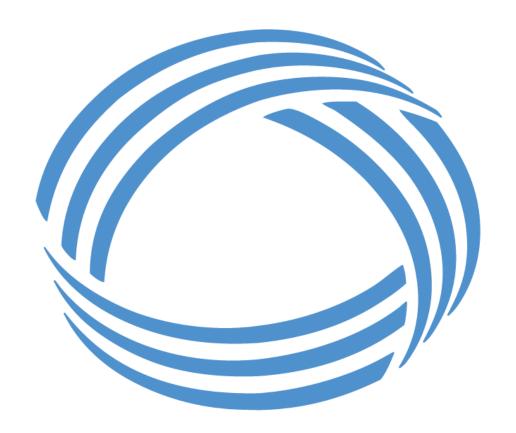
# **PART II**

# POLICIES AND PROCEDURES For NON-EMERGENCY TRANSPORTATION BROKERS SERVICES



# GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**DIVISION OF MEDICAID** 

Revised: April 1, 2016

# **Policy Revisions Record**

Part II Policies and Procedures Manual for Non-Emergency Transportation Broker Services 2016

REVISION DATE	SECTION	REVISION DESCRIPTION	REVISION TYPE	CITATION
			A=Added D=Deleted M=Modified	(Revision required by Regulation, Legislation, etc.)
4/1/2016	200.1	For clarification purposes, modified language in 1 <sup>st</sup> paragraph and also added the following statement: "transportation services are provided not more than 50 miles beyond the State of Georgia boundaries."	М	N/A
4/1/2016	200.13	For clarification purposes, the following sentence was added as the last paragraph: "For clarification purposes, stretcher transportation providers are not allowed to use their stretchers for purposes of having members treated on them by the treating provider or facility."	M	N/A
4/1/2016	300.3	Statement identified by #8 reads, "Ensure that a dialysis patient arrives at a dialysis clinic for a scheduled dialysis appointment no later than ten (10) minutes prior to the scheduled appointment time" has been deleted. Required pickup and delivery standards apply.	D	N/A

#### **PREFACE**

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

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

Amendments to this manual will be necessary from time to time due to changes in federal and state laws and Department of Community Health (the Department), Division of Medical Assistance (Division) policy. Manuals are updated, if applicable, and posted quarterly on the Hewlett Packard (HP) web portal at <a href="www.mmis.georgia.gov">www.mmis.georgia.gov</a> and will include any amendments when such amendments are made, if applicable. These postings shall constitute formal notification to providers of any changes or amendments. The amended provisions will be effective on the date of the notice on the manual or as specified by the notice itself. All providers are responsible for complying with the amended manual provisions as of their effective dates.

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

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#### I. **GENERAL INFORMATION**

#### **Background**

The Georgia Medical Assistance Program (Medicaid) became effective in October 1967, under the provisions of Title XIX of the 1965 amendments to the Social Security Act (42 USC 1396 *et seq.*). On July 1, 1977, the Georgia Department of Medical Assistance (DMA) was created to administer the Medicaid program (GA Laws 1977, p. 384). On July 1, 1999, the Department of Community Health (DCH) was created to administer healthcare programs in Georgia, including Medicaid. DMA then became the Division of Medical Assistance within DCH (GA Laws 1999).

DCH is the single State agency charged with the responsibility of administering the Medicaid program. DCH is responsible for assuring that needy Georgians have the opportunity to request and receive Medicaid services through an eligibility process and that providers of these services are reimbursed. DCH administers the Medicaid program through several contracts, in addition to the direct employment of departmental staff. DCH is divided into multiple divisions and offices responsible for administering Medicaid services and other health care programs in Georgia.

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

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

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

#### **Definition of Service**

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

Members enrolled in certain programs, including but not limited to the Mental Health, Mental Retardation and Substance Abuse (MHMRSA), Comprehensive Support Waiver (COMP) and New Options Waiver (NOW) are deemed to have other means of transportation if the program

includes transportation services for the particular type of medical treatment being sought by the member.

Transportation may be provided to health practitioners or entities that are not participating in the Georgia Medicaid program if the services furnished to the member are covered under the Georgia Medicaid plan and therefore would be payable were the member to go to a Medicaid participating provider; and, if a member obtains the medical service from the type of provider that could be a Medicaid participating provider, had the provider applied to participate.

#### **Severability Clause**

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

#### **Categories of Service Reimbursed**

The Medicaid non-emergency transportation (NET) program provides transportation through a NET Broker System. Five NET regions have been established in the state: North, Atlanta, Central, East, and Southwest. The Department has contracted with a Broker in each of the five NET regions to administer and provide non-emergency transportation for eligible Medicaid members by means of appropriate vehicles to include minibus, wheelchair van, stretcher vans and public or Para-transit. The Brokers are reimbursed a monthly capitation rate for each eligible Medicaid member residing within the NET region.

#### **General Reimbursement Principles**

#### Prudent Buyer

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

#### Collection Agencies

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

#### **Covered Services**

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

#### II. ENROLLMENT

The Department of Community Health utilizes a broker system to administer the NET program and does not enroll transportation providers individually. Transportation providers interested in providing services for Medicaid members must contact the Broker for the region in which he or she wishes to provide transportation services.

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Transportation providers contracted through the NET Broker, must be currently registered with the Georgia Department of Public Safety to provide transportation services or be certified by the Department of Human Services in the case of non-emergency ambulance services, and must maintain an active valid registration throughout the term of the service agreement with the Broker.

#### III. GENERAL CONDITIONS OF PARTICIPATION

As general conditions of participation, all NET Brokers must:

- 1. Comply with State and federal statues, policies and regulations applicable to the Medicaid Program;
- 2. Provide services in compliance with Title VI of the Civil Rights Act of 1964, as amended. Title VI provides that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance:
- 3. Provide services in compliance with Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act of 1990 (ADA). Section 504 provides that no otherwise qualified handicapped individual shall solely by reason of his or her handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance;
- 4. Not intentionally or negligently damage or endanger the health, safety or welfare of any member;
- 5. The Broker, owner, and managing employee(s) cannot appear on the Department of Health and Human Services, Office of the Inspector General's (OIG) Exclusion List and the System for Award Management (SAM). The Broker is required to check both systems on a monthly basis and maintain documentation of results.
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6. The Broker is required to check the Social Security Administration's Death Master File (DMF) for each of its employees, transportation providers and drivers and volunteer drivers at the time of employment and on an annual basis thereafter.

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- 7. Not employ or contract with a person, provider, owner, partnership or corporation previously terminated or suspended from the Program, barred from enrollment, or on the OIG's sanction or Exclusion list and SAM. Brokers may search the DHHS-OIG and SAM websites to capture exclusion and reinstatements.
- 8. Notify the Department of any of the following changes immediately:
  - a. Change in business and/or email address, telephone and/or facsimile number;
  - b. Change in corporate status or nature;
  - c. Change in business location;
  - d. Change in solvency;
  - e. Change in corporate officers, executive employees, or corporate structure;
  - f. Material changes in ownership (i.e. more than 25% a month); and/or
  - g. Change in federal employee identification number or federal tax identification number.
- 9. Not engage in any illegal activities related to the furnishing of services.
- 10. Adhere to all the applicable policies and procedures of the Department.

#### IV. MEMBER ELIGIBILITY

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

#### Newborn Eligibility Verification

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

Any physician, nurse midwife, nurse practitioner, health check provider, pharmacy, hospital, Health Department, durable medical equipment provider or birthing center enrolled as a Georgia Medicaid provider is authorized to obtain a temporary Medicaid identification number for these newborn infants. Enrolled providers can access Hewlett Packard (HP) on-line to obtain a Medicaid identification number. Additionally, the manual process of completing a Newborn Medicaid-Certification form, DMA-550, remains in place for enrolled providers who are unable to execute the on-line process. See Appendix D for sample of DMA-550. Upon completion of the form providers may contact HP at 1-800-766-4456 to obtain a Medicaid identification number. In order to confirm issuance of the number and Medicaid eligibility, providers must

mail the white copy of the form to HP, P. O. Box 105200, Tucker, Georgia 30085-5200, Fax (866)483-1045.

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

#### Medical Assistance Eligibility Certification

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

#### **Pending**

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

## V. PROGRAM REQUIREMENTS

## **Chapter 100 Broker Responsibilities**

#### Section 100.1 Recruiting and Negotiating with Transportation Providers

Establish a network of independent transportation providers to deliver transportation and negotiate individual service delivery rates with each qualified transportation entity.

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

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Transportation providers must be currently registered with the Georgia Department of Public Safety to provide transportation service or be certified by the Department of Human Services in the case of non-emergency ambulance services, and must maintain an active valid registration throughout the term of the service agreement with the Broker. The Broker is prohibited from establishing or maintaining service agreements with transportation providers who have been determined to have committed fraud of a State or federal agency or been terminated from the Medicaid program. The Broker must terminate a service agreement with a transportation provider when substandard performance is identified and/or when the transportation provider has failed to take satisfactory corrective action within a reasonable time period. DCH reserves the right to correct failures identified by the Broker and to terminate any service agreement with a transportation provider when DCH determines it to be in the best interest of the State. The

provider is allowed fifteen (15) days to request a review of the decision by the Broker or DCH or both. Failure to request a review within (15) days waives the provider's rights.

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

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

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

- 1. Payment administration;
- 2. Levels of transportation;
- 3. Companion and attendant services;
- 4. Telephone and vehicle communication systems;
- 5. Computer requirements;
- 6. Scheduling;
- 7. Pick-up and delivery standards;
- 8. Urgent care;
- 9. Driver manifest delivery;
- 10. Driver qualifications;
- 11. Driver conduct;
- 12. Vehicle requirements;
- 13. Back-up service;
- 14. Quality assurance;
- 15. Non-compliance with standards;
- 16. Training for drivers and attendants;
- 17. Confidentiality of Information;

- 18. Specific provision that in the instance of default by the agreeing Broker, the agreement will pass to DCH or its agent for continued provision of transportation services. All terms, conditions and rates established by the agreement shall remain in effect until or unless renegotiated with DCH or its agent subsequent to default action or unless otherwise terminated by DCH at its sole discretion;
- 19. Indemnification language to protect the State and DCH;
- 20. Evidence of adequate Insurance for vehicles and drivers;
- 21. Submission .of documentation as required by DCH; and
- 22. Appeal and dispute resolution.

The Broker may arrange for non-emergency transportation by:

- 1. Negotiating service agreements with qualified transportation providers. Any essential rural health care provider as defined herein; or any disproportionate share hospital as defined by DCH; or any municipally or county-owned emergency medical services department which is located in a rural area, shall have the opportunity to become a participating provider of NET services to eligible Medicaid members under a Broker service agreement if such provider meets all of the following conditions:
  - a. participates in the Medicare and Medicaid programs;
  - b. is licensed, where required under law, and qualified to render the services required under the service agreement; and
  - c. agrees to payment terms which are either the same payment terms applicable to other similar participating providers in the service agreement; or, such payment terms as may be mutually agreed upon by such provider and the Broker.
- 2. Entering into service agreements with federally funded or public transit service, including not-for-profit agencies, transit authorities and licensed common carriers;
- 3. Providing tokens or passes to members, and escorts upon request, to cover the fare for federally funded, established public, or private transit service which is available when the member has the physical and mental capacity to use such service;
- 4. Volunteer transportation; and
- 5. Entering into service agreements with commercial taxi services to supplement its ambulatory services.

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

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

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

#### **Section 100.2 Payment Administration**

From capitation payments made to the Broker by DCH, the Broker will pay transportation providers in accordance with the terms of the service agreement between the Broker and each transportation provider. Full payment of undisputed invoices for all authorized trips must be made to the transportation providers as agreed to between the parties and made a written term of the service agreement; otherwise, payment shall be made within fifteen (15) business days of the Broker's receipt of an undisputed invoice.

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

#### The Broker will:

- 1. validate that all transportation services paid for are properly authorized and actually rendered;
- 2. receive and transmit to DCH or its agent all applicable transactions required by HIPAA regulations in the version deemed by DCH;
- 3. develop safeguards against fraudulent activity by the transportation service providers and Medicaid members and fulfill DCH's reporting requirements regarding such activity;
- 4. in the instance it is able to offer insurance to providers, not withhold premiums from provider's payments;
- 5. pay the provider for the "A" leg (as defined in the Glossary) of a trip in the instance where a member fails to board the vehicle for a trip within the time frame described in Section 300.3 Pick-up and Delivery Standards. The definition for "no show" can be found in the Glossary. The Broker shall submit to the Department a report of the methodology it will use to determine a member no show. The requirements for this report can be found in **Section 500.9 Member No-Show Report.**

- 6. indemnify and defend DCH against any causes of actions or claims of payment brought by the transportation provider or Medicaid member; and
- 7. negotiate with the public Para transit service providers a rate that is reasonable as negotiated between Broker and public Para transit provider.

#### **Section 100.3 NET Gate-Keeping**

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

The activities required for gate-keeping include:

- 1. verifying the member's current eligibility for Medicaid;
- 2. assessing the member's needs for NET services;
- 3. selecting the most appropriate transportation to meet the members need, including any special transport requirements for medically fragile or physically/mentally challenged members; and
- 4. educating members in the use of NET services.

#### **Section 100.4 Reservations and Assignments**

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

#### Requests for Transportation Services

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

- 1. unique transaction identification number;
- 2. date and time of request;
- 3. name of the Medicaid member requiring transportation;
- 4. address of Medicaid member:
- 5. Medicaid identification number;

- 6. point of origin if different from above address;
- 7. point of destination;
- 8. type of Medicaid reimbursable service to be received;
- 9. date and time of medical appointment;
- 10. disposition of request, including type of transportation to be provided (public transportation, minibus, wheelchair van, or NET stretcher van);
- 11. scheduled date and time of pickup;
- 12. identification of operator who recorded the request; and
- 13. identification of transportation provider to which the trip was assigned.

#### Member Intake Worksheet

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

- 1. Verification of or proof of eligibility:
  - a. name and address;
  - b. Medicaid number: and
  - c. telephone number, if available.
- 2. Availability of suitable mode of transportation to other community locations:
  - a. availability of friend and relative with vehicle; and
  - b. ownership or previous transportation arrangements.
- 3. Necessity of Trip:
  - a. point of origin and destination;
  - b. reason for the trip;
  - c. identification of Medicaid reimbursable service; and
  - d. identify provider to be visited and available telephone.
- 4. Availability of Federally Funded or Public Transportation:
  - a. distance from scheduled stops;
  - b. age and disabilities of member;

- c. any physical and/or mental impairments which would preclude use of public transportation;
- d. availability of funds to pay for transportation; and
- e. previous use.

#### 5. Special Needs:

- a. mode of transportation needed;
- b. services needed in route; and
- c. need for escort or attendants.

#### 6. Results of Interview:

- a. transportation approved or denied;
- b. mode of transportation if approved; and
- c. date(s) of service.

#### Validity of Information

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

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

#### **Section 100.5 Quality Assurance**

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

#### Section 100.6 Administrative Oversight/Reporting

Responsible for the management of overall day-to-day operations necessary for the delivery of NET services and the maintenance of appropriate records and systems of accountability to report to DCH and respond to the terms of the Contract.

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

- 1. negotiating, signing and executing service agreements with qualified transportation providers;
- 2. scheduling and dispatching the most appropriate trip which meets the need of the

member; and

3. monitoring quality of service delivery and reimbursing transportation providers.

#### **Section 100.7 Trend Analysis**

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

#### **Section 100.8 Modes of Transportation**

The modes of transportation to be provided under this Contract include the following:

- 1. **Minibus**: A multiple passenger van. Commercial taxi service may be considered a component of this mode of transportation service. The vehicle standards specified in Section 300.6 Vehicle Requirements, shall not apply to commercial taxi;
- 2. **Wheelchair Van**: A van equipped with lifts and locking devices to safely secure a wheelchair safely while the van is in motion;
- 3. **Stretcher (non-emergency) Van**: An enclosed vehicle that accommodates a litter and is equipped with locking devices to secure the litter during transit. Stretcher service is required for members, which are non-ambulatory and need the assistance of at least two (2) persons to be transported to and from the vehicle and the health care provider in a reclining position. No flashing lights, sirens, or emergency equipment is required;
- 4. **Public Transportation**: Brokers are encouraged to use federally funded and public transportation whenever possible if it is cost-effective to do so; and
- 5. Other forms of passenger Vehicles (i.e. Sedans): An enclosed vehicle having two or four doors and seats four or more persons with at least two full-width seats. This type of vehicle is not a standard means of transport and is to be used only when there is a fuel crisis or other situations as defined by DCH. The Broker must ensure that providers utilizing fuel-efficient vehicles or any other type of vehicle meet the minimum insurance requirements.

## **Section 100.9 Geographic Considerations**

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

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

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- 2. The Broker may opt to expand the mileage limits for transportation without a health care provider's referral per region however, at a minimum transportation shall be provided for Medicaid members within the following general geographic access standards for health care services:
  - a. 30 miles Urban;
  - b. 50 miles Rural;
  - c. 15 miles Adult Day Health Care Urban and 30 miles Rural; and
  - d. 15 miles Pharmacies Urban and 30 miles Rural.
- 3. Transportation outside the general geographic access standard for health care services is to be provided only when sufficient medical resources are not available in the member's service area and a physician statement has been received attesting to medical necessity (see Appendix R NET Physician's Medical Necessity Certification), or when a health care provider has referred the member to medically necessary health care services outside of the geographic access standard.
- 4. The Broker is not responsible for arranging Medicaid NET services for Medicaid members who reside outside the region for which the Broker holds a valid Contract. The Broker will refer eligible members to the Broker covering the member's county of residence. The Broker will arrange travel into and out of other regions when the Medicaid member being transported is a resident of the NET region in which the Broker has a contract.

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- 5. Members enrolled in managed care health plans are obligated to use providers participating in the managed care health plan. Travel for such managed care plan enrollees shall be considered the same as travel based on a health care provider's referral.
- 6. The Broker is responsible for out-of-state NET services to and from health care providers no more than fifty (50) miles beyond the state of Georgia boundaries. There are limited, specific exceptions to the fifty mile limit for certain regions such as non-Georgia hospitals in bordering states participating in Georgia Medicaid. Members who require other out-of-state transportation must be referred to the Department of Human Services' Division of Family and Children Services (DFACS) County office, which is responsible for handling such requests and arranging such out-of-state transportation if medically necessary.

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#### **Section 100.10 Reimbursement**

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

#### **Section 100.11 Implementation Work Plan**

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

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

- 1. acquisition of office space, furniture, and telecommunications and computer equipment;
- 2. hiring and training of central office, in Georgia, service staff and drivers;
- 3. recruitment of transportation providers;
- 4. completion of all transportation service agreements;
- 5. verification that transportation provider vehicles meet Contract standards;
- 6. verification that drivers meet Contract standards;
- 7. operational readiness testing of daily operational requirements to ensure all components are functioning adequately;
- 8. staff training plan and installation calendar for the trip scheduling and reservations systems;
- 9. member education; and
- 10. Development of required deliverables, including reports, operational procedures manual, encounter data submission procedures, Quality Assurance Plan, and Business Continuity and Disaster Recovery Plan.

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

#### **Section 100.12 Operational Readiness Testing**

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

- 1. telephone systems are fully operational;
- 2. computer system is fully operational;

- 3. staffing is in compliance with the Contract; and
- 4. all deliverables required in the Contract are available for review and approval prior to "Go Live."

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

- 1. a Georgia-established central office operation (this includes telephone and computer systems interaction);
- 2. member application process;
- 3. scheduling and carrier trip notification procedures;
- 4. after-hours coverage arrangements;
- 5. gate-keeping protocols;
- 6. denial process;
- 7. quality assurance;
- 8. member complaint and appeal process;
- 9. model service agreements;
- 10. vehicle inspection report forms as required in the Contract;
- 11. encounter data submission procedure;
- 12. reporting procedures; and
- 13. any other items or functions as deemed necessary by DCH

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

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

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

# **Chapter 200 Program Policies and Procedures**

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

#### **Section 200.1 General Requirements**

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

- 1) the services provided to members are Medicaid reimbursable services under the Georgia Medicaid plan; and,
- 2) the type of provider performing the medical service could be a Medicaid participating provider had the provider applied to participate; and,
- 3) transportation services are provided not more than 50 miles beyond the State of Georgia boundaries.

For clarification purposes, NET stretcher van providers and other NET vehicles are not equipped to supply, maintain and/or administer oxygen to or care for a member who is ventilator-dependent during a transport. A member utilizing NET services must have a battery-operated ventilator (fully charged) and travel with an individual or escort who has been trained to provide ventilator care if needed. Members who are ventilator-dependent are appropriate for NET if no other medical equipment or medical care is required during transportation or while en route.

#### **Section 200.2 Exceptional Transportation**

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

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

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

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#### **Section 200.3 Volunteer Transportation**

Volunteer transportation is supplied to individuals or agencies that receive no compensation or payment other than expenses for the provision of this transportation. Volunteer travel is not considered to be exceptional travel as this type of travel can be provided in state or out-of-state. Non-profit agencies, such as senior citizen centers or community action agencies ordinarily provide this service. The county DFCS offices may also offer some volunteer transportation through networks they have developed. If use of volunteer transportation is contemplated, the Broker must arrange transportation with the volunteer organization directly, including scheduling appointments and notifying members of arrangements. Additionally, the Broker shall be responsible for payment of the expenses of the volunteer transportation. The Broker may develop volunteer services as part of the responsibility to provide NET services in the Contract region. Use of volunteer transportation does not alleviate the Broker's responsibility to assure the safety, comfort and appropriate mode of transportation to meet the member's health care status. The Broker must ensure that all volunteers and vehicles used to provide volunteer transportation are properly licensed, insured and inspected.

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The Broker shall have written oversight procedures for ensuring that volunteer drivers utilized for this Contract are legally licensed by the State of Georgia or bordering state of residence, completed driver training and broker's orientation programs and maintain insurance coverage. In addition, the Broker must develop and implement at a minimum an annual vehicle inspection process to verify that all vehicles meet applicable requirements of Section 300.6 Vehicle Requirements.

Volunteer transportation requirements include:

- 1. The Broker must have procedures in place to verify and document that vehicles used in volunteer transportation are adequate to meet the safety and comfort needs of the member, including, but not limited to:
  - a. appropriate State operating requirements and registration;
  - b. child safety seats when appropriate; and
  - c. passed vehicle inspection.
- 2. The Broker must have procedures in place to verify and document that drivers used in volunteer transportation meet the following requirements:

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 have a valid Georgia drivers license or legally licensed by bordering state of residence;

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- maintain certification for first aid training, passenger assistance orientation program and a safety and sensitivity program to ensure a safe operating environment; and
- c. all drivers and attendants must have no prior convictions for a sexual crime or crime of violence.
- d. the transportation provider shall not utilize drivers who have been convicted of driving under the influence of alcohol, narcotics or drugs/medications within five years prior to date of employment. If the transportation provider suspects a driver

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to be driving under the influence of alcohol, narcotics or drugs/medications that would endanger the safety of members, the transportation provider shall immediately remove the driver from providing service to Medicaid members. Any person who has been convicted of a felony during the last five (5) years will drive and/or attend passengers only after satisfactory review by the Contractor and DCH or its agent.

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

#### **Section 200.4 Public Transportation**

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

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

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

Brokers are encouraged to use federally funded and public transportation whenever possible if it is cost-effective. The criteria included in **Section 100.4B** (4) **Member Intake Worksheet** of the contract may be used to determine appropriateness. The Broker must send tokens or passes to members and escorts, if applicable, for use in traveling to or from scheduled health care appointments by public transportation in cases where the member or companion cannot afford to purchase them.

The Broker must have procedures in place to determine whether public transportation is accessible to and appropriate for the member requesting service. The Broker must have procedures for timely distribution of the tokens/passes to the member or escort to ensure receipt prior to the scheduled transportation.

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

#### **Section 200.5 Other Uncovered Transport**

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

#### Section 200.6 Residence in NET Service Region

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

The Broker is not responsible for providing transportation when the health care provider is located outside the geographic access standards (Section 100.9 Geographic Consideration) for health care services in the member's area if other similar and appropriate health care providers of type who offer same or similar services appropriate for the member's needs and who will accept the member as a patient are located closer to the member's residence. However, members enrolled in managed care health plans such as CMO, are obligated to use providers participating in the managed care health plan. Travel for such managed care plan enrollees shall be considered the same as travel based on a health care provider's referral. Travel based on a health care provider's referral must be provided regardless of the distance within the State.

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

#### **Section 200.7 Transportation Associated with Minors**

#### **Visitation of Hospitalized Minors**

A parent, foster parent or guardian is eligible to be transported to visit his or her Medicaid member minor children who are an inpatient of a hospital, whether or not the parent is Medicaid eligible themselves. These trips are limited to the period of the child's period of hospitalization. Transportation of individuals who are not Medicaid members should be reported under the minor child's Medicaid eligibility number. Transportation to visit adult Medicaid member inpatients is not covered.

#### Minors Traveling Alone

Children under the age of sixteen (16) years shall be escorted to medically necessary appointments. The child's parent, foster parent, caretaker, legal guardian or the Department of Family and Children Services (DFCS), as appropriate, shall be responsible for providing the escort.

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

For those members enrolled in Georgia Families 360° an escort is required for ages 18 and under (see **APPENDIX P Georgia Families 360°**).

# Rev. Minor(s) Traveling with Adult Member or Adult Escort

There may be times when an adult may request a minor(s) to accompany him/her to their appointment, not as an escort, but because of one of the following:

- 1. the adult is a Medicaid member who has the appointment and requests that his/her child travels with them because there is no one available to stay with the child; or
- 2. the adult serves as the escort to the child (minor) requiring treatment/services and is requesting for an additional child to travel with them because there is no one available to stay with that additional child.

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

#### **Section 200.8a Member Education**

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

The Broker is responsible for developing an educational plan for members that includes each member's rights and responsibilities for use of NET services. All information materials used by the Broker shall be reviewed and approved by DCH in writing prior to mailing or otherwise disseminating. All educational materials must be available in alternative formats as required by special needs of members, such as those with visual impairments.

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

<u>Monthly Notices</u>: A written notice shall be provided through DCH to all newly eligible members at the time of eligibility certification.

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

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

#### **Section 200.8b Member Rights**

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Members have rights regarding participation in the Non-Emergency Transportation Program. They include but are not limited to:

- 1. You have the right of access to accurate and easy-to-understand information.
- 2. You have the right to be treated with respect and to maintain one's dignity and individuality.
- 3. You have the right to file complaints regarding treatment or care that is furnished, without fear of retaliation, discrimination, coercion, or reprisal.
- 4. You have the right to confidential treatment of all information in the member's record or file.
- 5. You have the right to receive care and services without discrimination.
- 6. You have the right to receive at least two (2) warning letters from the Broker regarding inappropriate behavior/cancellations at pick-up/no-shows before adverse action can be taken against you.
- 7. You have the right to an appeal for denial of services by NET Broker. Member must appeal to Broker "first" within 30 calendar days from the date of the denial letter. Failure to appeal within 30 calendar days waives the member's right to further appeals (see Section 300.16 Member Appeals).
- 8. You have the right to report matters involving Medicaid fraud and program abuse. If you do not want to identify yourself, you may remain anonymous. You may notify us by:

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e-mail - oiganonymous@dch.ga.gov or pianonymous@dch.ga.gov; on-line - visit our website at http://dch.georgia.gov/report-fraud; and or telephone - 1-800-533-0686.
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9. You have the right to receive transportation services in accordance with NET policies and procedures if you are eligible.

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#### Section 200.8c Member Responsibilities

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

- 1. It is your responsibility to provide the Broker with correct information so that they can verify your eligibility and schedule transportation. Information required to request a trip:
  - your name, address, phone number and Medicaid ID number;
  - date and time of appointment and time appointment will be completed; b.
  - physician/facility name, address and phone number c.
  - type of Medicaid reimbursable service being received (to verify if service is covered by Medicaid);
  - type of transportation needed; e.
  - any special needs (such as type of wheelchair, walker, oxygen, escort, car seat, service animal, etc.);
- 2. It is your responsibility to schedule transportation at least three (3) business days prior to a non-urgent scheduled appointment. Do not count the day of the appointment. "Urgent Care" or same-day reservations requires verification from your doctor that you must be seen that day (See Section 300.4 of this manual).
- 3. It is your responsibility to be at pick-up location for your ride. The provider will wait 10 minutes from scheduled pick-up time. If the provider arrives early for your scheduled pickup, the 10 minute wait time begins at your scheduled pickup time.
- 4. It is your responsibility to notify the Broker of any cancellations or changes in your schedule in a timely manner. Two (2) or more no-shows/cancellations may result in suspension or termination from the NET program (see Appendix L Member Abuse of Program);
- 5. It is your responsibility to act appropriately and responsibly. Actions of misconduct, including violent or disruptive behavior may result in suspension or termination from NET program (see Appendix L Member Abuse of Program);
- 6. It is your responsibility to supply or administer your oxygen (if needed) during transport. NET vehicles/drivers are not equipped to supply/administer oxygen.
- 7. It is your responsibility, if ventilator dependent, to notify Broker that you will have a trained escort and that your ventilator is battery operated. NET vehicles are not equipped to maintain ventilators and the drivers cannot care for members who are ventilator dependent.

#### **Section 200.9 Application for Services**

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

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

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

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

Individuals eligible as *Qualified Medicare Beneficiaries* (QMBs) <u>only</u> are not eligible for NET services. If the member is QMB and is also dually eligible for a full-coverage Medicaid group, the member is eligible for NET services.

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Individuals eligible for *PeachCare for Kids®* are not eligible for NET services.

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

#### **Section 200.10 Member NET Application Process**

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

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

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

#### **Section 200.11 Denial of Service**

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

- 1. refuses to cooperate in determining status of Medicaid eligibility;
- 2. refuses to provide the documentation requested to determine need for NET services;
- 3. is found to be ineligible for NET services on the basis of the documented information that cannot be otherwise confirmed;
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- 4. exhibits uncooperative behavior or misuses/abuses NET services (see Appendix L Member Abuse of Program/Warning Letters);
- 5. is not ready to board NET transport ten (10) minutes after the scheduled pick up time; or
- 6. fails to request a reservation three (3) business days in advance of appointment without good cause. For purposes of this section, "good cause" is created by factors such as, but not limited to, any of the following:
  - a. urgent care;
  - b. post-surgical and/or medical follow-up care specified by a health care provider to occur in fewer than three days;
  - c. imminent availability of an appointment with a specialist when the next available appointment would require a delay of two weeks or more; or
  - d. the result of administrative or technical delay caused by the Broker and requiring that an appointment be rescheduled.

been suspended, denied or terminated from NET services. The letter must: 1) include the specific reason for the suspension, denial or termination; and, 2) advise the members of their right to an appeal. If the denial is given as a result of the transportation request being made to a service that is not covered by Georgia Medicaid, then no member appeal is warranted (see Section 300.16 Member Appeal for notice requirements and Appendix F Member Appeal Notices). A copy of that letter must also be provided to DCH.

The Broker must provide in writing a letter to members or their legal representatives who have

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

#### **Section 200.12 Levels of Transportation**

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

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

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

#### Section 200.13 Criteria for Wheelchair or NET Stretcher Services

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

- 1. The member requires a wheelchair and is unable to use public transportation.
- 2. The member has a disabling physical condition which requires the use of a walker, cane, crutches or brace and is unable to use a minibus, commercial taxi or public transportation.
- 3. An ambulatory member requiring radiation therapy, chemotherapy or dialysis treatment, which results in a disabling physical condition after treatment, causing the member to be unable to access transportation without physical assistance.
- 4. The member is unable to ambulate without personal assistance of the driver in entering or exiting the member's residence and medical facility; or the member has a severe, debilitating weakness or is mentally disoriented as a result of illness or health care treatment and requires personal assistance.

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

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

#### **Section 200.14 Nursing Home NET Stretcher Services**

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

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

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

#### **Section 200.15 Escort and Attendant Services**

An **escort** is defined as an individual whose presence is required to assist a member during transport and while at the place of treatment. The escort leaves the vehicle at its destination and remains with the member. An escort must be of an age of legal majority recognized under Georgia law.

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

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

#### Section 200.16 Reporting Suspected Fraud & Abuse

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

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

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

The investigation of provider activities includes, but is not limited to, billing for services not rendered by the provider, up coding, and illegal use of the provider number. The investigation of member activities include, but are not limited to, illegal use of Medicaid/PeachCare ID cards and disclosure of resources. The primary responsibility of PI is to develop cases for referrals\to the State Healthcare Fraud Unit or the appropriate district attorney for prosecution.

NET Brokers, Medicaid members, providers or other individuals who have information regarding possible fraud and abuse should call the Fraud and Abuse Hotline, at 1-800-533-0686. You may remain anonymous. You may also visit our website at http://dch.georgia.gov/report-fraud.

#### **Chapter 300 Operational Requirements**

#### **Section 300.1 Hours of Operation**

The Broker shall establish a duly licensed non-residential business office that is located within the service region and is open to conduct the general administration functions of the business between the hours of 8:00 a.m. and 5:00 p.m., Eastern Time, Monday through Friday. All documentation must reflect the address of this location. If a Broker is awarded both regions, one (1) central business office may be established for both regions.

The Broker shall provide scheduling services with sufficient capacity Monday through Friday, 7:00 A.M. to 6:00 P.M., Eastern Time. Time of the actual transport is predicated on the need of the member. Scheduling and business functions may be closed for New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day and Christmas Day.

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

#### Section 300.2 Telephone System and Scheduling Requirements

The Broker must provide Medicaid members or persons or agents acting on behalf of the member, with full, easy and long-distance toll free access to schedule trips. Access to the hearing and speech impaired may be satisfied by the use of the Georgia Relay Center (see Appendix J Georgia Relay Center). All calls to inquire of or schedule services by the Broker must be answered within ten (10) seconds. On hold timeframe will not exceed an average of sixty (60) seconds. The telephone system must have an automatic reporting system that records and reports the following:

#### 1. number of calls received;

- 2. number of calls answered;
- 3. number of calls placed on hold;
- 4. average hold time for calls placed on hold;
- 5. number of abandoned calls;
- 6. average calls handled per hour/agent;
- 7. average occupancy percentage;
- 8. abandoned calls as a percent of total calls received;
- 9. average speed of answer;
- 10. average talk time; and
- 11. number of telephone operators by time of day/day of week.

The Contractor shall develop performance standards and monitor Telephone Line performance by recording calls and employing other monitoring activities. Personnel assigned to the service telephone lines shall maintain a courteous and professional demeanor in all dealings with the public. These personnel must identify the Broker and themselves by name upon answering.

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

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

#### **Section 300.3 Pick-up and Delivery Standards**

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

- 1. Arrival on time for scheduled pick-up shall be a standard practice. Arrival before the scheduled pick-up time is permitted; however, a member shall not be required to board the vehicle before the scheduled pick-up time. The Carrier is not required to wait more than ten (10) minutes after the scheduled pick up time.
- 2. Ensure that Medicaid members are transported to and from appointments on time. Medicaid members are to be advised of pick-up time for transportation to appointments when the transportation request is made. Any deviation from the stated

time of pick-up of more than fifteen (15) minutes is not acceptable as timely service. For the return pick-up from an appointment, the vehicle shall arrive within one (1) hour from time of notification.

- 3. In multiple-load situations, ensure that no Medicaid member is forced to remain in the vehicle more than forty-five (45) minutes longer than the average travel time for direct transport from point of pick-up to destination.
- 4. Drivers shall deliver members to their destinations on time for their scheduled appointments.
- 5. Late arrival will be reported to the dispatcher/transportation provider for the purpose of notifying the direct Medicaid service provider of the late arrival.
- 6. Trips will be monitored to ensure members are delivered to their homes in a timely manner from appointments.
- 7. If a delay occurs in the course of picking up scheduled riders, the dispatcher/provider must contact proposed riders at their pickup points to inform them of the delay in arrival of vehicle and related schedule. The transportation provider must advise scheduled riders of alternate pick up arrangements when appropriate (see Section 300.10 Back-up Services).

REV. 4/16

8. Deleted (refer to revisions page).

#### **Section 300.4 Urgent Care**

The Broker shall arrange transportation services when a Medicaid member requests services for urgent care and has no other means of appropriate transportation. Urgent care, for the purpose of this Contract, is defined as an unscheduled episodic situation, in which there is no immediate threat to life or limb, but the member must be seen on the day of the request and treatment cannot be delayed until the next day. The Broker may verify with the direct provider of service that the need for urgent care exists. Hospital discharges shall be considered as urgent care. The requirements of this subsection shall also apply to appointments established by medical care providers allowing insufficient time for routine three (3) day scheduling. Valid requests for urgent care transports shall be honored within three (3) hours of the time the request is made.

#### **Section 300.5 Driver Conduct**

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

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

- 2. No driver shall touch any passenger except as appropriate and necessary to assist the passenger into or out of the vehicle, into a seat and to secure the seatbelt, or as necessary to render first aid or assistance for which the driver has been trained.
- 3. All drivers and attendants must wear or have visible, easily readable official company L.D.
- 4. At no time shall drivers or attendants smoke, eat or consume any beverage while in the vehicle or while involved in member assistance entering or exiting the vehicle or while in the presence of any member.
- 5. Drivers shall not engage in any behavior practices that will subject the State or the Broker to charges against protected groups.
- 6. Drivers and attendants must not wear any type of headphones at any time while on duty.
- 7. Drivers shall not write, send, or read text based communication while operating motor vehicle in compliance with O.C.G.A § 40-6-241.2.
- 8. Cell phones are not to be used unless responding to a dispatcher call or making an emergency call.
- 9. Drivers or attendants must properly identify and announce their presence at the entrance of the building at the specified pick-up location if a curbside pick-up is not apparent.
- 10. Drivers or attendants must exit the vehicle to open and close vehicle doors when passengers enter or exit the vehicle and provide assistance as necessary to or from the main door of the place of destination.
- 11. Drivers shall confirm, prior to vehicle departure that the delivered passenger is inside the destination.
- 12. Drivers or attendants, while on board, must assist the passengers in the process of being seated, including the fastening of the seat belts. Children under age eight must be properly secured in a child safety seat or booster seat in compliance with O.C.G.A § 40-8-76 (b). Drivers shall confirm, prior to allowing any vehicle to proceed that wheelchairs and wheelchair passengers are properly secured and that all passengers are properly belted in their seat belts.
- 13. Drivers must provide support and oral directions to passengers. Such assistance shall also apply to the movement of wheelchairs and mobility-limited persons as they enter or exit the vehicle using the wheelchair lift. Such assistance shall also include stowage by the driver of mobility aids and folding wheelchairs.
- 14. Driver shall regulate heat and air inside the van during operations at a temperature level suitable to the climate conditions outside for passenger comfort.

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- 15. Drivers who have had within the last five (5) years or currently have suspended or revoked driver's licenses, commercial or other, are prohibited from driving for any purpose under this Contract. This excludes individuals whose cause for license suspension is for non-payment of child support, once the courts release the individual and such release can be verified and the individual remains in good standing for a minimum of ninety (90) days after the release. At any point thereafter the individual is in arrears on child support payment driver approval will be revoked permanently.
- 16. Driver with more than one confirmed incident of failure to properly secure a member's wheelchair must be removed from providing services until such time as the NET Provider submits documentation to the Broker to support that the Driver has been properly trained in the use of securement devices.
- 17. Drivers or attendants shall not be responsible for passenger's personal items.

#### **Section 300.6 Vehicle Requirements**

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

- 1. The transportation provider must provide and use a two-way communication system linking all vehicles used in delivering the services contemplated under this Contract with the transportation provider's major place of business. The two-way communication system shall be used in such a manner as to facilitate communication and to minimize the time in which out-of-service vehicles can be replaced or repaired. Pagers are not an acceptable substitute. A vehicle with an inoperative two-way communication system must be placed out-of-service until the system is repaired or replaced.
- 2. All vehicles must be equipped with adequate heating and air conditioning for driver and passengers. Any vehicle with a non-functioning climate control system must be placed out-of-service until appropriate corrective action is taken.
- 3. All vehicles must have functioning, clean and accessible seat belts for each passenger seat position and shall be stored off the floor when not in use. Each vehicle must utilize child safety seats when transporting children under age five (5). Each vehicle shall have at least two (2) seat belt extensions provided. Additionally, each vehicle

- shall be equipped with seat belt cutter(s), mounted above the driver's door, for use in emergency situations.
- 4. All vehicles must have a functioning speedometer and odometer.
- 5. All vehicles must have functioning interior light(s) within the passenger compartment.
- 6. All vehicles must have adequate sidewall padding and ceiling covering.
- 7. All vehicles must be smooth riding, so as not to create passenger discomfort.
- 8. All vehicles must have two exterior rear view mirrors, one on each side of the vehicle.
- 9. All vehicles must be equipped with an interior mirror, which shall be either clear-view laminated glass or clear-view glass bonded to the back, which retains the glass in the event of breakage. This interior mirror shall be for monitoring the passenger compartment.
- 10. The vehicle's interior and exterior must be clean and have exteriors free of broken mirrors or windows, excessive grime, rust, chipped paint or major dents, which detract from the overall appearance of the vehicles.
- 11. The vehicle must have passenger compartments that are clean, free from torn upholstery or floor covering, damaged or broken seats, and protruding sharp edges and shall also be free of dirt, oil, grease or litter.
- 12. The vehicle floor must be covered with commercial anti-skid, ribbed rubber flooring or carpeting. Ribbing shall not interfere with wheelchair movement between the lift and the wheelchair positions.
- 13. All vehicles must have the transportation provider's name, vehicle number, and the Broker's phone number prominently displayed within the interior of each vehicle. This information must also be available in written form on each vehicle for distribution to riders on request.
- 14. All vehicles must have the name and other identifying information of the transportation provider displayed on the exterior of the vehicle in accordance with the Georgia Department of Public Safety requirements.
- 15. All vehicles must have the following signs posted in all vehicle interiors, easily visible to the passengers:
  - a. no smoking, eating or drinking; and
  - b. all passengers must use seat belts.
- 16. All vehicles must be equipped with one or more functional fire extinguishers at least 2.5 pounds each in size, with a combined capacity totaling at least 5.0 pounds in size (preferably ABC or Halon-type), and shall display a current inspection tag or sticker.

- The fire extinguisher shall be secured within reach of the driver and visible to passengers for use in emergencies when the driver is incapacitated.
- 17. All vehicles, except stretcher vans, that require a step up for entry, must include a retractable step, or a step stool as approved by DCH to aid in passenger boarding. The step stool shall be used to minimize ground-to-first-step height, should have four legs with anti-skid tips, sturdy metal with non-skid tread, with a height of 8 and 1/4", a width of 15" and a depth of 14" or an equally suitable replacement. Under no circumstances will a milk crate or similar substitute be considered a viable alternative for a step stool and will not be permitted on any vehicle.
- 18. All vehicles must have on board three (3) portable triangular reflectors mounted on stands. Use of flares is prohibited.
- 19. All vehicles must include a vehicle information packet to be stored in the driver compartment, or securely stored on or in the driver's side visor. This packet will include:
  - a. vehicle registration;
  - b. insurance card; and
  - c. accident procedures and forms.
- 20. All vehicles must be provided with a fully equipped first aid kit and a "spill kit" including: liquid spill absorbent, latex gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer.
- 21. All vehicles must contain a map of the applicable NET Regions with sufficient detail to locate members and medical destinations. Maps must be approved by DCH.

#### Section 300.7 Wheelchair Van Requirements

All vehicles used to transport wheelchair passengers must comply with the ADA requirements in effect at the time of the vehicle's construction. Vehicles used to transport wheelchair passengers must meet ADA requirements, including but not limited to the following:

- 1. must maintain a floor-to-ceiling height clearance of at least fifty-six (56) inches in the passenger compartment;
- 2. must have an engine-wheelchair lift interlock system, which requires that the vehicle's transmission be placed in park, and the emergency brake engaged to prevent vehicle movement when the lift or ramp is deployed;
- 3. full size wheelchair vans or buses must have wheelchair lift a hydraulically or electro-mechanically powered wheelchair lift mounted so as not to impair the structural integrity of the vehicle;
- 4. wheelchair accessible mini-vans with a lowered floor and fold out ramp must meet ADA requirements;

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- 5. Wheelchair Restraint System for each wheelchair position, a wheelchair securement device (or "tiedown") shall be provided that complies with applicable ADA standards; and.
- 6. The system utilized may accommodate scooter-type wheelchairs. However, passengers utilizing these devices shall be requested to dismount from the device and be seated in a passenger seat.

#### **Section 300.8 Vehicle Inspections**

The Broker must develop and implement an annual inspection process, which will occur twice per year (every six (6) months), to verify that all vehicles meet the requirements of **Section 300.6 and Section 300.7** and that safety and passenger comfort features are in good business order (e.g., brakes, tire tread, turn signals, horn, seat belts, air conditioning/heating, etc.). The Broker shall conduct these biannual inspections using its own staff or an alternate method approved by DCH.

Prior to the execution of a service agreement between the Broker and a transportation provider, the Broker shall conduct a completed satisfactory initial inspection of all the transportation provider's vehicles prior to, but no earlier than sixty (60) days, before the provider enters any vehicles into service. Subsequent inspections must be completed no later than six (6) months after the most recent inspection. Records of all inspections must be maintained as described in **Section 400.5** and **Section 400.6**.

#### **Section 300.9 Prohibition of Smoking**

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

#### **Section 300.10 Backup Service**

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

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

#### Section 300.11 Removal of Vehicle from Service

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

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

# **Section 300.12 Driver Qualifications**

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

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

Drivers shall not engage in any behavior practices that will subject the State or the Broker to charges against protected groups. All drivers employed by transportation providers through service agreement with the Broker to deliver transportation services under the terms of this Contract shall meet the following conditions.

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

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2. All drivers and attendants must have no prior convictions for a sexual crime or crime of violence.

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- 3. The transportation provider shall not utilize drivers who have been convicted of driving under the influence of alcohol, narcotics or drugs/medications within the last five years prior to date of employment. If the transportation provider suspects a driver to be driving under the influence of alcohol, narcotics or drugs/medications that would endanger the safety of members, the transportation provider shall immediately remove the driver from providing service to Medicaid members. Any person who has been convicted of a felony during the last five (5) years will drive and/or attend passengers only after satisfactory review by the Contractor and DCH or its agent.
- 4. Individuals who have had within the last five (5) years or currently have suspended or revoked driver's license, commercial or other, are prohibited from driving for any purpose under this Contract. This excludes individuals whose cause for license suspension is for non-payment for child support, once the courts release the individual and such release can be verified and the individual remains in good standing for a minimum of ninety (90) days. At any point the individual's status changes and he or she is in arrears of child support payment(s) said driver's approval would be revoked permanently.

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

### Section 300.13 Driver, Attendant, and Service Personnel Training

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

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

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

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

<u>Attendants</u>: All Attendants used by transportation providers to deliver transportation services under the terms of this contract must have successfully completed an Attendant training program *prior to becoming an attendant under the NET program*. Certifications in these areas must be maintained for each attendant throughout the term of this contract. Attendant training shall include at a minimum:

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

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

- 1. the aged and disabled persons;
- 2. cultural diversity;
- 3. handling hostile callers;

- 4. public contact; and
- 5. communicating with hearing or speech-impaired individuals through a service such as the Georgia Relay Center.

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

### Section 300.14 Orientation for Transportation Providers

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

- 1. overview of NET Program and division of responsibilities between Broker and transportation provider;
- 2. vehicle requirements;
- 3. procedures for handling accidents, moving violations and vehicle breakdowns;
- 4. driver qualifications;
- 5. driver conduct;
- 6. the use of attendants and/or companions;
- 7. scheduling procedures during regular operating hours, including criteria for determining the most appropriate mode of transportation for the member;
- 8. "after-hours" scheduling procedures;
- 9. procedures for handling requests for "urgent care";
- 10. criteria for trip assignment;
- 11. dispatching and delivery of services;
- 12. procedures for obtaining reimbursement for authorized trips;
- 13. driver customer service standards and requirements during pickup, transport and delivery;
- 14. record keeping and documentation requirements for scheduling, dispatching and driver personnel, including completion of required logs;

- 15. procedures for handling complaints from members or providers;
- 16. procedures for notifying members when services are denied or terminated by the Broker; and,
- 17. criteria and procedures for documenting and notifying members when services are denied or terminated by the transportation provider.

#### **Section 300.15 Operational Procedures Manual**

The Broker must develop an *Operational Procedures Manual* detailing all procedures to be used in the scheduling and delivery of transportation services. This manual must be submitted to DCH for review and approval at least forty (40) calendar days prior to the start of operations. The Broker must incorporate modifications required by DCH within ten (10) business days of notification. In no cases will a Broker be allowed to begin operations without an approved operational procedures manual.

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

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

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

#### **Section 300.16 Member Appeals**

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

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

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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.

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

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

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

#### **Section 300.17 Complaints**

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

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

The Broker shall respond verbally to the complainant within twenty-four (24) hours of the Broker's receipt of the complaint and, upon request, provide DCH a written record of the complaint and resolution including any corrective action within five (5) business days of receipt of DCH's request. The Broker must establish and maintain standardized written procedures for handling all complaints, including documentation requirements.

The Broker must remove from public contact or provide a retraining program for service personnel who receive two (2) substantial complaints within a ninety (90) day period. The Broker must remove from public contact any service personnel who have received four (4) substantial complaints within a twelve (12) consecutive month period.

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

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

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

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

# **Section 300.18 DCH Performance Monitoring**

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

- 1. Broker agrees to make all records related to services available for such reviews by DCH. DCH or its agent shall monitor the Broker's performance under this contract by telephone contact, record reviews, and other means.
- 2. DCH reserves the right to audit the Broker's records to validate service delivery reports and other information.
- 3. DCH staff or their official agent may ride on trips to monitor service. All of the transportation provider's vehicles must be made available to DCH or its agent(s) for inspection at any time.
- 4. DCH staff or its official agent will review reports of complaints from members, providers, or any individual or group who contacts the Broker regarding the delivery of services under this Contract.
- 5. DCH or its official agent will maintain a toll-free telephone number to receive service complaints from members and health care providers. The Broker's project manager or a designee must be available to respond to DCH concerning these complaints within a thirty (30) minute response time.

In addition, the brokers must contract with an independent agent to conduct annual customer service satisfaction surveys. The methodology for administering the survey is subject to DCH approval. Copies of the report results and methodology for analyzing the data are due to DCH by July 31st each year following the end of the State fiscal year.

# **Chapter 400 Business Requirements**

### **Section 400.1 Staffing Requirements**

The Broker shall appoint and maintain, subject to DCH approval, a Project Director for this Contract who has sufficient authority for resource control to manage the allocation of resources to meet all contract requirements without service interruption to Medicaid members. The Project Director must be committed to this contract for a minimum period of six (6) months following Contract Award. The Project Director must be on-site within the Broker's region full-time during implementation and the first six (6) months of operation and then at least fifty percent (50%) of regular operating hours each month. Supervisory personnel must be available to Broker staff in person or by telephone within a thirty (30) minute response time during all hours of operation.

The Broker must maintain sufficient levels of supervisory and support staff with appropriate training and work experience that reflects the population being served in each region to perform all contract requirements on an ongoing basis. DCH shall have the right to require reassignment or removal from this contract of any staff or personnel found unacceptable to the DCH.

### Section 400.2 Equal Employment Opportunity Plan

The Broker's staffing must demonstrate a commitment to minority participation on the Georgia project. The Broker must develop an *Equal Employment Opportunity Plan* in compliance with the Equal Employment Opportunity Act (Public Law 92-26) of 1982 and submit it to DCH for review and approval at least thirty (30) days prior to the start of operations. The Broker must incorporate modifications required by DCH within ten (10) business days of notification. In no case will a Broker be allowed to begin operations without an approved Equal Employment Opportunity Action Plan.

The *Equal Employment Opportunity Plan* must be revised on an annual basis and resubmitted for DCH approval no later than July 31 of each year.

# **Section 400.3 Central Business Office**

The Broker must establish a non-residential central business office within the region for which he or she has contract responsibility. If, the Broker is successful in more than one (1) region, then there can be one (1) central business office and an additional non-residential satellite business office servicing the other region(s). This business office must be centrally located within the region in an accessible location for foot and vehicle traffic. The Broker may establish more than one (1) business office within the region, but one regional non-residential business office must be designated as the central business office.

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

The Project Director of the Contract and scheduling staff must be located at the Central Business Office in each NET region. Scheduling staff must be at the office between the hours of 7:00 A.M. and 6:00 P.M., Eastern Time, Monday through Friday.

The Broker must have the capacity to send and receive facsimiles at the central business office at all times during business hours. The Broker must provide an administrative telephone number that will enable DCH staff to reach the Project Director directly, without going through the scheduling staff. The Broker must also have the capacity to reproduce documents upon request by DCH and at no cost to DCH.

### **Section 400.4 Meetings**

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

The Broker must establish an Advisory Committee in each region. The Committee shall consist of representatives from a nursing home, dialysis center, hospital, transportation provider(s) and the member community. The Advisory Committee must meet quarterly of each calendar year and the Broker must provide DCH with a copy of each meeting minutes within ten (10) business days.

#### **Section 400.5 Record Retention**

The Broker shall maintain detailed records evidencing the administrative costs and expenses incurred pursuant to the contract, the provision of services under the contract, and complaints, for the purpose of audit and evaluation by the Department and other federal or State personnel. All records, including training records, pertaining to the contract must be readily retrievable within two (2) business days for review at the request of DCH and its authorized representatives. All records shall be maintained and available for review by authorized federal and State personnel during the entire term of the contract.

Contractor shall preserve and make available all of its records pertaining to the performance under this contract for a period of five (5) years from the date of final payment under this contract, and for such period, if any as is required by applicable statue or by any other section of the contract. If the contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of seven (7) years from the date of termination or of any resulting final settlement. Records that relate to appeals, litigation, or the settlement of claims arising out of the performance of the contract, or costs and expenses of any such agreements as to which exception has been taken by the State Contractor, or any of his duly authorized representatives shall be retained by Contractor until such appeals, litigation, claims or exceptions have been disposed of.

#### **Section 400.6 Transportation Provider Records**

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

- 1. copy of Broker's executed service agreement for each transportation provider;
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  2. copy of transportation provider's registration with the Georgia Department of Public Safety;
  - 3. vehicle records, including at a minimum the following documentation for each vehicle:
    - a. manufacturer and model;
    - b. model year;
    - c. vehicle identification number;
    - d. odometer reading at the time the vehicle entered service under this Contract;
    - e. type of vehicle (minibus, wheelchair van or NET stretcher van);
    - f. capacity (number of passengers);
    - g. license tag number; insurance certifications; Unified Carrier Registration (UCR) and vehicle stamp;
    - h. special equipment (lift, etc.); and
    - i. date, odometer reading and description of inspection activity (e.g., verification that vehicle meets Contract vehicle requirements, inspection of equipment such as brakes, tire tread, turn signals, horn, seat belts, air conditioning and/or heating, etc.);
  - 4. records must be maintained of the initial inspection and all subsequent inspections;
  - 5. driver records, including at a minimum the following documentation for each driver:
    - a. driver's name, date of birth and social security number;
    - b. copy of the Georgia driver's license;
    - c. prior driving record for previous three (3) years obtained from Georgia State Patrol:
    - d. documentation of background checks conducted by Broker to determine if the driver can provide services under the NET Contract;
    - e. first aid training certificates;
    - f. driver training course certificate; and
    - g. documentation of any complaints received about the driver and any accidents or moving violations involving the driver.

#### **Section 400.7 Services Provided**

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

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

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

#### Section 400.8 Business Continuity and Disaster Recovery Plan

The Business Continuity and Disaster Recovery Plan must be submitted to DCH for review and approval thirty (30) calendar days prior to the start of operations. The Broker must incorporate modifications required by DCH within ten (10) calendar days of notification. In no case will a Broker be allowed to begin operations without an approved Business Continuity and Disaster Recovery Plan. The Broker must update on an annual basis and submit a complete revised plan within fifteen (15) business days following the end of the contract year. In addition, the Broker must complete interim updates within ten (10) business days of change in procedures.

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

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

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

- 1. measures taken to minimize the threat of a disaster at the Broker's central business office and other facilities, including physical security and fire detection and prevention;
- 2. provisions for accepting member telephone calls and scheduling transportation in the event of a disaster at the Broker's central business office or the failure of the Broker's telephone system;
- 3. procedures utilized to minimize the loss of required records in the event of fire, flood or other disaster; and
- 4. off-site storage.

#### Section 400.9 Turnover Task

Prior to the conclusion or non-renewal of the contract, or in the event of a termination for any reason, the Broker shall provide assistance in turning over the Broker functions to DCH or its agent, as specified in Section 400.10 Turnover Plan.

#### Section 400.10 Turnover Plan

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

- 1. a proposed approach to turnover, in paragraph form, along with a work plan, including the tasks and time line schedule for the turnover;
- 2. an estimate of the number of full-time equivalents (FTEs) and type personnel needed to operate all functions of the Turnover Plan. The statement shall be separated by service area and by type of activity of the personnel;

- 3. a statement of all facilities and resources currently required to operate the Broker functions, including, but not limited to:
  - data processing equipment;
  - reservation/scheduling software; b.
  - system and special software (data base and telecommunications);
  - d. other equipment;
  - office space;
  - f. transport and service provider network; and
  - a statement indicating that DCH would have license to utilize the Broker's g. software until a new Broker can be selected and become operational in that NET region.

The statement of resource requirements shall be based on the Broker's experience in the operation of the Broker functions and shall include actual Broker resources devoted to the operation of all tasks required by this contract.

#### **Turnover Services**

- The Broker will provide to DCH or its agent by a turnover date to be determined by 1. DCH, all current, updated and accurate reference files, and all other records as will be required by DCH or its agents to perform the duties of:
  - recruiting and negotiating with transportation providers; a.
  - payment administration; b.
  - gatekeeping; c.
  - reservations and trip assignments; d.
  - quality assurance, and e.
  - administrative oversight/reporting; f.
- 2. The Broker will submit to DCH any inventory of training manuals, operational procedures manuals, brochures, pamphlets, and all other written materials developed in support of this contract activity; and
- 3. The Broker will, upon request by DCH, begin training the staff of DCH or its designated agent in the required Broker operations. Such training must be completed at least one month prior to the end of the contract or on a date specified by DCH.

#### **Turnover Deliverables**

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

### **Section 400.11 Quality Assurance Plan**

The Broker must develop and maintain an ongoing quality assurance plan to support the provision of high-quality transportation services to the Medicaid member community. At a minimum, the Quality Assurance Plan must include the following elements:

- key indicators of quality related to scheduling and delivery of transportation services; 1.
- 2. a description of how the Broker plans to monitor these key indicators;
- 3. a description of how the Broker will develop, implement, and evaluate corrective actions or modifications to overall operations as necessary to address quality concerns;
- 4. a description of the Broker monitoring procedures to safeguard against fraud and abuse by transportation providers and members;
- 5. a description of how the Broker will monitor the quality of the transportation providers;
- a description of how the Broker will ensure that all NET Services paid for are properly authorized and actually rendered;
- 7. a description of how the Broker will ensure that transportation providers and volunteer drivers within their network meet standards for driver qualifications, training and vehicle maintenance and inspections;
- 8. a description of the staffing resources responsible for the quality assurance plan and quality assurance activities; and
- 9. samples of all reports related to quality assurance and performance monitoring, along with descriptions of their use and who is responsible for reviewing them.

This quality assurance plan must be submitted to DCH for review and approval at least forty (40) calendar days prior to the start of operations. The Broker must incorporate modifications required by DCH within ten (10) business days of notification. In no cases will a Broker be allowed to begin operations without an approved quality assurance plan. Thereafter, the quality assurance plan must be reviewed at least annually and any revisions must be submitted to DCH for review and approval at least thirty (30) calendar days prior to implementation.

#### Section 400.12 License, Permit and Certification Requirements

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

#### **Section 400.13 Computer Requirements**

The Broker shall assist DCH in its efforts to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its amendments, rules, procedures and regulations. The Broker's system shall conform to HIPAA standards for information exchange. The Broker shall be able to transmit and receive all applicable transactions required by HIPAA regulations in the version deemed by DCH. The Broker must have a system that is flexible and can accommodate changes needed based on federal, state, or local government mandates as well as changes needed to support DCH policy changes. The broker must comply with the implementation timeline established by DCH.

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

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

- 1. The Broker may access this information via the web portal at the following address <a href="http://www.mmis.georgia.gov">http://www.mmis.georgia.gov</a>; or
- 2. The Broker may use the Medicaid Eligibility Inquiry System (MEIS).

MEIS can be accessed with a touch-tone telephone by dialing 770-325-9600 or 1-800-766-4456 twenty-four (24) hours a day (except between the hours of 6:00 PM on Sundays to 6:00 AM on Mondays). Additionally, the Broker may contract with a MEIS agent or use of the web portal to verify eligibility. However, the Broker must insure that they can verify eligibility at all times.

The Broker must accept and load in a computer database, on a monthly basis, Medicaid member files for use in identifying members assigned to their region. The Broker must demonstrate the ability to accept, load and utilize the member file during operational readiness testing. DCH or its fiscal agent will provide the format and specifications of the member file download.

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

- 1. maintain a database of transportation providers with which the Broker has service agreements, including reimbursement and other information needed to determine trip assignments;
- 2. automatic address validations, distance calculations and trip pricing, if applicable; and
- 3. standing order subscription trips and random trip reservations capability. The Broker must update or confirm existing standing order every 30 days from its effective date.

### Section 400.14 Disclosure of Ownership and Control Statement

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The Code of Federal Regulation (42 CFR 455.105(b)) states in part that, upon request, providers furnish to the state or HHS information about certain business transactions with wholly owned suppliers or any subcontractors. DCH requires business transaction disclosure information to be submitted by the NET broker on an annual basis (no later than January 31st). If the request for disclosure information is made prior to or subsequent to that date, the broker is required to submit that information within 35 days of the date of request. Please refer to **Appendix Q** for instructions on how to complete the form as well as a copy of the disclosure statement form. The broker must immediately resubmit a new or updated disclosure form should there be any changes in information by the subcontractor on previously submitted forms.

# **Chapter 500 Reporting**

The Broker must provide reports and summaries upon request and as specified by DCH. DCH will provide the Broker with a copy of each of the required reporting formats upon final execution of the contract. The Broker must provide reports by the 30th calendar day of the month following the month of Broker payment to direct service providers. Reports shall include all data as specified in this contract for which payment was made to a direct service provider and shall be reported by month of service. The final report is due by the 30th calendar day of the month following the month of termination of the contract. In the event that the Broker has been awarded more than one (1) region, reports must reflect each region separately. Reports include but are not limited to those named in **Section 500.1 through Section 500.11** below.

### **Section 500.1 Driver Reports**

The Broker shall provide DCH, on hard copy and on CD or in electronic format, a listing of entities providing transportation services on behalf of the Broker and a roster of all drivers before the start of operations. Drivers must be listed separately for each transportation provider. The roster shall indicate, at a minimum, the driver's name, Georgia driver's license number, and social security number. The carrier listing and driver roster shall be updated to reflect additions and deletions in carriers and personnel, and delivered to DCH each calendar quarter. This roster is due by the 30th calendar day of the month following the end of the reporting quarter.

#### **Section 500.2 Vehicle Reports**

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

- 1. name of transportation provider;
- 2. manufacturer and model;
- 3. model year;

- 4. vehicle identification number; and
- 5. type of vehicle (minibus, wheelchair van or NET stretcher van).

The roster shall be updated to reflect vehicle additions and deletions, and delivered to DCH each calendar quarter. This roster is due by the 30<sup>th</sup> calendar day of the month following the end of the reporting quarter.

### Section 500.3 Transportation Services – Detail Reporting Via Encounter Data

The Broker shall collect and submit to the Department or its agent detailed encounter data on each trip made in behalf of a Medicaid member residing in the Broker's area. The transactions must comply with HIPAA regulations in the version deemed by DCH. The data will be processed by the Department in a manner similar to claims processing, with the exception that no payment per claim will be generated. All other costs, including telecommunications equipment and expense, computer hardware and software associated with collecting and transmitting encounter data to the Department shall be the responsibility of the Broker. The encounter data are due thirty (30) calendar days following the month of payment by the Broker and shall be reported by month of service. The electronic media must be supported by a summary report, as described in the following section. Totals included in the summary report must balance to the detail reporting information or both the detail and summary reporting will be rejected by DCH and corrected reports required.

### Section 500.4 Transportation Services – Summary Reporting

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

A <u>monthly report</u> showing the number of trips, number of unduplicated members, and the total number of miles, broken out by mode of transportation service provided. This report is due by the 30th calendar day of the month following the month of payment and shall be reported by month of service. The report must balance to the detail reporting information described in **Section 500.3 Transportation Services- Detail Reporting via Encounter Data** or both the detail and summary reporting will be rejected by DCH and corrected reports required.

An annual <u>State fiscal year report</u> showing the number of trips, number of unduplicated members, and the total number of miles, broken out by mode of transportation service provided. In addition, the report should include total number of calls received, number of call answered, number of calls abandon and the year average hold. This report is due by July 31st each year following the end of the State fiscal year.

#### **Section 500.5 Reports of Accidents and Moving Violations**

The Broker shall notify DCH or its agent immediately of any accident resulting in driver or passenger injury or fatality while delivering services under this contract. The Broker shall file a written accident report with DCH within ten (10) business days of the accident and will cooperate with DCH during any ensuing investigation. A police report is also required as supporting documentation. The Broker shall notify DCH immediately of any moving violations

that occur while delivering services under this contract. The Broker must provide a copy of the police report within ten (10) business days of the moving violation.

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

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

#### **Section 500.6 Telecommunications System Reports**

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

- 1. number of calls received;
- 2. number of calls answered;
- 3. number of calls placed on hold;
- 4. average hold time for calls placed on hold;
- 5. number of abandoned calls;
- 6. average calls handled per Hour/Agent;
- 7. average occupancy percentage;
- 8. abandon calls as a percent of total calls received;
- 9. average speed of answer;
- 10. average talk time; and
- 11. number of telephone operators by time of day/day of week.

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

#### **Section 500.7 Annual Financial Reports**

The Broker must submit an annual certified financial audit through the close of each State fiscal year, calendar year or tax reporting year within six (6) months of the close of the year's end. Financial reports must include financial margins of profit and financials must be certified by an independent Certified Public Account (CPA), or comparable as determined by DCH, for the Georgia-held book of business and Georgia's book of business only.

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

#### **Section 500.8 Complaint Summary Report**

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

### Section 500.9 Member No-Show Report

As described in **Section 100.2 Payment Administration** Number 5, the Broker will pay the provider for the "A leg" of a trip in the instance where a member fails to board the vehicle for a trip (a.k.a. "member no-show") within the time frame prescribed in Section **300.3 Pick-up and Delivery Standards**. Also, the scheduled provider must have arrived to pick up the member on time described in **Section 300.3**.

The Broker shall submit to the Department a monthly report containing member no-show data. The *Member No-Show Report* and the methodology used to capture the member no-show and how the Broker will pay the provider for the "A leg" in the event of a member no-show, must be submitted to DCH for review and approval thirty (30) calendar days prior to the start of operations. The Broker must incorporate modifications required by DCH within ten (10) calendar days of notification. In no case will a Broker be allowed to begin operations without an approved Member No-Show Plan. Updates to the existing Plan must be submitted to DCH for review and approval at a minimum of five (5) business days prior to execution. Implementation of any revisions will not be effective until DCH has given Broker written approval of any proposed revision.

#### Section 500.10 Transportation Denied by Reason Report

The Broker shall submit to the Department a monthly report of the number of requests for transportation denied by reason. The written summary must be sent to DCH by the 30th calendar day of the month following the month of activity. The report shall include the reporting month, subtotal, total for fiscal year and percentage of denials by reason.

#### Section 500.11 Late Percentage Summary Report

The Broker shall submit to the Department a late percentage monthly report. The written summary must be sent to DCH by the 30th calendar day of the month following the month of activity. The report shall include for the reporting period the total number of trips, "A leg" late trips, "B leg" late trip, total late trips and the percentage of late trips.

#### **APPENDIX A**

#### GEORGIA MEDICAID PROGRAMS

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

#### **Medicaid Covered Services**

With **applicable service limitations**, the following is a list of services covered through the Medicaid program.

- 1. Physician Services
- 2. Dental Services
- 3. Oral Surgery Services
- 4. Podiatric Services
- 5. Orthotic and Prosthetic Services
- 6. Durable Medical Equipment Services
- 7. Inpatient and Outpatient Hospital Services
- 8. Laboratory and Radiological Services
- 9. Pharmacy Services
- 10. Home Health Services
- 11. Rural Health Clinic/Community Health Center Services
- 12. Physician's Assistant Services
- 13. Family Planning Services
- 14. Nurse Midwifery Services
- 15. Medicare Crossovers
- 16. Mental Health Clinic Services
- 17. Non-Emergency Transportation Services
- 18. Ambulatory Surgical Services
- 19. Certified Registered Nurse Anesthetists
- 20. Hospice Services
- 21. Dialysis Services
- 22. Childbirth Education Services
- 23. Nurse Practitioner Services

- 24. Psychological Services
- 25. Vision Care Services
- 26. Therapeutic Residential Intervention Services
- 27. Pre-Admission Screening/ Annual Resident Review
- 28. Intermediate Care for the Mentally Retarded Facility Services
- 29. Swing Bed Services
- 30. Children's Intervention Services
- 31. Health Insurance Premium Payment Program (HIPP)
- 32. Health Check (Early and Periodic Screening, Diagnostic and Treatment)
- 33. Health Insurance Premiums (Medicare Part A and Part B)
- 34. Pregnancy Related Services
- 35. Nursing Facility Services
- 36. Diagnostic, Screening and Preventive Services (Health Department)
- 37. Targeted Case Management Services
  - a. Adults with AIDS
  - b. Children at Risk of Incarceration
  - c. Chronically Mentally Ill
  - d. Early Intervention
  - e. Perinatal
  - f. Adult and Child Protective Services
- 38. Waiver Services

#### **Services Not Covered by Medicaid**

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

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- 1. inpatient hospital services for persons in institutions for treatment of mental diseases or special disorders, such as tuberculosis. (Crisis Stabilization Units [CSU] and Psychiatric Treatment Facilities [PRTF] are not considered hospitals);
- 2. services given by a relative or a member of an individual's household;
- 3. cosmetic surgery;
- 4. orthopedic shoes for persons over twenty-one (21) years of age unless attached to a brace;
- 5. routine foot care except for children under twenty-one (21) years of age;
- 6. abortions, unless the person's life is at risk or in cases of reported rape or incest;

- 7. over-the-counter drugs, except insulin;
- 8. disposable or over-the-counter medical supplies, such as bandages, adult diapers, rubbing alcohol, and cotton;
- 9. chiropractic services unless the individual is covered by Medicare;
- 10. experimental items or services;
- 11. dentures and eyeglasses for persons over twenty-one (21) years of age;
- 12. transportation for educational purposes, except childbirth and parenting classes (currently, transportation to parenting classes is limited to hospital outpatient services only);
- 13. vocational training;
- 14. transportation to attend amusement parks, sporting events, and other social functions;
- 15. transportation to pick up Women, Infant and Children (WIC) vouchers;
- 16. transportation to Alcoholic Anonymous (AA) meetings; and
- 17. transportation to Narcotic Anonymous (NA) meetings.

In addition, there are services, which are covered by Medicaid, but not allowable for NET and are under the Emergency Ambulance program. Services covered under the Medicaid Emergency Ambulance program include Basic Life Support (BLS) and Advanced Life Support (ALS) services certified as medically necessary by a physician, provided to appropriate local health facilities and provided to eligible members whose conditions require life sustaining equipment and personnel en route.

Examples of conditions covered under the Medicaid Emergency Ambulance program are:

- 1. traffic accident victim:
- 2. acute psychotic episode (i.e., suicidal) with attendants or restraints required;
- 3. gunshot wound;
- 4. acute seizure activity (excludes epilepsy);
- 5. childbirth: at home/en route;
- 6. high risk infant (institution-to-institution);
- 7. bone fracture; possible bone fracture;
- 8. severe head injury;
- 9. heat stroke/heat exhaustion;
- 10. poison or drug overdose victim;
- 11. unresponsive, unconscious;

- 12. chest pain;
- 13. acute respiratory distress;
- 14. choking; airway obstruction;
- 15. vomiting blood or feces;
- 16. severe hemorrhaging;
- 17. shock (insulin, other);
- 18. coma (diabetic, other);
- 19. acute abdominal pain;
- 20. oxygen required en route;
- 21. IV fluids required en route;
- 22. EKG monitoring required en route;
- 23. acute kidney failure;
- 24. severe burns;
- 25. DTs (delirium tremens);
- 26. possible acute neck/back injuries;
- 27. acute allergic reaction;
- 28. premature labor (institution-to-institution);

Ambulance service to the physician's office or physician-directed clinic is not covered under the emergency ambulance program.

### **APPENDIX B**

# VEHICLE REQUIREMENT CATEGORIES

NET vehicle requirements, specified in Section 300.6, are classified in one of three categories, "health and safety hazards", "passenger comfort and convenience", or "administrative". The categories are listed below:

Health and Safety Hazards Requirements	Passenger Comfort and Convenience Requirements	Administrative Requirements
Functional fire extinguisher(s) at least two 2.5 pounds in size or one 5 pounds in size mounted within reach of the driver	Adequate heating and air- conditioning for driver and passenger	Transportation provider's name, vehicle number, and the broker's phone number prominently displayed inside the vehicle
Functioning seat belts for all passengers	Functioning interior light	Vehicle information packet containing vehicle registration, valid proof of insurance, original PSC cab card (form G), and accident procedures and forms maintained in the vehicle
Two seat belt extensions	Adequate sidewall padding and ceiling covering	Map of NET Region in the vehicle
Seat belt cutters mounted above the driver's door	Interior mirror for monitoring the passenger compartment	
Spill kit: containing liquid spill absorbent, latex gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer	Interior and exterior free from hazardous debris or unsecured items	
First aid kit: containing band aids, gauze, sterile gauze pads, antiseptic pads, scissors, tweezers, latex gloves, antibiotic cream, instant cold pack, and first aid tape	Rubber mat or carpet on floor of passenger compartment	
Three portable triangular reflectors mounted on stands	Operable two way Communication System	

Health and Safety Hazards Requirements	Passenger Comfort and Convenience Requirements	Administrative Requirements
Hydraulic or electro-mechanical wheelchair lift installed (wheelchair van)	Smooth riding vehicle	
Retractable step or step-stool (except emergency ambulance vehicles)	Sign posted in all vehicle interiors, easily visible to passengers: "No smoking, eating or drinking" and "All passengers must use seat belts"	
Reasonable means to secure wheelchairs or stretchers, if applicable.	Passenger compartment must be clean, free from torn upholstery or floor covering, damaged or broken seats and protruding sharp edges, and shall be free of dirt, oil, grease or litter	
Child safety seats when transporting		
Two exterior rear view mirrors one on each side of the vehicle		
Current PSC registration		
Functioning speedometer and odometer		

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# APPENDIX C

# **NET REGIONS & COUNTIES SERVED**

Region	NET Broker & Phone	Counties Served
North	Number  Southeastrans  Toll free 1-866-388-9844  Local 678-510-4555	Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Habersham, Hall, Haralson, Jackson, Lumpkin, Morgan, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, Walton, White and Whitfield
Atlanta	Southeastrans 404-209-4000  Note: For Georgia Families 360°	Fulton, DeKalb and Gwinnett
Central	1-866-991-6701  LogistiCare  Toll free 1-888-224-7981	Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Heard, Henry, Jasper, Jones, Lamar, Laurens, Meriwether, Monroe, Newton, Pike, Putnam, Rockdale, Spalding, Telfair, Troup, Twiggs and Wilkinson
East	LogistiCare  Toll free 1-888-224-7988  Note: For Crisis Stabilization Units and Psychiatric Residential Treatment Facilities  1-800-486-7642 Ext. 461 or 436	Appling, Bacon, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clarke, Columbia, Effingham, Elbert, Emanuel, Evans, Glascock, Glynn, Greene, Hancock, Hart, Jeff Davis, Jefferson, Jenkins, Johnson, Liberty, Lincoln, Long, Madison, McDuffie, McIntosh, Montgomery, Oconee, Oglethorpe, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Treutlen, Ware, Warren, Washington, Wayne, Wheeler and Wilkes
Southwest	LogistiCare Toll free 1-888-224-7985	Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Peach, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Upson, Webster, Wilcox and Worth

#### **APPENDIX D**

# NEWBORN MEDICAID CERTIFICATION (TEMPORARY)

#### NEWBORN MEDICAID CERTIFICATION (TEMPORARY)

Commun	DEPARTMENT OF HTY HEALTH   Public Health	GHP P.O. Box 1057 Tucker, GA. 3008	209	Certifyin	MEDICAID ID NUMBER g provider must contact GHP obtain a newborn I.D.
NEWBORN'S NAME DATE OF BIRTH	Fir		MI le ☐ Femal	Last	Suffix
Mother's Medic MOTHERS NAME		Mother's So	ocial Security No.		YES NO Is the mother a U.S. Citizen?  Last
MAILING ADDRESS	State  Date of Request	Number and stre	Coun	ty	City  Telephone Number
	Date of Request		Farent/ Keta	tive signature	
COMPLETED BY	Please	Print	]	TITLE	Please Print
PROVIDER NAME	Please		TEL	EPHONE	
PROVIDER SIGNATURE	By signing, I certify to the that the information about accurate	ne best of my knowledge		DATE PLETED	
			PR	NO.	

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

DMA-550 REV. (07/10)

#### **APPENDIX E**

#### MEMBER COVERAGE GROUPS AND CERTIFICATION DOCUMENTS

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

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

- 1. persons receiving cash assistance as members of Supplementary Security Income (SSI), Mandatory State Supplement (MSS) or Temporary Assistance to Needy Families (TANF) benefits;
- 2. children and their families who meet the Aid to Family with Dependent Children (AFDC) requirements that were in effect prior to the Welfare Reform Act of 1996 which separated AFDC and Medicaid. This group was formally AFDC, but is now known as the Low Income Medicaid (LIM) group;
- 3. aged, blind or disabled individuals residing in nursing facilities who meet certain income criteria;
- 4. aged, blind or disabled individuals who meet certain income criteria and are in need of nursing facility care but have chosen to remain at home and receive community-based health care services through a Medicaid Waiver Program;
- 5. children under age 18, including those in two-parent households, whose income and resources are below the AFDC or Medically Needy Standards;
- 6. aged or disabled individuals who are covered by Medicare Part A insurance. Reimbursement is <u>limited to Medicare cost-sharing expenses</u>. See Subsection **Qualified Medicare Beneficiaries (QMB)** coverage, for details of coverage for Qualified Medicare Beneficiaries (QMB);
- 7. certain qualified disabled and working individuals (QDWIs) who are eligible to enroll in Medicare Part A insurance (due to the severity of their disability) and whose income is below 200% of the FPL and whose resources are less than twice the SSI standards.

  Medicaid benefits are limited to the payment of only Medicare Part A insurance premiums;
- 8. pregnant women, whether married or not, whose family income does not exceed 200% of the FPL for the family size. This coverage group is called "Right from the Start Medicaid for Pregnant Women" (RSM). Once eligibility is established for those pregnant women, they remain Medicaid eligible without regard to changes in family income through the two

- months following the month in which the last day of pregnancy falls. There is no resource limit for this coverage group;
- 9. children age 1 through age 5 whose family income does not exceed 133% of the FPL for their family size. This coverage is also called RSM Child. When these children reach the maximum age for RSM coverage, their eligibility terminates under this coverage group unless they are receiving a Medicaid covered inpatient service from a Medicaid provider. There is no resource limit for this coverage group;
- 10. children ages 6 (six) to age nineteen (19) whose family income does not exceed 100% of the FPL for their family size. This coverage is also called RSM Child. There is no resource limit for this group;
- children ages 0 (zero) to age 1 (one) whose family income does not exceed 185% of the 11. FPL for their family size. This coverage is also called RSM Child. There is no resource limit for this group;
- 12. pregnant women whose family income does not exceed 200% of the FPL may receive all Medicaid services, except inpatient hospital and delivery services, as presumptively eligible until a formal eligibility determination is made by RSM Project or County Department of Family and Children Services (DFCS) Medicaid Eligibility Specialists. Presumptive eligibility determinations based on income, pregnancy and citizenship only are made by providers certified to perform this activity. These providers are County Departments of Health;
- 13. terminally ill individuals who meet certain income criteria and have agreed to receive hospice care services;
- pregnant women, children, aged, blind or disabled individuals whose incomes are above the monthly cash assistance limit, but who incur medical expenses to offset the excess income in order to become Medicaid eligible (Medically Needy Medicaid);
- children under age 18 for whom an adoption assistance agreement is in effect or for whom foster care maintenance payments are being made under Title IV-E of the Social Security Act;
- individuals who would be eligible except for citizenship requirements, may be eligible for Emergency Medical Assistance (EMA); and
- Medicaid eligibility is available to children under age 18 who are not eligible for SSI in 17. their own homes because of the parents' income and/or resources. This type program, called the TEFRA/Katie Beckett Deeming Waiver program (Katie Beckett), allows the State to disregard parents' income and resources in the determination of Medicaid eligibility. Once determined eligible under the Deeming Waiver program, these children are eligible for the full range of Medicaid services.

### **Three Months Prior Coverage**

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

### **Eligibility Begin Date**

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

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

# **Home and Community Based Waivers**

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

#### Waivers

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

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

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

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

#### **Qualified Medicare Beneficiaries (QMB) Coverage**

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

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

No other services are included for Medicaid reimbursement.

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

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

#### Qualified Disabled and Working Individuals (QDWI) Coverage

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

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

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

# APPENDIX F

# **MEMBER APPEAL NOTICES**

# INITIAL DECISION LETTER

(Date Notice Mailed)

Name of Member Mailing Address	Medicaid ID #:
Dear	;
Your request for non-emergency transhas been initially denied. The reason	nsportation (NET) for a date of service ofn for this initial denial is:
have the right to request a review (re must do so no later than thirty (30) can	initially deny you non-emergency transportation, you econsideration) of this denial. If you request a review, you ealendar days from the date at the top of this notice. You to or writing us at
transportation after the review is con	l receive transportation. If you again are denied npleted, you will receive a final decision and information on
that in order to request a fair hearing	the Department of Community Health. Please remember s, you must first request a review of the initial denial as est a review of the initial denial, then you do not have a right
that in order to request a fair hearing described above. If you do not reque	n the Department of Community Health. Please remember s, you must first request a review of the initial denial as

# FINAL DECISION LETTER

(Date Notice Mailed)

Name of Member	Medicaid ID #:
Mailing Address	
Dear	_:
transportation (NET) for a date of serv	review (reconsideration) of the denial of non-emergency vice of We have reviewed issuing a final denial. The reason for this final decision to on is:
right to request a fair hearing through	eny you non-emergency transportation, you have the the Georgia Department of Community Health. If you no later than thirty (30) calendar days of the date at the top written request for a fair hearing to:
<b>Lega</b> Two Peacht	nt of Community Health  Al Services Section  ree Street, NW-40 <sup>th</sup> Floor  Georgia 30303-3159
assistance available, you may contact by Atlanta Legal Aid) or Atlanta Legal Fulton, or Clayton Counties) office in	tion at the fair hearing. If you want to know about legal the GA Legal Services Program (except for counties served l Aid (if member resides in DeKalb, Gwinnett, Cobb, your area by calling Your Appeals Unit, GA Department of Community Health will lministrative Hearings for processing.
If you do not request a fair hearing wi do not have the right to further appeal	thin thirty (30) calendar days from the above date, then you.
	Sincerely,
	(Broker)

Rev. 10/13

Rev. 10/13
Date
Member Name Address City, State, Zip
Dear
Your request for non-emergency transportation (NET) for date(s) of service ( <i>insert date</i> ) to ( <i>insert location</i> ) has been denied. The reason for this denial is:
The medical appointment requested, ( <i>insert medical appointment</i> ), is not covered by Georgia Medicaid.
Georgia Medicaid will only pay for your non-emergency transportation if the service is a covered medical service by the Medicaid program. If you have questions about what services are covered, please contact our Member Services line at 1-866-211-0950.
There are no member appeal rights when transportation service is denied under these circumstances.
Sincerely,
(Broker)

#### APPENDIX G

#### **NET Gate-Keeping Policy**

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

Rev. 1/15

- 2. The Broker is not obligated to provide transportation for, and is not capitated for, Qualified Medicare Beneficiaries (QMBs) only.
- 3. The Broker should assure that the member is a resident of a county in the Broker's region and is currently Medicaid eligible, either listed as on file, either in the Broker's database or through an available eligibility verification system, or in possession of a temporary proof of Medicaid eligibility (forms 962 or 964).

Rev. 1/15

- 4. The Broker shall attempt to determine if the member has his/her own or other means of transportation available. If the member's own means of transportation is available <u>and</u> the member is capable of driving, the Broker may deny trip request. The Broker cannot deny non-emergency transportation solely based upon member owning a vehicle or there being a vehicle in the household.
  - As a last resort, the Broker may, as an option, offer fuel assistance to the member for non-emergency transportation to his/her medically related appointment if the member's own vehicle is not available for that reason.
- 5. The Broker may require the use of public transportation, where available and appropriate, for ambulatory members who are able to understand common signs and directions and who indicate familiarity with the use of public transportation.
- 6. The Broker shall not require any member who is pregnant or has more than two children under age of 6, also traveling to utilize public transportation.
- 7. The Broker must provide fare, if requested, in a timely manner for a member and escort if applicable, when referring the member to public transportation.
- 8. The Broker must determine if the member is ambulatory, requires a wheelchair, or requires a stretcher for transport. Members unable to walk, even with assistance, from their door to the vehicle must be transported via wheelchair or stretcher as appropriate. Members who are routinely confined to a wheelchair or bed must be transported in vehicles appropriate to the level of confinement.
- 9. The Broker must inquire whether the member requires assistance in walking after receiving treatment. If the member requires assistance, and no escort is available, the Broker must provide an attendant to render that assistance, or transport by wheelchair or stretcher van, as appropriate.

- 10. The Broker must allow for extenuating circumstances in applying the three (3) day advance application requirement for transportation. Such extenuating circumstances shall include, but not be limited to, such situations as requirement for post-operative or follow-up appointments in less than 3 days; urgent care requirements as claimed by the member, adult family members on behalf of a minor, elderly or disabled members, guardians responsible for members, and licensed health care professionals on behalf of members who are residents of a nursing facility or other residential care facility, or who are otherwise unable to communicate for themselves; hospital and emergency room discharges; and transportation to appointments made to replace appointments missed because of failed transportation arranged by the Broker.
- 11. The Broker shall provide transportation only to a Medicaid billable service, or one that would be a Medicaid billable service if the provider were enrolled in the Medicaid program.
- 12. Some nursing facilities, group homes and personal care homes have one or more vehicles, which are intended to facilitate the general administration of the facility and not necessarily to provide for resident transportation. The Broker cannot deny service based on the mere existence of a vehicle. The availability of a vehicle for resident transportation must be determined on a case basis. If the vehicle is not available for resident transportation at the time required, as represented by the nursing facility manager or director of nursing, as applicable, such vehicle must be excluded from considerations of other available transportation.
- 13. The Broker shall consider in good faith information presented by or on behalf of a member relative to the need for NET services upon **each such request** for transportation, regardless of the member's having been previously denied NET services.
- 14. The Broker may require that a member and associated escort be picked up from, and returned to, a common address.
- 15. Foster children shall be transported to access Medicaid services upon request of the foster parent, without regard to any transportation resources that may be available in the foster care household.
- 16. The Broker may opt to expand the mileage limits for transportation without a health care provider's referral per region however, at a minimum transportation shall be provided for Medicaid members within the following general geographic access standards for health care services:
  - a) 30 miles Urban
  - b) 50 miles Rural
  - c) 15 miles Adult Day Health Care Urban and 30 miles Rural
  - d) 15 miles Pharmacies Urban and 30 miles Rural

REV.

07/12

- 17. Transportation outside the general geographic access standard for health care services is to be provided only when sufficient medical resources are not available in the member's service area or when a health care provider has referred the member to medically necessary health care services outside of the geographic access standard. The Broker shall not arbitrarily deny services, but may require as a condition for approval of NET services, a written referral signed by a licensed health care provider attesting to the medical necessity for out-of-area service.
- REV. 07/12
- 18. Members enrolled in managed care health plans are obligated to use providers participating in the managed care health plan. Travel for such managed care plan enrollees shall be considered the same as travel based on a health care provider's referral.
- REV. 10/13
- 19. **Grandfather Clause**: Applicable only to those Medicaid members who have had a standing order in effect at an Adult Day Health (ADH) facility prior to July 1, 2012. "Grandfathered" is the term identifying these members and allows them to continue attending that ADH facility and exempts them from the Geographic Considerations policy outlined in Section 100.9 of this manual. Members attending an ADH facility and have a standing order in effect after July 1, 2012, will be subject to the Geographic Considerations policy stated above. Any "Grandfathered" member changing their residence, regardless of the circumstance, and moving outside of the current geographical standards in place after July 1, 2012, will no longer be considered "grandfathered" and will be subject to the Geographic Considerations policy requirements.

# APPENDIX H

# IMPLEMENTATION CHECKLIST

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

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

#### APPENDIX I NON-EMERGENCY TRANSPORTATION BROKER

## Accident/Incident Report Date of Accident/Incident: \_\_\_\_\_ Name of Broker: Time of Accident/Incident: \_\_\_\_\_ Date Reported to Broker: Transportation Provider: Contact Person: Address: Name of Vehicle Driver: \_\_\_\_\_ Driver's License #: **Telephone** #: \_\_\_\_\_ Vehicle Tag #: Fax #: \_\_\_\_\_ II. Detailed Description of accident/incident: (attach additional pages if necessary) Check all that apply Injuries: No \_\_\_ Yes \_\_\_ Minor Serious Fatal **Injured:** Member(s) \_\_\_ Driver \_\_\_ Attendant \_\_\_ Escort\_\_\_ Other Name #1: \_\_\_\_\_\_ Phone #: Address: **Description of Injury**: Medical Facility □ Name: \_\_\_\_\_ Treated at: Scene □ **Brief Description of Treatment:** Name #2: \_\_\_\_\_ Medicaid #: \_\_\_\_ Phone #: Address: **Description of Injury**: Medical Facility □ Name: **Treated at:** Scene $\Box$ **Brief Description of Treatment:** Name #3: Medicaid #: Phone #: Address: **Description of Injury**: **Treated at**: Scene □ Medical Facility □ Name: **Brief Description of Treatment:** III. Police □ Ambulance□ Tow Truck □ 911 🗆 Were emergency services called? If motor vehicle accident, who was charged? \_\_\_\_\_ Police Report Attached: Other Immediate corrective action taken by carrier/broker:\_\_\_\_\_ **Phone** #: \_\_\_\_\_ Date:\_\_\_\_ **IV.Report Submitted By:** Print/Type Name

Signature

# **Instructions for Completing the Non-Emergency Transportation Broker Accident/Incident Report Form**

All accidents or incidents which occur while delivering NET Broker services must be reported to the DCH on the Non-Emergency Transportation Broker Accident/Incident Report form (DMA-5/99). This form must be completed and submitted to DCH within ten (10) business days of the accident or incident.

#### Section I

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

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

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

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

#### **Section II**

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

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

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

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

#### Section III

Emergency services - Please check all applicable boxes.

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

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

#### **Section IV**

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

Include signature and date from completed. Include telephone number of the authorized representative who signs form.

DMA 5/99

#### APPENDIX J

#### GEORGIA RELAY CENTER

Georgia Relay allows for communication between people with hearing or speech disabilities and standard telephone users primarily through use of one of the four methods:

- a traditional Relay (text telephone) call
- Internet relay
- CapTel telephone or
- Video Relay Services (VRS)

Service for the center is provided by Hamilton Relay presently under contract with the Georgia Public Service Commission. There is no charge to use Georgia Relay within the local calling area and service is available 24 hours a day, 365 days a year, including holidays. Details regarding all the available services in Georgia can be found on their website at www.GeorgiaRelay.org

To connect dial 7-1-1 to use Hamilton Relay in Georgia or call one of the toll free numbers below:

TTY: 800-225-0056

Voice: 800-255-0135

Mobile Caption Service: 800-855-9111

Speech to Speech: 888-202-4082

Spanish to Spanish: 888-202-3972

(Includes Spanish-to-Spanish and translation from English to Spanish)

#### APPENDIX K

#### **CHILD SEAT REQUIREMENTS**

Rev. 10/13

The Brokers must ensure that an adequate number of transportation providers within their provider network have appropriate child safety seats for transporting children. Transportation cannot be denied because a car seat is not available in member's household.

The Broker is responsible for assuring that all transportation providers are in compliance with all applicable laws including Georgia Section 40-8-76 G.

#### APPENDIX L

#### MEMBER ABUSE OF PROGRAM/WARNING LETTERS

- Rev. In the instance where a member has on at least two (2) occasions no showed, been late for pick-up or canceled a reservation at the time of pick-up, the Broker shall send a warning letter to the member via certified mail (See Member Warning Letter Letter A).
- Rev. After receiving a complaint regarding a member's abusive behavior or misconduct, the Broker shall send a warning letter to the member via certified mail (see Member Warning Letter Letter B).
- After two warnings the Broker shall send a letter of denial, via certified mail, informing the member of 1) his/her continued actions that have resulted in the denial of service; and 2) their right to request reconsideration/review by the Broker. The letter must include the member appeal process (See Member Denial Letter Letter C).
- Rev. If member requests the Broker to review/reconsider their decision of denial and the nonemergency transportation request is again denied after the Broker review is completed, the Broker must send a *Final Decision Letter* (see Appendix F-2).
- 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.

#### MEMBER WARNING LETTER

-		
	Letter	

R	Rev.	
1	0/13	

Date

Member Name Address City, State, Zip

Dear Member:

You requested non-emergency transportation from (<u>insert Broker name</u>) for the following date(s): <u>insert date</u>. On each occasion, when the vehicle arrived to transport you, you were (<u>insert one</u>: <u>not at the residence</u>, <u>not at scheduled pick-up location</u>, <u>or cancelled at the time of pick-up</u>).

If you do not need transportation for the date requested, you must contact (<u>insert Broker name</u>) at (<u>insert phone number</u>) to cancel the trip. Please call the day before the scheduled pick-up time or immediately on the day of travel, but no later than one (1) hour before your scheduled pick-up time to cancel transport. Failure to notify (<u>insert Broker name</u>) of the cancellation may result in denial of non-emergency transportation services in the future.

This letter serves as formal notice that if this happens again, steps will be taken to suspend, deny, or terminate non-emergency transportation services. Always contact (*insert Broker name*) whenever there is a change in your schedule.

If you have any questions, you may contact (insert Broker phone number).

Sincerely,

(insert Broker information)

#### MEMBER WARNING LETTER

Letter	R
	_

F	lev.	
1	0/13	

Date

Member Name Address City, State, Zip

Dear Member:

You requested non-emergency transportation services from (*insert Broker name*) for the following dates: (*insert dates*).

We have received a complaint from the assigned transportation provider about your behavior during the above scheduled date(s) of service. The provider stated that you were verbally abusive and/or physically abusive to other passengers and/or driver during this trip.

Please note that a transportation provider has a right to refuse service to unruly individuals and eventually refuse to accept the trip request from (*insert Broker name*).

This letter serves as formal notice that if this happens again, steps will be taken to suspend, deny, or terminate non-emergency transportation services.

Sincerely,

(insert Broker information)

### MEMBER DENIAL LETTER Letter C

Re	v.
1/1	4

Date

Member Name Address City, State, Zip

Dear Member:

On <u>(insert dates of previous warning letters)</u>, <u>(insert Broker name)</u> notified you that your behavior may result in denial of non-emergency transportation services. Please see copies of warning letter(s) attached.

On <u>(insert date)</u>, a transportation provider was dispatched to your address as scheduled to transport you to your medical appointment. You <u>(insert member's non-compliance with policy)</u>. As a result of your actions and previous warnings, non-emergency transportation for you through our current provider network has been suspended.

If you find another transportation provider willing to transport you, (*insert Broker name*) may be able to provide payment to that provider if provider meets certain guidelines and standards required by (*insert Broker name*). Please have provider contact us at (*insert Broker contact*).

If you feel this decision is wrong and you wish to have your case reconsidered, you must contact (*insert Broker name*) at below information within thirty (30) calendar days from the date of this letter.

#### insert Broker Contact Information

If your review is successful, your non-emergency transportation will be resumed. If your review is unsuccessful, you will receive a *Final Decision* letter including information on how to request a fair hearing through the Department of Community Health (DCH) only after your appeal to (*insert Broker name*). If you do not request a review/reconsideration by the (*insert Broker name*) you do not have the right to a fair hearing through DCH.

Please contact us for any questions you may have regarding this letter.

Sincerely

(insert Broker information)

#### APPENDIX M

#### NET ENCOUNTER CLAIMS SPECIFICATIONS

The 837 Professional transaction is the only acceptable format for electronic NET claims submission to the Department of Community Health. The technical requirements for transmission of claims are available in the GAMMIS Non-Emergency Transportation (NET) Companion guide (837P) on the web portal site http://www.mmis.georgia.gov.

NET program specific required information for NET encounter claims processing are as follows:

A. Modifiers must be reported with each procedure code billed for Non-Pharmacy origin and destinations. The one-digit modifiers are combined to form a two-digit modifier that identifies the transportation provider's place of origin with the first digit, and the destination with the second digit. Values of allowable modifiers are:

Modifier Code	Modifier Code Description	
D	Diagnostic or Therapeutic site other than "P" or	
	"H" when these are used as origin codes	
Е	Residential, Domiciliary, Custodial Facility	
	(other than an 1819 Facility (SNF)	
Н	Hospital	
J	Dialysis Facility	
N	Nursing Home Facility	
P	Physician's office (includes HMO no-hospital	
	facility, clinic, etc.	
R	Residence	

For example: If a member is transported from their residence (R) to a physician's office (P) the modifier will be (RP). The return trip from the physician's office to the member's residence will be (PR).

B. For Pharmacy Initial/Return Trip the allowable modifiers are:

U1: Initial Trip U2: Return Trip

#### C. Valid Procedure Code

Procedure Code	Procedure code Description	
A0120	Non-Emergency Transport Ambulatory Van	
A0130	Non-Emergency Transport Wheelchair Van	
T2005	Non-Emergency Stretcher Van	
A0110	Non-Emergency Transport Bus (public	
	transportation)	
A0080	Non-Emergency Transport by Volunteer	
A0100	Non-Emergency Transport Taxi	

- D. The Appointment Time, Scheduled Pickup Time, Actual Pickup Time and Actual Drop Off Time is required when procedure code A0120, A0130, T2005 or A0080 are billed.
  - 1. Appointment Time: 4 position value (hour/minutes) preceded by a qualifier of AT, (ATHHMM)
  - 2. Scheduled Pickup Time: 4 position value (hour/minutes) preceded by a qualifier PT, (PTHHMM)
  - 3. Actual Pickup Time: 4 position value (hour/minutes) preceded by a qualifier PA, (PAHHMM)
  - 4. Actual Drop Off Time 4 position value (hour/minutes) preceded by a qualifier DA, (ADHHMM)

Note: 0000 is a valid value within the HHMM

Example of four values being billed: AT1400, PT1230, PA000, AD1330

Example of singe value being billed: AT0800

# National Correct Coding Initiative (NCCI)

Rev 07/13

The Center for Medicare and Medicaid Services (CMS) has directed all State Medicaid agencies to implement the National Correct Coding Initiative (NCCI) as policy in support of Section 6507 of the Patient Affordable Care Act of March 23, 2010.

Georgia Medicaid uses NCCI standard payment methodologies. NCCI Procedure to Procedure edits prevent inappropriate payment of services that should not be bundled or billed together and to promote correct coding practices. Based on NCCI Coding Manual and CPT guidelines, some services/procedures performed in conjunction with an evaluation and management (E&M) code will bundle into the procedure when performed by same physician and separate reimbursement will not be allowed if the sole purpose for the visit is to perform the procedures. NCCI editing also includes Medically Unlikely Edits (MUEs) which prevent payment for an inappropriate number/quantity of the same service on a single day. An MUE for a HCPCS/CPT code is the maximum number of units of service under most circumstances reportable by the same provider for the same patient on the same date of service. Providers must correctly report the most comprehensive CPT code that describes the service performed, including the most appropriate modifier when required.

For additional questions regarding the NCCI or MUE regulations, please see the CMS website: http://www.cms.gov/.

#### General Claims Submission Policy for Ordering, Prescribing, or Referring (OPR) Rev **Providers** 4/14

The Affordable Care Act (ACA) requires physicians and other eligible practitioners who order, prescribe and refer items or services for Medicaid beneficiaries to be enrolled in the Georgia Medicaid Program. As a result, CMS expanded the claim editing requirements in Section 1833(q) of the Social Security Act and the providers' definitions in sections 1861-r and 1842(b)(18)C. Therefore, claims for services that are ordered, prescribed, or referred must indicate who the ordering, prescribing, or referring (OPR) practitioner is. The department will utilize an enrolled OPR provider identification number for this purpose. Any OPR physicians or other eligible practitioners who are NOT already enrolled in Medicaid as participating (i.e., billing) providers must enroll separately as OPR Providers. The National Provider Identifier (NPI) of the OPR Provider must be included on the claim submitted by the participating, i.e., rendering, provider. If the NPI of the OPR Provider noted on the Georgia Medicaid claim is associated with a provider who is not enrolled in the Georgia Medicaid program, the claim cannot be paid.

Effective 4/1/2014, DCH will begin editing claims submitted through the web, EDI and on CMS-1500 (02-12) forms for the presence of an ordering, referring or prescribing provider as required by program policy. The edit will be informational until 6/1/2014. Effective 6/1/2014, the ordering, prescribing and referring information will become a mandatory field and claims that do not contain the information as required by policy will begin to deny.

#### For the NEW CMS-1500 (02-12) claim form:

Enter qualifiers to indicate if the claim has an ordering, referring, or prescribing provider to the left of the dotted line in box 17 (Ordering = DK; Referring = DN or Supervising = DQ).

#### For claims entered via the web:

Claims headers were updated to accept ordering or referring Provider ID and name for Dental and Institutional claims and the referring provider's name for Professional claims. The claim detail was updated to accept an ordering or referring provider ID and name. Utilize the "ordering" provider field for claims that require a prescribing physician.

#### For claims transmitted via EDI:

The 837 D, I, and P companion guides were updated to specifically point out the provider loops that capture the rendering, ordering, prescribing, referring and service facility provider information that is now used to transmit OPR information.

# Appendix N

# Georgia Families

Georgia Families (GF) is a statewide program designed to deliver health care services to members of Medicaid and PeachCare for Kids®. The program is a partnership between the Department of Community Health (DCH) and private Care Management Organizations (CMOs). By providing a choice of health plans, Georgia Families allows members to select a health care plan that fits their needs.

It is important to note that GF is a full-risk program; this means that the three CMOs licensed in Georgia to participate in GF are responsible and accept full financial risk for providing and authorizing covered services. This also means a greater focus on case and disease management with an emphasis on preventative care to improve individual health outcomes. In addition, each CMO may contract with a behavioral health or therapy service organization in order to coordinate physical and mental health services to improve member care, coordination, and efficiency.

Medicaid and PeachCare for Kids® members will continue to be eligible for the same services they receive through traditional Medicaid as well as new services. Members will not have to pay more than they paid for Medicaid co-payments or PeachCare for Kids® premiums. With a focus on health and wellness, the CMOs will provide members with health education and prevention programs as well as expanded access to plans and providers, giving them the tools needed to live healthier lives. Providers participating in Georgia Families will have the added assistance of the CMOs to educate members about accessing care, referrals to specialists, member benefits, and health and wellness education.

The Department of Community Health has contracted with three CMOs to provide these services: Amerigroup Community Care, Peach State Health Plan and WellCare of Georgia.

Members can contact Georgia Families at **www.georgia-families.com** or call **1-888-GA-ENROLL** (1-888-423-6765) for assistance to determine which program best fits their family's needs. If members do not select a plan, Georgia Families will select a health plan for them.

#### **CMOs**

Amerigroup Community Care	Peach State Health Plan	WellCare of Georgia
800-600-4441	800-704-1484	866-231-1821
www.myamerigroup.com	www.pshpgeorgia.com	<u>www.wellcare.com</u>

Children, pregnant women and women with breast or cervical cancer on Medicaid, as well as children enrolled in PeachCare for Kids® are eligible to participate in Georgia Families.

# Georgia Families Regions

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

# Georgia Families Eligibility Categories

Included Populations	Excluded Populations
PeachCare for Kids®	Nursing home
Low-Income Medicaid (LIM)	Federally Recognized Indian Tribe
Right from the Start Medicaid (RSM)	Georgia Pediatric Program (GAPP)
Women's Health Medicaid (WHM)	Community Based Alternative for Youths (CBAY)
Transitional Medicaid	Children's Medical Services program
Refugees	Medicare Eligible
Planning for Healthy Babies	Supplemental Security Income (SSI) Medicaid Medically Needy
Resource Mother's Outreach	Long-term care
Children (Newborn)	
Breast and Cervical Cancer	

# Included Categories of Eligibility:

COE	DESCRIPTION
104	LIM – Adult
105	LIM - Child
118	LIM – 1 <sup>st</sup> Yr Trans Med Ast Adult
119	LIM – 1 <sup>st</sup> Yr Trans Med Ast Child
120	LIM – 2 <sup>nd</sup> Yr Trans Med Ast Adult
121	LIM – 2 <sup>nd</sup> Yr Trans Med Ast Child
122	CS Adult 4 Month Extended
123	CS Child 4 Month Extended
126	Stepchild
135	Newborn Child
170	RSM Pregnant Women
171	RSM Child
194	RSM Expansion Pregnant Women
195	RSM Expansion Child < 1 Yr
196	RSM Expn Child w/DOB < = 10/1/83
197	RSM Preg Women Income < 185 FPL
245	BCC Waiver
471	RSM Child
506	Refugee (DMP) – Adult
507	Refugee (DMP) - Child
508	Post Ref Extended Med – Adult
509	Post Ref Extended Med - Child

510	Refugee MAO – Adult
511	Refugee MAO - Child
571	Refugee RSM - Child
595	Refugee RSM Exp. Child < 1
596	Refugee RSM Exp Child DOB =</td
	10/01/83
790	Peachcare < 150% FPL
791	Peachcare 150 – 200% FPL
792	Peachcare 201 – 235% FPL
793	Peachcare > 235% FPL
800	Presumptive BCC
804	Lim REI Adult
805	Lim REI Child
818	TMA REI Adult
819	TMA REI Child
835	Newborn
836	Newborn (DFACS)
871	RSM (DHACS)
872	RSM 150% Expansion (DHACS)
876	RSM Pregnant Women (DHACS)
894	RSM Exp Pregnant Women
	(DHACS)
895	RSM Exp Child < 1 (DHACS)
896	RSM Exp Child = 10/01/83</td
	(DHACS)
897	RSM Pregnant Women Income >
	185% FPL (DHACS)
898	RSM Child < 1 Moth Aid = 897
	(DHACS)
918	LIM Adult
919	LIM Child
920	Refugee Adult
921	Refugee Child

# **Excluded Categories of Eligibility:**

COE	DESCRIPTION
124	Standard Filing Unit – Adult
125	Standard Filing Unit - Child
131	Child Welfare Foster Care
132	State Funded Adoption Assistance
147	Family Medically Needy Spend down
148	Pregnant Women Medical Needy Spend down
172	RSM 150% Expansion
177	Family Planning Waiver
180	Interconceptional Waiver

24.0	
210	Nursing Home – Aged
211	Nursing Home – Blind
212	Nursing Home – Disabled
215	30 Day Hospital – Aged
216	30 Day Hospital – Blind
217	30 Day Hospital – Disabled
218	Protected Med/1972 Cola - Aged
219	Protected Med/1972 Cola - Blind
220	Protected Med/1972 Cola - Disabled
221	Disabled Widower 1984 Cola - Aged
222	Disabled Widower 1984 Cola – Blind
223	Disabled Widower 1984 Cola – Disabled
224	Pickle - Aged
225	Pickle – Blind
226	Pickle – Disabled
227	Disabled Adult Child - Aged
228	Disabled Adult Child - Blind
229	Disabled Adult Child – Disabled
230	Disabled Widower Age 50-59 – Aged
231	Disabled Widower Age 50-59 – Blind
232	Disabled Widower Age 50-59 – Disabled
233	Widower Age 60-64 - Aged
234	Widower Age 60-64 - Blind
235	Widower Age 60-64 – Disabled
236	3 Mo. Prior Medicaid – Aged
237	3 Mo. Prior Medicaid – Blind
238	3 Mo. Prior Medicaid – Disabled
239	Abd Med. Needy Defacto – Aged
240	Abd Med. Needy Defacto – Blind
241	Abd Med. Needy Defacto –
	Disabled
242	Abd Med Spend down – Aged
243	Abd Med Spend down – Blind
244	Abd Med Spend down – Disabled
246	Ticket to Work
247	Disabled Child - 1996
250	Deeming Waiver
251	Independent Waiver
252	Mental Retardation Waiver
253	Laurens Co. Waiver
254	HIV Waiver
255	Cystic Fibrosis Waiver
	1 - /

259	Community Care Waiver
280	Hospice – Aged
281	Hospice – Blind
282	Hospice – Disabled
283	LTC Med. Needy Defacto – Aged
284	LTC Med. Needy Defacto -Blind
285	LTC Med. Needy Defacto –
203	Disabled
286	LTC Med. Needy Spend down -
	Aged
287	LTC Med. Needy Spend down -
	Blind
288	LTC Med. Needy Spend down -
	Disabled
289	Institutional Hospice – Aged
290	Institutional Hospice – Blind
291	Institutional Hospice - Disabled
301	SSI – Aged
302	SSI - Blind
303	SSI – Disabled
304	SSI Appeal – Aged
305	SSI Appeal – Blind
306	SSI Appeal – Disabled
307	SSI Work Continuance – Aged
308	SSI Work Continuance - Blind
309	SSI Work Continuance - Disabled
315	SSI Zebley Child
321	SSI E02 Month - Aged
322	SSI E02 Month – Blind
323	SSI E02 Month - Disabled
387	SSI Trans. Medicaid – Aged
388	SSI Trans. Medicaid - Blind
389	SSI Trans. Medicaid - Disabled
410	Nursing Home – Aged
411	Nursing Home – Blind
412	Nursing Home – Disabled
424	Pickle – Aged
425	Pickle – Blind
426	Pickle – Disabled
427	Disabled Adult Child – Aged
428	Disabled Adult Child – Blind
429	Disabled Adult Child – Disabled
445	N07 Child
446	Widower – Aged
447	Widower - Blind
448	Widower – Disabled
460	Qualified Medicare Beneficiary
466	Spec. Low Inc. Medicare
	Beneficiary

575	Refugee Med. Needy Spend down
660	Qualified Medicare Beneficiary
661	Spec. Low Income Medicare
	Beneficiary
662	Q11 Beneficiary
663	Q12 Beneficiary
664	Qua. Working Disabled Individual
815	Aged Inmate
817	Disabled Inmate
870	Emergency Alien – Adult
873	Emergency Alien - Child
874	Pregnant Adult Inmate
915	Aged MAO
916	Blind MAO
917	Disabled MAO
983	Aged Medically Needy
984	Blind Medically Needy
985	Disabled Medically Needy

#### **HEALTH CARE PROVIDERS**

For information regarding the participating health plans (enrollment, rates, and procedures), please call the numbers listed below.

Prior to providing services, you should contact the member's health plan to verify eligibility, PCP assignment and covered benefits. You should also contact the health plan to check prior authorizations and submit claims.

Amerigroup Community Care	Peach State Health Plan	WellCare of Georgia
800-454-3730 (general information) 888-821-1108 (provider recruitment) www.amerigroupcorp.com	866-874-0633 (general information) 866-874-0633 (claims) 800-704-1483 (medical management) www.pshpgeorgia.com	866-231-1821 <u>www.wellcare.com</u>

#### **Registering immunizations with GRITS:**

If you are a Vaccine for Children (VFC) provider, please continue to use the GRITS (Georgia Immunization Registry) system for all children, including those in Medicaid and PeachCare for Kids®, fee-for-service, and managed care.

### Important tips for the provider to know/do when a member comes in:

Understanding the process for verifying eligibility is now more important than ever. You will need to determine if the patient is eligible for Medicaid/PeachCare for Kids® benefits and if they are enrolled in a Georgia Families health plan. Each plan sets its own medical management and referral processes. Members will have a new identification card and primary care provider assignment.

You may also contact Hewlett Packard (HP) at 1-800-766-4456 (statewide) or <a href="https://www.mmis.georgia.gov">www.mmis.georgia.gov</a> for information on a member's health plan.

## Use of the Medicaid Management Information System (MMIS) web portal:

The call center and web portal will be able to provide you information about a member's Medicaid eligibility and health plan enrollment. HP will **not** be able to assist you with benefits, claims processing or prior approvals for members assigned to a Georgia Families health plan. You will need to contact the member's plan directly for this information.

#### Participating in a Georgia Families' health plan:

A Medicaid provider makes a business decision whether to participate in one, two or all three health plans. To participate in a health plan, the provider must be enrolled in Medicaid and sign a contract and be credentialed by the health plan. Each health plan has its own contracting

procedures and credentialing requirements. If a provider is interested in participating with a health plan, he/she should contact the plan's provider enrollment department.

# Assignment of separate provider numbers by all of the health plans:

Each health plan will assign provider numbers, which will be different from the provider's Medicaid provider number and the numbers assigned by other health plans.

#### Billing the health plans for services provided:

For members who are in Georgia Families, you should file claims with the member's health plan.

#### If a claim is submitted to HP in error:

HP will deny the claim with a specific denial code. Prior to receiving this denial, you may go ahead and submit the claim to the member's health plan.

## **Receiving payment:**

Claims should be submitted to the member's health plan. Each health plan has its own claims processing and you should consult the health plan about their payment procedures.

#### **Health plans payment of clean claims:**

Each health plan (and subcontractors) has its own claims processing and payment cycles. The claims processing and payment timeframes are as follows:

Amerigroup Community Care	Peach State Health Plan	WellCare of Georgia
Amerigroup runs claims cycles twice each week (on Monday and Thursday) for clean claims that have been adjudicated.  Monday Claims run: Checks mailed on Tuesday. Providers enrolled in ERA/EFT receive the ACH on Thursday. Thursday Claims run: Checks mailed on Wednesday. Providers enrolled in ERA/EFT receive the ACH on Tuesday. Dental: Checks are mailed weekly on Thursday for clean claims. Vision: Checks are mailed weekly on Wednesday for clean claims (beginning June 7 <sup>th</sup> ) Pharmacy: Checks are mailed to pharmacies weekly on Friday (except when a holiday falls on Friday, then mailed the next business day).	Peach State has two weekly claims payment cycles per week that produces payments for clean claims to providers on Tuesday and Friday.  For further information, please refer to the Peach State website, or the Peach State provider manual.	WellCare runs claims payment cycles up to six (6) times each week for clean claims.  For further information, please refer to the WellCare website, the WellCare provider manual, or contact Customer Service at 866-231-1821.

## How often can a patient change his/her PCP?

Amerigroup Community Care	Peach State Health Plan	WellCare of Georgia
Anytime	Within the first 90 days of a member's enrollment, he/she can change PCP monthly. If the member has been with the plan for 90 days or longer, the member can change PCPs once every six months. There are a few exclusions that apply and would	Anytime
	warrant an immediate PCP change.	

# Once the patient requests a PCP change, how long it takes for the new PCP to be assigned:

Amerigroup Community Care	Peach State Health Plan	WellCare of Georgia
Next business day	PCP changes are updated in Peach State's systems daily.	PCP changes made between the 1st and 10th of the month will go into effect right away. Changes made after the 10th of the month will take effect at the beginning of the next month.

#### **PHARMACY**

Georgia Families does provide pharmacy benefits to members. Check with the member's health plan about the who to call to find out more about enrolling to provide pharmacy benefits, including information about their plans reimbursement rates, specific benefits that are available, including prior approval requirements.

To request information about contracting with the health plans, you can call the CMOs provider enrollment services.

Amerigroup Community Care	Peach State Health Plan	WellCare of Georgia
888-821-1108	866-874-0633	866-231-1821
www.amerigroupcorp.com	www.pshpgeorgia.com	https://georgia.wellcare.com/

All providers must be enrolled as a Medicaid provider to be eligible to contract with a health plan to provide services to Georgia Families members.

# The CMO Pharmacy Benefit Managers (PBM) and the Bin Numbers, Processor Control Numbers and Group Numbers are:

Health Plan	PBM	BIN#	PCN
Amerigroup	Caremark	610415	PCS
Peach State Health Plan	US Script	008019	Not Required
WellCare	CatamaranRx	603286	01410000

#### If a patient does not have an identification card:

Providers can check the enrollment status of Medicaid and PeachCare for Kids® members through HP by calling 1-800-766-4456 or going to the web portal at www.mmis.georgia.gov. HP will let you know if the member is eligible for services and the health plan they are enrolled in. You can contact the member's health plan to get the member's identification number.

# Use of the member's Medicaid or PeachCare for Kids® identification number to file a pharmacy claim:

Amerigroup Community Care	Peach State Health Plan	WellCare of Georgia
No, you will need the member's	Yes	Yes
health plan ID number		

# Health plans preferred drug list, prior authorization criteria, benefit design, and reimbursement rates:

Each health plan sets their own procedures, including preferred drug list, prior authorization criteria, benefit design, and reimbursement rates.

#### Will Medicaid cover prescriptions for members that the health plans do not?

No, Medicaid will not provide a "wrap-around" benefit for medications not covered or approved by the health plan. Each health plan will set its own processes for determining medical necessity and appeals.

#### Who to call to request a PA:

Amerigroup Community Care	Peach State Health Plan	WellCare of Georgia
1 (800) 454-3730, option 3, option 3	1 (866) 874-0633	1 (866) 269-5251 (phone)
		1 (866) 455-6558 (fax)

# APPENDIX O

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# APPENDIX P



# *Information for Providers Serving Medicaid Members* in the Georgia Families 360°<sub>SM</sub> Program

Georgia Families 360°<sub>SM</sub>, the state's new managed care program for children, youth, and young adults in Foster Care, children and youth receiving Adoption Assistance, as well as select youth in the juvenile justice system, launched Monday, March 3, 2014. Amerigroup Community Care is the single Care Management Organization (CMO) that will be managing this population.

DCH, Amerigroup, and partner agencies -- the Department of Human Services (DHS) and DHS' Division of Family and Children Services (DFCS), the Department of Juvenile Justice (DJJ) and the Department of Behavioral Health and Developmental Disabilities (DBHDD), as well as the Children's and Families Task Force continue their collaborative efforts to successfully rollout this new program.

Amerigroup is responsible through its provider network for coordinating all DFCS, DJJ required assessments and medically necessary services for children, youth and young adults who are eligible to participate in the **Georgia Families 360°sm** Program. Amerigroup will coordinate all medical/dental/trauma assessments for youth upon entry into foster care or juvenile justice (and as required periodically).

Georgia Families 360'sm members will also have a medical and dental home to promote consistency and continuity of care. Providers, foster parents, adoptive parents and other caregivers will be involved in the ongoing health care plans to ensure that the physical and behavioral health needs of these populations are met.

Electronic Health Records (EHRs) are being used to enhance effective delivery of care. The EHRs can be accessed by Amerigroup, physicians in the Amerigroup provider network, and DCH sister agencies, including the DFCS, regardless of where the child lives, even if the child experiences multiple placements.

Ombudsman and advocacy staff are in place at both DCH and Amerigroup to support caregivers and members, assisting them in navigating the health care system. Additionally, medication management will focus on appropriate monitoring of the use of psychotropic medications, to include ADD/ADHD medications.

Providers can obtain additional information by contacting the Provider Service Line at 1-800-454-3730 or by contacting their Provider Relations Representative.

To learn more about DCH and its dedication to A Healthy Georgia, visit www.dch.georgia.gov.

# APPENDIX Q



#### Georgia Department of Community Health

Disclosure of Ownership and Control Interest Statement



#### **CONTRACTORS ONLY**

#### **DIVISION OF MEDICAL ASSISTANCE** INSTRUCTIONS FOR COMPLETING THE DISCLOSURE OF OWNERSHIP AND CONTROL STATEMENT

According to the Code of Federal Regulations Title 42, Part 455, Sections 100-106, all disclosing entities that furnish or provide health related services to Medicaid/PeachCare for Kids members must complete a Disclosure of Ownership Statement. The definitions below are designed to clarify certain questions on the Disclosure form. If you cannot report all of the necessary information in a designated section of the form because of space limitations, please provide the information on a separate paper.

#### **Definitions**

Agent means any person who has been delegated the authority to obligate or act on behalf of a provider.

Disclosing entity means a Medicaid provider (other than an individual practitioner), or a fiscal agent. Any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVIII, or XX of the Act

- a) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (Title XVIII);
- b) Any Medicare intermediary or carrier; and
- c) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under Title V or Title XX of the Act.

Fiscal agent means a contractor that processes or pays vendor claims on behalf of the Medicaid agency.

Indirect ownership interest means an ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity.

Individual practitioner means a physician or other person licensed or certified under State law to practice his or her profession.

Managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the dayto-day operation of an institution, organization, or agency. These would also include, but not limited to the following: Facility Administrator, Compliance Officer, Agents, Laboratory Director, Supervising Pharmacist, Chief Executive Officer, Chief Financial Officer, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of the entity.

Ownership interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity. Person with an ownership or control interest means a person or corporation that:

- a) Has an ownership interest totaling 5 percent of more in a disclosing entity;
- b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;



#### Georgia Department of Community Health

#### **Disclosure of Ownership and Control Interest Statement**



#### CONTRACTORS ONLY

- c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing
- d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- e) An officer or director of a disclosing entity that is organized as a corporation; or
- f) Is a partner in a disclosing entity that is organized as a partnership.

#### Subcontractor means—

- a) An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- b) An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

Supplier means an individual, agency, or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds, or a pharmaceutical firm).

Wholly owned supplier means a supplier whose total ownership interest is held by a provider or by a person, persons, or other entity with an ownership or control interest in a provider.

# Disclosure of Ownership and Control Interest Statement Form



# Georgia Department of Community Health

**Disclosure of Ownership and Control Interest Statement** 



#### **CONTRACTORS ONLY**

#### **Department of Community Health Disclosure of Ownership and Control Interest Statement**

According to the Code of Federal Regulations Title 42, Part 455, Sections 100-106, all disclosing entities that furnish or provide health related services to Medicaid/PeachCare for Kids members must complete a Disclosure of Ownership Statement. The definitions below are designed to clarify certain questions on the Disclosure form. Failure to provide the information requested on this form may result in the termination of the contract. If you cannot report all of the necessary information in a designated section of the form because of space limitations, please provide the information on a separate sheet of paper.

Ownership Information						
Check one that most clos	ely describes y	/ou: 🔲 Indiv	idual <mark>Disclosing Entity</mark>	8		
	Na	me of Indivi	dual or Disclosing Entity			
Legal Business Name			D/B/A Name			
Physical Address (required)						
Mailing Address						
List any PO Boxes and corre	sponding addre	sses associat	ed with this entity:			
Federal Tax Identification Nu	ımber (TIN)		orgia Medicaid Provider No./	ATN		
(enter NONE, if not applicable)						
			Section I			
List the name, title, address						
ownership or control interes						
entity. List the name, Tax lo						
an ownership or control inte	DOB	reater. Pleas	Address	necessary. (4	SSN (if individual)	
Entity	(mm/dd/yyyy)	No P.	O. Boxes – Street Addresses Only		TIN (if an entity)	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

Doc 7114 (Revised 02/2014)



# Georgia Department of Community Health

## **Disclosure of Ownership and Control Interest Statement**



#### **CONTRACTORS ONLY**

Section II								
Are any of the individuals listed above related to each other?  Yes No  If yes, list the individuals named above who are related to each other (spouse, sibling, parent, child)  (42 CFR 455.104)								
Names			Type of relation					
	Section III							
5% or more?If yes, list the na used in which the disclosing	ame and addre entity has dired	ss of each	tity has direct or indirect ownership of n person with an ownership or control interest i ct ownership <b>of 5% or more</b> . (42 CFR 455.10	4)				
Name of Individual or Entity	DOB (mm/dd/yyyy)		Address No P.O. Boxes – Street Addresses Only	SSN (if individual) TIN (if an entity)				
			Cooking IV					
			Section IV					
managing employee of the d	Has any person who has an ownership or control interest in the provider, or is an agent or Yes Yes No managing employee of the disclosing entity ever been convicted of a crime related to that person's involvement in any program under Medicaid, Medicare, or Title XX program?(Verify through HHS-OIG Website). If yes, please list those persons below.							
Name/Title DOB (mm/dd/yy			Address No P.O. Boxes – Street Addresses Only	SSN				

Doc 7114 (Revised 02/2014)



# Georgia Department of Community Health

## **Disclosure of Ownership and Control Interest Statement**



#### **CONTRACTORS ONLY**

Name/Title	DOB	Address	SSN	% of
	(mm/dd/yyyy)	No P.O. Boxes – Street Addresses Only		Intere
Isification omission or mis	representation of any info			
iomodatori, ormodori or mic	srepresentation of any inic	ormation on this form may result in ter	mination of our cor	ntract.
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ignature of authorized	d official	Title	mination of our cor	ntract.
ignature of authorized	d official of fax to 1-404-463-1118	Title  Date  , or by mail to:	mination of our cor	ntract.
signature of authorized	official  official  official  Department Office of Ins	Title  Date  of Community Health spector General	mination of our cor	ntract.
Signature of authorized Name (please print) Please return the form by	f fax to 1-404-463-1118  Department Office of Ins Provider En	Title  Date  , or by mail to:  of Community Health	mination of our cor	ntract.

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Atlanta, GA 30303

# APPENDIX R



#### Physician's Medical Necessity Certification Non-Emergency Transportation Broker Program

This form serves to provide medical necessity for the provision of transportation services for the eligible Medicaid member indicated below. Pursuant to Section 100.9 Geographic Considerations of the Georgia Department of Community Health's Non-Emergency Transportation (NET) Broker Program Policies and Procedures Manual, transportation required for a specific Medicaid reimbursable service located outside of the general geographic access standard for health care services must be medically necessary. After completion and/or review by the attending physician, the physician must sign and date below. Upon proper completion and attestation of this form, no further documentation of medical necessity shall be required by the broker.

Med	licaid Member's I	nformation							
Na	me:		Date of Birt	h:		Medicaid	ID #:		
Ado	dress:						Apartn	nent:	
Cit	y:				State:		Zip:		
Med	lical Provider to B	e Transported To				-			
	ysician acility:					Facility T	ype:		
	dress:					City & Zip Code:			
1	ngth of time care	ne care Permanent Temporary Stimated GA Medicaid P			Provider #:				
Med	lical Necessity for	Transport		•		•			
1	member has one Skilled service Language Behavior	or more of the follow	that can provide this treatment/service because the owing needs: (please explain if applicable).				[] Yes	[] No	
2	This member has physician/facility	a condition that pre (i.e., specialty).	events them from	being	treated by	a nearer		[] Yes	[] No
3	Other (explain)								
4		est to medical neces facility/physician in		e indica	ated Medic	aid Member to re	ceive	[] Yes	
This Med infor Depa servi mate	is to certify that I am icaid Member to trav mation above is true artment of Communit ces outside the geog	and Signature/Date a duly licensed physic rel to the above facility, accurate and complety Health and its author aphical access standarsubject me to penaltie	cian and that in my y/physician for the ete to the best of m orized agent to sup ards for health care	reasons y know port the service	indicated. ledge and the determina s. I unders	I further certify that hat this information ition of medical nec tand that any falsifi	at the m will be essity to ication o	edical nec used by Th receive N or omission	essity he Georgia IET n of
Phys	ician's Signature		_		ī	Date			