

FACTS ABOUT NEMT PROVIDERS IN NORTH CAROLINA

WHY ARE YOU RECEIVING THIS DOCUMENT?

Because you are a Non-Emergency Medical Transportation (NEMT) provider with a “high” categorical risk level, Public Consulting Group (PCG) is obligated to conduct a pre-enrollment site visit at your business location as part of the enrollment process. This document offers clarification on the site visit process and relays pertinent information of which all NEMT providers should be aware.

WHO IS PUBLIC CONSULTING GROUP (PCG)?

Since 2012, PCG has worked on behalf of the State of North Carolina to conduct pre- and post-enrollment site visits, which are required for all Medicaid providers with a categorical risk level of “moderate” or “high” (per federal requirement 42 CFR Part 455 Subpart E).

WHAT CAN YOU EXPECT DURING A SITE VISIT?

Pre-enrollment site visits for NEMT providers are in-person appointments typically lasting 90-120 minutes - where teams of two PCG screeners ask providers various questions to assess provider understanding of North Carolina Medicaid policies and compliance with federal and state enrollment requirements. Generally, PCG will conduct site visits by talking with the provider(s), business owner(s) and office administrator. However, PCG team members may also request to speak with others within the organization who are knowledgeable of the business. Furthermore, screeners will request to review documentation - such as business policies and procedures, completed employee background checks, Department of Motor Vehicles (DMV) reports, and employee files.

If PCG uncovers areas of non-compliance during the site visit, our team will educate the appropriate personnel to amend these deficiencies. Lastly, PCG will submit the site visit findings to the State of North Carolina - which will make a final determination about the provider's enrollment or revalidation application.

WHAT SHOULD NEMT PROVIDERS KNOW?

All NEMT providers are required to pass the site visit in order to begin billing NC Medicaid (using NCTracks) for services provided. If DMA denies an NEMT provider's enrollment into NC Medicaid upon receipt of non-compliant findings from a site visit and the provider wishes to pursue enrollment again, the provider must resubmit an enrollment application and is subject to all federal and state application fees.

Critical Policy Documents

NEMT providers are required to comply with the following:

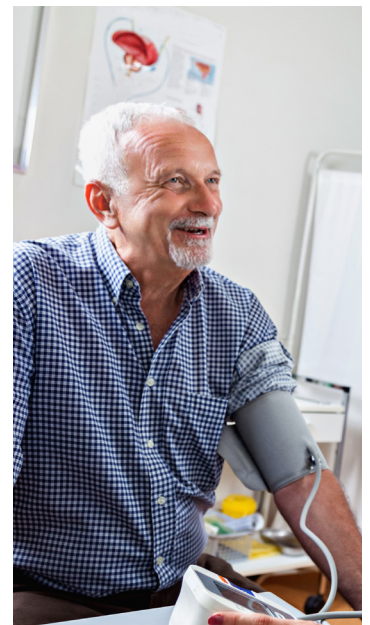
- NC DHHS Provider Administrative Participation Agreement
- Transportation Policy MA-2910 and MA-3550 of the NC Medicaid Manual
- NCMMIS Provider Claims and Billing Assistance Guide
- North Carolina Administrative Code
- Health Insurance Portability and Accountability Act (HIPAA)
- All contract documents distributed by DSS
- All federal statutes and rules

It is imperative that providers stay up to date on provider requirements through email blasts and Medicaid bulletins in order to remain compliant with North Carolina Medicaid and Health Choice rules, regulations, and policies.

Per Transportation Policy MA-2910 and MA-3550 of the NC Medicaid Manual:

NEMT providers must abide by the following:

- Drivers for the organization must not have any more than two chargeable accidents or moving violations in the past three years, nor a driver's license suspension or revocation within the past five years.
- All driver position applicants are required to submit a copy of their driving records spanning the previous three years from the application submission date.
- Providers must carry sufficient vehicle liability insurance that adequately protects the agency and the beneficiaries transported. More information on the required minimum coverage for common carrier-passenger vehicles can be found at www.ncuc.net/ncrules/chapter02.pdf (Rule R2-36).
- DSS and NC Medicaid require alcohol and drug testing. DSS requires both private and public contract transportation vendors to conduct random alcohol and drug testing that meets the requirements of



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the Federal Transit Administration (FTA). For more information, please visit http://www.access.gpo.gov/nara/cfr/waisidx_09/49cfr655_09.html.

- The provider must have a driver screening policy that outlines the process through which agency employees' and contract transportation vendors' driving records are reviewed every 12 months.
- Employee files for vendors and approved volunteers must contain current driving record, current copy of background check, copy of driver's license, and copy of Office of Inspector General (OIG) monthly exclusion list check.

HIPAA:

- The Health Insurance Portability and Accountability Act of 1996 is a federal requirement that demands all HIPAA-covered businesses and medical providers prevent unauthorized access to "Protected Health Information" (PHI). PHI includes patients' names, addresses, and all information pertaining to their health and payment records.

Background Checks:

- Upon hiring the employee, background checks must be completed every 5 years in order to maintain compliance with state requirements. (County requirements for background checks is annually and providers must maintain compliance with all county contracts.)
- 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.
- Conviction, guilty plea, or plea of no contest to any of the crimes listed in Transportation Policy MA 2910 or MA 3550 of the NC Medicaid Manual within the 10-year period preceding the date of the background check is grounds for disqualification from employment or volunteer services.

Federal Exclusion List Checks:

- All NEMT organizations are required to run a federal exclusion list check before hiring an employee. Because the exclusion list is updated monthly, the NCDHHS Provider Administrative Participation Agreement and Transportation Policy MA-2910 and MA-3550 of the NC Medicaid Manual require the provider to run OIG checks on all employees monthly.
- The Office of Inspector General (OIG) is required to exclude all individuals and entities convicted of the following criminal offenses from participating in federal healthcare programs: Medicare or Medicaid fraud, or any other offenses related to the delivery of items or services under Medicare, Medicaid, SCHIP, or another state health care program. The OIG is also responsible for citing these individuals and entities on the exclusion list.

Reimbursement for Services:

In order for NEMT providers to be reimbursed for services, the provider must meet the following criteria:

- Be enrolled in NCTracks;
- Contract with the county DSS; and
- Have a payment authorization (PA) for the service in NCTracks.

If billing irregularities are uncovered during an audit, these findings may result in a referral to Program Integrity.

Updated Provider Information in NCTracks

- Per the NC DHHS Provider Administrative Participation Agreement, providers are required to notify NCTracks of a change within their organization (change of address, ownership or certifications, etc.) within 30 days of its occurrence.

By working together with DMA, PCG aims to improve the overall quality of North Carolina Medicaid providers and make patient healthcare transportation more reliable, safe, and accessible.

- <http://info.dhhs.state.nc.us/olm/manuals/dma/abd/man/MA2910.pdf>
- <http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/man/MA3550.pdf>

*All federal regulations and guidelines set forth in this document can be found at <http://reports.oah.state.nc.us/ncac.asp>

