transportation Providers and Independent Drivers are not considered Subcontractors under this Contract.

Supplemental Security Income (SSI) – A type of cash assistance received by individuals determined eligible by the Social Security administration. Medicaid benefits are included in the eligibility determination made by the Social Security Administration.

Transportation Network Company (TNC) - A term defined in a recently enacted part of the State Vehicle & Traffic Law. A TNC is a business, also known as a "rideshare company", licensed by DMV to use a digital network (smart phone app) to connect passengers to TNC drivers for prearranged trips.

Transportation Providers – Individuals or entities that own and operate one or more vehicles engaged in the direct delivery of transportation pursuant to independent contracts with the Contractor that establish payment rates. For the purposes of this definition, Transportation Providers does not include Independent Drivers. The NEMT Policy Manual outlines requirements for different types of Transportation Providers.

Wheelchair Van – A van equipped with lifts and locking devices to safely secure a wheelchair while the van is in motion.