



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 members enrolled in 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 a Personal Services Contract between the State of Vermont, Department of Vermont Health Access (DVHA) and the Vermont Public Transportation Association (VPTA), which is comprised of a regional network of public transit providers.

This manual is to be primarily used by contracted transportation providers to help determine member eligibility and to ensure the least costly, most appropriate NEMT for those eligible Medicaid members. 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.

VPTA, as the contracted administrator of DVHA’s NEMT program, is responsible for ensuring compliance with the adherence to the guidelines set forth in this NEMT manual with regard to all subcontractors and any designees of those subcontractors.

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 60-mile radius from a member’s home and out-of-state trips.

As the contracted Vermont NEMT administrator, VPTA subcontracts with a network of public transportation providers to ensure statewide access to transportation services for eligible members. VPTA must ensure that these subcontractors screen for eligibility, schedule the least-costly mode of transportation to medical appointments/services, and submit claims to DXC Technology (DXC) for processing.

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

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

Definitions

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

Contractor: Entity that has been contracted by DVHA to administer Vermont's NEMT program.

Cancellation: The withdrawal of a trip request by a member that occurs within the prescribed acceptable period for such action. Twenty-four (24) hour notice of cancellation is encouraged. Consistent failure to cancel rides with at least 2 hours' notice prior to pick up time will result in a no show without reasonable cause.

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

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

DXC: DVHA's fiscal agent, responsible for processing claims for NEMT provided under this contract.

Eligibility: In order to receive NEMT benefits, members must have active Medicaid coverage.

Eligibility Verification System (EVS): An automated system that enrolled providers can access to verify member eligibility prior to providing services. Eligibility can be verified either through the DXC 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 possesses 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. See "On Time Pick Up Window" for further definition.

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

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

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

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

Medicaid-defined Household: All related members of a specific household are responsible for the transportation needs of any other household member. Unmarried members with a child in common fall under this umbrella, as do any in-laws living there as well.

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 member'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 member's health, or prevent deterioration or palliate the member's condition, or prevent a likely onset of a health problem or detect an incipient problem.

Additionally, for those members eligible for Early and Periodic Screening, Diagnosis 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.

For transportation requests that ask for additional riders, "medically necessary" means that an additional person's presence is required both during transport and while at the location of treatment. If the presence of this additional person is not required, then DVHA cannot pay for additional expenses if requested.

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

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

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: Member or subcontractor failure to show for a ride. A member "No-Show" has occurred when the vehicle has arrived within the pickup 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 Week (PMPW) Rate: A contracted, pre-negotiated rate at which VPTA will be paid weekly for each unduplicated member who has received transportation services in the past 395 days from one of VPTA's providers. These weekly payments are based on a formula which takes in to

account the number of unduplicated riders served in a set time period. Attachment B of the VPTA NEMT contract further defines this payment methodology.

Pick Up Point: The pickup point for all rides should be at the member's home address as reported and displayed within Vermont Medicaid's ACCESS and MMIS systems. Special requests for pick up or drop off deviations that are more distant than the home address will require prior approval by VPTA.

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

Qualified Health Plan: A certified health plan you can buy through Vermont Health Connect. These plans do not have a transportation benefit, however.

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 federal law. See Background Check section below for more detailed information.

Rider: Passenger in a mode of transport.

Service Animal: Per ADA rule, a service animal is an animal 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.

Trip: A trip is defined as any distance travelled with a clear origin and ending destination. For example, a member getting picked up at home and brought to a doctor's office for an appointment counts as one trip. Getting picked up and returned home after the appointment counts as one trip. Please refer to the documentation section below for further billing/claims information.

Unavailable Vehicle: see "No Other Transportation Available" section (page 18).

Volunteer Driver: A driver provided through one of VPTA's providers who does not reside in the same physical household as the Medicaid member and who provides the vehicle for transport; or a driver provided through one of VPTA's providers who resides in the same physical household as the

Medicaid member, is not related to the Medicaid member, and provides the vehicle for transport. All volunteers must go through a background check process, administered by the VPTA.

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
DMF-SSA	Death Master File (DMF) from the Social Security Administration (SSA)
DOB	Date of Birth
DOS	Date of Service
DMH	Department of Mental Health
DMV	Department of Motor Vehicles
DVHA	Department of Vermont Health Access
DXC	DXC Technology
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ESD	Economic Services Division
GMC	Green Mountain Care
HAEU	Health Access Eligibility Unit
HIPAA	Health Information Portability and Accountability Act of 1996
LEIE	List of Excluded Individuals/Entities
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
PMPW	Per Member Per Week
RUFA	Reach Up Financial Assistance
SAM	System for Award Management
VCCI	Vermont Chronic Care Initiative
VCIC	Vermont Criminal Information Center
VDH	Vermont Department of Health
VPTA	Vermont Public Transportation Association
WIC	Women, Infants and Children

Per Member, Per Week Reimbursement

DVHA will pay VPTA on a Per Member, Per Week (PMPW) basis to administer the program that delivers transportation services to eligible members. VPTA will be paid in accordance with Attachment B of their contract with the State.

For claims that exceed the payment threshold of \$1,000, VPTA will be required to submit a payment exception request to DVHA. These claims should not be submitted directly to DXC, as they will either automatically deny or pay zero. Each request should include the CMS1500 form, the attached expense report, an approved copy of the physician referral form, and the associated receipts. DVHA will review the request and forward to DVHA senior management for payment approval. The request will then be sent to DXC for processing. DVHA will contact VPTA and attempt to resolve any incomplete documentation issues if needed.

Performance Standards

Failure to meet any of the performance standards listed below shall result in financial penalties as described in Attachment B of VPTA's current contract with the State. Whenever such a failure results in a significant negative impact on a member, VPTA 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 VPTA	95% of the time	VPTA will report all cases where standard isn't met. This should be included in VPTA's monthly report.
VPTA will provide professional and courteous customer service to all members.	95% of the time	VPTA 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	VPTA will report all cases where a member 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	VPTA will report all cases where a member was on hold for more than 3 minutes. Include in monthly report.
Members will arrive on time for their appointments.	95% of the time	VPTA 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.
VPTA will pick up member 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	VPTA 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	VPTA will report all exceptions as a part of their monthly report.

Background Checks

In accordance with CFR455.436 (a Federal mandate regarding this issue), background checks must be performed on all VPTA employees, and all volunteer drivers, taxi company employees, and all other subcontractor staff – both administrative and direct service providers. They must clear all background checks prior to initial hire with the databases listed below, and these must also be rechecked annually unless otherwise noted:

- 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 – List of Excluded Individuals/Entities (LEIE)
 - <https://oig.hhs.gov/exclusions/index.asp>
- Social Security Administration’s Death Master File (DMF)
- General Services Administration – System for Award Management (SAM)
 - <https://www.sam.gov/SAM/pages/public/index.jsf>

Instructions on how to utilize the above sites may be found at <https://oig.hhs.gov/exclusions/tips.asp>.

To remain in compliance with ACA requirements, the following background checks must be performed monthly thereafter for the following databases. CMS may also prescribe new check requirements through new regulation and legislation.

- Office of Inspector General (LEIE)
- General Services Administration – System for Award Management (SAM)
- Social Security Administration’s Death Master File (DMF)
- The National Plan and Provider Enumeration System (NPPES)

Services may not be rendered by anyone who does not have a clear background check, including administrative staff. VPTA shall notify DVHA within 25 days of finding an exclusion. DVHA will not reimburse VPTA for transport services if such services were arranged or provided by someone who does not have clear background checks. Documentation of these checks must be kept on file for audit purposes.

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	Simple or Aggravated assault
Aggravated sexual assault	Stalking and Aggravated stalking
Arson	Assault and robbery
Assault upon law enforcement	Cruelty to children
Domestic assault	Extortion

Embezzlement
Kidnapping
Manslaughter
Recklessly endangering another

Hate motivated crime
Lewd and lascivious conduct
Murder
Sexual assault

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 Vehicles (DMV)

If a DMV check reveals any violation, VPTA must request a variance from DVHA for approval if the services of this driver are still desired. Non-restricted convictions or motor vehicle violations such as a speeding ticket may be allowed depending upon the situation.

Office of Inspector General (OIG)/LEIE

This list includes 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 <http://sam.gov>. If an OIG check reveals any violation, VPTA must request a variance from DVHA prior to approval, if such is requested.

In addition, the Death Master File (DMF) from the Social Security Administration needs to be checked upon initial hire. This site may be found at:
<http://search.ancestry.com/search/db.aspx?dbid=3693>

VPTA must also maintain records of all completed background checks on any and all subcontractor staff who provide services to VT Medicaid members.

Documentation Requirements

All State of Vermont contracted entities are required to keep records for 7 years. All records must be available at any time for review by Federal or State authorized staff, including all audio and video recordings. These records must be available for review as requested by DVHA staff. This requirement also applies to all subcontracted drivers. These records may be kept in electronic form, as long as they are still readily obtainable upon request.

VPTA staff and subcontractors must issue a Notice of Decision for any and all approved exemptions, providing the member with all information necessary, including the date of expiration of exemption.

General Requirements

All trip manifests must be retained, and they must include:

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

Copies of all notices and mailings sent to members (signed NEMT Rules Document, Notices of Decision, behavior contracts, no show letters and process warnings)

Billing Requirements

The following codes should be utilized by VPTA when filling out claims forms for submission:

- A0080 Non-emergency transportation, per mile – vehicle provided by volunteer (individual or organization), with no vested interest.
- A0090 Non-emergency transportation, per mile – vehicle provided by individual (family member, self, neighbor) with vested interest.
- A0100 Non-emergency transportation: taxi
- A0110 Non-emergency transportation and bus, intra or interstate carrier
- A0120 Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems.
- A0140 Non-emergency transportation and air travel (private or commercial), intra or interstate.
- A0170 Transportation: ancillary: parking fees, tolls, other.
- A0180 Non-emergency transportation: ancillary: lodging – recipient.
- A0190 Non-emergency transportation: ancillary: meals – recipient.
- A0200 Non-emergency transportation: ancillary: lodging – escort.
- A0210 Non-emergency transportation: ancillary: meals – escort.

Taxis & Other Subcontractors

VPTA must maintain a list of:

- Taxi companies subcontracted to provide NEMT services, including all documents related to the completion of the required background checks for all drivers providing direct service to VT Medicaid recipients.
- Any other subcontracted companies utilized.
- Names of subcontracted drivers who provide NEMT services, including documents attesting to completion of all required background checks.

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.

NEMT Eligibility

Member Eligibility

Members must be currently enrolled in Vermont Medicaid to be eligible for NEMT.

- Medicaid
- MAGI (Modified Adjusted Gross Income) Medicaid
- Primary Care Plus (PC Plus) managed care Medicaid
- Dr. Dynasaur

Members in the following programs are not eligible for NEMT:

- Pharmacy programs
- Qualified Health Plans obtained through Vermont Health Connect

Confirming Eligibility

VPTA is responsible for verifying a member's eligibility **before each ride**. DVHA will not reimburse for rides provided to members who are not eligible on the date of service. Eligibility is verified using any of the following resources:

- DXC 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 rides to Medicaid-billable or Blueprint-sponsored appointments for eligible members when it has been determined that they have no other means of transportation available to them. Medicaid will not pay for transportation if the member could have been transported for free or if the transportation was otherwise unnecessary. It must be proven by the member 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 must be exercised.

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

- The vehicle is not registered per DMV records.
- There are no licensed drivers in the household per DMV records.
- The vehicle is not insured (policy cancellation documentation must be provided).
- There is no one in the household capable of driving the vehicle (medical exemption documentation must be provided).
- The vehicle is being used for work purposes and the appointment cannot be scheduled around the wage earner's working hours (note from employer or Transportation Employment Exception Verification form completed by employer required).

If the member/family member owns a vehicle that is unavailable per any of the above criteria, they must complete and sign a Medicaid Vehicle Exception Request Form declaring the vehicle unavailable. This form will be reviewed by DVHA for an appropriate approval or denial, and notification of the decision will be issued to the member by VPTA staff. DMV questions should be directed to DVHA staff. The completed forms must be kept on file and maintained by VPTA.

Proof of Inoperable Vehicle

Members must provide proof if a registered vehicle in the household is inoperable. A Medicaid Vehicle Exception Request Form must be completed and signed by the member. 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.

DVHA's Chronic Care staff can also submit documentation of an inoperable vehicle. VCCI staff must fill out the Medicaid Vehicle Exception Request Form and submit it to DVHA for consideration. If accepted, documentation will be kept on file at VPTA for audit review.

No License and/or Insurance

If a member has a working, registered vehicle in the household but that member 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 member. This proof should be in the form of a policy cancellation from the insurance carrier.

No One in Household is Medically Able to Drive

Proof of medical necessity must be provided by a medical professional on letterhead for any individuals in the household that are unable to drive.

No Public Transit or Free Transports Available

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

Examples of such 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.
- Any organization that provides transportation to the general public for free.

Transportation To A Medical Appointment or Service

Medicaid transports eligible members 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, and Medicaid will be billed for the visit.
- The medical service is recognized by the Vermont Medicaid Program as a covered medical service.
- The appointment/service can be verified by VPTA.
- The PCP's office is within 30 miles of the member's residence. If a member has been transporting themselves to a provider greater than 30 miles away, they should be provided with a 60-day notice once they first request NEMT services.
- If there are no specialists available within the 30-mile limit, VPTA will transport to the closest available specialist location.
- Individual pharmacy trips may not be covered if the designated pharmacy has either a mail or home delivery program. In this situation, VPTA will act upon the direction of DVHA. VPTA may need to receive confirmation from the pharmacy that the requested prescription cannot be either mailed or delivered.

Enrolled Provider

The medical service must be provided by a health care provider currently 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, then Medicaid covers the transportation.

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

- Chiropractors
- Dentists
- Ophthalmologists
- Optometrists/Opticians
- 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
- Enrolled Hospitals
- Freestanding Psychiatric Hospitals and State Mental Health Hospital
- Pharmacies
- Home Health Agencies
- Independent Labs and Radiologists
- Ambulances
- DME Suppliers
- Prosthetics and Orthotics
- Nursing Homes, including Vermont State Nursing Home
- Hospice Facilities
- Rural Health Clinics
- Outpatient Rehab Facilities
- Audiologists
- MH/NF Waiver Programs – i.e. NFI or Baird
- Dialysis Facilities
- Personal Care Aides/Assistants
- School Nurses
- Indian Health Service

Available Provider

Medicaid transports eligible members to the closest geographically available health care provider/medical service to where the member is located.

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

If a member has lost access to a closer provider due to inappropriate actions or behaviors, VPTA shall not be held responsible for transporting the member to a more distant location. These situations must be vetted through DVHA staff for the appropriate approval.

NEMT Program Administration

Least Costly Mode of Transport

VPTA will utilize the least costly, most medically appropriate and available mode of transportation based on current 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 voucher.
- Volunteer driver trip (may have multiple, coordinated riders).
- Taxi (may have multiple, coordinated riders).
- Demand response public transport vehicle (may have multiple, coordinated riders).
- Personal Choice Driver (only available as an option upon prior approval from DVHA).

Ride Coordination

When scheduling rides, VPTA will coordinate all requests and ensure the least costly mode is being used for the most efficient utilization of services. As an example, if a member can be added to an existing or planned route if they adjust their appointment time, the provider does have the right to request that the member contact their doctor's office to request to reschedule, whenever possible. If it can be documented that an appointment cannot be rescheduled, the member shall not be penalized. A ride will still be scheduled for that member to that appointment.

See "On Time Pickup Window" below for further information concerning coordination and timeliness of rides.

All exceptions to these guidelines must be prior-approved by DVHA staff before scheduled.

Medical Necessity

Medical necessity for transport other than the least costly, best available mode requires documentation from a physician. The physician must fill out and sign a DVHA NEMT Medical Exemption form, complete with the member's diagnosis which supports the specific (more expensive) mode of transportation being requested. This form can be found at <https://dvha.vermont.gov/providers/non-emergency-medical-transportation>. VPTA will also have these forms available on site for distribution upon request.

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

The submitted application and documentation may be reviewed by DVHA's Medical Director before approval. If the member 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 member. VPTA will then notify the member of DVHA's decision.

VPTA must provide a 30-day warning to members who have been granted medical exceptions that the exception is set to expire.

Public Transportation

Members who live within three quarters of a 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

VPTA will accommodate all trip requests to the best of their ability unless it is documented that there are no options available due to the late notice. Members should schedule their rides with at least 2 business days' advance notice. VPTA may also request (but cannot demand) that members try to reschedule their appointments if transportation with the least expensive mode may be available at another time. VPTA must also accept ride requests up until the close of the business day.

Out-of-Area Transports

Requests for transports more than 60 miles one way require a prior approval from DVHA. If the closest medical office or facility is further than 60 miles from the member's home, then VPTA may transport to the closest facility available without requiring that the member's physician fill out the referral form. Reasonable flexibility is allowed for VPTA discretion regarding the 60-mile limit.

The member'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 staff for prior approval of 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 member's freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a member's personal choice of provider.

Prescriptions & Durable Medical Equipment (DME)

Transportation is limited to the nearest available pharmacy or durable medical equipment provider – as long as delivery or mailing is not an option for obtaining prescriptions or DME. 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.

VPTA reserves the right to request the member provide documentation that mailing or delivery of a prescription or DME is not an option. This documentation must be kept on file.

Inappropriate Actions or Behavior

If a member has lost access to a closer provider due to inappropriate actions or behaviors, VPTA shall not be held responsible for transporting the member to a more distant location. In all cases where a request is denied, a denial notice must be sent.

Member Moves

If a member moves and must travel beyond the 60-mile limit for medical care, VPTA will transport to the member's current doctor up to 60 days from the date of the first request if necessary.

Members must be sent a notice advising them of this time period and that they are required to enroll with a doctor within the 60-mile limit (or closest to the new residence, if there are no available doctors closer) in order to receive transportation after the 60 days expire.

Any exceptions to this rule must be preapproved by 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, except for participating border facilities. Requests should be submitted to DVHA at least two weeks prior to the medical appointment whenever possible. The Physician Referral form can be found at <https://dvha.vermont.gov/providers/non-emergency-medical-transportation>.

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 member, certain in- and out-patient services will need to have a prior authorization from DVHA's Clinical Unit in place before any associated transportation requests will be approved.

Mileage, Meals, and Expenses Reimbursement

VPTA will reimburse for mileage expenses incurred for travel to and from prior-approved out-of-state medical appointments. Reimbursement will also be paid for other trip-associated costs, including parking and/or tolls. Receipts must be submitted to VPTA within 30 days of return home for reimbursement to be paid.

Members and/or prior-approved parents or guardians may also receive reimbursement for meal expenses incurred during the stay at an out-of-state facility. In order to be eligible for meal reimbursement, an approved overnight stay must be involved. All meal receipts must be submitted to VPTA upon return. Meals will be reimbursed at the following rates:

- IN STATE (per meal):
 - Breakfast - \$5.00 – must depart before 5:30 AM
 - Lunch - \$6.00 – away 6 hours, and only after overnight stay

- Dinner - \$12.85 – for return after 6:30 PM only
- OUT OF STATE (per meal):
 - Breakfast - \$6.25 – must depart before 5:30 AM
 - Lunch - \$7.25
 - Dinner - \$18.50 – for return after 6:30 PM only

Lodging

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

When members have been authorized to stay overnight, VPTA must arrange for the least expensive, most appropriate lodging available. If a member declines any VPTA-arranged lodging, the member will be responsible for the entire cost.

- VPTA 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 VPTA.
- Except in prior-approved instances, DVHA will only reimburse VPTA for lodging expenses which are at or below the current maximum lodging rate as currently set by VPTA, under the review of DVHA.
- In cases where the member has been pre-approved to pay out-of-pocket for the lodging, VPTA will reimburse the member up to the current maximum rate upon the submission of approved trip receipts. No reimbursements shall be made for members who have paid for their own lodging without DVHA pre-approval.
- VPTA 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 VPTA learns of any unruly, dangerous, or illegal behavior occurring during an approved overnight lodging, such information should be relayed to DVHA immediately.
- VPTA will only pay for the member's lodging if found to be medically necessary. If the member is a minor, or if there is physician-proven medical necessity, VPTA will pay for lodging and meals for one adult to accompany the member while the need exists. If a minor is admitted to a hospital, most facilities will allow one parent to stay with that minor. In these situations, no other lodging will be authorized unless it is proven that the adult cannot stay at the hospital. In order for Medicaid to pay for the lodging for the parent, however, that parent must also be Medicaid-eligible.
- Lodging (and meals) for any additional non-authorized individuals will not be reimbursed.

Boston Area Lodging

There are many options available for housing in the Boston area for families heading there for care. These options should be fully explored before any hotels are reserved for DVHA-approved stays.

Inpatient admissions come with sleeping arrangements at the hospital for one parent. The lodging sites associated with Boston Childrens Hospital (BCH) Family Housing include the Yawkey Family Inn (.6 miles from BCH) and the Devon Nicole House (.4 from BCH).

To be considered for these two facilities, an online application will need to be filled out as soon as an approved referral is received from DVHA. VPTA, as VT Medicaid's NEMT contractor, can fill out this application on behalf of the member/family. The application can be found at <https://apps.childrenshospital.org/connect/housing/>. This application is fairly self-explanatory, and should include the member's/family's names, home address, and phone number. VPTA should be listed as the primary contact for the reservation. If you have any questions about the application itself, the office can be reached at 617-919-3450.

The Boston House (pedes oncology, .6 miles from BCH, next door to Yawkey) is another option, with a separate application. They can be contacted at 617-734-3333 or at info@thebostonhouse.org.

In addition to these choices, contact should also be made with The Ronald McDonald House (3 miles from BCH) if lodging has not yet been found. The phone number is 617-734-3333. If no space there, contact Hospitality Homes (888-595-4678), a program which puts families up in host homes in the BCH area. There is an application process for this option, which also includes the provision of references for each family.

In order for VPTA to be set up as the payer for these reservations, an email needs to be sent to familyhousing@childrens.harvard.edu. The email will act as a "letter of intent" and needs to include the family's name, dates of stay, and instructions which outline the fact that VPTA (including all contact info) will be responsible for paying for the approved stay. Confirmation should be received from the folks at BCH Family Housing once space has been located and reserved, or if the family has been placed on an availability waiting list.

VPTA must now submit proof that all housing options were looked at before a local hotel was booked for an approved Boston-area stay.

On Time Pick Up Window

Members must be ready to board their ride within five minutes of the ride's arrival. To maximize opportunities for ride coordination, VPTA will be allowed to request that members be picked up as early as one hour before their scheduled appointment time, but members shall not arrive at their scheduled appointment no greater than 45 minutes before the scheduled appointment time (see below). Contractors may also request that members wait up to 45 minutes past the scheduled completion time of their appointment for pick up. VPTA shall utilize the following guidelines regarding ride scheduling and coordination:

- The monthly average wait time for all pick-ups performed by subcontractors shall not exceed 15 minutes after the scheduled pick-up time.

- The subcontractor shall drop off the member within 15 minutes of the scheduled appointment time as standard practice; earlier drop offs may be acceptable on a case by case basis, with no drop offs to exceed 45 minutes before the scheduled appointment time.
- Under no circumstances shall a driver drop off a member at an appointment more than 15 minutes before the opening time of the office or facility.
- For “will call” return pick-ups after appointments, the subcontractor shall arrive within one hour after the time they are notified that the member is ready, or by the close of the business day for the medical facility – whichever is earlier.
- If a delay of 15 minutes or more occurs during the day, the subcontractor must contact waiting members to inform them of the delay and the new expected arrival time of their ride.

Verifying Medical Appointments

VPTA must contact the provider to verify that a medical appointment is scheduled. If the appointment cannot be verified, the ride will not be scheduled. At the very minimum, 5% of all appointments shall be verified by VPTA. The results shall be documented for DVHA review upon request.

Fraud, Waste, and Abuse

A member who schedules a ride without a corresponding medical appointment may be referred to DVHA’s Program Integrity Unit for further investigation.

Pick-up & Drop-off Points

Trips should originate at the member’s residence. Members will be returned to their residence or a drop off point at a shorter distance than their residence, but only at the member’s request. Special circumstances may require VPTA approval – no longer involving DVHA.

If a member is homeless, a specific address should be provided to VPTA for use as a pick up and after-appointment drop off location.

After-Hours Transportation

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

The transport is covered by Medicaid if:

- VPTA verifies the member’s Medicaid eligibility, and
- VPTA confirms the member is being discharged from the health care facility, and that the member has no other option for transportation from the facility to the home address listed on file – including public transportation, family members, or friends.

At no time will VPTA be expected to provide a volunteer or employee to transport a member in an emergency situation to a health care facility, taking the place of an ambulance.

Additionally, NEMT services should not be used to transport members to the emergency

department for routine medical care. If a true emergency exists, members should be directed to call 9-1-1.

NEMT Process

These steps must be followed for all NEMT requests for transport within 60 miles:

- Verify a member's Medicaid eligibility.
- Verify that transportation is not otherwise available to the member/family.
- Verify the trip is to a medical service/appointment.
- Verify the service/appointment is provided by a health care practitioner who is enrolled as a Medicaid provider and that the appointment is being billed to Medicaid.
- Verify this provider is the closest to provide the service.
- Determine the most appropriate mode of transportation given the member's medical needs.
- Schedule and provide the transport.

See "Out of Area Transports" section (page 22) regarding appointments that are not local.

Information Required for Transport

VPTA will record the following information for all trip requests:

- Date and time of the request.
- Member name, address, and Medicaid number.
- Eligibility status as a Medicaid member.
- 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. **If denied, ensure that an official denial form has been mailed to the member within 24 hours of the decision.**
- Whether or not the transport actually occurred.

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

Scheduling requests may be made by others acting as representatives for members, as long as the member has submitted a signed approval to VPTA prior to the representative calling. Such approvals can be either mailed or faxed to either VPTA or DVHA.

Volunteer Drivers

In order to receive reimbursement, volunteer drivers must meet the following criteria:

- The transport is arranged by VPTA.
- The volunteer meets all current background check requirements.
- The volunteer provides their own vehicle.
- The volunteer driver cannot reside in the same physical household as the Medicaid member, or
- If they reside in the same physical household, they cannot be related to the Medicaid member.
Responsible relatives include:
 - Spouse/civil union partner
 - Unmarried parents with a child in common
 - Parents of minor children
 - Siblings
 - Any other blood relatives living in the household
- Volunteers will not be reimbursed for driving a vehicle owned by the member or a member of the member's family; however, these cases may be eligible for reimbursement under the Hardship Mileage Program.
- Foster parents may be volunteer drivers if the child is in the custody of the Department for Children and Families (DCF). Documentation of such must be available. **These drivers will be reimbursed at the current volunteer rate.**
- Court-appointed (non-parent) legal guardians for children under 18 years old are considered volunteer drivers. Documentation of such must be available.
- Court-appointed legal guardians for adults 18 and older are considered volunteer drivers. Documentation of such must be available.
- Rides set up directly by a member through a volunteer will not be eligible for reimbursement.
- All communications with members must come from either VPTA or the subcontractors, not the drivers themselves.

Reimbursement

VPTA may set up any methodology to reimburse their subcontractors and volunteers as long as that process complies with all current tax and employment laws. To obtain reimbursement for hardship and volunteer mileage, drivers must complete and submit a Trip Manifest within 30 days of the first trip taken (ongoing trips) or within 30 days of the date of return (longer, extended duration stays and/or travel) to the VPTA.

Hardship Mileage

The Hardship Mileage Reimbursement Program is for Medicaid households that:

- Have a vehicle, and
- Have family members who are transported over 50 miles per week (Sunday thru Saturday), or
- Travel over 215 miles per calendar month for medically necessary appointments or services.

All local travel (less than 60 miles) must be prior authorized through VPTA in order to be eligible for reimbursement. All out-of-area or out-of-state travel must be prior authorized through DVHA in order to be eligible for reimbursement. Members will not be reimbursed for trips that do not meet all NEMT eligibility guidelines. This program is designed for everyone in a household. All miles accumulated for household members may be used to meet the mileage requirements.

The following individuals may be eligible to receive Hardship Mileage:

- Natural or adoptive parent of a child less than 18 years of age.
- A family member living in the household providing transportation to another family member using a vehicle owned/provided by that Medicaid household.
- Members using their own vehicle for trips totaling more than 50 miles per week or more than 215 miles per month (i.e.: dialysis, adult day, drug treatment, etc.).

Once prior authorized through VPTA, members may obtain reimbursement for hardship mileage by completing and submitting a trip manifest within 30 days of the first trip taken (ongoing trips) or within 30 days of the date of return (longer, extended duration stays and/or travel) to VPTA containing the following information:

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

Before Hardship Mileage is paid VPTA must verify that the mileage submitted is correct using Google Maps and confirm that the member either had a valid Medicaid-billable appointment or picked up a prescription.

Waiver of Liability

When Medicaid, Reach-Up members or Ladies First program participants voluntarily choose to drive their own vehicle and request hardship mileage reimbursement, VPTA must obtain a signed Waiver of Liability from the member and driver.

The Waiver:

- Notifies the member 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 member and/or driver assumes full responsibility for all liability and all risk of injury or loss and waives/releases any claims which the member or the driver may have against VPTA or DVHA.

A Waiver of Liability must be on file with VPTA before any hardship mileage reimbursement can be paid.

Allowing Other Passengers

In order for individuals to accompany a Medicaid member 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.

VPTA will allow newborn infants younger than six months to accompany members during transports – but only if the member is actively breastfeeding. Infants over the age of six months and younger than the age of six years old will only be allowed on rides if the proper medical exemption paperwork (DVHA Child Accompaniment Form) has been submitted to and approved by DVHA staff prior to the ride.

Members 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. VPTA will then notify the member of DVHA's decision.

Bus Voucher Program

In Chittenden County, eligible Medicaid members who live on an existing bus route will be required to access that available public transportation. Members will be provided the opportunity to obtain a 10-ride bus voucher from Green Mountain Care Member Services (800-250-8427). Once the member has the voucher, they will not be issued a new one unless the following process is followed:

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

Member Communication

No-Show Procedures

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

A member with three no-shows will be required to call in advance to confirm their ride the day before the scheduled appointment by noon. If the appointment is on a Monday, the member will need to call on Friday by noon to confirm. If the member does not call in, the driver will not be sent for the pickup, 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 members.

If there are no no-shows in the next six months, the member may be allowed to revert to the normal process. A notice advising of this change must be sent to the member. Any subsequent no-show, however, will result in the member again being forced to comply with the new call in guidelines.

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

No-shows shall count for the entire immediate family (all related family members living in the same Medicaid household). For example, a no-show by a child shall count as one no-show for all related family 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 VPTA does not send the appropriate notices, the member’s no-shows cannot be counted against them until the correct notices have been sent.

Denial of Transportation

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

VPTA 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, VPTA should contact DVHA for guidance. All denials must be mailed to the member’s home address within 24 hours of the action.

When a denial is issued for a member currently receiving a specific transportation benefit, that member shall be allowed to continue to receive that benefit for 10 days after the date of the

decision. That needs to be clearly outlined in the denial. For example, if it is discovered that a member receiving rides has a vehicle, those rides need to be continued for 10 days before being shut off.

One copy of this notice shall be sent to the member, and the other shall be kept on file per rule with VPTA, available for review upon request during a site audit.

Unruly, Dangerous or Illegal Behavior

VPTA must ensure that transportation to and from necessary medical services is available for eligible members. VPTA may not deny transportation services because the member is unpleasant or disagreeable. In cases where member behavior is obnoxious or offensive but not dangerous or illegal, VPTA should inform the member in writing that the behavior is unacceptable and may jeopardize future transports. This should be done through the behavior contract process, outlined below.

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

A member should be reported to the police if their behavior is dangerous or threatening to VPTA, DVHA, or subcontractor employees or the public. It should also be reported to the police if VPTA believes the member 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, VPTA must notify the member 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 member’s ability to obtain further rides. This notice will be in the form of a behavior contract, which outlines the need for compliance to ride and behavior guidelines. Any actions or behaviors which are in violation of set trip rules will result in a suspension of ride privileges. The member must sign this document to receive further rides. If no signature is received, further rides may be in jeopardy. The process of creating this document must be undertaken in conjunction with DVHA input.

In cases where a member has a history of poor behavior and as a result no driver is willing to provide a ride, the member must receive a denial notice advising them “No carrier or driver willing to transport.” Please alert DVHA about these cases as soon as possible.

Member Appeals

A member may appeal any denial of a request for transportation. The Notice of Decision for Medicaid Transportation (220MT form) includes information regarding the appeal process. All calls regarding appeals should be sent directly to Green Mountain Care at 1-800-250-8427. Members should not be directed to DVHA staff if they have questions concerning a denial; all questions and explanations shall be addressed through the appeal process. DVHA staff may contact the VPTA if more information is needed regarding the appeal.

Eligible and Ineligible Medical Services

Members are only eligible for transportation services to medical appointments or services that are covered by and billable to Medicaid. Situations may arise, however, where Medicaid will pay for transportation to a service that is not normally covered under current Medicaid guidelines. VPTA 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 member transport to and from fair hearings.
- Healthy Living Workshops – sponsored by the Blueprint For Health.
- Hearing Aids – Medicaid will cover transportation for members to have their hearing tested or to have hearing aids repaired.
- Meetings with VCCI staff (DVHA Care Coordinators)
- Sex Offenders’ Group Therapy – if a licensed psychiatrist or psychologist participating in Medicaid leads or directly supervises the group.
- Smoking cessation workshops and programs, including hypnosis.
- Well Child Clinics – only if no other means of transportation are available.
- WIC Clinics – restricted to trips where the member will receive a medical service or evaluation.

Examples of Non-Eligible NEMT Services

- Trips to fill out paperwork or pick up benefits at ESD offices.
- Transportation to any activity, program or service that is not funded by or billed to Vermont Medicaid or the Blueprint or is not directly provided by an enrolled health care provider.
- Services required by a child’s Individualized Educational Plan (IEP).
- Self-directed activities.
- A pharmacy for non-medical items.
- Experimental treatments where a control group is used or for 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.
- Support Groups – battered women, cancer, Alcoholics Anonymous, etc.
- When the service would normally be covered by Medicaid but is free (such as flu shots).
- When members have exceeded the dollar-cap for a covered service but have agreed to pay for additional care out of their own pocket.

Child Transports

VPTA 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. VPTA may request that an adult accompany a minor for the transport to be provided if VPTA is uncomfortable having that minor receive transport 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. Additional background checks are not necessary, as those individuals already go through a rigorous process in order to become either fosters or guardians through DCF.

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 member is mandated by a court to attend a service such as counseling or other form of therapy, as long as the appointment is both a normally-covered Medicaid

service and the provider is participating with Vermont Medicaid. Normal NEMT rules apply with regard to distance, available vehicles, and the possible need for a prior authorization.

Adult Day Services

Members 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.

VPTA 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)

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

VPTA 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 member 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, VPTA should request a written guarantee of payment from either the provider or the member in the event Medicaid is denied. Upon receipt of the payment confirmation VPTA 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 members if the provider is an authorized Medicaid provider. This automatically includes all ADAP providers.

Suboxone Providers and Methadone Treatment Centers

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

In order for a member to receive transportation to a provider or facility that is not the closest to their residence, the member must provide documentation from the closest provider or facility confirming that no treatment slots are available and that the member has been placed on a waiting list. The specific need for the transportation to more distant facilities must also be prior approved through coordination with ADAP. No trips to more distant facilities will be allowed without the prior consent from ADAP.

VPTA should be aware of the need for “call backs” with regard to specific member programs at participating providers. These “call backs” are to be set up with the VPTA providers with as much prior warning as possible, but no ride confirmations should be robo-called to the member in question the day prior, as this would act to provide the member with too much warning. ADAP will work with VPTA to ensure the success of this process.

In addition, it should be stressed that signed behavior contracts should be in place for all members receiving NEMT services to either “hub” or “spoke” providers participating in this program. On-board cameras and recording devices should also be utilized in these situations as well.

Ladies First Transports

VPTA 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 member's transportation subcontractor, along with the specific transportation rules and guidelines.

Ladies First will also send the member a membership card with a serial number. A list of the card serial numbers issued in the subcontractor's service area will be mailed to VPTA so they may verify a member'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 will be covered, along with Trips for the YMCA Diabetes Prevention Program and weight management Lifestyle Programs including Weight Watchers® and Curves Complete®.

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 member contacts VPTA for a ride, VPTA staff will:

- Verify eligibility via Ladies First membership card (with serial number).
- Identify appropriate mode of transportation.
- Arrange for transport.
- Provide transport.
- Submit a bill for services with a zero balance in a timely manner with accompanying CPT codes as (outlined in the current Ladies First fee schedule) found at the website: www.LadiesFirstProviders.vermont.gov/how-you-make-it-happen#Billing
- All Ladies First claims will be suspended for review and manually overridden or paid.
- Agree to accept payment of allowable costs as payment in full and not bill the patient.
- Submit a CMS 1500 (02/12) claim form. Send claims to DXC, PO Box 888, Williston, VT 05495-0888.

Billing Codes

For Ladies First transportation services, ONLY the following codes should be utilized (CPT Codes (Field 24 d. on CMS 1500 version 02/12 claim form)):

- 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. VPTA 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.
Chronic Disease Program Specialist, Ladies First Program
Vermont Department of Health
108 Cherry Street, P.O. Box 70
Burlington, VT 05402

Email kerri.frenya@vermont.gov;
(802) 863-7332

VPTA/Subcontractor Relations

VPTA is 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 VPTA 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

VPTA is required to maintain the confidentiality of all information pertaining to each specific Medicaid member per the Business Associate agreement found in the current DVHA NEMT contracts.

Report Suspected Fraud, Waste & Abuse

If the VPTA, volunteer driver, or subcontractor becomes suspicious of fraud, waste or abuse in relation to transporting Medicaid or Reach-Up members, 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 <https://dvha.vermont.gov/providers/program-integrity>.

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

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. The VPTA is mandated by state law to report all instances of suspected abuse, neglect, or exploitation.

Incident Reporting

VPTA must notify DVHA within 24 hours of any incident involving the transport of a member 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 the Agency of Human Services (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, the VPTA 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 VPTA 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 VPTA 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 VPTA. 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 VPTA 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.

Notice & Form Protocols

All forms are available on DVHA's web site <https://dvha.vermont.gov/providers/non-emergency-medical-transportation>. Please submit forms electronically to DVHA at 802-879-5919. Print as needed – VPTA letterhead is recommended.

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.
Medical Exemption	NEMT Medical Exemption Application Form	Notes/diagnosis on physician letterhead, if necessary
Inoperable/Unavailable 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 Transportation Prior Authorization Requests

- Fax completed form and supporting documentation (if appropriate) to DVHA at 879-5919.
- Each request will be reviewed and acted upon as soon as possible.
- DVHA will fax the decision to the VPTA.

Member Notices

Members are required to receive a notice whenever DVHA/VPTA will restrict, deny, or end their transportation benefits. This also applies to exemption approvals made by DVHA. The notice should include the expiration date of the approval. When completing a member notice:

- Mail original to member.
- Print a copy for your own records.