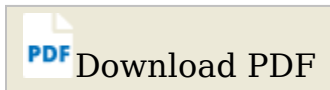


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# Managed Care Program Annual Report (MCPAR) for Georgia: Non-Emergency Medical Transportation

**Due Date** Last edited **Edited By** **Status**  
12/27/2022 12/27/2022 Stephen Fader Submitted

Indicator	Response
<b>Exclusion of CHIP from MCPAR</b>	
Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected

## Section A: Program Information

### Point of Contact

Number	Indicator	Response
	<b>State name</b>	
A.1	Auto-populated from your account profile.	Georgia
	<b>Contact name</b>	
A.2a	First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone	Kimberly McKnight

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
	with questions to quickly reach someone who can provide answers.	
	<b>Contact email address</b>	
<b>A.2b</b>	Enter email address. Department or program-wide email addresses ok.	<a href="mailto:kimberly.mcknight@dch.ga.gov">kimberly.mcknight@dch.ga.gov</a>
	<b>Submitter name</b>	
<b>A.3a</b>	CMS receives this data upon submission of this MCPAR report.	Stephen Fader
	<b>Submitter email address</b>	
<b>A.3b</b>	CMS receives this data upon submission of this MCPAR report.	<a href="mailto:sfader@mslc.com">sfader@mslc.com</a>
	<b>Date of report submission</b>	
<b>A.4</b>	CMS receives this date upon submission of this MCPAR report.	12/27/2022

## **Reporting Period**

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
	<b>Reporting period start date</b>	
<b>A.5a</b>	Auto-populated from report dashboard.	07/01/2021
	<b>Reporting period end date</b>	
<b>A.5b</b>	Auto-populated from report dashboard.	06/30/2022
<b>A.6</b>	<b>Program name</b>	Non-Emergency Medical Transportation

Number	Indicator	Response
	Auto-populated from report dashboard.	

### Add plans (A.7)

Indicator	Response
Plan name	NEMT (ModivCare)
	NEMT (Verida)

### Add BSS entities (A.8)

Indicator	Response
BSS entity name	N/A

## Section B: State-Level Indicators

### Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
	<b>Statewide Medicaid enrollment</b>	
<b>B.I.1</b>	Enter the total number of individuals enrolled in Medicaid as of the first day of the last month of the reporting year. Include all FFS and managed care enrollees, and count each person only once, regardless of the delivery system(s) in which they are enrolled.	2,513,764
	<b>Statewide Medicaid managed care enrollment</b>	
<b>B.I.2</b>	Enter the total, unduplicated number of individuals enrolled in any type of Medicaid managed care as of the first day of the last month of the reporting year. Include enrollees in all programs, and count each person only once, even if they are enrolled in more than one managed care program or more than one managed care plan.	2,196,278

### Topic III. Encounter Data Report

Number	Indicator	Response
	<b>Data validation entity</b>	
<b>B.III.1</b>	Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	State Medicaid agency staff

### Topic X: Program Integrity

Number	Indicator	Response
	<b>Payment risks between the state and plans</b>	
<b>B.X.1</b>	Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities.	PI programs are administered through the NEMT brokers.
	<b>Contract standard for overpayments</b>	
<b>B.X.2</b>	Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.	State requires the return of overpayments
	<b>Location of contract provision stating overpayment standard</b>	
<b>B.X.3</b>	Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).	For the NEMT program, the location of the provision stating overpayment standard can be found in Section 7 - Payment of

Number	Indicator	Response Services, of the NEMT contracts.
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**Description of overpayment contract standard**

<b>B.X.4</b>	Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.	State requires the return of the overpayments
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**State overpayment reporting monitoring**

<b>B.X.5</b>	Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment pieces (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	N/A
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**Changes in beneficiary circumstances**

<b>B.X.6</b>	Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	N/A
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**Changes in provider circumstances:  
Monitoring plans**

<b>B.X.7a</b>	Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	No
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**Federal database checks: Excluded person or entities**

<b>B.X.8a</b>	During the state's federal database checks, did the	No
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Number	Indicator	Response
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state find any person or entity excluded? Select one.

Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.

**Website posting of 5 percent or more ownership control**

<b>B.X.9a</b>	Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to B'455.104 and required by 42 CFR 438.602(g)(3).	No
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**Periodic audits**

<b>B.X.10</b>	If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, what is the link(s) to the audit results? Refer to 42 CFR 438.602(e).	Not applicable for the NEMT program.
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## Section C: Program-Level Indicators

### Topic I: Program Characteristics

Number	Indicator	Response
<b>C1.I.1</b>	<p><b>Program contract</b></p> <p>Enter the title and date of the</p>	<p>State of Georgia Contract between the Georgia Department of Community Health and Southeastrans, Inc. for Non-Emergency Transportation (NET) Services. Dated June 22, 2012. The contract is for the Atlanta and North Regions. Southeastrans has a name change to Verida as of December 2021. Amendments to the broker's contracts are under the name Verida,</p>

Number	Indicator	Response
	contract between the state and plans participating in the managed care program.	Inc.; State of Georgia Contract between the Georgia Department of Community Health and LogistiCare, Inc. for Non-Emergency Transportation (NET) Services. Dated June 22, 2012. The contract is for the Central, East and Southwest Regions. LogistiCare changed their name to ModivCare in January 2021. Amendments to the broker's contracts are under the name ModivCare Solutions 06/22/2012

**Contract URL**

C1.I.2	Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	<a href="https://medicaid.georgia.gov/programs/all-programs/nemt-procurement">https://medicaid.georgia.gov/programs/all-programs/nemt-procurement</a>
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**Program type**

C1.I.3	What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Other, specify NEMT
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**Special program benefits**

C1.I.4a	Are any of the four special benefit types covered by the managed care program: (1) behavioral	Transportation
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Number	Indicator	Response
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health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.

**Variation in special benefits**

<b>C1.I.4b</b>	<p>What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.</p>	N/A
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<b>C1.I.5</b>	<b>Program enrollment</b>	2,132,757
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Number	Indicator	Response
	<p>Enter the total number of individuals enrolled in the managed care program as of the first day of the last month of the reporting year.</p> <p><b>Changes to enrollment or benefits</b></p>	
<b>C1.I.6</b>	<p>Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year.</p>	<p>Due to the Public Health Emergency, the number of eligible Medicaid members qualifying for NEMT increased and the ridership decreased.</p>

### Topic III: Encounter Data Report

Number	Indicator	Response
	<p><b>Uses of encounter data</b></p>	
<b>C1.III.1</b>	<p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p>	<p>Encounter data not used for any purpose</p>

Number	Indicator	Response
	<p><b>Criteria/measures to evaluate MCP performance</b></p>	
C1.III.2	<p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p>	None of the above
	<p><b>Encounter data performance criteria contract language</b></p>	
C1.III.3	<p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p>	<p>For the NEMT program, the location of the encounter data performance criteria contract language can be found in Section 5 - Deliverables; line item k. iii.</p>
	<p><b>Financial penalties contract language</b></p>	
C1.III.4	<p>Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.</p>	<p>For the NEMT program, the location of the contract language for financial penalties can be found in Section 15 - Damages/Performance Guarantees, and Exhibit 4 - Performance Guarantees and Liquidated Damages.</p>
C1.III.5	<p><b>Incentives for encounter data quality</b></p>	Not applicable for NEMT

Number	Indicator	Response
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Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.

**Barriers to collecting/validating encounter data**

C1.III.6	Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting period.	Not applicable for NEMT
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**Topic IV. Appeals, State Fair Hearings & Grievances**

Number	Indicator	Response
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**State's definition of "critical incident," as used for reporting purposes in its MLTSS program**

C1.IV.1	If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program	Critical incidents for NEMT refer to events that adversely impact the health, safety, and well-being of Medicaid members and/or persons associated with the NEMT contract.
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Number	Indicator	Response
	<p>does not cover LTSS.</p>	
<b>C1.IV.2</b>	<p><b>State definition of "timely" resolution for standard appeals</b></p> <p>Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR B'438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	<p><b>State definition of "timely" resolution for standard appeals</b></p> <p>For the NEMT program, the member will be allowed thirty (30) calendar days to appeal the initial decision. Failure to appeal within thirty (30) calendar days waives the member's right to further appeal. Upon receipt of a timely appeal, the Broker has thirty (30) calendar days to complete the appeals process. The Broker will continue to provide transportation during the appeals process. If the appeal is a result from uncooperative or abusive behavior and the member continues to demonstrate documented behavior that is unacceptable and/or unsafe, even during the appeals process, transportation may be discontinued until a final court order overturning DCH's termination decision or settlement agreement between the parties is executed.</p>
<b>C1.IV.3</b>	<p><b>State definition of "timely" resolution for expedited appeals</b></p> <p>Provide the state's definition of timely resolution for expedited appeals in the managed</p>	<p><b>State definition of "timely" resolution for expedited appeals</b></p> <p>Not applicable for NEMT</p>

Number	Indicator	Response
	<p>care program. Per 42 CFR B'438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	
	<p><b>State definition of "timely" resolution for grievances</b></p>	
<p><b>C1.IV.4</b></p>	<p>Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR B'438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.</p>	<p>For the NEMT program, the Broker shall respond verbally to the complainant within twenty-four (24) hours of receiving the complaint and/or incident and indicate on file that contact was made with the complainant within the required timeframe. Also, the Broker must provide to DCH a written record of the investigative findings and/or resolutions along with any corrective actions taken or to be taken within five (5) business days of receiving the complaint and or incident. The Broker must be specific in their response to determine what caused (identify service failure) the complaint, the findings (outcome), the solution to address (resolve) the issue, and any changes (operational, policy, provider, etc.) occurring from the complaint.</p>

## Topic V. Availability, Accessibility and Network Adequacy

Number	Indicator	Response
	<b>Gaps/ challenges in network adequacy</b>	
C1.V.1	What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting standards.	The NEMT brokers biggest challenges are the cost of insurance, lack of NEMT insurance brokers, Member no shows/cancellations upon arrival, difficulties recruiting drivers due to background checks requirements, reimbursement rates, vehicle availability, and experienced, reliable providers .
	<b>State response to gaps in network adequacy</b>	
C1.V.2	How does the state work with MCPs to address gaps in network adequacy?	The NEMT brokers are ultimately responsible for meeting network adequacy requirements. The broker has a small fleet of vehicles they use to supply transportation in areas with limited provider capacity. DCH also works with the NEMT brokers connecting them with other human services partners such as the GA Department of Transportation, the GA Department of Human Services, and other facilities that may be able to supply their own transportation such as, adult day health programs.

## Topic V. Availability, Accessibility and Network Adequacy

No access and adequacy measures have been entered for this program report.

## Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1.IX.1	BSS website	N/A

Number	Indicator	Response
	List the website(s) and/or email address that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	
	<b>BSS auxiliary aids and services</b>	
C1.IX.2	How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2))? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	N/A
	<b>BSS LTSS program data</b>	
C1.IX.3	How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).	N/A
	<b>State evaluation of BSS entity performance</b>	
C1.IX.4	What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	N/A
<b>Topic X: Program Integrity</b>		
Number	Indicator	Response
	<b>Prohibited affiliation disclosure</b>	
C1.X.3	Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

## Section D: Plan-Level Indicators

### Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
	<b>Plan enrollment</b>	<b>NEMT (ModivCare)</b>
<b>D1.I.1</b>	What is the total number of individuals enrolled in each plan as of the first day of the last month of the reporting year?	1,107,621
		<b>NEMT (Verida)</b>
		1,025,136
	<b>Plan share of Medicaid</b>	<b>NEMT (ModivCare)</b>
<b>D1.I.2</b>	What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment?	44.1%
	<ul style="list-style-type: none"> <li>Numerator: Plan enrollment (D1.I.1)</li> <li>Denominator: Statewide Medicaid enrollment (B.I.1)</li> </ul>	<b>NEMT (Verida)</b>
		40.8%
	<b>Plan share of any Medicaid managed care</b>	<b>NEMT (ModivCare)</b>
<b>D1.I.3</b>	What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?	50.4%
	<ul style="list-style-type: none"> <li>Numerator: Plan enrollment (D1.I.1)</li> <li>Denominator: Statewide Medicaid managed care enrollment (B.I.2)</li> </ul>	<b>NEMT (Verida)</b>
		46.7%

### Topic II. Financial Performance

Number	Indicator	Response
	<b>Medical Loss Ratio (MLR)</b>	<b>NEMT (ModivCare)</b>
<b>D1.II.1a</b>	What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide	N/A%



Number	Indicator	Response
	<p>information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience.</p> <p>If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR.</p>	<p><b>NEMT (Verida)</b></p> <p>N/A%</p>
	<p><b>Level of aggregation</b></p>	<p><b>NEMT (ModivCare)</b></p> <p>Other, specify</p>
<p><b>D1.II.1b</b></p>	<p>What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one.</p> <p>As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.</p>	<p>Not applicable for NEMT</p> <p><b>NEMT (Verida)</b></p> <p>Other, specify</p>
	<p><b>Population specific MLR description</b></p>	<p>Not applicable for NEMT</p> <p><b>NEMT (ModivCare)</b></p>
<p><b>D1.II.2</b></p>	<p>Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable.</p> <p>See glossary for the regulatory definition of MLR.</p>	<p>Not applicable for NEMT</p> <p><b>NEMT (Verida)</b></p> <p>Not applicable for NEMT</p>
<p><b>D1.II.3</b></p>	<p><b>MLR reporting period discrepancies</b></p>	<p><b>NEMT (ModivCare)</b></p>

Number	Indicator	Response
		No
	Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?	<b>NEMT (Verida)</b>
		No

### Topic III. Encounter Data

Number	Indicator	Response
		<b>NEMT (ModivCare)</b>
	<b>Definition of timely encounter data submissions</b>	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.
<b>D1.III.1</b>	Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.	<b>NEMT (Verida)</b>
		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.
	<b>Share of encounter data submissions that met state's timely submission requirements</b>	<b>NEMT (ModivCare)</b>
	What percent of the plan's encounter data file submissions (submitted during the reporting period) met state requirements for timely submission?	100%
<b>D1.III.2</b>	If the state has not yet received any encounter data file submissions for the entire contract period when it submits this report, the state should enter here the percentage of encounter	<b>NEMT (Verida)</b>
		100%

Number	Indicator	Response
	data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting period.	
	<b>Share of encounter data submissions that were HIPAA compliant</b>	
<b>D1.III.3</b>	What percent of the plan's encounter data submissions (submitted during the reporting period) met state requirements for HIPAA compliance?	<b>NEMT (ModivCare)</b> 100%
	If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting period.	<b>NEMT (Verida)</b> 100%

#### **Topic IV. Appeals, State Fair Hearings & Grievances**

Number	Indicator	Response
	<b>Appeals resolved (at the plan level)</b>	
<b>D1.IV.1</b>	Enter the total number of appeals resolved as of the first day of the last month of the reporting year.  An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.	<b>NEMT (ModivCare)</b> 0 <b>NEMT (Verida)</b> 0
	<b>Active appeals</b>	
<b>D1.IV.2</b>	Enter the total number of appeals still pending or in process (not yet resolved) as of the first day of the last month of the reporting year.	<b>NEMT (ModivCare)</b> 0 <b>NEMT (Verida)</b> 0

Number	Indicator	Response
<b>D1.IV.3</b>	<b>Appeals filed on behalf of LTSS users</b>	<b>NEMT (ModivCare)</b>
	Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable.	N/A
	An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).	<b>NEMT (Verida)</b>
		N/A
<b>D1.IV.4</b>	<b>Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed an appeal</b>	<b>NEMT (ModivCare)</b>
	For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".	223
	Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".	<b>NEMT (Verida)</b>
	The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.	223
	To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.	

Number	Indicator	Response
	<b>Standard appeals for which timely resolution was provided</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.5a</b>	Enter the total number of standard appeals for which timely resolution was provided by plan during the reporting period.	0
	See 42 CFR B'438.408(b)(2) for requirements related to timely resolution of standard appeals.	<b>NEMT (Verida)</b>
		0
	<b>Expedited appeals for which timely resolution was provided</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.5b</b>	Enter the total number of expedited appeals for which timely resolution was provided by plan during the reporting period.	0
	See 42 CFR B'438.408(b)(3) for requirements related to timely resolution of standard appeals.	<b>NEMT (Verida)</b>
		0
	<b>Resolved appeals related to denial of authorization or limited authorization of a service</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.6a</b>	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.	0
	(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).	<b>NEMT (Verida)</b>
		0
	<b>Resolved appeals related to reduction, suspension, or termination of a previously authorized service</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.6b</b>	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.	0
		<b>NEMT (Verida)</b>
		0

Number	Indicator	Response
	<b>Resolved appeals related to payment denial</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.6c</b>	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.	0 <b>NEMT (Verida)</b>
		0
	<b>Resolved appeals related to service timeliness</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.6d</b>	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).	0 <b>NEMT (Verida)</b>
		0
	<b>Resolved appeals related to lack of timely plan response to an appeal or grievance</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.6e</b>	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR B'438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.	0 <b>NEMT (Verida)</b>
		0
	<b>Resolved appeals related to plan denial of an enrollee's right to request out-of-network care</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.6f</b>	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR B'438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).	0 <b>NEMT (Verida)</b>
		0
	<b>Resolved appeals related to denial of an enrollee's request to dispute financial liability</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.6g</b>	Enter the total number of appeals resolved by the plan	0

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
	during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.	<b>NEMT (Verida)</b> 0

#### **Topic IV. Appeals, State Fair Hearings & Grievances**

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
	<b>Resolved appeals related to general inpatient services</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.7a</b>	Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services.	0
	Do not include appeals related to inpatient behavioral health services - those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter "N/A".	<b>NEMT (Verida)</b> 0
	<b>Resolved appeals related to general outpatient services</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.7b</b>	Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services - those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter "N/A".	0
	<b>Resolved appeals related to inpatient behavioral health services</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.7c</b>	Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter "N/A".	0 <b>NEMT (Verida)</b> 0

Number	Indicator	Response
	<b>Resolved appeals related to outpatient behavioral health services</b>	<b>NEMT (ModivCare)</b>
D1.IV.7d	Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".	0 <b>NEMT (Verida)</b> 0
	<b>Resolved appeals related to covered outpatient prescription drugs</b>	<b>NEMT (ModivCare)</b>
D1.IV.7e	Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".	0 <b>NEMT (Verida)</b> 0
	<b>Resolved appeals related to skilled nursing facility (SNF) services</b>	<b>NEMT (ModivCare)</b>
D1.IV.7f	Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".	0 <b>NEMT (Verida)</b> 0
	<b>Resolved appeals related to long-term services and supports (LTSS)</b>	<b>NEMT (ModivCare)</b>
D1.IV.7g	Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".	N/A <b>NEMT (Verida)</b> N/A
D1.IV.7h	<b>Resolved appeals related to dental services</b> Enter the total number of appeals resolved by the plan during the reporting year that were related to dental	<b>NEMT (ModivCare)</b> 0



Number	Indicator	Response
	services. If the managed care plan does not cover dental services, enter "N/A".	NEMT (Verida)
		0
	<b>Resolved appeals related to non-emergency medical transportation (NEMT)</b>	NEMT (ModivCare)
<b>D1.IV.7i</b>	Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".	0 NEMT (Verida)
		0
	<b>Resolved appeals related to other service types</b>	NEMT (ModivCare)
<b>D1.IV.7j</b>	Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i, enter "N/A".	0 NEMT (Verida)
		0

#### Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
	<b>State Fair Hearing requests</b>	NEMT (ModivCare)
<b>D1.IV.8a</b>	Enter the total number of requests for a State Fair Hearing filed during the reporting year by plan that issued the adverse benefit determination.	0 NEMT (Verida)
		0
	<b>State Fair Hearings resulting in a favorable decision for the enrollee</b>	NEMT (ModivCare)
<b>D1.IV.8b</b>	Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	0 NEMT

Number	Indicator	Response
		<b>(Verida)</b>
		0
	<b>State Fair Hearings resulting in an adverse decision for the enrollee</b>	<b>NEMT (ModivCare)</b>
		0
<b>D1.IV.8c</b>	Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	<b>NEMT (Verida)</b>
		0
	<b>State Fair Hearings retracted prior to reaching a decision</b>	<b>NEMT (ModivCare)</b>
		0
<b>D1.IV.8d</b>	Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) prior to reaching a decision.	<b>NEMT (Verida)</b>
		0
	<b>External Medical Reviews resulting in a favorable decision for the enrollee</b>	
	If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A".	<b>NEMT (ModivCare)</b>
<b>D1.IV.9a</b>		0
		<b>NEMT (Verida)</b>
	External medical review is defined and described at 42 CFR B'438.402(c)(i)(B).	0
	<b>External Medical Reviews resulting in an adverse decision for the enrollee</b>	<b>NEMT (ModivCare)</b>
		0
<b>D1.IV.9b</b>	If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer	<b>NEMT (Verida)</b>

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
	an external medical review process, enter "N/A".	
	External medical review is defined and described at 42 CFR B'438.402(c)(i)(B).	00

#### **Topic IV. Appeals, State Fair Hearings & Grievances**

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
	<b>Grievances resolved</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.10</b>	Enter the total number of grievances resolved by the plan during the reporting year.	5,896
	A grievance is "resolved" when it has reached completion and been closed by the plan.	<b>NEMT (Verida)</b>
		5,896
	<b>Active grievances</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.11</b>	Enter the total number of grievances still pending or in process (not yet resolved) as of the first day of the last month of the reporting year.	0
		<b>NEMT (Verida)</b>
		0
	<b>Grievances filed on behalf of LTSS users</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.12</b>	Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.	N/A
	An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.	<b>NEMT (Verida)</b>
		N/A
<b>D1.IV.13</b>	<b>Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance</b>	<b>NEMT (ModivCare)</b>
		N/A

Number	Indicator	Response
	<p>For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.</p>	
	<p>If the managed care plan does not cover LTSS, the state should enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field.</p>	<p><b>NEMT (Verida)</b>  N/A</p>
	<p>To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.</p>	
	<p><b>Number of grievances for which timely resolution was provided</b></p>	<p><b>NEMT (ModivCare)</b></p>
<b>D1.IV.14</b>	<p>Enter the number of grievances for which timely resolution was provided by plan during the reporting period.</p>	<p>5,896</p>
	<p>See 42 CFR B'438.408(b)(1) for requirements related to the timely resolution of grievances.</p>	<p><b>NEMT (Verida)</b>  5,896</p>

## Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
	<b>Resolved grievances related to general inpatient services</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.15a</b>	Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services - those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".	0 <b>NEMT (Verida)</b> 0
	<b>Resolved grievances related to general outpatient services</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.15b</b>	Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".	0 <b>NEMT (Verida)</b> 0
	<b>Resolved grievances related to inpatient behavioral health services</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.15c</b>	Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".	0 <b>NEMT (Verida)</b> 0
	<b>Resolved grievances related to outpatient behavioral health services</b>	<b>NEMT (ModivCare)</b>
<b>D1.IV.15d</b>	Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".	0 <b>NEMT (Verida)</b> 0

Number	Indicator	Response
<b>D1.IV.15e</b>	<p><b>Resolved grievances related to coverage of outpatient prescription drugs</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".</p>	<p><b>NEMT (ModivCare)</b></p> <p>0</p> <p><b>NEMT (Verida)</b></p> <p>0</p>
<b>D1.IV.15f</b>	<p><b>Resolved grievances related to skilled nursing facility (SNF) services</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".</p>	<p><b>NEMT (ModivCare)</b></p> <p>0</p> <p><b>NEMT (Verida)</b></p> <p>0</p>
<b>D1.IV.15g</b>	<p><b>Resolved grievances related to long-term services and supports (LTSS)</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".</p>	<p><b>NEMT (ModivCare)</b></p> <p>N/A</p> <p><b>NEMT (Verida)</b></p> <p>N/A</p>
<b>D1.IV.15h</b>	<p><b>Resolved grievances related to dental services</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".</p>	<p><b>NEMT (ModivCare)</b></p> <p>0</p> <p><b>NEMT (Verida)</b></p> <p>0</p>
<b>D1.IV.15i</b>	<p><b>Resolved grievances related to non-emergency medical transportation (NEMT)</b></p> <p>Enter the total number of grievances resolved by the</p>	<p><b>NEMT (ModivCare)</b></p> <p>5,896</p>

Number	Indicator	Response
	plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".	NEMT (Verida)  5,896
	<b>Resolved grievances related to other service types</b>	NEMT (ModivCare)
D1.IV.15j	Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i, enter "N/A".	0  NEMT (Verida)  0

### Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
	<b>Resolved grievances related to plan or provider customer service</b>	NEMT (ModivCare)
D1.IV.16a	Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service.	0
	Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	NEMT (Verida)  0
	<b>Resolved grievances related to plan or provider care management/case management</b>	NEMT (ModivCare)
D1.IV.16b	Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management.	0
	Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.	NEMT (Verida)  0

Number	Indicator	Response
D1.IV.16c	<b>Resolved grievances related to access to care/ services from plan or provider</b>	<b>NEMT (ModivCare)</b>
	Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care.	0
D1.IV.16d	Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.	<b>NEMT (Verida)</b>
	<b>Resolved grievances related to quality of care</b>	0
D1.IV.16d	Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care.	<b>NEMT (ModivCare)</b>
	Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.	0
D1.IV.16e	<b>Resolved grievances related to plan communications</b>	<b>NEMT (Verida)</b>
	Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications.	0
D1.IV.16f	Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.	<b>NEMT (Verida)</b>
	<b>Resolved grievances related to payment or billing issues</b>	0
D1.IV.16f	Enter the total number of grievances resolved during the reporting period that were filed for a reason related to payment or billing issues.	<b>NEMT (ModivCare)</b>
		<b>NEMT (Verida)</b>



Number	Indicator	Response
		0
	<b>Resolved grievances related to suspected fraud</b>	
	Enter the total number of grievances resolved during the reporting year that were related to suspected fraud.	<b>NEMT (ModivCare)</b>
<b>D1.IV.16g</b>	Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.	0 <b>NEMT (Verida)</b> 0
	<b>Resolved grievances related to abuse, neglect or exploitation</b>	
<b>D1.IV.16h</b>	Enter the total number of grievances resolved during the reporting year that were related to abuse, neglect or exploitation.	<b>NEMT (ModivCare)</b> 0 <b>NEMT (Verida)</b>
	Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.	0
	<b>Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)</b>	
<b>D1.IV.16i</b>	Enter the total number of grievances resolved during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).	0 <b>NEMT (Verida)</b> 0
	<b>Resolved grievances related to plan denial of expedited appeal</b>	
<b>D1.IV.16j</b>	Enter the total number of grievances resolved during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal.	0 <b>NEMT (Verida)</b>
	Per 42 CFR B'438.408(b)(3), states must establish a	0

**Number**

**Indicator**

**Response**

timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

**Resolved grievances filed for other reasons**

**NEMT  
(ModivCare)**

0

**D1.IV.16k** Enter the total number of grievances resolved during the reporting period that were filed for a reason other than the reasons listed above.

**NEMT  
(Verida)**

0

**Topic VII: Quality & Performance Measures**

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Find in the Excel Workbook

D2\_Plan\_Measures

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Complete

**D2.VII.1 Measure Name: Medicaid Member Intake Worksheet**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall complete a computerized Medicaid member intake worksheet (the "Worksheet") at the time of contact for each request made by a Medicaid member. The Contractor shall develop and submit to DCH, for prior written approval, a model Worksheet that includes, but is not limited to the information referenced in the Contract.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

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Complete

**D2.VII.1 Measure Name: Denial of Service**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall provide written notices to the members or their lawful representatives within three (3) business days of the day a trip is denied, suspended or terminated. The notice shall include the specific reason for the denial, suspension or termination and an explanation of the member's appeal rights. The letter shall be written in a way that the Medicaid member is able to understand the notice (sixth grade level).

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

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Complete

## **D2.VII.1 Measure Name: Correspondence to Members**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

All correspondence developed by the Contractor intended for a Medicaid member shall be reviewed and approved by DCH prior to mailing.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

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Complete

## **D2.VII.1 Measure Name: Hours of Operation**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall establish a duly licensed non-residential business office that is located within the service region and that is open to conduct the general administration functions of the business between the hours of 8:00 a.m. to 5:00 p.m., Eastern time, Monday through Friday. Additionally the Contractor shall have the capacity to send and receive facsimiles at the central business office at all times during business hours.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

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Complete

**D2.VII.1 Measure Name: Telephone System and Scheduling Requirements**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall provide Medicaid members or their lawful representatives with a current operable long-distance toll free telephone number with which to schedule trips. The Contractor shall have multi-lingual capabilities and access for the hearing and speech impaired. Access may be satisfied by use of the Georgia Relay Center. The Contractor shall have sufficient toll free telephone lines, staff, and support equipment to meet performance requirements as stated in the Telephone and Scheduling Requirements Section of the Program Requirements document. The Contractor shall also have a telecommunications system and appropriate personnel available to allow for "paging" after- hours, including but not limited to nights, weekends, and State holidays.

Measure results

NEMT (ModivCare)

Broker met expectations in providing long-distance toll-free telephone numbers, multi-lingual capabilities, and support equipment.

NEMT (Verida)

Broker met expectations in providing long-distance toll-free telephone numbers, multi-lingual capabilities, and support equipment.

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Complete

**D2.VII.1 Measure Name: Pick Up and Delivery Standards**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall assure that transportation services are provided in such a manner as to comply with the minimum service delivery requirements set forth in the Program Requirements document.

Measure results

NEMT (ModivCare)

Expectations not met consistently.

NEMT (Verida)

Expectations not met consistently.

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Complete



## **D2.VII.1 Measure Name: Urgent Care**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall arrange transportation services for a Medicaid member when he or she requests services for Urgent Care and no other means of appropriate transportation exist.

Measure results

NEMT (ModivCare)

Expectations not met consistently.

NEMT (Verida)

Expectations not met consistently.

8 / 38



Complete

**D2.VII.1 Measure Name: Driver Conduct**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall ensure that all drivers and attendants adhere to the minimal driver conduct standards (the "Standards") set forth in the Program Requirements document. In addition, the Standards shall be included in and made part of any Contract or Agreement between Contractor and any subcontractor or other vendor, which relates to the services provided under this Contract.

Measure results

NEMT (ModivCare)

Expectations not met consistently.

NEMT (Verida)

Expectations not met consistently.

9 / 38



Complete

**D2.VII.1 Measure Name: Discrimination & Harassment**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Contractor shall take all reasonable steps to prevent, minimize, and stop all forms of discrimination or harassment involving Medicaid members, including but not limited to discrimination or harassment based on or related to race, gender, religion, national origin, sexual orientation, disability, economic status, or any other lawfully protected group or status. In addition, the requirements set forth herein shall be included in and made part of any Contract or Agreement between the Contractor and any subcontractor or other vendor, which relates to the services provided under this Contract.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

10 / 38



Complete

**D2.VII.1 Measure Name: Record Retention**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall maintain all records in the manner and fashion required by the RFP, the Program Requirements document, and this contract. All records shall be made available for review by authorized DCH, Federal and State personnel within two (2) business days of the request or immediately upon request. Please note that the term "record" or "records" shall have the same meaning attributed to it in the Contract.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

11 / 38



Complete

**D2.VII.1 Measure Name: Vehicle Requirements**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall ensure that all transportation providers maintain all vehicles used to perform work under this Contract (the "Vehicles") in good operating condition and pursuant to the standards set forth in the Program Requirements document. The Vehicles shall also have routine maintenance, repairs, inspections, and registrations performed in a timely manner. The Contractor understands and acknowledges that DCH may request and receive written documentation of all routine maintenance, repairs, inspections, and registrations on any vehicle. Additionally, the Contractor shall require that all Transportation Providers comply with all laws, statutes, and regulations including but not limited to the Americans With Disabilities Act (the "ADA") and those of the Georgia Department of Driver Services (the "DDS"). The Contractor shall require all Transportation Providers to maintain adequate insurance levels in accordance with the Section 17 of the Contract. The Contractor shall also require all Transportation Providers to maintain valid registrations on the Vehicles and comply with all applicable health and safety requirements, whether State or Federal. The Contractor understands and acknowledges that DCH may request and shall receive written documentation of insurance coverage.

Measure results

NEMT (ModivCare)

Expectations met to onboard new transportation providers meeting the vehicle requirements. Brokers complete inspections to minimize vehicle concerns.

NEMT (Verida)

Expectations met to onboard new transportation providers meeting the vehicle requirements. Brokers complete inspections to minimize vehicle concerns.

12 / 38



Complete

### **D2.VII.1 Measure Name: Wheelchair Van Requirements**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

All Vehicles used to transport wheelchair passengers shall comply with the ADA requirements in effect at the time of the Vehicle's construction. In addition, all Vehicles used to transport wheelchair passengers shall meet the minimal requirements set forth in the Program Requirements document and the ADA.

Measure results

NEMT (ModivCare)

Expectations met to onboard new transportation providers meeting the vehicle requirements. Brokers complete inspections to minimize vehicle concerns.

NEMT (Verida)

Expectations met to onboard new transportation providers meeting the vehicle requirements. Brokers complete inspections to minimize vehicle concerns.

13 / 38



Complete

**D2.VII.1 Measure Name: Vehicle Inspections**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall conduct an initial inspection of all Vehicles prior to the start of operations. The Contractor shall also develop and implement a periodic inspection process as prescribed in the Program Requirements document to verify that all Vehicles meet the Vehicle Requirements as stated in the Program Requirements document and that safety and passenger comfort features are in good working condition. Prior to the execution of a Service Agreement, Contract, or any other document between the Contractor and a Transportation Provider, an initial inspection of all the Transportation Provider's Vehicles shall be completed

satisfactorily in compliance with the above paragraph and Performance Measurements No. 11 and No. 12 of this document.

Measure results

NEMT (ModivCare)

Expectations met for initial inspection of vehicles prior to the start of operations. Brokers are responsible for conducting annual inspections six months after the most recent inspection for all transportation providers.

NEMT (Verida)

Expectations met for initial inspection of vehicles prior to the start of operations. Brokers are responsible for conducting annual inspections six months after the most recent inspection for all transportation providers.

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Complete

**D2.VII.1 Measure Name: Back-Up Transportation Service**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description



The Contractor shall be responsible for retaining and arranging for back-up Vehicles and/or personnel when notified by a Medicaid member, a provider, or DCH that a Vehicle is excessively late or otherwise unavailable in a timely and reasonable manner.

Measure results

NEMT (ModivCare)

Expectations not met consistently.

NEMT (Verida)

Expectations not met consistently.

15 / 38



Complete

**D2.VII.1 Measure Name: Removal of Vehicle from Service**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Any Vehicle found not in compliance with the Vehicle standards set forth in the

Program Requirements document, the Contract, or applicable State or Federal standards shall be removed from service immediately until DCH certifies, in writing, that it may be returned to service under this Contract

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

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Complete

### **D2.VII.1 Measure Name: Project Director**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Project Director shall physically be on-site within the Contractor's geographical region during at least fifty percent (50%) of normal business hours

each month. The Project Director shall also be on-site within the Contractor's region full-time during implementation and the first six (6) months of operation

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

17 / 38



Complete

### **D2.VII.1 Measure Name: Driver Qualifications**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor is responsible for ensuring that Transportation Providers meet all Program Requirements document driver qualifications. The Contractor shall also ensure that all drivers, at all times of employment, are legally licensed to drive in

Georgia and lawfully permitted to operate the Vehicle they are assigned.

Measure results

NEMT (ModivCare)

Expectations met during onboarding of new transportation providers.

NEMT (Verida)

Expectations met during onboarding of new transportation providers.

18 / 38



Complete

**D2.VII.1 Measure Name: Driver, Attendant, Service Personnel Training**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

All drivers used by Transportation Providers shall have successfully completed driver training, first aid training, and training in the use of a spill kit and removal of biohazards (collectively "Training Programs"). All such Training Programs shall be Training Programs approved by DCH in writing. The Contractor shall provide a

program of service personnel training prior to permitting any personnel to have public contact or answer scheduling lines.

Measure results

NEMT (ModivCare)

Expectations met during onboarding of new transportation providers.

NEMT (Verida)

Expectations met during onboarding of new transportation providers.

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Complete

### **D2.VII.1 Measure Name: Volunteer Driver & Public Transportation**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Broker shall have written oversight procedures for ensuring that volunteer drivers utilized for this contract: are legally licensed by the State of Georgia, have completed driver training, 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 Vehicle requirements are met.

Measure results

NEMT (ModivCare)

Expectations met during onboarding of new volunteer/independent drivers.

NEMT (Verida)

Expectations met during onboarding of new volunteer/independent drivers.

20 / 38



Complete

### **D2.VII.1 Measure Name: Orientation for Transportation Providers**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall provide an orientation program (the "Program") for all Transportation Providers with which he or she has entered into a Service Agreement under the Contract.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

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Complete

**D2.VII.1 Measure Name: Operational Procedures Manual**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall develop an operational procedures manual that delineates all procedures to be used in the scheduling and delivery of transportation services (the "Manual"). In no case may the Contractor begin operations without a DCH-approved operational procedures manual. In addition, the Manual shall be reviewed and updated whenever changes in the operation of the business are made. Updates to the Manual require prior written approval from DCH.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

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Complete

**D2.VII.1 Measure Name: Appeals**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall provide written explanation within three (3) business days of the day that a trip is denied, suspended, or terminated (the "Notice"). In addition to an explanation of the action, the Notice shall inform the Medicaid member of his or her appeal rights regarding the action.

Measure results



NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

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Complete

### **D2.VII.1 Measure Name: Complaints**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall be responsible for recording and responding to all complaints regarding, related to, and based on the delivery of services required under this Contract. Recording and resolution of complaints shall be pursuant to the procedure and manner set forth in the Program Requirements document.

Measure results

NEMT (ModivCare)

Expectations not met consistently.

NEMT (Verida)

Expectations not met consistently.

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Complete

**D2.VII.1 Measure Name: Staffing**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall meet or exceed all staffing requirements specified in the Program Requirements document.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

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Complete

**D2.VII.1 Measure Name: Quality Assurance Plan**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall develop and maintain an on- going quality assurance plan (the "QA Plan") that includes the components set forth in the Program Requirements document.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met



Complete

**D2.VII.1 Measure Name: Performance Review and Monitoring**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

DCH may review Contractor's records or conduct on-site reviews at any time so as to ensure compliance with the Program Requirements document, the Contract, and State or Federal standards. In addition, all of the Transportation Provider's Vehicles shall be made available to DCH or its agent(s) for inspection at any time.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met



Complete

**D2.VII.1 Measure Name: Homeland Security Considerations**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall perform the services to be provided under this Contract entirely within the boundaries of the United States. Also, Contractor shall not hire any individual to perform any services under this Contract if that individual is required to have a work visa approved by the U.S. Department of Homeland Security and such individual has not met this requirement.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

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Complete

**D2.VII.1 Measure Name: Reports**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

All reports and other information described in the Contract shall include the items and components described in the Program Requirements document

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

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Complete

**D2.VII.1 Measure Name: Failure to comply w/Contract Term, Provision, or**

## Conditions

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

If the Contractor fails to meet a term, condition, or requirement of the Contract that is not specifically addressed in one of the above Performance Measurements and financial damages are difficult or impossible to ascertain exactly, the Contractor agrees that DCH may assess additional liquidated damages in those cases. In addition, DCH may identify any other condition resulting from Contractor non-compliance with the Program Requirements document and contract through routine monitoring activities. DCH shall notify the Contractor in writing of the non-compliance and designate a reasonable time for correction of the non-compliance.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

30 / 38



Complete

**D2.VII.1 Measure Name: Eligibility Verification System**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractors are required to maintain the most current Medicaid eligibility information and verify Medicaid eligibility.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

31 / 38



Complete



## **D2.VII.1 Measure Name: Dialysis Requirement**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor is required to ensure that Medicaid members are delivered to scheduled health care appointments on time.

Measure results

NEMT (ModivCare)

Expectations not met consistently.

NEMT (Verida)

Expectations not met consistently.

32 / 38



Complete

## **D2.VII.1 Measure Name: Levels of Transportation**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

When determining the appropriate mode of transportation for a member, the Contractor shall consider the member's current level of mobility and functional independence. The Contractor shall also adjust the scalability of the transportation levels by using trend analysis to determine the Medicaid

Measure results

NEMT (ModivCare)

Expectations not met consistently.

NEMT (Verida)

Expectations not met consistently.

33 / 38



Complete

### **D2.VII.1 Measure Name: Computer Requirements**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"The Contractor 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 Contractor's system shall conform to HIPAA standards for information exchange. The Contractor must have a system that is flexible and can accommodate changes needed to support DCH policy changes. The Contractor shall also 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 the Program Requirements document."

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

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Complete

**D2.VII.1 Measure Name: Equal Employment Opportunity Plan**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor's staffing shall demonstrate a commitment to minority participation on the Georgia project. The Contractor shall develop an Equal Employment Opportunity Plan and submit it to DCH for review and approval at least thirty (30) calendar days prior to the start of operations. The Contractor shall incorporate modifications required by DCH within ten (10) business days of notification.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

35 / 38



Complete

**D2.VII.1 Measure Name: Turnover Plan**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall after forty-five (45) days of the notification of the award of the contract, submit a Turnover Plan to DCH for approval. Thereafter, an updated Plan will be due annually to coincide with the anniversary of delivery of the initial plan and additionally as may be requested by DCH.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

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Complete

**D2.VII.1 Measure Name: Implementation Work Plan**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall prepare and maintain an implementation work plan that includes all the activities required to begin operations successfully under the Contract.

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

37 / 38



Complete

**D2.VII.1 Measure Name: Business Continuity and Disaster Recovery Plan**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The Contractor shall develop and maintain a Business Continuity and Disaster Recovery Plan designed to minimize any disruption to transportation services caused by a disaster at the Contractor's central business office or other facilities. It is the sole responsibility of the Contractor to maintain adequate backup to ensure continued scheduling and transportation capability

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

38 / 38



Complete

## **D2.VII.1 Measure Name: Customer Surveys**

D2.VII.2 Measure Domain

Non-Emergency Medical Transportation (NEMT)

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Non-Emergency Medical Transportation (NEMT)

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

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

Measure results

NEMT (ModivCare)

Expectations met

NEMT (Verida)

Expectations met

## **Topic VIII. Sanctions**

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to



improve performance.



Find in the Excel Workbook

D3\_Plan\_Sanctions

1 / 1



Complete

### **D3.VIII.1 Intervention type: Liquidated damages**

D3.VIII.2 Intervention topic

Performance management

D3.VIII.3 Plan name

NEMT (ModivCare)

D3.VIII.4 Reason for intervention

Performance Improvement applied to NEMT (combination of ModivCare and Verida) as a whole.

Sanction details

D3.VIII.5 Instances of non-compliance

1,761

D3.VIII.6 Sanction amount

\$ 155,199

D3.VIII.7 Date assessed

11/23/2022

D3.VIII.8 Remediation date non-compliance was corrected

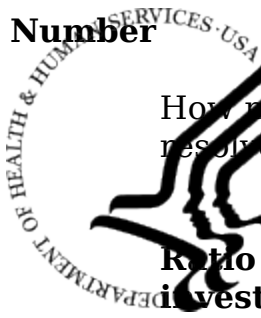
Not Answered

D3.VIII.9 Corrective action plan

Yes

## Topic X. Program Integrity

Number	Indicator	Response
	<b>Dedicated program integrity staff</b>	<b>NEMT (ModivCare)</b>
<b>D1.X.1</b>	Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	60 <b>NEMT (Verida)</b>
		60
	<b>Count of opened program integrity investigations</b>	<b>NEMT (ModivCare)</b>
<b>D1.X.2</b>	How many program integrity investigations have been opened by the plan in the past year?	12 <b>NEMT (Verida)</b>
		12
	<b>Ratio of opened program integrity investigations to enrollees</b>	<b>NEMT (ModivCare)</b>
<b>D1.X.3</b>	What is the ratio of program integrity investigations opened by the plan in the past year per 1,000 beneficiaries enrolled in the plan on the first day of the last month of the reporting year?	0:1,000 <b>NEMT (Verida)</b>
		0:1,000
<b>D1.X.4</b>	<b>Count of resolved program integrity investigations</b>	<b>NEMT (ModivCare)</b>
Managed Care Reporting logo		1



Number	Indicator	Response
	How many program integrity investigations have been resolved by the plan in the past year?	<b>NEMT (Verida)</b> 1
	<b>Ratio of resolved program integrity investigations to enrollees</b>	<b>NEMT (ModivCare)</b>
<b>D1.X.5</b>	What is the ratio of program integrity investigations resolved by the plan in the past year to the beneficiaries enrolled in the plan at the beginning of the reporting year? <a href="#">Federal government website managed and paid for by the U.S. Centers for Medicare and Medicaid Services and part of the MD000 suite.</a> <a href="#">Contact Us</a>	0:1,000 <b>NEMT (Verida)</b> 0:1,000
	<a href="#">Accessibility Statement</a>	<b>NEMT (ModivCare)</b>
7500 Security Boulevard Baltimore, MD 21244		Makes some referrals to the SMA and others directly to the MFCU
<b>D1.X.6</b>	<b>Referral path for program integrity referrals to the state</b>	<b>Count of program integrity referrals to the state</b>
	What is the referral path that the plan uses to make program integrity referrals to the state? Select one.	N/A <b>NEMT (Verida)</b>
		Makes some referrals to the SMA and others directly to the MFCU
		<b>Count of program integrity referrals to the state</b>
		N/A

Number	Indicator	Response
<b>D1.X.8</b>	<p><b>Ratio of program integrity referral to the state</b></p> <p>What is the ratio of program integrity referral listed in the previous indicator made to the state in the past year per 1,000 beneficiaries, using the plan's total enrollment as of the first day of the last month of the reporting year (reported in indicator D1.I.2) as the denominator.</p>	<p><b>NEMT (ModivCare)</b></p> <p>0:0</p> <p><b>NEMT (Verida)</b></p> <p>0:1,000</p>
	<p><b>Plan overpayment reporting to the state</b></p> <p>Describe the plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3). Include, for example, the following information:</p> <ul style="list-style-type: none"> <li>• The date of the report (rating period or calendar year).</li> <li>• The dollar amount of overpayments recovered.</li> <li>• The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 438.8(f)(2).</li> </ul>	<p><b>NEMT (ModivCare)</b></p> <p>Not applicable for NEMT. All results in the PI, Appeals, Grievances, etc. apply to both plans.</p> <p><b>NEMT (Verida)</b></p> <p>Not applicable for NEMT. All results in the PI, Appeals, Grievances, etc. apply to both plans.</p>
<b>D1.X.10</b>	<p><b>Changes in beneficiary circumstances</b></p> <p>Select the frequency the plan reports changes in beneficiary circumstances to the state.</p>	<p><b>NEMT (ModivCare)</b></p> <p>Daily</p> <p><b>NEMT (Verida)</b></p> <p>Daily</p>

# Section E: BSS Entity Indicators

## Topic IX. Beneficiary Support System (BSS) Entities

Number	Indicator	Response
E.IX.1	<p><b>BSS entity type</b></p> <p>What type of entity was contracted to perform each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).</p>	<p>N/A</p> <p>Not Answered</p>
E.IX.2	<p><b>BSS entity role</b></p> <p>What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).</p>	<p>N/A</p> <p>Not Answered</p>