

**THE
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN
SERVICES
DIVISION OF MEDICAL SERVICES**



**Non-Emergency Medical Transportation (NEMT) Compliance
Reviews
County Departments of Social Services (DSSs)**

*A Review of Regulatory Compliance with the NC Department of Health and Human Services
MA-2910/MA-3550 Medicaid Transportation*

FY 2015 - FY2016 – WORKBOOK

County Information

County DSS Director:	
Address:	
Phone No. (include area code)	
Email:	
Transportation Coordinator/Contact :	
Phone No. (include area code)	
Email:	
Back-Up to Transportation Coordinator/Contact :	
Phone No. (include area code)	
Email:	
Person with Access to On-Line Verifications (OVL):	
Phone No. (include area code)	
Email:	
DMA Medicaid Program Representative/Contact:	
Phone No. (include area code)	
Email:	

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OVERVIEW

The North Carolina Department of Health and Human Services, Division of Medicaid Assistance (DMA) has contracted for consultant services to perform compliance reviews of each County Non-Emergency Medical Transportation (NEMT) program. The reviews will be conducted on-site following a desk review.

The reviews are to ensure that the County Department of Social Services (DSSs) are able to manage the NEMT funded programs in accordance with all applicable laws and regulations, including the requirements included in *Adult Medicaid Manual MA-2910 MEDICAID TRANSPORTATION and MA-3550 FAMILY & CHILDREN'S MEDICAID TRANSPORTATION* and subsequent Administrative Letters amending those requirements.

This compliance Workbook contains an outline of the compliance review process, as well as a list of materials and a survey, both of which need to be submitted prior to the on-site visit.

The overall compliance review process involves the following steps:

- **Conduct the Desk Review** – Review consultants will conduct desk reviews of the documentation that DSSs have provided in advance of the on-site review.
- **Schedule the On-Site Visit** – While the desk review is being conducted, the review consultants will coordinate with DMA and the County DSSs to make arrangements for the on-site visit. Ten (10) business days or more prior to the on-site visit, the consultant team will call the DSSs to schedule a date for the on-site visit. This will be followed up with an e-mail to the County DSS Transportation Coordinators that includes the site visit date, explains the purpose of the visit, and outlines the day's agenda and transmits the Workbook.
- **Desk Review Preparation** - The DSS Transportation Coordinators will be asked to complete their portion of the Workbook to be returned to the consultants at least five (5) business days before the on-site review. As indicated below, the DSSs also will be asked to send some additional information to the review team in advance of the site visit.
- **Review Workbook and Prepare for On-Site Visit** – Prior to the on-site visit, the review team will use the completed Workbook and other materials submitted by the DSSs to identify areas that need to be addressed during the on-site visit.
- **Conduct On-Site Visit** - Site visits will generally require one day on-site at the DSSs offices. If needs assessments are contracted to an outside entity or the agency has one or more large transportation vendor(s), the agency may want the contractor/vendor(s) to participate in the on-site review at the DSS office. A typical site review will include:
 - **Entrance Conference with the DSS Director, the Transit Coordinator and Key Staff (may include the transportation contractor/vendors)**
 - **Review of Policies and Procedures**
 - **Inspection of Administrative Files**
 - **Review of Randomly Selected Trips**
 - **Exit Interview and Draft Report**

- **Corrective Action Plans** – The DSSs will be given 30 days to address issues identified, correct deficiencies and submit a corrective action plan to the review consultants that verifies actions taken or anticipated.
- **Final Report** - A final report matrix will prepared by the review consultants that includes the findings from the draft report, corrective actions taken by the DSS, and any pending issues that may need DMA follow-up.

DESK REVIEW DOCUMENTS

IN ADDITION to completing the survey questions below you must remit the following information as indicated below.

Note: Electronic submission of requested information is preferred. Information and the completed workbook can be uploaded through the consultant’s website (www.ibackup.com). To sign-in, your user name is *ncds* and your password is *nemi01*. Once signed in, you can download the blank Workbook by clicking on the file. Your completed Workbook and additional materials can be uploaded using the “upload” icon then browsing to the location of the materials on your computer.

Alternatively, materials can be e-mailed to Sue Knapp at KFH Group (sknapp@kfhgroup.com) or the reviewer that telephones you to set up the on-site interviews. Hard copy materials should be sent to their attention at KFH Group, Inc, 4920 Elm Street, Suite 350, Bethesda, MD 20814. If you have questions on data submission (technical or otherwise) you can contact either Jason Quan or Sue Knapp at KFH Group (301-951-8660).

	Documents	Date Sent	Comment
1.	Written transportation policies and procedures for your County, if available.		
2.	List of available transportation resources ranked from no-cost options to most costly.		
3.	List of outside entities that perform NEMT administrative functions for your agency (e.g., subcontracts for transportation assessments).		
4.	List of NEMT transportation vendors with which the DSSs has contractual relationships.		
5.	Copies of the contracts your agency holds with the NEMT vendors or for outside administrative functions (e.g., to perform needs assessments) listed in #3 or #4.		
6.	Copy of your agency’s DMA-2055 – Reimbursement Request Form(s) for April – June 2015		
7.	A brief summary of how your agency logged and tracked trip requests in April – June 2015 (e.g., was the agency using the DMA-2056 Medicaid Transportation Log or another method)?		

ATTENDANCE SHEET

Site Visit

ATTENDANCE SHEET

Note: Review Team members should also sign-in

	Name	Title	Organization	Phone	Email
1					
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Instructions and Submission Information:

- All questions contained in the survey must be answered. Responder may use N/A, if the question is not applicable to their County.
- Responder should answer questions as completely as possible.
- Questions regarding the workbook should be directed to the consultant review team.
- As noted above, electronic submission of requested information is preferred. Materials and the completed survey can be uploaded through the consultant's website (www.ibackup.com). To sign-in, your user name is *ncds* and your password is *nemt01*. Once signed in, you can download the Workbook by clicking on the file. Your completed survey and additional materials can be uploaded using the "upload" icon then browsing to the location of the materials on your computer. **Please re-name your workbook with the name of your County.** Alternatively, the completed Workbook can be e-mailed to Sue Knapp at KFH Group (sknapp@kfhgroup.com) or the reviewer that contacted you to set up the on-site visit. Hard copy materials should be sent to KFH Group, Inc, 4920 Elm Street, Suite 350, Bethesda, MD 20814.

NOTICES TO RECIPIENTS AND RIDER POLICIES

There are a number of notices that pertain to transportation that DSSs are required to provide to applicants and enrollees. These notices begin when an applicant is first enrolled in the program (to inform them that transportation is available to Medicaid covered services and how it may be applied for and accessed). The initial notices to recipients are explored in this section while subsequent notices, dealing with other aspects of the process, are included in sections that follow.

In addition to rights, riders have responsibilities for conduct and not abusing the system through no-shows. These are clearly identified up front with recipients.

These notices, or documentation that they have been given to the recipient, are filed in the NEMT client files.

QUESTION	DSS RESPONSE	OBSERVATION
1. How and when is DMA-5046 - Notice of Rights/Responsibilities given to applicants/enrollees? Mailed or face-to-face? Where are these filed?		
2. How does your agency, as part of the Needs Assessment process, inform recipients how to request a trip?		
3. What is your agency's no-show policy for when a recipient misses a scheduled trip without good cause (illness of recipient, illness or death of recipient's spouse, child or parent)?		
a. Is it consistent with the prescribed DMA No-Show Policy?		
b. How is the process documented?		
4. What is your agency's policy regarding conduct that jeopardizes the safety of other passengers and/or the driver?		
a. Does your agency have its own policy or does it allow public transit or other NEMT vendors to follow their own established policies?		
b. If suspended for conduct, does your agency provide a gas voucher or make other transportation arrangements for trips to Medicaid eligible services for critical services such as chemotherapy and dialysis? Please explain.		

RECIPIENT ELIGIBILITY – NEEDS ASSESSMENTS

DSSs are required to conduct needs assessments for recipients that request assistance with transportation to Medicaid covered services. The DSS (or its agent) completes the assessment and determines need. This includes evaluation of the recipients resources and whether NEMT assistance is needed, the nearest appropriate medical service provider, the least expensive transportation means appropriate. The recipient is notified of the outcome of the assessment and has the right to a hearing to appeal the decision.

QUESTION	DSS RESPONSE	OBSERVATION
5. Who completes the Needs Assessments? Is this done in your agency or by an outside contractor?		
6. Where are records kept and by whom?		
7. What processes are in place to:		
a. Conduct the Needs Assessment using DMA-5047 including identifying special needs and exceptions.		
b. Verify exceptions using DMA-5048 – Medicaid Transportation Exception Verification.		
c. Notify recipients of the outcome of their Transportation Assessment. DMA-5024		
d. Conduct re-assessments, as needed.		
e. Address hearing/appeals.		
8. Does your agency have a print-ready list of available transportation resources ranked from no-cost options to most costly - including free and other community resources with related costs indicated for determining least expensive means?		
9. How does your agency participate in the development of the Community Transportation Service Plan (CTSP) for your County?		
10. What does your agency do if your NEMT vendors inform you that they suspect beneficiary fraud?		

TRIP ELIGIBILITY AND TRACKING

The DSS (or its agent) arranges and/or provides transportation as needed. The DSS must process and track trip requests.

The recipient contacts the DSS (or its agent) for each trip needed and all authorized trips are logged by the DSS (or agent). The DSS transmits information regarding approved trips to the NEMT vendor. The NEMT vendor keeps its own trip log and, once complete, the NEMT vendor invoices the DSS for trips provided. Reimbursement procedures and requirements are covered in a separate section (below).

QUESTION	DSS RESPONSE	OBSERVATION
11. What hours are trip requests taken?		
a. Does your agency have a phone system for making trip requests or cancellations 24 hours a day?		
b. When are messages retrieved?		
c. Are clients instructed on the machine to call 911 if they are having an emergency?		
12. How far in advance are recipients required to request trips?		
13. How does your agency handle requests for trips that are urgent?		
14. Does your agency use the Transportation Log DMA-2056 to track trip requests from trip request through disposition?		
15. If your agency uses an alternative database, does it include all information required on the latest version of the DMA-2056 log?		
16. Does your agency document all trip requests, even if it appears obvious that the individual will not be entitled to NEMT for the trip requested, as long as that the individual is eligible in some Medicaid program?		
17. How does your agency notify the recipient that trip request was approved?		
18. How does your agency notify recipients that their trip request was denied using DMA-5119 - <i>Denial of Transportation Request</i> ?		

19. How is DMA-5119 given to the recipient? by telephone, in person or otherwise?		
20. How does your agency verify that the person is eligible for a Medicaid program that includes NEMT at the time of the trip?		
21. How does your agency verify that the least expensive mode and suitable to their needs is used?		
22. How does your agency verify that the person is going to the nearest Appropriate Medical Provider?		
23. How does your agency verify that the person is going to a Medicaid Covered Service? a. How does that agency verify that the medical service is covered by Medicaid?		
b. After the trip, how does your agency verify that a Medicaid covered service was received on the date of transport? Is DMA-5118 – <i>Verification of Receipt of Medicaid Covered Service</i> or another method used?		
24. How does your agency address multiple trip requests, such as for a series of appointments with one medical provider?		
25. What hours are transportation services available?		
26. How does your agency ensure that transportation is available after normal business hours in cases where medical services required by a recipient are available during those hours?		
27. How does your agency arrange for trips with your NEMT vendors? Transmit information regarding approved trips to the NEMT vendors?		
28. Do your agency's NEMT vendors maintain their own transportation logs		
29. How does your agency compare the contractor's log to the DMA-2056 or your internal logs in order to ensure an accurate count of all NEMT trips?		

NEMT TRANSPORTATION VENDORS

The DSS may have contracts with one or more NEMT vendors or providers in their community. As part of the desk review, the DSSs will provide a list of NEMT vendors with which they contract for services. The DSS has a number of responsibilities with regard to these NEMT vendors that are to be included in the contracts including monitoring NEMT vendor performance (quality of services) and whether the NEMT vendors have been excluded from participating in Medicaid programs.

CONTRACTS WITH NEMT VENDORS

QUESTION	DSS RESPONSE	OBSERVATION
30. Do your agency's contracts with NEMT vendors include all provisions required by DMA (IX.I), including the certification and/or assurance of compliance with contractual safety and risk obligations?		
31. Does your agency have a contract or negotiated rate for ambulance transportation that is not medically necessary – to exclude life support or advanced life support services?		

NEMT VENDOR MONITORING

32. How does your agency monitor NEMT vendors?		
a. Does your staff visit NEMT vendor facilities periodically?		
b. How often?		
c. Does your agency conduct an annual review of your NEMT vendors to ensure all contract requirements are met?		
33. How does your agency monitor service quality?		
a. Late arrivals time of drivers- whether recipients arrived on time for appointment		
b. Missed trips – vendor no-shows		
c. Complaints		

34. How do your vendors report on <u>rider</u> no-shows and cancelled trips?		
35. Does your agency pay NEMT vendors for no-shows and wait time?		
a. If so, do NEMT vendors invoice separately for no-shows and wait time?		
36. How does your agency randomly review 2% of the trips on the DMA-2056 Transportation Log each quarter?		
a. Does this review capture all modes and NEMT vendors?		
b. When was the most recent review conducted?		
c. What were the results of the most recent review?		

QUESTION	DSS RESPONSE	OBSERVATION
NEMT VENDOR EXCLUSIONS		
37. Does your agency have NEMT vendors complete the DMA-5124 ? Including any public transit agencies that are NEMT vendors?		
a. Have you added the addresses of the owners, relatives and managers to the list of information you request from the NEMT vendors?		
38. How does your agency obtain disclosures of “business transaction information” from NEMT vendors?		
39. How does your agency check the federal (Office of the Inspector General OIG) database) and state NC DHHS Provider Penalty Tracking Database (PPTD)) to ensure that each NEMT vendor, including the NEMT vendor owners and managers, is not excluded from participation in federal health care programs? a. Does your agency conduct federal and state exclusion inquiries when it negotiates the contract?		
b. On a monthly basis? How is this done and documented monthly?		
c. And when the NEMT vendor reports a change?		
40. Is this documented on DMA-5124 – Provider Documentation Form ? Does your agency also complete DMA-5124A monthly for each NEMT vendor, as well as print the screen from the database? Where are these files kept?		
41. If the NEMT vendor is excluded from participating in the Medicaid transportation program, does your agency notify the NEMT vendor in writing and place a copy in the NEMT vendors file? Does the agency also notify DMA?		

SAFETY AND RISK MANAGEMENT

The DSS has a responsibility to ensure that NEMT services are safe for recipients. This includes ensuring that drivers are properly licensed, have good driving records, have undergone criminal background checks, and are tested for drug and alcohol use/abuse. It also includes requiring adequate liability insurance in the event that a recipient is injured.

QUESTION	DSS RESPONSE	OBSERVATION
DRIVER SAFETY AND VEHICLE INSPECTIONS		
42. Does your agency maintain safe driving files for agency staff, agency-approved volunteers and recipients' relatives and friends who are reimbursed directly by the county? a. How does your agency ensure that drivers are at least 18 years of age (including county employees, volunteers, contactors, family members/friends directly reimbursed by the agency)?		
b. Do these files include all the other items required by DMA?		
c. Are driving records of agency staff and volunteers reviewed every 12 months?		
43. Are these files reviewed monthly to ensure they are up-to-date and correct?		
44. Does your agency perform a criminal background check on all employees and agency volunteer drivers through the NC Law Enforcement Division of NCIC?		
a. Does your agency disqualify drivers based on the 10 items in the policy?		
b. Has the agency included "health care-related criminal convictions under your background checks?		
c. Are these done prior to enlistment and quarterly?		
45. How does your agency ensure that all vehicles used to transport recipients have a valid registration and state inspection? How are files kept?		
46. How does your agency ensure that its private and/or public contract NEMT vendors participate in a random alcohol and drug testing program that meets the requirements of the Federal Transit Administration (FTA)?		

QUESTION	DSS RESPONSE	OBSERVATION
INSURANCE		
<p>47. For contract NEMT vendors operating commercial vehicles (16 passengers or more), does your agency obtain a Certificate of Insurance documenting that the DSS Director or designee is an “additional insured”? How and where are these files kept?</p>		
<p>48. Does your agency require the minimum coverage for common carrier passenger vehicles set by the NC Utilities Commission?</p> <p>a. For Hire Vehicles (does not include public transit or taxi cabs) – Does your agency require \$1.5M liability insurance for vehicles seating 15 passenger or less and \$5M for vehicles designed to transport more than 15 passengers, including the driver?</p>		
<p>b. Taxicabs – Does your agency require the minimum level of insurance set by the state for the vehicle’s particular classification or higher as set by local ordinance?</p>		
<p>c. Agency Owned Vehicles – Does the DSS carry “Symbol 1” type vehicle insurance?</p>		
<p>d. Non-Owned Agency Coverage – If your agency doesn’t own vehicles used for Medicaid transportation, does the DSS carry Non-Owned Auto type coverage?</p>		
<p>e. DSS Staff, Volunteer and Family Members/Friends reimbursed or paid to transport recipients – Does your agency require the minimum set by the state for their vehicle’s particular classification?</p>		

REQUESTS FOR REIMBURSEMENT

The DSS requests reimbursement from DMA for NEMT using the appropriate forms.

QUESTION	DSS RESPONSE	OBSERVATION
49. How are your agency's DMA-2055 - Request for Reimbursement Forms prepared?		
50. Does your agency use the billing codes on DMA-2056 - Medicaid Transportation Log ?		
51. Does your agency require NEMT vendors to provide the transportation billing codes on invoices to the DSS for reimbursement?		
52. How often does your agency submit reimbursement requests to DMA?		
53. For which of the following modes does your agency request reimbursement:		
a. Reimbursement for mileage to volunteers (volunteer provided vehicle)? A0080		
b. Reimbursement for mileage to enrollee, family, neighbor? A0090		
c. Taxi fares A0100		
d. Bus fares on intra and interstate carriers? A0110		
e. Van service, public and private transportation (except wheelchair vans)? A0120		
f. Wheelchair van service, public and private transportation? A0130		
g. Mileage paid to caseworkers or social workers? A0160		

h. Recipient travel expenses A0180, A0190		
i. Attendant travel expenses? A0200, A0210		
j. Ancillary Costs – parking, tolls A0170		
k. Ambulance (stretcher only – no life support) A0999		
54. Do you allow NEMT vendor delivery charge for prescriptions as long as it meets least expensive criteria?		
55. For Reimbursement for Travel Related Expenses? <ul style="list-style-type: none"> • Do you use the state mileage, subsistence and lodging reimbursement rates? • Do you provide money for travel in advance or after the trip is complete? 		

RECORD KEEPING – TRANSPORTATION FILES

Throughout the process, the DSS keeps records and documents activities. This section explores how the process is documented and files kept. This also is the place for the review team to record observations as the files are reviewed on site.

QUESTION	DSS RESPONSE	OBSERVATION
RECIPIENT TRANSPORTATION FILES		
<p>56. Does your agency keep a recipient transportation file for each eligible individual or family, labeled with the casehead’s name that contains:</p> <p>a. DMA-5046 - <i>Notice of Rights/Responsibilities</i>, or document that it was mailed (or handed?) to recipient</p>		
<p>b. DMA-5047 – <i>Medicaid Transportation Assessment</i> – completed during the current certification period or within past 12 months</p>		
<p>c. DMA-5048 <i>Exception Verification Form</i> (where applicable)</p>		
<p>d. Prior Approval Notices/documentation (where applicable) – letter (including EPSDT service prior approvals) or name of individual with DMA Clinical Policy office who verified prior approval</p>		
<p>e. DMA-5024 – <i>Transportation Assessment Notification</i></p>		
<p>f. No Show and Suspension Notices (where applicable)</p> <ul style="list-style-type: none"> ▪ DMA-5125 - <i>No-Show Notice</i> ▪ DMA-5125A- <i>No-Show Final Notice</i> ▪ DMA-5125B – <i>Suspension Notice</i> 		
<p>g. DMA-5119 - <i>Denial of Transportation Request(s)</i></p>		

NEMT VENDOR FILES

<p>57. Does your agency keep a file on each NEMT vendor that documents they are not excluded from participating, that contains:</p> <p>d. DMA-5124 – <i>Medicaid Transportation Provider Documentation</i></p>		
<p>e. DMA-5124A – <i>Medicaid Transportation Provider Documentation Addendum</i> to document verification that the NEMT vendor is not in the Federal and/or State excluded-parties databases</p>		

TRIP LOGS, VERIFICATION AND MONITORING FILES

<p>58. Does your agency keep transportation logs using DMA-2056? If not, what log is used (please provide a copy)?</p>		
<p>59. How does your agency document verifications that Medicaid Covered Services were received on the date each trip was provided?</p>		
<p>a. Is DMA-5118 - <i>Verification of Receipt of Medicaid Covered Service</i> used?</p>		
<p>b. If not, what form or process is used?</p>		
<p>60. How does your agency document the quarterly 2% random review of trips/monitoring efforts – using DMA-5078 - <i>Medicaid Transportation Monitoring Report</i>?</p>		
<p>61. How are your agency's DMA-2055 - <i>Reimbursement Request Form</i> filed?</p>		