

REVISION: CMS

STATE/TERRITORY: CONNECTICUT**Citation****3.1 Amount, Duration, and Scope of Services (continued)**

42 CFR 431.53

(c) (1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-A and ATTACHMENT 3.1B

(c) (2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

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24. Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

a1. Transportation

Provided: No limitations With limitations

Not provided

a2. Brokered Transportation

Provided under section 1902(a)(70)

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);

- (1) state-wideness (indicate areas of State that are covered)
- (10)(B) comparability (indicate participating beneficiary groups)
- (23) freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include:

- Wheelchair van
- Taxi
- Stretcher car
- Bus passes
- Tickets
- Secured transportation
- Other transportation (please describe)

Other transportation may include commercial air transportation for specialty medical services not available in Connecticut or in bordering states when less expensive transportation is not medically appropriate.

(3) The State assures that transportation services will be provided under a contract with a broker who:

- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;

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- (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed, qualified, competent, and courteous;
 - (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services;
 - (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate).
- (4) The broker contract will provide transportation to the following categorically needy mandatory populations:
- Low-income families with children (section 1931)
 - Deemed AFCD-related eligibles
 - Poverty-level related pregnant women
 - Poverty-level infants
 - Poverty-level children 1 through 5
 - Poverty-level children 6 - 18
 - Qualified pregnant women AFDC - related
 - Qualified children AFDC - related
 - V-E foster care and adoption assistance children
 - TMA recipients (due to employment) (section 1925)
 - TMA recipients (due to child support)
 - SSI recipients

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- (5) The broker contract will provide transportation to the following categorically needy optional populations:
- Optional poverty-level - related pregnant women
 - Optional poverty-level - related infants
 - Optional targeted low income children
 - Non IV-E children who are under State adoption assistance agreements
 - Non IV-E independent foster care adolescents who were in foster care on their 18th birthday
 - Individuals who meet income and resource requirements of AFDC or SSI
 - Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
 - Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
 - Children aged 15-20 who meet AFDC income and resource requirements
 - Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
 - Individuals infected with TB
 - Individuals screened for breast or cervical cancer by CDC program
 - Individuals receiving COBRA continuation benefits
 - Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
 - Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution
 - Individuals terminally ill if in a medical institution and will receive hospice care
 - Individuals aged or disabled with income not above 100% FPL
 - Individuals receiving only an optional State supplement in a 209(b) State
 - Individuals working disabled who buy into Medicaid (BBA working disabled group)
 - Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
 - Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).

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(6) Payment Methodology

(A) The State will pay the contracted broker by the following method:

- (i) risk capitation
- (ii) non-risk capitation
- (iii) other (e.g., brokerage fee and direct payment to providers) (If the State attests to other **then** a text box will appear with the instructions to describe the other payment methodology)

Instructions:

Describe any other payment methodology.

The Department will reimburse the broker for costs related to "Pending Clients" and for costs related to arranging and scheduling commercial air transportation or air ambulance. These costs are not included in the broker's capitated fee and are reimbursed on an invoice arrangement.

(B) Who will pay the transportation provider?

- (i) Broker
- (ii) State
- (iii) other (If State attests to other describe who other than the state will pay the transportation provider)

(7) The broker is a non-governmental entity and the state assures that:

- (A) the broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 45 CFR 440.170(4)(ii)
- (B) the broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
 - (i) transportation is provided in a rural area as defined at 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker
 - (ii) transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.

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- (iii) the availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.
- (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation and the State assures that the governmental broker will:
 - (A) maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
 - (B) document that with respect to each individual beneficiary specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
 - (C) document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public paratransit services than the rate charged to other State human services agencies for the same service.
- (9) Please describe how the NEMT brokerage program operates.

Instructions:

Describe how the Brokerage program will operate. Include the services that will be provided by the broker. If applicable, describe any services that will not be provided by the broker and name the entity that will provide these services.

See Supplement 4 to Page 9(e) of Attachment 3.1A

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b. Services provided in Religious Nonmedical health Care Institutions. – Christian Science nurses.

Provided: No limitations With limitations

Not provided

c. Reserved

d. Nursing facility services for patients under 21 years of age.

Provided: No limitations With limitations

Not provided

e. Emergency hospital services.

Provided: No limitations With limitations

Not provided

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided: No limitations With limitations

Not provided

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22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act. (added by Section 6405 of OBRA '89):

- Provided: No limitations With limitations
 Not provided

23. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act.)

- Provided: No limitations With limitations*
 Not provided

*Description provided on attachment.

TN # 09-002
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TN #01-017

Approval Date _____

Effective Date 04/01/2009

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a1. Transportation

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a2. Brokered Transportation

Provided under section 1902(a)(70)

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);

- (1) state-wideness (indicate areas of State that are covered)
 (10)(B) comparability (indicate participating beneficiary groups)
 (23) freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include:

- Wheelchair van
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 Bus passes
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 Other transportation (please describe)
Other transportation may include commercial air transportation for specialty medical services not available in Connecticut or in bordering states when less expensive transportation is not medically appropriate.

(3) The State assures that transportation services will be provided under a contract with a broker who:

- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;

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- (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed, qualified, competent, and courteous;
 - (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services;
 - (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate).
- (4) The broker contract will provide transportation to the following medically needy populations under section 1902(a)(10)(C):
- Children under age 21, or under age 20, 19, or 18 and reasonable classifications as the State may choose
 - Parents or other caretaker relatives with whom a child is living if child is a dependent child
 - Aged (65 years of age or older)
 - Blind
 - Disabled
 - Permanently or totally disabled individuals 18 or older, under title XVI
 - Persons essential to recipients under title I, X, XIV, or XVI
 - Blind or disabled as defined in section 1614 with respect to States not eligible to participate in the State plan program under title XVI
 - Pregnant women
 - Newborns

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- (5) Payment Methodology
- (A) The State will pay the contracted broker by the following method:
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 - (ii) non-risk capitation
 - (iii) other (e.g., brokerage fee and direct payment to providers) (If the State attests to other **then** a text box will appear with the instructions to describe the other payment methodology)

Instructions:

Describe any other payment methodology.

The Department will reimburse the broker for costs related to "Pending Clients" and for costs related to arranging and scheduling commercial air transportation or air ambulance. These costs are not included in the broker's capitated fee and are reimbursed on an invoice arrangement.

- (B) Who will pay the transportation provider?
- (i) Broker
 - (ii) State
 - (iii) other (If State attests to other describe who other than the state will pay the transportation provider)
- (6) The broker is a non-governmental entity and the state assures that:
- (A) the broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 45 CFR 440.170(4)(ii)
 - (B) the broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
 - (i) transportation is provided in a rural area as defined at 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker
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- (7) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation and the State assures that the governmental broker will:
- (A) maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
 - (B) document that with respect to each individual beneficiary specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
 - (C) document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public paratransit services than the rate charged to other State human services agencies for the same service.
- (8) Please describe how the NEMT brokerage program operates.

(If the State attests it will describe how the brokerage program will operate then a text box will appear with instructions to describe how the brokerage program operates)

<p>Instructions: Describe how the Brokerage program will operate. Include the services that will be provided by the broker. If applicable, describe any services that will not be provided by the broker and name the entity that will provide these services.</p>

See Supplement 4 to Page 8(e) of Attachment 3.1B

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b. Services provided in Religious Nonmedical health Care Institutions. – Christian Science nurses.

Provided: No limitations With limitations

Not provided

c. Reserved

d. Nursing facility services for patients under 21 years of age.

Provided: No limitations With limitations

Not provided

e. Emergency hospital services.

Provided: No limitations With limitations

Not provided

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided: No limitations With limitations

Not provided

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**METHODS OF PROVIDING TRANSPORTATION
CATEGORICALLY NEEDY GROUPS**

Transportation is provided as an administrative activity in accordance with 1902(a)(4)(A) of the Act and 42 CRF 431.53

Not Provided

Provided

(If the State attests that transportation is provided as an administrative activity, then a text box with header appears for the State to supply supplemental information.)

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Transportation is provided as an administrative activity in accordance with 1902(a)(4)(A) of the Act and 42 CRF 431.53

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NEMT Broker Preprint: State Plan Amendment Attachment 3.1-A (9); 3.1-B (8)

**Overview of the Connecticut Non-Emergency Medical Transportation
Program**

1. Introduction

The Department's non-emergency medical transportation (NEMT) service is available for persons who are eligible under the CTMAP statewide and are not enrolled in an MCO pursuant to Connecticut General Statutes (CGS) §17b-276. The Department has established risk-based contracts with brokers to coordinate the provision of NEMT with transportation providers for qualified Medicaid clients to and from medical services covered under the CTMAP. The brokers provide prior authorization for non-emergency ambulance services, but do not authorize or arrange emergency ambulance services that respond to 911 calls.

The brokers directly authorize, arrange, and through subcontracts provide all NEMT services for the identified clients. The NEMT service must meet standards of timeliness, efficiency, and customer service established by the Department and articulated in a contract.

The brokers must coordinate the non-emergency medical ground and air transportation of individuals who reside in Connecticut but must receive specialty medical services out-of-state or must return to Connecticut from receiving service in another state. Some individuals require specialty treatment at medical facilities or hospitals in other states when those services are not otherwise available in Connecticut. The Department reimburses the broker for the actual cost of the air transportation (commercial or air ambulance).

2. Payments

The Department on a monthly schedule will:

- a. Pay the brokers a capitation payment during the month following the month of service. The capitation payment will be based on a negotiated per-person rate for approved non-emergency medical transportation. The capitated rate will reflect the results of the competitive RFP in conjunction with the Department's estimate of the monthly enrollment. The Department will calculate the capitation payment to the broker based on the membership reflected in the broker's service region as of the first day of the month for which non-emergency medical transportation is to be provided.
- b. Pay the brokers for actual trips provided to "pending" clients and those eligible Medicaid clients who became eligible during the month of service and received transportation service during the month. The rate of payment for these clients shall be the actual cost paid to the NEMT provider.

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- c. Reimburse the broker for the costs involved with transporting clients by air ambulance or commercial air when the Department has prior authorized those trips. Payments for trips provided to "pending clients and newly added Medicaid clients and air transports shall be made on the basis of an invoice for actual transportation costs.
- d. Adjust payments for errors in the data file that result in the addition of clients who should not have been included in the data files, such as the names of deceased clients. The broker must also pay claims within 45 days from the receipt of the deceased client invoice.

3. NEMT Network

The brokers are responsible for developing and maintaining a transportation network sufficient to provide the transportation services. The network must include sufficient vehicles to provide transportation to Medicaid-covered services at all times including evenings, weekends, and holidays. In particular, the brokers:

- a. Recruit, contract, and maintain a network of adequate non-emergency medical transportation providers to deliver non-emergency medical transportation to Connecticut Medicaid Program clients who are not enrolled in a capitated MCO.
- b. Coordinate air travel through a travel agent and in consultation with the Department.
- c. Utilize modes of transportation appropriate for the medical, physical and intellectual needs of clients and ensure that non-English-speaking clients and disabled individuals with assistance from attendants or service animals will be able to access transportation services.
- d. Negotiate rates through competitive bidding or use other strategies to ensure that the most appropriate and least-costly transportation are provided.
- e. Provide quarterly data on the network vehicle capacity including number, condition, and mileage of each vehicle by type in the network and on the network driver capacity including number, training, certification, and background checks in a form and format as required by the Department

The broker is prohibited from

- a. Owning, full or part, an organization participating in the Connecticut Medicaid Program as a transportation provider or having an equity or managing the organization or entity; nor can the broker have any relationship in which the broker could exercise control over the transportation provider.
- b. Contracting with providers who have been terminated from the Connecticut Medicaid Program for fraud or abuse or who have been disallowed from Federal or State contracting.

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4. Subcontracts

The Broker may subcontract for any function except the Broker's call center and after hours and backup call center operations. Contract agreements between the broker and transportation providers must clearly identify the performance requirements to achieve the Department's standards and requirements of the Non-emergency Medical Transportation Program. The brokers are responsible for the performance of the program irrespective of their subcontracts with providers. To that end the brokers are responsible for defining and assuring the operational specifications including regulatory compliance and payment procedures for transportation providers. In addition the brokers are responsible for determining and authorizing the most appropriate and economical mode of transportation for each qualified Medicaid client requesting transportation

5. Ride Assignment and Dispatching

The Brokers must be able to efficiently assign rides to appropriate transportation providers and to assure that all rides meet promptness and timeliness standards. In addition, the brokers must have the capacity to initiate immediate contact with provider dispatchers or other transportation provider personnel to contact and locate drivers and vehicles for emergency and safety needs.

6. Bus Utilization

The Brokers provide public bus transportation whenever it offers the least expensive and appropriate mode of transportation and when clients have the medical, physical and mental ability to utilize the bus. When offering the lowest denomination of passes for bus transportation, the brokers must provide the client sufficient information concerning the scheduled route to and from the medical provider, bus stops, and transfer locations.

7. Non-Emergency Ambulance Utilization

The Brokers provides prior authorization for non-emergency ambulance transportation but is not at risk for the cost of non-emergency ambulance transportation. To facilitate the prior authorization function, the brokers must establish agreements with sufficient NEMT ambulance companies to provide ambulance service for those clients who may not be appropriately transported in a less expensive mode of transportation. Additionally, the brokers must implement business and data exchange requirements, electronic linkages and interactive transaction capabilities that will enable ambulance companies to submit claims for non-emergency ambulance services are submitted to the Department's fiscal agent for payment

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8. Client Outreach - Non-emergency Medical Transportation Information

The Brokers provide comprehensive non-emergency medical transportation outreach and educational marketing plans and culturally sensitive materials directed at qualified Medicaid clients, healthcare providers, and human service agencies

9. Eligibility for Non-emergency Medical Transportation

The target population includes qualified Medicaid clients and Pending Clients who require non-emergency medical transportation to and from medical services covered under the CTMAP including services at border hospitals in neighboring states. The majority of these clients will be elderly or disabled persons who reside in the State of Connecticut. A small number of Connecticut Medicaid Program clients, such as a small number of clients of the State of Connecticut Department of Children and Families, reside in another state and receive services in the other state.

10. Transportation Request Approval Process

The Request Approval provisions outline the process for reserving, verifying and authorizing NEMT services. All trips must be authorized before they are provided. However, the broker may authorize "complete" round trips to and from the medical provider and multiple trips to the same provider for a continuation of the service for the initial need. Scheduled trips to regularly scheduled dialysis treatments or regularly scheduled methadone treatments are examples of ongoing trips where the brokers may approve multiple trips in advance for the same clinical need. The brokers must, however, re-evaluate the client's eligibility at the beginning of each month where the multiple trips occur within multiple months.

a. Reservation Process

A Medicaid client who requires non-emergency medical transportation to a medical service calls the broker who serves the region of the client's recorded residence to request non-emergency medical transportation with at least forty-eight-hour notice. The broker is responsible to respond to client requests in a timely manner and for providing timely and appropriate transportation to medically necessary services. The Department will pay for only that non-emergency ambulance transportation that the broker has authorized before the ambulance services are provided.

b. Verification Process

Documentation and Verification: The brokers must document and record their action and in some instances, the reasons for their action. Documentation may take the form of an entry in a data system, paper documents and electronically recorded messages or other data. The Brokers must apply Department approved policies for requiring clients or medical providers to supply documentation including the type of documentation (paper, electronic, recording, etc.). When the broker requires a medical provider to "document" information to verify closest appropriate provider or to justify a particular mode of

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transportation, the Broker may utilize any of the following legitimate methods depending on the circumstances: 1. A written document with a medical provider's explanation and signature, 2. A verbal statement from a medical provider or his or her representative, which the broker will enter into its data system appropriately referenced. The method selected for documentation should reflect the least burdensome approach while achieving the needed information.

c. Transportation Scheduling Process -

(1) Least-expensive and appropriate mode of transportation - The broker shall schedule and arrange the least-expensive and appropriate mode of transportation for clients. Whenever appropriate, the broker shall provide bus passes to clients who live near public transportation within urban and metropolitan areas and have no barriers to using bus transportation. The broker may deny non-emergency medical transportation to a client who has his/her own means of transportation and that means of transportation is operable and is available to the client. In the event that the client has an inoperable vehicle or lacks the resources to operate the vehicle, the broker may offer reimbursement for mileage to enable the client to use his/her own vehicle. The broker may also offer to reimburse a family member or a friend for transportation.

(2) Closest appropriate and available provider - The broker shall arrange non-emergency medical transportation to the closest-appropriate provider. For purposes of this requirement, any provider within a fifteen-mile radius from the client's residence must be considered the closest-appropriate provider irrespective of the actual distance from the client's residence. The closest-appropriate provider may also be someone located beyond fifteen miles, but whose specialty may not be available within closer proximity to the client's residence. In other instances, no other closer provider may be available within the time required by the client due to the client's health needs.

In evaluating whether a provider is the closest appropriate provider, the brokers provide the client the name of a provider with the same type and specialty as the provider initially selected by the client. Furthermore, the brokers must determine that the alternate provider identified by the brokers accepts Medicaid clients and is able to serve the client within a medically appropriate lag time from the date of the initial appointment. If the brokers recommend an alternate provider and an alternate schedule, the brokers must provide sufficient documentation that the revised schedule or appointment is medically appropriate to meet the client's needs and is acceptable within professional standards of care

If a request for transportation is for a service provider that provides service as a part of a team where a number of medical providers must act in consort for a serious issue such as an organ transplant, the brokers are unable to deny the service irrespective of the distance to the provider. The brokers must include a medical professional within its staff to help the broker reasonably assess the availability of providers.

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- (3) Continuity of Care – The brokers must assure continuity of care when travel is required to a provider beyond a 15 mile radius from a client's residence when the request for transportation to the medical provider is for a condition previously treated by the medical provider.

11. Resolution of Complaints and Grievances and Notices of Action

The brokers must implement a Department approved Grievance and Complaint resolution process that includes client access to the broker's internal process and access to the Department's Fair Hearing process.

a. Internal Process for Grievances

The broker's internal methodology for resolving qualified Medicaid client's complaints and formal grievances shall include:

- (1) Procedures for registering, responding, and resolving complaints within thirty days
- (2) Documentation of the substance of the complaints or grievances and the actions taken
- (3) Procedures to ensure a resolution of the complaint or grievance
- (4) Aggregation and analysis of complaints and grievances data and use of the data for quality improvement
- (5) An appeal process for grievances

b. Notice of Action (NOA) -

The broker must comply with Department policies and procedures related to Notice of Action and Administrative Hearings.

c. Appeals –

If the client requests a Fair Hearing, the broker must prepare a written narrative of the situation for the Fair Hearing Officer. The broker shall submit the summary narrative and related materials to the Department's NEMT Programs staff for review and approval at least ten days before the scheduled hearing. The broker will mail an approved summary to the client at least five days before the scheduled hearing. The broker will attend the scheduled hearing. The broker's attendance and participation shall be at the minimum employment level of a supervisor or manager.

The Department shall notify the broker of Fair Hearings where the Department requires the broker's attendance. The Department shall retain decision-making authority on authorization of non-emergency medical transportation. The Department's decisions on matters involving broker's denial of non-emergency medical transportation shall be final and binding and shall not be subject to appeal by the broker.

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12. Automated Call Distribution System

The brokers must implement and maintain a comprehensive, fully functional, inbound and outbound telephone call system that includes both sufficient staffed lines and an industry standard Automated Call Distribution (ACD) system to monitor and distribute call volume to staff. The call system must include a disaster backup capability.

13. Telephone Performance

The brokers must provide sufficient and appropriately trained Call Center staff to manage calls at all times to fulfill the standards of promptness and quality defined by the Department. Backup and afterhours staff must be fully trained and have access to data and transactions that take place after hours or by backup staff must be fully recorded in the broker's data system.

14. Types of Transportation

The brokers must authorize and/or arrange transportation through various modes of transportation including: taxi, livery, wheelchair van, train, ambulance, private transportation, or the provision of bus tokens or passes for the use of public transportation. When required, the broker shall coordinate air travel through a travel agent and in consultation with the Department. The Department shall reimburse the brokers for costs incurred in coordinating or scheduling air or ground ambulance and commercial air transportation.

15. Licensure Requirements

The brokers shall assure that their subcontracted non-emergency medical transportation providers, drivers, and vehicles meet licensure or certification requirements and the non-emergency medical transportation requirements established by the State of Connecticut Department of Transportation (DOT) and the State of Connecticut Department of Motor Vehicles (DMV).

The brokers shall not pay for non-emergency medical transportation in vehicles that are not appropriately licensed, certified, permitted, or insured or provided by unlicensed drivers. Furthermore, the Department will recover from capitated rate payments, any payments made for individuals transported in such vehicles. The Department also requires the brokers to recover any payments to providers who have transported Medicaid clients in such vehicles. The Department's recovery requirement is in addition to any other requirement that the brokers have with their transportation providers regarding non-emergency medical transportation in such vehicles.

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16. Monetary/Performance Sanctions

The Department will impose the following schedule of performance sanctions when the brokers fail to perform according to the contractual standards:

a. Class A Sanction

Each time the broker fails to comply with the contracts on an issue warranting a Class A sanction, the broker will receive a strike. The CONTRACTOR will be notified each time a strike is imposed. After the third strike for the same contract provision, a sanction may be imposed. If no specific time is set forth in any such contractual provision, the time is deemed the full contract period.

The Department shall notify the broker in writing at least thirty days in advance of imposing any sanction and will be given an opportunity to meet with the Department to present its position regarding the Department's determination of a violation warranting a Class A sanction. At the Department's discretion, a sanction will thereafter be imposed. Said sanction will be no more than \$1,000 after the first three strikes. The next strike for noncompliance of the same contractual provision will result in a sanction of no more than \$2,000 and any subsequent strike for noncompliance of the same contractual provision will result in a Class A sanction of no more than \$5,000.

In addition, the Department may assess a performance sanction of \$10,000 when the Department determines that the broker has engaged in a pattern of noncompliance with Class A performance measures and requirements. When the Department determines that the broker has exhibited a pattern of noncompliance with Class A performance measures and requirements, the Department shall notify the broker of such determination and shall provide the broker thirty days of such notification to appeal the determination and offer a rationale why the broker should not be assessed the sanction.

Violations warranting a Class A sanction includes failure to meet the following Call Center and telephone access standards.

- One hundred percent of telephone calls must be answered within four rings including a call pick-up system that places the call in queue. The broker shall answer ninety eight percent of all calls with a human voice during a month's service within four rings. Failure to meet the ninety-eight percent standard may result in a Class A sanction.
- No more than two calls per operator should be in the queue at any time. The performance standard requires the broker to maintain a queue of not more than two calls per operator at any time for ninety eight percent of the monthly call volume. Failure to meet the ninety-eight percent standard may result in a Class A sanction.
- The wait time in the queue shall not exceed five minutes. Failure to maintain a wait time of less than five minutes for ninety-eight percent of calls within a month may result in a strike toward a Class A sanction.

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- The blocked-call rate (busy signal) shall not exceed five percent. Failure to maintain a blocked-call rate of less than five percent for any given business day during the reporting month may result in a Class A sanction.
- The daily call-abandonment rate shall not exceed five percent. Failure to maintain a monthly call-abandonment rate of less than five percent on any given business day during the reporting month may result in a Class A sanction.

b. Class B Transportation and Pick-up Sanctions

The broker shall contract non-emergency medical transportation that fulfills the standards of promptness and quality listed below. The determination of violations of performance standards will be based on the broker's monthly transportation logs. Assessed sanctions will result in deductions from the broker's invoice for the following month.

(1) Pick-up Delay Pattern

Transportation providers must pick-up clients within fifteen minutes from arranged and scheduled pick-up times. When the providers engage in frequent delays in excess of fifteen minutes according to the following percentages, the Department may assess the following sanctions:

Percentage of Monthly Trips Where the Pick-up is Fifteen Minutes or Greater from the Scheduled Time	Sanction
From zero percent to two percent	No Sanction
From three percent to five percent	\$2,000
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From eleven percent or greater	\$25,000

(2) Late Pick-ups in Excess of One Hour and Missed Pick-ups

Transportation providers shall not miss scheduled trips. The Department shall assess the following sanctions when the transportation providers fail to pick-up the following number of clients during a reporting period as measured from confirmed logs and complaints.

Number of Monthly Trips Where Transportation Providers Do Not Provide Scheduled Trips	Sanction
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17. Notice of Action

The Broker shall issue Notices of Action (NOAs) as required by the Department.

- a. If the DEPARTMENT determines during any audit or random monitoring visit to the Brokers or one of its subcontractors that an NOA fails to meet any of the criteria set in contract, the DEPARTMENT may impose a strike towards a Class A sanction in accordance with Section, Monetary Sanctions.
- b. If the deficiencies which give rise to a Class A sanction continue for a period in excess of ninety (90) days, the DEPARTMENT may impose a Class B sanction.
- c. For each incident where the Department determines that a Broker was required to issue a NOA but failed to do so, the Department shall notify the Broker, in writing, that such a determination has been made and may assess a performance sanction of up to \$5,000.00. The Broker will have seven (7) days from the receipt of the notification to appeal the determination and offer a rationale as to why the Contractor should not be assessed a performance sanction. The Department's Contract Administrator shall have seven (7) days from the receipt of the appeal to render a decision on the appeal.
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The broker must implement Department approved policies and procedures and organize policies, procedures, memoranda, and clarifications in a Policies and Procedures Guide

19. Quality Management

The broker must develop and implement an annual Quality Management Program and Implementation Plan, subject to the Department's approval

20. Safety and Risk Management

The Brokers must develop and implement subject to the Department's approval a strategy that will assure the safety of passengers and drivers

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22. Non-emergency Medical Transportation Database and Data Interactivity with the Department's Eligibility System

The Brokers must establish and maintain computer databases that are sufficient to meet the needs of the Non-emergency Medical Transportation Program including a HIPAA-compliant computer system and an information system that is compliant with Open Database Connectivity Standards (ODBC) and that maintain information integrity through controls at appropriate locations within the broker's system and process flow and ensure quality control of all electronic transmissions and magnetic tapes.

In addition the brokers must maintain a Medicaid Eligibility Platform capable of receiving eligibility files from the Department; a Reservation Platform capable of conducting non-emergency medical transportation reservation/confirmation transactions; a Complaint Management Platform capable of receiving and tracking complaints; and a Vehicle Management Platform capable of monitoring vehicle status including mileage, condition, and inspections routinely (including identification data for the vehicles including owner, plate number, and Vehicle Identification Number)

23. Fraud and Abuse Prevention

The brokers and their subcontractor must not knowingly take any action or fail to take any action that could result in an unauthorized benefit to the broker, its employees, its subcontractor, its vendors, or to a client and take appropriate steps immediately when potential fraud or abuse is detected.

24. Reporting Requirements

The Broker shall report on activities and measures as required by the Department, in the format as may be required or modified by the Department from time to time and shall attest to the accuracy of the reports through a certifying signature on the reports by an officer of the broker or an authorized representative of the broker.

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NEMT Broker Preprint: State Plan Amendment Attachment 3.1-A (9); 3.1-B (8)

**Overview of the Connecticut Non-Emergency Medical Transportation
Program**

1. Introduction

The Department's non-emergency medical transportation (NEMT) service is available for persons who are eligible under the CTMAP statewide and are not enrolled in an MCO pursuant to Connecticut General Statutes (CGS) §17b-276. The Department has established risk-based contracts with brokers to coordinate the provision of NEMT with transportation providers for qualified Medicaid clients to and from medical services covered under the CTMAP. The brokers provide prior authorization for non-emergency ambulance services, but do not authorize or arrange emergency ambulance services that respond to 911 calls.

The brokers directly authorize, arrange, and through subcontracts provide all NEMT services for the identified clients. The NEMT service must meet standards of timeliness, efficiency, and customer service established by the Department and articulated in a contract.

The brokers must coordinate the non-emergency medical ground and air transportation of individuals who reside in Connecticut but must receive specialty medical services out-of-state or must return to Connecticut from receiving service in another state. Some individuals require specialty treatment at medical facilities or hospitals in other states when those services are not otherwise available in Connecticut. The Department reimburses the broker for the actual cost of the air transportation (commercial or air ambulance).

2. Payments

The Department on a monthly schedule will:

- a. Pay the brokers a capitation payment during the month following the month of service. The capitation payment will be based on a negotiated per-person rate for approved non-emergency medical transportation. The capitated rate will reflect the results of the competitive RFP in conjunction with the Department's estimate of the monthly enrollment. The Department will calculate the capitation payment to the broker based on the membership reflected in the broker's service region as of the first day of the month for which non-emergency medical transportation is to be provided.
- b. Pay the brokers for actual trips provided to "pending" clients and those eligible Medicaid clients who became eligible during the month of service and received transportation service during the month. The rate of payment for these clients shall be the actual cost paid to the NEMT provider.

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- c. Reimburse the broker for the costs involved with transporting clients by air ambulance or commercial air when the Department has prior authorized those trips. Payments for trips provided to "pending clients and newly added Medicaid clients and air transports shall be made on the basis of an invoice for actual transportation costs.
- d. Adjust payments for errors in the data file that result in the addition of clients who should not have been included in the data files, such as the names of deceased clients. The broker must also pay claims within 45 days from the receipt of the deceased client invoice.

3. NEMT Network

The brokers are responsible for developing and maintaining a transportation network sufficient to provide the transportation services. The network must include sufficient vehicles to provide transportation to Medicaid-covered services at all times including evenings, weekends, and holidays. In particular, the brokers:

- a. Recruit, contract, and maintain a network of adequate non-emergency medical transportation providers to deliver non-emergency medical transportation to Connecticut Medicaid Program clients who are not enrolled in a capitated MCO.
- b. Coordinate air travel through a travel agent and in consultation with the Department.
- c. Utilize modes of transportation appropriate for the medical, physical and intellectual needs of clients and ensure that non-English-speaking clients and disabled individuals with assistance from attendants or service animals will be able to access transportation services.
- d. Negotiate rates through competitive bidding or use other strategies to ensure that the most appropriate and least-costly transportation are provided.
- e. Provide quarterly data on the network vehicle capacity including number, condition, and mileage of each vehicle by type in the network and on the network driver capacity including number, training, certification, and background checks in a form and format as required by the Department

The broker is prohibited from

- a. Owning, full or part, an organization participating in the Connecticut Medicaid Program as a transportation provider or having an equity or managing the organization or entity; nor can the broker have any relationship in which the broker could exercise control over the transportation provider.
- b. Contracting with providers who have been terminated from the Connecticut Medicaid Program for fraud or abuse or who have been disallowed from Federal or State contracting.

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4. Subcontracts

The Broker may subcontract for any function except the Broker's call center and after hours and backup call center operations. Contract agreements between the broker and transportation providers must clearly identify the performance requirements to achieve the Department's standards and requirements of the Non-emergency Medical Transportation Program. The brokers are responsible for the performance of the program irrespective of their subcontracts with providers. To that end the brokers are responsible for defining and assuring the operational specifications including regulatory compliance and payment procedures for transportation providers. In addition the brokers are responsible for determining and authorizing the most appropriate and economical mode of transportation for each qualified Medicaid client requesting transportation

5. Ride Assignment and Dispatching

The Brokers must be able to efficiently assign rides to appropriate transportation providers and to assure that all rides meet promptness and timeliness standards. In addition, the brokers must have the capacity to initiate immediate contact with provider dispatchers or other transportation provider personnel to contact and locate drivers and vehicles for emergency and safety needs.

6. Bus Utilization

The Brokers provide public bus transportation whenever it offers the least expensive and appropriate mode of transportation and when clients have the medical, physical and mental ability to utilize the bus. When offering the lowest denomination of passes for bus transportation, the brokers must provide the client sufficient information concerning the scheduled route to and from the medical provider, bus stops, and transfer locations.

7. Non-Emergency Ambulance Utilization

The Brokers provides prior authorization for non-emergency ambulance transportation but is not at risk for the cost of non-emergency ambulance transportation. To facilitate the prior authorization function, the brokers must establish agreements with sufficient NEMT ambulance companies to provide ambulance service for those clients who may not be appropriately transported in a less expensive mode of transportation. Additionally, the brokers must implement business and data exchange requirements, electronic linkages and interactive transaction capabilities that will enable ambulance companies to submit claims for non-emergency ambulance services are submitted to the Department's fiscal agent for payment

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8. Client Outreach - Non-emergency Medical Transportation Information

The Brokers provide comprehensive non-emergency medical transportation outreach and educational marketing plans and culturally sensitive materials directed at qualified Medicaid clients, healthcare providers, and human service agencies

9. Eligibility for Non-emergency Medical Transportation

The target population includes qualified Medicaid clients and Pending Clients who require non-emergency medical transportation to and from medical services covered under the CTMAP including services at border hospitals in neighboring states. The majority of these clients will be elderly or disabled persons who reside in the State of Connecticut. A small number of Connecticut Medicaid Program clients, such as a small number of clients of the State of Connecticut Department of Children and Families, reside in another state and receive services in the other state.

10. Transportation Request Approval Process

The Request Approval provisions outline the process for reserving, verifying and authorizing NEMT services. All trips must be authorized before they are provided. However, the broker may authorize "complete" round trips to and from the medical provider and multiple trips to the same provider for a continuation of the service for the initial need. Scheduled trips to regularly scheduled dialysis treatments or regularly scheduled methadone treatments are examples of ongoing trips where the brokers may approve multiple trips in advance for the same clinical need. The brokers must, however, re-evaluate the client's eligibility at the beginning of each month where the multiple trips occur within multiple months.

a. Reservation Process

A Medicaid client who requires non-emergency medical transportation to a medical service calls the broker who serves the region of the client's recorded residence to request non-emergency medical transportation with at least forty-eight-hour notice. The broker is responsible to respond to client requests in a timely manner and for providing timely and appropriate transportation to medically necessary services. The Department will pay for only that non-emergency ambulance transportation that the broker has authorized before the ambulance services are provided.

b. Verification Process

Documentation and Verification: The brokers must document and record their action and in some instances, the reasons for their action. Documentation may take the form of an entry in a data system, paper documents and electronically recorded messages or other data. The Brokers must apply Department approved policies for requiring clients or medical providers to supply documentation including the type of documentation (paper, electronic, recording, etc.). When the broker requires a medical provider to "document" information to verify closest appropriate provider or to justify a particular mode of

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transportation, the Broker may utilize any of the following legitimate methods depending on the circumstances: 1. A written document with a medical provider's explanation and signature, 2. A verbal statement from a medical provider or his or her representative, which the broker will enter into its data system appropriately referenced. The method selected for documentation should reflect the least burdensome approach while achieving the needed information.

c. Transportation Scheduling Process -

(1) Least-expensive and appropriate mode of transportation - The broker shall schedule and arrange the least-expensive and appropriate mode of transportation for clients. Whenever appropriate, the broker shall provide bus passes to clients who live near public transportation within urban and metropolitan areas and have no barriers to using bus transportation. The broker may deny non-emergency medical transportation to a client who has his/her own means of transportation and that means of transportation is operable and is available to the client. In the event that the client has an inoperable vehicle or lacks the resources to operate the vehicle, the broker may offer reimbursement for mileage to enable the client to use his/her own vehicle. The broker may also offer to reimburse a family member or a friend for transportation.

(2) Closest appropriate and available provider - The broker shall arrange non-emergency medical transportation to the closest-appropriate provider. For purposes of this requirement, any provider within a fifteen-mile radius from the client's residence must be considered the closest-appropriate provider irrespective of the actual distance from the client's residence. The closest-appropriate provider may also be someone located beyond fifteen miles, but whose specialty may not be available within closer proximity to the client's residence. In other instances, no other closer provider may be available within the time required by the client due to the client's health needs.

In evaluating whether a provider is the closest appropriate provider, the brokers provide the client the name of a provider with the same type and specialty as the provider initially selected by the client. Furthermore, the brokers must determine that the alternate provider identified by the brokers accepts Medicaid clients and is able to serve the client within a medically appropriate lag time from the date of the initial appointment. If the brokers recommend an alternate provider and an alternate schedule, the brokers must provide sufficient documentation that the revised schedule or appointment is medically appropriate to meet the client's needs and is acceptable within professional standards of care

If a request for transportation is for a service provider that provides service as a part of a team where a number of medical providers must act in consort for a serious issue such as an organ transplant, the brokers are unable to deny the service irrespective of the distance to the provider. The brokers must include a medical professional within its staff to help the broker reasonably assess the availability of providers.

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- (3) Continuity of Care – The brokers must assure continuity of care when travel is required to a provider beyond a 15 mile radius from a client's residence when the request for transportation to the medical provider is for a condition previously treated by the medical provider.

11. Resolution of Complaints and Grievances and Notices of Action

The brokers must implement a Department approved Grievance and Complaint resolution process that includes client access to the broker's internal process and access to the Department's Fair Hearing process.

a. Internal Process for Grievances

The broker's internal methodology for resolving qualified Medicaid client's complaints and formal grievances shall include:

- (1) Procedures for registering, responding, and resolving complaints within thirty days
- (2) Documentation of the substance of the complaints or grievances and the actions taken
- (3) Procedures to ensure a resolution of the complaint or grievance
- (4) Aggregation and analysis of complaints and grievances data and use of the data for quality improvement
- (5) An appeal process for grievances

b. Notice of Action (NOA) -

The broker must comply with Department policies and procedures related to Notice of Action and Administrative Hearings.

c. Appeals –

If the client requests a Fair Hearing, the broker must prepare a written narrative of the situation for the Fair Hearing Officer. The broker shall submit the summary narrative and related materials to the Department's NEMT Programs staff for review and approval at least ten days before the scheduled hearing. The broker will mail an approved summary to the client at least five days before the scheduled hearing. The broker will attend the scheduled hearing. The broker's attendance and participation shall be at the minimum employment level of a supervisor or manager.

The Department shall notify the broker of Fair Hearings where the Department requires the broker's attendance. The Department shall retain decision-making authority on authorization of non-emergency medical transportation. The Department's decisions on matters involving broker's denial of non-emergency medical transportation shall be final and binding and shall not be subject to appeal by the broker.

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12. Automated Call Distribution System

The brokers must implement and maintain a comprehensive, fully functional, inbound and outbound telephone call system that includes both sufficient staffed lines and an industry standard Automated Call Distribution (ACD) system to monitor and distribute call volume to staff. The call system must include a disaster backup capability.

13. Telephone Performance

The brokers must provide sufficient and appropriately trained Call Center staff to manage calls at all times to fulfill the standards of promptness and quality defined by the Department. Backup and afterhours staff must be fully trained and have access to data and transactions that take place after hours or by backup staff must be fully recorded in the broker's data system.

14. Types of Transportation

The brokers must authorize and/or arrange transportation through various modes of transportation including: taxi, livery, wheelchair van, train, ambulance, private transportation, or the provision of bus tokens or passes for the use of public transportation. When required, the broker shall coordinate air travel through a travel agent and in consultation with the Department. The Department shall reimburse the brokers for costs incurred in coordinating or scheduling air or ground ambulance and commercial air transportation.

15. Licensure Requirements

The brokers shall assure that their subcontracted non-emergency medical transportation providers, drivers, and vehicles meet licensure or certification requirements and the non-emergency medical transportation requirements established by the State of Connecticut Department of Transportation (DOT) and the State of Connecticut Department of Motor Vehicles (DMV).

The brokers shall not pay for non-emergency medical transportation in vehicles that are not appropriately licensed, certified, permitted, or insured or provided by unlicensed drivers. Furthermore, the Department will recover from capitated rate payments, any payments made for individuals transported in such vehicles. The Department also requires the brokers to recover any payments to providers who have transported Medicaid clients in such vehicles. The Department's recovery requirement is in addition to any other requirement that the brokers have with their transportation providers regarding non-emergency medical transportation in such vehicles.

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