

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 12/01/05
Section: Non-Emergency Transportation (NET)	Section: 12.01	
Subject: Introduction	Pages: 1	Cross Reference: Introduction 1.08

Medicaid, as authorized by Title XIX of the Social Security Act, is a federal and state program of medical assistance to qualified individuals. Each state designates a state agency as the single state agency for the administration of Medicaid. State law has designated the Division of Medicaid, Office of the Governor, as the single state agency to administer the Medicaid program in Mississippi.

The mission of the Non-Emergency Transportation (NET) program is to improve access to covered medical services ~~of~~ **for** persons eligible for the Medicaid program. The objectives of the NET program are to ensure that transportation services made available through the program are:

- similar in scope and duration throughout the state
- consistent with the best interests of the state's Medicaid beneficiaries
- appropriate to available services, geographic location, and limitations of beneficiaries
- prompt, cost effective, efficient

NET services include ground and air services. These services are available to individuals eligible for Medicaid when these persons have demonstrated that they have no other means of transportation to utilize in accessing medical assistance. NET services are those that are not needed within 72 hours from the request for services.

~~For a listing of current NET office locations for NET Regional Offices refer to section 1.08, Introduction, in this manual.~~

A NET service provider's participation in the Mississippi Medicaid program is entirely voluntary. However, if a provider does choose to participate in Medicaid, he/she must accept the Medicaid payment as payment in full for those services covered by Medicaid. He/she cannot charge the beneficiary the difference between the usual and customary charge and Medicaid's payment. The NET provider cannot accept payment from the beneficiary, bill Medicaid, and then refund Medicaid's payment to the beneficiary.

The Mississippi Medicaid program purchases needed health care services for beneficiaries as determined under the ~~provision of~~ **provisions of** the Mississippi Medical Assistance Act. The Division of Medicaid (DOM) is responsible for formulating program policy. DOM staff are directly responsible for the administration of the program. Under the direction of DOM, the fiscal agent is responsible for processing claims, issuing payments to providers, and for notifications regarding billing. Medicaid policy as it relates to these factors is initiated by DOM.

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 12/01/05
Section: Non-Emergency Transportation (NET)	Section: 12.03	
Subject: Needs Verification	Pages: 1	Cross Reference:

~~A NET coordinator in the appropriate regional office must arrange all NET services except public air, public ground and non-emergency ambulance. A NET coordinator must arrange all NET services except public air, public ground and non-emergency ambulance.~~ Public ground carriers are carriers that do not have an agreement with DOM to transport Medicaid beneficiaries on a regular basis. If the beneficiary requests NET services, the NET coordinator should obtain the following information from him/her:

- Documentation of current Medicaid status of the beneficiary. Eligibility status must be verified each time a beneficiary requests NET services. **DOM will not pay for services provided to an individual who was not eligible on the date the services were provided.**
- Whether or not the individual has a vehicle.
- How the individual has previously traveled to medical appointments and to other locations.
- Whether or not the beneficiary has access to individual or community- based transportation.
- ~~If the individual has had access to one of the modes of transportation indicated above and why the beneficiary cannot continue to use that mode of transportation.~~ If the individual has had access to one of the modes of transportation indicated above, the reason why the beneficiary cannot continue to use that mode of transportation.

Medicaid NET services are available to eligible Medicaid beneficiaries only in cases of evident hardship; that is when the individual does not have his/her own transportation and cannot access transportation on his/her own.

If the individual does not have access to transportation, he/she must be advised that he/she is eligible to receive NET services as long as he/she is eligible to receive assistance from the Medicaid program. The beneficiary is responsible for informing DOM if he/she gains access to transportation and no longer requires NET services. If the beneficiary has access to transportation, Medicaid NET services cannot be provided.

The beneficiary may notify DOM any time he/she loses access to transportation services. Upon verification by the NET coordinator of the beneficiary's need for NET services, the NET coordinator will assist the beneficiary in accessing transportation.

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 12/01/05
Section: Non-Emergency Transportation (NET)	Section: 12.06	
Subject: NET Services by Public Carrier	Pages: 1	Cross Reference:

The NET program also provides public carrier transportation services. Public carrier transportation services may be provided to Medicaid beneficiaries for whom such services are certified in writing by their attending medical provider as medically necessary.

Air NET Services by Public Carrier

Air NET services are used when a Medicaid beneficiary must travel considerable distances to access needed services and ground transportation is impractical because of the distance to be traveled, and/or because the beneficiary is mentally or physically unable to travel by such mode of transportation. Air NET services by a public carrier must have prior approval and be arranged by the ~~BCFR~~ BCFR (Bureau of Compliance and Financial Review). A Certification of Medical Necessity form must be completed by the beneficiary's attending medical provider and submitted to the NET coordinator as part of the prior approval process.

Ground NET Services by Public Carrier

~~Ground NET services are used when a Medicaid beneficiary must travel considerable distances to access needed services and the use of an Individual or Group Net provider is either unavailable or impractical because of the distance to be traveled.~~ Ground Net services are used when a Medicaid beneficiary must travel considerable distances to access needed services and the use of an individual, group, or public transit NET provider is either unavailable or impractical because of the distance to be traveled. Ground NET services by a public carrier must have prior approval and be arranged by the BCFR. A Certification of Medical Necessity form must be completed by the beneficiary's attending medical provider and submitted to the NET coordinator as part of the prior approval process.

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 12/01/05
Section: Non-Emergency Transportation (NET)	Section: 12.07	
Subject: Ground Services Provided by Individual and Group Providers <u>Ground Services Provided by Individual, Group and Public Transit Providers</u>	Pages: 1	Cross Reference: Eligibility 12.02

The most common mode of NET services is by ground vehicle. DOM arranges ground NET services for Medicaid-eligible persons. DOM makes arrangements for NET services for any Medicaid beneficiary who calls for transportation services and meets the requirements as specified in the eligibility section. (Refer to Eligibility, Section 12.02, in this manual.) ~~Contact is made by the beneficiary with his/her NET regional office.~~ Contact is made by the beneficiary to the NET call center. A NET coordinator takes the call and verifies the beneficiary's eligibility and medical appointment and that the beneficiary has no other means of transportation. The NET coordinator is responsible for ensuring that transportation services are not available through other community resources. If no other source of transportation is available, the NET coordinator then contacts a NET provider on the beneficiary's behalf and makes the necessary arrangements for transportation for the beneficiary to a medical provider.

As with all Medicaid-funded services, Medicaid NET services are available only as a last resort. Other non-Medicaid-funded sources of non-emergency transportation services must be utilized first. NET providers are responsible for informing NET coordinators of any transportation sources available to Medicaid beneficiaries in their communities. NET coordinators are required to keep documentation for each request for transportation, documenting proper utilization of available transportation sources.

~~Individual and Group NET providers must abide by all terms that are outlined in their provider participation agreement.~~ Individual, group and public transit NET providers must abide by all terms that are outlined in their provider participation agreement.

Verification of Services

DOM pays the cost of NET services for eligible Medicaid beneficiaries only if the beneficiary is transported to a medical provider who is enrolled in the Medicaid program. ~~NET coordinators are required to verify that all NET services that are billed to DOM meet these requirements.~~ NET coordinators are required to verify that all NET services billed to DOM meet these requirements.

For each trip arranged for a beneficiary to a Medicaid provider, the NET coordinator must complete and maintain documentation that verifies that the beneficiary has an appointment with a Medicaid enrolled provider.

The documentation should include the name and Medicaid ID number of the beneficiary being transported, the name and Medicaid provider number of the facility or medical provider's office to which the beneficiary is requesting transportation, and the date and time of the appointment. The documentation for individual providers should include the transaction summary form and the designated claim submission form. ~~The documentation for group providers shall be the transaction summary form.~~ The documentation for group and public transit providers shall be the transaction summary form.

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 12/01/05
Section: Non-Emergency Transportation (NET)	Section: 12.09	
Subject: Individual Mileage and Group Rates Individual Mileage and Group and Public Transit Rates	Pages: 1 Cross Reference: 7.03 General Policy	

Reimbursement may be claimed when prior authorized services are provided to eligible Medicaid beneficiaries who are transported to medical providers enrolled in the Medicaid program. DOM does not pay for NET services in advance. NET providers are reimbursed only after the NET services have been provided. DOM reserves the right to refuse to pay claims that indicate excessively high charges. Costs for any mileage performed at the convenience of the NET provider are not reimbursable by DOM.

NET providers may not charge DOM more for transporting Medicaid beneficiaries than they charge non-Medicaid beneficiaries for the same service. A NET provider may not accept, charge, solicit, or receive any gift, money, or other consideration from any Medicaid beneficiary or attendant as payment for the transportation services rendered under a provider contract.

Further, the NET provider may neither charge nor take other recourse against Medicaid beneficiaries, their family members, or their representatives for any claims denied or reduced by DOM because of the provider's failure to comply with any rule, regulation, or procedure of DOM.

All claim forms and supporting documentation must be prepared in accordance with the standards outlined in the provider agreement.

Individual Providers

- ~~Reimbursement rates for individual drivers are based on minimum rates paid to state employees per Section 25-3-41 of the Mississippi Code 1972, as amended.~~ Reimbursement rates are based on minimum rates paid to state employees per Section 25-3-41 of the Mississippi Code 1972, as amended; however, the Division reserves the right to change the rate at any time upon notification to the provider.
- NET providers are responsible for maintaining records validating the actual number of miles traveled to transport each Medicaid beneficiary.
- Claims must be submitted within one year after the service has been provided.
- If payment for NET services has been returned because the provider is deceased, it will be sent to the provider's estate.
- Claims for mileage must be in accordance with the NET provider agreement.

Individual NET providers are responsible for ensuring that a fully completed Medicaid NET Documentation form is prepared for each claim submitted for reimbursement to DOM. Refer to Section 7.03, General Policy, in this manual.

Group Providers

- Reimbursement rates for group providers are negotiated with those providers.
- The Medicaid program reimburses the lesser of the billed charges or the negotiated rate.

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- Providers may not subcontract with other providers except under the terms and conditions of their contracts with DOM. The Legal Unit staff of DOM must approve all subcontracts before such subcontracts become effective. Providers are required to timely pay their subcontractors who have transported Medicaid beneficiaries on their behalf.

~~NET providers are responsible for ensuring that a fully completed Medicaid NET Documentation form is prepared for each claim submitted for reimbursement to DOM. (Refer to Section 7.03, General Policy, in this manual.)~~ Group NET providers are responsible for ensuring that a fully completed Medicaid NET Documentation form is prepared for each claim submitted for reimbursement to DOM. (Refer to Section 7.03, General Policy, in this manual.)

Public Transit Providers

- Reimbursement rates for public transit providers are set based on the rate paid by the general public for like services.

Public transit NET providers are not required to complete the Medicaid NET Documentation form.

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 12/01/05
Section: Non-Emergency Transportation (NET)	Section: 12.13	
Subject: Monitoring	Pages: 4	
	Cross Reference: General Policy 7.06 NET 12.07	

Pursuant to 42 CFR 431.53, the State of Mississippi Medicaid Plan provides for assurance of necessary transportation of Medicaid beneficiaries to and/or from providers of medical services. It is necessary for the BCFR to monitor the Medicaid NET program in order to assure that Medicaid dollars are utilized in the manner for which they are allocated; that is, to make NET services available to eligible Medicaid beneficiaries when no other means of transportation exists, so that they may receive Medicaid-covered services from providers enrolled in the Medicaid program.

General Guidelines and Procedures

A. Scheduling Monitoring Activities

Staff in the U.S. Department of Health and Human Services, the Bureau of Compliance and Financial Review, the Bureau of Program Integrity, the Attorney General's office, a designated independent auditor's office, or representative of any organization deemed appropriate by DOM may conduct a monitoring review of the NET services program and/or the providers.

B. Monitoring Objectives

Monitors from various organizations review NET program documents and provider performance to validate whether or not the provider and/or NET service program has:

- complied with federal and state laws, regulations, and policies
- complied with the terms of the NET provider agreement or contract
- adhered to accepted accounting principles
- charged DOM in accordance with the provider's agreement
- selected the least costly and most appropriate transportation services for the beneficiary
- billed DOM for authorized services only and for services that were actually delivered in compliance with the NET program
- provided a service which produced an effective and cost efficient outcome for beneficiaries and the Medicaid program

C. Cooperation Required of the Provider During Monitoring Activities

Transportation providers must cooperate fully with the monitoring activities, evaluations, or other reporting requirements authorized by DOM. Records and supporting information must be made available as required for any authorized monitoring activities.

The NET provider's Executive Director or authorized representative must be available to answer questions during the monitoring review and to receive the results of the review.

D. Findings from Monitoring Reviews

Erroneous underpayments and overpayments to providers are subject to restitution. The provider is entitled to notification by DOM of the erroneous payment(s). If the provider has been overpaid, he/she will be contacted regarding a repayment schedule. If the provider has been underpaid,

he/she will be notified regarding the schedule for payment of the additional funds owed to the provider.

The provider will be notified in writing by DOM of any administrative noncompliance with provider agreement/contract terms or applicable regulations. (Refer to Section 7.06, General Policy, in this manual.)

The NET provider must ensure that all items of non-compliance are corrected within a time frame stated in a written plan of correction submitted by the provider to DOM within fifteen (15) days following receipt of the findings.

If items of noncompliance are not corrected, DOM may take appropriate action to ensure correction by the provider of noted problems, or DOM may terminate the NET provider's participation in the Medicaid program.

E. Technical Assistance Provided by NET Coordinating Staff

NET monitoring staff is available to provide technical assistance to NET providers in resolving any contractual or performance problems. However, technical assistance visits by DOM staff are not comprehensive reviews of the services under the terms of contracts or provider agreements for services. If deficiencies are not identified during the provision of technical assistance, the provider is still responsible for audit exceptions and correcting any other contractual or performance problems noted during monitoring activities.

DOM is not liable for acts or omissions of NET providers, contracted providers or their employees. Providers should seek their own legal counsel regarding questions of liability.

F. Records Retention

DOM staff and NET providers must keep all records pertaining to the transportation services provided during each fiscal year for a period of six years after the end of the state fiscal year in which services were provided. If a monitoring review is begun during this time, records must be kept until the audit is completed and any exceptions are resolved. All records must be maintained in an auditable manner. ~~(Refer to Section 12.07, Individual and Group Providers, in this manual.)~~ Refer to Section 12.07, Ground Services Provided by Individual, Group and Public Transit Providers.

G. Provider's Accounting System

The accounting systems of providers must comply with the generally accepted accounting principles established by the American Institute of Certified Public Accountants.

NET Provider Monitoring Activities Conducted by DOM

NET monitoring activities include desk review and on-site visits. In conducting these monitoring activities, documentation from NET providers, beneficiaries, and other sources deemed necessary will be utilized.

A. Monitoring of Services

- **Desk Reviews**

Periodically, DOM staff may conduct desk reviews of non-emergency transportation services. These desk reviews include, but are not limited to, the analysis of sample claims including required documentation, various claims processing system reports, and beneficiary surveys.

- **On-Site Visits**

The on-site visits will be scheduled periodically to be conducted by the Bureau of Compliance and Financial Review staff. During on-site visits, required records and documents will be reviewed for consistency with claims submitted and with applicable program requirements. However, there may be instances where it is necessary to further verify claims, such as through contact with Medicaid beneficiaries to whom services were provided.

If, during an on-site visit, the BCFR staff identify issues concerning the operations or claims payment which the BCFR considers to be a serious concern, the BCFR may implement an immediate corrective action. The BCFR staff may incorporate spot checks, announced and unannounced visits, and/or immediately place the provider on probation until such time as the problems are corrected to the satisfaction of the BCFR. An exit conference is scheduled during which the NET provider representative will be advised of the findings, including those relating to costs inappropriately charged to DOM.

- **Report of Findings**

DOM staff that conducts the monitoring review will prepare a report of monitoring activity. A copy of the report will be forwarded to the transportation provider with a request, when appropriate, for a response to be submitted to DOM fifteen (15) days after the receipt of the report. The response should include a plan of correction, as necessary, which addresses any deficiencies noted in the monitoring report. The staff of DOM will review the response and contact the reviewer within fifteen (15) days of receipt of the response regarding the acceptance of the response and approval of the plan of correction.

- **Contract Termination and Expiration**

A NET services contract expires on the termination date stated in the contract unless it is extended, renewed, or canceled earlier. When a contract ends, the NET coordinator will work with the NET provider and with staff of DOM's accounting unit, contracts and monitoring unit, and fiscal agent to arrange for payments due to DOM or the NET provider.

DOM may cancel a contract/agreement before the termination date if:

1. DOM and the provider mutually agree to terminate the contract agreement, **OR**
2. Either DOM or the NET provider gives the other party a thirty (30) day written notice of intent to terminate the contract/agreement, **OR**
3. Federal or state laws are changed to reduce or terminate the program or to restrict DOM from continuing to work with the provider, **OR**
4. The NET provider does not comply with the terms of the contract/agreement, the policies and procedures of the NET program, or the corrective action plan specified by DOM, **OR**
5. The NET provider ceases to provide services under the contract/agreement without approval.

The provider may appeal the findings of monitoring activities that led to contract/agreement termination to the Executive Director of DOM. The Executive Director's decision regarding the termination of the provider's contract/agreement is final.

B. Resolution of Findings of Monitoring Reviews

DOM will make every effort to work with providers to resolve adverse findings of monitoring reviews. The agency is interested in improving the provision of NET services through these providers. Any adverse action that may be necessary to correct performance problems will be

discussed in detail with appropriate staff of DOM and the NET provider before such action is taken.

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 12/01/05
Section: Non-Emergency Transportation (NET)	Section: 12.15	
Subject: Provider Complaint and Non-Compliance	Pages: 7 Cross Reference:	

NET providers are required to operate in accordance with all policies and procedures outlined in the NET provider agreement, the NET Provider Manual, and all other applicable state and/or federal laws, rules, and regulations. The Bureau of Compliance and Financial Review (BCFR) of the Division of Medicaid (DOM) will monitor the operations and level of service provided to beneficiaries through both on-site reviews and by monitoring NET provider complaints from any source including, but not limited to, medical providers, the general public, beneficiaries, and NET coordinators.

I. Complaint Review Process for NET Group Providers

The BCFR will monitor the NET group providers to insure adequate levels of NET services to Medicaid beneficiaries through the establishment of a complaint review process as follows:

- A. Upon receipt of a complaint, the complaint is entered into a log, a complaint file is opened, and a complaint number is assigned. The BCFR will make every attempt to obtain a complaint in writing, but lack of a complaint in writing will not limit its investigation by BCFR staff.
- B. Complaints will be ranked as follows:
 - Major – a major complaint is a complaint which immediately causes or has the potential for causing harm to a beneficiary or directly impacts the beneficiary’s access to his/her medical appointment; and,
 - Secondary – a secondary complaint does not cause or have the potential for causing harm to a beneficiary and does not directly impact the beneficiary’s access to his/her medical appointment; generally, these complaints involve administrative requirements set forth in the contract.
- C. If the BCFR receives a complaint (whether it is a major or minor complaint), the BCFR will make an official inquiry of the provider. The ~~Contractor~~ NET provider must respond to the BCFR in writing to all complaints within three working days of the inquiry letter, except as otherwise noted. If at the end of the three working day period, extenuating circumstances exist, as determined by the ~~Division~~ DOM, that an answer to the complaint cannot be rendered, the provider must contact the BCFR and request to speak with the ~~Special Project Officer~~ designated NET staff member in charge of complaints on the Bureau and request additional time to reply. The maximum additional time that can be granted will be two working days. If the complaint involves physical injury, death, or verbal, sexual or physical abuse, notification to BCFR must be within one working day of the inquiry letter. If at the end of the one working day period, extenuating circumstances exist, as determined by the ~~Division~~ DOM, that an answer to the complaint cannot be rendered, the provider must contact the BCFR and request to speak with the ~~Special Project Officer~~ designated NET staff member in charge of complaints in the Bureau, and request additional time to reply. The maximum additional time that can be granted will be two working days. The time limits begin per the time stamp of the BCFR fax machine. All time is excluding holidays and weekends. All complaints and answers must be in writing, ~~and a~~ as well as the record of the complaint and its resolution. The ~~Contractor~~ NET provider must maintain the complaint records for six (6) years.

Upon receipt of the response from the group provider to the complaint, the BCFR will investigate the complaint to substantiate its validity. The BCFR will periodically send to each provider (via facsimile) a summary of substantiated complaints. The provider must submit a corrective action plan (CAP) outlining the steps to be taken by the provider to ensure that the

circumstances regarding each complaint listed in the summary do not recur. The CAP must be submitted to the BCFR in writing within two (2) working days of the date of receipt of the letter of inquiry as verified by the BCFR fax machine. In the event two substantiated major complaints are involving the same beneficiary, the beneficiary may be assigned to either the secondary provider serving that region or an individual driver as determined by the BCFR. In addition, on a case-by-case basis, the BCFR may impose additional sanctions on the provider. These sanctions are outlined in Section IV. In the event a substantiated major complaint results in the death of or serious injury to a beneficiary and/or her attendant, the ~~Division~~ DOM may proceed in terminating the contract.

If a provider has four or more substantiated complaints during any consecutive four-month period or if the substantiated complaints involving the same type of problem occur two or more times during any consecutive six-month period, the ~~Division~~ DOM may impose sanctions on the provider. These sanctions are addressed in Section IV.

- D. Group providers must maintain a log of all complaints received by the BCFR and complaints received directly by the group provider. All complaints and answers to complaints must be in writing, and a record must be kept of the complaint and its resolution. The group provider must maintain the complaint records for six (6) years.

II. Items That May Result in Complaints

The ~~Contractor~~ NET provider is responsible for complying with all terms and provisions as outlined in the contract, the NET Provider Manual, and all other applicable state and/or federal laws, rules, and regulations. The BCFR considers any failure on the part of the ~~Contractor~~ NET provider to adhere to these terms and provisions to be a violation of the contract.

The BCFR will remain objective in the substantiation of any violation by a ~~Contractor~~ NET provider and will consider any mitigating circumstances which may lessen the severity of the violation. The severity of the non-compliance will be determined by the potential for harm to the beneficiary, the NET program, the ~~Medicaid program~~, the ~~Division~~ DOM and the State of Mississippi. Examples of major and secondary complaints are listed below:

Major Complaints

The following complaints will be considered as a major complaint:

1. Indictment for actions resulting in death or injury to any person including but not limited to beneficiaries and/or their attendants;
2. Engaging in a course of conduct or performing an act deemed improper or abusive to the Medicaid program, or the NET program;
3. Transportation of beneficiaries in vehicles which are not designed to allow appropriate entry and exit to meet the physical need(s) of the beneficiaries in accordance with ADA;
4. Failure to transport a beneficiary to or from a medical appointment as prearranged by a NET coordinator;
5. Failure to deliver a beneficiary to a medical appointment within the timelines established in the provider agreement;
6. Failure to ensure that vehicles are both roadworthy during any transports of Medicaid beneficiaries and ~~whose interiors are clean;~~ have clean interiors;
7. Operating a vehicle in violation of state, federal, and local regulations to include but not limited to minor traffic violation(s), reckless driving, driving under the influence of intoxicants or any drug and/or medication which may impair the driver's reflexes;

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8. Mistreatment of beneficiaries and/or their attendants to include verbal, physical, or sexual abuse;
 9. Exclusion from Medicare or Medicaid because of fraudulent or abusive practices and;
 10. Failure to respond in writing to the BCFR regarding any complaint inquiry within the required timelines.

Secondary Complaints

The following complaints will be considered as a secondary complaint:

1. Charging the ~~Division~~ DOM more for a one-way trip than the general public receiving the same service;
2. Failing to disclose or make available, upon request, to the ~~Division~~ DOM or its authorized representatives records of services provided to a Medicaid beneficiary;
3. Presenting or causing to be presented for payment any false or fraudulent claim for NET services;

III. Items That May Result in Non-Compliance or Complaints

1. Submitting or causing to be submitted false information for the purpose of obtaining a contract to become a NET provider or to renew a NET contract;
2. Submitting or causing to be submitted false information as the result of a request for information from the BCFR, the Office of the State Auditor, or any other organization identified as appropriate by the ~~Division~~ DOM or any of its duly authorized representatives;
3. Failure to correct deficiencies in ~~Contractor~~ the NET provider's operations or accounting contractual requirements after receiving written notice of these deficiencies from the Division of Medicaid;
4. Failure to pay or make arrangements for the repayment of identified overpayments or otherwise erroneous payments to the State, beneficiaries, or responsible person(s);
5. Providing any inducement to beneficiaries and/or their attendants, medical providers and/or their staff, public officials, or any staff of the ~~Division~~ DOM which would cause or attempt to cause a beneficiary to receive service(s) from a certain NET ~~Contractor~~ provider and/or prevent another NET ~~contractor~~ provider from receiving service requests from the NET coordinator(s);
6. Failure to meet standards required by State or Federal law for participation (e.g. licensure, vehicle inspections);
7. Suspension or termination of participation in another governmental transportation program;
8. Breaching the terms of the Medicaid NET provider agreement;
9. Violating any State or Federal provision of the Title XIX Program or any rule or regulation pertaining to Title XIX;

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10. Submitting a false or fraudulent application for provider status;
 11. Being convicted of a criminal offense relating to performance of a provider agreement with the State.

IV. Imposition of Sanctions

In order to ensure the integrity of transportation services provided by NET group providers, the ~~Division~~ DOM has established sanctions that may be imposed upon a NET group provider based on the severity of complaints against the provider as well as the level of non-compliance of the provider with all policies and procedures outlined in the NET Provider Agreement, the NET Provider Manual, and all other applicable state and/or federal laws, rules, and regulations. The Bureau Director (the Director) of the BCFR appoints the BCFR Sanction Committee (the Committee) to make decisions concerning complaints and sanctions.

The BCFR will continuously monitor the number of complaints, the nature of the complaints, and whether the complaints are major or secondary complaints. All documentation provided on behalf of the beneficiary and by the ~~Contractor~~ provider, including the CAP, will be reviewed by the members of the Complaint Committee. Based on this documentation, the BCFR may determine that sanction(s) should be imposed upon ~~Contractors~~ NET providers who fail to show improvement in reducing or eliminating complaints. The imposition of sanctions, the different types of sanctions, and the scope of sanctions will be considered by the Committee for each violation. The decision as to the sanction to be imposed shall be at the discretion of the BCFR staff upon the approval of the BCFR Bureau Director. The Executive Director of the ~~Division~~ DOM shall make the final decision to terminate a contract with a NET group provider.

The ~~Contractor~~ NET provider will be notified in writing of the imposition of any sanctions. The ~~Contractor~~ NET provider should refer to Section 7.06 of the Medicaid Provider Manual for any questions regarding administrative appeals. Only those sanctions listed in Section 7.06 can be appealed.

The degree of sanction imposed by the ~~Division~~ DOM will depend upon the degree of corrective action taken by the ~~Contractor~~ NET provider and willingness of the ~~Contractor~~ NET provider to correct deficiencies.

A. The following factors shall be considered in determining the sanctions (s) to be imposed:

1. Seriousness of the offense(s);
2. Extent of violation(s);
3. History of prior violation(s);
4. Prior imposition of sanction(s);
5. Prior provision of ~~Contractor~~ provider education;
6. ~~Contractor~~ NET provider willingness to obey program rules;
7. Whether a lesser sanction will be sufficient to remedy the problem(s); and
8. Degree of cooperation and assistance of the NET ~~Contractor~~ provider with the BCFR to facilitate the investigation and corrective action.

B. The BCFR considers any violation which involves the direct or immediate threat to the safety of a Medicaid beneficiary or to the integrity of the Medicaid program to be a serious violation. Depending upon the severity of the complaint and the degree of responsiveness of ~~Contractor's~~ the NET provider's CAP, the following sanctions may be applied:

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1. Withholding and/or recovery of payments ~~to a contractor~~ from a provider.
 2. Probation - A ~~contractor~~ NET provider may be initially placed on probation for a period of not less than three months. During the probation period, the ~~Contractor~~ NET provider may be subject to announced and unannounced visits at the discretion of the BCFR. The BCFR will continue to monitor complaints against the ~~Contractor~~ provider as well as the ~~Contractor's provider's~~ progress in meeting any performance standards that were put into place in the ~~Contractor's provider's~~ CAP. After the end of the probation period, the BCFR will review the progress of the ~~Contractor~~ and if provider and, if sufficient improvement has not been made, the BCFR will either extend the probation period or seek other sanction alternatives, including termination of the provider's contract. During the probation period, the BCFR will not consider any rate adjustment requests from the provider;
 3. Referral to the ~~Program Integrity Unit of Medicaid~~ DOM's Bureau of Program Integrity;
 4. Referral to appropriate federal or state legal agencies for prosecution under applicable federal or state laws;
 5. Education of ~~Contractor~~ the NET provider's staff- The BCFR may determine that education of the ~~contractor's provider's~~ staff by an outside party is required to address a problem that is occurring with the ~~Contractor's provider's~~ NET operations. The education materials, instructor, and agenda must be approved by the BCFR; and,
 6. Termination from participation in the NET program.

V. Scope of Sanctions

- A. A sanction may be applied to all known affiliates of ~~a contractor~~ the NET provider. Affiliates include, but are not limited to, other NET contractors owned in full or part by any owner(s) of the ~~contractor~~ NET provider and any subcontractors of the contractor that have been approved by the ~~Division~~ DOM to provide NET services under the ~~Contractor's provider's~~ contract agreement. Each decision to include an affiliate will be made on a case-by-case basis after giving due regard to all relevant facts and circumstances. The violation, failure or inadequacy of performance may be imputed to a person with whom the provider is affiliated where such conduct was accomplished within the course of his official duty or was effectuated by him with the knowledge or approval of such person.
- B. Suspension or termination from participation of any ~~contractor~~ provider or affiliate shall preclude such ~~contractor~~ provider from submitting claims for payment, either personally or through claims submitted by a clinic, group, corporation or other association to the Division for any services provided subsequent to the suspension or termination.
- C. No facility, group, corporation or other association which is a provider of services shall submit claims for payment to the ~~Agency~~ DOM for any services provided by a person within such organization who has been suspended or terminated from participation in the Medicaid Program except for those services provided prior to the suspension or termination.

VI. Suspension or Withholding of Payments Pending a Final Determination

Whenever a ~~contractor~~ NET provider has been sanctioned by withholding or recovery of payment, the following rules will apply:

- A. Where the ~~Division~~ DOM has notified a ~~contractor~~ NET provider of a violation regarding an overpayment, payments may be withheld on pending and subsequent entitlements in a specified amount, or payments may be suspended pending a final determination and;

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- B. Where the ~~Division~~ DOM intends to withhold or suspend payments, it shall notify the ~~contractor~~ the NET provider in writing and shall include a statement of the ~~contractor's~~ provider's right to request formal review of such decision, if appropriate.

Complaint Review Process for NET Individual Providers

BCFR addresses complaints against NET Individual Providers to ensure the provision of adequate levels of NET services by these providers to Medicaid beneficiaries. The following process has been implemented by BCFR to address such complaints.

- A. Upon receipt of a complaint, a complaint file is opened and a complaint number is assigned.
- B. The BCFR NET staff interviews the complainant by telephone or letter to secure the details of the complaint. Other parties who have knowledge of the circumstances of the complaint may also be interviewed.
- C. The BCFR NET staff then writes a letter of inquiry to the individual provider against whom the complaint is being made to request an explanation of events, or other appropriate information. The provider is required to respond in writing to the BCFR NET staff within fifteen (15) days of the date of receipt of the letter of inquiry as verified by a certified mail receipt. In some cases, a telephone call may also be made to the individual provider in cases of immediate and serious concern. Failure by the provider to respond, except for good cause shown, may result in suspension from participation in the program until such time as the inquiry has been answered to the satisfaction of the BCFR NET staff.
- D. Upon receipt and review of the response from the NET Individual Provider, the BCFR NET staff issues a letter advising the provider whether or not the complaint has been substantiated. If the complaint is substantiated, the letter will indicate the severity of the substantiated complaint.
- E. If the complaint is substantiated, the provider has fifteen (15) days to respond in writing to the DOM. Failure to respond within fifteen (15) days may result in suspension of the individual provider from participation on the NET program.
- F. If the discussion reveals that the complainant's concern is warranted, the BCFR staff ensures that the provider understands the NET program policy and/or procedures which have been violated and advises the provider of the steps which must be taken to correct the problem and avoid it in the future. Also, the BCFR NET staff will take any punitive action necessary to address inappropriate actions on the part of the individual NET provider substantiated by the complaint including probation and/or termination.

Complaint Review Process for Public Transit Providers

BCFR addresses complaints against NET Public Transit providers to ensure the provision of adequate levels of NET services by these providers to Medicaid beneficiaries. The following process has been implemented by BCFR to address such complaints.

- A. Upon receipt of a complaint, a complaint file is opened and a complaint number is assigned.
- B. The BCFR NET staff interviews the complainant by telephone or letter to secure the details of the complaint. Other parties who have knowledge of the circumstances of the complaint may also be interviewed.

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- C. The BCFR NET staff then writes a letter of inquiry to the public transit provider against whom the complaint is being made to request an explanation of events, or other appropriate information. The provider is asked to respond in writing to the BCFR NET staff within fifteen (15) days of the date of receipt of the letter of inquiry as verified by a certified mail receipt. In some cases, a telephone call may also be made to the provider in cases of immediate and serious concern. Failure by the provider to respond, except for good cause shown, may result in suspension from participation in the program until such time as the inquiry has been answered to the satisfaction of the BCFR NET staff.
- D. Upon receipt and review of the responses from the NET public transit provider, the BCFR NET staff issues a letter advising the provider whether or not the complaint has been substantiated. If the complaint is substantiated, the letter will indicate the severity of the substantiated complaint.
- E. If the complaint is substantiated, the provider has fifteen (15) days to respond in writing to the DOM. Failure to respond within fifteen (15) days may result in suspension of the public transit provider from participation on the NET program.
- F. If the discussion reveals that the complainant's concern is warranted, the BCFR staff ensures that the provider understands the NET program policy and/or procedures which have been violated and advises the provider of the steps which must be taken to correct the problem and avoid it in the future. The BCFR NET staff will take any punitive action necessary to address inappropriate actions on the part of the public transit NET provider substantiated by the complaint, including probation and/or termination.