



Medicaid
Non-Emergency Medical Transportation
(NEMT)
Procedure Manual



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Introduction

Per Federal Rule 42 CFR 440.170(a), “Transportation includes expenses for transportation and other related travel expenses determined to be necessary by the agency to secure medical examinations and treatments for a recipient.”

Medicaid is an assistance program enacted to provide health care services to individuals who are low-income, aged, blind or disabled and families with children. Started in 1965, it is funded with federal and state monies and administered by each state.

Non-Emergency Medical Transportation (NEMT) is a covered service for beneficiaries enrolled in traditional and Primary Care Plus (PC Plus) Medicaid and Dr. Dynasaur programs. NEMT is a statewide service for providing transports for eligible people to and from necessary, non-emergency medical services. It is provided through Personal Services Contracts between the State of Vermont, Department of Vermont Health Access (DVHA) and local public transit Brokers (Brokers).

This manual is primarily for use by transportation Brokers to help determine eligibility and ensure the least costly, most appropriate NEMT for eligible Medicaid beneficiaries. This manual is to be used in conjunction with the Vermont Medicaid Provider Manual, which can be found at www.vtmedicaid.com/Downloads/manuals.html.

Non-emergency Medical Transportation (NEMT)

DVHA oversees and monitors NEMT, issuing policies and procedures to coincide with changing circumstances and federal and state directives. DVHA is also responsible for approving various trips and exceptions, including authorizing trips outside of a 30 mile radius from a beneficiary’s home and out-of-state trips.

DVHA contracts with a network of transportation Brokers to provide statewide access to transportation services for eligible beneficiaries. Brokers screen for eligibility, schedule the least-costly mode of transportation to medical appointments/services, and submit claims to HP Enterprise Services (HP) for processing and payment.

Brokers are subject to service approval, along with claims processing and utilization review. They are also required to abide by the terms of their personal services contracts with the DVHA, the Provider Enrollment Agreement, and the latest approved version of this manual. Brokers must also abide by all aspects of the Federal Tax Code.

A beneficiary’s freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a beneficiary’s personal choice of provider.

Definitions

Beneficiary: A person eligible for NEMT under the Medicaid program managed by The Department of Vermont Health Access.

Broker Employee or Volunteer: An employee or volunteer who, through a Broker, provides transportation services or otherwise has direct contact with Medicaid beneficiaries as part of his/her job responsibilities.

Carrier: Mode of transport engaged to provide NEMT; for example, volunteer drivers, taxis, vans, buses, etc.

Contractor: Local public transit Broker who has contracted with the DVHA to provide services.

Cancellation: The withdrawal of a trip request by a beneficiary that occurs within the prescribed acceptable period for such action. Twenty-four (24) hours notice of cancellation is generally encouraged. Acceptable cancellation varies from 1:00 PM on the day prior to an early morning departure (before 8:00 am) to a minimum of two (2) hours prior to passenger pickup time (only in specific situations).

Center for Medicare and Medicaid Services (CMS): A division of the federal Department of Health and Human Services, which oversees the administration of all Medicaid programs.

Contractor's Fiscal Year: July 1st - June 30th.

Department of Vermont Health Access (DVHA): The department responsible for the administration of the Vermont Medicaid program.

Eligibility: In order to receive NEMT benefits beneficiaries must be eligible for Medicaid. These determinations are made by eligibility specialists either with the Health Access Eligibility Unit or at a local district office.

Eligibility Verification System (EVS): An automated system that enrolled providers can access to verify beneficiary eligibility prior to providing services. Eligibility can be verified either through the HP Voice Response System or through the online Medicaid portal at www.vtmedicaid.com.

Emergency Medical Condition: The sudden and unexpected onset of an illness or medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by the prudent layperson, who possess an average knowledge of health and medicine, to result in: placing the member's physical or mental health in serious jeopardy; or serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

Emergency Services: Health care items and services furnished or required to evaluate and treat an emergency medical condition.

Estimated Time of Arrival (ETA): The projected time that the vehicle shall pick up the passenger. Due to traffic, weather, passenger needs, and the nature of coordinating numerous trips in the same vehicle, it is not always possible to have precise pickup/drop-off times. As such, a reasonable variance due to conditions is permitted.

Fiscal Agent: The contractor that processes and reimburses claims on behalf of the State of Vermont. Currently, that contractor is HP Enterprise Services (HP), P.O. Box 888, Williston VT 05495.

Green Mountain Care Card: The card provided to a beneficiary to use when accessing Medicaid-eligible services.

Health Insurance Portability and Accountability Act (HIPAA): The federal law that governs the uniform electronic submission of claims and privacy of all insurers.

HPES: HP Enterprise Services is the DVHA's fiscal agent, responsible for processing claims for NEMT provided under this contract.

Medically Necessary: Health care services, including diagnostic testing, preventive services, and aftercare that are appropriate in terms of type, amount, frequency, level, setting and duration to the beneficiary's diagnosis or condition. Medically necessary care must be consistent with generally accepted practice parameters as recognized by health care providers in the same or similar general specialty as typically treat or manage the diagnosis or condition and help restore or maintain the beneficiary's health, or prevent deterioration or palliate the beneficiary's condition, or prevent a likely onset of a health problem or detect an incipient problem.

Additionally, for those beneficiaries eligible for Early and Periodic Screening, Diagnoses and Treatment (EPSDT), medical necessity includes a determination that a service is needed to achieve proper growth and development or prevent the onset or worsening of a health condition.

All determinations of medical necessity are subject to final review by DVHA's Medical Director.

Member Services for Green Mountain Care: The contracted entity that responds to beneficiary inquiries regarding eligibility and coverage for all health care programs. The Member Services number is 1(800)250-8427.

Mode: Modes of transportation include:

- Free fixed-route public transportation
- Fixed and deviated route voucher or fare
- Volunteer driver trip (may have multiple riders)
- Taxi (may have multiple riders)
- Demand response public transport vehicle
- Immediate family, other relatives or friends with vehicles

No-Show: Beneficiary failure to show for a ride. A "No-Show" has occurred when the vehicle has arrived within the pick up window of the ETA, a valid cancellation of a trip request has not been made, and the rider has not boarded the vehicle within the specified wait time.

Per Member Per Month (PMPM) Fee: A pre-negotiated, flat, monthly fee paid to Brokers to manage transportation services for eligible beneficiaries.

Primary Care Plus (PC Plus): The name for Vermont's primary care case management program in which a beneficiary must select a primary care provider to assist in the management of medical care. This managed health care delivery system is administered by the DVHA.

Pick Up Point: The pick up point for all rides should be at the beneficiary's home address. Special requests require approval by DVHA.

Prior Authorization (PA): A process used to assure the appropriate use of health care services and benefits. The goal of the PA process is to ensure that the proposed request meets all set criteria, and that all appropriate, less-expensive alternatives have been given consideration. All transports must be prior authorized to qualify for reimbursement. Prior authorization/approval for specific programs such as Reach Up, and specific travel such as out-of-state, in-state/out-of-area are referenced in this manual. The only exception to the PA requirement is if a beneficiary was granted retroactive Medicaid eligibility and had transportation expenses from the newly covered period that had not previously been paid but met all of the criteria for Medicaid transportation eligibility.

Registry or Registries: The Registries of substantiated instances of abuse, neglect or exploitation of a child or vulnerable adult, maintained by AHS as pursuant to law.

Rider: Passenger in a mode of transport.

Service Animal: Per ADA rule, a service animal is a dog that is individually trained to do work or perform tasks for people with disabilities.

SFY: State Fiscal Year is July 1st – June 30th.

Taxi Company Employee: An individual providing transportation services for a taxi company.

Taxi Company: An entity or company that provides taxi service and is identified as a taxi provider.

Unavailable Vehicle: see No Other Transportation Available.

Volunteer Driver: A driver provided through the Broker who does not reside in the same physical household as the Medicaid beneficiary and who provides the vehicle for transport; or a driver provided through the Broker who resides in the same physical household as the Medicaid beneficiary, is not related to the Medicaid beneficiary, and provides the vehicle for transport. All volunteers must go through a background check process, administered by the Broker.

Abbreviations

AABD	Aid to the Aged, Blind, and Disabled
AAG	Assistant Attorney General
ADAP	Alcohol and Drug Abuse Programs
AHS	Agency of Human Services
ANFC	Aid to Needy Families with Children
CFC	Choices for Care (1115 Long Term Care Medicaid Waiver) Program
CMHC	Community Mental Health Center
CMS	Centers for Medicare and Medicaid Services
DAIL	Department of Disabilities, Aging & Independent Living
DCF	Department for Children and Families
DDS	Disability Determination Services
DHRS	Day Health Rehabilitation Services
DOB	Date of birth
DOS	Date of service
DMH	Department of Mental Health
DVHA	Department of Vermont Health Access
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ESD	Economic Services Division
HAEU	Health Access Eligibility Unit
HIPAA	Health Information Portability and Accountability Act of 1996
HPES	HP Enterprise Services
MMIS	Medicaid Management Information System
NCIC	National Criminal Information Center
NEMT	Non-Emergency Medical Transportation
PA	Prior Authorization
PC PLUS	Primary Care Plus
PMPM	Per Member Per Month
VCCI	Vermont Chronic Care Initiative
VCIC	Vermont Criminal Information Center
VDH	Vermont Department of Health
VHAP	Vermont Health Access Plan
WIC	Women, Infants and Children

Per Member, Per Month Reimbursement

DVHA will pay all Brokers on a Per Member, Per Month (PMPM) basis to deliver transportation services to eligible beneficiaries. Brokers will be paid in accordance with Attachment B of their contracts with the State.

Performance Standards

Failure to meet any of the performance standards listed below may result in financial penalties as described in Attachment B of the Broker's contract with the State. Whenever such a failure results in a significant negative impact on a member, Broker must notify DVHA immediately.

Standard	Measure/Target	Reporting Requirements
Provide transportation (in accordance with this manual) whenever a trip request is received with at least two business days' advance notice to the broker	95% of the time	Brokers will report all cases where standard isn't met. This should be included in broker's monthly report.
Broker will provide professional and courteous customer service to all beneficiaries.	95% of the time	Brokers will report all complaints and resolutions in the monthly report.
Calls will be answered by a live person within 3 minutes.	95% of the time	Brokers will report all cases where a beneficiary was on hold for more than 3 minutes. Include in monthly report.
Call abandonment rate shall be minimal. A call will be considered "abandoned" when a member hangs up before speaking with a live operator.	<5% of all calls are abandoned	Brokers will report all cases where a beneficiary was on hold for more than 3 minutes. Include in monthly report.
Beneficiaries will arrive on time for their appointments.	95% of the time	Broker will report all cases where a member arrived late for an appointment. This report shall document any extraordinary conditions (weather, etc). Include in monthly report.
Broker will pick up beneficiary within the timeline of the "On Time Pick Up Window" as defined in the manual. This also applies to return trips.	95% of the time	Broker will report all exceptions as a part of their monthly report.
All provisions of the transportation manual and contract shall be met.	95% of the time	Broker will report all exceptions as a part of their monthly report.

Background Checks

Background checks must be performed on all Broker employees, volunteer drivers, taxi and all other subcontracted drivers. They must clear all background checks prior to initial hire with the databases listed below.

- National Criminal Information Center (NCIC)
- Vermont Criminal Information Center (VCIC)
- Child Abuse Registry
- Adult Abuse Registry
- Department of Motor Vehicles (DMV)
- Office of Inspector General (OIG)

Backgrounds must be performed on an annual basis thereafter for the following databases:

- Vermont Criminal Information Center (VCIC)
- Child Abuse Registry
- Adult Abuse Registry
- Department of Motor Vehicles (DMV)
- Office of Inspector General (OIG)

Services may not be rendered by anyone who does not have a clear background check, including administrative staff. DVHA will not reimburse Brokers for transport services if they were arranged or provided by someone who does not have clear registry checks.

National Criminal Information Center (NCIC) & Vermont Criminal Information Center (VCIC)

Individuals must not have a criminal conviction for an offense involving bodily injury, abuse of a vulnerable person, a felony drug offense, or a property/money crime involving violation of a position of trust, including, but not limited to:

- | | |
|---------------------------------|-----------------------------|
| Abuse, neglect, or exploitation | Aggravated assault |
| Aggravated sexual assault | Aggravated stalking |
| Arson | Assault and robbery |
| Assault upon law enforcement | Cruelty to children |
| Domestic assault | Extortion |
| Embezzlement | Hate motivated crime |
| Kidnapping | Lewd and lascivious conduct |
| Manslaughter | Murder |
| Recklessly endangering another | Sexual assault |
| Simple assault | Stalking |

Adult Abuse Registry & Child Abuse Registry

Individuals must not have a substantiated finding of abuse, neglect, or exploitation of a child or vulnerable adult.

Department of Motor Vehicle (DMV)

If a DMV check reveals any violation, Brokers must request a variance from DVHA for approval. Non-restricted convictions or motor vehicle violations such as a speeding ticket may be allowed depending upon the situation.

Other variances of this policy may be granted only under exceptional circumstances, and only with the DVHA's specific authorization for the variance.

Office of Inspector General (OIG)

This list carries the names of individuals who have been convicted of illegal activity regarding Medicaid fraud or abuse. The search function for this list can be found at both <http://exclusions.oig.hhs.gov/> and <https://www.epls.gov/epls/search.do?reset=true>.

Documentation Requirements

Brokers are required to keep records for 7 years. All records must be available at any time for review by Federal or State authorized staff. Brokers must provide records for review within 30 days of the request. This requirement also applies to all subcontracted drivers.

General Requirements

All trip manifests must include:

- Full date
- Driver's full name/signature
- Miles travelled (odometer readings)
- Client's full name
- Pick-up and drop-off locations
- Pick-up and drop-off times (actual)
- The time the driver starts and stops billing

Each trip must be documented (listed) individually on the driver's manifest. Beneficiary notices and all prior authorizations including supporting documentation must be kept on file.

Taxis & Other Subcontractors

Brokers must maintain a list of:

- Taxi companies utilized.
- Taxi company drivers who provide NEMT.
- Subcontracted companies utilized.
- Names of subcontracted drivers who provide NEMT.

In addition:

- All subcontracted or taxi invoices must include the name and signature of the driver.
- All subcontracted van manifests must meet the specifications listed in General Requirements.

Waiver of Liability

- A signed Waiver of Liability must be on file before Hardship Mileage reimbursement can be paid.

Background Checks

- Brokers must maintain records of all background checks.

NEMT Eligibility

Beneficiary Eligibility

Beneficiaries must be enrolled in one of the following programs to be eligible for NEMT:

- Traditional, fee-for-service Medicaid
- Primary Care Plus (PC Plus) managed care Medicaid
- Dr. Dynasaur

Beneficiaries in the following programs are not eligible for NEMT:

- VHAP-Limited
- VHAP PC Plus
- Pharmacy programs
- Catamount Health
- Employer-Sponsored Insurance (ESI)
- Healthy Vermonter's Program (HVP)

Confirming eligibility

Brokers are responsible for verifying a beneficiary's eligibility before each ride. Eligibility is verified using any of the following resources:

- HPES Voice Response System: 1-800-925-1706.
- Transaction Services at www.vtmedicaid.com/Interactive/login2.html
- Provider Electronic Solutions (PES) software, free and available at www.vtmedicaid.com/Downloads/software.html

No Other Transportation Available

Medicaid will provide transportation for eligible beneficiaries only when they have no other means available. Medicaid will not pay for transportation if the beneficiary could have been transported for free or if the transportation was otherwise unnecessary. It must be proven by the beneficiary that no other transportation options exist. All transportation that is present within a Medicaid-defined household is considered available transportation. All reasonable efforts to access other means of transportation – roommates, friends, extended family options - must be exercised.

If a beneficiary or beneficiary's family owns a vehicle but the vehicle is unavailable, the beneficiary may be eligible for a ride. A vehicle is considered unavailable if one of the following criteria exists:

- The vehicle is not registered.
- There is no licensed driver in household.
- The vehicle is not insured (documentation must be provided).
- There is no one in the household capable of driving the vehicle (documentation must be provided).
- The vehicle is being used for work purposes.
 - The appointment cannot be scheduled around the wage earner's working hours, (note from employer needed) or
 - The wage earner works at such a distance that they are not able to be dropped off and picked up at work so that the vehicle may be used for the transport to a medical appointment.

If the beneficiary/family owns a vehicle that is unavailable according to any of the above criteria, they must complete and sign a Medicaid Car Exception Request form declaring the vehicle unavailable. This form will be reviewed by DVHA for an approval or denial. The form must be kept on file and maintained by the Broker, and must be updated by the beneficiary on a monthly basis.

Proof of inoperable vehicle

Beneficiaries must provide proof if a registered vehicle in the household is inoperable. A Medicaid Car Exception Request Form must be completed and signed by the beneficiary. A signed statement from a certified mechanic on company letterhead outlining the issue(s) with the vehicle and stating why it is inoperable must accompany the request.

If the issue can be easily addressed, the transportation may be denied, or a short timeline will be offered for the beneficiary to get the vehicle repaired. For vehicles with more serious issues, an extended timeframe may be allowed.

DVHA's Care Coordination staff can also submit documentation of an inoperable vehicle. VCCI staff must fill out the Medicaid Car Exception Request Form and submit it to DVHA for consideration. If accepted, the form will be forwarded to the Broker for their files.

No license and/or insurance

If a beneficiary has a working, registered vehicle in the household but cannot drive due to 1) not having an active license or 2) no insurance on the vehicle, then the ride should be scheduled.

Proof of the license suspension can be obtained from DMV records, but the proof of a lack of insurance must be provided by the beneficiary.

For both lack of insurance and/or license suspensions, DVHA may set a period in which the beneficiary must make payments to their insurance company or to DMV to regain a suspended license. If insurance coverage and/or license reinstatement is not established in that period, additional rides may be denied. The beneficiary must provide proof of payments and current status.

No public transit or free transports available

Medicaid transportation may not be used whenever free transportation is available.

Examples of such programs are:

- Free public transportation.
- Federally Qualified Health Centers that offer free transportation.
- Volunteer programs.
- Long-term Care providers supplying patient transportation (unless the patient receives Level III or IV residential care).
- Substance abuse treatment programs that supply transportation to their participants.
- Churches that provide transportation to members.
- Hospital social service departments with access to programs that provide free transportation.
- Organizations that provide transportation to the general public for free.
- Rides that can be provided by the Broker using programs funded by sources other than Medicaid.

Transport to a Medical Appointment or Service

Medicaid transports eligible beneficiaries to and from necessary medical appointments/medical services, as long as:

- The medical appointment/service is with or provided by a health care provider enrolled in the Vermont Medicaid Program.
- The medical service is recognized by the Vermont Medicaid Program as a covered medical service.
- The appointment/service can be verified by the Broker.
- Individual pharmacy trips may not be covered if the designated pharmacy has either a mail or home delivery program. In this situation, the Broker will act upon the direction of the DVHA. The Broker may need to find out from the beneficiary the name of the prescribed medication to determine the validity of the trip.

Enrolled Provider

The medical service must be provided by a health care provider enrolled in the Vermont Medicaid program, and that service must be billable to Vermont Medicaid. The Medicaid Provider list is maintained and posted online at <http://www.vtmedicaid.com/index.html> . Generally, if the examination or treatment is covered by and billable to Medicaid, and all other necessary conditions have been met, such as referral from the Primary Care Provider (PCP) or psychiatrist, then Medicaid covers NEMT.

The following health care provider types are recognized by the Vermont Medicaid Program:

- Chiropractors
- Dentists
- Ophthalmologists
- Optometrists
- Physicians
- Podiatrists
- Licensed Master's and Doctorate-level Psychologists and Social Workers
- Certified Nurse Midwives
- Lay Midwives
- Physical Therapists
- Occupational Therapists
- Speech Language Pathologists
- Orthodontists
- Oral Surgeons
- Licensed Marriage and Family Therapists
- Naturopaths

Available Provider

Medicaid transports eligible beneficiaries to the health care provider/medical service generally available to and used by other members of the community in which the beneficiary is located.

A beneficiary's freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a beneficiary's personal choice of provider.

If a beneficiary has lost access to a closer provider due to inappropriate actions or behaviors, DVHA shall not be held responsible for transporting the beneficiary to a more distant location.

NEMT Program Administration

Least Costly Mode of Transport

Beneficiaries are eligible only for the least costly, medically appropriate means of transport.

Brokers are required to utilize the least costly available mode of transport based on Medicaid rules. Each decision must be documented.

The following modes/manners of transportation are commonly used:

- Free fixed-route public transportation.
- Fixed and deviated route bus token or voucher.
- Volunteer driver trip (may have multiple riders).
- Taxi (may have multiple riders).
- Demand response public transport vehicle.
- Personal Choice Driver (only available as an option upon prior approval from DVHA).

Ride Coordination

When scheduling rides Brokers should coordinate all requests and ensure the least costly mode is being used for the most efficient utilization of services. As an example, if a beneficiary can be added to an existing or planned route if they adjust their appointment time, the expectation is for them to contact their doctor's office and reschedule.

If necessary, a broker may deliver the beneficiary to the facility up to an hour before the scheduled time of the appointment. The broker may also request that the beneficiary wait up to an hour after the appointment has ended for pick up.

Medical Necessity

Medical necessity for transport other than the least costly, best available mode requires documentation from a physician. The physician must complete and sign a Physician Referral Form and attach a note documenting the beneficiary's diagnosis which supports the specific (more expensive) mode of transportation being requested.

In order for an exception to be granted the beneficiary must not be utilizing other types of transportation. Example: a beneficiary diagnosed with Agoraphobia will not receive approval for a taxi transport to see their doctor if they take the bus on other occasions.

The documentation will be reviewed by DVHA's Medical Director before approval. If the beneficiary refuses to use the transportation authorized by Medicaid, it is their responsibility to obtain and pay for the higher-cost transportation. Medicaid is not required to incur exceptional costs to transport the beneficiary.

Public transportation

Beneficiaries who live within a quarter-mile of a bus route are required to utilize that mode of transportation, unless they can obtain documentation from their physician confirming they cannot walk that distance. Those who live within this walking distance must schedule their appointments to coincide with bus schedules.

Advance Notice Guidelines

If a Broker receives a transportation request with fewer than two business days notice, the Broker may accommodate the request only if the trip can be delivered by a volunteer driver or public fare ride. The Broker may not utilize a more expensive mode of transport to accommodate trips requested with fewer than two business days notice. Brokers may ask beneficiaries to reschedule their appointments in order to assure transport is provided with the least expensive mode.

Out-of-Area Transports

Requests for transports more than 30 miles one way require a prior approval from DVHA. If the closest medical office or facility is further than 30 miles from the beneficiary's home, then Brokers may transport to the closest facility available. Reasonable flexibility is allowed for Broker discretion regarding the 30-mile limit.

The beneficiary's primary care physician (PCP) or treating physician must complete a Physician Referral Form for out-of-area transports. This form must be submitted for review by DVHA's Medical Director for preapproval for any exceptions to the distance limitation. Requests should be submitted to DVHA at least two weeks prior to the medical appointment whenever possible. DVHA will review the submitted information and decide whether to grant or deny the request, including any associated overnight lodging.

A beneficiary's freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a beneficiary's personal choice of provider.

Prescriptions & durable medical equipment

For goods, transportation is limited to the nearest available pharmacy or durable medical equipment provider (if delivery or mailing is not an option). If a more distant pharmacy or DME supplier is requested, the medical necessity for that choice must be outlined by the referring provider for DVHA determination.

Brokers reserve the right to request the beneficiary prove that mailing or delivery of a prescription or DME is not an option.

Inappropriate actions or behavior

If a beneficiary has lost access to a closer provider due to inappropriate actions or behaviors, DVHA shall not be held responsible for transporting the beneficiary to a more distant location.

Beneficiary moves

If a beneficiary moves and must travel beyond the 30-mile limit for medical care, Brokers may transport to the beneficiary's (current) doctor up to 60 days from the date of the first request.

Beneficiaries must be sent a notice advising them of this time period and that they are required to enroll with a doctor within the 30-mile limit or closest to the new residence in order to receive transportation after the 60-day limit.

Any exceptions to this rule must be preapproved by the DVHA's Medical Director.

Out-of-state Facility Transports

A Physician Referral form must be submitted for review by DVHA for preapproval for all trips to out of state facilities for both elective outpatient office visits and inpatient hospital stays. Requests should be submitted to DVHA at least two weeks prior to the medical appointment whenever possible.

DVHA will review the submitted information and decide whether to grant or deny the request, including any associated overnight lodging and/or meal reimbursement. If Medicaid is the primary insurance for a beneficiary, all in-patient services will need to have a prior authorization from DVHA's Clinical Unit in place before any associated transportation requests will be approved.

Lodging

If it appears that overnight lodging would be less expensive than mileage costs for multiple trips, Brokers may arrange the lodging upon approval from DVHA.

When beneficiaries have been authorized to stay overnight, Brokers must arrange for the least expensive, most appropriate lodging available. If a beneficiary declines Broker-arranged lodging, the beneficiary will be responsible for the entire cost.

- Brokers will arrange for and pay lodging expenses directly to the lodging facility.
- If this is not possible, arrangements should be made to have the bill sent directly to the Broker.
- Except in prior-approved instances, DVHA will only reimburse Brokers for lodging expenses which are at or below the current maximum lodging rate as set by DVHA.
- If the beneficiary must pay out-of-pocket for the lodging, the Broker will reimburse the beneficiary up to the current maximum rate upon the submission of approved trip receipts.
- Brokers must have a credit card with a sufficient credit limit to accommodate paying for out-of-state and in-state/out-of-area travel (i.e., airline tickets, rental cars) and lodging.
- If Brokers learn of any unruly, dangerous, or illegal behavior occurring during an approved overnight lodging, such information should be relayed to DVHA immediately.
- Lodging for additional non-authorized individuals will not be reimbursed.

On Time Pick Up Window

Beneficiaries must be ready to board their ride within five minutes of the ride's arrival. To maximize opportunities for ride coordination, Brokers will be allowed to request that beneficiaries be picked up as early as one hour before their scheduled appointment time. Brokers may also request that beneficiaries wait up to one hour past the scheduled completion time of their appointment for pick up.

Verifying Medical Appointments

At the Broker's option, the Broker may contact the provider to verify that a medical appointment is scheduled. If the appointment cannot be verified, the ride will not be scheduled.

Fraud, Waste, and Abuse

A beneficiary who schedules a ride without a corresponding medical appointment may be referred to DVHA's Program Integrity Unit.

Pick-up & Drop-off Points

Trips should originate at the beneficiary's residence. Beneficiaries will be returned to their residence or a drop off point at a shorter distance than their residence, but only at the beneficiary's request and with approval from DVHA. Special circumstances may also require DVHA approval.

After-Hours Transportation

Unscheduled transportation outside of normal business hours is limited to transports from a hospital to facilitate discharge. Brokers must develop and maintain mechanisms to accommodate these situations.

The transport is covered by Medicaid if:

1. The Broker verifies the beneficiary's Medicaid eligibility, and
2. The Broker confirms the beneficiary is being discharged from the health care facility.

At no time is a Broker expected to provide a volunteer or employee to transport a beneficiary in an emergency situation to a health care facility, taking the place of an ambulance. Additionally, NEMT services should not be used to transport beneficiaries to the emergency department for routine medical care. If a true emergency exists, beneficiaries should be directed to call 9-1-1.

NEMT Process

These steps must be followed for all NEMT requests for transport within 30 miles:

1. Verify a beneficiary's Medicaid eligibility.
2. Verify that transportation is not otherwise available to the beneficiary/family.
3. Verify the trip is to a medical service/appointment.
4. Verify the service/ appointment is provided by a health care practitioner who is enrolled as a Medicaid provider.
5. Verify this provider is the closest to provide the service.
6. Determine the most appropriate mode of transportation given the beneficiary's medical needs.
7. Schedule and provide the transport.

See "Distance Limitations" instructions regarding appointments that are not local.

Information Required for Transport

The Broker must record the following information for all trip requests:

- Date and time of the request.
- Beneficiary name, address, and Medicaid number.
- Beneficiary status as a Medicaid beneficiary.
- Name of the health care provider.
- Address at which medical appointment/service is located.
- Date and time of the medical appointment/service.
- Whether or not the request is granted/denied.
- Whether or not the transport actually occurred.

Any unusual situations that may have occurred during the transport (driver was late, beneficiary was late, road detours or delays, accident occurred during transport, beneficiary was not at home/medical facility to be picked up at appointed time, etc) should also be documented.

Volunteer Drivers

In order to receive reimbursement, Volunteer Drivers must meet the following criteria:

1. The transport is arranged by the Broker.
2. Volunteer meets all current background check requirements.
3. Volunteer provides their own vehicle.
4. The volunteer driver cannot reside in the same physical household as the Medicaid beneficiary, or
5. If they reside in the same physical household they cannot be related to the Medicaid beneficiary. Responsible relatives include:
 - Spouse/civil union partner
 - Unmarried parents with a child in common
 - Parents of minor children
 - Siblings
6. Volunteer will not be reimbursed for driving a vehicle owned by the beneficiary or a member of the beneficiary's family; however, these cases may be eligible for reimbursement under the Hardship Mileage Program.
7. Foster parents may be volunteer drivers if the child is in the custody of the Department for Children and Families (DCF).
8. Court-appointed (non-parent) legal guardians for children under 18 years old are considered Volunteer Drivers.
9. Court-appointed legal guardians for adults 18 and older are considered Volunteer Drivers.

Reimbursement

Brokers may set up any reimbursement methodology as long as it complies with tax and employment laws.

Hardship Mileage

The Hardship Mileage Reimbursement Program is for Medicaid beneficiaries who:

- Have a vehicle, and
- Are transported over 50 miles per week (Sunday to Saturday), or
- Travel over 215 miles per calendar month for medically necessary appointments or services.

Hardship mileage reimbursement is \$.18 (eighteen cents) per mile. All local travel must be prior authorized through the Broker. All out-of-area or out-of-state must be prior authorized through DVHA. Beneficiaries will not be reimbursed for trips that do not meet all NEMT eligibility guidelines.

The following individuals may be eligible to receive Hardship Mileage:

- Natural or adoptive parent of a child less than 18 years of age.

- An individual living in the Medicaid household providing transportation to a beneficiary using a vehicle owned/provided by the Medicaid household.
- Beneficiaries using their own vehicle for trips totaling more than 50 miles per week or more than 215 miles per month (ie: dialysis, adult day, drug treatment, etc.).

To obtain reimbursement for hardship mileage, beneficiaries must complete and submit a Trip Manifest to the Broker containing the following information:

- Starting point of the ride.
- Time and place of each medical appointment.
- Name of the medical provider.
- Actual miles traveled.

Before Hardship Mileage is paid Brokers must verify the submitted mileage is correct using Google Maps and confirm the beneficiary saw the doctor or picked up a prescription.

Economic Necessity

DVHA reserves the right to review all hardship requests to determine true economic necessity. Medicaid eligibility income guidelines will be used as a benchmark for all out of state transports, specifically the 300% FPL income level as a limit for assistance.

Waiver of Liability

When Medicaid, Reach-Up beneficiaries or Ladies First program participants voluntarily choose to drive their own vehicle and request Hardship Mileage Reimbursement, Brokers must obtain a signed Waiver of Liability from the beneficiary and driver.

The Waiver:

- Notifies the beneficiary and/or driver it is their responsibility to assure that the vehicle is properly registered and inspected.
- Verifies that the driver has a current driver's license.
- Notifies the driver that the vehicle must be operated in compliance with all motor vehicle laws.
- Explains that the beneficiary and/or driver assumes full responsibility for all liability and all risk of injury or loss and waives/releases any claims which the beneficiary or the driver may have against the Broker or DVHA.

A Waiver of Liability must be on file with the Broker before any Hardship mileage reimbursement can be paid.

Allowing Other Passengers

In order for individuals to accompany a Medicaid beneficiary on a ride, medical necessity for the need of that additional rider must be proven. Specific examples may include:

- An adult accompanying a minor child.
- A companion accompanying a disabled person.
- A parent visiting a sick minor child in a hospital.

Beneficiaries requesting others to assist or accompany them on a transport must receive prior approval from DVHA. A letter from the referring physician proving medical necessity must be faxed with the completed and signed Physician Referral form for review by DVHA. Brokers will be notified of the decision.

Bus Voucher Program

In Chittenden County, eligible Medicaid beneficiaries who live on an existing bus route will be required to access that available public transportation. Beneficiaries will be provided the opportunity to obtain a 10-ride bus voucher from the local program administrator. Once the beneficiary has the voucher, they will not be issued a new one unless the following process is followed:

1. Beneficiary has appointment with qualified provider.
2. Beneficiary calls program administrator to register appointment.
3. Program administrator logs [and randomly verifies] appointment.
4. Repeat steps 1-3 until beneficiary reaches last two rides on voucher.
5. Administrator sends new voucher to beneficiary.

Beneficiary Communication

No-Show Procedures

At the first recorded no-show by a beneficiary, the Broker will send out the “No-Show Warning Notice”. After the third no-show, the Broker must send a “No-Show Call Ahead Notice” to the beneficiary that advises that they will now be required to call the Broker to set up rides and also to confirm those rides before they take place.

A beneficiary with three no-shows will still be required to call in advance to set up their ride and they must call to confirm the ride either the afternoon before they are scheduled (if appointment is before 11 am), or the morning of the appointment (if it is scheduled for after 11 am). If the beneficiary does not call in, the driver will not be sent for the pick up, and the ride shall not take place.

Good cause for missing rides may be taken into consideration when addressing specific no-show incidents. Late or last-minute appointment cancellations by providers shall not be counted as no-shows for beneficiaries.

If there are no no-shows in the next six months, the beneficiary may be allowed to revert to the normal process. A Ride Process Notice must be sent to the beneficiary. Any subsequent no-show, however, will result in the beneficiary again being forced to comply with the new call in guidelines.

If a Reach Up beneficiary is a “no show,” copies of all notification letters will be sent to the beneficiary’s Reach Up Case Manager at the local DCF office.

No-shows shall count for the entire immediate family (all members living in the same Medicaid household). For example, a no-show by a child shall count as one no-show for all members of that household, whereas a no-show by a non-related roommate shall not count against others in the home. All questions concerning the composition of the “Medicaid household” should be directed to DVHA.

NOTE: If a Broker does not send the appropriate notices, the beneficiary’s no-shows cannot be counted against them until a notice has been sent.

Denial of Transportation

When a request for transportation is denied, a Medicaid beneficiary must be sent a written notice explaining the reason for the denial and informing the beneficiary of the right to appeal. Brokers must use the most recent version of Notice of Decision for Medicaid Transportation (220MT).

Brokers will complete the notice and check the appropriate reason for denial. If the reason is not stated on the form, check “Other” and fill in the blank. All reasons must coincide with Medicaid policy. If in doubt, the Broker should contact DVHA for guidance. All denials must be mailed to the beneficiary’s home address within 24 hours of the action.

One copy of this notice shall be sent to the beneficiary, and the other shall be kept on file with the Broker.

Unruly, Dangerous or Illegal Behavior

Brokers must assure transportation to and from necessary medical services is available for eligible beneficiaries. Brokers may not deny transportation services because the beneficiary is “unpleasant” (i.e., disagreeable or generally obnoxious). In cases where beneficiary behavior is obnoxious or offensive but not dangerous or illegal, the Broker should inform the beneficiary in writing that the behavior is unacceptable and may jeopardize future transports.

Brokers, under direction from DVHA, also have the option to “lock-in” a beneficiary to one specific volunteer driver due to repeated instances of offensive or inappropriate behavior. If the beneficiary chooses not to ride with that driver, then transportation will not be provided.

A beneficiary should be reported to the police if their behavior is dangerous or threatening to Broker employees or the public, or if the Broker believes the beneficiary is engaging in behavior that is against the law, such as using illegal drugs (for example, smoking marijuana while being transported). These actions should also be reported to DVHA.

After making a report, the Broker must notify the beneficiary in writing that the threats, physical abuse, or dangerous or illegal behavior has been reported to the appropriate authorities and that these actions may affect the beneficiary’s ability to obtain further rides.

In cases where a beneficiary has a history of poor behavior and as a result no carrier is willing to provide a transport, the beneficiary must receive a Notice of Decision for Medicaid Transportation advising them “No carrier or driver willing to transport.” Please advise DVHA about these cases as soon as possible.

Beneficiary Appeals

A beneficiary may appeal any denial of a request for transportation. The Notice of Decision for Medicaid Transportation includes information regarding the appeal process. Beneficiaries may request a hearing by calling Member Services at 1-800-250-8427 within 90 days of the date of the denial. DVHA may contact the Broker if more information is needed regarding the issue.

Regular NEMT rules regarding transportation eligibility apply to any beneficiary who may require transportation to and from a NEMT-related fair hearing. Any questions should be referred to Member Services at 1-800-250-8427.

Covered & Non-covered Medical Services

Beneficiaries are only eligible for transportation services to medical appointments or services that are covered by Medicaid. Situations may arise, however, where Medicaid will pay for transportation to a service that is not normally covered under current Medicaid guidelines. The Broker must contact DVHA to discuss these situations and to receive approval to transport.

Examples of NEMT eligible services

- Care Coordination visits – meetings with DVHA’s Care Coordinators (nurse or social worker) at their office location.
- Childbirth Education Classes – if not a Lamaze class, prior authorization is required from DVHA.
- Contraceptives – Medicaid will transport to pick up contraceptives if the pharmacy does not offer mail or delivery services.
- Fair Hearings – Medicaid covers beneficiary transport to and from fair hearings.
- Healthy Living Workshops – sponsored by the Blueprint For Health.
- Hearing Aids – Medicaid will cover transportation for beneficiaries to have their hearing tested or to have hearing aids repaired.
- Sex Offenders’ Group Therapy – if a licensed psychiatrist or psychologist leads or directly supervises the group.
- Well Child Clinics – only if no other means of transportation is available.
- WIC Clinics – restricted to trips where the beneficiary will receive a medical service or evaluation.

Examples of Non-Eligible NEMT Services

- Trips to fill out paperwork or pick up benefits.
- Transportation to any activity, program or service that is not funded by or billed to Vermont Medicaid or is not directly provided by an enrolled health care provider.
- Services required by a child's Individualized Educational Plan (IEP).
- Self-directed activities.
- Smoking cessation workshops and programs, including hypnosis.
 - Rides will be covered if the Medicaid beneficiary is pregnant, and if the program is covered by Medicaid.
 - Cessation classes offered through the Blueprint for Health will be covered.
- A pharmacy for non-medical items.
- Horse-riding therapy.
- Experimental treatments where a control-group is used or clinical trials.
- Visiting sick friends or relatives.
- DCF District Offices to report changes or for reviews.
- Alcoholics Anonymous or other 12-step meetings.
- Vermont Association for the Blind meetings.
- Local Food Shelves.
- WIC program visits to obtain benefits (not medical services).
- Meetings with school counselors.
- Daycare facilities (children).
- Summer Camps/Schools.
- School tutoring/After school programs.
- Gyms/exercise facilities.
- Public or private pools for swimming.
- Homeless shelters.
- Civic organizations (American Legion, Lions, Elks, etc).
- Parenting classes (with the exception of child birth classes).
- Grocery/department stores (without pharmacies).
- Trip to a healthcare provider's office solely to obtain medical records.
- Anger Management classes.
- Support Groups – battered women, cancer, Alcoholics Anonymous, etc.
- University of Vermont (UVM) Substance Abuse Treatment Center in Burlington.
- When the service would normally be covered by Medicaid but is free (such as flu shots).
- When beneficiaries have exceeded the dollar-cap for a covered service but have agreed to pay for additional medical/dental care themselves.

Child Transports

Brokers will not approve a request for transportation by a biological or adoptive parent who has an appropriate vehicle unless those transports qualify for hardship mileage reimbursement. A Broker may request that an adult accompany a minor for the transport to be provided if the Broker is uncomfortable providing transportation to a minor who is being transported alone.

Foster parents and court-appointed (non-parent) legal guardians for children under 18 years old are considered Volunteer Drivers and will be reimbursed as such.

Trips not covered by Medicaid

The following trips are not covered by Medicaid. Foster parents must request reimbursement for these trips from their foster child's caseworker:

- Transportation to and from a hospital for visits with an in-patient foster child.
- Transportation to and from a special training for a medical condition to help support the care of the foster child.
- Transportation to and from any facility to support the foster child's family reunification plan.

Court-Ordered Services

Transportation may be authorized if a beneficiary is mandated by a court to attend a service such as counseling or other form of therapy:

- If it is a Medicaid-covered service.
 - If the trip is over 30 miles and is offered by an ADAP provider; however, if the trip is over 30 miles and is not offered by an ADAP provider, the Broker must obtain approval from DVHA.

Adult Day Services

Beneficiaries receiving adult day services through the Department of Disabilities, Aging and Independent Living's (DAIL) Choices for Care Program, Highest and High Needs groups, are eligible for NEMT to/from the adult day center as long as all other Medicaid Transportation requirements are met.

Brokers must obtain a signed copy of the DAIL Choices for Care Waiver Service Plan. The plan will indicate the approved Adult Day Service provider and the number of hours for a two week period.

Day Health Rehabilitation Services (DHRS)

Beneficiaries receiving Day Health Rehabilitation Services (DHRS) are eligible for Medicaid transportation as long as all other Medicaid Transportation requirements are met.

Brokers must obtain a copy of the Vermont Day Health Rehabilitation Services Prior Authorization Form from the requesting provider. The prior authorization will indicate the approved number of hours per week and the period of eligibility during which the Medicaid beneficiary may attend.

Note: There may be occasions when an Adult Day or Day Health Rehabilitation provider refers a person whose is pending health care eligibility. If the provider requests transports for this person prior to Medicaid being granted, Brokers should request a written guarantee of payment from either the provider or the beneficiary in the event Medicaid is denied. Upon receipt of the payment confirmation Brokers may begin providing transport but must hold all billing until Medicaid eligibility has been determined.

Residential Care and Nursing Facilities

Medicaid covers trips to and from medically necessary services for Residential Care Home residents, but only after the resident has already received two round trips in any given month. Residential Care Facilities must submit documentation that they have met their transportation obligations.

Skilled nursing facilities are required to transport or pay for transporting residents with Medicaid for all medical services except for admission, discharge, and/or dialysis treatments.

Substance Abuse Trips

Transportation to regular alcohol or drug counseling is a covered service for eligible beneficiaries if the provider is an authorized Medicaid provider. This automatically includes all ADAP providers.

Suboxone Providers and Methadone Treatment Centers

Beneficiaries will be transported to the provider or facility closest to the beneficiary's residence that has accepted the beneficiary as a recipient for treatment services.

In order for a beneficiary to receive transportation to a provider or facility that is not the closest to their residence, the beneficiary must provide documentation from the closest provider or facility confirming that no treatment slots are available and that the beneficiary has been placed on a waiting list. This information must be updated on a monthly basis.

Ladies First Transports

The Broker will arrange NEMT for participants in the Ladies First breast and cervical cancer and cardiovascular risk factor screening program.

A notice will be sent to eligible applicants by Ladies First. The notice will contain the name and address of the participating provider's office and mammography facility. The notice will also contain contact information for the beneficiary's transportation Broker, along with the specific transportation rules and guidelines.

Ladies First will also send the beneficiary a membership card with a serial number. A list of the card serial numbers issued in the Broker's service area will be mailed to the Broker so they may verify a beneficiary's participation in the Ladies First program.

Transportation Benefits

Participants in the program are eligible to receive one to two round trips to a participating provider's office, and a trip to a mammography facility. Trips for follow-up appointments are also covered.

Payment is made for the least expensive mode of transportation that suits the needs of the participant. The participant's freedom of access to health care does not require Ladies First to cover transportation at unusual or exceptional cost in order to meet the participant's personal choice of provider.

Ladies First participants who believe their requests for transportation have been improperly denied may request to meet with Ladies First program staff to resolve the issue.

Process

When a Ladies First beneficiary contacts the Broker for a ride, Brokers will:

1. Verify eligibility via Ladies First membership card (with serial number).
2. Identify appropriate mode of transportation.
3. Arrange for transport.
4. Provide transport.
5. Submit a bill for services with a zero balance in a timely manner with accompanying CPT codes (outlined in the current Ladies First fee schedule found at the website: www.LadiesFirstProviders.vermont.gov/how-you-make-it-happen#Billing)
6. Ladies First staff will manually suspend, override, and pay the claim.
7. Agrees to accept payment of allowable costs as payment in full and not bill the patient.
8. Submit a (08/05) claim form. Send claims to HP Enterprise Services, PO Box 888, Williston, VT 05495-0888.

Billing Codes

For Ladies First transportation services, ONLY the following codes should be utilized:

- A0110 Non-emergency Transportation and bus, intra- or interstate carrier
- A0080 Non-emergency Transportation, per mile – vehicle provided by volunteer
- A0100 Non-emergency Transportation – Taxi
- A0170 Transportation ancillary - parking fees, tolls, other

Manual Claims

Manual claims can be typed or legibly printed. All field locations that are required and the Ladies First fee schedule can be found on the Ladies First website www.LadiesFirstVt.org. The Broker can resubmit bills with corrections by placing a sticker or correction tape over boxes (for paper submissions).

Contact Information

The contact person for questions regarding the Ladies First Program is:

Kerri Frenya, M.S.
Public Health Specialist, Ladies First Program
Vermont Department of Health
108 Cherry Street, P.O. Box 70
Burlington, VT 05402

Email kerri.frenya@state.vt.us;
(802) 863-7332

Disability Determination Trips

The Office of Disability Determination Services (DDS) makes clinical determinations for beneficiaries who have applied for Social Security and SSI Disability or who need to be determined disabled in order to qualify for Medicaid. DDS also reviews the clinical eligibility of beneficiaries who are on these programs. Beneficiaries may need rides to medical examinations that have been scheduled by DDS in order to determine their eligibility.

Broker process

1. DDS will fax or email a “Transportation Authorization” form to the Broker. The request will include:
 - The requesting division.
 - Beneficiary information (name, case number, telephone number, etc.).
 - Ride details (date, time, location of pickup, drop-off, return, etc.).
 - Cost limitations (requires DDS approval prior to arrangement).
 - Other beneficiary needs (car seat, accessibility/mobility issues, accompanying children or adult, etc.).
 - DDS contact information.
2. Identify the least expensive mode of transportation available and then fax the following information to DDS for approval before scheduling the ride:
 - The mode of transportation.
 - Verification of ride details (dates and times of pick ups and drop offs).
 - The cost to be billed to DDS.
3. Provide requested transportation only upon written approval of cost by DDS.
4. Notify DDS if the transportation cannot be arranged.
5. Confirm that the ride, as approved, has been scheduled and provide additional information that the beneficiary will need to identify the ride.
 - The Broker may rely upon DDS to inform the beneficiary and remind them a few days before the appointment.
6. Immediately report client no-shows to DDS.
 - If no-shows occur, the incurred carrier costs will be reimbursed by DDS.
7. Include the beneficiary’s name, case number, date of ride, and pick-up and drop-off locations on the invoices.
8. Submit monthly bills for DDS trips to:

Disability Determination Services
Attn: Financial Specialist
93 Pilgrim Park Road, Suite 6
Waterbury, VT 05676

DDS Contact Info

Questions regarding specific rides may be directed to the DDS Scheduling Unit. Their contact information will be on the “Transportation Authorization” form. Billing inquiries may be directed to either a DDS Provider Relations Specialist or a Financial Specialist. Both can be reached at 802-241-2464.

Individuals with Disabilities

Special efforts will be made to assure that transportation is provided to individuals with disabilities, including wheel chair and semi-ambulatory persons.

Special Services Transportation

Urgent transports may be available for involuntary psychiatric admissions for individuals who are:

- Eligible for Medicaid benefits.
- NOT eligible for Medicaid benefits but do not have the financial means to reimburse the Broker as determined by the Department of Mental Health (DMH).

Broker Process

1. Provide transportation services for beneficiaries identified by DMH or a mental health screener of a designated agency.
2. Pediatric patients will typically be transported to the Brattleboro Retreat. Adult patients will typically be transported to a hospital identified by the DMH as a Designated Hospital.
3. Make transportation services available 24 hours/day, 7 days/week with as much advance notice as possible by DMH or the mental health screener regarding the potential need for a transport.
 - The goal is to have patients en route to the receiving hospital within one hour of the decision to transport the patient.
4. Provide the screener or DMH an estimated time of arrival when called for a potential transport.
 - If a driver cannot respond in a time frame acceptable to the screener or DMH given the patient's circumstances, DMH or the screener may seek an alternative means of transport.
5. Provide the mode of transportation identified as medically appropriate by the mental health professional requesting the transportation.
6. Ensure that Broker Emergency Contact List is up to date so DMH personnel, designated agency screeners, and Designated Hospital mental health professionals may contact Brokers directly in emergency situations.
7. Follow DMH transport protocols and training.
 - All beneficiaries being transported shall be accompanied by at least one adult approved by the DMH.
 - Transportation services shall include the return of the adult to the location where they were picked up.

Cancelled Rides

If a Broker schedules a ride but the transport is cancelled, the Broker will still be paid. DMH should be contacted for billing instructions.

Billing

All rides provided under this program shall be billed to DMH. Reimbursement under this section will be paid at the current Medicaid rate.

Billing questions should be directed to Frank Reed at 802-828-3824.

Process

1. Brokers will submit a standardized bill (e.g., a HCFA 1500) for services in a timely manner to:

DMH
26 Terrace Street
Redstone Building
Attention of Frank Reed
Montpelier, VT 05609

2. The bill will include the same fields of information completed for bills submitted to DVHA and shall contain at a minimum the following information:
 - date of submission
 - billing period
 - Contractor/Broker name and signature
 - address and telephone number
 - contact (program participant names and information)
 - trip mode
 - number of trips
 - date of each trip
 - requesting individual (e.g., name of mental health screener)
 - pickup and delivery destinations
 - amount due to a volunteer driver
 - total per trip
3. An administrative fee equal to that cited under contract Attachment B can be billed to DMH for non-Medicaid transports on an annual basis and shall be submitted as an invoice, not on a standard billing form such as a HCFA 1500.

Reach Up Program

Reach Up is a training and work program primarily for parents receiving grants and support services through the Economic Services Division (ESD). Rides may be provided for transportation to a work activity, education, training, Making it Work, assessments, or other countable activities.

Reach Up process

1. The Reach Up case manager will establish eligibility for transportation by completing a “Transportation Authorization” form.
 - Each trip requires a “Transportation Authorization” form.
 - Services requested may include ESD approved activities for the beneficiary and children.
 - Once eligible, the beneficiary is responsible for contacting the Broker.
2. Brokers will provide an estimate of the cost of the ride to the Reach Up case manager who will then either approve or deny the ride.
3. If the Broker is contacted by a Reach Up beneficiary but does not have a “Transportation Authorization” form, refer them to their Reach Up case manager.
4. Once Brokers receive final approval from the Reach Up case manager and have been contacted by the beneficiary, transportation may be arranged.
5. Beneficiaries should contact the Broker 24 hours prior to the arranged trip to cancel a ride.

Broker process

1. Arrange transportation for Reach Up beneficiaries upon receipt of the “Transportation Authorization” and final authorization from the Reach Up case manager.
2. Notify the case manager if the requested ride cannot be arranged.
3. Report no-shows to the case manager right away.
 - If no-shows occur, carrier costs will be reimbursed.
4. Submit bills monthly. Each bill must include the following:
 - District and case manager’s name
 - Number of riders (including children)
 - Mode of transport
 - Start and end dates
 - Destination of rides
 - Cost per trip (with a cumulative total from the first ride)
 - Number of no-shows
 - Purpose of each ride
5. Provide a summary bill identifying the provider, provider number, claim date and the signature of the preparer of the bill and report.
6. Invoices must be submitted within 60 calendar days of the end of the month of service to:

ESD, Attention of Paul Dragon
A Building, 2nd Floor
103 South Main Street
Waterbury, VT 05671-1201

7. Submit copies of submitted invoices for Reach Up trips to the appropriate ESD District Manager.
8. Copies of denials for transportation should be sent to:

Application and Document Processing Center
Dale Building – Ground Floor
103 South Main Street
Waterbury, VT 05671-1500

Contact Information

Questions about specific rides should go to the Reach Up case manager listed on the “Transportation Authorization” form.

General program questions should be directed to Paul Dragon at 802-241-3981.

Broker/Subcontractor Relations

Brokers are responsible for establishing subcontractor relationships which may assist in adhering to the NEMT program outlined in this contract. Subcontractors must meet all of the requirements set forth in the contract while performing directed NEMT duties. If issues surface between the Broker and a subcontractor that cannot be worked out according to the contract, DVHA staff may serve as initial arbiters to resolve any potential disputes.

Confidentiality & Disclosure of Information

Brokers are required to maintain the confidentiality of all information pertaining to each specific Medicaid beneficiary per the Business Associate agreement found in the current DVHA NEMT contracts.

Report Suspected Fraud, Waste & Abuse

If a Broker, volunteer driver, or subcontractor becomes suspicious of fraud, waste or abuse in relation to transporting Medicaid or Reach-Up beneficiaries, they should submit a Health Care Fraud, Abuse & Team Care Referral Form to the Program Integrity Unit at DVHA. The form can be found at <http://dvha.vermont.gov/for-providers/forms-1>.

Also report suspected fraud, waste, or abuse by subcontractors or any drivers to the Program Integrity Unit using the Health Care Fraud, Abuse & Team Care Referral Form.

Suspected abuse, neglect, or exploitation of minors must be reported to the 24-hour Child Protection Line run by the Department for Children and Families at 1-800-649-5285. The contact for the vulnerable adult population is Adult Protective Services at 1-800-564-1612. Brokers are mandated by state law to report all instances of suspected abuse, neglect, or exploitation.

Incident Reporting

Brokers shall notify DVHA within 24 hours of any incident involving the transport of a beneficiary where the police or an ambulance was called (ie: illicit drug use or car accident, etc.).

News Releases & Publicity

Information pertaining to contract services shall not be released without prior DVHA approval, and then only in accordance with the explicit written instructions from DVHA. This includes, but is not limited to: notices, informational pamphlets, press releases, research, reports, signs, and similar public announcements.

- ➔ No program information shall be released without prior written approval of DVHA and then only to designated entities.

Disputes

Prior to the institution of litigation concerning any dispute arising under the contract, the Secretary of AHS is authorized, subject to any limitations or conditions imposed by regulations, to settle, compromise, pay, or otherwise adjust the dispute by or against or in controversy with, a Broker relating to a contract with DVHA.

This includes any controversy based on an error, misrepresentation, or other cause for contract modification or rescission. This excludes any issue involving penalties or forfeitures prescribed by statute or regulation where an official other than the Secretary of AHS is specifically authorized to settle or determine such controversy. Issues involving claims must be handled according to the Provider Enrollment Agreement.

A "contract dispute" shall mean a circumstance whereby a Broker and DVHA are unable to arrive at a mutual interpretation of the requirements, limitations, or compensation for the performance of a contract. The Secretary of the AHS shall be authorized to resolve contract disputes between the Broker and DVHA upon the submission of a request in writing from either party, which shall provide:

- A description of the problem, including all appropriate citations and references from the contract in question.
- A clear statement by the party requesting the decision of the Secretary's interpretation of the contract.
- A proposed course of action to resolve the dispute. The Secretary shall determine whether:
 - The interpretation provided is appropriate.
 - The proposed solution is feasible.
 - Another solution may be negotiable.

If a dispute or controversy is not resolved by mutual agreement, the Secretary of AHS or his/her designee shall promptly issue a decision in writing after receipt of a request for dispute resolution. A copy of the decision shall be mailed or otherwise furnished to the Broker. If the Secretary does not issue a written decision within 30 calendar days after written request for a final decision, or within a longer period as established by the parties to the contract in writing, then the Broker may proceed as if an adverse decision had been received.

Appeals of the Secretary's decision may be taken to the Washington County Superior Court under the same conditions and under the same practice as appeals are taken from judgments in civil cases. If damages awarded on any contract claim under this section exceed the original amount of the contract, such excess shall be limited to an amount which is equal to the amount of the original contract. No person, firm, or corporation shall be permitted more than one money recovery upon a claim for the enforcement of or for breach of contract with the State.

Appendices A

Forms & Beneficiary Notices

Notice & Form Protocols

All forms are available on DVHA's web site www.dvha.vermont.gov/for-providers. Please download electronic copies of the form templates.

- Load beneficiary notices on Brokerage letterhead.
- Complete Broker info on referral form templates; save master. Print as needed. (No letterhead)

Prior authorization requests

A number of situations require prior approval before the transport can be done. Requests for prior approval should be submitted at least 10 days in advance of the appointment. Prior authorization requests are needed for:

Type of Request	Form needed	Additional Documentation
Out-of-area/out-of-state transports	Physician Referral Form	A letter from doctor providing further information may be necessary.
Additional passengers	Physician Referral Form	A letter from doctor confirming medical necessity.
Inoperable vehicle	Medicaid Car Exception Request Form	<ul style="list-style-type: none">• A letter from a certified mechanic on company letterhead, <i>or</i>• Proof of insurance expiration, <i>or</i>• Note from doctor, <i>or</i>• Note from employer.
Reach Up or Disability Determination Transports	Transportation Authorization Form	Final confirmation from the Reach Up Case Manager or DDS worker.

Submitting prior authorization requests

1. Fax completed form and supporting documentation (if appropriate) to DVHA at 879-5919.
2. Each request will be reviewed and granted or denied the same day whenever possible.
3. DVHA will fax the decision to the Broker.

Beneficiary notices

Beneficiaries are required to receive a notice whenever we are going to restrict, deny, or end their transportation benefits. When completing a beneficiary notice:

1. Mail original to beneficiary.
2. Print a copy for your own records.

Transportation Authorization Form

Name _____ DOB _____ Claim Number _____

Address _____ Phone _____

Purpose _____

FDP Disability Determination Fair hearing

Trip information:

Start date _____

End date _____

Travel from _____ Pick up time _____

Travel to _____ Arrival time _____

Return to _____ Pick up time _____

How often _____

Miles Per Trip _____

Special needs, please describe: Children _____

Guardian _____

Disability _____

Other _____

Transportation Broker

Phone:

Fax:

Mode of Transportation _____ Cost per Trip _____

DCF Staff Contact _____ Date _____

Office or location _____ Phone: _____

Fax: _____

Cost: Approved Denied By _____ Date _____

Physician Referral Form

The Department of Vermont Health Access (DVHA) helps people on Medicaid or Dr. Dynasaur with transportation to get to their medical appointments or pick up prescriptions. Please complete and sign this form in order for us to determine if this trip should be covered by Medicaid. Please mail or fax the form to:

Medicaid Transportation
DVHA
312 Hurricane Lane, Suite 201
Williston, VT 05495

Fax: (802) 879-5919

Client Name: _____

Unique ID: _____ DOB: _____

Appointment Date and Time: _____

Name of Primary Physician: _____

Name of Physician to whom
Client is Being Referred: _____

Address: _____

Phone: _____

Is overnight lodging necessary? Yes No

Medically, how many people should accompany the patient? _____

Transportation Broker:

Address:

Phone:

DVHA Decision: Approved Denied

Authorized by: _____ Date: _____

Please describe the specific service or care requested: _____

Please check “yes” or “no” to all of the following questions:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is this service obtainable in Vermont? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have efforts been made to find a closer provider? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the requested physician possess special expertise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is it medically necessary for this physician to treat this patient? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the patient have a history with this specific provider? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can another physician take over this case if a history does exist? |

If necessary, please add any further information: _____

Print name of Doctor or Doctor’s Staff providing information

Phone

Signature of Doctor or Doctor’s Staff providing information

Date

Hardship Mileage Program

If you or a family member has Medicaid or Dr. Dynasaur the Medicaid program will help you get to doctor appointments or to pick up prescriptions. The Hardship Mileage Program is for people who:

- ➔ Have a car, and
- ➔ Drive to appointments over 50 miles per week (Sunday to Saturday), or
- ➔ Drive over 215 miles per calendar month.

The following people may be paid Hardship Mileage:

- A natural or adoptive parent of a child less than 18 years of age.
- Someone living in your house using your car.

Hardship mileage pays \$.18 per mile. All trips must be arranged with your Transportation Broker ahead of time. Your Broker will need to get approval from the Department of Vermont Health Access (DVHA) for any trip over 30 miles or any trip out-of-state. You will not be paid for trips that do not meet all transportation guidelines.

To be paid Hardship Mileage, you must fill out and send in a Trip Manifest to your Broker.

How it works:

- 1) It is up to you to plan your doctor appointments, etc. so the least amount of trips is needed.
- 2) If the trip is out-of-area or out-of-state, your doctor must complete a Physician Referral Form at least 10 days before the appointment.
- 3) Keep track of the trips you took to see your doctor or to pick up prescriptions on your Trip Manifest.
- 4) Get proof that you saw your doctor or picked up a script.
 - Proof may be a script receipt, the doctor's signature on your Trip Manifest, or a signed note on your doctor's letterhead.
- 5) Send in the Trip Manifest and proof of your trips to your Broker at the end of each month.
 - Make sure sign your Trip Manifest.
- 6) If the trips meet Hardship Mileage rules the Broker will send you a check.

- ➔ Before Hardship Mileage is paid your Broker will make sure the mileage is correct using Google Maps.
- ➔ Trips to the Emergency Room are not covered by Hardship Mileage.
- ➔ DVHA may deny payment of Hardship Mileage based on your family's income.

Medicaid Car Exception Request Form

Name: _____ Medicaid ID: _____

Address: _____ Phone: _____

Reason for the request (please check all that apply):

- Car does not run (note from certified mechanic on business letterhead needed), or
- Car is not registered, or
- Car is not insured (proof when insurance ended needed), or
- No licensed drivers in the home, or
- No one in the home is able drive the car (note from doctor needed), or
- The car is being used to go to work, and
 - the worker can't take time off for the doctor appointment (note from employer needed),
or
 - the job is too far away for the worker to be dropped off and picked up.

Job address: _____

Car #1: Make _____ Model _____ Year _____ Running? _____

Car #2: Make _____ Model _____ Year _____ Running? _____

Signed: _____ Date: _____

Mail or fax form to:

Name of Broker: _____ Broker Fax: _____
Address: _____

DVHA Decision: Approved Expires On: _____ Denied

Authorized by: _____ Date: _____

Waiver of Liability: Personal Choice Driver (Driver)

Transportation **Brokers** help people on Medicaid and Dr. Dynasaur get rides to doctor appointments and to pick up prescriptions. At times the Department of Vermont Health Access (DVHA) may allow clients to choose their own driver and vehicle. If this happens, **Brokers** will pay the driver chosen by **the Client**.

I understand that _____ has chosen me to drive him/her to one or more doctor appointments or to pick up prescriptions.

If I choose to drive the Client named above, I agree to the following:

I am not an employee or agent of **the Broker**. **The Broker** has not chosen me as a driver for this person, nor do they have any control over how I operate the vehicle used to transport **the Client**. I understand that the only responsibility of **the Broker** is to pay me, as the driver, at a rate set by DVHA. I assume full responsibility for all injury or damage which may arise out of my driving **the Client** and I waive any claims against and agree to hold harmless **the Broker** and its employees and directors from any and all claims arising from injury, damage, expense, or loss which may occur in my driving **the Client** to and from medically necessary appointments or to pick up prescriptions. I also understand that it is my sole responsibility to follow all laws governing vehicles and drivers. This waiver is binding on me, my family and my heirs, assigns, executors and administrators.

- ➔ I understand that I may consult an attorney regarding this waiver.
- ➔ By signing below, I agree that I have carefully read this document, or had it read to me, and understand and agree with its terms.
- ➔ I am 18 or older and can sign legal documents, including this Waiver of Liability.

Signature of Driver

Date

Signature of Witness

Date

Waiver of Liability: Personal Choice Driver (Client)

Transportation Brokers help people on Medicaid and Dr. Dynasaur get rides to doctor appointments and to pick up prescriptions. Typically, Brokers set up the rides and provide the drivers. However, I have been allowed by the Department of Vermont Health Access (DVHA) to pick my own driver.

If I have been allowed to have my own driver I understand and agree to the following:

I understand that the only responsibility of **the Broker** is to pay the driver at rates set by DVHA. I waive any and all claims against **the Broker** and its employees and directors arising from injury, damage, expense, or loss which may arise out of my being driven to my doctor appointments or to pick up scripts. I also understand that it is my sole responsibility to make sure my driver follows all laws governing vehicles and drivers. This waiver is binding on me, my family and my heirs, assigns, executors and administrators and applies to all Medicaid rides where I have chosen my own driver.

- ➔ I understand that I may consult an attorney regarding this waiver.
- ➔ By signing below, I agree that I have carefully read this document, or had it read to me, and understand and agree with its terms.
- ➔ I understand this waiver will not apply in the future if I have the Broker provide rides for me.

Signature of Client or parent/legal guardian if minor

Date

Signature of Witness

Date

Waiver of Liability: Hardship Mileage

If you or a family member has Medicaid or Dr. Dynasaur the Medicaid program will help you get to doctor appointments or to pick up prescriptions. The Hardship Mileage Program is for people who:

- ➔ Have a car, and
- ➔ Drive to appointments over 50 miles per week (Sunday to Saturday), or
- ➔ Drive over 215 miles per calendar month.

I, _____ own and drive a vehicle. I can drive myself or _____ to and from doctor appointments or to pick up prescriptions.

If I have been allowed to have my own driver I understand and agree to the following:

I understand that the only responsibility of the **Broker** is to pay me at rates set by DVHA. I waive any and all claims against the **Broker** and its employees and directors arising from injury, damage, expense, or loss which may arise from driving myself or a family member to doctor appointments or to pick up scripts. I also understand that it is my sole responsibility to follow all laws governing vehicles and drivers. This waiver is binding on me, my family and my heirs, assigns, executors and administrators and applies to all Medicaid rides where I have chosen my own driver.

- I understand that I may consult an attorney regarding this waiver.
- By signing below, I agree that I have carefully read this document, or had it read to me, and understand and agree with its terms.
- I understand this waiver will not apply in the future if I have the Broker provide rides for me.

Signature of Client or parent/legal guardian if minor

Date

Signature of Witness

Date

Ride “No-Show” Warning Notice

Dear _____ ,

Transportation Brokers help people on Medicaid and Dr. Dynasaur get rides to doctor appointments, to pick up prescriptions, or go to work or training activities for the Reach Up program. We scheduled a ride for you but you were not there to be picked up by our driver on _____ for an appointment at _____ .

It is important to let us know ahead of time if you need to cancel your ride for some reason.

If you have a good reason for missing the ride it will not count as a no-show. Late or last-minute cancellations by us do not count as no-shows for you.

If you do not show for three rides, without having a good reason, you must:

1. Call to arrange the ride, *AND*
2. Call again the morning of the appointment if it is scheduled for after 11 am, *OR*
3. Call the afternoon before you are scheduled if the appointment is before 11 am.

➔ **If you do not call in before the ride, the driver will not be sent to pick you up.**

In the future, please call us ahead of time to let us know if you do not need a ride. If you have any further questions, please call us at _____ .

Sincerely,

Ride “No-Show” Call Ahead Notice

Dear _____ ,

We scheduled a ride for you but you were not there to be picked up by our driver on _____ for an appointment at _____. It is important to let us know ahead of time if you need to cancel your ride for some reason.

This is the third time you were a “no-show” for your ride. As of _____ you must:

1. Call to arrange the ride, AND
2. Call again the morning of the appointment if it is scheduled for after 11 am, OR
3. Call the afternoon before you are scheduled if appointment is before 11 am.

➔ **If you do not call in before the ride the driver will not be sent to pick you up.**

If you have any questions, please call us at _____ .

Sincerely,

Ride Process Notice

Dear _____ ,

In the past you had to call ahead to confirm your rides as you had three ride “no-shows.” As of you no longer need to call us to do that. You only have to call to arrange for a ride.

Please be aware that if you have any more no-shows, you will be required to call in and confirm your rides ahead of time again.

It is important to let us know ahead of time if you need to cancel your ride for some reason.

If you have any questions, please call us at _____ .

Sincerely,