

# **NON-EMERGENCY TRANSPORTATION BROKER SERVICES PROGRAM REQUIREMENTS**

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## APPENDIX A

### PROJECT SPECIFIC 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.

DCH reports the following statistics for the Medicaid Program:

1. paid for healthcare services for 1,582,287 individuals;
2. 1,863,378 individuals, who were determined eligible for Medicaid, enrolled in the program and received a Medicaid card; and
3. paid for services totaling \$6,833,355,686 or approximately \$3,667 per member.

In accordance with Code of Federal Regulations (CFR) (42 CFR 431.53), the NET program offers transportation services for 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. Appendix C includes tables showing the number of trips provided to members, within each NET region, by the types of NET transportation utilized.

Prior to FY 97, the DMA reimbursed on a fee-for-service basis for NET services to transport Medicaid members, which enabled them 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).

The current program became operational January 1, 2007, after another successful procurement. This resulted in three (3) Brokers for the entire State. The Brokers remained 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 are paid a capitated rate for each eligible Medicaid member residing in their region(s).

Now, DCH seeks Brokers for each of the five (5) NET regions, to be responsible for the administration and provision of NET transportation services, to include minibus, wheelchair van and stretcher van services. As of December 2010, these NET regions ranged in size, by population, from approximately 206,262 to 257,543 Medicaid members. Appendix C contains information regarding each NET region according to size, number of members within each region, and other characteristics.

#### **A. Medicaid Covered Services**

Making healthcare available and accessible to medically indigent Georgians is the focus of the State's Medicaid program. The Medicaid program offers access to an array of services designed to provide healthcare comparable to that available to the general population. 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. Georgia Better Health Care
13. Physician's Assistant Services
14. Family Planning Services
15. Nurse Midwifery Services
16. Medicare Crossovers
17. Mental Health Clinic Services

18. Non-Emergency Transportation Services
19. Ambulatory Surgical Services
20. Certified Registered Nurse Anesthetists
21. Hospice Services
22. Dialysis Services
23. Childbirth Education Services
24. Nurse Practitioner Services
25. Psychological Services
26. Vision Care Services
27. Therapeutic Residential Intervention Services
28. Pre-Admission Screening/ Annual Resident Review
29. Intermediate Care for the Mentally Retarded Facility Services
30. Swing Bed Services
31. Children's Intervention Services
32. Health Insurance Premium Payment Program (HIPP)
33. Health Check (Early and Periodic Screening, Diagnostic and Treatment)
34. Health Insurance Premiums (Medicare Part A and Part B)
35. Pregnancy Related Services
36. Nursing Facility Services
37. Diagnostic, Screening and Preventive Services (Health Department)
38. 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
39. Waiver Services

**B. 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:

1. Inpatient hospital services for persons in institutions for treatment of mental diseases or special disorders, such as tuberculosis
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
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.

### **C. Verification of Eligibility**

DCH establishes eligibility criteria for members of Medical Assistance benefits based on federal regulations. DCH contracts with the Department of Human Resources' (DHR), Division of Family and Children Services (DFACS), and the federal Social Security Administration (SSA) to perform eligibility determinations. A description of eligibility coverage currently available can be found in Appendix D. Individuals and families should be referred to the local offices of these agencies for their eligibility determinations.

### **D. Medicaid Eligibility Verification System**

Currently, private firms contract with DCH and its fiscal agent to provide direct, on-line eligibility verification. The providers and contractors may contract with the Medicaid Eligibility Verification agent to determine whether a specific individual is, or was, eligible for Medicaid service on a particular date(s).

#### **Additional Eligibility Verification**

A Broker has additional options available for member eligibility verification:

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

MEIS can be accessed with a touch-tone telephone by dialing 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). The Broker may contract with a MEVS agent as described in Section 4.1.4, even with the use of the web portal to verify eligibility. However, the Broker must insure that eligibility is verified at all times.

A Broker may, also, choose to submit written requests for eligibility verification to DCH. These written requests must be submitted to:

**Georgia Medicaid Management Information System  
Member / Provider Correspondence  
P. O. Box 105200  
Tucker, GA 30085-5200**

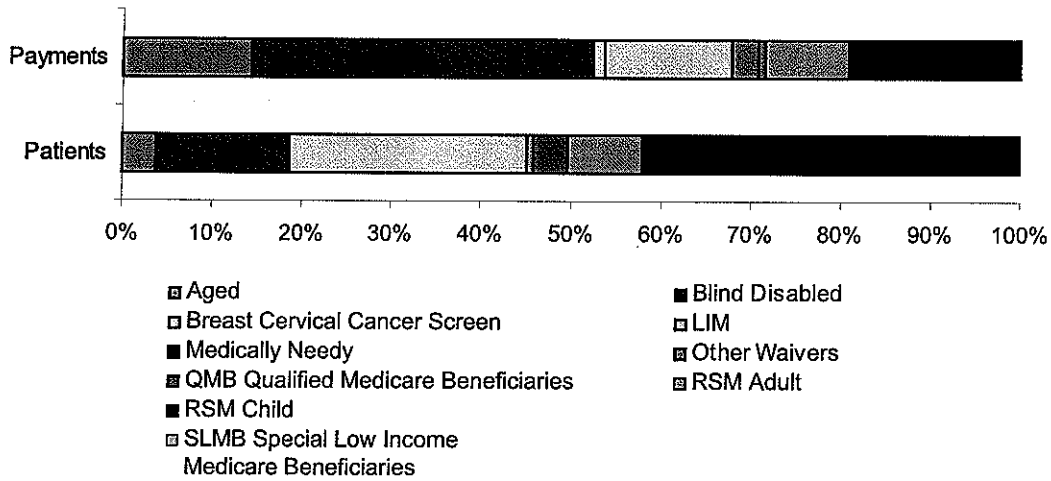
**If Broker receives incorrect information, or information believed to be incorrect, Broker may contact DCH's NET Member Care line at (404) 656-4451 as a last resort. At no time should this option be used prior to using other options first.**

**E. Medical Assistance Eligibility Certifications**

Each individual or families who have been determined eligible for medical assistance are issued a plastic card as evidence of their eligibility (see example in Appendix D).

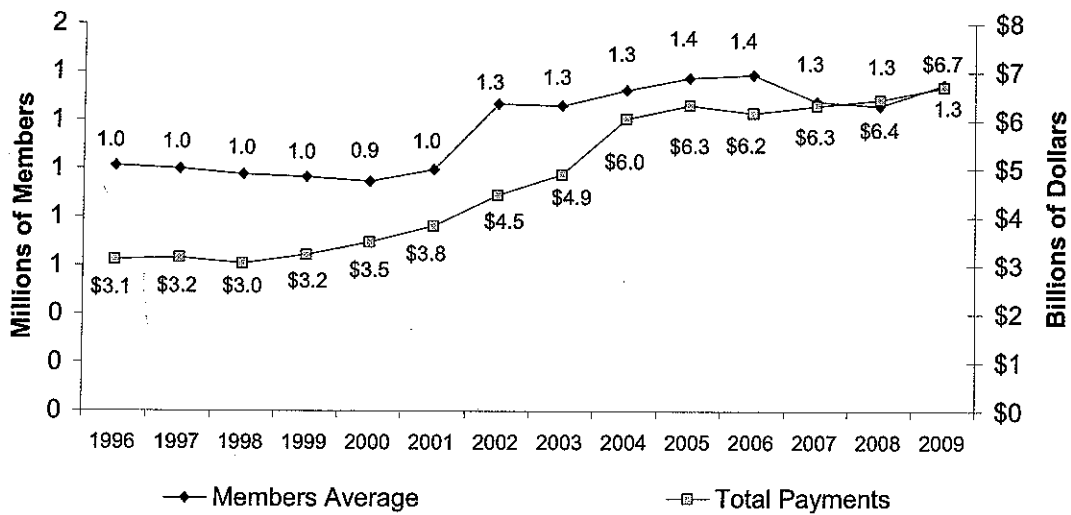
The Certification of Medicaid Eligibility (Form 962) and the computer-generated SUCCESS forms are also used as evidence of eligibility. The computer-generated forms do not have numbers and can only be identified by the titles, "Temporary Medicaid Certification" and "Certification of Medicaid Eligibility." These certifications will list the name, Medicaid number and dates of eligibility for each family member eligible for Medicaid. In addition to these alternate forms of proof of Medicaid eligibility, there are other forms, such as Form 632, "Presumptive Eligibility Certification," which is used to verify eligibility.

**Figure 3: Medicaid Payments and Patients by Aid Category FY 2009**



Source: FY 2009 DCH Annual Report Data provided by Thomson Reuters

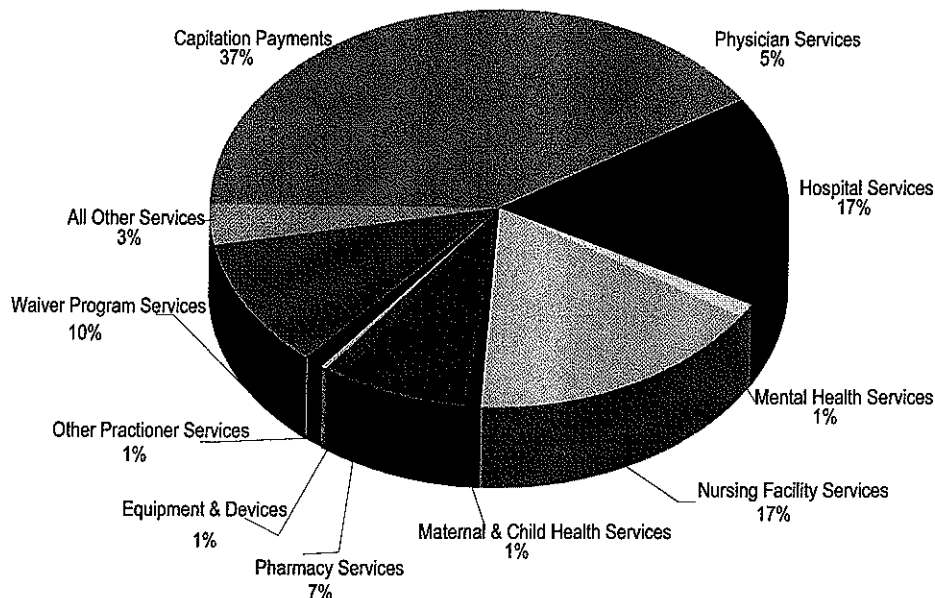
**Figure 4: Average Medicaid Members and Payments by Fiscal Year FY 2009**



Source: FY 2009 DCH Annual Report Data provided by Thomson Reuters



**Figure 5: Medicaid Payments by Distribution Type FY 2009**



Source: FY 2009 DCH Annual Report Data provided by Thompson Reuters

**Table 3: FY 2009 Table of Members and Expenditures**

Date paid: July 2007 through June 2009			
Measures	Medicaid	Medicaid-ABD	Medicaid-LIM
Members	1 1,784,691	448,609	1,343,143
Patients <sup>1</sup>	1,496,135	356,227	1,148,143
Average of Members	1,349,663	393,527	956,135
Member Months	16,195,951	4,722,320	11,473,621
Net Payment <sup>2</sup>	\$4,309,313,387	\$3,725,181,539	\$584,123,809
Net Payment Per Month Per Member	\$201	\$692	\$36
Net Payment Per Patient	\$2,880	\$10,457	\$509
Providers	66,129	53,302	52,463
Claims Paid	42,233,244	19,450,531	22,784,092
Capitation Amount	\$2,377,949,551	\$22,877,377	\$2,355,072,149
Total Payment <sup>3</sup>	\$6,687,262,938	\$3,748,058,916	\$2,939,195,958

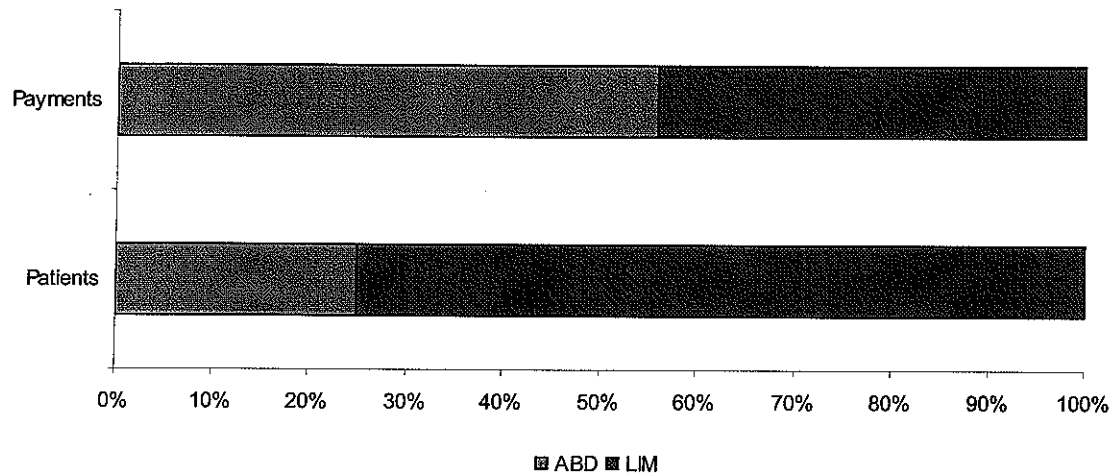
<sup>1</sup>Members is the unique number of people who were enrolled at any time during the year.

<sup>2</sup>Patients is the unique number of people who received a service at any time during the year.

<sup>3</sup>Net Payment is the amount DCH paid, net of any adjustments or third party liability amounts. This amount does not include capitation amounts.

<sup>4</sup>Total Payments includes the Net Payment and the Capitation amounts paid.

Source: FY 1996 - 2006 DCH archived data in DataProbe. FY 2007 - FY 2008 Thomson Reuters Advantage Suite. Total payments include capitation amounts from FY 2004 forward.

**Figure 6: Medicaid Payments and Patients by ABD and LIM FY 2009**

Source: FY 2009 DCH Annual Report Data provided by Thompson Reuters

**Table 2: Historical Medicaid Members and Payments by Fiscal Year**

FY	Members Average	Total Payments	Payment Per Member	% Change in Payment Per Member
1996	1,013,386	\$3,125,050,131	\$3,084	
1997	999,337	\$3,162,117,909	\$3,164	2.6%
1998	977,061	\$3,043,018,566	\$3,114	-1.6%
1999	965,229	\$3,226,445,622	\$3,343	7.3%
2000	947,054	\$3,482,779,560	\$3,677	10.0%
2001	996,901	\$3,822,786,433	\$3,835	4.3%
2002	1,268,225	\$4,461,972,245	\$3,518	-8.3%
2003	1,260,795	\$4,885,865,204	\$3,875	10.1%
2004	1,326,909	\$6,039,465,103	\$4,552	17.5%
2005	1,376,730	\$6,311,890,515	\$4,585	0.7%
2006	1,389,693	\$6,156,378,075	\$4,430	-3.4%
2007	1,278,477	\$6,308,515,303	\$4,934	11.4%
2008	1,261,032	\$6,432,243,069	\$5,101	3.4%
2009	1,349,663	\$6,693,892,977	\$4,960	-2.8%

Source: FY 1996-2006 DCH archived data in DataProbe. FY 2007 - FY 2009 Thomson Reuters Advantage Suite. Total payments includes capitation amounts from FY 2004 forward.

**Table 9: Medicaid Members Average by County FY 2009**

County	Members Average	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Appling	4,100.7	\$12,76,214.18	\$6,694,463.73	\$19,570,678	\$4,773	0.3%
Atkinson	2,057.9	\$4,383,287.09	\$3,639,622.57	\$8,022,910	\$3,899	0.2%
Bacon	2,182.2	\$9,384,961.02	\$3,722,158.19	\$13,107,119	\$6,006	0.2%
Baker	908.3	\$2,224,317.34	\$1,506,631.03	\$3,730,948	\$4,108	0.1%
Baldwin	7,236.3	\$61,445,166.96	\$12,504,621.64	\$73,949,789	\$10,219	0.6%
Banks	2,970.9	\$9,983,769.15	\$5,322,794.54	\$15,306,564	\$5,152	0.2%
Barrow	8,622.1	\$23,521,985.25	\$13,506,317.58	\$37,028,303	\$4,295	0.7%
Bartow	14,835.2	\$43,748,958.91	\$24,933,530.18	\$68,682,489	\$4,630	1.2%
Ben Hill	4,669.0	\$16,680,160.62	\$8,491,343.16	\$25,171,504	\$5,391	0.4%
Berrien	3,996.3	\$12,641,645.14	\$6,895,451.53	\$19,537,097	\$4,889	0.3%
Bibb	35,655.1	\$126,843,209.15	\$63,018,656.58	\$189,861,866	\$5,325	2.8%
Bleckley	2,125.7	\$7,030,920.72	\$3,663,142.44	\$10,694,063	\$5,031	0.2%
Brantley	3,550.3	\$9,077,971.38	\$6,712,750.77	\$15,790,722	\$4,448	0.3%
Brooks	3,776.3	\$12,161,557.01	\$6,630,101.40	\$18,791,658	\$4,976	0.3%
Bryan	2,979.8	\$9,429,851.77	\$5,751,852.35	\$15,181,704	\$5,095	0.2%
Bulloch	9,045.4	\$30,742,752.66	\$18,014,980.51	\$48,757,733	\$5,390	0.7%
Burke	6,210.6	\$19,840,774.92	\$10,820,788.04	\$30,661,563	\$4,937	0.5%
Butts	3,832.6	\$13,717,473.32	\$6,406,744.15	\$20,124,217	\$5,251	0.3%
Calhoun	1,370.9	\$5,395,584.02	\$2,042,705.49	\$7,438,290	\$5,426	0.1%
Camden	5,431.9	\$10,512,549.99	\$11,372,010.45	\$21,884,560	\$4,029	0.4%
Candler	2,611.8	\$13,990,209.79	\$4,293,372.98	\$18,283,583	\$7,001	0.2%
Carroll	17,749.2	\$43,885,939.92	\$31,780,809.43	\$75,666,749	\$4,263	1.4%
Catoosa	7,757.7	\$20,531,746.34	\$14,864,974.28	\$35,396,721	\$4,563	0.6%
Charlton	1,992.3	\$6,098,287.45	\$3,388,460.83	\$9,486,748	\$4,762	0.2%
Chatham	34,971.1	\$128,834,412.94	\$67,005,270.37	\$195,839,683	\$5,600	2.8%
Chattahoochee	777.4	\$1,637,935.14	\$1,345,081.15	\$2,983,016	\$3,837	0.1%
Chattooga	5,210.2	\$16,093,676.91	\$9,254,968.81	\$25,348,646	\$4,865	0.4%
Cherokee	12,697.1	\$38,134,386.81	\$22,559,413.19	\$60,693,800	\$4,780	1.0%
Clarke	15,248.5	\$47,774,247.29	\$28,207,649.66	\$75,981,897	\$4,983	1.2%
Clay	1,062.9	\$4,583,971.84	\$1,633,589.27	\$6,217,561	\$5,850	0.1%
Clayton	49,170.0	\$112,311,809.64	\$89,283,106.95	\$201,594,917	\$4,100	3.9%
Clinch	1,956.6	\$7,085,237.35	\$3,177,302.52	\$10,262,540	\$5,245	0.2%
Cobb	54,157.1	\$171,279,602.32	\$92,083,374.09	\$263,362,976	\$4,863	4.3%
Coffee	9,282.4	\$26,508,639.92	\$17,746,828.06	\$44,255,468	\$4,768	0.7%
Colquitt	10,209.0	\$30,847,420.09	\$17,985,481.93	\$48,832,902	\$4,783	0.8%
Columbia	7,904.3	\$24,507,986.01	\$15,197,830.75	\$39,705,817	\$5,023	0.6%
Cook	3,815.3	\$11,563,401.70	\$7,002,284.75	\$18,565,686	\$4,866	0.3%
Coweta	13,175.1	\$30,020,303.58	\$24,413,272.31	\$54,433,576	\$4,132	1.0%
Crawford	2,272.5	\$8,569,085.89	\$3,736,440.44	\$12,305,526	\$5,415	0.2%
Crisp	6,120.0	\$21,132,273.37	\$10,172,338.56	\$31,304,612	\$5,115	0.5%
Dade	2,007.4	\$6,452,781.57	\$3,346,363.98	\$9,799,146	\$4,881	0.2%

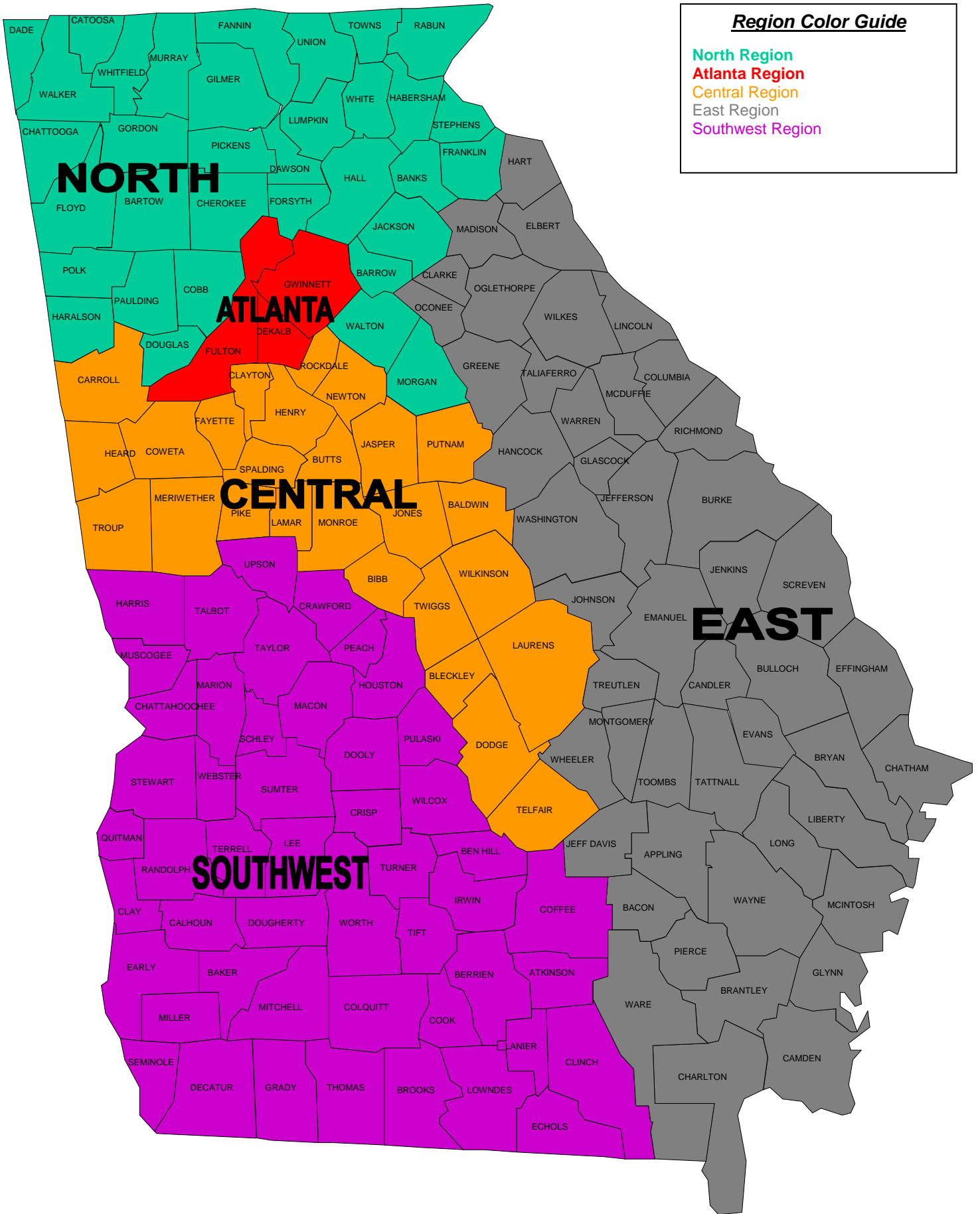
Dawson	2,113.8	\$5,227,891.95	\$4,290,828.86	\$9,518,721	\$4,503	0.2%
DeKalb	95,204.3	\$310,108,346.00	\$161,038,964.63	\$471,147,311	\$4,949	7.6%
Decatur	6,923.9	\$21,187,698.21	\$12,230,700.63	\$33,418,399	\$4,827	0.5%
Dodge	4,183.9	\$16,030,109.09	\$7,054,492.87	\$23,084,602	\$5,517	0.3%
Dooly	2,696.3	\$10,740,044.13	\$4,001,390.37	\$14,741,434	\$5,467	0.2%
Dougherty	24,931.7	\$71,514,963.96	\$47,398,880.43	\$118,913,844	\$4,770	2.0%
Douglas	16,487.6	\$45,401,514.58	\$29,607,895.41	\$75,009,410	\$4,549	1.3%
Early	3,379.5	\$9,359,243.60	\$5,562,817.71	\$14,922,061	\$4,415	0.3%
Echols	713.8	\$1,977,813.40	\$1,337,812.77	\$3,315,626	\$4,645	0.1%
Effingham	5,308.5	\$15,839,157.00	\$10,610,275.08	\$26,449,432	\$4,982	0.4%
Elbert	4,176.9	\$15,745,116.56	\$7,023,127.88	\$22,768,244	\$5,451	0.3%
Emanuel	5,713.1	\$25,561,646.07	\$9,240,707.20	\$34,802,353	\$6,092	0.5%
Evans	2,419.3	\$6,465,038.25	\$3,896,974.74	\$10,362,013	\$4,283	0.2%
Fannin	3,465.0	\$11,612,851.67	\$6,148,734.79	\$17,761,586	\$5,126	0.3%
Fayette	5,590.0	\$19,007,077.22	\$9,017,451.95	\$28,024,529	\$5,013	0.4%
Floyd	16,628.1	\$67,735,672.13	\$29,058,067.03	\$96,793,739	\$5,821	1.3%
Forsyth	6,683.8	\$22,322,531.53	\$10,721,521.00	\$33,044,053	\$4,944	0.5%
Franklin	4,131.2	\$13,890,247.49	\$7,254,018.75	\$21,144,266	\$5,118	0.3%
Fulton	119,620.3	\$398,008,871.95	\$189,946,915.26	\$587,955,787	\$4,915	9.5%
Gilmer	4,164.1	\$13,322,336.90	\$8,165,955.41	\$21,488,292	\$5,160	0.3%
Glascocock	547.1	\$3,205,377.16	\$745,475.16	\$3,950,852	\$7,222	0.0%
Glynn	11,054.3	\$30,989,803.53	\$21,061,116.77	\$52,050,920	\$4,709	0.9%
Gordon	8,330.6	\$23,712,859.36	\$15,274,388.79	\$38,987,248	\$4,680	0.7%
Grady	5,236.1	\$12,432,465.73	\$8,937,483.35	\$21,369,949	\$4,081	0.4%
Greene	3,067.4	\$10,328,341.11	\$4,861,397.12	\$15,189,738	\$4,952	0.2%
Gwinnett	72,999.8	\$180,589,680.21	\$123,377,366.07	\$303,967,046	\$4,164	5.8%
Habersham	5,202.2	\$14,459,022.85	\$9,513,696.09	\$23,972,719	\$4,608	0.4%
Hall	23,703.6	\$62,973,845.44	\$45,891,563.67	\$108,865,409	\$4,593	1.9%
Hancock	2,072.9	\$8,256,904.32	\$3,141,148.02	\$11,398,052	\$5,499	0.2%
Haralson	5,228.4	\$18,065,981.01	\$8,296,996.16	\$26,362,977	\$5,042	0.4%
Harris	2,436.8	\$9,285,752.90	\$4,017,487.20	\$13,303,240	\$5,459	0.2%
Hart	4,357.4	\$15,552,226.04	\$7,717,569.21	\$23,269,795	\$5,340	0.3%
Heard	2,321.0	\$6,412,596.67	\$3,569,099.73	\$9,981,696	\$4,301	0.2%
Henry	19,104.7	\$40,635,136.30	\$35,098,845.44	\$75,733,982	\$3,964	1.5%
Houston	17,808.0	\$50,141,001.56	\$34,143,937.80	\$84,284,939	\$4,733	1.4%
Irwin	2,258.1	\$9,356,891.23	\$3,962,633.97	\$13,319,525	\$5,899	0.2%
Jackson	7,356.6	\$22,912,782.20	\$13,663,110.94	\$36,575,893	\$4,972	0.6%
Jasper	2,388.3	\$6,632,011.45	\$4,322,137.74	\$10,954,149	\$4,587	0.2%
Jeff Davis	3,651.3	\$9,740,171.18	\$6,312,859.93	\$16,053,031	\$4,397	0.3%
Jefferson	4,434.9	\$17,945,124.64	\$6,566,784.00	\$24,511,909	\$5,527	0.4%
Jenkins	2,434.8	\$9,047,185.32	\$3,961,154.00	\$13,008,339	\$5,343	0.2%
Johnson	2,153.4	\$11,024,700.31	\$2,983,238.81	\$14,007,939	\$6,505	0.2%
Jones	3,828.5	\$13,102,993.86	\$6,713,484.40	\$19,816,478	\$5,176	0.3%
Lamar	2,751.6	\$10,134,118.13	\$4,820,887.25	\$14,955,005	\$5,435	0.2%
Lanier	1,989.6	\$7,725,215.40	\$3,744,998.98	\$11,470,214	\$5,765	0.2%

Laurens	10,631.8	\$33,718,608.78	\$18,145,776.55	\$51,864,385	\$4,878	0.8%
Lee	2,948.3	\$8,245,839.24	\$6,231,756.48	\$14,477,596	\$4,911	0.2%
Liberty	7,700.1	\$20,322,522.94	\$15,321,135.01	\$35,643,658	\$4,629	0.6%
Lincoln	1,370.6	\$3,085,704.03	\$2,235,470.45	\$5,321,174	\$3,882	0.1%
Long	2,154.1	\$7,989,509.64	\$4,095,145.75	\$12,084,655	\$5,610	0.2%
Lowndes	17,633.3	\$63,480,790.67	\$35,616,351.99	\$99,097,143	\$5,620	1.4%
Lumpkin	3,367.2	\$11,899,504.25	\$6,029,556.84	\$17,929,061	\$5,325	0.3%
Macon	2,919.8	\$14,882,836.45	\$4,181,570.21	\$19,064,407	\$6,529	0.2%
Madison	4,635.3	\$15,537,757.51	\$8,457,628.69	\$23,995,386	\$5,177	0.4%
Marion	1,664.6	\$6,395,663.83	\$2,849,600.19	\$9,245,264	\$5,554	0.1%
McDuffie	4,773.9	\$15,601,084.97	\$8,722,055.41	\$24,323,140	\$5,095	0.4%
McIntosh	2,019.3	\$5,458,583.48	\$3,439,744.47	\$8,898,328	\$4,407	0.2%
Meriwether	4,683.5	\$17,386,276.11	\$7,628,100.21	\$25,014,376	\$5,341	0.4%
Miller	1,413.9	\$7,589,191.32	\$2,295,568.95	\$9,884,760	\$6,991	0.1%
Mitchell	5,876.3	\$17,408,014.06	\$10,228,381.77	\$27,636,396	\$4,703	0.5%
Monroe	3,257.7	\$14,401,414.40	\$5,236,397.73	\$19,637,812	\$6,028	0.3%
Montgomery	1,662.4	\$4,468,693.93	\$2,729,139.73	\$7,197,834	\$4,330	0.1%
Morgan	2,601.2	\$7,184,815.86	\$4,554,562.15	\$11,739,378	\$4,513	0.2%
Murray	7,666.5	\$17,778,412.71	\$14,284,569.88	\$32,062,983	\$4,182	0.6%
Muscogee	34,465.2	\$116,644,058.98	\$62,262,091.33	\$178,906,150	\$5,191	2.7%
Newton	15,249.4	\$35,965,939.95	\$26,584,898.08	\$62,550,838	\$4,102	1.2%
Oconee	1,840.8	\$6,357,016.76	\$3,531,162.73	\$9,888,179	\$5,372	0.1%
Oglethorpe	2,140.4	\$7,504,262.51	\$3,518,014.37	\$11,022,277	\$5,150	0.2%
Paulding	11,019.7	\$30,571,944.98	\$19,851,393.51	\$50,423,338	\$4,576	0.9%
Peach	4,820.5	\$13,855,898.77	\$8,871,350.37	\$22,727,249	\$4,715	0.4%
Pickens	3,748.3	\$14,132,942.91	\$6,426,977.01	\$20,559,920	\$5,485	0.3%
Pierce	3,613.2	\$13,642,525.93	\$6,135,651.98	\$19,778,178	\$5,474	0.3%
Pike	2,285.1	\$5,825,338.63	\$3,989,131.85	\$9,814,470	\$4,295	0.2%
Polk	8,228.2	\$29,473,257.49	\$14,248,468.84	\$43,721,726	\$5,314	0.7%
Pulaski	1,719.3	\$8,019,940.10	\$2,674,863.11	\$10,694,803	\$6,220	0.1%
Putnam	3,199.7	\$8,364,485.28	\$6,027,751.07	\$14,392,236	\$4,498	0.3%
Quitman	553.2	\$1,059,005.43	\$938,833.96	\$1,997,839	\$3,612	0.0%
Rabun	2,146.9	\$8,328,287.20	\$3,422,764.06	\$11,751,051	\$5,473	0.2%
Randolph	1,897.5	\$8,895,601.97	\$3,046,398.88	\$11,942,001	\$6,294	0.2%
Richmond	42,017.5	\$163,971,289.35	\$76,500,644.47	\$240,471,934	\$5,723	3.3%
Rockdale	11,963.8	\$31,486,614.23	\$21,386,598.34	\$52,873,213	\$4,419	0.9%
Schley	809.2	\$1,369,489.15	\$1,469,813.29	\$2,839,302	\$3,509	0.1%
Screven	3,299.8	\$12,886,289.64	\$5,507,370.69	\$18,393,660	\$5,574	0.3%
Seminole	2,524.6	\$6,843,103.04	\$4,413,020.16	\$11,256,123	\$4,459	0.2%
Spalding	13,366.0	\$39,847,992.42	\$22,163,772.57	\$62,011,765	\$4,640	1.1%
Stephens	4,909.6	\$16,636,579.81	\$8,481,595.83	\$25,118,176	\$5,116	0.4%
Stewart	1,238.5	\$6,103,340.00	\$1,924,870.40	\$8,028,210	\$6,482	0.1%
Sumter	8,484.1	\$27,483,708.79	\$16,072,044.40	\$43,555,753	\$5,134	0.7%
Talbot	1,304.3	\$4,175,149.74	\$2,131,312.09	\$6,306,462	\$4,835	0.1%
Taliaferro	456.4	\$1,309,409.99	\$557,069.26	\$1,866,479	\$4,089	0.0%

Tattnall	4,110.3	\$18,820,853.80	\$6,669,828.60	\$25,490,682	\$6,202	0.3%
Taylor	1,937.0	\$8,099,816.37	\$3,166,692.61	\$11,266,509	\$5,816	0.2%
Telfair	2,820.6	\$14,977,980.98	\$4,044,178.86	\$19,022,160	\$6,744	0.2%
Terrell	2,927.1	\$8,956,853.64	\$5,088,530.33	\$14,045,384	\$4,798	0.2%
Thomas	9,247.8	\$41,812,548.28	\$16,386,517.77	\$58,199,066	\$6,293	0.7%
Tift	8,492.8	\$26,625,537.80	\$15,424,810.15	\$42,050,348	\$4,951	0.7%
Toombs	6,982.3	\$24,686,316.19	\$11,798,351.96	\$36,484,668	\$5,225	0.6%
Towns	1,303.0	\$6,460,694.24	\$2,148,725.91	\$8,609,420	\$6,607	0.1%
Treutlen	1,696.7	\$5,920,280.63	\$2,640,010.17	\$8,560,291	\$5,045	0.1%
Troup	12,196.4	\$40,393,087.34	\$20,015,928.82	\$60,409,016	\$4,953	1.0%
Turner	2,331.7	\$8,815,285.02	\$3,791,040.47	\$12,606,325	\$5,407	0.2%
Twiggs	1,998.5	\$8,143,186.66	\$2,912,276.49	\$11,055,463	\$5,532	0.2%
Union	2,720.4	\$10,860,340.67	\$4,578,089.43	\$15,438,430	\$5,675	0.2%
Upson	5,697.4	\$20,777,164.48	\$9,439,494.74	\$30,216,659	\$5,304	0.5%
Walker	11,050.4	\$36,789,907.51	\$20,071,659.04	\$56,861,567	\$5,146	0.9%
Walton	10,652.4	\$27,152,142.29	\$17,839,143.20	\$44,991,285	\$4,224	0.8%
Ware	7,982.8	\$34,447,874.14	\$13,264,685.80	\$47,712,560	\$5,977	0.6%
Warren	1,499.4	\$5,232,432.40	\$2,538,700.59	\$7,771,133	\$5,183	0.1%
Washington	4,229.0	\$17,966,258.04	\$6,782,447.65	\$24,748,706	\$5,852	0.3%
Wayne	5,961.4	\$18,095,330.90	\$11,161,962.29	\$29,257,293	\$4,908	0.5%
Webster	455.9	\$1,005,681.30	\$814,218.42	\$1,819,900	\$3,992	0.0%
Wheeler	1,214.1	\$4,454,712.27	\$1,804,159.49	\$6,258,872	\$5,155	0.1%
White	3,206.8	\$10,057,320.55	\$5,955,004.51	\$16,012,325	\$4,993	0.3%
Whitfield	15,626.5	\$42,198,367.30	\$29,548,079.59	\$71,746,447	\$4,591	1.2%
Wilcox	1,800.9	\$9,353,917.77	\$2,759,189.91	\$12,113,108	\$6,726	0.1%
Wilkes	2,245.3	\$6,725,852.04	\$3,483,679.40	\$10,209,531	\$4,547	0.2%
Wilkinson	1,977.8	\$4,933,229.83	\$3,626,828.61	\$8,560,058	\$4,328	0.2%

Source: FY 2009 DCH Annual Report, data provided by Thomson Reuters

# Georgia Non-Emergency Transportation Program



**Non-Emergency Transportation Data  
State Fiscal Year 2010**

<b>Total Trips</b>					
<b>Level of Service</b>	<b>Atlanta Region</b>	<b>Central Region</b>	<b>East Region</b>	<b>North Region</b>	<b>Southwest Region</b>
Ambulatory	460,796	453,101	374,274	479,895	440,785
Wheelchair	82,580	98,758	127,549	118,252	111,519
Stretcher	13,418	20,925	24,947	27,475	19,288
Paratransit	121,600	3,372	81,959	5,083	4,838
Public Transit	20,561	0	777	0	13,004
<b>Total</b>	<b>698,955</b>	<b>576,156</b>	<b>609,506</b>	<b>630,705</b>	<b>589,434</b>

<b>Total Unduplicated Passengers</b>					
<b>Level of Service</b>	<b>Atlanta Region</b>	<b>Central Region</b>	<b>East Region</b>	<b>North Region</b>	<b>Southwest Region</b>
Ambulatory	58,607	50,675	14,349	55,543	13,248
Wheelchair	9,946	11,721	3,182	13,655	3,605
Stretcher	3,356	6,733	1,380	7,661	1,944
Paratransit	4,452	320	*	505	66
Public Transit	1,010	0	42	0	916
<b>Total</b>	<b>77,371</b>	<b>69,449</b>	<b>18,953</b>	<b>77,364</b>	<b>19,779</b>

<b>Total Miles</b>					
<b>Level of Service</b>	<b>Atlanta Region</b>	<b>Central Region</b>	<b>East Region</b>	<b>North Region</b>	<b>Southwest Region</b>
Ambulatory	4,120,320	6,289,250	7,192,056	6,364,176	7,558,015
Wheelchair	595,394	1,053,283	1,279,701	1,364,015	1,301,275
Stretcher	85,483	268,831	332,780	300,965	253,281
Paratransit	879,223	63,945	645,460	58,600	20,004
Public Transit	176,704	0	1,728	0	38,728
<b>Total</b>	<b>5,857,123</b>	<b>7,675,309</b>	<b>9,451,725</b>	<b>8,087,756</b>	<b>9,171,304</b>



**Georgia Non-Emergency Transportation Program  
Member Projections Per Region**

<b>REGION</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Southwest</b>	<b>206,262</b>	<b>208,770</b>	<b>211,195</b>	<b>213,642</b>	<b>216,100</b>
<b>Atlanta</b>	<b>251,365</b>	<b>255,168</b>	<b>259,214</b>	<b>263,345</b>	<b>267,556</b>
<b>East</b>	<b>219,271</b>	<b>222,556</b>	<b>225,756</b>	<b>228,970</b>	<b>232,211</b>
<b>North</b>	<b>257,543</b>	<b>263,608</b>	<b>269,840</b>	<b>276,207</b>	<b>282,726</b>
<b>Central</b>	<b>221,575</b>	<b>225,872</b>	<b>230,250</b>	<b>234,716</b>	<b>239,277</b>
<b>TOTAL</b>	<b>1,156,016</b>	<b>1,175,974</b>	<b>1,196,255</b>	<b>1,216,880</b>	<b>1,237,870</b>

## APPENDIX D

### 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 limited to Medicare cost-sharing expenses. See Subsection **Qualified Medicare Beneficiaries (QMB) Coverage**, for details of coverage for Qualified Medicare Beneficiaries (QMB);
7. certain qualified disabled and working individuals (QDWIs) who are eligible to enroll in Medicare Part A insurance (due to the severity of their disability) and whose income is below 200% of the FPL and whose resources are less than twice the SSI standards. Medicaid benefits are limited to the payment of only Medicare Part A insurance premiums;
8. pregnant women, whether married or not, whose family income does not exceed 200% of the FPL for the family size. This coverage group is called "Right from the

Start Medicaid for Pregnant Women” (RSM). Once eligibility is established for those pregnant women, they remain Medicaid eligible without regard to changes in family income through the two months following the month in which the last day of pregnancy falls. There is no resource limit for this coverage group;

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

Beckett), allows the State to disregard parents' income and resources in the determination of Medicaid eligibility. Once determined eligible under the Deeming Waiver program, these children are eligible for the full range of Medicaid services.

### **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 serve 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 limited 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 E**

**MEDICAID PARTICIPATING NON-GEORGIA HOSPITALS**

**HOSPITAL**

**CITY**

**ALABAMA**

Anniston HMA INC	Anniston
Centre Hospital Corp	Centre
East Alabama Medical Center	Opelika
Flowers Hospital	Dothan
Gadsden Regional Medical Center	Gadsden
George H Lanier Memorial Hospital	Valley Head
Russell County Community Hospital	Phenix City
Southeast Alabama Regional Healthcare	Eufaula
Southeast Alabama Medical Center Hospital	Dothan

**FLORIDA**

Baptist Medical Center-Nassau	Fernandina Beach
Shands Hospital at the University of Florida	Gainesville
Baptist Medical Center	Jacksonville
Baptist Medical Center Beaches	Jacksonville
St. Vincent's Medical Center, Inc.	Jacksonville
University Hospital of Jacksonville	Jacksonville
ED Fraser Memorial Hospital	MacClenny
Tallahassee Community Hospital	Tallahassee
Tallahassee Memorial Regional Medical Center	Tallahassee

**NORTH CAROLINA**

Angel Community	Franklin
Harris Regional Hospital	Sylva
Highland Cashiers Hospital	Highland
Murphy Medical Center	Murphy

**SOUTH CAROLINA**

Abbeville County Memorial  
Aiken Regional Medical Center  
Anmed Health  
Greenville Memorial Hospital  
Hillcrest Hospital  
Hilton Head Medical Center  
Oconee Memorial Hospital

Abbeville  
Aiken  
Anderson  
Greenville  
Simpsonville  
Hilton Head  
Seneca

**HOSPITAL**

**CITY**

**TENNESSEE**

Cleveland Tennessee Hospital  
Copper Basin Hospital  
East Ridge Hospital  
Erlanger Medical Center  
Grandview Medical Center  
Memorial Hospital  
Parkridge Medical Center

Cleveland  
Copperhill  
Chattanooga  
Chattanooga  
Jasper  
Chattanooga  
Chattanooga



## APPENDIX F

### 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](http://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 G**

### **NET Gatekeeping Policy**

1. The Broker shall accept requests for transportation directly from members, adult family members in 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.
2. The Broker is not obligated to provide transportation for, and is not capitated for, Qualified Medicare Beneficiaries (QMBs).
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).
4. The Broker should attempt to determine if transportation resources exist within the home regularly and/or specifically for the trip requested, and should deny transportation if available through resources in the member's household. "Household" is defined to include all persons residing at a common address. The Broker must determine if there is a reason why the member's own transportation cannot be utilized (such as the vehicle is broken, out of gas, etc.) and, if it cannot be utilized, shall assist in making it usable or shall provide transportation.
5. The Broker may attempt to determine whether any person who does not reside in the member's household can reasonably provide transportation. "Reasonably" is defined to mean both willing and able. The Broker shall not demand the use of transportation resources available through any party residing outside the member's household.
6. The Broker may require 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.
7. 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.
8. 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.
9. 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.

10. 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.
11. 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.
12. 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.
13. The Broker shall not reimburse the cost of transportation provided for a member by any relative or member of the same household, exclusive of foster parents.
14. 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.
15. 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.
16. The Broker may require that a member and associated escort be picked up from, and returned to, a common address.
17. 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.

18. 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
  
19. 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.
  
20. Georgia Better Health Care (GBHC) members and members enrolled in managed care health plans are obligated to use providers participating in GBHC or in the managed care health plan. Travel for such GBHC and managed care plan enrollees shall be considered the same as travel based on a health care provider's referral.

## Appendix H

### MEMBER APPEAL NOTICES

#### INITIAL DECISION

---

(Date Notice Mailed)

Name of Member  
Mailing Address

Medicaid ID #: \_\_\_\_\_

Dear \_\_\_\_\_:

Your request for non-emergency transportation (NET) for a date of service of \_\_\_\_\_ has been initially denied. The reason for this initial denial is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Sincerely,

(Representative of NET Broker)

**FINAL DECISION**

\_\_\_\_\_  
(Date Notice Mailed)

Name of Member  
Mailing Address

Medicaid ID #: \_\_\_\_\_

Dear \_\_\_\_\_:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Department of Community Health  
Legal Services Section  
Two Peachtree Street, NW-40<sup>th</sup> Floor  
Atlanta, Georgia 30303-3159

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

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

Sincerely,

(Representative of NET Broker)

# Appendix I

## Reporting Examples







Appendix I-3

FY '11		Number of Trips Provided by Type of Transportation												
		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Totals
Region	Ambulatory													0
	Wheelchar													0
	Stretcher													0
	Paratransit													
	Public Transit													
	Volunteer													
	<i>Regional Subtotal</i>		0	0	0	0	0	0	0	0	0	0	0	0
Percent	Ambulatory	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Wheelchar	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Stretcher	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Paratransit	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Public Transit	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Volunteer	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	<i>Total</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%	0%	0%	0%	0%	0%	0%	0%
<b>Month:</b>	<b>Jul-10</b>	<b>Aug-10</b>	<b>Sep-10</b>	<b>Oct-10</b>	<b>Nov-10</b>	<b>Dec-10</b>	<b>Jan-11</b>	<b>Feb-11</b>	<b>Mar-11</b>	<b>Apr-11</b>	<b>May-11</b>	<b>Jun-11</b>	<b>Totals</b>	

Appendix I-4

FY '11		Total Unduplicated Passengers Report												
		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Totals
Region	Ambulatory													0
	Wheelchar													0
	Stretcher													0
	Paratransit													
	Public Transit													
	Volunteer													
	<i>Regional Subtotal</i>						0	0	0	0	0	0	0	0
Percent	Ambulatory	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Wheelchar	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Stretcher	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Paratransit	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Public Transit	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Volunteer	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	<i>Total</i>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%	0%	0%	0%	0%	0%	0%	0%
<b>Month:</b>	<b>Jul-10</b>	<b>Aug-10</b>	<b>Sep-10</b>	<b>Oct-10</b>	<b>Nov-10</b>	<b>Dec-10</b>	<b>Jan-11</b>	<b>Feb-11</b>	<b>Mar-11</b>	<b>Apr-11</b>	<b>May-11</b>	<b>Jun-11</b>	<b>Totals</b>	

Appendix 1-5

Report Total Miles by Trip Type														
FY '11		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Totals
Region	Ambulatory													0
	Wheelchar													0
	Stretcher													0
	Paratransit													
	Public Transit													
	Volunteer													
	<i>Regional Subtotal</i>					0	0	0	0	0	0	0	0	0
Percent	Ambulatory	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Wheelchar	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Stretcher	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Paratransit	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Public Transit	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	Volunteer	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
	<i>Total</i>	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Month:</b>	<b>Jul-10</b>	<b>Aug-10</b>	<b>Sep-10</b>	<b>Oct-10</b>	<b>Nov-10</b>	<b>Dec-10</b>	<b>Jan-11</b>	<b>Feb-11</b>	<b>Mar-11</b>	<b>Apr-11</b>	<b>May-11</b>	<b>Jun-11</b>	<b>Totals</b>	

Appendix I-6

Region Telecommunication Data FY													
Reporting Period	Number of Call Received	Number Calls Answered	Number of calls Abandon	% of Calls Not Abandon	Avg Speed Ans (HH:MM:SS)	Avg Talk Time (HH:MM:SS)	Avg After Call Work Time (HH:MM:SS)	Number of Calls Placed on Hold	Average hold time (HH:MM:SS)	Avg Calls Handled per Hour/Agent	Average Occupancy %	TOTAL Number Agents	Monthly turnover %
<b>1st Quarter Fiscal Year 20</b>													
Jul	11,494	10,970	524	4.56%	0:01:46	0:03:40	0:00:15		0:47:53	8	84%	11	0%
Aug	11,594	11,164	430	3.71%	0:00:31	0:04:25	0:00:15		0:11:46	8	87%	12	0%
Sept	12,759	12,260	499	3.91%	0:00:34	0:03:15	0:00:15		0:09:03	7	87%	11	8%
<b>Q1 Total</b>	<b>35,847</b>	<b>34,394</b>	<b>1,453</b>	<b>4.05%</b>									
<b>Median</b>	<b>11,594</b>	<b>11,164</b>	<b>499</b>	<b>3.91%</b>	<b>0:00:34</b>	<b>0:03:40</b>	<b>0:00:15</b>		<b>0:11:46</b>	<b>8</b>	<b>87%</b>	<b>11</b>	<b>0%</b>
<b>Average</b>	<b>11,949</b>	<b>11,465</b>		<b>4.06%</b>	<b>0:00:57</b>	<b>0:03:47</b>	<b>0:00:15</b>		<b>0:22:54</b>	<b>8</b>	<b>86%</b>	<b>11</b>	<b>3%</b>
<b>2nd Quarter Fiscal Year 20</b>													
Oct	13,561	13,198	363	2.68%	0:00:22	0:02:49	0:00:15		0:07:23	7	88%	11	8%
Nov	10,507	10,138	369	3.51%	0:00:32	0:02:54	0:00:15		0:13:59	7	84%	11	0%
Dec	11,159	10,828	331	2.97%	0:00:27	0:02:59	0:00:15		0:07:48	6	86%	11	0%
<b>Q2 Total</b>	<b>35,227</b>	<b>34,164</b>	<b>1,063</b>	<b>3.02%</b>									
<b>Median</b>	<b>11,159</b>	<b>10,828</b>	<b>363</b>	<b>2.97%</b>	<b>0:00:27</b>	<b>0:02:54</b>	<b>0:00:15</b>		<b>0:07:48</b>	<b>7</b>	<b>86%</b>	<b>11</b>	<b>0%</b>
<b>Average</b>	<b>11,742</b>	<b>11,388</b>	<b>354</b>	<b>3.05%</b>	<b>0:00:27</b>	<b>0:02:54</b>	<b>0:00:15</b>		<b>0:09:43</b>	<b>7</b>	<b>86%</b>	<b>11</b>	<b>3%</b>
<b>3rd Quarter Fiscal Year 20</b>													
Jan	13,924	13,076	858	6.16%	0:00:52	0:02:46	0:00:15		0:12:46	7	85%	12	0%
Feb	11,682	10,967	715	6.12%	0:00:44	0:02:36	0:00:15		0:20:54	7	83%	12	0%
Mar	12,565	11,887	678	5.40%	0:00:39	0:02:44	0:00:15		0:13:11	7	81%	12	0%
<b>Q3 Total</b>	<b>38,171</b>	<b>35,930</b>	<b>2,251</b>	<b>5.90%</b>									
<b>Median</b>	<b>12,565</b>	<b>11,887</b>	<b>715</b>	<b>6.12%</b>	<b>0:00:44</b>	<b>0:02:44</b>	<b>0:00:15</b>		<b>0:13:11</b>	<b>7</b>	<b>83%</b>	<b>12</b>	<b>0%</b>
<b>Average</b>	<b>12,724</b>	<b>11,977</b>	<b>750</b>	<b>5.89%</b>	<b>0:00:45</b>	<b>0:02:42</b>	<b>0:00:15</b>		<b>0:15:37</b>	<b>7</b>	<b>83%</b>	<b>12</b>	<b>0%</b>
<b>4th Quarter Fiscal Year 20</b>													
Apr	11,794	11,370	424	3.60%	0:00:26	0:02:59	0:00:15		0:10:29	7	88%	12	0%
May	10,432	9,918	514	4.93%	0:00:35	0:03:15	0:00:15		0:10:31	6	89%	12	0%
June	12,994	12,669	325	2.50%	0:00:22	0:03:08	0:00:15		0:08:16	7	80%	12	0%
<b>Q4 Total</b>	<b>35,220</b>	<b>33,957</b>	<b>1,263</b>	<b>3.59%</b>									
<b>Median</b>	<b>11,794</b>	<b>11,370</b>	<b>424</b>	<b>3.60%</b>	<b>0:00:26</b>	<b>0:03:08</b>	<b>0:00:15</b>		<b>0:10:29</b>	<b>7</b>	<b>88%</b>	<b>12</b>	<b>0%</b>
<b>Average</b>	<b>11,740</b>	<b>11,319</b>	<b>421</b>	<b>3.67%</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>7</b>	<b>1</b>	<b>12</b>	<b>0</b>
<b>Totals of all Quarters</b>													
<b>Year Total</b>	<b>144,465</b>	<b>138,445</b>	<b>6,030</b>		<b>0:00:00</b>	<b>0:00:00</b>	<b>0:00:00</b>		<b>0:00:00</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
<b>Year Median</b>	<b>11,694</b>	<b>11,267</b>	<b>462</b>	<b>3.75%</b>	<b>0:00:31</b>	<b>0:03:01</b>	<b>0:00:15</b>		<b>0:11:07</b>	<b>7</b>	<b>87%</b>	<b>12</b>	<b>0%</b>
<b>Year Average</b>	<b>12,039</b>	<b>11,537</b>	<b>509</b>	<b>4.17%</b>	<b>0:00:39</b>	<b>0:03:08</b>	<b>0:00:15</b>		<b>0:14:30</b>	<b>7</b>	<b>85%</b>	<b>12</b>	<b>1%</b>

Appendix I-7

FY '11	Number of Requests for Transportation Denied by Reason												
Month:	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Total

Abuses NET svcs.													0
Has access to vehicle													0
Minor without Escort													0
Needs 9-1-1													0
Requires Ambulance													0
Non-covered service													0
Lacks 3 days' notice													0
Ineligible for Medicaid													0
Incomplete Information / Documentation													0
Refuses closest facility													0
Resides outside Broker's service area													0
No Primary Care Physician Referral													0
Refused public transit													0
Relative can transport													0
Unable to Verify Member has Appt.													0
Uncooperative/abusive													0
Regional Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0

Percentage of Transportation Request Denied by Reason													
Month:	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Total

Percent	Abuses NET svcs.	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!							#DIV/0!
	Has access to vehicle	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!							#DIV/0!
	Minor without Escort	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!							#DIV/0!
	Needs 9-1-1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!							#DIV/0!

Requires Ambulance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!								#DIV/0!
Non-covered service	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!								#DIV/0!
Lacks 3 days' notice	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!								#DIV/0!
Ineligible for Medicaid	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!								#DIV/0!
Incomplete Information / Documentation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!								#DIV/0!
Refuses closest facility	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!								#DIV/0!
Resides outside Broker's service areas													
No Primary Care Physician Referral	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!								#DIV/0!
Refused public transit	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!								#DIV/0!
Relative can transport	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!								#DIV/0!
Unable to Verify Member has Appt.	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!								#DIV/0!
Uncooperative/abusive	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!								#DIV/0!
<i>Total</i>	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!								#DIV/0!
	<b>Jul-10</b>	<b>Aug-10</b>	<b>Sep-10</b>	<b>Oct-10</b>	<b>Nov-10</b>	<b>Dec-10</b>	<b>Jan-11</b>	<b>Feb-11</b>	<b>Mar-11</b>	<b>Apr-11</b>	<b>May-11</b>	<b>Jun-11</b>	

### Monthly Complaint Summary Report

\_\_\_\_ Region

Reporting Period: \_\_\_\_\_

			TYPE / NUMBER OF COMPLAINTS																
Complainant/ Member	Respondent	Date of Incident	A/C or Heater	Vehicle Dirty	Vehicle Defect	Problem w/Driver	Unsafe Driver	Improper W/C tie down	Rude Staff	Phone System	Early Service	Late A- Leg	Late B-leg	Transport No-show	Trip Took too Long	Other	Complaint	Provider Response	Action Taken
							1		1		1								
							1		1	1	1				1				
			1				1		1	1	1			1	1	1			
							1		1	1	1			1	1	1			
			1			1	1		1		1			1	1	1			
					1	1				1	1			1	1	1			
										1				1	1	1			
														1	1	1			
														1	1	1			
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														1	1	1			
														1	1	1			
														1	1	1			
														1	1	1			
														1	1	1			
														1	1	1			
														1	1	1			
														1	1	1			
<b>subtotal</b>			2	0	1	2	4	0	4	5	5	5	11	6	9	0	<b>54</b>		<b>total</b>
<b>Percentage of Complaints by Category</b>			3.7%	0.0%	1.9%	3.7%	7.4%	0.0%	7.4%	9.3%	9.3%	9.3%	20.4%	11.1%	16.7%	0.0%	<b>100.0%</b>		

NON-EMERGENCY TRANSPORTATION BROKER  
Accident/Incident Report

I.

Name of Broker: \_\_\_\_\_

Date of Accident/Incident: \_\_\_\_\_

Transportation Provider: \_\_\_\_\_

Time of Accident/Incident: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date Reported to Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Vehicle Driver: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Vehicle Tag #: \_\_\_\_\_

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: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

Treated at: Scene  Medical Facility  Name: \_\_\_\_\_

Brief Description of Treatment: \_\_\_\_\_

Name #2: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

Treated at: Scene  Medical Facility  Name: \_\_\_\_\_

Brief Description of Treatment: \_\_\_\_\_

Name #3: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

Treated at: Scene  Medical Facility  Name: \_\_\_\_\_

Brief Description of Treatment: \_\_\_\_\_

III.

Were emergency services called? 911  Police  Ambulance  Tow Truck  No

If motor vehicle accident, who was charged? \_\_\_\_\_

Attached: Police Report \_\_\_\_\_ Other \_\_\_\_\_

Immediate corrective action taken by carrier/broker: \_\_\_\_\_

\_\_\_\_\_

IV.

Report Submitted By: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Print/Type Name

\_\_\_\_\_

Signature







# \_\_\_ Region Annual State Fiscal Year Report

Reporting Period: \_\_\_\_\_

## Transportation Data

Total Trips	Counts
Ambulatory	
Wheelchair	
Stretcher	
Paratransit	
Public Transit	
	<i>total</i>

Total Unduplicated Passengers	Counts
Ambulatory	
Wheelchair	
Stretcher	
Paratransit	
Public Transit	
	<i>total</i>

Total Miles	Counts
Ambulatory	
Wheelchair	
Stretcher	
Paratransit	
Public Transit	
	<i>total</i>

## Telecommunication Data

- Total Number of Calls Received
- Total Number of Calls Answered
- Total Number of Calls Abandon
- Year average hold

**APPENDIX J**

**IMPLEMENTATION CHECKLIST**

NET REGION: \_\_\_\_\_

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

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

Implementation Task or Deliverable	Proportion Complete	Complete	Date	Initial
<b>Operational Readiness Testing <i>cont'd</i>:</b>				
<u>Vehicle inspection reports complete/available</u>				
<u>Driver information complete/available</u>				
<u>Reporting procedure in place, including encounter data procedure and hook-up with DCH's fiscal agent</u>				
<u>Any other item deemed necessary by DCH</u>				
<u>Drivers</u>				
<u>Attendants</u>				

## APPENDIX K

### THE GLOSSARY

**A-leg** - The initial pick-up point of a trip.

**ADA (Americans with Disabilities Act)** - Includes regulations for agencies that provide services to persons with disabilities.

**Attendant** - A trained escort provided by the Broker, at the Broker's expense, when, in the judgment of the Broker or as required by a health care provider, it is necessary to have an adult helper on a trip to assure the safety of all passengers. The attendant shall be trained in first aid, safety procedures, and sensitivity training that the drivers receive.

**B-leg** – The point of pick-up for the second leg or return of a trip.

**Background Check** - An investigation of the driving, criminal, financial, medical or other records of any member of Broker's staff or the staff of subcontractors performing work under this Contract to assess fitness for the job to be assumed.

**Back-up Service** - Emergency or back-up vehicles and/or personnel dispatched by the Broker when a vehicle has become disabled, is otherwise unable to meet transportation service standards or when specifically requested by DCH.

**Broker** - An entity that is responsible for recruiting and contracting with transportation providers; payment administration; gatekeeping and verification of need; reservations and trip assignments; quality assurance of services; and administrative oversight and reporting.

**Business Day** – Monday through Friday, excluding New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day.

**CMO** – Care Management Organization – program to manage the care of specified eligible Medicaid members.

**Capitated Payment** - Prescribed payment made monthly for each eligible member living in a service area. Payment is based on the number of eligibles in the NET region.

**Capitation Rate** - The monthly per capita rate of reimbursement set by the proposal submitted by Contractor.

**Centers for Medicare and Medicaid Services** - The organizational unit of DHHS responsible for administering Title XIX of the Social Security Act, which is Medicaid.

**Climate Control System** - The heating or air conditioning system of any vehicles used in the provision of NET services under this Contract. Working windows may be considered a part of this system.

**Continuous Transport** - NET service that may be interrupted by an intermediate stop. For example, on the way home from a doctor visit a member may need to stop at a pharmacy to have a prescription filled. This is considered a single, continuous trip from the doctor's office to the member's home with a stop at the drug store on the way.

**Contractor** - The selected offeror with which DCH and DOAS have successfully negotiated a contract. Usually referred to as the Broker.

**DCH** – The Georgia Department of Community Health, which is the Georgia agency with the responsibility for administering the State Medicaid Plan and NET.

**DFCS or DFACS (Division of Family and Children Services)** - The division within the state Department of Human Services (DHS) that determines Medicaid Eligibility for all Medicaid members except SSI individuals. The county DFCS offices handle all exceptional travel service and some voluntary transportation under NET.

**DHHS** - The United States Department of Health and Human Services.

**DHS** - The Georgia Department of Human Services.

**DMO** – Disease Management Organization - program to manage the care of specified eligible Medicaid members.

**DOAS** - Department of Administrative Services.

**DPH** – the Division of Public Health within DCH responsible for disease control and prevention, the reduction of avoidable injury-related deaths and disabilities, and the promotion of healthy lifestyles. At the state level, DPH is divided into numerous branches, sections, programs and offices, and at the local level, DPH functions via 18 health districts and 159 county health departments.

**Deliverable** - Each documentation, report, manual, and every other item which the Broker is required to produce under the terms and conditions of this contract and deliver to DCH.



**Department** – The Georgia Department of Community Health (DCH).

**Dependent** - An individual under the age of eighteen (18). A dependent may be a Medicaid member.

**Dispatching** - The act of designating a specific vehicle and driver to pick-up and deliver a Medicaid member.

**Eligible (Medicaid Eligible)** - A person who is determined to be eligible for Medicaid services by the Social Security Administration, DFCS, or DCH.

**Emergency Care** - Care that is medically necessary as a result of a sudden onset of a medical condition manifesting itself by acute symptoms of such severity that the absence of immediate attention could reasonably be expected to result in serious dysfunction of any bodily part or death of the individual.

**Encounter Data** - Data on transportation services provided to Medicaid members similar to the information on a claim form without any costs listed. Encounter data may be referred to as a dummy claim.

**EPSDT (Early and Periodic Screening, Diagnosis, and Treatment)** - Also called Health Check. A federally mandated program with the objective of preventing, or identifying early and treating, potentially disabling diseases in children as a more cost effective way to provide long term medical aid to eligible members.

**Essential Rural Health Care Providers** – Any hospital, federally qualified health center, or rural health clinic, as such terms are defined in O.C.G.A. § 33-20B-2, which is located in a rural area as defined in O.C.G.A. § 33-203-2 (8), and which complies with the provisions of O.C.G.A. § 33-20B-3.

**Escort** - An individual whose presence is required to assist a member during transport and while at the place of treatment. Escorts cannot be charged any cost for transportation when accompanying a member requiring assistance.

**EVS (Eligibility Verification System)** - A system for verifying member eligibility for Medicaid services, usually by direct, on-line computer hook-up.

**Exceptional Travel** - Non-emergency transportation, which is necessary under extraordinary medical circumstances, that requires traveling out-of-state for medical treatment not normally provided through health care providers in Georgia. This transportation is limited to out-of-state travel including air and ground travel. This type of travel is arranged by the county DFCS offices and is outside the scope of the Broker's responsibility.

**Federal Registry of Surety Companies** - An annual publication of the Department of Treasury, Surety Section, that lists surety companies in the United States that have been approved for bonding federal projects.

**Federally Funded Transportation** - Transportation services funded through the Intermodal Surface Transportation Efficiency Act (ISTEA) including mass transit systems (Section 9), rural transportation services (Section 18), and physically challenged transportation (Section 16).

**Fixed Route** - A transportation route where the vehicle picks up the same people every day or at a set interval; a regular route.

**FTE (Full-time Equivalent)** - The result of the division of the sum of all part-time employee hours by the standard number of hours for a full-time employee.

**Gatekeeping** - The verification that a caller is actually an eligible Medicaid member, that Medicaid transportation is needed, and the appropriate type of transportation needed.

**GBHC (Georgia Better Health Care)** - a primary care case management program offered by Georgia Medicaid in which the member is assigned to a specific primary care provider who provides, arranges, and authorizes most medical care services for that member.

**Georgia Relay Center** – center, which allows deaf, hard-of-hearing and speech-impaired persons using a text-telephone to hold telephone conversations with people who can hear.

**Health Check** - See EPSDT.

**HIPAA** – The Health Insurance Portability and Accountability Act.

**Implementation Work Plan** - A plan developed by Contractor, which includes all the activities required to successfully begin operations under this contract.

**Implementation Period** - The period of time set aside by the terms of the RFP for the Broker to set up an NET organization and have it ready to deliver NET services. The time between the signing of this Contract and the date NET services begin to be delivered.

**Independent Contractor** - See transportation provider.

**In State/Out-of-State Travel** - In-state travel refers to all NET services the Broker is required to deliver within the boundaries of the State of Georgia and within a line drawn by DCH outside the Georgia border. Out-of-state travel refers to travel outside of the predetermined border limit.

**Intake and Screening** - See gatekeeping.

**Joint Venture** - a cooperative business agreement or partnership between two or more parties that is usually limited to a single enterprise and that involves the sharing of resources, control, profits, and losses.

**Key Staff** - At a minimum, the Project Director, Quality Assurance, Technical (IT) Lead, and Call Center Supervisor are considered Key Staff.

**Litter** - The stretch conveyance used to carry a member.

**MARTA (Metropolitan Atlanta Rapid Transit System)** - A public transportation system in Atlanta.

**Medicaid Card - Medical Assistance Eligibility Certification** - Each month Medical Assistance Eligibility Certifications commonly referred to as “Medicaid Cards” are issued to individuals or families as evidence of eligibility. Certifications are valid only for the period indicated thereon.

**Medicaid ID Number** - A unique identification number assigned to each Medicaid member for eligibility card issuance and claims submittal purposes.

**Medicare** - The federal medical assistance program that is described in Title XVIII of the Social Security Act.

**Member** - An individual eligible for medical assistance in accordance with the State's Medicaid program who has been certified as such by the Social Security Administration, DFCS, or DCH.

**Member Appeal** - Members have the right to appeal when the Broker has denied, terminated, or suspended NET services to them.

**Member Intake Worksheet** - A worksheet containing information about the member and the required health care service the Broker must complete at the time of contact for each scheduling request by a member.

**Member Residency** – the County within which the Medicaid member is regularly domiciled. The residential address is on file with DCH.

**Minibus** - A multiple passenger van.

**Monitoring** - DCH shall monitor the Broker's performance of duties under this contract by a variety of methods. Satisfactory, quality performance is required.

**Multilingual** - Having the ability to communicate in the languages spoken by the members in the NET region. This requirement may be satisfied by the broker's staff and/or the use of a language line service.

**NET Region** - The State of Georgia has been divided into five (5) regions for the purpose of this contract. References to the NET Region refer to the region awarded to the Contractor.

**NET (Non-Emergency Transportation) Services** - In accordance with federal regulations (42 CFR 431.53), the Department of Community Health's Non-Emergency Transportation (NET) program offers transportation services for Medicaid members who need to secure necessary medical care and have no other means of transportation.

**NET Trip** - A one-way transportation service from the member's home to the place where a covered medical service will be provided to that member or the reverse or from one covered medical service to another.

**NF** - Nursing facility or nursing home.

**No-Show** - The failure of a member to cancel an approved trip; the transportation provider must have arrived to pick up the member on time pursuant to pick-up and delivery standards, or the failure of a transportation provider to pick-up a client as scheduled.

**Non-Emergency Transportation Services Program Requirements** – the requirements for the program with which Contractor must comply that are attached to this Contract as Attachment K and incorporated by reference as if fully stated herein

**Operational Procedures Manual** - A manual developed by the Broker that presents the procedures for scheduling, after-hours services, urgent care, driver customer service standards, record keeping requirements for drivers, etc.

**Operational Readiness Testing** - The inspection and evaluation of the Broker's implementation activities by DCH to see if the Broker is ready to begin operation under the contract. DCH must approve the Broker as operationally ready before service can begin.

**PSC (Public Service Commission)** - The regulatory agency of the State of Georgia that oversees the safety of buses, trucks, and other commercial transportation services.

**Parent Company** - A company that either owns or controls the activities and basic business policies of Contractor. To own another company means that the parent company must own at least a majority (more than 50 percent) of the voting

rights in that company. To control another company means to be able to formulate, determine or veto basic business policy decisions of that company. This control may be exercised through the use of dominant minority voting rights, use of proxy voting, contractual arrangements, or otherwise.

**Pending Eligible** – Any individual who has been admitted to a Medicaid certified facility and has made an application for Medicaid benefits.

**Public Transportation** - City, county or municipal subway, bus, and other transportation services funded through section 9, 5311 or 5310 of the Intermodal Surface Transportation Efficiency Act (ISTEA) available in a number of locations in Georgia. MARTA would be an example.

**RFP** - Request for Proposal

**Reservation** - The verification of a trip for a member at a specific time and place for pick-up and delivery to a specific destination.

**Satellite Office** – Is a non-residential business office that is part of the broker's organization. This business office must be located in each contracted region(s) outside of the region containing the designated central business office.

**Scheduling** - The process through which a Medicaid member contacts the Broker and the Broker assigns the trip to the most appropriate transportation provider. Normally, this must be done at least three (3) days before the NET service is required.

**Scheduling Day/Hours** - Any day or time when the Broker is expected, under the terms of this Contract, to have personnel available for scheduling NET services. Scheduling staff must be available to schedule appointments between the hours of 7:00 a.m. to 6:00 p.m., Eastern Time, Monday through Friday, excluding New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day.

**Secured Transportation** - A form of transportation containing an occupant protection system that addresses the safety needs of disabled or special needs individuals (Section 1902(a)(70)(A) of the Social Security Act).

**Service Agreement** - A contract between a Broker and a transportation provider for the delivery of transportation services.

**Shooter Van** - A NET van (whether ambulatory, wheelchair or stretcher) that is to be used in the instance where there is no Transportation Provider available or when a Transportation Provider is excessively late in meeting its assigned schedule and there is no back-up provider available. Shooter vans and their

drivers are subject to meet the same contractual requirements as all other NET vehicles and drivers.

**Social Security Administration (SSA)** - The federal agency that determines eligibility for SSI, including Medicaid benefits.

**SSI (Supplemental Security Income)** - A type of cash assistance received by individuals determined eligible by the Social Security administration. Medicaid benefits are included in the eligibility determination made by the Social Security Administration.

**State** - State of Georgia.

**State Medicaid Plan** - The comprehensive written commitment by a Medicaid agency, submitted under section 1903(a) of the Social Security Act, to administer or supervise the administration of a Medicaid program in accordance with federal and state requirements.

**Stretcher (Non-emergency) Van** - An enclosed vehicle that accommodates a Litter and is equipped with locking devices to secure the Litter during transit. Members using this vehicle must be non-ambulatory and need the assistance of at least two persons in order to be transported to and from the vehicle and health care provider in a reclined position. No flashing lights, sirens or emergency equipment are required.

**Subcontractor** - A person, company or organization the Broker enters into a contract with to provide some of the services delivered under these contracts. The subcontractors must meet all RFP and contract requirements levied on the Broker. An independent contractor (transportation provider) is not considered a subcontractor under this contract.

**Subscription Trip** - A standing order for a trip on a set schedule, e.g., every Tuesday afternoon at 2:00.

**Substantial Complaint** - A verified complaint that significantly impacts the health, and safety of passengers, for example, failure to properly secure wheelchair.

**Text Telephone** - A specially designed telephone device equipped with a keyboard and small screen, which allows two-way conversation.

**Transportation Provider** - Those entities that own and operate vehicles engaged in the direct delivery of transportation.

**Transportation Service Agreement** - An agreement (contract) between a Broker and a transportation provider for the delivery of transportation services.

**Urgent Care** - An unscheduled episodic situation in which there is no threat to life or limb but the member must be seen on the day of the request under currently accepted standards of care. Treatment cannot be put off until the next day. Hospital discharge shall also be considered as urgent care. This requirement shall also apply to appointments established by medical care providers allowing insufficient time for routine three (3) day scheduling. Valid requests for urgent care transport shall be honored within three (3) hours of the time the request is made.

**Vehicle Identification Number (VIN)** - The unique number given to each vehicle produced by a manufacturer.

**Vehicle Manifest** - A log which is kept by the vehicle driver that reports information on all trips with that vehicle: names of driver and members, times, pick-up and delivery points, odometer readings, etc.

**Volunteer Transportation** - Transportation provided by individuals that receive no compensation or payment other than expenses for the provision of these transportation services.

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

**Work Day** - For purposes of establishing business hours and satisfying reporting requirements: Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. Eastern Time with the exception of New Years Day, Memorial Day, July Fourth, Labor Day, Thanksgiving Day, and Christmas Day.