NATIONAL MEDTRANS

Provider Manual 2020

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Introduction – Who We Are

National MedTrans was established in 2005 in the state of New York. Its founders were transportation providers who saw the need for a private company to manage transportation benefits for payers as New York State began to allow for the privatization of Medicaid benefits.

National MedTrans has experienced tremendous growth through the years as the company strives to achieve its mission of ***transporting members to better health***. We know that it is our providers (who keep us connected to our members) that are the real value chain of our organization.

National MedTrans currently operates throughout the United States. We have offices in New York, Utah, and California, with call centers located in New York, Texas, Virginia, and Utah. We strive to have the resources available to assist you. Our hours of operation are Monday through Friday, 7:00am–7:00pm, with accommodations made for the unique demands of each market. We also have after-hours and on-call services available.

This provider manual may be periodically updated.

Definitions

Approved Credentialed Status: Provider who has completed all credentialing requirements, and has been approved by the credentialing committee.

Approved Credentialed Date: Date of credentialing committee approval. Date will be reflected in Zoho as In-Network status date.

Health Insurance Portability and Accountability Act (HIPAA): Is the United States legislation that provides data privacy and security provisions for safeguarding medical information.

National MedTrans, LLC and subsidiaries: (MedTrans)

Business Associate Agreement (BAA): A contractual agreement maintained by providers or plans to ensure the business associate will use private or personal health information only for the purpose for which it was authorized/intended by the covered entity. The BAA will include assurance that safeguards are in place to protect the transition of information and the misuse of information. It also identifies and fulfills MedTrans' requirements / obligations to the HIPAA Privacy Rule.

Vehicle inspection: Process in which Field Operations Reps will complete a vehicle inspection to review vehicle safety, documentation, operability and compliance with federal and or state requirements.

Inspection Types

Initial: Inspection to be completed when a new provider is added to MedTrans' network. All initial inspections must be completed prior to committee approval.

Semi Annual: Semi-annual inspection as required by state.

Annual: Annual inspection as required by state.

Re-Cred: Re-cred inspection.

Fleet Addition: Additional-vehicle inspection to be completed when a new vehicle is added to fleet of an existing transportation provider.

Re-Inspection: Follow-up inspection done after a vehicle has failed an inspection.

Spot Check: Random vehicle inspection.

Resources and Services – How We Can Help You

Quick Reference Guides – Addresses and Phone Numbers

National MedTrans is committed to providing you with accurate and timely information about our programs, products and policies. Our **Provider Services Line** and **Provider Services** teams are available to assist you with any questions you may have. Our toll-free Provider Services number is available during normal business hours and is staffed with knowledgeable specialists. They are trained to handle specific plan issues such as **eligibility, claims, benefits information and contractual questions.**

Operations

The Operations Department handles the dispatching and resolution of National MedTrans' members' trips. Each regional team has been organized to specifically handle the unique dispatch needs of the market.

Please see the contact information for your specific Team below:

Operations Team	*Phone Number*	*Email Address*
Northeast Region	(844) 885-2696	providerrelations@natmedtrans.com
West Region	(855) 700-1824	westcoastproviderrelations@natmedtrans.com
Ohio	(844) 525-3087	centralproviderrelations@natmedtrans.com
Southeast Region	(844) 525-3092	southeastproviderrelations@natmedtrans.com
Central Region	(844) 525-3087	centralproviderrelations@natmedtrans.com
Missouri	(833) 444-4962	centralproviderrelations@natmedtrans.com

These teams are available to support you with trip-specific and dispatching information. Whether you need member contact information, a corrected mode of transportation, or additional trips within your service area, the Operations Department is your point of contact.

Provider Relations Department

The Provider Relations Department is your designated resource as a Network Provider to assist with any question you might have. Whether it be billing, training, resource management, Provider Portal (discussed later), and any other challenge you may be experiencing.

Provider Portal

The Provider Portal is National MedTrans' web-based tool to electronically dispatch and bill for transports provided to our members. The below information provides a high-level overview of its functionality.

Secure Access

Each Provider is given login credentials to securely access their Provider Portal that contains only their trip details.

Dashboard - Found in "Home" tab

The Dashboard is intended to give an overview of each provider's trips with details such as number of trips assigned, accepted, completed, and attested, as well as quality score and other useful metrics.

Trip assignments & management - Found in "Trips" tab

Providers can view trips that are assigned to them and indicate whether the trip is rejected or accepted. Rejected trips return to National MedTrans for reassignment, while accepted trips remain in the Provider Portal.

The manifest will display accepted trips and their details for a given day and/or date range.

The Cancellation and Attestation sections allow providers to confirm transports that were completed and/or cancel transports that did not occur. Attestation is the first step of National MedTrans' billing cycle.

Explanation of Payments (EOP) - Found in "Trips" tab

Upon receipt of payment from National MedTrans, the Provider Portal provides the remittance of the corresponding payment via EOP.

The EOP section also gives the current status of claims in question in National MedTrans' billing cycle—whether pending, processing, cancelled, or complete.

Appeals - Found in "Trips" tab

If there is a question about a payment, the provider is linked to National MedTrans Appeals Department via the Provider Portal. Additionally, if a claim remains unpaid, a review of that claim can be requested via the Provider Portal.

The Marketplace - Found in "Trips" tab

The Provider Portal allows the provider to pick up additional trips that are available in their service area. A filtered search can be performed to match the specific modes of transportation provided as well as counties and cities serviced.

Administration functions - Found in "Manage" & "Credentialing" tabs

The Provider Portal also allows providers to add or remove drivers and vehicles, update credentialing files, and to identify/update service areas.

Dispatch Process

- Trips are scheduled by the member through National MedTrans' Customer Service Representatives.
- Trips are assigned to a Network Provider within the member's service area via the National MedTrans Provider Portal.
- The Provider receives notice of the trip assignment via their Provider Portal with a minimum of 48 hours prior notice.
- The Provider can choose to accept or reject the trip.
- If accepted, the provider performs the trip. If rejected, the trip is returned to National MedTrans for reassignment.

Trip Assignment

National MedTrans uses software called "Smart Dispatch" to assign trips to providers. Smart Dispatch takes the guesswork out of the process and allows for efficient trip assignment. All Network Providers will begin receiving trips based on the following variables considered in Smart Dispatch:

- Service area
- Mode of transportation
- Member trip history and preference
- Fleet size and Provider capacity

How to Increase Trip Volume

Provider Rewards Program

Improve quality ratings

National MedTrans uses a Provider Scorecard to measure quality. The Scorecard compares number of trips to number of grievances filed (among other factors) to provide a quality rating. Providers that have higher quality ratings will be assigned more trips than providers with lower quality ratings. A Provider can work to improve this score by performing on-time pick-ups, assigning courteous drivers, and adhering to the policies and obligations outlined in this manual.

Provider Portal Utilization

National MedTrans' Provider Portal is the online tool utilized for both dispatching and billing of transports. The more this tool is accurately utilized, the smoother processes flow. Therefore, additional trip volume is made available to Providers who utilize the Provider Portal.

Frances - Mobile App Utilization

Utilizing the National MedTrans Mobile App ("Frances") helps to improve National MedTrans' quality of service to its members and providers, alike. Additional trip volume will be awarded to providers who actively utilize this application.

It is important to realize that it is more than just the size of your fleet that determines your company's trip volume. The above-mentioned items can have more of an effect on trip volume than fleet size. Quality and compliance are always rewarded.

Billing & Claims Processing

Prompt Pay Guidelines

National MedTrans will adjudicate clean claims in accordance with state and federal law. Clean claims are those that can be processed without obtaining additional information from the provider or a third party. A claim is deemed to have been received as of the date of attestation with completed information. The date of receipt is the date of attestation or the first business day following the date of attestation if attestation occurs after 5:00 PM CST Monday through Friday. Providers may attest to trips on Saturday or Sunday. Claims attested during the weekend (Saturday or Sunday) will have a date of receipt of the following Monday.

In order to fully adjudicate a claim, National MedTrans may need additional information from the provider. A request for additional information may include the provision of a W-9 form, mailing address validation, or clarification of your legal name.

Any request for additional information not received within 60 days from the attestation date will cause your claim to be denied for lack of information. National MedTrans appreciates your cooperation and your prompt response to any requests you may receive. If you should have any questions or concerns related to this, please contact Provider Relations.

Trip Address and Distance Validation

National MedTrans performs routine validation of trip instances as a mechanism to ensure payment accuracy to providers. Situations arise where an invalid address is identified and corrected which leads to a mileage recalculation for the trip instance.

If a provider disagrees with a correction that has adjusted the calculated mileage, the provider should still proceed with the attestation of the trip instance to avoid payment delay. Attestation of a claim does not preclude a provider from appealing or requesting reconsideration of a mileage recalculation.

If a provider wishes to request reconsideration of any payment brought about by a mileage recalculation, the provider may appeal via the National MedTrans Provider Portal.

Conjunction with Explanation of Payments (EOP) tab in Provider Portal

The EOP tab within the Provider Portal provides you with remittances for your payments as well as status of claims within National MedTrans' billing cycle.

Correlation with Appeals Department

Claim Appeals, whether unpaid or discrepancies, can be performed and tracked via the Provider Portal.

Billing Cycle

National MedTrans' billing cycle is initiated by attestation via the Provider Portal. Attestations should be performed as soon as possible following the date of service to ensure timely filing within state and federal guidelines.

Checks

Payments are issued bi-monthly and are mailed to the provider's address on file or submitted via EFT.

EOPs

Explanation of Payment (EOPs) are available via the Provider Portal. They provide a breakdown of the check payment by member and trip date. Additionally, the EOP tab in the Provider Portal will identify where in National MedTrans' billing cycle the claim resides.

Ambulance Billing (primary and secondary)

Billing for ambulance transports, whether in the primary or secondary position, is coordinated through the Provider Portal. Attestation confirms that the transport has been performed, coordination of benefits is performed when appropriate, and payment is made. When exceptions exist, those exceptions will be communicated to providers via the Provider Relations Team.

Fee Schedule

National MedTrans' fee schedule for your service area is available upon request. Simply contact the Provider Relations Department via phone or email.

Quality Management

Quality Improvement Program (QIP)

National MedTrans maintains an ongoing program of quality management and quality improvement to facilitate, enhance, and improve member care and services while meeting or exceeding customer needs, expectations, and regulatory standards.

The Quality Department is tasked with ensuring quality metrics are met for its payer clients, on behalf of their members, by our providers. The Quality Department is also responsible for ensuring accurate trip information is provided for scheduled transports.

In the event of a grievance, whether filed by a member, payer client, or provider, it is the responsibility of the Quality Department to find the appropriate resolution that is beneficial to all involved parties.

Credentialing

To become a participating provider, all applicants must be fully credentialed and approved by our Credentialing Committee. In addition, to remain a participating provider, all practitioners must go through recredentialing approval every 3 years.

Depending on the state in which you practice, National MedTrans will review all current information relative to your license, sanctions, insurance coverage, and other relevant documentation. We will request a written explanation regarding any adverse incident and its resolution, as well as corrective action taken to prevent future occurrences.

Before an applicant is accepted as a participating provider, credentials are evaluated. Vehicle inspections are required. Your professional networks representative will inform you of any vehicle inspection requirements during the recruiting process. Providers must pass the vehicle inspection review prior to activation.

The Credentialing Committee reviews the information submitted in detail based on approved credentialing criteria. National MedTrans will request a resolution of any discrepancy in credentialing forms submitted. Providers have the right to review and correct erroneous information and to be informed of the status of their application.

Providers have the right to appeal any decision regarding your participation made by National MedTrans based on information received during the credentialing or recredentialing process. To initiate an appeal of a credentialing or recredentialing decision, please follow the instructions provided in the determination letter received from the Credentialing Department.

Please respond to calls or inquiries from National MedTrans to make sure that the credentialing and/or recredentialing process is completed in a timely manner.

It is important to note that the recredentialing process is a requirement of both the provider agreement and continued participation with National MedTrans. Any failure to comply with the recredentialing process constitutes termination for cause under the provider agreement.

Recredentialing requests are sent no later than 90 days prior to the recredentialing due date. National

MedTrans will make three attempts to procure a completed recredentialing application from the provider. If the Credentialing Department is unable to secure complete recredentialing information, a termination letter will be sent to the provider as per their provider agreement.

For any documents that may expire (driver's licenses, insurance information, training, etc.), Providers must keep current information on file with National MedTrans to ensure ongoing compliance.

Documents required for initial credentialing and recredentialing include the following, please also see additional state-specific credentialing requirements in the appendix to this provider manual:

Initial Credentialing

All documents must be received within 180 days of the signed application to be considered for credentialing approval. Documentation required for all states is listed below with state specific requirements outlined following:

Provider/Company Requirements Checklist:

- Application (completed, signed and dated)
- Disclosure of Ownership and Controlling Interest Statement
- W9
- Business License
- Articles of Incorporation
- Fictitious Business Name Statement [if there is a DBA (Doing Business As) associated with company]
- Proof of Federal Tax ID (SS4 Letter, Federal Deposit coupon)
- National Provider Identifier (NPI) number
- Owner(s) Driver License
- Certificates of Insurance listing National MedTrans, LLC, or its subsidiary as additional insured (under the Description of Operations field) and Certificate Holder
  - Automobile Liability
  - General Liability
  - Workers Comp
- Medicaid ID Number (required for all modes of transportation)

Vehicle Requirements:

- Current Insurance Cards
- Commercial Registration from Department of Motor Vehicles for each vehicle listed

Driver Requirements:

- Current Driver(s) License
- All drivers listed have an approved federal and state Criminal Background (Sex Offender, Adult and Child Abuse/Neglect)
- All driver(s) listed have an approved state BCI or FBI Criminal Background Check.
- Passenger Service and Safety (PASS) Training Program. (http://training.ctaa.org/)
- All drivers listed have been verified against the National Sex Offender Public Website NSOPW or similar verification (https://www.nsopw.gov/).
- All drivers listed have been verified and are not listed on the System for Award Management (SAM) (www.sam.gov).

- All drivers listed have been verified and are not listed on the Office of Foreign Assets Control sanction (Terrorist) List (OFAC) (https://sanctionssearch.ofac.treas.gov/
- All drivers have been verified against Office of Inspector General website OIG (https://exclusions.oig.hhs.gov)
- Pre-employment drug test and annual thereafter
- Basic First Aid and CPR Certification

Site Visit and Vehicle Inspection:

All site visits and vehicle inspections are to be completed prior to credentialing decisions

Recredentialing

See initial credentialing checklist

Any questions regarding your initial or recredentialing status can be directed to our Provider Services line.

Site Visits

It is the policy of National MedTrans to annually monitor the compliance of its Contracted Providers to the agreed upon standards set forth at the onset of contractual obligation. Providers are subject to an initial on-site visit prior to final credentialing approval.

The purpose of the site visit is to monitor Provider compliance with contractual requirements regarding vehicle safety, licensing, registration and ADA requirements. Site visits may include ride along, secret shopping, or any specific requested audit tactics.

National MedTrans will check the vehicle condition of all vehicles listed in the provider documentation and standards of our transportation provider network as it conducts site visits. Any vehicle that does not have completed inspection information in the credentialing file cannot be used to transport National MedTrans members.

Vehicle Inspections

National MedTrans will check the condition of vehicles engaged in the transportation of its members as it conducts site visits. A portion of the site visit is to ensure that the transportation provider fleets are being inspected for physical accessibilities such as: working order, all doors open and close properly, wheelchair lifts are in working condition, clean in appearance, contain appropriate signage and meet applicable State and/or Federal mandates.

Vehicles are also inspected to ensure providers do not transport more passengers than the registered passenger seating capacity. Providers must remove any vehicle from service immediately that does not meet these standards.

If applicable, transportation providers are required to ensure adequate seating for paratransit services for each enrollee and escort, child, or personal care attendant. Providers shall also ensure that the vehicle meets all stated requirements and does not transport more passengers than the registered passenger seating capacity in a vehicle at any time.

At minimum, vehicles will be inspected annually by National MedTrans to ensure proper safety and

operations. Vehicle inspections may occur more frequently to comply with State Specific requirements (from DOT, DOH or Department of Medicaid in each market). The annual inspection confirms that National MedTrans adheres to state inspection guidelines.

Vehicle inspections are documented by National MedTrans' Field Operations Representatives during site visits. Any failures or correcting actions required will be documented in the comments section of the inspection form. Field Operations Representatives will set up a follow up date for re-inspection.

Vehicles that fail inspection will be removed from network and may not be used by the provider to transport National MedTrans members. If the vehicle is not in working order, a National MedTrans representative will inform the provider the vehicle must be removed from the Providers active fleet of vehicles. Once the vehicle is repaired or updated and National MedTrans is informed a representative will complete re-inspection prior to allowing the vehicle to return to transporting members.

Vehicle Inspection Checklist

General Info:

- Provider Name
- DBA Name
- Provider ID
- Market
- Address/City/County/State/Zip Code
- Inspector's Name
- Provider Representative
- Date of Inspection
- General Notes

Vehicle Information:

- Inspection type
- Mode of Transportation
- VIN/Year/Make/Model/Color
- Vehicle Capacity
- Vehicle Unit Number
- Registration Current, Present, In business name, License Plate
- MVI Sticker displayed
- Odometer Reading
- Proof of insurance current, present, expiration
- National MedTrans Inspection Sticker

Exterior Safety:

- Front and Rear Tire Tread
- Vehicle Body Integrity
- Working Brakes and Brake Lights
- Headlights, Hazard Lights, Reverse Lights, Turn Signals
- Parking Brake
- Functional Side mirrors
- Windshield Condition
- Operational Wipers and Washers
- Exhaust
- Horn

- Jack and Spare Tire
- Company Sign/Placard on both sides

Interior Safety:

- Operational Heater/Air Conditioner/Defroster
- Operational Doors and Windows
- Working Speedometer/Odometer
- Rubber/Carpet Floor (washable)
- Washable Seats
- First Aid Kit
- Bio-Hazard Spill Kit
- Fire Extinguisher
- Seat Belts, Seat Belt Cutter
- 2-way Radio or Cell Phone
- Metal Step/Running Board
- Wall Panel/Header
- 2 Seat Belt Extensions
- Emergency Triangle Reflectors
- Interior Lights
- Rear-view Mirror
- Map of Service Area
- Clean Interior
- Child Seat
- Extra Electrical Fuses
- Operational Flashlight
- Loose items secure and off the floor
- Ice Scraper (Where required)

Wheelchair Components:

- Loading Entrance and Emergency Exit large enough for standard wheelchair
- Working Lift or Ramp
- Hand Rails
- Wheelchair Restraints
- Shoulder Restraint
- Lap Belt
- Parking Brake & Engine Interlock System

Stretcher Components:

- Loading Entrance large enough for both patient and gurney
- Operational Locking Door, Inside & Out
- Restraints to secure gurney in vehicle
- Gurney with Mattress and Upper & Lower Restraints
- Attendant Seat in Patient Compartment
- Pillows and Paper Blankets

Other Information:

- Overall Inspection Status
- Next Inspection Due
- Provider Sign and Date (full name)
- Inspector Sign and Date (full name)

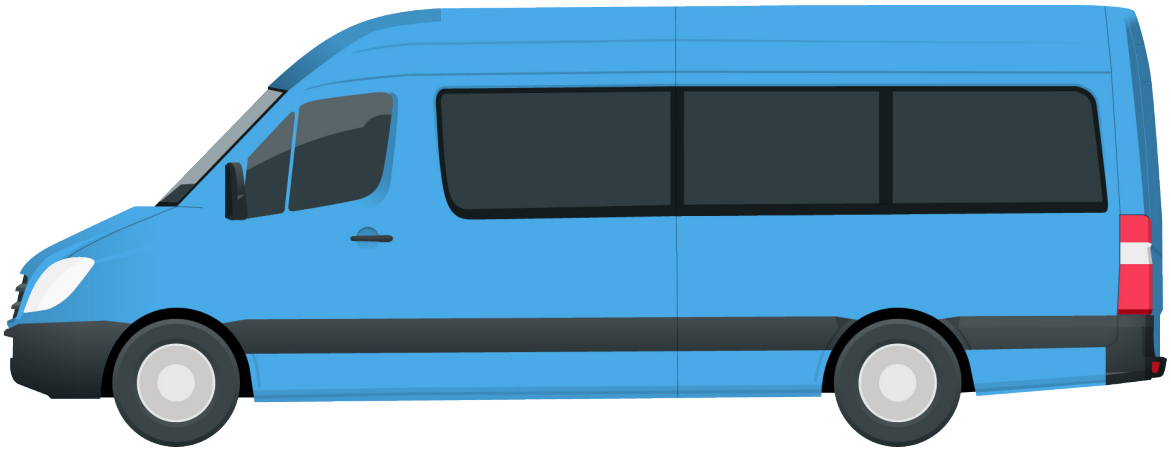
Provider Appeal Rights

Providers will be notified in writing of any adverse determination related to provider's credentialing and/or its status as a participating provider in MedTrans' network. This notification will include reasons for the action, along with a description of the appeals process. The provider will have the right to appeal the decision and request a hearing in writing within 60 calendar days of the decision.

National MedTrans will appoint a committee and/or hearing officer to review the appeal.
Once a decision has been made, National MedTrans will notify the provider in writing with specific reasons for the decision.

All completed materials are submitted to:

Contact Information:
National MedTrans, LLC.
2950 Express Drive South 2nd Floor
Islandia, NY 11749
Attn: Credentialing Department
Phone #: (844) 885-2696
Fax #: (516) 858-4110



Provider Obligations

Driver Expectations

It is the drivers' responsibility to ensure not to leave a beneficiary unattended at any time. It is unacceptable for a driver to use alcohol, narcotics, illegal drugs, or prescription medications that impair their ability to perform.

It is unacceptable for a driver to smoke in the vehicle, while assisting a beneficiary or in the presence of the beneficiary. Beneficiaries or their adult attendant cannot smoke in the vehicle.

It is unacceptable for a driver to wear any type of headphones while on duty, with the exception of hands-free headsets for mobile telephones which can only be used for communication with the NET Provider or to call 911 in an emergency.

It is unacceptable for a driver to touch any passenger except as appropriate and necessary to assist the passenger into or out of the vehicle, into a seat and to secure the seat belt or as necessary to render first aid or assistance which the NET Driver has been trained.

It is unacceptable for a driver to provide NET services to Medicaid beneficiaries without completing a national and state background check.

Driver Compliance

Upon request by National MedTrans, Provider will furnish to National MedTrans documentation demonstrating its compliance with applicable requirements within 24 hours of such a request. Persistent failure to respond to a request may result in termination from the National MedTrans network.

It is the Provider's responsibility to ensure that its organization and drivers are compliant with State, Federal, and other applicable regulatory standards. National MedTrans supplies its Providers with templates and information via its website as a support, but the ultimate responsibility resides with the Provider.

All drivers must have an active driver's license and must be listed in the current Driver Roster sent as part of the Provider Documentation at the time of credentialing. Any driver not listed in the Provider File will not be permitted to drive National MedTrans members and claims will not be paid to these drivers. Any moving violations or other incidents related to any driver must be reported to National MedTrans.

Compliance requirements include monitoring drivers against the following on a monthly basis as well as any required state-specific monitoring:

- All drivers have been verified against Office of Inspector General website OIG (https://exclusions.oig.hhs.gov)
- All drivers listed have been verified against the National Sex Offender Public Website NSOPW or similar verification (https://www.nsopw.gov/).
- All drivers listed have been verified and are not listed on the System for Award Management SAM (www.sam.gov).
- All drivers listed have been verified and are not listed on the Office of Foreign Assets Control

sanction (Terrorist) list (OFAC) (https://sanctionssearch.ofac.treas.gov/

Firearms

It is National MedTrans' policy that drivers do not carry firearms in the cab of their vehicle while transporting members.

Impairment

Drivers are not permitted to transport members while under the influence of drugs or alcohol.

Record Keeping

As per CMS guidelines, Providers are required to keep accurate records of transports provided to CMS beneficiaries and follow all state-specific guidelines and maintain records for a period of 10 years.

As per the Medical Transportation Provider Manual, providers must maintain sufficient documentation to identify the recipients transported, trips made, locations traveled, driver qualifications, vehicle capabilities, and safety information.

Trip Tickets

A daily trip log must be maintained to document the specific date, time and destination of a recipient's transport. The daily trip log must meet the following requirements:

- Be written in ink
- Maintained in a chronological order
- Include the following information:
  - Recipient's full name
  - Medicaid number
  - Recipient address
  - Recipient destination
  - Departure date
  - Departure time
  - Arrival time
  - Driver's full name
  - Vehicle number
  - Any related comments

All documentation must be maintained for ten years from the date paid.

Incident reporting

In the event of an accident or escalated event involving a member, National MedTrans requires Providers to follow specific procedures to identify, communicate, and coordinate resolution. First, ensure that medical and emergency Personnel are contacted. Second, inform all involved parties and Provider Relations. Third, notify National MedTrans of any update related to the occurrence within 3 business days.

Notices from National MedTrans

National MedTrans utilizes email to provide updates to its network of providers. Providers will be required to maintain updated email contact information on file with National MedTrans to ensure open lines of communication.

Credentialing documents (re-credentialing)

Provider Agreements are valid for three (3) years. At the end of that time period, that Provider must renew their Provider Agreement (re-credential). Re-credentialing is the process of ensuring that all Provider credentialing documents are up to date and in line with applicable regulatory guidelines and standards. Once re-credentialed, the Provider Agreement is renewed and valid for another three (3) year period. If a Provider becomes aware of a change to the information contained in its credentialing file prior to the commencement of the next recredentialing period, it must communicate the change to National MedTrans as soon as possible.

Attestation

Attestation is the formal process of confirming that a trip was performed. Additionally, attestation is what starts the billing cycle. For detailed instructions on how to attest see the Provider Portal Instructions or contact National MedTrans Provider Relations at (844) 885-2696 ext. 1786.

Regulatory Compliance

Introduction

National MedTrans is dedicated to conducting business honestly and ethically with members, providers, suppliers and governmental officials and agencies. The need to make sound, ethical decisions as we interact with physicians, other health care providers, regulators and others has never been greater. It's not only the right thing to do, it is necessary for our continued success and that of our business associates.

The Ethics and Integrity Program promotes compliance with applicable legal requirements and fosters ethical conduct within the business. We provide guidance to its employees and contractors. Additionally, the Ethics and Integrity Program focuses on increasing the likelihood of preventing, detecting, and correcting violations of law or policy. The implementation of such a program, however, cannot guarantee the total elimination of improper employee or agent conduct. If misconduct occurs, we will investigate the matter, take disciplinary action, if necessary, and implement corrective measures to prevent future violations. Preventing, detecting and correcting misconduct safeguards our reputation, assets and the reputation of our employees.

Ethics and Integrity Program

The Ethics and Integrity Program incorporates recommended compliance program guidance from the Department of Health and Human Services Office of the Inspector General ("OIG"), the Centers for Medicare and Medicaid Services ("CMS"), and the Federal Sentencing Guidelines for Organizations (revised and amended, 2010). The purpose of the Ethics and Integrity Program is to ensure operational accountability and to provide standards of conduct for compliance with the obligations that govern federal and state programs.

Ethics and Integrity Program activities support the following seven key elements that facilitate prevention, early detection and remediation of violations of law and policies.

- Written Standards, Policies and Procedures
- High Level Oversight – Governance
- Effective Training and Education
- Effective Lines of Communication/Reporting Mechanisms
- Enforcement and Disciplinary Guidelines
- Auditing and Monitoring
- Response to Identified Issues

Examples of applicable regulations and requirements include but are not limited to:

- Medicaid: Title 42 CFR Part 438 Managed Care, and executed state contracts.
- Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and state health information privacy laws; Federal and state False Claims Acts.

We are governed by compliance program staff, led by the Chief Compliance Officer, which is responsible for oversight and management of the Ethics and Integrity Program. A Compliance Committee, consisting of senior managers from each of our key organizational functions provides direction and oversight for the Program.

Reporting and Auditing

Any unethical, unlawful or otherwise inappropriate activity by an employee which comes to the attention of a provider should be reported to directly to the Ethics and Compliance Help Center at (800) 455-4521.

An important aspect of the Ethics and Integrity Program is assessing high-risk areas of operations and implementing periodic reviews and audits to ensure compliance with law, regulations, and contracts. When informed of potentially, irregular, inappropriate or potentially fraudulent practices within the plan or by our providers, we will conduct an appropriate investigation. Providers are expected to cooperate with the company and government authorities in any such inquiry, both by providing access to pertinent records (as required by the Participating Provider Agreement) and access to provider office staff. If activity in violation of law or regulation is established, appropriate governmental authorities will be advised.

If a provider becomes the subject of a governmental inquiry or investigation, or a government agency requests or subpoenas documents relating to the provider's operations (other than a routine request for documentation from a regulatory agency), the provider must advise us of the details of this and of the factual situation which gave rise to the inquiry.

Fraud, Waste and Abuse

Every network provider and third-party contractor is responsible for conducting business in an honest and ethical way. This entails fostering a climate of ethical behavior that does not tolerate fraud or abuse, remaining alert to instances of possible fraud and/or abuse and reporting such situations to the appropriate person(s).

We conduct programs and activities to deter, detect and address fraud and abuse in all aspects of our operations. We utilize a variety of resources to carry out these activities, including anti-fraud services from other affiliated entities, as well as outside consultants and experts when necessary.

If adverse practice patterns are found, interventions will be implemented on a variety of levels. The first is with the individual practitioners. The emphasis is heavily weighted toward education and corrective action. In some instances, corrective action, ranging from reimbursement of overpayments or further action, including potential termination—may be imposed.

If mandated by the state in question, the appropriate state board will be notified. If the account is Medicaid or Medicare, the Office of the Inspector General or the State Attorney General's office will also be notified.

The Deficit Reduction Act of 2005 (DRA) contains many provisions reforming Medicare and Medicaid that are aimed at reducing fraud within the health care programs funded by the Federal government. Under Section 6032 of The DRA, every entity that receives at least five million dollars in Medicaid payments annually must establish written policies for all employees of the entity, and for all employees of any contractor or agent of the entity, providing detailed information about false claims, false statements and whistleblower protections under applicable federal and state fraud and abuse laws. As a contracted provider you and your staff are subject to this provision.

All Network Providers and third party contractors are expected to promptly report any perceived or alleged instances of fraud. Reporting may be made directly to the Compliance Helpline at 1-800-455-4521.

HIPAA

We use and disclose our members' protected health information (PHI) only for purposes of treatment, payment and health care operations. We remind providers that they are obligated, both by applicable law and the standard provider participation agreement, to obtain the consent of our member, who is their patient, as it relates to the use of PHI for any purposes other than those permitted by law. Providers are also required to timely inform us about any breach of the HIPAA privacy rules and cooperate with reasonable actions designed to remediate the adverse effects of such a breach.

Like all members of the health care industry, we are aware of the significant HIPAA security challenges we all face. We are committed to adopting and updating its physical, electronic and administrative safeguards to protect our member's PHI.

We encourage our network participating providers to adopt similar safeguards that are suitable to the associated risks and their individual environments to further secure PHI. The Omnibus Rule made final and clarified many of the amendments to the HIPAA Privacy and Security Rules originally promulgated under ARRA/HITECH in 2009. With certain exceptions, compliance with the new provisions is required by September 23, 2013. We will update our manual as appropriate to reflect the changes to HIPPA.

False Claims Acts

We comply with federal and state law to prevent and detect fraud, waste, and abuse in government health care programs. We comply with Section 6032 of the federal Deficit Reduction Act of 2005 (DRA).

Federal False Claims Act

The False Claims Act (31 USC § 3279-33) is a federal statute that covers fraud involving any federally funded contract or program, including the Medicare and Medicaid programs. The Act establishes liability for any person who knowingly presents or causes to be presented a false claim to the U.S. government for payment.

The term "knowingly" is defined to mean that a person, with respect to information: has actual knowledge of the falsity of information in the claim; acts in deliberate ignorance of the truth or falsity of the information in a claim; or acts in reckless disregard of the truth or falsity of the information in a claim.

The Act does not require proof of a specific intent to defraud. Instead, people can be prosecuted for a wide variety of conduct that leads to the submission of fraudulent claims to the government, such as knowingly making false statements, falsifying records, double billing for items or services, submitting bills for services never performed or items never furnished, or otherwise causing a false claim to be submitted. Penalties can be up to three times the value of the false claim, plus from $5,500 to $11,000 in fines, per claim.

Qui Tam "Whistle-blower" Provisions

To encourage individuals to come forward and report misconduct involving false claims, the Act includes a "qui tam" or whistle-blower provision. This provision essentially allows any person with actual knowledge of false claims activity to file a lawsuit on behalf of the U.S. government. Individuals seeking whistle-blower status must meet several criteria to prevail as outlined below.

Original Source

The whistle-blower must be the "original source" of the information reported to the U.S. government. Specifically, the whistle-blower must have direct and independent knowledge of the false claims activities, must voluntarily provide this information to the government, and the matter disclosed cannot already be the subject of a federal investigation.

Rights of Parties to Qui Tam Actions

If the government determines that the lawsuit has merit and decides to join, the lawsuit will be directed by the U.S. Department of Justice. At this point, the government will be the "plaintiff," or party suing. If the government decides not to intervene, the whistleblower can continue with the lawsuit on his or her own.

Award to Qui Tam Whistle-blowers

If the lawsuit is successful (after being prosecuted by the government), the whistle-blower may receive an award ranging from 15 to 30 percent of the amount recovered by the government. The whistle-blower may also be entitled to reasonable expenses, including attorneys' fees and costs for bringing the lawsuit.

No Retaliation Protection for Whistle-blowers

In addition to a financial award, the Act entitles whistleblowers to additional relief, including employment reinstatement, back pay, and any other compensation arising from retaliatory conduct against a whistle-blower for filing an action under the Act or committing other acts, such as providing testimony of assisting in a False Claims Act action. Our employees are protected from retaliation (e.g. discharge, demotion, suspension, threat, harassment, discrimination, or anything similar thereto), in the event any employee files a claim pursuant to the Act or otherwise makes a good faith report alleging fraud, waste or abuse in a federal health care program, including the Medicare and Medicaid programs, to the health plan or the proper authorities.

Nondiscrimination

Section 504 of the Rehabilitation Act of 1973 is a national law that protects qualified individuals from discrimination based on their disability. Under this law, individuals with disabilities are defined as persons with a physical or mental impairment which substantially limits one or more major life activities. People who have a history of, or who are regarded as having a physical or mental impairment that substantially limits one or more major life activities, are also covered. Major life activities include caring for one's self, walking, seeing, hearing, speaking, breathing, working, performing manual tasks, and learning. Some examples of impairments which may substantially limit major life activities, even with the help of medication or aids/devices, are: AIDS, alcoholism, blindness or visual impairment, cancer, deafness or hearing impairment, diabetes, drug addiction, heart disease, and mental illness. You will accept members as new patients and provide Covered Services in the same manner as such services are provided to other patients. You will not discriminate against any member on the basis of source of payment or in any manner in regards to access to, and the

provision of, Covered Services. You will not unlawfully discriminate against any member, employee or applicant for employment on the basis of race, ethnicity, religion, color, national origin, ancestry, disability, medical condition, claims experience, evidence of insurability, source of payment, marital status, age, sexual orientation or gender.

National MedTrans will not discriminate against any provider on the basis of race, color, national origin, sex, age or disability. In order to prevent and address discriminatory conduct, National MedTrans submits all providers to the Credentialing Committee for approval.

In accordance with 42 CFR 438.206, National MedTrans will ensure that services are provided in a culturally competent manner to all Members, including those with limited English proficiency, hearing impairment, a speech or language disorder, physical disabilities, developmental disabilities, differential abilities, or diverse cultural and ethnic backgrounds.

Language Assistance

National MedTrans, in accordance with Title VI of The Civil Rights Act of 1964, requires participating providers to make interpreter services available. Title VI of the Civil Rights Act of 1964 states, “No person in the United States shall, on grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” Title VI applies to all recipients of federal funds, without regard to the amount of federal funds that they have received. Under federal law, providers are:

- Prohibited from singling out patients based on race or national origin, and cannot employ practices that have a discriminatory impact on individuals based upon their race or national origin.
- To notify patients with language barriers (hearing impaired or those with limited English proficiency) regarding their right to language assistance services as needed.
- To ensure equal access to and quality of health care for diverse populations he/she services. Upon request, we will provide information and instructions on how to access Hearing Impaired and Language Interpreter services in order to meet the cultural and linguistic needs of members.

Training

Ongoing training and compliance tools and resources are available to Network Providers. This is done to keep National MedTrans Providers in compliance with regulatory guidelines as well as provide resource outlets as exemplified below:

- Driver Training Program
- Disaster Recovery & Contingency Plan
- Provider Code of Conduct
- FWA and HIPAA training

A section of the National MedTrans website (www.natmedtrans.com) is a dedicated resource for provider training, compliance, documents and other resources.

Appendix – Alabama

Credentialing documents

- Certificate of Insurance (COI) for General Liability (500K) and Automobile Liability (COI) (500K), listing National MedTrans, LLC. 2950 Express Drive South 2nd Floor Islandia, NY 11749 as additional insured

Appendix – California

Credentialing documents

Provider Requirements

- Certificate of Insurance (COI) for General Liability ($1M) and Automobile Liability (COI) ($1M), Workers Comp ($1M) and Professional Liability for Ambulance ($1M) listing California National MedTrans Network IPA, 2950 Express Drive South 2nd Floor Islandia, NY 11749 must be listed as Additional Insured
- Company MTS Permit (Service area's Lemon Grove, El Cajon, Imperial Beach, La Mesa, Poway, City of San Diego, Sant Tee and National City)
- Company CHP Permit
- Ambulance Protocols
- Proof of Medicare Participation (Letter or EOB)
- Proof of Medicaid Participation (Letter or EOB)

Vehicle Requirements

- CHP Certificate for each vehicle
- EMS Certificate for each vehicle
- Taxi vehicle permits for each vehicle listed
- LA DOT Vehicle permits for each vehicle listed (Los Angeles Ambulatory)

Driver Requirements

- H6 or DMV Driver Record Report for each driver listed (this report MUST be obtained within the last 6 months of Credentialing Application date.)
- Pre-employment Drug and Alcohol screen for each driver listed (if no pre-employment was obtained the a 10-panel screening will be needed)
- Paratransit Driver Permit for each driver listed
- Ambulance Driver Certificates for each driver
- Taxi driver permits for each driver listed
- LA DOT Driver Permits for each driver listed
- Medical examination report on CA DMV Form MCSA 5875 and MCSA 5876
- All drivers listed have been verified and are not listed on the Department of Corrections Inmate Search: (http://inmatelocator.cdcr.ca.gov/default.aspx)

Appendix – Florida

Credentialing documents

Provider Requirements

- Certificate of Insurance (COI) for General Liability (200K/300K); Automobile Liability (COI) (200K/300K), listing National MedTrans, LLC. 2950 Express Drive South 2nd Floor Islandia, NY 11749 as additional insured

Driver Requirements

- Florida State Driver/Chauffeur License
- 7-year Motor Vehicle Report
- AHCA Criminal Background Check or a Level II Background
- All drivers listed have completed an approved state Pre-Employment DOT Drug Test.
- All drivers listed have completed an approved state CPR/First Aid Class.
- Ambulance Certification (if applicable)

Appendix – Kansas

Provider Documents

- All providers must be enrolled in KMAPS prior to credentialing. Providers must have an active KMAPS ID prior to credentialing decisions.
- Certificate of Insurance (COI) for Automobile Liability (1mil) General Liability (1mil) Workers Comp listing 2950 Express Drive South 2nd Floor Islandia, NY 11749 as additional insured

Driver Requirements

- Driver(s) Class C License for each driver must be at least 21 years of age
- All drivers listed have an approved KBI Criminal Background Check (785-296-8200)

Vehicle Documents

- Ambulance Vehicle Permits
- Ambulance Commercial Registration

Appendix – Louisiana

Provider Documents

- Certificate of Insurance (COI) for General Liability ($300K); Automobile Liability (COI) ($25K/$50K, & 25K Property Damage), and Workers Comp ($500K) listing National MedTrans, LLC. 2950 Express Drive South 2nd Floor Islandia, NY 11749 as additional insured. If transporting across state lines, required Automobile Liability coverage is one million.

Driver Requirements

- Driver(s) License, Class D or CDL - driver must be 25 years or older
- Defensive Driving Certificates, (In classroom Only)
- National Background check. (required every five years and performed by Louisiana State Police OR approved LSP vendors)
- Parish NEMT/CPNC Driver Permit (If Applicable)

Vehicle Requirements

Credentialing & Vehicle Inspection

When credentialing providers and their corresponding vehicles in Louisiana, all initial inspections and fleet additions are to be completed as part of the credentialing process. No provider or vehicle can be approved as an active in-network provider until after a successful vehicle inspection has been completed.

Appendix – Michigan

Credentialing documents

Provider Documents

- Certificate of Insurance (COI) for General Liability ($100K); Automobile Liability (COI) ($500K), and Workers Comp ($100K) listing National MedTrans, LLC. 2950 Express Drive South 2nd Floor Islandia, NY 11749 as additional insured
- Lara Certificate
- Passenger Plate registration for each vehicle registered with company name
- Vehicles 5 Years or older must have yearly vehicle inspections certifications
- All Providers must be enrolled in Medicaid via the Michigan's CHAMPS process

Driver requirements

- Current Chauffeur Driver License
- Motor Vehicle Report for each driver listed (no DWI in 3 years, no more than 2 driving violations in 3 years will be approved) pulled annually
- Pre-employment 5-panel drug screen for each driver listed (required annually)

Appendix – Missouri

Credentialing Documents

Provider Documents

- Certificate of Insurance (COI) for General Liability ($350K, for providers with 12 or fewer vehicles; $550K for providers with 13+ vehicles); Automobile Liability (COI) ($350K) and Workers Compensation required for providers with greater than 5 employees including owners - listing National MedTrans, LLC. 2950 Express Drive South 2nd Floor Islandia, NY 11749 as additional insured

Appendix – Mississippi

Annual Review of Provider Manual

This provider manual will be reviewed on an annual basis and updated according to program requirements.

Prompt Pay Guidelines

National MedTrans must fully adjudicate (pay or deny) all pended claims within 60 calendar days of the date of receipt. The date of receipt is the date of attestation or the first business day following the date of attestation if attestation occurs after 5:00 PM CST Monday through Friday. Providers may attest to trips on Saturday or Sunday. Claims attested during the weekend (Saturday or Sunday) will have a date of receipt of the following Monday.

In order to fully adjudicate a claim, National MedTrans may need additional information from the provider. A request for additional information may include the provision of a W-9 form, mailing address validation, or clarification of your legal name.

Effective immediately, any request for additional information not received within 60 days from the attestation date will cause your claim to be denied for lack of information. National MedTrans appreciates your cooperation and your prompt response to any requests you may receive. If you should have any questions or concerns related to this, please contact Provider Relations.

Driver Obligations

All driver requirements and obligations are based on Administrative Code Part 201 Transportation Services (Rule 2.6: NET Driver Requirements). Please adhere and ensure all are followed within your organization.

https://nationalmedtrans.com/kb/vehicle-and-driver-requirements/

MedTrans will ensure a NET Driver is removed from NET service if he/she:

- Fails an annual random drug test.
- Is convicted of:
  - Two (2) moving violations or accidents related to transportation provided under the NET Broker Program
  - Any federal or state crime listed in Miss. Code Ann § 43-13-121
- Has a suspended or revoked driver's license for moving traffic violation in the previous five (5) years.

Incident Reporting

Per the rules under Administrative Code Part 201 Transportation Services (Rule 2.6: NET Driver Requirements), all incidents must be reported immediately to National MedTrans to ensure reporting to MS DOM within 72 hours.

Trip Logs

Per the rules under Administrative Code Part 201 Transportation Services (Rule 2.6: NET Driver Requirements), all trips logs must be signed by the driver and the member.

Credentialing Documents
Provider Documents

- Certificate of Insurance (COI) for General Liability ($1M); Automobile Liability (COI) ($1M), listing National MedTrans, LLC. 2950 Express Drive South 2nd Floor Islandia, NY 11749 as additional insured
- Occupational License (if applicable)
- County/City Licensure or Permit
- Company EMS License

Driver requirements

- All drivers listed have been verified against the Mississippi State Sex Offender website (https://state/sor.dps.ms.gov/)
- All drivers have an approved Motor Vehicle Report, retrieved within the year (no more than 2 moving violations or accidents related to transportation, no suspended license within the last five years)
- All driver(s) listed have completed a state approved Wheelchair Securement Training. (Ambulette/Ambulance) http://training.ctaa.org/
- All drivers listed have completed an approved state CPR/First Aid Class (for ambulance only)
- All drivers listed have completed an approved state defensive driving course.
- Passenger Service and Safety (PASS) Training program is not required for MS driver credentialing.
- All drivers will be required to have fingerprinting checks on file. Any driver without fingerprint checks on file will be prohibited from receiving reimbursement.

Vehicle Inspections

National MedTrans will keep records of bi-annual inspections and make them available to Mississippi Division of Medicaid via a quarterly deliverable report.

Vehicle Obligations

All vehicle requirements and obligations are based on Administrative Code Part 201 Transportation Services (Rule 2.7: Vehicle Requirements). Please adhere and ensure all are followed within your organization.

https://nationalmedtrans.com/kb/vehicle-and-driver-requirements/

Vehicle Requirement

MedTrans requires all vehicles adhere to and are maintained to meet or exceed all federal, state, county or local laws and ordinances. MedTrans completes vehicle inspections to confirm all vehicles meet state requirements and the manufacturer's safety mechanical operating, and maintenance standards. MedTrans completes inspections of all vehicles for compliance during the scheduled bi-annual vehicle inspections.

Seating Capacity

MedTrans requires all vehicles not exceed the vehicle manufacturer's approved seating capacity for number of persons in the vehicle, including the driver.

Heating & Air Condition

MedTrans requires all vehicles have a functioning heating and air-conditioning system which

maintains a temperature comfortable to the beneficiary at all times.

Vehicle Interior Safety

MedTrans requires all vehicles have functioning seat belts and restraints as required by federal, state, county or local statute or ordinance and have a clean interior free of torn upholstery, including floor and ceiling coverings, damaged or broken seats, protruding sharp edges, dirt, oil, grease or litter, hazardous debris, or unsecured items.

MedTrans requires all vehicles to have an easily visible interior sign in capital letters that reads “All passengers must wear seat belts”, and comply with the below requirements.

- Store seat belts off the floor when not in use
- Have at least two (2) seat belt extensions available, and
- Be equipped with at least one (1) seat belt cutter within easy reach of the driver for use in emergency situations.
- Have an accurate, operating speedometer and odometer.
- Be operated within the manufacturer’s safe operating standards at all times.
- Have two (2) exterior rear view mirrors, one (1) on each side of the vehicle.
- Be equipped with an interior mirror for monitoring the passenger compartment.

Vehicle Exterior Safety

MedTrans requires all vehicles to have a clean exterior free of broken mirrors or windows, excessive grime, major dents or paint damage that detracts from the overall appearance of the vehicles.

Vehicle Signage

MedTrans requires all vehicles to display the NET Provider’s business name and telephone number in a minimum of three (3) inch high lettering in a color that contrasts with the surrounding background on at least both sides of the exterior of the vehicle and have:

- No words displayed on the interior or exterior of the vehicle indicating Medicaid beneficiaries are being transported, or
- A NET Provider’s business name which does not imply Medicaid beneficiaries are being transported.

Contact Information

MedTrans requires all vehicles have the license number and NET Broker’s toll-free and local phone numbers prominently displayed in the interior of each vehicle with complaint procedures clearly visible and available in written format upon request.

Non-Smoking

MedTrans requires all vehicles to be non-smoking at all times with a visible interior sign in all capital letters that reads: “No smoking”.

Vehicle Documentation

MedTrans Requires all vehicles to have a vehicle information packet containing vehicle registration, insurance card, and accident procedures and forms.

Safety Kit & Equipment

National MedTrans requires all vehicles to be equipped with a first aid kit stocked with antiseptic cleansing wipes, antibiotic ointment, assorted sizes of adhesive and gauze bandages, tape, scissors,

latex-free or other impermeable gloves and sterile eyewash.
All vehicles must contain a current map of the applicable geographic area with sufficient detail to locate beneficiary and provider addresses and be equipped with an appropriate working fire extinguisher stored in a safe, secure location.

Providers must have insurance coverage for all vehicles at all times (in each vehicle) in compliance with state law and any county or city ordinance and be equipped with a “spill kit” that includes liquid spill absorbent, latex-free or other impermeable gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer.

American with Disabilities Act

National MedTrans requires all vehicles be in compliance with applicable Americans with Disabilities Act (ADA) Accessibility Specifications for Transportation. Below is a link to the ADA vehicle requirement.

https://www.federalregister.gov/documents/2010/07/26/2010-18255/americans-with-disabilities-act-ada-accessibility-guidelines-for-transportation-vehicles

Appendix – Nebraska

Driver Obligations

Record of Service Documentation

All NEMT providers must maintain a daily drivers' log. The driver's daily log is excluded for fixed-route public transit systems, and commercial air. The NEMT providers'/escort's daily logs shall contain, at a minimum, the following information per transportation leg:

- Driver/Escort's full name;
- Driver's signature or approved electronic signature;
- Vehicle Identification;
- Actual pick up time (clearly designate time using either a.m. or p.m. designation or military time) for each approved member;
- Actual pick up address;
- Name of member transported, and, if applicable, the name of the accompanying adult or escort; and
- Member or parent/guardian signature or approved electronic signature and date.

Service Standards

National MedTrans is required to ensure providers deliver service that allows members to arrive promptly for appointments, so that there is not an excessive wait for their transportations. Pick-up and wait times must comply with the following:

i. The wait time for a pick-up to a scheduled appointment should not exceed sixty (60) minutes prior to the scheduled appointment time;

ii. The member should not wait more than thirty (30) minutes from drop off time to their scheduled appointment time;

iii. The wait time for a scheduled return trip, after an appointment, will not exceed sixty (60) minutes;

iv. Members may be picked up on a "will call" basis, which will also not exceed sixty (60) minutes wait time after the provider is contacted for the return trip;

v. For multiple passenger trips, which are only allowed for commercial providers when the first member approves multi-loading, members should not remain in the vehicle for more than forty-five (45) minutes longer than the average travel time for transport, for an individual client using that mode, from the point of pick-up to the destination;

vi. Exceptions to service delivery times specified herein may be made for trips with pick-up or destinations outside the client's local area, or verified scheduled consecutive trips;

vii. Exceptions may also be made due to unusual situations such as exceptional distances in rural areas or other situations out of the control of the provider; and

viii. During periods of inclement weather conditions, the MCO's broker shall have written procedures in place that at a minimum includes notifying the members of the delay, the alternative schedule, and of any alternate pick-up arrangements.

Disclosure of Ownership and Fictitious Business Statement

On page 12 of this manual under the "Provider/Company Requirements Checklist", it is listed that National MedTrans requires a Disclosure of Ownership and Controlling Interest Statement from each transportation provider during the credentialing process.

Please be advised that National MedTrans **DOES NOT** require a Disclosure of Ownership and Controlling Interest Statement from our transportation providers contracted in the state of Nebraska.

Ambulance Billing (primary and secondary)

As an amendment to the Ambulance Billing subsection of "Billing and Claims Processing" (page 10 of this manual). All Nebraska Ambulance claims, both emergency and non-emergent, **should not** be directed to National MedTrans. For all ambulance claims, transportation providers should contact the health plan directly.

Amended Driver Requirements

In the "Driver Requirements" section of this manual (pages 12–13) it states a number of items that are required in order to be a credentialed driver. Please be advised that the state of Nebraska only requires the following:

- Current Driver(s) License
- All drivers listed have an approved federal and state Criminal Background (Sex Offender, Adult and Child Abuse/Neglect)
- All driver(s) listed have an approved state BCI or FBI Criminal Background Check.
- Motor Vehicle Report - Driver must Possess a current and valid driver's license with no more than three points assessed against his/her Nebraska driver's license within the past two years, or meet a comparable standard in the state in which s/he is licensed to drive;
- Driver must not have had his/her driver/chauffeur's license revoked within past three years.

National MedTrans will continue to verify the following information:

- All drivers listed have been verified against the National Sex Offender Public Website NSOPW or similar verification (https://www.nsopw.gov/).
- All drivers listed have been verified and are not listed on the System for Award Management (SAM) (www.sam.gov).
- All drivers listed have been verified and are not listed on the Office of Foreign Assets Control sanction (Terrorist) List (OFAC) (https://sanctionssearch.ofac.treas.gov/
- All drivers have been verified against Office of Inspector General website OIG (https://exclusions.oig.hhs.gov)

Appendix – New York

Credentialing Documents

Provider Documents

- Certificate of Insurance (COI) for General Liability ($100K/$300K); Automobile Liability (COI) ($100K/$300K) and Personal Injury Protection ($200K), listing National MedTrans Network Inc./ Metropolitan Medical Transportation IPA, 2950 Express Drive South 2nd Floor Islandia, NY 11749 as Additional Insured (under the Description of Operations field) AND Certificate Holder
  - COI for General Liability coverage MUST indicate the following statement:
  - Certificate Holder is added as additional insured. Coverage for bodily injury to passengers while outside of the vehicle and in the care of the provider of this certificate is included within the coverage forms provided by the referenced Business General Liability Policy."
- State of NY Department of Transportation Permit/Certificate (required for ambulette services)
- Medicaid Provider ID Number (Privilege Letter or Explanation of Benefits)
- Current TLC permit for base, required if based in New York City, Nassau, Westchester and Suffolk

Appendix – North Carolina

Annual Review of Provider Manual

This provider manual will be reviewed for department approval 30 days after the contract award on an annual basis and updated according to program requirements.

Provider Credentialing Requirements

Certificate of Insurance (COI) for General Liability (1,500,000 Mil), *Automobile Liability (1,500,000 Mil) COI listing National MedTrans, LLC. 2950 Express Drive South 2nd Floor Islandia, NY 11749 as additional insured (under the Description of Operations field) and Certificate Holder for vehicles transporting 15 or fewer persons including the driver.

Certificate of Insurance (COI) for General Liability (5,000,000 Mil), *Automobile Liability (5,000,000 Mil) COI listing National MedTrans, LLC. 2950 Express Drive South 2nd Floor Islandia, NY 11749 as additional insured (under the Description of Operations field) and Certificate Holder for vehicles transporting 15 or more persons including the driver.

Taxi Cabs

Liability insurance requirements are set by local ordinances and can vary widely from county to county. DSS must ensure that any Taxi service it uses for NEMT carries at least the minimum liability insurance coverage for their vehicle's particular classification (for minimum liability requirements for passenger vehicles, see http://www.ncdot.org/dmv/vehicle/title/).

Agency Owned Vehicles

Agencies that use their own vehicles to provide beneficiary transportation must carry "Symbol 1," insurance which provides additional protection in the event of a lawsuit over a vehicle accident involving a volunteer or employee.

Non-Owned Auto Coverage

Agencies that do not own vehicles used to provide Medicaid transportation must carry "Symbol 9 – Non-Owned Auto Coverage," insurance which protects the agency in the event of a lawsuit over a vehicle accident involving a volunteer, employee or contract transportation vendor.

State Inspection

The DSS is required to ensure that all vehicles used to transport beneficiaries (whether owned by the county, county employee, contractor, contractor employees, or volunteers) have valid State registration and State inspection. This applies to family members, friends, etc., reimbursed by the agency to transport the beneficiary, but not to beneficiaries and financially responsible persons.

Driver Credentialing Requirements

Alcohol and Drug Testing

We shall require both private and public contract transportation vendors to participate in a random alcohol and drug testing program which meets the requirements of the Federal Transit Authority (FTA).

Background Checks

We shall perform a criminal background check on all drivers through the North Carolina Law Enforcement Division or, if not a resident of North Carolina for at least 5 consecutive years, the National Crime Information Center (NCIC) prior to employment or volunteer enlistment and every three years thereafter. Conviction, guilty plea or plea of no contest to any of the following is grounds for disqualification from employment/volunteer service if committed within the 10 year period preceding the date of the background check:

- Murder,
- Rape or aggravated sexual abuse,
- Kidnapping or hostage taking,
- Assault inflicting serious bodily injury,
- A federal crime of terrorism,
- Unlawful possession, use, sale, distribution, or manufacture of an explosive device,
- Unlawful possession, use, sale, distribution, or manufacture of a weapon,
- Elder abuse/exploitation,
- Child abuse/neglect,
- Illegal sale or possession of a Schedule I or II controlled substance,
- Conspiracy to commit any of the above.

Driving Records

The driving records of all drivers shall be reviewed every 12 months. Drivers must have no more than two chargeable accidents or moving violations in the past three years and must not have a driver's license suspension or revocation within the past five years.

Applicants for driver positions shall be required to submit a copy of their driving record for the last three years prior to the date of application. Driving records may be obtained from the Department of Motor Vehicles (DMV).

In addition to a standard background check, North Carolina requires organizations to perform fingerprint-based criminal background checks on all employee candidates who have resided in North Carolina for less than 5 years prior to the application submission date.

Vehicle Inspection Requirements

NMT is required to ensure that all vehicles used to transport beneficiaries have valid State registration and State inspection.

Driver Record Requirements

Logging the Trip from Request to Completion

The following information is required:

- Date of request,
- Date of trip,
- The name of the beneficiary,
- Medicaid Identification Number of the individual obtaining a Medicaid covered service (do not provide the MID of anyone traveling with this individual),
- Destination (name of medical provider/business and address),
- Whether the trip is approved and, if not, the date notice was sent,
- Date denial notice sent (if applicable),
- Number of one-way trips,
- Trip cost,
- The billing code for the mode of transportation or transportation-related service provided. If there is more than one billing code associated with a trip, use separate lines for each billing code. For trips, which are reimbursed at the administrative rate, note that the trip is being expensed on the DSS-1571.
- Medicaid claim/reimbursement amount

Appendix – Ohio

Credentialing Documents

Provider Documents

- Certificate of Insurance (COI) for General Liability ($350K); Automobile Liability (COI) ($500K), and Workers Comp ($500K) listing National MedTrans, LLC. 2950 Express Drive South 2nd Floor Islandia, NY 11749 as additional insured.
- Commercial vehicle registration(s) (Ambulette Plates) for each vehicle listed

Driver Requirements

- All driver(s) listed have a valid/current state Driver License, Class R - driver must be 18 years or older
- All driver(s) listed have completed a state approved Drug and Alcohol test done yearly.
- All driver(s) listed have an approved EMT Certification (Ambulance Only).
- All driver(s) listed have completed a state approved Defensive Driving Course. https://www.dmv.org/defensive-driving/defensive-driving-101.php
- All driver(s) listed have completed a state approved Wheelchair Securement Training. (Ambulette/Ambulance) http://training.ctaa.org/

Ohio Market specific plan:

- Providers that have Medicaid IDs have been included as part of the standard National MedTrans credentialing process.
- In late November, National MedTrans will send an official Provider Notification reminding providers of the requirement and request document verification be sent to the assigned Credentialing Specialist.
- National MedTrans will contact all provider via phone calls that do not respond in a timely manner to the initial email request.
- If the provider has applied and is awaiting approval National MedTrans will grant 120-day opening the outcome. At the end of 120-day period if document is not provided the provider will be suspended. If National MedTrans is informed of any provider application in the 120-day period is denied, the provider will be immediately terminated from the network.
- Any provider that has not confirmed an application has been submitted will be suspended from the National MedTrans provider network no later than 1/1/2019.

Appendix – Virginia

Credentialing Documents

Provider Documents

- Certificate of Insurance (COI) for General Liability ($350K); Automobile Liability (COI) ($500K), and Workers Comp ($500K) listing National MedTrans, LLC. 2950 Express Drive South 2nd Floor Islandia, NY 11749 as additional insured
- Workers Compensation of $500K required for providers with greater than 3 employees including owners - listing National MedTrans, LLC. 2950 Express Drive South 2nd Floor Islandia, NY 11749 as additional insured
- Operating Authority Permit (Common Carrier Irregular Route or NEMT Operating Permit)
- Surety Bond for Carrier ($25K)
- For Hire (H-Tag) or NEMT vehicle registrations

Driver Requirements

- All driver(s) listed have completed a state approved Defensive Driving Course. https://www.dmv.org/defensive-driving/defensive-driving-101.php
- All driver(s) listed have completed a state approved Wheelchair Securement Training. (Ambulette/Ambulance) http://training.ctaa.org/