

NC MEDICAID NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) PROVIDER/BROKER ATTESTATION FORM

This Attestation documents compliance by NEMT provider(s) and broker(s) with federal statutory minimum requirements for NEMT providers and drivers and serves as an acknowledgment that NEMT provider(s) and broker(s) have read and understand the safety and risk management requirements specified in the NC Medicaid Direct and Medicaid Managed Care NEMT policies compliance.

Federal Provider and Driver Requirements

The organization receives or intends to receive payments under the North Carolina Medicaid State Plan for non-emergency transportation services and meets the following requirements specified in Section 1902(a)(87) of the Social Security Act, 42 U.S.C. § 1396a(a)(87), including the requirements applicable to individual drivers that may be employed by the :

- A) Neither the provider or any individual driver employed by the provider are excluded from participation in any federal health care program (as defined in section 1128B(f) of the Social Security Act) and are not listed on the exclusion list of the Inspector General of the Department of Health and Human Services.
- B) Each individual driver employed by the provider has a valid driver's license.
- C) The provider has in place a process to address any violation of a State drug law.
- D) The provider has in place a process to disclose to NC Medicaid the driving history, including any traffic violations, of each individual driver employed by the provider.

Driving History Disclosures to NC Medicaid

In accordance with federal law and upon request by NC Medicaid, providers are required to use the NCTracks Manage Change Request (MCR) process to disclose the driving history, including traffic violations, of any driver employed by the provider by submitting an MCR through the status and management page of the provider's record in the NCTracks secure provider portal located at <https://www.nctracks.nc.gov/ncmmisPortal/loginAction?flow=PP>. For additional help, providers may contact GDIT through the Call Center at 800-688-6696, by fax at 855-710-1965, or by email at nctracksprovider@nctracks.com.

Safety and Risk Management Requirements

The NC Medicaid Direct and Medicaid Managed Care NEMT Policies outline specific safety and risk management requirements for NEMT brokers and provider organizations participating in one or both programs, including maintaining processes, policies and/or procedures related to the following:

- verifying and documenting valid licensure for all drivers;
- verifying and documenting valid and proper licensure for vehicles;
- verifying current vehicle registration/inspections;
- obtaining and reviewing driving records, including conducting ongoing driver screenings for traffic violations;
- ensuring maintenance of sufficient liability insurance;
- conducting periodic alcohol and drug testing;
- conducting criminal background checks;
- documenting and resolving beneficiary complaints;
- handling and reporting incidents involving drivers, including beneficiary emergencies, vehicle breakdowns, accidents, and service delays; and
- conducting annual reviews of compliance with the safety and risk management requirements set forth in the applicable NC Medicaid NEMT Policy.

The undersigned attests that the provider organization complies with all applicable NEMT provider and driver requirements specified in Section 1902(a)(87) of the Social Security Act, 42 U.S.C. § 1396a(a)(87). The undersigned further attests that the organization has read and understands the safety and risk management requirements specified in the applicable NC Medicaid Direct and/or Medicaid Managed Care NEMT policy and acknowledges that the organization has an ongoing obligation to comply with all applicable safety and risk management requirements specified in the applicable policy. The undersigned further acknowledges and understands that any material misrepresentation made to NC Medicaid regarding this Attestation may result in an investigation by NC Medicaid and/or impact the organization's eligibility to participate in the NC Medicaid NEMT program.

Printed Name of Office Administrator: _____

Signature of Office Administrator: _____

Date: _____