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## I. INTRODUCTION

UnitedHealthcare of North Carolina, Inc. (UnitedHealthcare) health plan emphasizes quality and safety of care and service provided to members. The health plan utilizes ModivCare Solutions, LLC (ModivCare) to perform non-emergency transportation broker services. These services include the delegation of core functions on behalf of the health plan (i.e. NEMT network contracting, scheduling and claims payment). The health plan has developed this policy to define the objectives and scope of the non-emergency medical transportation program administered by ModivCare.

## II. SCOPE:

This policy applies to UnitedHealthcare of North Carolina, Inc. (UnitedHealthcare) and its transportation broker ModivCare in the administration of North Carolina Medicaid non-emergency medical transportation (NEMT) services.

## III. PURPOSE:

To ensure that the requirements of the North Carolina Medicaid Prepaid Health Plan Services contract and NC Department of Health and Human Services Medicaid Managed Care Non-Emergency Medical Transportation Policy Guidance are met. This includes members having coordinated, timely, safe, clean, reliable, medically necessary transportation to and from North Carolina Medicaid enrolled providers, and that NEMT services are furnished in an amount, duration and scope no less than the amount, duration, and scope for the same services furnished to beneficiaries under the Medicaid Direct (formerly known as Fee-for-Service) program.

## IV. POLICY:

UnitedHealthcare shall provide NEMT services for all enrolled/eligible Members:

- By the least expensive mode available and appropriate for the Member;
- To a Medicaid covered service, including services carved out of Medicaid Managed Care, provided by a North Carolina Medicaid enrolled provider. Generally, this will be to the nearest appropriate medical provider and can include a bordering state.

UnitedHealthcare is responsible for the delivery and outcomes for the provision and/or administration of any or all covered NEMT services that are delegated by subcontract to ModivCare, including:

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- Transportation options available to Members
- Methods and process by which to request transportation
- Driver and vehicle requirements
- Process for transportation assessment
- Member rights and responsibilities
- Hours of operation

The subcontract, and any subsequent amendment to the subcontract, between UnitedHealthcare and ModivCare will be provided to North Carolina DHHS within 14 days of signature.

## V. DEFINITIONS:

**Member:** Person authorized and enrolled to receive Plan benefits and eligible at the time of the requested service.

**Department Program:** North Carolina’s Medicaid Program, including the North Carolina DHHS Division of Health Benefits Prepaid Health Plan Services populations

**Non-Emergency Medical Transportation (NEMT):** Transportation services to and from medical services on a non-emergent basis including but not limited to:

- NEMT transportation vendors including public transportation, taxis, van, wheel-chair vans, mini-bus, mountain area transports, or other transportation systems and ambulance transportation.
- Other Transportation Services including volunteers, family members and friends, attendant expenses, ancillary costs and attendant pay, and non-emergency air travel.
- Travel related expenses including food, parking fees/tolls, transportation vouchers (i.e. taxis, ride sharing services, public transit), and mileage.

## VI. TRANSPORTATION OPTIONS AVAILABLE TO MEMBERS


ModivCare shall develop a network of NEMT providers sufficient to fulfill the requirements of the North Carolina Medicaid Prepaid Health Plan Services contract. Unless otherwise directed by the Department Program, ModivCare will determine the most appropriate mode of non-emergency transportation to meet the needs of the member from among the following options:

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- Taxi
- Sedans
- Mini vans
- Public transit
- Stretcher vans
- Wheelchair vans
- Volunteer Drivers
- Mileage Reimbursement
- Non-emergency ground ambulance (*non-emergency air ambulance will be managed by UnitedHealthcare and not **ModivCare***)

ModivCare is committed to enrollee safety, timeliness of transportation services and helping to ensure that the appropriate mode of transportation is being used accordingly. When scheduling transportation for members, customer service representatives will assign a mode of transportation based on the results of the transportation assessment performed at the time of each trip request and in accordance with the following principles as appropriate:

- If the member is ambulatory and does not require assistance, the member will be transported via an ambulatory provider such as a taxi, sedan or van. Public transit and/or mileage reimbursement will be considered as an alternative.
- If the member is ambulatory but requires assistance (physical or cognitive), an escort will be approved with no additional charge for riding. Additionally, the transportation driver may assist with a door-to-door level of care in line with Passenger Assistance Safety and Sensitivity Training. Transportation drivers do not cross the threshold of an exterior door, nor do they attend the medical appointment with the member.
- If the member requires the assistance of a wheelchair (power or manual), a wheelchair accessible vehicle will be provided. Any steps or obstacles must be reported during the reservation call in order to properly assess the safety needs during transport.
- If the member is bed bound and cannot sit in a wheelchair van, the member will be assigned a stretcher van (based on availability) or non emergency ambulance.

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The provider and driver will be informed of the mode of transportation and the approved level of service (curb-to-curb, door-to-door, or hand-to-hand). Drivers are trained to ensure these levels of service and ensure members arrive safely at their destinations. Drivers may not drop off a member for their appointment before the provider’s office or facility has opened their doors. ModivCare Field Service Specialists will use on-site inspections and audits to monitor and ensure providers are following all Department Program contract pick-up and drop-off member safety and assistance requirements including, but not be limited to: opening the vehicle door, fastening the seat belt or wheelchair securing devices, storage of mobility assistive devices and closing the vehicle door.

## VII. TRANSPORTATION REQUESTS – PROCESS AND METHODS

Members should follow the process outlined in the Member Handbook in order to request transportation. Please note:


### A. Requests:

1. Members are not required to make transportation requests in person and should contact Member Services as ~~per~~ instructed in the Member Handbook.
2. Non-urgent transportation requests must be made at least 48 hours in advance, however ModivCare shall not require Members to make transportation requests more than two (2) days in advance.
3. All requests for non-emergency medical transportation by Medicaid members will be documented and treated as a trip request.
4. An attendant (e.g., parent, guardian, neighbor, friend, other relative) should be present with:
  - a. Members under the age of eighteen (18), required unless emancipated, at no additional cost to the Member or attendant. The attendant may or may not be the parent.
  - b. Members with special medical, physical or mental impediments, at no additional cost to the Member or attendant. The attendant may or may not be the parent.
5. A Member’s attendant must provide a car safety/booster seat when required by law.

### B. Urgent Trips:

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ModivCare will accommodate requests for urgent trips without advanced notice. Urgent Trips shall include NEMT services required for an unscheduled episodic situation in which there is no immediate threat to life or limb, but the enrollee must be seen on the day of the request (can be one or multiple trip legs). At a minimum, these may be considered urgent trips: dialysis appointments, hospital and crisis stabilization unit discharges or same-day appointments with outpatient behavioral health providers.

C. Pick-up and Delivery:

Transportation will be scheduled so that the Member (i) arrives on time for their appointment but no sooner than one (1) hour before the appointment (Exception: Drivers may not drop off a member for their appointment before the provider’s office or facility has opened their doors.); (ii) does not have to wait more than one (1) hour after the conclusion of the appointment for transportation home; and (iii) is not picked up prior to the completion of the appointment.

When provided as part of a multi-loaded\*, long distance and/or coordinated trip, transportation shall be scheduled so that the member arrives on time for the appointment, but no sooner than two (2) hours before the appointment; nor must wait more than two (2) hours after the conclusion of the treatment for transportation home; nor be picked up prior to the completion of treatment.

\*Multi-loaded is defined as more than 1 passenger in the vehicle. This does not apply to members of the same family.

D. Hours of Operation

- Monday – Saturday: 7AM – 6PM ET
- Urgent Member issues: open twenty-four (24) hours per day / seven (7) days per week
- Open all State holidays

E. Assessment for Transportation Services

1. The assessment process is defined as a review of the member’s most current circumstances to determine the means and mode of NEMT services appropriate to fit the needs of the member.

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2. When a request for transportation is made, an assessment of the request will be completed during the phone call. The purpose of the assessment is to:
  - a. Determine the Member's eligibility for transportation services,
  - b. Determine any special needs requirements,
  - c. Determine mode of transportation, and
  - d. Assess other sources that may be available to the Member
3. An assessment will be completed in its entirety:
  - a. At the initial request for transportation assistance
  - b. At least once a year after initial request
  - c. When there is a change in situation which may impact the need for transportation assistance
  - d. To coincide with each Medicaid recertification, if the Member is still in need of services.
4. The assessment process will assess the amount, duration, and scope that the member has previously had or to establish current need for transportation services. Considerations should be given to the following areas listed below:
  - a. How has medical transportation previously been provided and why is it not available now?
  - b. How has the enrolled/eligible Member been getting to medically necessary appointments?
  - c. Is there a reason the Member can no longer use the source, he/she had been using for transportation to get to medical appointments?
  - d. If it is determined that the Member can provide their own transportation, the request should be denied.
5. Special Member Considerations
  - a. Does the Member have special needs or impediments to using certain forms of transportation?
  - b. Does the Member use/require?

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- An attendant (required for children under age 18 unless they are emancipated), who may or may not be a parent. Other members may need an attendant due to special medical, physical or mental impediments.
  - Mobility Device (wheelchair, scooter, etc.).
  - Cane/crutches/walker.
  - Portable oxygen tank.
  - Service animal, or
  - Have a condition, such as blindness, deafness or disorientation which can impact transportation options.
- c. Does the Member have other special needs?
- Member is a minor child that needs to be accompanied by an adult
  - Accompanying translator
  - Other member considerations

#### F. Travel related expenses

1. ModivCare will manage requests for travel related expenses, including the meals and lodging reimbursement benefit, which allows members to obtain approval for lodging for medical services, and provide a meal reimbursement when travel has been authorized.
2. Reimbursement for travel related expenses (including coverage for meals) will follow the DHHS Medicaid Managed Care Non-Emergency Medical Transportation Policy Guidance.


## VIII. PROVIDER, DRIVER AND VEHICLE REQUIREMENTS\*

### A. Provider Requirements

#### 1. Liability Insurance (USD)

- Certificate of Insurance (COI) for General Liability (1,500,000 Mil), \*Automobile Liability (1,500,000 Mil) COI listing ModivCare Solutions, LLC 1275 Peachtree


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Street | 6th floor | Atlanta, GA 30309 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 ModivCare Solutions, LLC 1275 Peachtree Street | 6th floor | Atlanta, GA 30309 as additional insured (under the Description of Operations field) and Certificate Holder for vehicles transporting 15 or more persons including the driver.
2. NEMT Providers must maintain a file for their staff, approved volunteers, and member relatives and friends who are reimbursed directly for NEMT services.
  3. NEMT providers must maintain the following for their staff and approved drivers:
    - Driver's License.
    - Current vehicle registration/inspection.
    - Current driving record.
    - Liability insurance.
    - An agreement stating that the staff/agency volunteers will report all changes
    - These files are required to be reviewed at time of initial Member request for a relative/friend to provide transportation when Member changes the relative/friend providing transport and annually thereafter to ensure that all information is current.
  4. ModivCare will ensure that member relatives and friends providing NEMT services via reimbursement process possess the following:
    - Driver's License.
    - Current vehicle registration/inspection.
    - Liability insurance.
    - An agreement stating that the staff/volunteers/ member relatives and friends will report all changes.



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## B. Driver Requirements

### 1. Validity of Licensed Operators

- ModivCare will ensure that contracted NEMT providers are meeting all contractual requirements by periodically reviewing driver licenses and verifying all drivers are at least 18 years of age and properly licensed to operate a vehicle and driving records are reviewed every 12 months. If the review is performed by a designated entity, the designated entity is required to periodically (at the discretion of the health plan) provide to the health plan a sample of their reviews.
- ModivCare will ensure that all drivers are at least 18 years of age and properly licensed to operate the specific vehicle used to transport Members. This also applies to family members, friends, etc., reimbursed to transport the Member, but not to Members and financially responsible persons.

### 2. Alcohol and Drug Testing

ModivCare 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).

### 3. Background Checks

ModivCare shall ensure that a criminal background check is performed 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,

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- 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

#### 4. Driving Records

ModivCare shall ensure that NEMT providers have a driver screening policy for employees and volunteers who transport members. The driver screening policy must include the following:

- 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). Accept the DMV information provided by the applicant unless questionable.

The driver screening policy does not apply to members, financially responsible persons, or family and friends of the member.


### C. Vehicle Requirements

#### 1. State Registration and Inspection

- ModivCare will 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 Member and financially responsible persons.

#### 2. Liability Insurance

##### a. Commercial Vehicles

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- Must carry liability at the minimum statutory requirements.
- When commercial vehicles (16 passengers or more) are used to provide member transportation services, the health plan should obtain a copy of the private contractor’s Certificate of Insurance documenting that the health plan transportation coordinator or designee is an “additional insured.” The party identified as an “additional insured” will be notified 30 days in advance of a contractor dropping any coverage.


b. “For Hire” Vehicles

- “For Hire” passenger vehicles are defined as vehicles used for compensation to transport the general public as well as human service members and are, therefore, subject to the regulations of the N.C. Public Utilities Commission. Taxi cabs and public transportation systems do not fall into this category.
- Transportation providers licensed as “For Hire” public conveyance operators must meet statutory requirements for their classification and operator responsibilities. Currently, \$1.5 million liability insurance coverage is required on vehicles with a seating capacity of 15 passengers or less, including the driver, and \$5 million coverage for vehicles designed to transport more than 15 passengers, including the driver.

c. Taxi Cabs

- Liability insurance requirements are set by local ordinances and can vary widely from county to county. Any Taxi service used for NEMT must carry at least the minimum liability insurance coverage for their vehicle’s particular classification for their local ordinance (for minimum liability requirements for passenger vehicles, see <https://www.ncdot.gov/dmv/title-registration/insurance-requirements/Pages/default.aspx/>)

\*For Public Transit Providers, ModivCare shall rely on NCTracks (and any successor NC DHHS provider enrollment system) and NC DOT credentialing requirements and NC DOT requirements outlined in the NC DOT Business Guide as evidence of compliance with the safety and risk management standards and in credentialing a provider for participation in the network. ModivCare shall verify the Provider’s enrollment with the State of North Carolina and the Provider’s continued status as an active enrolled Medicaid provider as proof of compliance.

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## IX. MEMBER RIGHTS & RESPONSIBILITIES

### A. Rights of the Member

1. To be informed of the availability of Medicaid transportation
2. To have the transportation policy explained including how to request a trip or cancel a trip, limitations on transportation, personal conduct and no-shows
3. To be transported to medical appointments if unable to arrange or pay for transportation
  - a. By means appropriate to circumstances
  - b. To arrive at medical provider in time for their scheduled appointment
4. To request an appeal if the request for transportation assistance is denied

### B. Responsibilities of the Member

1. To use those transportation resources which are available and appropriate to their needs in the most efficient and effective manner.
2. To utilize transportation services, such as gas vouchers, appropriately.
3. To travel to the requested location and receive a Medicaid covered service
4. To make timely requests for transportation assistance
5. To be ready and at the designated place for transportation pick-up or cancel the transportation request timely
6. To follow the instructions of the driver
7. To respect and not violate the rights of other passengers and the driver, such as not creating a disturbance or engaging in threatening language or behavior.

## X. Individuals Not Eligible to Receive NEMT Services\*

The following individuals are not eligible to receive NEMT services from the PHP

- North Carolina Medicaid Direct beneficiaries
- North Carolina Health Choice Members
- Members in a nursing home

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- Members transferring between facilities and/or hospitals
  - \* Includes non-emergency ambulance except for members being discharged from a facility and/or hospital and transferring to another facility and/or hospital.

## XI. Member No-Show and Conduct Policy

- A. A No-Show is when a member does not go to the medical appointment. This includes Members issued approval for mileage reimbursement. The purpose of a no-show policy is to establish consistent rules and procedures to follow when a member misses a scheduled trip without good cause.
- B. The health plan No-Show Policy is as follows:
1. The member must be ready and at the designated place for pick-up at the time required by the transportation vendor.
  2. The member must complete their trip and show evidence in order to be issued reimbursement for their mileage.
  3. The member must call the number provided for trip requests to cancel scheduled transportation at least 24 hours in advance. Cancellations made less than 24 hours in advance may count as one “no-show,” unless there was good cause for the cancellation.
  4. A member who has a missed trip may receive counseling via a telephone call or a letter
  5. A member that misses three or more trips in a three-month period may be subject to having their transportation services suspended for a period of up to thirty days.
  6. A member who is suspended from transportation services will be notified of the suspension in writing.
- C. The health plan Conduct Policy is as follows:
1. Any conduct which jeopardizes the safety of other passengers or the driver will result in suspension of transportation services by the health plan for 30 days.
  2. Public transit systems and other NEMT providers shall have conduct policies. NEMT riders are subject to the conduct policies of those transportation providers. Violation of such conduct policies may result in suspension of transportation services in accordance with the vendor’s policy. A vendor’s suspension from their services may exceed 30 days.
  3. Any member who has been suspended from transportation services due to violation of the conduct policy may be provided mileage reimbursement if unable to pay, for trips to


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Medicaid covered services as long as the member remains otherwise eligible for transportation assistance.

4. The member will be notified of a suspension in writing.

## XII. Transportation Grievances and Appeals

- A. Members will have access to a formal appeals and grievance process regarding all NEMT determinations. The member has the right to request an appeal if they disagree with a decision made on their NEMT trip request. Written notification will be sent to Members for all trip denials (including changes in the amount, duration, frequency and scope of the request).
  1. Approvals – The member will be notified verbally of trip approvals when NEMT requests are initiated by phone if known at the time of the call.
  2. Denials – United will follow the formal appeals process for all NEMT trip request denials and ensure the following:
    - a. A NABD, documenting the reasons for the decision, is sent for each request that is denied (including changes in the amount, duration, frequency and scope of the request). If a series of appointments are requested, only one NABD is needed to deny one, all, or any of the trips included in the request.
    - b. If multiple members in a household are denied NEMT services, ~~that~~ all members receive a separate NABD.
    - c. Copies of the NABD notices are retained in the utilization documentation transportation file
    - d. That trip requests are not denied when the member fails to comply with the advance notice policy, if services are provided on a different date or a gas voucher is issued.
    - e. That trip requests are not denied due to United’s lack of resources.
    - f. The NABD letter sent for a transportation denial will utilize the NABD template(s) prescribed by NC DHHS.
  3. Reporting – United will comply with the Member Appeals and Grievance reporting requirements outlined in the North Carolina Prepaid Health Plan Services Contract.
  4. Prior-Authorization – All requests for the following services will be made directly with ModivCare. ModivCare will send these requests to United for review via secure email.

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<p><b>EFFECTIVE DATE:</b> 6/1/2021</p>	<p><b>POLICY NUMBER:</b> UNHC_MEM12</p>
<p><b>LATEST REVISION:</b> 5/4/2021</p>	<p><b>POLICY OWNER:</b> North Carolina Chief Operating Officer</p>

United will review the requests, make a decision to approve or deny and return decisions to ModivCare for schedule completion.

- a. Rides with a one-way distance greater than 75 miles
- b. Lodging and meal reimbursement
- c. Out of State care

**B. Responsibilities and requirements for Member Appeals and Grievances shall be as follows:**

1. ModivCare will not be delegated by United to process Member Appeals and Grievances. All Member Appeals & Grievances received by ModivCare will be sent to United to follow the standard Appeal and Grievance process that United has established for this North Carolina Prepaid Health Plan program. This includes provision of any DHHS required Appeal and Grievance letters.
2. ModivCare will not be delegated by United for prior authorization decision making. Should United decide to require prior authorization for certain NEMT services, ModivCare will submit the prior authorization requests to United to follow the standard prior authorization process that United has established for this North Carolina Prepaid Health Plan program. This includes the provision of any DHHS required Prior Authorization Approval letters.
3. For NEMT Services that are denied, United will send the DHHS prescribed NABD letters as indicated in XII.A.2. above.

### **XIII. Self-Audit**

**A.** Providing Medicaid transportation services to members who need those services and the proper utilization of NEMT services by members are important goals of Medicaid transportation policy. In order to attain these goals, the health plan (or ModivCare on behalf of the health plan) will perform a self-audit of NEMT services.

1. A random sample will be selected of 2% of the trips, or 200 trips whichever is less per calendar quarter.
2. Trips documented for self-auditing must capture all fields included in Section VI.B Utilization Documentation of the Medicaid Managed Care Non-Emergency Medical Transportation Policy Guidance.
3. All modes of transportation will be included in the sample.

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4. A control file will be maintained with findings of the quarterly review and documentation of action taken.
- B.** The self-audit quarterly results will be submitted to North Carolina DHHS by the health plan annually for review.

## XIV. Reporting Fraud, Waste and Abuse

### A. Definition of Fraud, Waste and Abuse

1. **FRAUD:** An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefits to himself or some other person.
2. **WASTE:** Costs that could have been avoided without a negative impact on quality.
3. **ABUSE:** Occurs when provider practices are inconsistent with sound fiscal, business, or medical practices, and results in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health.


### B. Procedures

1. Any matters involving potential or suspected Medicaid fraud, waste, and/or abuse shall be investigated by the health plan's Special Investigations Unit.
2. As required by contract, the health plan shall refer credible allegations of fraud, waste and/or abuse to the Department Program. The health plan staff shall work collaboratively to ensure that all fraud, waste and/or abuse referrals get routed to the appropriate contacts.
3. The health plan shall ensure all its Members have been made aware of how to report suspected fraud, waste, or abuse.
4. Individuals may remain anonymous; however, sometimes to conduct an effective investigation, staff may need to contact individuals. Individual name will not be shared with anyone investigated. In rare cases involving legal proceedings, an individual name may need to be revealed.

### C. Examples of Medicaid Member fraud, waste and/or abuse:

1. A Member does not report all income when applying for Medicaid.
2. A Member does not report other insurance when applying for Medicaid.
3. A non-Member uses a Member's card with or without the Member's knowledge.



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**D. Examples of Medicaid Provider fraud, waste and/or abuse:**

1. A Provider’s credentials are not accurate.
2. A Provider that bills for services that were not rendered.
3. A Provider performs and bills for services not medically necessary.

**E. Fraud, Waste and/or Abuse Reporting**

Report complaints by accessing the following methods:

1. State Medicaid Fraud, Waste and Program Abuse Tip-Line Phone: (919) 814-0181.
2. Health Plan Fraud, Waste and/or Program Abuse Tip-Line Phone.
3. Health Plan Online Confidential Complaint Form:

<https://www.uhc.com/fraud>

4. State Online Confidential Complaint Form:

<https://dma.ncdhhs.gov/get-involved/report-fraud-waste-or-abuse/complaint-form>

**XV. References and Authorities:**

- North Carolina Prepaid Health Plan Services Contract
- North Carolina Department of Health and Human Services Medicaid Managed Care Non-Emergency Medical Transportation Policy Guidance

**XVI. APPROVED BY:**

<b>Approver Name:</b>	Jane Brown
<b>Approver Title:</b>	Chief Operating Officer
<b>Approval Date:</b>	05/19/2021

**XVII. REVIEW/UPDATE HISTORY:**

Effective Date of Change	Overview of Change from Prior Version	Change Made By
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