NON-EMERGENCY TRANSPORTATION BROKER SERVICES
PROGRAM REQUIREMENTS

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Chapter 100 BROKER RESPONSIBILITIES

The Brokers are responsible for the following:

Section 100.1 Recruiting and Negotiating with Transportation Providers: Establish a network of independent transportation providers to deliver transportation and negotiate individual service delivery rates with each qualified transportation entity.

a) The Broker is responsible for identifying, recruiting, and negotiating service agreements with transportation providers for all regions sufficient to meet the needs of Medicaid members in the region to include minibus, wheelchair van, and stretcher van capability. The Broker shall secure sufficient provider resources (numbers and types of vehicles, drivers, and attendants) under service agreements so that the failure of any provider to perform will not impede the ability of the Broker to provide NET services in accordance with the requirements of the Contract. Having said this, the Department will not allow any more than 20% of any one (1) region to be dominated by one provider.

b) All transportation providers must be currently registered with the Georgia Public Service Commission to provide transportation service or be certified by the Department of Human Resources in the case of non-emergency ambulance services, and must maintain an active valid registration throughout the term of the service agreement with the Broker. The Broker is prohibited from establishing or maintaining service agreements with transportation providers which have been determined to have committed fraud of a State or federal agency or been terminated from the Medicaid program. The Broker must terminate a service agreement with a transportation provider when substandard performance is identified or when the transportation provider has failed to take satisfactory within a reasonable time period. 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 provider is allowed fifteen (15) days to request a review of the decision by the Broker or DCH or both. Failure to request a review within (15) days waives the provider’s rights.

c) 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.

d) 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.

e) The service agreement shall include at a minimum the following requirements as specified in this Contract:

   a. Payment administration
   b. Levels of transportation
   c. Companion and attendant services
   d. Telephone and vehicle communication systems
   e. Computer requirements
   f. Scheduling
   g. Pick-up and delivery standards
   h. Urgent care
   i. Driver manifest delivery
   j. Driver qualifications
   k. Driver conduct
   l. Vehicle requirements
   m. Back-up service
   n. Quality assurance
   o. Non-compliance with standards
   p. Training for drivers and attendants
   q. Confidentiality of Information
   r. 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
   s. Indemnification language to protect the State and DCH
   t. Evidence of adequate Insurance for vehicles and drivers
   u. Submission of documentation as required by DCH
   v. Appeal and dispute resolution

f) The Broker may arrange for non-emergency transportation by:

1. Negotiating service agreements with qualified transportation providers. Any essential rural health care 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 located in a rural area, shall have the opportunity to become a participating provider of non-emergency transportation to members of medical assistance under a Broker service agreement if such provider meets all the following conditions:

   i. participates in the Medicare and Medicaid programs;
ii. is licensed, where required under law, and qualified to render the services required under the service agreement; and

iii. agrees to payment terms which are either:
   (a) the same payment terms applicable to other similar participating providers in the service agreement; or
   (b) such payment terms as may be mutually agreed upon by such provider and the Broker;

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

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;

4. volunteer transportation; and

5. entering into service agreements with commercial taxi services to supplement its ambulatory services.

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

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

The broker and all subcontractor(s) for this Contract shall not itself be a provider of transportation; however 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 purpose of this Contract the State requires the North Region 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 are able to access medical service and not as a standard means of transportation.

Section 100.2 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. 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.

For Brokers in areas where there is a public Para transit 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

The Broker will:

1. Validate that all transportation services paid for are properly authorized and actually rendered;
2. Receive and transmit to DCH or its agent all applicable transactions required by HIPAA regulations in the version deemed by DCH;
3. Develop safeguards against fraudulent activity by the transportation service providers and Medicaid members and fulfill DCH’s reporting requirements regarding such activity;
4. in the instance it is able to offer insurance to providers, not withhold premiums from provider’s payments;
5. 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 300.3 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 500.9 Member No-Show Report.
6. indemnify and defend DCH against any causes of actions or claims of payment brought by the transportation provider or Medicaid member; and
7. negotiate with the public Para transit service provider a rate that is reasonable as negotiated between Broker and public Para transit provider.

Section 100.3 Gate-keeping:
Broker will verify member eligibility; assess member need for NET services; determine the most appropriate transportation method to meet the member’s need, including any special transport requirements for medically fragile or physically or mentally challenged members or both; and supply education to members in the use of NET services (see Appendix G - Gatekeeping Policy).

A. Gatekeeping: The activities required for gatekeeping include:
   a. verifying the member’s current eligibility for Medicaid;
   b. assessing the member’s needs for NET services;
c. selecting the most appropriate transportation to meet the members need, including any special transport requirements for medically fragile or physical/mentally challenged members; and
d. educating members in the use of NET services.

Section 100.4 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.

A. Requests 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:

a. unique transaction identification number;
b. date and time of request;
c. name of the Medicaid member requiring transportation;
d. address of Medicaid member;
e. Medicaid identification number;
f. point of origin if different from above address;
g. point of destination;
h. type of Medicaid reimbursable service to be received;
i. date and time of medical appointment;
j. disposition of request, including type of transportation to be provided (public transportation, minibus, wheelchair van, or NET stretcher van);
k. scheduled date and time of pickup;
l. identification of operator who recorded the request; and
m. identification of transportation provider to which the trip was assigned.

B. 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 NET services that provides the following or substantially similar information:

1. Verification of or proof of eligibility:
a. name and address;  
b. Medicaid number; and  
c. telephone number, if available.

2. Availability of Suitable Mode or Transportation to Other Community Locations:
   a. availability of friend and relative with vehicle; and  
   b. ownership or previous transportation arrangements.

3. Necessity of Trip:
   a. point of origin and destination;  
   b. reason for the trip;  
   c. identification of Medicaid reimbursable service; and  
   d. identify of provider to be visited and available telephone.

4. Availability of Federally Funded or Public Transportation:
   a. distance from scheduled stops;  
   b. age and disabilities of member;  
   c. any physical and/or mental impairments which would preclude use of public transportation;  
   d. availability of funds to pay for transportation; and  
   e. previous use.

5. Special Needs:
   a. mode of transportation needed;  
   b. services needed in route; and  
   c. need for escort or attendants.

6. Results of Interview:
   a. transportation approved or denied;  
   b. mode of transportation if approved; and  
   c. date or dates of service.

C. 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 NET 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 Gatekeeping Policies), the Broker may require documentation of that information.

**Section 100.5 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.

**Section 100.6 Administrative Oversight/Reporting:**
Responsible for the management of overall day-to-day operations necessary for the delivery of NET services and the maintenance of appropriate records and systems of accountability to report to DCH and respond to the terms of the Contract.

1. **Administration and Delivery of Service:** The activities required for the administration and delivery of transportation include:

   a. negotiating, signing and executing service agreements with qualified transportation providers;
   b. scheduling and dispatching the most appropriate trip which meets the need of the member;
   c. monitoring quality of service delivery; and reimbursing transportation providers

**Section 100.7 Trend Analysis:**
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.

**Section 100.8 Modes of Transportation**
Transportation services to be provided under this Contract include the following:

a) **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.

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

c) **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 health care provider in a reclining position. No flashing lights, sirens, or emergency equipment is required.

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

Section 100.9 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 specific Medicaid reimbursable service at the request of the member or person acting on behalf of the member. A map of the five (5) geographic regions are provided in Appendix C.

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

b) The Broker may opt to expand the mileage limits for transportation without a health care 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:
   A. 30 miles Urban
   B. 50 miles Rural
   C. 15 miles Adult Day Health Care Urban and 30 miles Rural
   D. 15 miles Pharmacies Urban and 30 miles Rural

c) 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 the medically necessity, or when a health care provider has referred the member to medically necessary health care services outside of the geographic access standard.

d) The Broker is not responsible for arranging Medicaid NET services for Medicaid members who reside outside the region for which the Broker holds a valid Contract. The Broker will refer eligible members to the Broker covering the 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 NET region in which the Broker has a Contract.
e) Georgia Better Health Care (GBHC) members and members enrolled in managed care health plans are obligated to use providers participating in GBHC or in the managed care health plan. Travel for such GBHC and managed care plan enrollees shall be considered the same as travel based on a health care provider’s referral.

f) The Broker is responsible for out-of-state NET services to and from health care 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. These exceptions are listed in Appendix E. Members who require other out-of-state transportation must be referred to the Department of Human Resources’ County Department of Family and Children Services (DFACS), which is responsible for handling such requests and arranging such out-of-state transportation if medically necessary.

100.10 Reimbursement
The Broker shall be reimbursed monthly, on a per member, per month capitated rate for each Medicaid member. 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 this Contract.

100.11 Implementation Work Plan
The Broker must prepare and maintain an implementation work plan that includes all the activities required to begin operations successfully under this Contract.

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:

1. acquisition of office space, furniture, and telecommunications and computer equipment;
2. hiring and training of central office, in Georgia, service staff and drivers;
3. recruitment of transportation providers;
4. completion of all transportation service agreements;
5. verification that transportation provider vehicles meet Contract standards;
6. verification that drivers meet Contract standards;
7. operational readiness testing of daily operational requirements to ensure all components are functioning adequately;
8. staff training plan and installation calendar for the trip scheduling and reservations systems;
9. member education; and
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.

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

1. telephone systems are fully operational;
2. computer system is fully operational;
3. staffing is in compliance with the Contract and
4. All deliverables required in the Contract are available for review and approval prior to “Go Live.”

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

1. A Georgia-established central office operations (this includes telephone and computer systems interaction)
2. Member application process
3. Scheduling and carrier trip notification procedures
4. After-hours coverage arrangements
5. Gatekeeping protocols
6. Denial process
7. Quality assurance
8. Member complaint and appeal process
9. Model service agreements
10. Vehicle inspection report forms as required in the Contract
11. Encounter data submission procedure
12. Reporting procedures
13. Any other items or functions as 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 cost 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 200 PROGRAM POLICIES AND PROCEDURES

This section describes the criteria to be used in determining whether NET 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. Appendix B provides historical Medicaid payments by AID category, Member, and Distribution Type.

Section 200.1 General Requirements
NET 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 purpose of receiving treatment, medical evaluation, obtaining prescription drugs or medical equipment. Transportation may be provided for medical services reimbursed under the Georgia Medicaid plan but provided by 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. Medicaid reimbursable services are described in Appendix A, Project Specific Background Section A.

NET stretcher van providers are not required to be equipped to supply and administer oxygen to a member during a transport. Oxygen supplied and administered by the member is appropriate for NET if no other medical equipment or medical care is required in route.

NET stretcher van providers are, also, not required to be equipped to maintain a ventilator or care for a member who is ventilator-dependent during a transport. If a member has a battery-operated ventilator and an individual who has been trained to provide ventilator care will travel with the member to a doctor’s office or to other medically necessary
health care services, the member is eligible for NET if no other medical equipment or care is required en route.

Section 200.2 Exceptional Transportation
Exceptional transportation service is defined as non-emergency transportation, which is necessary under extraordinary medical circumstances that require traveling out-of-state for health care treatment not normally provided through in-state health care providers. This transportation is limited to out-of-state travel, including air and ground travel.

All exceptional travel is arranged through the county Departments of Family and Children Services (DFCS) and is outside the scope of the Broker’s responsibility. Requests for exceptional travel must be referred to the DFCS office in the member’s county of residence. This travel must be prior approved through DCH’s Medicaid Management Information Systems fiscal agent and is not included in this Contract.

Exceptional travel does not include direct service providers, within fifty (50) miles of the State’s borders counties who are utilized for routine care by individuals living in Georgia’s border counties or to the facilities listed in Appendix E Medicaid Participating Non-Georgia Hospitals, which have been designated as exceptions to the fifty-mile limit for certain districts.

Section 200.3 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 NET services in the Contract region. 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 status. 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 300.6 Vehicle Requirements.

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Volunteer transportation requirements include:

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:
   a. appropriate State operating requirements and registration;
   b. child safety seats when appropriate; and
   c. passed vehicle inspection.

2. The Broker must have procedures in place to verify and document that drivers used in volunteer transportation meet the following requirements:
   a. have a valid Georgia drivers license;
   b. maintain certification for first aid training, passenger assistance orientation program and a safety and sensitivity program to ensure a safe operating environment; and
   c. have no convictions for a substance abuse or sexual crime or crimes of violence for five (5) years prior to providing the volunteer service.

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.

Section 200.4 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 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.
a. Brokers are encouraged to use federally funded and public transportation whenever possible if it is cost-effective. The criteria included in Section 100.4B (4) Member Intake Worksheet of the Contract 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.

b. 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.

c. In case of the use of Para transit services the Broker must comply as earlier described.

Section 200.5 Other Uncovered Transport
NET services do not include emergency ambulance transportation or transportation to any service not reimbursable or covered through the Georgia Medicaid program. The use of Medicaid-funded transportation for any purpose other than as stated in this Contract, or in violation of any State, federal law or regulation is fraudulent activity subject to criminal prosecution and civil and administrative sanctions.

Section 200.6 Residence in NET Service Region
Brokers are responsible for assuring that NET services are provided to Medicaid members and pending Medicaid eligibles, in a Medicaid certified facility, residing within the Broker’s region who require medically necessary services and who have no other means of accessing said services. The Broker is not responsible for arranging Medicaid NET services for Medicaid members who reside outside the region for which said Broker holds a valid Contract. The Broker will arrange travel into and out of other regions when the Medicaid member transported resides within the Broker’s region. The Broker may enter into service agreements with Brokers or individual transportation providers in other regions to provide return trips in cases where a member must travel outside the region of residence in order to obtain appropriate health care services.

The Broker is not responsible for providing transportation when the health care provider is located outside the geographic access standards (Section 100.9 Geographic Consideration) for health care services in the member’s area if other similar and appropriate health care 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 GBHC and managed care health plans such as CMO, are obligated to use providers participating in GBHC or the managed care health plan. Travel for such managed care plan enrollees shall be considered the same as travel based on a health care 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 region of residence. Members who are denied NET 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.

Section 200.7 Other NET Services

A. Foster Children
A parent, foster parent or guardian is eligible to be transported to visit his or her Medicaid member minor children 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 child’s period of hospitalization. Transportation of individuals who are not Medicaid members should be reported under the minor child’s Medicaid eligibility number. Transportation to visit adult Medicaid member inpatients is not covered.

B. Minors Traveling Alone
1. Children under the age of twelve (12) years of age shall be escorted to medically necessary appointments. The child’s parent, foster parent, caretaker, legal guardian or the Department of Family and Children Services (DFCS), as appropriate, shall be responsible for providing the escort. However, in a situation where two or more children under the age of 12 are being transported from school or a day program to another program, no escort shall be required.

2. For children between the ages of twelve (12) to fifteen (15) years, a consent form signed by a parent, caretaker, or guardian shall be required for a child to be transported without an escort, unless access to the service is without parental consent as specified by State (i.e., for family planning and mental health treatment).

3. For children 16 years of age and older, no consent form shall be required.

C. Minor traveling with adult members
There may be times when an adult member requests to allow a minor to accompany them to an appointment, not as an escort, but because the member does not have any one to stay with the child. If there is room or an available seat that is not being occupied by a member requiring treatment, the broker may allow a child to be transported with the adult member requiring treatment.

Section 200.8 Member Education
DCH will provide member notification regarding NET service availability and advance scheduling prior to the Broker assuming responsibility for the provision of transportation services.

The Broker is responsible for developing an educational plan for members that includes each member’s rights and responsibilities for use of NET services. All information materials used by the Broker 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 need of members, such as those with visual impairments.

1. **Initial Member Notice**: The initial notice to be disseminated by DCH shall inform members within the respective regions of the availability of NET 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 NET services. The initial notice shall be mailed to the members prior to the start of services.

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

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

All correspondence developed by the Broker, intended for a member or a medical provider, must be reviewed and approved by DCH prior to mailing or release.

**200.9 Application for Services**

The member must contact the Broker to request NET services at least three (3) workdays 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 NET services except urgent care and follow-up appointments when the timeframe does not allow advance scheduling.

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.
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.”

Medicaid members must have a valid Medicaid card or other tangible proof of eligibility (see Appendix D Member Eligibility Certification 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.

Individuals eligible as Qualified Medicare Beneficiaries (QMBs) only are not eligible for NET services. If the member is QMB and is also dually eligible for a full-coverage Medicaid group, the member is eligible for NET services. 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 for NET services. This determination must take into consideration the member’s ability to provide for his or her transportation outside of the NET program, pursuant to NET gatekeeping policy established by DCH (see Appendix G Gatekeeping Policies), as well as the member’s needed level of transportation.

200.10 Member NET Application Process

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

1. A transportation service may not be provided until:
   a. the member’s eligibility has been established or person is nursing home resident and has applied for Medicaid;
   b. the member has declared that he or she is a current resident of the Broker’s region;
   c. the member’s Medicaid identification number and address have been recorded for reporting purposes;
   d. the member has declared that he or she needs non-emergency transportation;
   e. the member has been determined to have a valid service need; and
   f. the computerized member worksheet for services has been completed.

2. The Broker shall advise the member that:
   a. the member, under penalty of law, shall provide accurate and complete information to determine need for NET services;
   b. the member must provide documentation of Medicaid eligibility;
c. 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
d. only transportation to or from a health care service provider for Medicaid covered service is allowable.

Section 200.11 Denial of Service

The Broker may deny a trip or immediately discontinue a trip for any member whom:

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

2. refuses to provide the documentation requested to determine need for NET services;

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

4. exhibits uncooperative behavior or misuses/abuses NET services;

5. is not ready to board NET transport ten (10) minutes after the scheduled pick up time; or

6. fails to request a reservation three (3) days in advance of appointment without good cause. For purposes of this section, “good cause” is created by factors such as, but not limited to, any of the following:

   a. urgent care;
   
   b. post-surgical and/or medical follow-up care specified by a health care provider to occur in fewer than three days;
   
   c. imminent availability of an appointment with a specialist when the next available appointment would require a delay of two weeks or more; or
   
   d. the result of administrative or technical delay caused by the Broker and requiring that an appointment be rescheduled.
The Broker must provide, in writing, to members, or their legal representatives and a copy to DCH, who have been suspended, denied or terminated from NET services including the specific reason for the suspension, denial or termination and advise the members of their right to an appeal (see Section 300.16 Member Appeal for notice requirements). Neither brokers nor providers will discriminate against members based upon political affiliation, religion, race, color, gender, physical handicap, age, or national origin.

Members have the right to appeal a denial of service in accordance with Appendix H Member Appeal Notices.

Section 200.12 Levels of Transportation

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

1. is able to travel independently but, due to a permanent or temporary debilitating physical or mental condition, cannot use the mass transit system; or
2. is unable to be accommodated by the public Para Transit System; or
3. is traveling to and from a location, which is inaccessible by mass transit (accessibility is not within 1/2 mile of scheduled stop).

The Broker shall determine the most appropriate mode of transportation needed by the member based on information provided by the member.

Section 200.13 Criteria for Wheelchair or NET Stretcher Services

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

1. the member requires a wheelchair and is unable to use public transportation;
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;
3. an ambulatory member requires 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; and
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 as a result of illness or health care treatment and requires personal assistance.

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 NET services is that such services be adequate to meet the health needs of the individual.

Section 200.14 Nursing Home NET Stretcher Services

The Broker must allow nursing home facilities to arrange and schedule NET stretcher trips directly with a provider under Contract with the Broker. Nursing home facilities will be allowed to:

1. call the Broker to determine the most appropriate mode of transportation service for the member and obtain a trip or confirmation number for the transport;
2. contact the NET stretcher provider to arrange and schedule the approved trip; and
3. give the trip or confirmation number to the transportation provider.

The transporting provider will be responsible for submitting the approved trip information to the Broker for reimbursement.

Section 200.15 Escort and Attendant Services

The Broker must allow, without charge to the escort or member, one (1) escort to accompany a member or group of members who area residents of a nursing home, blind, deaf, mentally challenged, under 21 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.

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.

An attendant is a staff person of the Broker or provider who is supplied by and trained by the Broker at the Brokers 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 health care 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.

Chapter 300 OPERATIONAL REQUIREMENTS

Section 300.1 Hours of Operation

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.

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

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.

Section 300.2 Telephone System and Scheduling Requirements
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. Access to the hearing and speech impaired may be satisfied by the use of the Georgia Relay Center (Appendix F Georgia Relay Center). All calls to inquire of or schedule services by the Broker must be answered within ten (10) seconds. On hold timeframe will not exceed an average of two (2) minutes. The telephone system must have an automatic reporting system that records and reports the following:

- number of calls received;
- number of calls answered
- number of calls placed on hold;
- average hold time for calls placed on hold;
- number of abandoned calls;
- average calls handled per Hour/Agent
- average occupancy percentage
- abandon calls as a percent of total calls received
- average speed of answer;
- average talk time; and
- number of telephone operators by time of day/day of week.

The Contractor shall develop performance standards and monitor Telephone Line performance by recording calls and employing other monitoring activities. 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.

The Broker shall be responsible for obtaining periodic busy signal studies as requested by DCH. Action to correct high busy signal conditions to DCH’s satisfaction will be the responsibility of the Broker.

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.

Section 300.3

Pick-up and Delivery Standards

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:

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.

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 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.

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.

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

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

6. Trips will be monitored to ensure members are delivered to their homes in timely manner from appointments.

7. If a delay occurs in the course of 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 300.10 Back-up Services).

8. Ensure that a dialysis patient arrives at a dialysis clinic for a scheduled dialysis appointment no
later than ten (10) minutes from the scheduled appointment time.

Section 300.4 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 this Contract, 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. Hospital discharges shall be considered as urgent care. The requirements of this subsection shall also apply to appointments established by medical care providers allowing insufficient time for routine three (3) day scheduling. The Broker may verify with the direct provider of service that the need for urgent care exists. Valid requests for urgent care transport shall be honored within three (3) hours of the time the request is made.

Section 300.5 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:

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.

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.

3. All drivers and attendants must wear or have visible, easily readable official company I.D.

4. At no time shall drivers or attendants 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.

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

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

8. 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.

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

10. Cell phones are not to be used unless responding to a dispatcher call or making an emergency call.

11. 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 this Contract. This excludes individuals whose cause for license suspension is for non-payment of 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 after the release. At any point thereafter the individual is in arrears on child support payment driver approval will be revoked permanently.

12. 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.

13. Drivers or attendants, while on board, must assist the passengers in the process of being seated, including the fastening of the seat belts and securing of infants and children under age 5 in properly-installed child safety seats. 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.

14. Driver with more than one confirmed incident of failure to properly secure a member’s wheelchair must be removed from providing services until such time as the NET Provider submits documentation to the Broker to support
that the Driver has been properly trained in the use of securement devices.

15. Drivers or attendants must assist all passengers in the process of exiting the vehicle and in moving to the building access of the passenger’s destination.

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

17. 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.

18. Drivers or attendants shall not be responsible for passenger’s personal items.

Section 300.6 Vehicle Requirements

The Broker must assure that all transportation providers maintain all vehicles and vehicle equipment adequately to meet the requirements of this Contract. 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 this Contract. Vehicles must comply with all applicable federal laws including the Americans with Disabilities Act (ADA) regulations. Any vehicle found non-compliant with Georgia Department of Motor Vehicles Service (DMVS) licensing requirements, safety standards, PSC or ADA regulations, or Contract requirements, that vehicle must be removed from service immediately if this discrepancy creates a health or safety hazard for vehicle occupants. Discrepancies shall be defined by DCH in its Policies and Procedures for Non-Emergency Transportation (NET) Broker services manual, as shall discrepancies related to passenger discomfort or inconvenience, and administrative requirements. All vehicles must meet the following requirements:

1. The transportation provider must provide and use a two-way communication system linking all vehicles used in delivering the services contemplated under this Contract 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.

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.

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.

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

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

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

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

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

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.

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.

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.

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.

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.

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 Public Service Commission requirements.

15. All vehicles must have the following signs posted in all vehicle interiors, easily visible to the passengers:
   a. no smoking, eating or drinking; and
   b. all passengers must use seat belts.

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.

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

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:

   a. vehicle registration;
   b. insurance card; and
   c. accident procedures and forms.

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.

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

Section 300.7 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. Vehicles used to transport wheelchair passengers must meet ADA requirements, including but not limited to the following:

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

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 is deployed;

3. Must have wheelchair lift – a hydraulically or electro-mechanically powered wheelchair lift mounted so as not to impair the structural integrity of the vehicle.

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

5. 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.

Section 300.8 Vehicle Inspections

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 Sections 300.6. and Section 300.7. 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.

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 4.4.F.

Section 300.9 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.

Section 300.10 Backup Service

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.

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.

Section 300.11 Removal of Vehicle From Service

Any vehicle found not in compliance with the vehicle standards created by this Contract or any State or federal standards must be removed from service immediately until DCH certifies, in writing, that it may be returned to service under this Contract.

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.

Section 300.12 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 this Contract. The Broker may establish additional qualifications, which shall be approved by DCH prior to implementation.

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.

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 agreement with the Broker to deliver transportation services under the terms of this Contract shall meet the following conditions:

1. All drivers must be at least twenty-one (21) years of age and have a current valid Georgia driver’s license.

2. All drivers and attendants must have no prior convictions for illegal substance abuse or sexual crime or crime of violence. 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 Contractor and DCH or its agent.

3. The transportation provider shall not utilize drivers who are known abusers of alcohol or known consumers of narcotics or drugs/medications that would endanger the safety of members. 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.

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 this Contract. This excludes individuals

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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. At any point the individual’s status changes and he or she is in arrears of child support payment(s) said driver’s approval would be revoked permanently.

5. Drivers who receive citations and are convicted of two (2) moving violations and/or accidents related to transportation provided under this Contract, where the driver was at fault during the full term of the Contract, must be removed from service.

Section 300.13 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.

1. **Drivers:** All drivers used by transportation providers to deliver transportation services under the terms of this Contract must have successfully completed driver training, first aid training and training in the use of a spill kit and the removal of biohazards. Certifications in these areas must be maintained for each driver throughout the term of this Contract. Training shall include:

   1. a passenger assistance orientation program;
   2. an on-going safety and sensitivity program to ensure a safe operating environment; and
   3. a defensive driving training.

Any driver who has not previously completed the training required by this Contract must satisfactorily complete the required training within ninety – (90) days of assignment under this Contract.

2. **Attendants:** All Attendants used by transportation providers to deliver transportation services under the terms of this Contract must have successfully completed an Attendant training program. Certifications in these areas must be maintained for each attendant throughout the term of this Contract. Attendant training shall include:

   1. at a minimum, first aid training;
   2. a passenger assistance orientation program; and
3. an on-going safety and sensitivity program to ensure a safe operating environment.

3. Service Personnel: The Broker shall provide a program of service personnel training prior to permitting any personnel to have public contact or answer scheduling lines. Training shall include sensitivity components dealing with:

1. the aged and disabled persons;
2. multicultural contacts;
3. handling hostile callers;
4. public contact; and
5. communicating with hearing or speech-impaired individuals through a service such as the Georgia Relay Center.

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.

Section 300.14 Orientation for Transportation Providers

The Broker shall provide an orientation program for all transportation providers with which he/she has entered into a service agreement under this Contract. At a minimum, the orientation program must include:

a. overview of NET Program and division of responsibilities between Broker and transportation provider;
b. vehicle requirements;
c. procedures for handling accidents, moving violations and vehicle breakdowns;
d. driver qualifications;
e. driver conduct;
f. the use of attendants and/or companions;
g. scheduling procedures during regular operating hours, including criteria for determining the most appropriate mode of transportation for the member;
h. “after hours” scheduling procedures;
i. procedures for handling requests for “urgent care”;
j. criteria for trip assignment;
k. dispatching and delivery of services;
l. procedures for obtaining reimbursement for authorized trips;
m. driver customer service standards and requirements during pickup, transport and delivery;

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

o. procedures for handling complaints from members or providers;

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

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

Section 300.15 Operational Procedures Manual

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 cases will a Broker be allowed to begin operations without an approved operational procedures manual.

This 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.

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 throughout the life of the Contract. Required updates must be submitted to DCH for approval within ten (10) business days of the request.

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 purpose of improving all such manuals.

Section 300.16 Member Appeals

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

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 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 Member Appeal Notices).

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. 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.

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.

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.

Section 300.17 Complaints

The Broker shall be responsible for recording and responding to all complaints with regard to the delivery of services required under this Contract which will include complaints by members, providers, DCH or any individual or group who contact the Broker. Resolution of complaints by Broker is subject to the discretionary review of DCH and may be overridden. The Broker may be required to implement and submit proof of any corrective policies or procedures as a result of DCH’s review.

A substantial complaint may be defined as a complaint that is evidence of or is supported by evidence of professional misconduct, breach of Contract, regulatory or statutory violation, moral turpitude or other act, conduct or behavior having an adverse affect on the health, safety, well-being or condition of a member or passenger associated with a member while being transported. The Broker shall determine whether a complaint is substantial, subject to the authority of DCH to override such determination.

The Broker shall respond verbally to the complainant within twenty-four (24) hours of the Broker’s receipt of the complaint and, upon request, provide DCH a written record of the complaint and resolution including any corrective action within five (5) business days of receipt of DCH’s request. The Broker must establish and maintain standardized written procedures for handling all complaints, including documentation requirements.
The Broker must remove from public contact or provide a retraining program for service personnel who receive two (2) substantial complaints within a ninety (90) day period. The Broker must remove from public contact any service personnel who have received four (4) substantial complaints within a twelve consecutive (12)-month period.

The transportation provider must remove from direct contact with Medicaid members or provide a retraining program for drivers who receive two (2) substantial complaints within ninety (90) day period. The transportation provider must remove from direct contact with Medicaid members any driver who has received four (4) substantial complaints within a consecutive twelve (12) month period.

The Broker shall designate an individual within the Broker’s organization to act as liaison with DCH to insure prompt action regarding all complaints. The Broker must comply and remove transportation providers to comply, with the request of DCH to investigate, or remove from public contact, or require retraining for any personnel.

The Broker shall compile an appropriate summary report and analyze complaints on file on a monthly basis to determine quality of services to members, particularly noting patterns or trends of the complaints received. The original report will be sent to DCH on a monthly basis and will include a description of corrective actions taken to assure service delivery conforms to the requirements of this Contract. The summary report shall be in accordance with the specifications and format approved by DCH.

The Broker must maintain record of complaints a written log for a period of three (3) years of all complaints received concerning service under this Contract, indicating resolution including a brief description of any corrective action taken. Copies of this log must be submitted within three (3) business days if requested by DCH.

Section 300.18 DCH Performance Monitoring

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

a) 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 under this Contract by telephone contact, record reviews, and other means.

b) DCH reserves the right to audit the Broker’s records to validate service delivery reports and other information.

c) 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.
d) DCH staff or its official agent will review reports of complaints from members, providers, or any individual or group who contact the Broker regarding the delivery of services under this Contract.

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

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. 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 400 BUSINESS REQUIREMENTS

Section 400.1 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. The Project Director must be committed to this Contract for a minimum period of six (6) months following Contract Award. The Project Director must be on-site within the Broker’s region full-time during implementation and the first six (6) months of operation 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.

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

Section 400.2 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. In no case will a Broker be allowed to begin operations without an approved Equal Employment Opportunity Action 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.

**Section 400.3 Central Business Office**

The Broker must establish a non-residential central business office within the region for which he or she has Contract responsibility. 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). This business office must be centrally located within the region in an accessible location for foot and vehicle traffic. 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.

All documentation must reflect the address of the location identified as the legal, duly licensed Central Business Office. This business office must be open between the hours of 8:00 A.M. and 5:00 P.M., Eastern Time, Monday through Friday.

The Project Director of the Contract and scheduling staff must be located at the Central Business Office in each NET region. 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.

The Broker must have the capacity to send and receive facsimiles at the central business office at all times during business hours. 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. The Broker must also have the capacity to reproduce documents at no cost to upon request by DCH.

**Section 400.4 Meetings**

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

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

**Section 400.5 Record Retention**
The Broker shall maintain detailed records evidencing the administrative costs and expenses incurred pursuant to the Contract, the provision of services under the Contract, and complaints, for the purpose of audit and evaluation by the Department and other federal or State personnel. All records, including training records, pertaining to the Contract must be readily retrievable within two (2) business days for review at the request of DCH and its authorized representatives. All records shall be maintained and available for review by authorized federal and State personnel during the entire term of the Contract. Contractor shall preserve and make available all of 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 statute or by any other section of the Contract. 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. 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 Contractor until such appeals, litigation, claims or exceptions have been disposed of.

Section 400.6 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:

1. copy of Broker’s executed service agreement for each transportation provider;

2. copy of transportation provider’s registration with the Georgia Public Service Commission;

3. vehicle records, including at a minimum the following documentation for each vehicle:
   a. manufacturer and model;
   b. model year;
   c. Vehicle Identification Number;
   d. odometer reading at the time the vehicle entered service under this Contract;
   e. type of vehicle (minibus, wheelchair van or NET stretcher van);
   f. capacity (number of passengers);
   g. license tag number; insurance certifications; Unified Carrier Registration (UCR) and vehicle stamp;
   h. special equipment (lift, etc.); and
   i. date, odometer reading and description of inspection activity (e.g., verification that vehicle
meets Contract vehicle requirements, inspection of equipment such as brakes, tire tread, turn signals, horn, seat belts, air conditioning/heating, etc.);

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

5. driver records, including at a minimum the following documentation for each driver:
   a. driver’s name, date of birth and social security number;
   b. copy of the Georgia driver’s license;
   c. prior driving record for previous three (3) years obtained from Georgia State Patrol;
   d. documentation of background checks conducted by Broker to determine if the driver can provide services under the NET Contract;
   e. first aid training certificates;
   f. driver training course certificate; and
   g. documentation of any complaints received about the driver and any accidents or moving violations involving the driver.

Section 400.7 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.

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

1. transportation provider name;
2. vehicle number;
3. vehicle operator name;
4. member name;
5. member Medicaid number;
6. time of medical appointment (if applicable);
7. pick up point;
8. destination;
9. scheduled pick up time;
10. actual arrival time at pick-up point;
11. actual departure time from pick-up point;
12. actual return time from drop off point;
13. odometer reading at point of pick-up;
14. odometer reading at point of drop-off;
15. name of escort and relationship to member;
16. date of service; and
17. name of Broker-provided attendant (if applicable).

Section 400.8 Business Continuity and Disaster Recovery Plan

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

Contractor shall conduct an annual Disaster Recovery Plan Review and exercise/drill at the Contractor’s own expense. The Contractor must notify DCH five (5) business days at a minimum of the date of the exercise/drill. A written report of the findings must be delivered to DCH within fifteen (15) calendar days of the date that the test is conducted.

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

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

a. 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;

b. 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;

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

d. off-site storage.

Section 400.9 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 below.
Section 400.10 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:

A. Proposed approach to turnover, in paragraph form, along with a work plan, including the tasks and time line schedule for the turnover.

B. 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.

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

1. data processing equipment,
2. reservation/scheduling software,
3. system and special software (data base and telecommunications),
4. other equipment,
5. office space,
6. transport and service provider network, and
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 NET region.

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.

D. Turnover Services

The Broker will:

1. 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 as will be required by DCH or its agents to perform the duties of:

   i. recruiting and negotiating with transportation providers;
   ii. payment administration;
iii. gatekeeping;
iv. reservations and trip assignments;
v. quality assurance, and
vi. administrative oversight/reporting;

2. Submit to DCH any inventory of training manuals, operational procedures manuals, brochures, pamphlets, and all other written materials developed in support of this Contract activity; and

3. 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.

E. Turnover Deliverables

The Broker will provide:

1. an initial turnover plan on a date approved by DCH for DCH review and approval, and
2. annual updates to the plan on a schedule to be established by DCH.

Section 400.11 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. At a minimum, the Quality Assurance Plan must include the following elements:

1. key indicators of quality related to scheduling and delivery of transportation services;
2. a description of how the Broker plans to monitor these key indicators;
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;
4. a description of the Broker monitoring procedures to safeguard against fraud and abuse by transportation providers and members;
5. a description of how the Broker will monitor the quality of the transportation providers;
6. a description of how the Broker will ensure that all NET Services paid for are properly authorized and actually rendered;
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;
8. a description of the staffing resources responsible for the quality assurance plan and quality assurance activities; and
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.

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. The Broker must incorporate modifications required by DCH within ten (10) business days of notification. In no cases will a Broker be allowed to begin operations without an approved quality assurance plan. 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.

Section 400.12 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.

Section 400.13 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. The Broker shall be able to transmit and receive all applicable transactions required by HIPAA regulations in the version deemed by DCH. 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. The broker must comply with the implementation timeline established by DCH.

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

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

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

b. use the Medicaid Eligibility Inquiry System (MEIS).

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

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. 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.

The reservation/scheduling/NET software utilized by the Broker must have the following capabilities:

a. maintain a database of transportation providers with which the Broker has service agreements, including reimbursement and other information needed to determine trip assignments;
b. automatic address validations, distance calculations and trip pricing, if applicable;
c. standing order subscription trip and random trip reservation capability;

Chapter 500 REPORTING

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. The Broker must provide reports by the 30th calendar day of the month following the month of Broker payment to direct service providers. Reports shall include all data as specified in this Contract for which payment was made to a direct service provider and shall be reported by month of service. The final report is due by the 30th calendar day of the month following the month of termination of the Contract. In the event that the Broker has been awarded more then one (1) region, reports must reflect each region separately. Reports include, but are not limited to, the following:

Section 500.1 Driver Reports

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. Drivers must be listed separately for each transportation provider. The roster shall indicate, at a minimum, the driver’s name, Georgia driver’s license number, and social security number. 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. This roster is due by the 30th calendar day of the month following the end of the reporting quarter. (see Reporting Examples – Appendix I-10)
Section 500.2 Vehicle Reports

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

a. name of transportation provider;
b. manufacturer and model;
c. model year;
d. Vehicle Identification Number; and
e. type of vehicle (minibus, wheelchair van or NET stretcher van).

The roster shall be updated to reflect vehicle additions and deletions, and delivered to DCH each calendar quarter. This roster is due by the 30th calendar day of the month following the end of the reporting quarter. (see Reporting Examples – Appendix I-11)

Section 500.3 Transportation Services – Detail Reporting Via Encounter Data

The Broker shall collect and submit to the Department or its agent detailed encounter data on each trip made in behalf of a Medicaid member residing in the Broker’s area. The transactions must comply with HIPAA regulations in the version deemed by DCH. 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. All other costs, including telecommunications equipment and expense, computer hardware, and software, associated with collecting and transmitting encounter data to the Department shall be borne by the Broker. 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. The electronic media must be supported by a summary report, as described in the following section. 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.

Section 500.4 Transportation Services – Summary Reporting

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

a) 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. 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. The report must balance to the detail reporting information described in Section 500.3 Transportation Service Encounter Data or both the detail and summary reporting
will be rejected by DCH and corrected reports required (see Reporting Examples – Appendix I-3 through Appendix I-5).

b) 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. In addition, the report should include total number of calls received, number of call answered, number of calls abandon and the year average hold. This report is due by July 31st each year following the end of the State fiscal year. (see Reporting Examples – Appendix I-12)

Section 500.5 Reports of Accidents and Moving Violations

The Broker shall notify DCH or its agent immediately of any accident resulting in driver or passenger injury or fatality while delivering services under this Contract. 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 (see Reporting Example -- Appendix I-9). A police report is also required as supporting documentation. The Broker shall notify DCH immediately of any moving violations that occur while delivering services under this Contract. The Broker must provide a copy of the police report within ten (10) business days of the moving violation.

The Broker shall maintain copies of each accident report in the files of both the vehicle and the driver involved in the accident. Police reports associated with moving violations must be maintained in the file of the responsible driver.

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

Section 500.6 Telecommunications System Reports

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:

a. number of calls received;
b. number of calls answered
c. number of calls placed on hold;
d. average hold time for calls placed on hold;
e. number of abandoned calls;
f. average calls handled per Hour/Agent
g. average occupancy percentage
h. abandon calls as a percent of total calls received
i. average speed of answer;
j. average talk time; and
k. number of telephone operators by time of day/day of week.

This report is due by the 30th calendar day of the month following the month of the telephone activity (see Reporting Example – Appendix I-6).

**Section 500.7 Annual Financial Reports**

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. 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.

The Broker will inform DCH of the Broker’s choice of reporting year within thirty (30) calendar days of Contract execution. The Broker must also submit unaudited quarterly financial reports, such reports to be due forty-five (45) calendar days following the end of each quarter of the Broker’s reporting year.

**Section 500.8 Complaint Summary Report**

As described in Section 300.17 Complaints, the Broker must compile and analyze complaints on file on a monthly basis. A written summary must be sent to DCH by the 30th calendar day of the month following the month of activity. The report shall include the date of the incident, complainant, and number of complaints by type, a description of corrective actions taken and percentage of complaints by category (see Reporting Example – Appendix I-8).

**Section 500.9 Member No-Show Report**

As described in Section 100.2.(5) 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 300.3 Pick-up and Delivery Standards. Also, the scheduled provider must have arrived to pick up the member on time as described in Section 300.3.

The Broker shall submit to the Department a monthly report containing member no-show data (see Reporting Example – Appendix I-1). 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. 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 Member No-Show Plan. 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.
Implementation of any revisions will not be effective until DCH has given Broker written approval of any proposed revision.

**Section 500.10 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. The written summary must be sent to DCH by the 30th calendar day of the month following the month of activity. The report shall include the reporting month, subtotal, total for fiscal year and percentage of denials by reason. *(see Reporting Example – Appendix I-7).*

**Section 500.11 Late Percentage Summary Report**
The Broker shall submit to the Department a late percentage monthly report. The written summary must be sent to DCH by the 30th calendar day of the month following the month of activity. 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 *(see Reporting Example – Appendix I-2).*