



REF 0016 – NEMT Brokerage Manual

Date:

12/09/2025

Table of Contents

1.0	Introduction.....	4
2.0	Definitions	4
3.0	Member Rights, Responsibilities, & Information Protection.....	9
3.2	Member Rights	9
3.3	Member Responsibilities.....	10
4.0	NEMT Operating Components.....	11
4.2	Privacy.....	11
4.2.1	Record Keeping and Use of Health Information Technology	11
4.2.2	Confidentiality and Information Protection.....	11
4.2.3	Data Security	12
4.3	Compliance and Fraud, Waste, & Abuse	12
4.4	Insurance Requirements	13
4.5	Business Continuity & Disaster Recovery	14
4.5.1	Policies, Procedures, & Plans.....	14
4.5.2	Implementation of Procedures.....	15
4.5.3	Contingency & Backup Plans	16
4.6	Flexible Services	17
5.0	Brokerage Responsibilities.....	17
5.3	Network Management Responsibilities	18
5.4	Call Center & Call-Taking Responsibilities.....	18
5.5	Dispatch Management Responsibilities	19
5.6	Member Communication	19
6.0	Call Center Requirements.....	20
6.5	NEMT Telephonic System & Online Portal.....	21
6.6	Call Requirements & Standards.....	21
6.7	After-Hours Call Requirements.....	22
7.0	Eligibility & Benefit Determination	23
7.1	Determining Eligibility	23
7.2	Who may request NEMT?	23
7.3	When can NEMT be requested?	25
7.4	Are Prior Authorizations required?	25

REF 0016 – NEMT BROKERAGE MANUAL

8.0	Travel Assessment	26
8.6	Level of Service Assessments	27
8.7	Public Transportation Indicators.....	29
8.8	Mileage Reimbursement Indicators	30
8.9	Vehicle-Provided Ride Indicators.....	30
9.0	Scheduling.....	31
9.4	Pickup & Delivery Expectations	32
9.5	Ride Assignment Protocols.....	33
9.6	Qualified Providers.....	34
9.7	Shared Rides	35
9.8	Attendants for Child and Special Needs Transports	35
9.9	Service Animals.....	36
9.10	Hospital Services & Transportation	37
10.0	Specialized Transportation.....	38
10.1	Secure Transports.....	38
10.2	Voluntary Secure Transport.....	39
10.3	Ground & Air Ambulance Transports	39
10.4	Out-of-Area & Out-of-State Transportation.....	40
10.5	NEMT Requests & Authorizations	40
10.6	Mileage, Meals, & Lodging Reimbursement	41
10.7	Volunteer Driver Program	43
11.0	Medically Urgent and Same-day Ride Requests	43
11.2	What is Medical Necessity?	43
11.3	How do members get approved?.....	43
11.4	How does the verification process work?	44
11.5	What if the member’s needs change?	44
12.0	Auditing & Verification	44
13.0	Member Satisfaction Surveys	44
14.0	Credentialing	44
14.3	Vehicle Equipment & Standards.....	45
14.4	Driver Training & Standards	46
14.5	Transportation Provider Insurance Requirements.....	48

REF 0016 – NEMT BROKERAGE MANUAL

14.6	Driver Performance.....	49
14.7	Medicaid Exclusions	49
15.0	Accidents, Incidents, & Other Reporting	50
15.2	Accident & Incident Reporting Procedure.....	50
15.3	Transportation Provider Responsibility.....	51
15.4	Documentation	51
15.4.2	Determination	52
15.5	Incidents in an Ambulance.....	52
15.6	Mandatory Reporting.....	52
16.0	Denials of Service	53
16.6	Denial Reasons & Applicable OARs	54
16.7	Reports & Documentation	54
17.0	Grievances & Appeals.....	55
17.12	Grievance Response Requirements	56
17.13	Grievances & Member Rights	57
17.14	Appeals.....	57
17.15	Contested Case Hearings	58
17.16	Continuation of Benefits.....	58
18.0	Quality Assurance & Improvement.....	58
18.2	Call Monitoring & Auditing.....	58
18.3	Grievance Monitoring & Auditing	59
18.4	NOABD Monitoring & Auditing	59
18.5	Credentialing & Network Monitoring.....	60
18.6	Records Retention	60
18.7.5	Member Requested Modifications.....	61
18.7.6	Reasonable Modifications	62
18.7.7	Implementation of Service Modifications.....	62

1.0 Introduction

- 1.1 CareOregon has established this NEMT brokerage manual to provide up-to-date programmatic, operational, and regulatory guidance to its contracted brokerage partners and subcontracted partners. This manual will serve as a living document and will be updated regularly with new information and as learnings are gathered; administrative rules or regulations are modified, added, or removed; and as contract requirements with the Coordinated Care Organizations (CCOs) or Oregon Health Authority (OHA) change. The manual is not intended to replace any delegated agreement substantive content with brokerage partners, but instead extends upon contract content to provide the previously stated programmatic, operational, and regulatory guidance to achieve and exceed in CCO mission, vision, and compliance.
- 1.2 As of this writing, CareOregon partners with and provides delegated NEMT services for the following CCOs:
- Columbia Pacific CCO (CPCCO)
 - Health Share of Oregon
 - Jackson Care Connect (JCC)

2.0 Definitions

Term	Definition
Adverse Benefit Determination	As related to NEMT, an adverse benefit determination may be a denial or limited authorization of a requested service. This may include denial of a particular type of level of service, requirements for medical necessity, or changes or reductions to a previously authorized service.
Adverse Weather	Weather that may limit transportation operations; including, but not limited to, extreme heat, extreme cold, flooding, tornado warnings, heavy snowfall, or icy roads.
After Hours	Hours outside of the NEMT brokerage or manager’s business hours. This usually includes overnight and weekend hours. Brokerages are required to offer NEMT services 24 hours a day, 7 days a week, so if the brokerage is not open all hours, they must provide an after-hours option for medically urgent trip requests.
Appeal	A review by the CCO of an Adverse Benefit Determination.
Attendant	A person assisting the member during transportation to appointments. NEMT services include authorization of an attendant to ride with the member at no charge.
Brokerage	An organization or entity that is contracted to provide non-emergent medical transportation (NEMT) to Medicaid-eligible members within a designated service area.

REF 0016 – NEMT BROKERAGE MANUAL

Columbia Pacific CCO	A coordinated care organization contracted with Oregon Health Authority to coordinate and deliver health services. Columbia Pacific CCO's (CPCCO) geographic region is composed of Clatsop, Columbia, and Tillamook counties. CPCCO subcontracts its responsibility to deliver NEMT services to CareOregon.
Coordinated Care Organization (CCO)	A network of all types of health care providers (physical, behavioral, and dental care providers) who work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). CCOs focus on prevention and helping people manage chronic conditions, like diabetes. This helps reduce unnecessary emergency room visits and gives people support to be healthy.
Covered Services	Medically appropriate/necessary services provided to eligible members.
Critical Medical Care	Medical care that is life-sustaining, and may include, but is not limited to, renal dialysis and chemotherapy.
Cultural Competence	Ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients. A culturally competent health care system can help improve health outcomes and quality of care and can contribute to mitigating the impact of racial and ethnic health disparities. NOTE: The term cultural competency is most often used (legislation, Joint Commission, etc.) but there is also debate about its applicability; the word competency suggests one is either competent or incompetent, which in turn points towards a kind of pass/fail attitude that necessitates measurement and doesn't recognize the continuous learning journey. As we learn in healthcare we adapt and with that, the newer hopefully more applicable term is Cultural Responsiveness.
Culturally Responsive	Self and process-driven, lifelong commitment to a tailored, dialogue-based approach that responds to the needs being presented by the individual in front of the provider, within a contextual understanding of social, economic, political, and linguistic disparities.
Customer	A CareOregon member, a member's authorized representative, prospective enrollee, medical provider, or transportation provider.
Customer Service Representative (CSR)	The customer service representative that will provide the initial point of contact for members, authorized representatives, and providers. These staff members handle telephonic and other types of requests for transportation and enter trip requests into the scheduling software.
Fee For Service (FFS)	This refers to members not enrolled with a CCO. These members instead have their enrollment directly with the Oregon Health Authority (OHA), and healthcare services they receive are billed to OHA rather than to a CCO.

REF 0016 – NEMT BROKERAGE MANUAL

Full Benefit Dual Eligible (FBDE)	This refers to members who are eligible for both Medicare (parts A & B) and Medicaid.
Grievance	A member’s expression of dissatisfaction, about any matter other than an adverse benefit determination.
Health Disparity	Health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean safe environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation; geographic location; or other characteristics historically linked to discrimination or exclusion.
Health Equity	Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.
Health Share of Oregon	A coordinated care organization contracted with Oregon Health Authority to coordinate and deliver health services in the Portland Metropolitan area, or Metro, composed of Clackamas, Multnomah, and Washington counties. Health Share of Oregon subcontracts its responsibility to deliver NEMT services to CareOregon.
Incident	Any accident that results in driver or passenger injury or fatality or incidents involving abuse or alleged abuse by a driver
Jackson Care Connect	A coordinated care organization contracted with Oregon Health Authority to coordinate and deliver health services. Jackson Care Connect's (JCC) geographic region is composed of Jackson County. JCC subcontracts its responsibility to deliver NEMT services to CareOregon.
Medical Necessity	An assessment based on the member’s medical need, used to determine if the member’s request can be authorized. This assessment is used in requests for same-day or next-day service, or for out-of-area or out-of-state requests.
Member	An Oregon Health Plan client assigned to CareOregon, enrolled in an affiliated coordinated care organization, dental care organization, and/or behavioral health entity.
Member Representative	A person who can make decisions for a beneficiary, who is unable to make such decisions themselves. An OHP Representative may be, in the following order of priority, a person who is designated as the OHP Client's health care representative, a court-appointed guardian, a spouse, or other family member as designated by the OHP Client, the Individual Service Plan Team (for developmentally disabled clients), a DHS case manager or other DHS designee or those that are verified via a valid, signed Appointment of Representative Form.

REF 0016 – NEMT BROKERAGE MANUAL

Member No Show	A situation during which a member is not at the pickup location as arranged in the scheduled ride. Member no-shows occur when the driver is unable to establish contact with the member, the required wait time has exceeded, and the driver has been authorized by dispatch to depart for the next scheduled ride.
Metro	The Portland Metropolitan area, the tri-county region composed of Clackamas, Multnomah, and Washington counties. This region overlaps with the CCO Health Share of Oregon’s geographical coverage.
Non-Emergent Medical Transportation (NEMT)	Medicaid non-emergent medical transportation is a benefit for beneficiaries to get to and from Medicaid-covered services.
NEMT Brokerage Subcontractor	An individual, corporate entity, or other organization contracted with CareOregon accepting responsibilities for all or parts of NEMT operations on behalf of the CCO. These entities are responsible for reviewing and interpreting policies made by CareOregon and adapting to their internal policies for further distribution to impacted employees and subcontractors.
NEMT CSR	The customer service representative that is dedicated to the NEMT call center queues and is trained to manage questions specifically related to NEMT services. This could include a subcontracted vendor managing NEMT services on behalf of the CCO, or a CareOregon employee.
NEMT Provider	An individual, corporate entity, or other organization that performs requested NEMT services.
No Show	A situation during which a member is not successfully picked up at the location as arranged in the scheduled ride regardless of the root cause of the missed ride.
Notice of Adverse Benefit Determination (NOABD)	A notice sent when an adverse benefit determination is made regarding a member’s NEMT services. See Adverse Benefit Determination.
Oregon Health Plan (OHP)	Oregon’s Medicaid program. The Oregon Health Plan provides health care coverage for low-income Oregonians from all walks of life. This includes families, children, pregnant women, single adults, seniors, and more.
Partner Operations Team	Staff who act as a single point-of-contact to delegated entities and CCOs to review documents and additional supporting chart notes submitted to CCOs for authorization of NEMT services.
Provider	An individual, facility, institution, corporate entity, or other organization which supplies medical, dental, or mental health services or medical and dental items.
Provider No Show	A situation during which a member is not successfully picked up at the location as arranged in the scheduled ride. Provider no-shows occur when the driver was unable to complete the pickup at the arranged time and no communication to dispatch has occurred to reassign the trip with adequate time to dispatch a new provider.

REF 0016 – NEMT BROKERAGE MANUAL

Reassigned	A trip that is unable to be accommodated by the transportation provider and is requested to be assigned to another provider.
Same Day or Next Day	A trip request that is requested within 48 hours of the appointment date. Members may request trips with short notice, but they will need to be evaluated for medical necessity to schedule.
Shared Ride	A situation in which more than one member's trip is assigned to a transportation provider at once, to be transported at the same time.
Social Determinants of Equity	Structural factors, such as racism, sexism, able-ism, and others, that determine how different groups of people experience SDoH.
Social Determinants of Health (SDoH)	Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Subscription	Recurring trips scheduled for a member to the same location. Common examples include trips to alcohol & drug treatment centers, dialysis clinics, behavioral health appointments, and physical/occupational/speech therapy.
Transportation Provider	An organization or individual that is contracted with the brokerage or other NEMT manager to provide NEMT services for members. These organizations receive reimbursement for services at pre-determined contracted rates, or as negotiated per trip. Transportation providers may include companies using sedans, wheelchair vans, stretcher cars, secure transport vehicles, non-emergent ambulances, and volunteers driving their own vehicles.
Trip Number (or ID)	A unique identifier or confirmation number for the trip reservation for each date of service.
Will Call	A trip that is assigned without a scheduled pickup time. The pickup time will be set based on a call from the member or other party notifying the NEMT brokerage that the member is ready to be picked up after an appointment.

3.0 Member Rights, Responsibilities, & Information Protection

3.1 In accordance with OAR 410-141-3590, NEMT brokerages and subcontractors are expected to have written policies and procedures regarding members' rights and responsibilities. The policies and procedures will be communicated to transportation providers and members in such a way to ensure that each member is free to exercise their rights, and that the exercise of those rights will not adversely affect the way the brokerage, transportation providers, or OHA treat the member. Brokerages are responsible for monitoring compliance of these policies and procedures within their organizations and with any subcontracted providers, and shall report any findings or corrective action needed to CareOregon. CareOregon will also take part in monitoring compliance of the brokerage as needed, and implement corrective action to brokerages when there are findings that need correction.

3.2 Member Rights

3.2.1 All Oregon Health Plan (OHP) members shall have the following rights as pertaining to non-emergent medical transportation, but shall also include any additional rights outlined in [OAR 410-141-3590](#):

- Request NEMT services up to 90 days in advance, and on a same-day basis;
- Receive safe and reliable transportation that meets their needs;
- Receive interpretation services for any call placed to or received from the NEMT Brokerage;
- Receive materials in the language or format that meets their needs;
- Not be discriminated against by transportation providers, call center representatives, or other NEMT passengers;
- Bring a service animal or personal care attendant (PCA) as needed, ensuring they notify the NEMT brokerage of any animals or attendants that will travel with them;
- Bring along a few items if needed, such as grocery bags, food, or other small items;
- Be transported in the mobility device of their choosing, providing it meets ADA requirements for a mobility device;
- Request help with seat belts or request a seat belt extender if needed;
- Get service in a timely manner;
- Share compliments or file grievances about their NEMT services or experience;
- Submit an appeal, ask for a hearing, or ask for both if they feel they have been denied a service unfairly;
- Receive a written notice when NEMT services are denied.

3.3 Member Responsibilities

3.3.1 Members shall have the following responsibilities with respect to non-emergent medical transportation, though additional responsibilities pertain to the member's access to services within the managed care system as listed in [OAR 410-141-3590](#):

3.3.2 Members shall also have the following responsibilities as pertaining to NEMT, but shall also include any additional responsibilities outlined in OAR 410-141-3590:

- Show respect and use respectful language with all NEMT Brokerage staff, transportation providers, and drivers;
- Keep track of their belongings during a ride, not leaving items in the vehicle between trips;
- Make changes to or cancel a trip in advance by contacting the NEMT Brokerage;
- Request additional stops in advance, including pharmacy stops. Members shall contact the NEMT Brokerage to authorize additional stops;
- Be ready for any vehicle-provided ride at the time or pickup window provided by the NEMT Brokerage;
- Agree not to be under the influence of or take drugs or alcohol in NEMT vehicles;
- Agree not to smoke or vape in or near NEMT vehicles, or near NEMT drivers;
- Agree not to engage in illegal activity in or near NEMT vehicles, or near drivers or other members;
- Agree to use a seat belt and any other required safety equipment (e.g. wheelchair securement restraints) during the trip as required by Oregon law;
- Agree to wear a face mask or other face covering over both their nose and mouth for the duration of the COVID-19 public health emergency;
- Never abuse or intimidate drivers or other passengers;
- Not engage in behavior that discriminates against drivers, other passengers, NEMT Brokerage staff or transportation providers;
- Provide the correct size child safety seat for any child traveling with them, including installing and securing the child in the safety seat;
- Keep food or drinks in closed containers, and not consume them inside NEMT vehicles, with exceptions for regulation of health conditions;
- Plan ahead and bring along food (for eating during stops) and medication as needed for long trips or unexpected delays;

3.3.3 Provide accurate information to the NEMT Brokerage and transportation providers.

4.0 NEMT Operating Components

4.1 NEMT brokerages and managers are responsible for having a thorough understanding and knowledge of Medicaid rules, procedures, and policies. For brokerages or entities contracted with CCOs, the relevant Oregon Administrative Rules (OARs) are primarily found within Chapter 410, Division 141. NEMT specific rules include 410-141-3920 through 410-141-3965, however the brokerage is responsible for reviewing and understanding additional rules as they may be added, or when rules are changed. Additional related rules may be found within Chapter 410, Division 136—these rules pertain specifically to Fee For Service (FFS) NEMT services, but may include relevant information to use as guidelines for CCO NEMT services. When guidance is limited in Division 141, NEMT brokerages may refer to the Division 136 rules.

4.2 Privacy

4.2.1 Record Keeping and Use of Health Information Technology

4.2.1.1 Transportation providers shall be considered “participating providers” for the purposes of [OAR 410-141-3520](#), and must adhere to any CareOregon policies and procedures to ensure maintenance of a record keeping system. This will include maintaining the security of records as required by the Health Insurance Portability and Accountability Act (HIPAA), the federal regulations implementing the act, and complete records that document the services received by the members. These policies and procedures will be provided by CareOregon to the NEMT brokerages to be disseminated to the subcontracted transportation providers.

4.2.1.2 NEMT brokerages and subcontracted providers must have systems in place to meet all requirements for Privacy, Security, Retention of Records and Breach Notification. CareOregon will disseminate policies and procedures regarding maintaining the security of records as required by the Health Insurance Portability and Accountability Act (HIPAA) and any other federal regulations. Any NEMT transportation scheduling software must meet minimum standards for record keeping and confidentiality of protected health information.

4.2.1.3 See [Records Retention](#) for additional information.

4.2.2 Confidentiality and Information Protection

4.2.2.1 NEMT brokerage and subcontractors shall not discuss or provide member information, except for necessary business purposes and within the laws governing confidentiality. NEMT brokerage and subcontractors shall maintain the confidentiality of proprietary information of all members to the extent the information is protected under state or federal law. NEMT brokerage and subcontractors shall keep all health care information concerning a member's request confidential.

4.2.2.2 Any written, oral, and posted material in grievance and appeal processes will be kept confidential and only disseminated to the member and any authorized representatives.

4.2.2.3 Members seeking substance use and addiction (SUD) treatment have additional protection of the confidentiality of their treatment attendance. Clinics that provide SUD treatment may not disclose member attendance to anyone except for their own internal staff unless the member consents to and signs a release of information (ROI) form specifying what kind of information the clinic can share and with what entity. When a member uses their NEMT benefit to attend SUD treatment, the NEMT brokerage may require the member to sign a ROI form sharing their attendance information at that clinic with the NEMT brokerage. If a member refuses to sign a ROI for appointment verification the NEMT brokerage may inform the member they are unable to schedule trips until the appointments are verifiable and deny any trips to appointments that cannot be verified.

4.2.3 Data Security

4.2.3.1 NEMT brokerages shall adhere to standards set in the Data Security Agreement in their delegation agreement with CareOregon.

4.2.3.2 NEMT brokerages are expected to pass through elements of the data security agreement to their subcontractors and transportation providers as applicable, including but not limited to stipulations included in contract or blanket purchase agreements.

4.2.3.3 Brokerages must use data security standards and best practices, including storage and transmission requirements, to identify acceptable electronic equipment for use internally and by subcontractors, including items such as computers, dash cams, cell/smart phones, tablets, etc.

4.2.3.3.1 Brokerages may set standards regarding acceptable dash cams and will not permit transportation providers or drivers to use cellular devices to record member interactions.

4.3 Compliance and Fraud, Waste, & Abuse

4.3.1 NEMT brokerages and transportation providers must meet and comply with CareOregon's Compliance and Fraud Waste and Abuse requirements, policies, and procedures. Policies and procedures, and any relevant training or attestations, will be provided to NEMT brokerages.

4.3.2 All delegated entities of CareOregon, including NEMT brokerage partners, are required to complete effective Compliance and Fraud, Waste, and Abuse (FWA) training and education regarding requirements to prevent, detect, and correct non-compliance with program requirements. This training and education must be completed within the first ninety (90) days of the commencement of the contract. Each organization is responsible for the following:

- **Compliance Training:** conducting compliance training to all new and established employees (including temporary workers and volunteers) within 90 days of hire and annually thereafter
- **Fraud, Waste, and Abuse (FWA) Training:** conducting FWA training to all new and established employees (including temporary workers and volunteers) within 90 days of hire and annually thereafter.
- **Code of Conduct:** adhering to CareOregon’s Code of Conduct or adopting similar guidance.
- **Disciplinary Action/Reporting Non-Compliance:** immediately report all suspected or known instances of noncompliance and/or fraud, waste, and abuse activity.

4.3.3 CareOregon will monitor the NEMT brokerages compliance standards and operations regularly, with corrective action taken where needed to ensure compliance. CareOregon will document all monitoring and corrective action activities. These policies and procedures shall ensure that records are secured, safeguarded, and stored in accordance with applicable Oregon Revised Statutes and Oregon Administrative Rules.

4.3.4 Additional information regarding FWA and Compliance rules for training are found in OAR 410-120-1510, 42 CFR § 438.608, 42 CFR § 422.503, and 42 CFR § 423.504.

4.4 Insurance Requirements

4.4.1 NEMT brokerages and managers are responsible for obtaining insurance at their own expense, prior to beginning contracted services with a CCO, and throughout the contract with CareOregon.

4.4.2 Insurance requirements also need to be passed through to contracted transportation providers, and outline requirements in full in the blanket purchase agreement or other contract documents.

4.4.3 NEMT brokerage and subcontractors will have cybersecurity insurance coverage as part of their contractual requirements.

4.4.4 Brokerages and their subcontractors shall provide proof of liability coverage and insurance documentation to CareOregon, an authorized entity, or the Oregon Health Authority upon request.

4.5 Business Continuity & Disaster Recovery

4.5.1 Policies, Procedures, & Plans

4.5.1.1 CareOregon is responsible for ensuring that all NEMT brokerages have policies and procedures regarding disaster preparedness and emergency planning, including adverse weather events. Plans must be in alignment with brokerages' delegation agreements, the NEMT Annex of CareOregon's Incident Management Plan, and the NEMT Disaster Preparedness & Emergency Planning policy.

4.5.1.1.1 Policies and procedures shall include, at a minimum, staff training, methods of notification, and member education. Brokerages are required to make policies and procedures available to CareOregon for review upon contracting and as needed throughout the contract term, and all policies and procedures will include mitigation techniques for events that are reasonably foreseeable.

4.5.1.2 Business continuity and disaster recovery plans should include elements to ensure continuity of various transportation-related operations to the extent possible during disaster events. Elements of such plans should include the following minimum requirements:

- Communicate the initiation of disaster or adverse weather event procedures, including any proposed limitations to transportation services available, to CareOregon prior to implementation
- Describe their contingency and back-up plans for cases in which a member will be picked up excessively late, defined as more than 15 minutes past the scheduled pickup time. See [Contingency & Backup Plans](#) for more information.
- Brokerages will work with CareOregon to prioritize the provision of NEMT services to be provided for members who need critical and life-sustaining medical care during disasters and emergencies, where possible
- Established and clearly defined levels of severity, depending on the type of event, to determine what types of transportation can continue to be provided during such events
 - Brokerages may limit the type and scale of transportation services provided during disaster events, if such events may affect the operational ability or safety of transportation providers and/or members
 - Limitations to transportation provided shall only be implemented as the severity of the disaster event increases

- Brokerages will include defined categories of trips, to include at minimum those that are life-saving and urgent, to make determinations of which types of transportation may be limited during disaster events
 - Brokerages shall develop an operations plan, and distribute the plan to contracted transportation providers
- Education and communication to members about accessing critical or life-sustaining transportation during disaster or adverse weather events, including information on telephonic systems about how to schedule critical or life-saving and urgent transportation, as well as what to expect during disaster events
- CareOregon shall ensure that disaster preparedness & emergency plans and educational materials are available electronically, and distributed to members prior to any event
 - CareOregon may require that NEMT brokerages include a description of their operational plans on their websites

4.5.2 Implementation of Procedures

- 4.5.2.1 Initiation of disaster recovery and adverse weather event procedures will be based on an assessment of current conditions, a declaration of a state of emergency by state or local officials, and/or significant impacts to provider capacity.
- 4.5.2.2 Communicate the initiation of adverse weather event procedures, including any proposed limitations to transportation services available, to CareOregon prior to implementation. Include the following elements, at minimum:
 - Type(s) of transportation that will be limited
 - Approximate date and time when the limitation will begin
 - Anticipated duration of limitation, if known
 - Procedures to communicate the limitation to members and other affected stakeholders
 - Identify those members who need critical and/or life-sustaining medical care during disaster or adverse weather events, where possible
 - Identify transportation providers who are or plan to continue operating, as well as whether they are willing to accept additional trips
 - Add, or work with CareOregon to add, information on telephonic systems about scheduling critical or life-sustaining transportation during events, as well as what to expect during disaster or adverse weather events
 - NEMT brokerages will provide NEMT Call Center and Dispatch employees with advance communication of the level of severity and procedure for each level, to communicate effectively and accurately with members and other callers about adverse weather events
 - NEMT Call Center and Dispatch employees will educate members regarding scheduling delays related to adverse weather events

4.5.3 Contingency & Backup Plans

- 4.5.3.1 CareOregon shall ensure that its NEMT Subcontractors adapt and devise procedures to implement for unexpected peak transportation demands, and back-up plans for instances in which a vehicle will be excessively late or is otherwise unavailable for service. Excessively late is defined as more than 15 minutes past the scheduled pickup time.
- 4.5.3.2 NEMT Subcontractors are expected to ensure that every effort is made to reassign trips at risk of being excessively late or unable to be provided to all available contracted transportation providers as part of contingency and back-up plans.
- 4.5.3.3 NEMT Subcontractor's back-up plan may include the authorization of reimbursement to both members and contracted transportation providers, where applicable.
- Authorizations of reimbursements may include, but not limited to those members needing to use non-contracted services, such as transportation network companies (TNCs) like Uber & Lyft. Authorization for use of these services shall only be provided during either declared periods of limited transportation provider capacity or when members have demonstrated failure by a provider to arrive for a trip.
 - NEMT Subcontractor shall establish a process by which they review and verify provider no shows or capacity limitations, where applicable, to approve reimbursement.
- 4.5.3.4 NEMT Subcontractors shall have the ability to establish procedures by which they may authorize no show payments to transportation providers during periods of limited transportation provider capacity.
- Subcontractor shall include in its procedures a stipulation that such payments may only be authorized during periods of limited transportation provider capacity, and would be contingent on the Subcontractor having declared a period of limited network capacity.
 - Subcontractor must include definition of qualifying periods of limited network capacity, such as inclement weather, natural disasters, holidays, and any other temporary network capacity issues.
 - As no shows are not considered encounterable, Subcontractor must establish a process for no show payments to verify no show trips and separate them from encounterable trips to avoid submission of trips that did not get performed.

4.6 Flexible Services

- 4.6.1 CareOregon reserves the right to use CCO Flexible Services funds for the coordination and provision of NEMT provided to members if the member is eligible for NEMT and the request for NEMT is for a Flexible Service.
- 4.6.2 Flexible Services are also known as Flex Trips, supporting the expansion of transportation solutions for non-medical destinations that may support the wholistic health of the member including their social determinants of health. Some examples include, but not limited to:
- Food Resources: cooking and nutrition classes, farmers markets, grocery stores
 - Social Service Agencies: SSA administrative review appointments, WIC not covered under NEMT, DHS offices
 - Health & Wellness: gyms, community centers, disease management education and support groups
 - Addiction Supports: Alcohol Anonymous, Narcotics Anonymous, peer support groups, recovery support groups
 - Housing Supports: apartment leasing offices, DMV offices, SSA administrative offices, financial or banking institutions, supportive housing agencies

5.0 Brokerage Responsibilities

- 5.1 NEMT brokerages maintain a variety of responsibilities, including network management, call center management, and dispatch/scheduling management. NEMT services provided include all modal vehicle types including but not limited to: ambulatory sedan, wheelchair accessible vehicles, stretcher cars, non-emergency ground ambulance, and secure transportation vehicles.
- 5.2 Additional transportation options must be accessible to members when it is appropriate for the member's needs. This includes fare for public transportation and funds for reimbursement. It is the responsibility of the brokerage to contract with local public transportation agencies to provide bus fare for member as well establishing and maintaining a system for reimbursing members for mileage, meals, and lodging as needed and where approved.

5.3 Network Management Responsibilities

5.3.1 NEMT brokerages must maintain a network of transportation providers to encompass all potential member transportation needs, including, but not limited to: ambulatory vehicles such as a sedan or taxi, wheelchair vans, stretcher vehicles, secure transport, BLS or ALS services via ambulance transport, fixed wing aircraft, and more. Additional responsibilities also include:

- Contract with transportation providers
- Collect and verify credentials of transportation providers, including drivers and vehicles
- Provide appropriate and timely training, as well as program information, to transportation providers
- Investigate and respond to member concerns, grievances, or appeals
- Verify provider billing and prepare required reports and documents
- Investigate and respond to provider concerns
- Audit transportation provider billing regularly
- Distribution of bus fare and reimbursement funds
- Implement corrective action plans for transportation providers that have been identified to have deficiencies or need performance improvement

5.3.2 Brokerages must also regularly monitor their transportation provider networks to identify any gaps in capacity for each modality. Upon identification of any gaps, the brokerage may remedy the issue by identifying providers who may expand their fleet or by contracting with additional transportation providers as needed.

5.4 Call Center & Call-Taking Responsibilities

5.4.1 The primary role of the NEMT call center is to receive and schedule member requests for transportation. Transportation requests may include requests for fare to use on public transportation; reimbursement requests for mileage, meals, and lodging; and vehicle-provided rides for members who cannot use public transportation, or resources to be reimbursed for transportation. Additional responsibilities include:

- Assure quality telephone call response service
- Verifying Medicaid eligibility
- Provide level of service assessments
- Determining covered services
- Denial of services—documentation & submission of letters
- Assure protection of member information
- Provide appropriate and timely training and program information to staff
- Investigate and respond to member concerns, grievances, or appeals

5.5 Dispatch Management Responsibilities

5.5.1 The NEMT dispatch center is responsible for ensuring that all vehicle-provided rides are appropriately assigned to a transportation provider.

- Select least costly, most appropriate transportation
- Assess mileage for Medicaid trips and assign estimated costs based on provider contracts
- Maintain complete and appropriate documentation of provider problems or concerns
- Ensure transportation providers arrange and examine their schedules to assure timely pick up of members
- Resolve trip issues as they arise, including (but not limited to) issues related to delays in on-time pickup, vehicle maintenance, accidents and injuries
- Verifying no conflict of interest exists in ride assignment
- Limited denial of services--documentation
- Assure protection of member information
- Provide appropriate and timely training and program information to staff
- Investigate and respond to member concerns, grievances, or appeals

5.6 Member Communication

5.6.1 NEMT brokerages are responsible for communicating to members verbally and in written letters, brochures, pamphlets, and more. When written communication is required or needed, brokerages must develop or co-develop communication materials in the format most appropriate to members' needs, including any alternate format as requested.

Communication requirements include:

- Prepared using, at minimum, a 12-point font
- Distribution at no cost to the member
- Availability in alternate formats, such as:
 - Braille
 - Large (18) point fonts
 - Audio narration or oral presentation
 - Electronic files
 - Sign language and sighted guide
 - Other formats as requested or needed
- Availability in the language the member requests
- Materials that are culturally and linguistically appropriate and sensitive to people with disabilities or reading limitations
- Materials, including call center scripts and written information, written at or below a 6th grade reading level

- 5.6.2 CareOregon will be the primary party responsible for development and submission of member-facing materials to the Oregon Health Authority for approval. CareOregon will send communication materials to OHA via Administrative Notice, and all materials will need to be approved by OHA prior to distribution. If NEMT brokerages wish to develop any additional member-facing materials, they must be submitted to CareOregon, and all such materials will be subject to the same approval process by OHA.
- 5.6.3 When required information is made available on the NEMT brokerage website or otherwise electronically, it must be in a prominent and readily accessible location. Information shall also be electronically retained or otherwise archived, and should be capable of being printed.
- 5.6.4 NEMT brokerages shall provide written notice to affected members of any material change in information about programs, policies, and procedures that are reasonably likely to impact the member's access to care or services. Such notice will be sent no later than 30 days prior to the date of the effective change.

6.0 Call Center Requirements

- 6.1 NEMT brokerages contracted with CCOs must maintain customer service hours from 9:00 a.m. to 5:00 p.m. Monday through Friday, at minimum. If the main NEMT call center does not offer 24-hour service, the brokerage is required to operate or contract with an "after-hours" phone service to ensure members and transportation providers may reach someone for assistance at any time beyond the hours or days offered by the primary call center. Both call centers are required to offer toll-free contact number, English and Spanish language options, TTD/TTY services for members with a speech or hearing impairment, and free telephonic interpretation services for members who require language interpretation.
- 6.2 The NEMT call center is permitted to be closed for the following holidays, however NEMT services shall still be provided when required or medically necessary twenty-four (24) hours a day and three hundred and sixty-five days a year:
- New Year's Day
 - Memorial Day
 - July 4th
 - Labor Day
 - Thanksgiving
 - Christmas
- 6.3 If NEMT call centers wish to close for any days in addition or not listed above, a request must be submitted to OHA for approval. Call centers must submit requests to CareOregon at least 30 days in advance of each date(s) they wish to close. CareOregon will submit a request to OHA via administrative notice, at least 30 days in advance of the day(s) requested, and will notify the call center of OHA's decision. If OHA approves, CareOregon and the call center will make appropriate arrangements for after hours services to be provided. If OHA does not approve, the call center will remain open on the requested date(s).

6.4 The call centers must provide assistance to members and their representatives, transportation providers, and healthcare providers for the primary functions:

- Requests for NEMT services
- Questions about the NEMT benefit
- Comments about the NEMT benefit
- Complaints & grievances about the NEMT benefit

6.5 NEMT Telephonic System & Online Portal

6.5.1 NEMT call centers are contractually obligated to use and maintain telephonic systems that provide the following features:

- A separate NEMT queue with staff dedicated to NEMT calls, with automatic call distribution to English- or Spanish-speaking member queues, an NEMT provider queue, or a healthcare provider queue
- A welcome message for the NEMT call center that is in English and includes a Spanish language prompt that allows members to opt into the appropriate queue.
- The capability to identify and record the phone number of the caller if the number is not blocked
- Outbound calling capabilities
- An automated message informing members when schedulers are busy and will provide the following information:
 - Approximate wait times
 - Member's position in the queue
 - Options for call backs without the member losing their place in the queue

6.5.2 NEMT Call Centers must provide access to an online portal for use by healthcare providers and facilities, in addition to the telephonic phone system, to make trip requests on behalf of members.

6.6 Call Requirements & Standards

6.6.1 At the beginning of each call, NEMT call center staff identify themselves by name, title, and plan or organization name.

6.6.2 The call centers are contractually obligated to staff their call centers and maintain enough equipment and training to ensure that they can handle anticipated call volumes while meeting or exceeding the following performance standards:

- At least 80% of member calls are answered within forty-five (45) seconds
- The abandonment rate (customer hangs up while waiting on hold) does not exceed 5%
- The average hold time, including transfers to other staff, is no more than three (3) minutes.
- Call center provides service to members who do not speak English and to hearing-impaired members
- All customer service calls are required to be documented and tracked appropriately

- 6.6.3 If an NEMT call cannot be answered by a staff member within forty-five (45) seconds, the caller receives a message, in English and Spanish, advising the caller that the call will not be answered promptly and offers the caller the opportunity to leave a message.
- Voicemails are required to be returned within three (3) hours of the initial call
 - If the member or member's representative cannot be reached directly after three phone calls, the person returning the call either leaves a message for the member or the member's representative with the person answering the call or leaves a voicemail message.
 - All efforts to reach the member are documented and tracked appropriately.
- 6.6.4 CareOregon will supply approved call center scripts to NEMT brokerages. NEMT brokerages should submit a request to CareOregon if any adjustments to the primary call scripts are needed, prior to use in any call center. The script will include questions that the NEMT call center staff can use to determine:
- The member's eligibility for NEMT services
 - The appropriate mode of transportation
 - The purpose of the trip
 - All other information relating to the member's trip

6.7 After-Hours Call Requirements

- 6.7.1 After-hours call center provides the option to schedule medically urgent transportation outside of the regular call center hours of operation. After hours messages, where available, should be provided in both English and Spanish at minimum, but may also be provided in other prevalent languages. Medically urgent transportation needs may include:
- Hospital discharges
 - Urgent care visits
 - Detox admissions
 - Standalone pharmacy trips with urgent medication refill needs
 - Cancellations for the next date of service
 - If the NEMT service request is non-urgent and/or routine future scheduling needs provide an option to leave a message in English and Spanish, and ensure the member is contacted no later than the next business day.
- 6.7.2 NEMT call centers are required to maintain certain quality assurance standards. See the [Call Monitoring & Auditing](#) section for more information.

7.0 Eligibility & Benefit Determination

7.1 Determining Eligibility

- 7.1.1 Oregon Health Plan (OHP) members are eligible for non-emergent medical transportation (NEMT) benefits under their health plan. Eligibility is initially determined at the state level, and then members are assigned to a Coordinated Care Organization (CCO). CCOs delegate the responsibility of NEMT management to a brokerage or other subcontracted partner(s) to ensure that members receive the transportation benefit that matches their needs.
- 7.1.2 The NEMT brokerage is responsible for determining whether the member requesting transportation services is eligible and enrolled with the coordinated care organization (CCO) with whom they contract. Brokerages may use one of the following tools to determine CCO enrollment:
- The downloads provided by CCOs listing their members;
 - The daily eligibility download provided by DMAP, showing clients not enrolled in a CCO who is responsible for NEMT;
 - The Provider Web Portal at <https://www.or.medicaid.gov>
- 7.1.3 The NEMT call center is the primary point of contact for individuals scheduling NEMT trips. Trips are also sometimes scheduled directly through CareOregon. Eligibility may be determined using one or more of the approved resources listed above.
- 7.1.4 Once the NEMT brokerage determines the member is eligible with the CCO and has current coverage, they must then determine if the member is traveling to a health plan covered service.
- 7.1.5 Health plan covered services are:
- A physical, behavioral and/or dental health service that does not require a prior authorization to be submitted
 - Determined through submission and approval of a prior authorization

7.2 Who may request NEMT?

- 7.2.1 As outlined above, members who are currently eligible and enrolled in the brokerage with which the CCO contracts may request NEMT services. Additionally, members' representatives are also permitted to request NEMT services on behalf of members. Representatives may include the member's community health worker, foster parent, adoptive parent, or other provider delegated with this authority.
- 7.2.2 Any member currently enrolled with the CCO shall be provided NEMT services based on the member's individual need for transport. This will include transportation depending on the level of service needed, such as for a vehicle provided ride or public transportation, and will also include out of area or out of state transportation when needed. The brokerage is responsible for providing transportation services to members regardless of their location, except if the member is currently outside the country or is requesting transportation outside the country.

- 7.2.3 Verification of eligibility for NEMT services shall be done by screening and confirming requests for transportation by the following process:
- Verify the person for whom transportation is being requested is an enrolled member eligible for NEMT services, and is currently enrolled with the CCO.
 - All NEMT services shall be provided by CareOregon or its NEMT Subcontractors for members enrolled with the CCO.
 - Verify that the service for which NEMT service is requested is a Covered Service or Health-Related Service
 - In the case of FBDE (Full Benefit Dual Eligible) members, CareOregon shall ensure that members are traveling to a Medicaid or Medicare covered service, and if the trip is requested outside the CCO's service area, that the service is not available within the service area. Eligibility for services shall be verified with the member's Medicare Advantage (MA) or Dual Eligible Special Needs Plans (D-SNP), or directly with the member's Medicare provider.
 - Verify that the member is currently eligible for services within the health plan
 - Verify that the transportation requested is to a covered NEMT service
- 7.2.4 CareOregon will ensure that NEMT services and the transportation benefit match the member's specific medical benefit and authorization parameters, based on their CCO enrollment type, and will make eligibility information available to the NEMT brokerage.
- 7.2.5 CareOregon shall not permit any NEMT Subcontractors or subcontracted transportation providers to bill a member for transport to or from covered medical services, even if the CCO or NEMT Subcontractor denied payment for the transportation services, per OAR 410-141-3920. NEMT brokerages will work with providers to ensure they have a basic understanding of covered services, and outline processes for providers to educate members to call the brokerage call center to schedule trips. If the provider receives a call from an individual for whom they have rendered services previously with the brokerage, and/or they have a reasonable assumption that the member is enrolled into Medicaid coverage, the provider will redirect members back to the call center if the trip is potentially covered by the CCO.
- 7.2.6 If a transportation provider does send a bill to a member for a trip that is covered by the CCO, the brokerage will work with the member to ensure they are reimbursed. Possible examples of cases in which a transportation provider could bill a Medicaid member in error may include:
- The transportation provider was contacted by a hospital or healthcare provider directly to arrange transport
 - The member contacted the transportation provider directly to arrange transport
 - A trip was booked with a transportation provider by the NEMT brokerage, and payment was then denied
- 7.2.7 In any of the above possible scenarios, or any other circumstance in which the transportation provider bills a member, the NEMT brokerage will work with the provider to ensure the correct reimbursement process is followed, and/or provide technical assistance to the provider as needed to avoid member billing in the future.

7.3 When can NEMT be requested?

- 7.3.1 NEMT services may be requested as early as 90 days in advance of a member's appointment. Transportation may also be requested on a same-day basis, depending on the medical necessity of the member's appointment. See [Medically Urgent and Same-day Ride Requests](#) for more information about how a member may request a same-day trip.
- 7.3.2 Requests for NEMT services shall be approved or denied within twenty-four (24) business hours of receiving the request and reduced as needed to ensure the member arrives in time for the appointment. Each trip, regardless of whether approved or denied, should be documented in the scheduling system with any supporting information. If a trip is denied, the NEMT subcontractor is responsible for issuing a Notice of Adverse Benefit Determination (NOABD) within seventy-two (72) hours of the decision. See [Denials of Service](#) for more information about denial requirements.
- 7.3.3 In some cases, members may have their service modified, whether due to their own needs or due to issues with the provision of transportation by the brokerage to the member. For example, if a member has a significant number of no shows, it's possible a modification will be implemented to limit how far in advance a member may schedule transportation. See [Service Modifications](#) for more information.

7.4 Are Prior Authorizations required?

- 7.4.1 Prior authorizations are advance decisions by the member's health plan to determine whether a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. In the case of NEMT, authorizations for transportation services are determined based on whether services the member is seeking require a prior authorization by the health plan, if the health plan has received a prior authorization from the member's healthcare provider, or as needed to validate medical necessity, such as for out-of-area transport requests. If the brokerage or CareOregon determine that an authorization is on file for the requested services, then NEMT may be authorized to those services.
- 7.4.2 CareOregon shall ensure that NEMT services and the transportation benefit match the member's specific medical benefit and authorization parameters, based on their CCO enrollment type.
- 7.4.3 Authorization requirements may not apply to those members who only have partial enrollment.
- 7.4.4 NEMT services requested for medical services that do not require prior authorization will be honored.

- 7.4.5 CareOregon previously required prior authorization verification for services such as acupuncture, chiropractic, occupational/physical/speech therapy, and vision. However, CareOregon only requires that NEMT brokerages verify authorization with the Transportation team for the following, to ensure medical necessity of the transport request:
- Out of area transportation requests
 - Transport between locations with the same level of care
 - Air ambulance, helicopter, or other high-needs transports
 - These will also typically require additional coordination by the Transportation team
- 7.4.6 NEMT brokerages shall review NEMT requests to any services that have been identified as requiring a prior authorization to verify the appointment and make a determination regarding whether authorization has been approved. This may include a request by the NEMT brokerage for CareOregon to review the member’s authorization and health records to determine if a healthcare provider authorization is still required.
- 7.4.7 See [Out-of-Area & Out-of-State Transportation](#) for more information regarding transportation authorizations required for services requested outside the primary service area of the CCO.

8.0 Travel Assessment

- 8.1 NEMT brokerages and subcontractors are responsible for determining the most appropriate and least costly mode of transportation for each member. For each member, the NEMT call center must ask clarifying questions to identify what resources the member may already have, what type of transportation they usually use to get to and from their appointments, and what their current level of mobility and functional independence may be.
- 8.2 The primary transportation types a member may be offered include public transportation, reimbursement for mileage, meals, and/or lodging, and vehicle provided rides. Brokerages are accountable for ensuring that Medicaid funds are used responsibly, which means members who are able to use transit or drive themselves should be provided with the resources to do so, allowing those members who do not have that ability are provided with a ride via a contracted transportation provider.
- 8.3 Initial questions to ask may include the following:
- How do you get to your appointments?
 - Do you have a car?
 - Is your residence near a bus stop?
 - Do you have friends or family who can drive you?
- 8.4 If the member does not have a car, but lives near a bus stop, it may be appropriate to ask whether they can use public transportation.
- 8.5 NEMT brokerages will also review requests for transportation to determine if the member’s condition is such that secure transportation or an ambulance is required.

8.6 Level of Service Assessments

- 8.6.1 Assessing the most appropriate transportation type for members may also include a determination of the level of service, or type of assistance, the member may need for vehicle-provided rides. If a member has been determined to need a ride rather than use public transportation or reimbursement to get to their appointments, either for some or all of their trips, it is up to the NEMT call center to identify whether the member needs assistance from the driver.
- 8.6.2 Drivers are expected to assist members whenever appropriate assistance is requested. Please use the following designations to indicate when a certain level of service is required. Each level of service is defined below.
- 8.6.3 **Curb to Curb:** These procedures are to be used when the member does not need assistance to or from their door, or to or from the facility to which they are being transported. Drivers are responsible for performing curb to curb service using the following steps:
- Pull up to curb at the pickup address
 - Driver introduces themselves to the member and/or member representative(s)
 - Driver verifies member identification to ensure they have located the correct person
 - Driver opens the vehicle door for the member and other passengers
 - Driver assists the member into the vehicle, and with the seat belt if needed
 - Pull up to the curb at the destination address. The curb should be closest to the entrance the member needs, taking into consideration obstacles and appropriateness (e.g. if the member needs a wheelchair ramp, the driver should park closest to the ramp)
 - Driver opens the vehicle door for the member and other passengers
- 8.6.4 **Door to Door:** Also known as “door to desk”, these procedures are to be used when the member needs assistance to and from their pickup and destination addresses. Drivers are responsible for performing door to door service using the following steps:
- At the pickup address, the driver will go to the door of the residence or building. If the pickup location is a secured building, the driver should use a call box or other device to reach the member. Drivers are not permitted to go inside the member’s home or other personal living space.
 - Driver introduces themselves to the member and/or member representative(s)
 - Driver verifies member identification to ensure they have located the correct person.
 - Driver escorts member to the vehicle and opens the door for the member.
 - Driver assists the member into the vehicle, and with the seat belt if needed
 - At the destination address, the driver will open the door for the member.
 - Driver escorts member to the suite or other location in which they need to go. In some cases, escorting to the main entrance is appropriate if the driver is not allowed to go inside the building, such as at methadone clinics or women’s shelters.

- Driver verifies member is at the correct location before departing, talking to the receptionist or other facility staff member if needed.
- 8.6.5 **Hand to Hand:** Also known as “do not leave alone”, this set of steps is for those members that cannot be left unattended and need a “hand-off” to a particular person or type of person (e.g., receptionist or another staff member). Drivers are responsible for performing hand to hand service using the steps outlined in the door to door service section listed above, as well as the following additional items:
- At the pickup address, the driver should communicate with a caregiver or other responsible party to advise that the driver is there to pick up the member.
 - At the destination address, the driver should “hand” the member to a person who has or will confirm responsibility for ensuring the member’s security. The driver should ensure that the person matches the name listed in the ride notes, or that they get the name of the receiving person and their title in case of incident.
 - If there is no one at the destination address to receive the member, the driver is responsible for communicating that information to their dispatcher or other provider representative, who should then contact the brokerage for further direction. The member should not be left unattended if “hand to hand” is designated on the trip.
 - If the member refuses hand to hand service, the provider should contact the brokerage for assistance. Our team will work with your company to ensure that the proper parties are notified of the member’s location to ensure the member does not become lost. If the member’s behavior makes the driver feel unsafe, drivers and transportation providers have the right to contact local law enforcement if necessary and notify dispatch.
- 8.6.6 **Stairs:** Members may need assistance when walking up and down stairs, and drivers are expected to provide assistance to provide balance and support for the member. This does not mean that the driver is expected to carry the member up and down stairs, but the driver should offer an arm to help support the member if they are unsteady on stairs.
- 8.6.7 If members are using a wheelchair, additional assistance may be needed that the driver cannot provide for regular NEMT services. If the member needs to be physically assisted using more than balance or support, or there are more than two (2) stairs, please notify the brokerage dispatch so the trip may be assigned to the appropriate level of transportation needed.
- 8.6.8 **Mobility Device Securement:** All mobility devices need to be secured, including manual and electric wheelchairs and scooters. Please have all drivers use guidelines set forth in PASS training to appropriately secure mobility devices in wheelchair accessible vehicles. Devices such as canes, crutches, and walkers may be stored in the trunk of a sedan, but in a wheelchair accessible vehicle they should be secured to avoid injury in the case of an accident or sudden stop. Drivers must receive wheelchair securement training prior to transporting any member in a wheelchair accessible vehicle.

- 8.6.9 Members using wheelchairs or scooters must have their device secured using the appropriate four-point tie-downs. The driver must also secure the member using a lap and shoulder belt.
- 8.6.10 **Hospital Discharge:** Hospital discharges require coordination with facility staff based on the members' needs and protocol set by the hospital. The default level of service is hand-to-hand (see above for more information about this level of service). When providing transportation for a hospital discharge, drivers must enter the facility, check in at the nurse's station, and escort the patient from their room with the nurse's approval.
- 8.6.11 Drivers are expected to follow more stringent procedures for hospital discharges to ensure that the member is transported safely. NEMT brokerages shall outline clear expectations for providers to ensure timely and safe transport, including a requirement for providers to contact dispatch if transport will be delayed, whether caused by the transportation provider, the discharging hospital, or the member.
- 8.6.12 Drivers are not expected to serve as the "responsible party" for any member discharging from the hospital or after a surgery. Hospitals and surgery centers are responsible for developing a safe discharge plan, and while the NEMT provider and driver are part of that plan when it comes to transport of the member, they cannot be held responsible for managing members as they come out of anesthesia. Hospitals and surgery centers must identify an alternative party, such as a family member or friend, to be responsible for the member in such cases.
- 8.6.13 **Adverse Weather & Disaster Event Adjustments:** While members may request a specific level of service, if there is an increased level of risk to member safety during adverse weather or disaster events, the NEMT brokerage may determine it is appropriate to recommend a higher level of service. Members have the right to refuse the higher level of service, but drivers may be required to offer it. Additionally, if a higher level of service is required to be offered, and a member declines that offer, the driver and/or the NEMT provider will be required to document the refusal and notify the NEMT brokerage.

8.7 Public Transportation Indicators

- 8.7.1 In some cases, it will be obvious that the member can and should use public transportation, however in others, it may not be so clear. Here are some common indicators the member can use public transportation:
- Has a bus pass
 - Has or currently uses public transit to get to medical and non-medical locations
 - Does not use any mobility aids
 - If they do use mobility aids, the use of the aid(s) does not prevent independent travel
 - Does not have any physical or mental/cognitive disabilities
 - If they do have a disability, it does not prevent independent travel
 - Lives close to a bus stop
 - Only barrier is that they may not know how to use the bus

8.7.2 If a member can use public transit, brokerages may send the member fare to use the local public transit system. Members may receive bus fare through another resource, such as their employer or DHS, and if so, they may not be eligible to receive bus fare for their NEMT services as well.

8.7.3 **Note:** Keep in mind that not all areas have regular bus service. If the member states that it would take too long for them to get to their appointment, that is likely true, however there needs to be a medical reason the member can't use the bus for a long period of time.

8.8 Mileage Reimbursement Indicators

8.8.1 Here are some common indicators that the member can use mileage reimbursement for their trips:

- Has a car
- Friend/family member has a car
- Needs assistance paying for gas to get to appointments
- Usually drives themselves, or has others drive them, to get to medical and non-medical locations
- Does not use mobility aids, or use of aids does not prevent their ability to drive or be driven by family/friends
- Does not have any disabilities, or disabilities do not prevent their ability to drive or be driven by family/friends

8.8.2 If the member or their friend/family member does have a car, and they usually drive to their appointments, mileage reimbursement may be appropriate. The brokerage may offer reimbursement funds for the member to travel to and from their appointment.

8.9 Vehicle-Provided Ride Indicators

8.9.1 Here are some common indicators that the member may need a ride with a transportation provider for their trips:

- Does not have a car
- Does not have any friends/family members who can transport them
- Does not live near a bus stop
- Does not use public transportation to get to their medical or non-medical locations
- Uses a mobility aid and is unable to navigate public transportation with the aid
 - Consider the number of transfers involved to get from their start address to the destination address—if there are multiple transfers and the member uses a mobility aid, this may be prohibitively difficult and cause additional harm to the member
 - Use of a wheelchair does not necessarily mean a member cannot use transit
 - If the member uses a stretcher, has medical services needed during transport, or is on an involuntary hold, public transportation or mileage reimbursement are not appropriate
- Cannot use public transportation due to physical or cognitive/mental disabilities

9.0 Scheduling

9.1 NEMT services are provided for members 24 hours a day, 7 days a week, 365 days a year. Regular hours of operation for members and other callers shall be provided at minimum from 8am to 5pm, Monday through Friday. After hours services are provided by the NEMT call center or another subcontracted partner where applicable, however the same phone number shall be used for after hours services. Services will include the following:

- Scheduling trips at least 24 hours in advance up to 90 days in advance, for any single trip or for recurring appointments
- Scheduling trips on a same-day basis
 - Due to transportation provider capacity, a vehicle-provided ride is not always available on a same-day basis. If a vehicle-provided ride is not available through the brokerage on the date the member requests, other NEMT services can be scheduled. Members may access same-day transportation through other modes, including mileage reimbursement, public transit passes, and when approved by OHA, reimbursement for transportation network companies (e.g., Lyft or Uber) and taxis
- Cancellations or changes to trips on a same-day or future basis
- Providing after hours services as needed, for services which may include, but are not limited to, the following:
 - Hospital discharges
 - Urgent care visits
 - Detox admissions
 - Stand-alone pharmacy trips for urgent medication refills

9.2 NEMT call center representatives are required to obtain all information necessary to schedule each trip, depending on the type of transportation needed for each member. This information may vary across modalities, but should include:

- The member's first and last name
- Date and time of the appointment
- Full starting and destination address
- Facility name, doctor's name, and doctor's phone number
- Reason for the appointment
- If it is round trip or one way
- Level of service

9.3 For all pharmacy trips, NEMT call center representatives shall determine that the location is an OHP covered location and that there is a pharmacy onsite. In circumstances where it is deemed appropriate, NEMT call center representatives shall also verify that the requested location has a prescription available for the member to pick up.

9.4 Pickup & Delivery Expectations

9.4.1 Brokerages are responsible for ensuring that transportation providers meet expectations for pickup and delivery as outlined in the CCO contract with OHA. Such expectations include the following items:

- Drivers with contracted transportation providers will make their presence known to members when they arrive to pick the member up.
 - Drivers shall wait at least fifteen (15) minutes after the scheduled pick-up time.
 - If the member is not present or has not boarded the vehicle fifteen (15) minutes after the scheduled pick-up time, the driver shall notify dispatch before departing from the pick-up location.
 - There may be circumstances in which a driver may be authorized to wait longer for a member. While drivers typically only wait up to 15 minutes, if there are extenuating circumstances the provider may request authorization for additional wait time from the NEMT brokerage dispatch team.
 - This authorization is not guaranteed, but may be granted on a case-by-case basis. Providers are expected to evaluate trips within their current schedule to determine if they have the flexibility for the driver to continue waiting prior to requesting authorization.
- Drivers shall ensure that members arrive at the requested time for appointments and are picked up at the requested time for the return leg of the trip.
 - In the event that there is no pre-arranged time for the return leg of the trip, such as in the case of a will call, NEMT dispatch teams shall ensure a vehicle is dispatched promptly and the member is picked up within one (1) hour after notification.
- NEMT brokerages shall capture pick-up and drop off times in a way that allows reporting as requested by OHA.
- NEMT brokerages and transportation providers will review trip data to ensure the following:
 - Members are not required to arrive at their scheduled appointment more than one (1) hour before their appointment time.
 - Members are not dropped off more than fifteen (15) minutes prior to the office or other facility opening for business, unless requested by the member or member representative.
 - Members are not picked up more than fifteen (15) minutes after the office or other facility closes for business, unless requested by the member or member representative, or the appointment is not expected to end within 15 minutes of the office closing for business.
 - Members are dropped off for their appointment no less than fifteen (15) minutes prior to their appointment, to prevent the drop-off time from being considered a late drop-off.
 - The wait time for members for pick-up does not exceed fifteen (15) minutes past the scheduled pick-up time.

9.5 Ride Assignment Protocols

9.5.1 The Oregon Health Authority (OHA) and Coordinated Care Organizations (CCOs) require that all NEMT brokerages adhere to specific ride assignment and dispatch procedures. CareOregon will pass through those requirements to NEMT brokerages, as a delegated manager of NEMT services. Once a vehicle-provided ride has been scheduled, it is the responsibility of the NEMT dispatch team to appropriately assign each trip to a transportation provider that meets the needs of each member. With thorough scheduling procedures, the role of dispatchers should be made easier, as each trip should contain all information dispatchers may need to identify a provider.

9.5.2 Each NEMT dispatch team will develop a set of procedures to assure efficient ride scheduling. Procedures will include a focus on the following requirements:

- Ensuring that trips are assigned to transportation providers in such a way as to allow the appropriate amount of travel time to assure each member arrives with sufficient time to check-in for their appointment.
- Scheduling each member’s return trip, when applicable, in such a way to include the timely pickup of members at the end of their appointments to provide the return trip without excessive delay of more than 15 minutes.
- Implementing a contingency plan for unexpected peak transportation demands, and back-up plans for any trip in which the member will be picked up over 15 minutes past the scheduled pickup time, or if the provider is unable to pick the member up for any reason. See [Contingency & Backup Plans](#) for more information.
 - Identify surplus capacity within transportation providers, rely on “regular” providers, utilize cab companies as back-up.
 - Incentivizing drivers to complete these rides by removing late penalties
- Requested transportation will be scheduled and assigned to an appropriate NEMT Provider after approving the services.
 - Members have the right to request a provider preference, via what is known as a [Qualified Providers](#). Ride assignments will only honor those preferences if there is a demonstrated member need.
 - If member’s preference is not honored, member will be informed at time of request, assignment or reminder of approved service
- Trips will be approved and scheduled or denied within twenty-four (24) hours of receiving the request. This timeframe shall be reduced as necessary to ensure the Member arrives in time for the appointment. All trips, whether approved or denied, will be documented in the scheduling system.
 - At the time of a telephonic request, CSRs will advise the member of the trip’s approval, or steps to take if the request is not immediately approved
 - As voicemail or web portal NEMT requests are received, CSRs will schedule trips and return the message to provide confirmation, or request any additional information needed within:
 - Three (3) hours if the message was left the same business day prior to 2pm or,
 - By 10am the following business day, if the message was left after 2pm the prior business day
- NEMT brokerages will notify members of the transportation arrangements during the phone call requesting the NEMT service, when possible.

- Brokerages shall obtain the member’s preferred method (e.g. phone call, email, fax) and time of contact, and will notify members of the transportation arrangements as soon as the arrangements are in place and prior to the date of NEMT service, if the arrangement information is not available at the time of the initial call.
- Transportation arrangement notification shall include the following information:
 - Name and telephone number of the NEMT transportation provider
 - Scheduled date, time, and address of pick up
 - Name and address of the healthcare provider to whom the member seeks transport
- Members will not be made responsible for determining or following up with the brokerage to identify if their transportation has been scheduled. Brokerages are responsible for confirming transportation arrangements with each member, either at the time of the call or when arrangements are made.
- Trips will be dispatched appropriately per the previous requirements and the needs of the member. NEMT dispatchers shall, at minimum, provide updated information to drivers, monitor drivers’ locations, and resolve pick-up and delivery issues.
- Scheduling changes shall be accommodated, including for unforeseen schedule changes, and to include the timely reassignment of the affected trip to another NEMT Provider if necessary.
- The assigned pick-up time shall not be changed by NEMT drivers without prior, documented permission from the NEMT brokerage. Where possible, the trip scheduling software shall have user permissions that prevent transportation providers or drivers from making changes without authorization.
- While an NEMT provider may arrive before the scheduled pickup time, the member is not required to board the vehicle prior to the scheduled pickup time.
 - NEMT drivers may not depart from the pickup address or count the trip as a member no show unless the driver has waited 15 or more minutes within the pickup window, and the member has still not boarded the vehicle.

9.6 Qualified Providers

- 9.6.1 Qualified providers, sometimes known as preferred providers, are transportation providers that are requested to be assigned to members’ trips on a consistent basis. Members may benefit from having the same company transport them to their appointments, recurring or otherwise. NEMT brokerages are asked to ensure continuity of care for members by allowing them to request a specific transportation provider, though the request may not always be guaranteed.
- 9.6.2 Members or their authorized representatives may request a qualified provider when they call to schedule a trip. It is the brokerage’s responsibility to identify the reason for the request, to determine whether the request can be authorized and find the best provider for their needs.

9.6.3 Brokerages may notify members that preferred provider requests cannot be guaranteed, and that if a provider is not available, or the request cannot be granted, another provider will be assigned to the trip. In some cases, the member's requested provider is not the best fit for their needs, or the request may be due to a personal bias that cannot be accommodated. CareOregon and NEMT brokerages will work together to communicate to members that they should travel with the assigned provider, even if the provider is not the one the member requested.

9.6.4 Though members may request a specific driver, that level of preference cannot be accommodated, as it may put a strain on the overall network to assign members to individual drivers. Brokerages may advise members that is not a request that can be granted.

9.7 Shared Rides

9.7.1 NEMT is resourcefully achieved through efficient dispatching of rides, including sharing member rides where possible. The NEMT brokerage is responsible for sharing vehicle-provided rides in a manner that does not cause any individual member to be late either to their appointment, or to be late in being picked up from an appointment.

9.7.2 Brokerages shall identify those members who have the same or similar geographic pickup locations, and the same or similar geographic destination locations, to most appropriately share rides without delay.

9.7.2.1 Transportation providers may identify trips to share, but must receive authorization from the NEMT brokerage.

9.7.3 Transportation providers may not bill the brokerage twice for a shared ride.

9.7.4 Transportation providers may not transport unauthorized passengers. Members may bring an attendant with them, but drivers should notify the brokerage if a member has an attendant when one was not previously authorized for the trip.

9.8 Attendants for Child and Special Needs Transports

9.8.1 Per Oregon Administrative Rule 410-141-3935, NEMT brokerages will require an attendant to accompany any member 12 years of age and under for transportation to and from covered services. This rule applies to members with physical or developmental needs as well, regardless of the member's age. Exceptions to this rule apply when:

- The driver is a Department of Human Services (Department) volunteer or employee or an Authority employee
- The member requires secured transport
- An ambulance provider transports the member for non-emergent services, and the CCO reimburses the ambulance provider at the ambulance transport rate, per CCO contract or non-contracted rate policy

9.8.2 When NEMT services include an ambulance to be provided, an attendant is required to be present in the vehicle as well.

- 9.8.3 The brokerage must determine for each trip whether an attendant will be present and whether the member needs assistance from the driver, regardless of whether an attendant will accompany the member on the trip. The brokerage shall also verify whether the attendant meets the requirements for an attendant. Attendants in non-ambulance vehicles may include the member’s mother, father, stepmother, stepfather, grandparent, or guardian, or any adult 18 years or older authorized by the member’s parent or guardian. The brokerage or CareOregon may require the member’s parent or guardian to provide written authorization for an attendant other than the parent or guardian to accompany the member where warranted. NEMT brokerages and transportation providers are not permitted to charge any additional fees for a member’s attendant to travel with them. Brokerages shall establish expectations that drivers verify an attendant is present upon arrival at the pickup address, when an attendant is required, and notify NEMT dispatch if an attendant is not present. Transportation providers must not transport the member without an attendant when one is required and should not assume an attendant will take the place of requested assistance when a request is noted in the trip.
- 9.8.4 NEMT brokerages shall not schedule trips for attendants without the member present, and the attendant needs to accompany the member from the pick-up location to the destination and the return trip. Exceptions may be made in cases in which the parent(s) are traveling to visit an infant child in the neonatal intensive care unit (NICU) for feeding or other bonding activities, or as otherwise authorized by CareOregon.
- 9.8.5 NEMT brokerages must include language in transportation provider contracts and policies to advise that the driver is not responsible for providing or installing child safety seats, and that the member’s parent, guardian, or other adult caregiver is responsible for providing and installing any child safety seats. Drivers must not transport a member without the appropriate safety seat for children requiring a car seat or booster seat per ORS 811.210 – 811.225.

9.9 Service Animals

- 9.9.1 Members may request that their service animal travel with them in the vehicle to and from their appointments. NEMT regulations for service animals adhere to the ADA guidelines. While a member may have a companion animal, such animals or pets are not permitted during NEMT transport, except in an enclosed carrier. The ADA currently recognizes service animals as either dogs or miniature ponies.
- 9.9.2 There are two questions NEMT brokerage staff and transportation providers can legally ask the member to determine if the animal is a service animal or companion animal.
- What task is the animal trained to perform?
 - Does the animal assist the member to be navigate because they are hearing or vision impaired? Alert them of oncoming seizures, low blood sugar, panic attacks, etc.?
 - Is the animal required because of a disability?

- 9.9.3 Members do not have to present paperwork to verify service animal status nor outfit the animal in a harness or vest that would alert others it is a service animal. Often drivers will notify the brokerage if they suspect that an animal is not a service animal due to its behavior, such as if the animal is being aggressive, will not stop barking, seems nervous or causes accidents in the vehicle. A trained service animal will usually not have these concerns and a possible service modification may need to be made for the member to leave the animal at home or provide a carrier while in transport.
- 9.9.4 Transportation providers may have drivers who are uncomfortable with service animals, perhaps due to a past experience or for cultural reasons. Drivers cannot reject a member's request to bring their service animal without potentially facing legal repercussions, however they may decline to transport an animal that demonstrates behavior as outlined above, or an animal other than a dog or miniature horse that is not in an enclosed carrier. It is important for Call Center staff to identify if a member is bringing a service animal, and note that in the trip to advise the provider in advance.

9.10 Hospital Services & Transportation

- 9.10.1 Per OAR 410-125-0120, transportation to and from hospital services is included as part of a member's NEMT benefit. Non-emergency transport requests must be prior authorized in order for the transportation provider, including ambulance providers, to be paid. Prior authorization in this case is as simple as the hospital notifying the appropriate brokerage of the transportation request, and the brokerage determines what transportation is the least expensive depending on the member's needs.
- 9.10.2 Hospitals are required to follow the after-hours procedure for the brokerage that handles the member's transportation, and must contact the brokerage or after-hours provider(s) for non-emergent transportation for hospital discharges.
- 9.10.3 Prior authorization is not required when or if the member's condition is such that they require emergency transportation.
- 9.10.4 NEMT brokerages are not responsible for payment of transportation when members are transferred from one facility or provider during an inpatient stay if the member is returned to the admitting hospital within 24 hours. In that case, the hospital must arrange for and pay for the transportation.
- 9.10.5 Hospital to hospital transport requests may be post-authorized if the member will not be returning to the admitting hospital. Ambulance providers must request payment by submitting a 405T form for authorization. Forms must be submitted to CareOregon by faxing 503-416-1335, or emailing medicaltransportation@careoregon.org.
- 9.10.6 NEMT brokerages will not permit payment for transfer to or from hospitals or facilities to another hospital or facility where the level of care is the same. Such instances will not be considered a covered service.

10.0 Specialized Transportation

10.1 Secure Transports

- 10.1.1 Secure transport is defined by [OAR 410-141-3940](#) as “NEMT services for the involuntary transport of members who are in danger of harming themselves or others”, specifically those members who are “in crisis or at immediate risk of harming themselves or others due to mental or emotional problems or substance abuse”. This administrative rule further requires that the transport must be “to a Medicaid enrolled facility that the Authority recognizes as being able to treat the immediate medical or behavioral health care needs of the member in crisis”. Secure transportation is authorized for members under civil commitment or custody via a psychiatric or transportation hold.
- 10.1.2 NEMT brokerages will review transportation requests to determine whether the member requires secured transportation based on the above definition. Secure transportation is typically not warranted in the following cases:
- The member is a flight risk and not on a psychiatric or transportation hold, and is not a danger to self or others
 - The member is returning to their residence, as the assumption is that the member is no longer in crisis or at immediate risk of harming themselves or others
 - If secure transportation is medically appropriate for transport to the residence, written documentation must be signed and obtained from the treating medical professional including the reasoning/circumstances that warrant secure transportation. This documentation will be kept on file for OHA to review upon request
- 10.1.3 Secure transportation should only be scheduled with NEMT providers who have been appropriately licensed and trained, meeting the requirements of OAR 309-033-0200 through 309-033-0970. NEMT brokerages will also ensure that they only schedule transportation for minors to/from a Child Caring Agency (CCA) with a secure provider that also meets the licensing requirements outlined by the Oregon Department of Human Services (ODHS), a licensing requirement made effective January 1, 2022. More information about the requirements for secure transportation of minors to/from CCAs can be found in OAR 413-215-1101 through 413-215-1146.
- 10.1.4 Per OAR 309-033-0437, mechanical restraint may only be used by secure providers in emergency situations to prevent an individual from inflicting immediate and serious harm to self or others, or property, and must only be used for health and safety reasons.

10.2 Voluntary Secure Transport

10.2.1 CareOregon has made the decision to allow secure transportation in what is considered to be a gray area: cases in which members appear to warrant secure transport due to a danger to themselves or others, but they are not on a hold of any kind. This exception may be authorized by CareOregon (acting as a CCO) or by the NEMT Brokerage, however, exceptions must include documentation to be supplied to the secure transport provider:

- Individual member's informed consent to be transported via secure transport services, and
- Written documentation by the treating medical professional stating the circumstances requiring secure transport services

10.2.2 Please review the CareOregon NEMT Secure Transport Policy for more information about requirements and exceptions for secure transportation.

10.3 Ground & Air Ambulance Transports

10.3.1 Ambulance transport is required per OAR when a medical facility, such as a hospital, or healthcare provider states that the member's medical condition requires it, as the member may need the assistance of a healthcare professional, such as an emergency medical technician (EMT) or paramedic during transport.

10.3.2 A medical technician is warranted during ambulance transport when:

- A member's medical condition requires a stretcher and the length of transport requires a personal care attendant, but the member does not have one; or
- Necessitated by the member's medical condition

10.3.3 Ambulance providers must be licensed by the Oregon Health Authority to operate ground or air ambulances. CareOregon and its contracted brokerages may use an ambulance provider located in a contiguous state, however if the provider regularly provides rides to the brokerage's members, the provider should be verified to have been licensed by both the Authority and the contiguous state in which it is operating. Credentialing requirements and licensing rules are referenced further in [Vehicle Equipment & Standards](#) and [Driver Training & Standards](#), including exceptions to standard NEMT requirements for credentialing.

10.3.4 Brokerages may not authorize transport when the member requires emergency transportation, however. Emergency transportation must be requested of appropriate entities providing emergency medical services (EMS) and billed directly to the CCO rather than through the brokerage.

10.4 Out-of-Area & Out-of-State Transportation

10.4.1 Members may request NEMT services outside of the CCO's service area per OAR 410-141-3930. Each CCO, and by extension their contracted NEMT brokerage, is responsible for arranging transportation for any enrolled and eligible member, regardless of where the member's appointments may occur. Out of area transportation requests will be approved in the following cases:

- The member is receiving covered services that are not available in the CCO's service area
- The member is receiving covered services outside of Oregon, but the location is contiguous to the CCO's service area and no more than 75 miles from the Oregon border
- The member is receiving in-patient services at a facility outside the CCO's service area due to unavailability within the CCO's service area and the member requires additional covered services within the service area where the inpatient service facility is located
- The member is receiving covered services outside the State of Oregon because the required covered service is not available within Oregon.
- The Subcontractor determines that no local medical provider or facility will provide OHP-covered medical services for the member

10.4.2 Requests for out of area and out of state NEMT services may need to be reviewed for medical necessity. NEMT brokerages shall submit all such requests to CareOregon to verify whether there is a local healthcare provider that may serve the member's needs, and if the member has any required prior authorization(s) on file.

10.4.3 If a member may travel to an out of area or out of state appointment using their own vehicle or transportation, they may request reimbursement for travel expenses.

10.5 NEMT Requests & Authorizations

10.5.1 A second review may be needed to verify medical necessity for a member to be transported to a service that is located outside of their local service area. This will require a prior authorization to verify that there is not a local provider available who can perform this service. This is not the same as a prior authorization for the service.

10.5.2 Here are some criteria for NEMT prior authorizations:

- The member is receiving an OHP covered service that is not available in their CCO's Service Area, but is available elsewhere in the state,
- The OHP-covered service destination is no more than 75 miles from the Oregon border and is contiguous to the CCO's service area,
- The CCO determines that no local medical provider or facility will provide OHP covered services for the member,
- The member is receiving an OHP covered service outside of Oregon that is not available in Oregon.

10.5.3 Documentation for requested rides shall include but is not limited to:

- Member name and requester name, if applicable
- Member's Medicaid ID (also known as the member ID)
- Date and time for the requested trip
- Duration of the appointment, if known or applicable
- Time for requested return trip or additional trip legs, if applicable—examples may include:
 - Pharmacy stops
 - Durable medical equipment (DME) pickups
 - Trips to additional appointments
- Type of transportation service authorized for the member and a justification for authorizing transportation services above what would normally be required based on the member's mobility or other needs
- Pickup address information
- Destination address information
- The medical reason or purpose for the appointment
- Documentation of exceptions when a member is provided a transportation service when they have other resources or normally use another means of transportation
- Name of the transportation provider assigned to the trip
- Date and time the NEMT brokerage notified the providers of the trip assignment
- Name of the NEMT brokerage employee who approved the trip

10.5.4 All trips that are denied are required to have certain documentation requirements. Please see [Reports & Documentation](#) for more information about these requirements.

10.6 Mileage, Meals, & Lodging Reimbursement

10.6.1 Members may be reimbursed for mileage, meals, and lodging related to covered medical services, per OAR 410-141-3960. CareOregon permits NEMT brokerages to authorize reimbursement when the member requests services in advance of the medical appointment, however CareOregon may permit the brokerage to authorize reimbursement after the appointment as well.

10.6.2 NEMT brokerages shall not authorize reimbursement when the request is received more than 45 days after the travel, except where authorized by CareOregon.

10.6.3 Brokerages shall reimburse members for mileage, meals, and lodging at rates no less than those set in the Oregon Health Authority fee schedule for such services. The fee schedule is available on the Authority's website, and both CareOregon and the brokerage are responsible for knowing the updated rates. Brokerages are not required to reimburse members until the reimbursement amount reaches \$10 or more.

10.6.3.1 If approved by CareOregon, NEMT brokerages may authorize more than the current rate set by the Authority, whether for individual cases or generally based on reasonable market rate assessments.

- 10.6.4 Brokerages are responsible for developing a process and documentation requirements for members to request reimbursement after covered services have been provided. Brokerages may deny reimbursement requests when the member does not follow the documented process. Please see [Denials of Service](#) for more information.
- 10.6.5 Meal reimbursement may be authorized when a member travels:
- For a minimum of four hours round-trip; and
 - The travel spans the following meal times:
 - Breakfast: travel begins before 6 a.m.
 - Lunch: travel spans the entire period from 11:30 a.m. through 1:30 p.m.
 - Dinner: travel ends after 6:30 p.m.
- 10.6.6 Lodging reimbursement may be authorized when:
- A member is required to begin travel before 5 a.m. in order to reach a scheduled appointment
 - Travel from a scheduled appointment would end after 9 p.m.
 - The member's health care provider documents a medical need
- 10.6.7 However, CareOregon may permit the brokerage to reimbursement for meals or lodging under other circumstances.
- 10.6.8 Reimbursement for meals or lodging may be approved for one attendant, which may be a parent, to accompany the member if medically necessary, however additional attendants may be approved by CareOregon. This may apply if:
- The member is a minor child and unable to travel without an attendant;
 - The member's attending physician provides a signed statement indicating the reason an attendant must travel with the member;
 - The member is mentally or physically unable to reach their medical appointment without assistance; or
 - The member is or would be unable to return home without assistance after the treatment or service.
- 10.6.9 In some cases, overpayments may occur to a member for reimbursement. Recoupment for the overpayment may be made when the brokerage reimbursed the member for mileage, meals, and/or lodging and the member received reimbursement through another method. This may occur when:
- The member was paid through another resource;
 - Another resource paid the vendor directly for transportation, meals, or lodging
 - Reimbursement was paid and the member did not use the money for that purpose, did not attend the appointment, or shared the ride with another member who received reimbursement
 - The member was provided with public transportation passes or tickets, and the member sold or transferred the fare to another individual
- 10.6.10 Brokerages may reimburse the individual or entity that provided the ride, if someone other than the member or their parent or guardian provided the ride.

10.7 Volunteer Driver Program

- 10.7.1 Volunteer drivers may be used for NEMT services, in which volunteers drive their own vehicles. Volunteers are required to maintain the minimum credentialing requirements as other transportation providers, and may not be on any Medicaid exclusion lists. See [Credentialing](#) and [Medicaid Exclusions](#) for more information.
- 10.7.2 Volunteers are exempt from displaying company signage in the vehicle, but vehicles will be subject to the same inspection requirements as other NEMT transportation providers.
- 10.7.3 Volunteer drivers shall perform their functions under the direction of a legally constituted agency. While the volunteer's vehicle is in use for agency-directed business, the vehicle is considered a mobile work site and the volunteer an agent of the agency. The scope of the volunteer driver's relationship with the agency is limited to the purpose of transporting members for the NEMT brokerage.

11.0 Medically Urgent and Same-day Ride Requests

- 11.1 Members may request urgent and same-day trips; however, it is the responsibility of the NEMT call center to determine whether there is medical necessity to warrant scheduling the trip. Call center staff may ask members to reschedule their appointments and call back to schedule the trip when they are able to provide more advance notice.

11.2 What is Medical Necessity?

- 11.2.1 Medical necessity means figuring out what the most appropriate transportation option is for the member. The member could receive vehicle-provided rides if:
- They have a health condition that prevents them from using public transit or driving
 - Their mobility device needs a special vehicle
 - They need life sustaining support during transport
- 11.2.2 Members could also receive vehicle-provided rides if they don't have access to public transit or a vehicle.

11.3 How do members get approved?

- 11.3.1 Call center representatives will ask the member about how they currently get to their healthcare appointments. Call center representatives will also ask the member if they are able to use public transportation, or if they or someone else can drive them to their appointments. If the brokerage verifies the member needs a vehicle-provided ride, the brokerage will work with the member to find the most appropriate and least costly vehicle type.

11.4 How does the verification process work?

11.4.1 The brokerage will verify:

- The member's medical needs
- The member's access to public transit
- Whether the member or someone else can drive the member

11.4.2 We will not always need to contact the medical provider, but sometimes we'll ask them to:

- Verify appointments
- Provide more information about the member's transportation needs

11.4.3 Verification can help us get the member to the right place and ensure they are getting the mode of transportation that is best for them.

11.5 What if the member's needs change?

11.5.1 Sometimes a member's health condition or transportation access might change. This could be temporary or permanent. Members should contact the brokerage to re-determine their transportation needs.

12.0 Auditing & Verification

12.1 NEMT brokerages may audit and verify trips in a number of ways, but verification must be done both pre-trip and post-trip for 5% of all NEMT trips. Auditing and verification activities may include a review of claims data, pick-up and drop off times, and appropriate level of transport, among any other factors as needed. Details regarding NEMT brokerages' responsibilities in conducting audit and verification activities are outlined in [REF 0018 - NEMT Subcontractor Responsibilities and Deliverables Guide](#).

13.0 Member Satisfaction Surveys

13.1 CareOregon, in partnership with the CCO and NEMT brokerage, is responsible for conducting member satisfaction surveys on a regular basis as part of its quality assurance plan and program evaluation efforts. Details regarding CareOregon and NEMT brokerage responsibilities in managing surveys are outlined in the NEMT Subcontractor Responsibilities and Deliverables Guide.

14.0 Credentialing

14.1 Brokerages are responsible for verifying, auditing, and documenting that NEMT providers, their vehicles, and their drivers are appropriately credentialed and ready to provide NEMT services, in accordance with [OAR 410-141-3925 and 410-141-3510](#). Transportation providers may have payment withheld if services are provided without meeting the credentialing requirements. CareOregon may audit credentialing documents as needed to ensure NEMT Subcontractor compliance with all credentialing requirements.

14.2 The primary components of 410-141-3510 rule that brokerages will need to ensure providers meet include the following requirements:

- Providers need to be credentialed upon contracting with the NEMT brokerage, and maintain appropriate credentialing as required by the brokerage, with re-credentialing occurring no less frequently than every three years
- Providers must maintain all appropriate licensure and certifications according to their scope of transportation
- Providers may not be permitted to enter into NEMT contracts or provide services if the entity has been convicted of a felony or misdemeanor related to a crime or violation of federal or state laws under Medicare, Medicaid, or Title XIX (including a plea of “nolo contendere”, in which a conviction is accepted without admitting guilt)
- Providers cannot be contracted or provide services if they have been terminated from Medicaid services, excluded as a Medicaid or Medicare provider by any state or CMS, or are subject to exclusion from providing Medicaid or Medicare services
 - NEMT brokerages are also not permitted to make payments to providers after the date of a provider’s exclusion, conviction, or termination. Brokerages may, however, recoup payments if the brokerage later determines services were provided and paid after a provider’s exclusion, conviction, or termination.
 - Brokerages will review a provider’s staff on a monthly basis to determine whether any driver or staff member has been excluded from providing Medicaid services through conducting regular SAM & OIG checks
 - SAM: System for Award Management
 - OIG: Office of Inspector General
- Providers must maintain and retain all documentation related to trips and services provided for a minimum of 10 years after services were performed. See [Records Retention](#) for more information
- Ambulance providers, ambulance vehicles, or ambulance personal that are licensed and regulated by ORS Chapter 682 and OAR chapter 333, divisions 250, 255, 260 and 265, whether providing ambulance or stretcher transports are exempt from the above requirements. Relevant licensure and credentialing requirements will be confirmed using the state sponsored license verification website

14.3 Vehicle Equipment & Standards

14.3.1 NEMT Brokerage Subcontractors are responsible for ensuring that transportation providers meet all NEMT vehicle equipment requirements and standards. CareOregon may audit a sample of provider credentialing documents as part of its NEMT compliance plan. This section does not apply to ambulance providers or vehicles that are licensed and regulated by ORS Chapter 682 and OAR chapter 333, divisions 250, 255, 260 and 265, whether providing ambulance or stretcher transports.

14.3.2 NEMT vehicles must meet the following requirements per OAR 410-141-3925:

- The interior of the vehicle must be clean
- The NEMT provider shall not smoke, aerosolize or vaporize an inhalant or permit smoking, aerosolizing or vaporizing of an inhalant in the vehicle at any time
- The NEMT provider must comply with appropriate local, state, and federal transportation safety standards regarding safety and comfort.
- The vehicle must include the following safety equipment:
 - Safety belts for all passengers if the vehicle is legally required to provide safety belts
 - A first aid kit
 - A fire extinguisher
 - Roadside reflective or warning devices
 - A flashlight
 - Tire traction devices when appropriate
 - Disposable gloves
 - All equipment necessary to transport clients using wheelchairs or stretchers if the subcontractor uses the vehicle for these modes of transport.
- Vehicles must follow a preventative maintenance schedule that incorporates at least all of the maintenance recommended by the vehicle manufacturer. The vehicle must be in good operating condition and shall include, but is not limited to:
 - Side and rear-view mirrors
 - A horn; and
 - Working turn signals, headlights, taillights, and windshield wipers

14.3.3 Credentialing standards for NEMT vehicles include the following documents at minimum, to confirm compliance with the above administrative rule requirements:

- Valid vehicle registration
- Annual ASE mechanic inspection
- Annual ADA compliance inspection (wheelchair vans)

14.3.4 **Note:** NEMT brokerages are not responsible for requiring that subcontracted providers and vehicles meet the above requirements for NEMT vehicles or ambulances, if those transportation providers solely perform work in a state outside of Oregon.

14.4 Driver Training & Standards

14.4.1 NEMT Brokerage Subcontractors are responsible for ensuring that transportation providers meet all NEMT driver training requirements and standards. CareOregon may audit a sample of provider credentialing documents as part of its NEMT compliance plan. This section does not apply to ambulance providers or personnel that are licensed and regulated by ORS Chapter 682 and OAR chapter 333, divisions 250, 255, 260 and 265, whether providing ambulance or stretcher transports.

14.4.2 Transportation providers are required to verify drivers have and maintain the following items prior to hiring or contracting, per OAR 410-141-3925:

- The driver must have a valid driver license. The license must be the class of license with any required endorsements that permits the driver to legally operate the vehicle for which they are hired to drive pursuant to ORS chapter 807 and OAR chapter 735, division 062, or the applicable statutes of other states;
- The driver shall not be included on the exclusion list maintained by the Office of the Inspector General;
- The driver must pass a criminal background check in accordance with ORS 181A.195 and 181A.200, and OAR chapter 257, division 10.
 - If the driver is employed by a mass transit district formed under ORS Chapter 267, the driver must pass a criminal background check in accordance with ORS 267.237 as well as the mass transit district's background check policies.
 - Brokerages may have an exception process to the criminal background check requirement that may allow approval of a driver with a criminal background under certain circumstances.
 - The exception process must include review and consideration of when the crime occurred, the nature of the offense, and any other circumstances to ensure that the member is not at risk of harm from the driver.
 - Brokerages must have all exceptions reviewed and approved by CareOregon prior to allowing the driver to perform NEMT services. CareOregon will document all approvals made through the exception process for 10 calendar years, and will make exceptions available to the Oregon Health Authority as requested.
- Drivers must disclose any violation of a state drug law and their driving history, including any traffic violations, in accordance with the Consolidated Appropriations Act, 2021, Division CC, Title II, Section 209

14.4.3 Transportation providers must ensure that drivers receive training on their job duties and responsibilities when providing NEMT services. Minimum training required by the Oregon Health Authority includes the following:

- Understanding NEMT services in general, reporting forms, vehicle operation, requirements for fraud and abuse reporting, and the geographic area in which drivers will provide service;
- Completing the National Safety Council Defensive Driving course or equivalent within three months of the date of hire and at least every three years thereafter;
- Completing and maintaining certification for Red Cross-approved First Aid, Cardiopulmonary Resuscitation, and blood spill procedures courses or equivalent prior to driving any members;
- Completing the Passenger Service and Safety course or equivalent course within three months of the date of hire and at least every three years thereafter;
 - Courses and/or certification includes wheelchair securement and assisting passengers with disabilities
- Understanding the CCO's established procedures for responding to a member's needs for emergency care should they arise during the ride;

- Understanding of and compliance with all state driving and transportation laws;
- Level of service (e.g. door to door, curb to curb and/or hand to hand);
- How to assist passengers with disabilities or other special health care needs;
- And, how to serve passengers in a culturally aware manner.

14.4.4 Emergency Medical Technicians (EMT) may be hired as NEMT drivers by non-ambulance providers if the transportation provider:

- Verifies the individual's EMT license is current, is in good standing with the Oregon Health Authority, re-verifies the license annually
- Verifies the EMT is not on the Medicaid exclusion list maintained by the Office of the Inspector General
- Verifies the EMT has completed the National Safety Council Defensive Driving and Passenger Service and Safety courses or equivalent within three months of the date of hire and at least every three years thereafter
- Conducts its own criminal background check on the EMT in accordance with the requirements outlined above
- Completes the generalized NEMT training as outlined above: Understanding NEMT services in general, reporting forms, vehicle operation, requirements for fraud and abuse reporting, and the geographic area in which drivers will provide service

14.4.5 **Note:** NEMT brokerages are not responsible for requiring that subcontracted providers and drivers meet the above requirements for NEMT drivers or EMTs, if those transportation providers solely perform work in a state outside of Oregon.

14.5 Transportation Provider Insurance Requirements

14.5.1 NEMT brokerages are required to ensure transportation providers meet and maintain all required local, state, and federal liability insurance standards and requirements, as well as any insurance requirements described in the contracted agreement. Brokerages reserve the option to suspend or terminate the provider agreement based on failure to maintain insurance.

14.5.2 Transportation providers are required to submit proof of insurance to the brokerage before providing NEMT services, upon renewal of insurance policies, and for any changes to the policies. If a provider does not submit the appropriate documentation or there is a lapse in insurance, the brokerage may temporarily stop assigning trips to the provider. Any trips that were previously assigned during a time in which the provider does not have insurance coverage will be removed from the provider's schedule. Trips will only be reassigned once the provider has demonstrated that they have the appropriate insurance again.

14.5.3 If a provider is unable to resolve the insurance lapse, a brokerage may then move to suspension or termination of the contract.

14.5.4 CareOregon may audit a sample of provider insurance documents as part of its NEMT compliance plan.

14.6 Driver Performance

14.6.1 CareOregon requires that all NEMT brokerages work with transportation providers to identify and resolve possible driver performance issues in order to meet contractual standards. NEMT brokerages shall have transportation providers proactively provide scheduled and ad hoc training for all drivers, and for those drivers who have been identified to not meet minimum standards as identified in the provider contract.

14.6.2 If a provider is unable to resolve issues with driver performance, NEMT brokerages may terminate their eligibility with the program.

14.7 Medicaid Exclusions

14.7.1 NEMT brokerages must not permit any person or entity to be a subcontractor if the person or entity is listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal Procurement or Non-Procurement Programs" in accordance with Executive Orders No. 12549 and No. 12689, "Debarment and Suspension". (See 45 CFR part 76.) This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than Executive Order No. 12549.

14.7.2 NEMT brokerages are required to demonstrate their exclusion status prior to being awarded a contract and on a monthly basis for all staff and subcontracted providers and drivers. Transportation providers shall be required to provide a current list of owners and employees on a monthly basis with sufficient identifying information to allow the brokerage to conduct a debarment and suspension check.

14.7.3 NEMT services may not be managed, scheduled, or provided by any staff member, subcontractor, or other entity that has been

- Terminated from Medicaid;
- Excluded as a Medicaid provider by another state;
- Excluded as Medicare/Medicaid providers by CMS; or
- Subject to exclusion for any lawful conviction by a court for which the provider could be excluded under 42 CFR 1001.101.

14.7.4 CareOregon and the NEMT brokerages may not accept invoices, and shall be responsible for recouping any monies paid, for services provided to members after the date of the entity's exclusion, conviction, or termination.

14.7.5 Any NEMT brokerage staff member, or transportation provider or driver, that is found to be an excluded individual or entity will no longer be permitted to participate in any brokerage activities. This may include termination of contracts or employment, depending on the circumstances.

15.0 Accidents, Incidents, & Other Reporting

15.1 CareOregon requires that all NEMT brokerages and transportation providers adhere to Oregon Health Authority requirements for accidents and incident reporting. Each brokerage needs to have clear policies and procedures for handling incidents, particularly those that involve injury to the member or driver; or abuse or alleged abuse by a driver. Brokerages are required to submit their policies and procedures to CareOregon to ensure adherence to CCO contract requirements.

15.2 Accident & Incident Reporting Procedure

15.2.1 NEMT brokerages will ensure that any transportation provider involved in any accident or incident involving a driver or passenger injury or fatality, or incidents involving abuse or alleged abuse by the driver reports the incident or accident to CareOregon. CareOregon is required to report these incidents to the CCO and OHA.

Accidents and incidents will be reported as follows:

- Drivers are required to notify their company dispatch immediately after any accident or incident
- Subcontracted transportation providers are required to notify the NEMT brokerage dispatch team, and shall include a written report no later than twenty-four (24) hours after the initial notification
- NEMT brokerages shall notify CareOregon of the accident or incident once all required information has been gathered
- The following information will be included in all incident reports sent to the CCO and Oregon Health Authority as soon as possible and added as soon as possible if not immediately available:
 - Member first and last name
 - Member Medicaid ID number
 - Driver first and last name
 - Transportation company name
 - Location of Incident, including street and cross street information
 - Date and time of Incident
 - Description of Incident, including any injuries sustained as a result of the Incident and whether the driver or member required treatment at a hospital
 - Police report number, if filed and available. If police report is filed, then a full copy of the report needs to be provided to OHA as soon as possible
- Additionally, CareOregon will document in the report the date and time that the brokerage submitted notification of the incident or accident to CareOregon.
- CareOregon shall send email notification via an Administrative Notice to OHA, or to the CCO where applicable, within two (2) business days of being notified of an incident. CareOregon will use the reporting template, if any, provided by OHA on the CCO Contract Forms Website.

15.2.2 All NEMT Subcontractors and transportation providers shall cooperate fully in any related investigations, including requiring drivers to undergo drug and alcohol testing, additional training, or other preventive or mitigative measures as identified or required.

15.3 Transportation Provider Responsibility

15.3.1 Transportation providers have an obligation to notify the NEMT brokerage or manager immediately after they learn of an accident or incident involving a member. Providers shall use the pre-identified escalation path to notify the appropriate party at the brokerage and follow up with documentation of the incident within 24 hours after it occurred. Notification should include, at minimum, the items in the above Administrative Notice requirements list, but should also include the following:

- Vehicle identification (e.g. license plate or vehicle number)
- Names of any additional parties involved (e.g. full name of any other driver(s) involved in the accident, witnesses, etc.)
- Description of other vehicle(s) involved, if applicable
- Other vehicle's insurance company name & policy number
- Road conditions at time of incident

15.3.2 Per Oregon State law, drivers must submit an accident reporting form to the Oregon DMV within 72 hours of the accident in any of the following circumstances:

- Damage to the provider's vehicle is over \$2,500
- Injury (no matter how minor)
- Death/fatality
- Damage to any one person's property over \$2,500
- Any vehicle has damage over \$2,500 and any vehicle is towed from the scene as a result of damages

15.3.3 Failure to submit the accident reporting form within that time period may result in suspension of the driver's license and privileges, which would cause the driver to be removed from NEMT services until or unless the suspension is resolved.

15.3.4 Preventable collisions with minimal property damage, less than a percentage of the insurance deductible, AND where no personal injuries are sustained, can be evaluated and may be considered for elimination from inclusion with preventable collisions counted against the driver.

15.4 Documentation

15.4.1 NEMT brokerages shall require transportation providers to provide unbiased third-party accounts of any incidents. Documentation may include police statements, a record of the other party's insurance paying for damages, and a narrative description signed by the driver. Copies of all documentation must be submitted by the transportation provider to the NEMT brokerage within the contracted timeframe. The NEMT brokerage may require the provider to use a specific incident report to contain all details necessary for adequate reporting.

15.4.2 Determination

15.4.2.1 After every accident or collision, the brokerage is responsible for determining, to the extent of their ability and information available, whether it was preventable or non-preventable. The brokerage is required to gather as much information and documentation to make a determination regarding the driver's ability or inability to have prevented the accident.

15.4.2.2 If, after evaluation of the submitted documentation, the brokerage determines the incident was preventable, the brokerage may document the incident against the driver. If there are enough incidents that demonstrate a pattern, the driver may no longer be eligible to transport the brokerage's members. The brokerage may establish an appeal option if the transportation provider determines there is adequate supporting information to maintain driver eligibility.

15.5 Incidents in an Ambulance

15.5.1 If an accident or incident occurs while a member is being transported by an ambulance provider, a licensed EMT may practice their licensure and provide medical services to the member. EMTs not employed by ambulance providers may only provide medical services in the case of an accident if the requirements outlined in [Driver Training & Standards](#) as related to EMTs are met, and the transportation provider employs a clinical supervisor to the EMT.

15.6 Mandatory Reporting

15.6.1 CareOregon and NEMT brokerages will comply with mandatory reporting requirements in reporting known or suspected abuse. CareOregon and NEMT brokerages report different types of known or suspected abuse to the appropriate authorities.

15.6.2 If evidence of child abuse, neglect, or threat of harm is encountered it is reported to DHS Child Protective Services or law enforcement officials in full accordance with mandatory Child Abuse Reporting law (ORS 419B.005 to 419B.045). If law enforcement is notified, the reporter (CareOregon or the NEMT brokerage) will notify the referring caseworker within 24 hours. If there are any questions as to whether an incident meets the definition of child abuse or neglect DHS Child Protective Services will be contacted.

15.6.3 CareOregon and NEMT brokerages will comply with all protective services, investigation and reporting requirements described in any of the following laws:

- OAR Chapter 407, Divisions 45 to 47 (abuse investigations by the Office of Training, Investigations and Safety [OTIS])
- ORS 430.735 through 430.765 (abuse reporting for adults with mental illness or developmental disabilities, including adults receiving services for a substance use disorder or a mental illness in a residential facility or a state hospital)
- ORS 124.005 to 124.040 (elderly persons and persons with disabilities abuse)
- ORS 441.650 to 441.680 (residents of long-term care facilities)
- ORS 418.257 to 418.259 (child in care of a Child-Caring Agency, residential facilities for children with intellectual/developmental disabilities and child foster homes)

15.6.4 Contractor shall report suspected Adult Abuse, neglect or financial exploitation as follows:

- Adults with developmental disabilities to the local county developmental disability program
- Adults with mental illness to the local county mental health pr
- Patients of the Oregon State Hospital or residents of Substance Use Disorder treatment facilities to DHS OTIS
- Elder Abuse to the local DHS Aging & People with Disabilities office or Area Agency for Aging
- Nursing facility residents to the DHS Nursing Facility Complaint Unit
- Or by calling 1-855-503-SAFE (7233). This toll-free number allows a report of abuse or neglect of any child or adult to be reported to DHS

15.6.5 If past allegations of abuse are reported CareOregon and NEMT Subcontractors will work the appropriate authorities to determine if the report was submitted previously.

16.0 Denials of Service

16.1 Any denial of service must be done in accordance with OARs 410-141-3835, 410-141-3875 through 410-141-3910, 410-141-3920, 410-141-3930, and 410-141-3940 through 410-141-3960. NEMT brokerages may deny transportation requests by members for a variety of reasons, primarily due to issues related to eligibility or non-covered services. Requests may also be denied if a member is requesting transportation but has other available resources. All denials must be documented in the scheduling system, regardless of the reason.

16.2 In every case a trip may be denied, the NEMT brokerage is required to conduct a secondary review by staff with appropriate expertise with covered services and NEMT compliance to verify the denial is warranted prior to notifying the member the trip will be denied. Additionally, the secondary reviewer cannot be a subordinate to the primary reviewer. Each trip must be document as a denial, with the denial reason and applicable Oregon Administrative Rule (OAR) cited. Members must be notified of the denial either during the call requesting the trip or at the time of the denial decision, if the decision is made after the trip request. Brokerages are responsible for issuing a notice of adverse benefit determination (NOABD) for trips that have been denied, within 72 hours of the decision.

16.3 Per OAR 410-141-3920, NOABD letters must be sent to:

- A member denied a ride; and
- The healthcare provider with which the affected member was scheduled for an appointment, if the provider is part of the CCO's provider network and requested the transportation on the member's behalf

16.4 CareOregon will assist the NEMT brokerage with identifying whether the healthcare provider is part of the CCO's provider network, where needed.

16.5 In every case in which a member's service is denied, a member has the right to appeal the denial. See [Appeals](#) for more information about this process.

16.6 Denial Reasons & Applicable OARs

16.6.1 For each denied trip, the Notice of Adverse Benefit Determination (NOABD) letter must contain the reason for denial with the applicable administrative rule (OAR) cited. Possible denial reasons may include the following, or a combination thereof:

- The member requested a trip for a service not covered by the Oregon Health Plan or the member's CCO
- The member has other resources or alternative options to get to their appointment
- Transportation was requested to a court-ordered appointment
- Requested services were outside the local area when there was a provider in the area that could provide the care the member needs, or the member requested out of area services based solely on preference
- The member requested reimbursement without receiving prior approval, did not submit the appropriate paperwork to prove attendance at the appointment, or requested reimbursement more than 45 days after the appointment date
- The member requested NEMT services outside the local service area based solely on preference or convenience
- Reimbursement was requested by a member when there was other funding or resources available, or the member traveled with another member who was reimbursed for the same trip

16.7 Reports & Documentation

16.7.1 Per OAR 410-141-3965, CCOs are required to maintain documentation of trips denied and provided to members. NEMT brokerages shall gather data related to denials and services provided per the cadence of any reporting required by CareOregon. Additional reports or information may be requested at times by the Oregon Health Authority or CareOregon.

16.7.2 Documentation and data gathered for NEMT services provided will include, at minimum:

- All encounter data required in the current CCO contract
- Names of the company and driver transporting the member

16.7.3 Documentation and data gathered for NEMT services denied will include, at minimum:

- The name of the member and the individual requesting the ride on behalf of the member, if applicable
- The member's OHP member identification number (member ID)
- The date and time of the request for transportation
- The name of the employee who denied a ride
- The name of the employee who performed the secondary review before denying the ride
- The reason for the denial and the applicable OAR supporting the denial
- The date on the notice of action the brokerage mailed to the member
- Documentation on the review, resolution, or disposition of the matter, if applicable, including the reason for the decision and the date of the resolution or disposition
- Notations of oral and written communications with the member

17.0 Grievances & Appeals

- 17.1 Brokerages are not only responsible for developing policies and procedures related to filing and processing complaints and grievances, but they are also responsible for informing members, both orally and in writing, about their right to file a grievance or request an appeal. Procedures for how members can file a grievance or request an appeal should be provided to members in the member handbook. Brokerages may transfer the caller or provide the CCO's customer service number if the member requests a copy of the member handbook.
- 17.2 CareOregon will supply its NEMT Subcontractors with information about CCO grievance and appeal systems annually upon policy update, as well as upon request. This information includes, but is not limited to: CCO policies and procedures related to member grievances and appeals; and CCO member grievance, grievance acknowledgement, and NOABD letter templates. NEMT Subcontractors may request this information by emailing:
- *NEMTDeliverables@careoregon.org*
 - *MedicalTransportation@careoregon.org*
- 17.3 Members, member representatives, or a member's parent or guardian are permitted to file a grievance at any time concerning the NEMT services they received. Any grievance filed should include the following as it is related to NEMT services:
- Driver or vehicle safety
 - Quality of services
 - Interactions with NEMT providers or NEMT drivers, such as rudeness
 - Access to services
 - Consumer rights
- 17.4 Dissatisfaction about a denial of service is not considered part of the grievance process and should be managed through the appeal process.
- 17.5 In addition, brokerages must monitor and document all complaints regarding NEMT services that relate to any incidence of a driver failing to show up for a requested transport. Follow up should occur for all complaints that includes, at minimum, the following documentation:
- Determining whether the member suffered any harm as a result of the driver's failure to provide the ride
 - Whether rescheduling the appointment was or is necessary
 - Whether any additional recourse or corrective action with the driver or the subcontracted NEMT provider is appropriate
- 17.6 NEMT Subcontractors will establish a process to identify complaints regarding driver no shows, and will review individual no show incidents and trends with transportation providers. Subcontractors and transportation providers will remedy driver no show incidents where the root cause analysis identifies that the issue was within the provider and/or driver's ability to prevent. If the root cause was not related to a transportation provider or driver issue, further action will be taken to identify whether process improvement efforts may prevent further recurrences.

- 17.7 Brokerages may not preclude members from making complaints or grievances that have been made previously or from filing or submitting the same complaint or grievance to both the brokerage and the CCO, if the grievance was not resolved to the member’s satisfaction.
- 17.8 The grievance system that a brokerage uses must comply with state and federal statutes and regulations. The system must include a process for documenting, responding to, and addressing or resolving all complaints and grievances related to NEMT services.
- 17.9 Brokerages must ensure that grievances are documented, investigated, and resolved within 5 business days from the date the grievance was filed. If brokerages need additional time to investigate and resolve a grievance, they must send a written notice to the member stating the specific reason the additional time is necessary and that a 30-day extension has been applied to their grievance. Grievances must be responded to in writing, regardless of how the grievance was submitted. Grievances may be responded to orally in addition to being provided in writing. Any grievance sent in writing must comply with format requirements and readability standards.
- 17.10 NEMT brokerages will take part in any investigations or requests that originate from such bodies as the Department of Human Services Governor’s Advocacy Office, the Oregon Health Authority’s Ombuds office, and the CCO. The brokerage and its transportation providers will cooperate and ensure they provide all requested documentation and investigation materials related to the member’s grievance, appeal, or hearing requests within the timeframe requested.
- 17.11 More information about CareOregon and NEMT Subcontractor monitoring practices may be found in [Quality Assurance & Improvement](#).
- 17.12 **Grievance Response Requirements**
- 17.12.1 NEMT brokerages must notify all members of the decision related to each grievance. The response may be provided orally if the grievance was submitted orally, however written response notification shall take place in addition to the oral response. If the grievance was submitted in writing, the grievance response shall also be in writing, but an oral response may take place in addition to the written response. All notifications of grievance decisions, whether oral or written, are required to be made in the member’s preferred language.
- 17.12.2 Grievance responses must also address all aspects of the grievance, and explain the reason for the decision or resolution that was made. A response must take place within five business days, even if only to acknowledge that more time is needed to investigate and resolve the grievance.

17.13 Grievances & Member Rights

17.13.1 Members have specific rights regarding the filing of a grievance. NEMT brokerages shall provide members with reasonable assistance in completing any necessary forms or following procedural steps when filing a grievance. Reasonable assistance may include:

- Assistance from certified professionals where needed
- Interpreter or translation services at no cost
- Auxiliary aids and services, such as TTY/TTD
- Reasonable accommodation or policy & procedure modifications if a member's disability requires it

17.13.2 NEMT brokerages and transportation providers may not discourage members from filing a grievance or appeal, or encourage a member to withdraw a grievance or appeal that was previously filed. All parties included in the grievance filing and investigation shall not be subject to retaliation by the NEMT brokerage and/or its transportation providers.

17.13.3 Members have the right to access any additionally available forms related to the grievance or appeal process. NEMT brokerages can utilize OHA's online resource to advise members of their rights to access additional information.

17.13.3.1 [Oregon Health Plan \(OHP\) Member Complaints and Appeals](#)

17.13.4 The full list of member rights & responsibilities may be found at the beginning of this document in the following sections:

- [Member Rights](#)
- [Member Responsibilities](#)

17.14 Appeals

17.14.1 Members may request an appeal when NEMT services are denied, either orally or after they receive a notice of adverse benefit determination (NOABD). NOABD letters must include information regarding the member's right to appeal. If a member expresses a desire to appeal a denied service, the NEMT brokerage shall work with the CareOregon Appeals team to escalate the appeal request through the identified channels to begin the oral appeal process.

17.14.2 If the member's NEMT services were denied and they were not notified of the denial and/or did not receive the required NOABD, the NEMT Subcontractor is responsible for re-sending the document in the manner of the member's choosing so the member may file an appeal with their CCO.

17.14.3 Appeals are handled by CareOregon on behalf of the CCO, and the NEMT brokerage is required to submit any requested documentation within the timeframe identified by the CareOregon Appeals team to meet the appeal process timelines outlined in OAR 410-141-3875 through 410-141-3910.

17.14.4 CareOregon and the brokerage will make a determination regarding whether the denial of services will be upheld or overturned, and document the appeal and resulting decision in the member's record.

17.15 Contested Case Hearings

17.15.1 Members have the right to request a contested case hearing with the Oregon Health Authority within 60 days from the date of receiving notice that the CCO has upheld the adverse benefit determination. CareOregon may request information from the NEMT brokerage regarding a grievance or denial of service as related to a member appeal or contested case hearing.

17.16 Continuation of Benefits

17.16.1 While a member's appeal or request for a contested case hearing is pending, they may be entitled to continue receiving NEMT services per OAR 410-141-3910. CareOregon will advise the brokerage whether services must be continued while an appeal or hearing request is pending, so the brokerage may work with the member to reinstate NEMT services. The services must continue until the one of the following occurs:

- In the case an appeal is requested, the member does not request a hearing and continuation within 10 calendar days after the notice of appeal resolution (NOAR) is sent
- The member withdraws the appeal or request for hearing
- A final order resolves the hearing

17.16.2 In the case that the denial is overturned and services were not provided while the appeal or hearing was pending, CareOregon will work with the brokerage to authorize NEMT services to be reinstated, no later than within 72 hours of when notice of the reversed decision was received.

18.0 Quality Assurance & Improvement

18.1 NEMT brokerages are responsible for performing a variety of quality assurance and improvement functions. CareOregon shall develop, in collaboration with NEMT Subcontractors, procedures to monitor and improve the quality of transportation provided to members.

18.2 Call Monitoring & Auditing

18.2.1 NEMT brokerage call centers must record all incoming and outgoing calls from their NEMT call and dispatch centers, for quality control, program integrity, and training purposes.

Call monitoring and audit requirements should include the following for individual calls:

- Monitor and audit at least one percent (1%) of calls to/from the NEMT Call Center on a monthly basis. Details related to call audits are outlined in the NEMT Subcontractor Responsibilities and Deliverables Guide.
- Offer a message regarding calls being recorded for quality and training purposes on either the telephonic system or as stated by the customer service representative to each caller
- Records a statistically valid sample of incoming and outgoing calls to/from the NEMT Call Center for quality control, program integrity, and training purposes.
- Develop or maintain a tool for auditing calls, which shall include components to be audited and the scoring methodology, to identify potential training or quality control issues

- Document and retain results of this monitoring and subsequent training
- Collect and document data and produce quarterly and ad hoc reports required under both the CCO contract and OAR 410-141-3965

18.2.2 Call monitoring components for the NEMT call center shall include the following items, at minimum:

- Opening greeting
- Caller information verified & documented (if different than the member)
- Member information verified & documented
- HIPAA verification
- Customer service representative professionalism
- Information provided & call correctly noted
- Trip scheduling accuracy
- Closing & transfers

18.2.3 Call monitoring components for the NEMT dispatch call center may differ from the above list but must still adhere to the audit requirements.

18.2.4 Details related to call metrics and audit monitoring are outlined in [REF 0018 - NEMT Subcontractor Responsibilities and Deliverables Guide](#).

18.3 Grievance Monitoring & Auditing

18.3.1 CareOregon requires its NEMT brokerages to submit regular monthly reports to evaluate grievance trends and timeliness. These monthly reports allow for the CareOregon NEMT Team to sample grievances to determine compliance with all quality assurance and grievance requirements.

18.3.2 Feedback is provided to each NEMT Subcontractor regarding their monthly reports and grievance samples. Such feedback will include a review of current trends and any potential process improvement efforts. This may include processes related to grievance intake, documentation of grievances, investigation, timeliness in response and/or extension letters, resolution letters, and other items as needed.

18.3.3 Details related to grievance monitoring are outlined in [REF 0018 - NEMT Subcontractor Responsibilities and Deliverables Guide](#).

18.4 NOABD Monitoring & Auditing

18.4.1 CareOregon requires its NEMT brokerages to submit regular monthly reports to evaluate denial and NOABD trends and timeliness. These monthly reports allow for the CareOregon NEMT Team to sample NOABD letters to determine compliance with all quality assurance and NOABD notice requirements.

18.4.2 Feedback is provided to each NEMT Subcontractor regarding their monthly reports and NOABD samples. Such feedback will include a review of current trends and any potential process improvement efforts. This may include processes related to call center evaluation of covered services or locations, documentation of denials, timeliness in NOABD letters, and other items as needed.

18.4.3 Details related to NOABD monitoring are outlined in [REF 0018 - NEMT Subcontractor Responsibilities and Deliverables Guide](#).

18.5 Credentialing & Network Monitoring

18.5.1 CareOregon will evaluate the success of each brokerage’s credentialing and network monitoring efforts by periodically requesting samples of credentialing documents from their transportation provider networks.

18.5.2 Details related to credentialing and network monitoring are outlined in the NEMT Subcontractor Responsibilities and Deliverables Guide.

18.6 Records Retention

18.6.1 All brokerages need to collect and maintain documentation in the NEMT scheduling software of NEMT services provided and denied NEMT services provided to members, including at minimum the following items for each trip:

- Trip ID
- Member ID
- Destination address
- Reason for trip request (service reason)
- Incidents of driver or member no shows

18.7 As described in section “Auditing & Verification” of this document, NEMT brokerages shall ensure adequate record retention in order to conduct regular payment and billing processes, and audit and verification activities. Brokerage and all subcontractors are required to maintain documentation for as long as contractually required (10 years per OAR 410-141-3965). **Service Modifications**

18.7.1 Members may have their NEMT services modified per the requirements outlined in OAR 410-141-3955. Services may be modified if there is a “direct threat”, which per the administrative rule means a significant risk to the health or safety of others which:

- Cannot be eliminated or reduced to an acceptable level through the provision of auxiliary aids and services or through reasonably modifying policies, practices, or processes; and
- Is identified through an individual assessment that relies on current medical evidence or the best available objective evidence which shows:
 - The nature, duration, and severity of the risk;
 - The probability that a potential injury will actually occur; and
 - Whether reasonable modification of policies, practices, or processes will lower or eliminate the risk.

18.7.2 Service modifications may be implemented when the member:

- Threatens harm or presents a direct threat to the driver or others in the vehicle
- Engages in behaviors or circumstances that place the driver or others in the vehicle at risk of harm
- Engages in behavior that causes local medical providers or facilities to refuse to provide further services without modifying NEMT services
- Frequently does not show up for scheduled rides, or frequently cancels rides on the date of service
- Exhibits chronic lateness

18.7.3 CareOregon and NEMT subcontractors are responsible for drafting policies and procedures for ensuring the safety of all passengers and drivers in NEMT vehicles, and such policies should be provided to brokerages and transportation providers for implementation. Brokerages may, with CareOregon's review and authorization, develop a passenger safety policy or code of conduct for members to outline expectations regarding safe and appropriate behavior when requesting and being provided with NEMT services. These policies and procedures will be included in the member handbook and posted online.

18.7.4 NEMT brokerages must comply with all non-discrimination and modification rules and may not implement discriminatory criteria or standards when developing modification procedures, except where authorized in administrative rule.

18.7.5 **Member Requested Modifications**

18.7.5.1 A member may request modification of NEMT services when the NEMT driver:

- Threatens to harm the member or others in the vehicle;
- Drives or engages in other behavior that places the member or others in the vehicle at risk of harm; or
- Presents a direct threat to the member or others in the vehicle.

18.7.5.2 Members may also request modifications based on special conditions or needs, which may include physical and/or behavioral health disabilities. These needs, whether temporary or permanent, will be noted in the member's profile to ensure appropriate approval and assignment to the transportation mode needed for each member.

18.7.6 Reasonable Modifications

18.7.6.1 Reasonable modifications to NEMT services may be implemented whether the member requested the modification or if the member has engaged in behavior that warrants modification. Such modifications may include, but are not limited to, requiring members to:

- Use a specific transportation provider;
- Travel with an attendant;
- Use public transportation where available;
- Drive or locate someone to drive the member and receive mileage reimbursement; and
- Confirm the ride with the NEMT provider on the day of or the day before the scheduled ride.

18.7.7 Implementation of Service Modifications

18.7.7.1 NEMT brokerages must establish clear policies and procedures for implementation of member service modifications. These must include communication to the member of the accommodation or modification with written confirmation of the modification.

18.7.7.2 Service modifications policies and procedures must include the following elements before modifying services:

- Communicate with the member about the reason for imposing a modification
- Engage with the member to explore options that are appropriate and consider the member's needs
- Address any health and safety concerns

18.7.7.3 Brokerages may not implement service modifications in such a way as to result in denial of services, or be unreasonable in nature, and must provide an appropriate alternative to ensure the continuation of NEMT services in some manner. Communication regarding the modification may include the member, someone from the member's care team, or any other individual of the member's choosing.

18.7.7.4 Service modification requests that are based on disability or other protected class status under state or federal rule or law must comply with the Americans with Disabilities Act and all other applicable state and federal laws and rules.

19.0 Revision History

Version	Change Summary
1.0	Document Creation.
2.0	Updates to capture 2026 CCO contract changes, as well as removal of content now housed in the NEMT Subcontractor Responsibilities and Deliverables Guide.

20.0 References

20.1 CareOregon Policies & Procedural Documentation:

- [PLC 0001- NEMT: Benefit Determinations](#)
- [PLC 0002- NEMT: Call Center Operations](#)
- [PLC 0003- NEMT: Disaster Preparedness and Emergency Planning](#)
- [PLC 0004 - NEMT: Encounter Data Validation, Program and Payment Integrity](#)
- [PLC 0006 - NEMT: Grievance & Appeals System](#)
- [PLC 0007- NEMT: Incidents & Accidents Reporting](#)
- [PLC 0008 - NEMT: Member Communications & Materials](#)
- [PLC 0010- NEMT: Pick up & Delivery](#)
- [PLC 0011- NEMT: Quality Assurance](#)
- [PLC 0012- NEMT: Ride Assignment & Dispatch Management](#)
- [PLC 0013- NEMT: Secure Transports](#)
- [PLC 0014- NEMT: Transportation Network Management](#)
- REF 0017- NEMT Provider Manual
- [REF 0018 - NEMT Subcontractor Responsibilities and Deliverables Guide](#)

20.2 State of Oregon- Oregon Health Plan Services Contract: Coordinated Care Organizations

- Updated CCO contract templates are found on OHA’s website:
<https://www.oregon.gov/oha/hsd/ohp/pages/cco-contract-forms.aspx>

20.3 Oregon Administrative Rules (OARs)

- NEMT: 410-141-3920 – 410-141-3965
- Provider Contracting & Credentialing: 410-141-3510
- Record Keeping & Use of Health Information Technology: 410-141-3520
- Service Authorization: 410-141-3835
- Grievances & Appeals: 410-141-3875 – 410-141-3915
- Child Caring Agency License: 413-215-1101 – 413-215-1146