

ASSEMBLY, No. 985

STATE OF NEW JERSEY

222nd LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2026 SESSION

Sponsored by:

Assemblywoman CAROL A. MURPHY

District 7 (Burlington)

SYNOPSIS

"Medicaid Transportation Brokerage Program Oversight and Accountability Act"; establishes vehicle, staffing, and performance standards, and review and reporting requirements for non-emergency medical transport provided under State's non-emergency medical transportation brokerage program.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning non-emergency medical transport provided
2 under the State's non-emergency medical transportation
3 brokerage program, and supplementing Title 30 of the Revised
4 Statutes.

5
6 **BE IT ENACTED** *by the Senate and General Assembly of the State*
7 *of New Jersey:*

8
9 1. This act may be known, and shall be cited as, the "Medicaid
10 Transportation Brokerage Program Oversight and Accountability
11 Act."

12
13 2. As used in this act:

14 "Covered medical service" means a physical or behavioral health
15 care service that is provided to a Medicaid beneficiary and is
16 eligible for reimbursement under the State Medicaid program.

17 "Department" means the Department of Human Services.

18 "Initial trip" means the transport of a Medicaid beneficiary to a
19 medical provider for the purposes of receiving a covered medical
20 service.

21 "Livery vehicle" means a chauffeured vehicle, other than a
22 mobility assistance vehicle, which is used to transport ambulatory
23 Medicaid beneficiaries to and from health care providers to receive
24 covered medical services. "Livery vehicle" includes, but is not
25 limited to, a clinic van, a paratransit van, or a wheelchair van.

26 "Medicaid program" means the State Medicaid program
27 established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

28 "Non-emergency medical transportation broker" or "broker"
29 means a corporate entity, which has been in business a minimum of
30 five years, or an adult medical day care center, which is contracted
31 by the department, and is responsible for: developing and
32 maintaining a non-emergency medical transport provider network
33 for use by Medicaid program beneficiaries; verifying beneficiary
34 eligibility for non-emergency medical transport; determining and
35 authorizing the appropriate mode of transport for each beneficiary
36 on the basis of medical necessity; and dispatching an appropriate
37 provider vehicle to transport the beneficiary.

38 "Non-emergency medical transportation brokerage contract"
39 means the contract that is executed between the department and the
40 non-emergency medical transportation broker for the purposes of
41 the non-emergency medical transportation brokerage program.

42 "Non-emergency medical transportation brokerage program" or
43 "brokerage program" means the brokerage program operated by the
44 department, and pursuant to which the department contracts with a
45 non-emergency medical transportation broker to manage the
46 provision of non-emergency medical transport to Medicaid
47 beneficiaries in the State.

1 “Medical necessity form” means a document that: is submitted
2 by a Medicaid beneficiary who is requesting that transportation
3 services be provided thereto through the use of a mobility assistance
4 vehicle; identifies the Medicaid beneficiary’s current medical
5 diagnoses, impairments, or functional disabilities, with particular
6 emphasis on factors that affect the beneficiary’s ability to walk; and
7 demonstrates that other modes of transport are not appropriate or
8 available to the beneficiary.

9 “Mobility assistance vehicle” or means a chauffeured vehicle
10 that is staffed by certified trained personnel, and which is used to
11 transport a non-ambulatory Medicaid beneficiary who is sick, has
12 an infirmity, or has a disability, and is under the care and
13 supervision of a physician, and whose medical condition is not of
14 sufficient magnitude or gravity to require transportation by
15 ambulance, but is of sufficient magnitude or gravity to require
16 transportation from place to place for medical care, and whose use
17 of an alternate form of transportation, such as a taxicab, bus, livery
18 vehicle, WAV vehicle, ambulette, non-emergency ambulette,
19 ambulette stretcher, or public conveyance might create a serious
20 risk to the beneficiary’s life or health.

21 “Multi-passenger load” means an initial trip or a return trip in
22 which a Medicaid beneficiary is transported simultaneously with
23 other Medicaid beneficiaries in the same vehicle, regardless of
24 whether all passengers are being transported to the same location,
25 or to different locations.

26 “Provider” means a person, company, firm, association,
27 corporation, an adult medical day care center, or other entity that is
28 participating directly, or indirectly as a contractor or subcontractor,
29 in the Medicaid program, and that is providing transportation
30 services as an authorized provider in the non-emergency medical
31 transportation broker’s network.

32 “Return trip” means the transport of a Medicaid beneficiary from
33 a medical provider following the beneficiary’s receipt of a covered
34 medical service.

35 “Transportation service” means the non-emergency medical
36 transport of a Medicaid beneficiary by a provider who is engaged in
37 the non-emergency medical transportation brokerage program, and
38 which transport is provided through the use of a mobility assistance
39 vehicle or livery vehicle and is necessary for the Medicaid
40 beneficiary to receive covered medical services.

41
42 3. a. A provider of transportation services shall ensure that
43 requested transportation services are provided within 15 minutes of
44 the pre-arranged pick-up time that is scheduled by the person
45 seeking the services and agreed to by the provider.

46 b. A provider of transportation services, before engaging in the
47 provision of transportation services to a Medicaid beneficiary, shall
48 demonstrate, in a form and manner specified by department

1 regulation, that the provider has a workers' compensation policy, a
2 general liability insurance policy, and an automobile liability
3 insurance policy that covers all vehicles that will be used in the
4 provision of transportation services. If a provider fails to
5 demonstrate that it has all three policies, and that each policy is
6 current, the provider shall be prohibited from providing
7 transportation services to Medicaid beneficiaries.

8 c. A provider of transportation services shall register each
9 vehicle used in the provision of transportation services as a
10 "commercial" or "livery" vehicle, as appropriate, and shall
11 additionally maintain a current vehicle inspection report for each
12 such vehicle. Any vehicle that is not appropriately registered, that
13 does not have a current vehicle inspection report, or that has failed
14 its most recent vehicle inspection, shall not be used to provide
15 transportation services to a Medicaid beneficiary under the non-
16 emergency transportation brokerage program.

17 d. Any vehicle that has been driven more than 150,000 miles
18 shall undergo an enhanced inspection process before commencing
19 or continuing operations as a livery or mobility assistance vehicle.
20 The enhanced inspection process shall include: (1) an evaluation of
21 all vehicle maintenance records to ensure that all appropriate oil
22 changes and air filter changes have been completed; (2) an
23 inspection of all four tires, and, if applicable, any spare tire; (3)
24 repacking of wheel bearings; (4) completion of engine tune-ups; (5)
25 an inspection of all seatbelts; (6) an inspection of the windshield to
26 ensure that it does not have clear damage; (7) an inspection of the
27 vehicle's electrical systems; (8) the servicing of fluid levels; (9) the
28 lubrication of the vehicle's chassis and doors; (10) an inspection of
29 the vehicle's air conditioning and heating systems; (11) an
30 inspection of the vehicle's hoses and fire extinguishers; (12) an
31 inspection of the vehicle's brakes, headlights, and indicator lights;
32 and (13) an inspection of any body damage. Any vehicle that fails
33 the enhanced inspection shall immediately be withdrawn from
34 service as a livery or mobility assistance vehicle, and shall have its
35 inspection medallion removed, until such time as the vehicle has
36 been repaired and re-inspected, and is deemed safe to operate.

37 e. A provider shall not provide transportation services using
38 any vehicle that seats less than four passengers, in addition to the
39 driver.

40 f. A provider shall ensure that the drivers and other staff
41 members employed thereby are appropriately licensed or certified to
42 provide transportation services, as required by law.

43 g. A provider shall comply with all applicable criminal history
44 record background check requirements imposed by the department,
45 and shall not employ any driver or other person who has ever been
46 convicted of a disqualifying offense, as defined by department
47 regulation, regardless of the date of the offense or conviction
48 therefor.

1 h. A provider shall only be authorized to transport a Medicaid
2 beneficiary to or from a medical provider in order to receive a
3 covered medical service, and not for any other purpose.
4

5 4. a. A provider shall ensure that its drivers, and any other
6 staff members who come into direct contact with a person receiving
7 transportation services, successfully complete training as provided
8 by this section. A provider shall not employ, or shall dismiss from
9 employment, as appropriate, any person who fails to complete such
10 training.

11 b. A driver or other staff member who comes into direct
12 contact with a person receiving transportation services, and who
13 commences employment after the effective date of this act, shall
14 receive training upon the commencement of employment, and
15 biennial refresher training thereafter, as follows:

16 (1) training on how to satisfy the special needs of a beneficiary
17 who is receiving transportation services;

18 (2) training on the procedures that should be followed to
19 adequately respond to a complaint from a beneficiary who is
20 receiving transportation services; and

21 (3) training on how to provide appropriate and courteous
22 treatment and engage in positive interactions with a beneficiary who
23 is receiving transportation services.

24 c. A driver or other staff member who comes into direct
25 contact with a person receiving transportation services, and who is
26 employed as of the effective date of this act, shall complete the
27 training described in subsection b. of this section within six months
28 after the effective date of this act, and biennial refresher training
29 thereafter.

30 d. Training under this section shall be provided by the
31 department, a division of the department, or any agency that is
32 contracted by the department to provide such training.
33

34 5. a. Each provider shall maintain a monthly transportation
35 services log to document the transportation services that were
36 provided thereby to Medicaid beneficiaries during the month, and
37 shall make the log available to the department, upon request. The
38 transportation services log shall be updated on a daily basis, and
39 shall identify, for each Medicaid beneficiary served by the provider:

40 (1) the name of the Medicaid beneficiary;

41 (2) whether the Medicaid beneficiary was transported using a
42 mobility assistance vehicle or a livery vehicle;

43 (3) the model year and registration number of the vehicle used
44 for transport;

45 (4) the driver's name;

46 (5) the date and time for which pick-up was scheduled, for both
47 the initial trip and the return trip;

- 1 (6) the date and time at which the vehicle actually arrived to
- 2 pick up the beneficiary for the initial trip and the return trip;
- 3 (7) the name and address of the medical provider to or from
- 4 which the beneficiary was transported;
- 5 (8) the time at which the beneficiary was scheduled to arrive at
- 6 the medical provider's office for the provision of covered medical
- 7 services;
- 8 (9) the time at which the transport vehicle actually arrived at the
- 9 medical provider's office;
- 10 (10) whether the beneficiary, for both the initial trip and the
- 11 return trip, was the sole passenger in the vehicle, or was transported
- 12 as part of a multi-passenger load; and
- 13 (11) the actual number of miles traveled between the pick-up
- 14 location and the drop-off location, for both the initial trip and the
- 15 return trip, which mileage shall be calculated in accordance with the
- 16 provisions of subsection c. of section 9 of this act.
- 17 b. In addition to the transportation services log maintained
- 18 pursuant to subsection a. of this section, a provider of transportation
- 19 services shall maintain the following records:
- 20 (1) documentation for each driver of a mobility assistance
- 21 vehicle or livery vehicle certifying that the driver has completed
- 22 department-approved medical and safety training courses, as well as
- 23 the sensitivity training required by section 4 of this act, and
- 24 showing the date on which such training was successfully
- 25 completed;
- 26 (2) a copy of the driver's license possessed by each driver of a
- 27 mobility assistance vehicle or livery vehicle;
- 28 (3) a copy of any other licenses or certifications that are
- 29 required for the provider's staff members;
- 30 (4) a copy of all applicable licenses, registrations, and
- 31 inspection reports for each vehicle that is used by the provider in
- 32 the provision of transportation services;
- 33 (5) a copy of any complaints that were submitted directly to the
- 34 provider and forwarded thereby to the department's designated
- 35 evaluator, pursuant to subsection b. of section 7 of this act; and
- 36 (6) any other records required by department regulation, or by
- 37 the non-emergency medical transportation brokerage contract.
- 38 c. A provider, when submitting a claim for reimbursement
- 39 under the Medicaid program, shall also submit a copy of the
- 40 monthly transportation services log that is maintained under
- 41 subsection a. of this section for the reimbursement period, and shall
- 42 allow the broker or the department, upon request, to review copies
- 43 of the records that have been retained under subsection b. of this
- 44 section for each driver, other staff member, or vehicle used in the
- 45 provision of transportation services identified under the claim.
- 46
- 47 6. a. (1) In the case of adult medical day service centers, the
- 48 non-emergency medical transportation broker, upon receiving a

1 request for transportation services under the brokerage program,
2 shall require the beneficiary requesting the service to certify that the
3 transportation is necessary to enable the beneficiary to receive a
4 covered medical service.

5 (2) In the case of adult medical day service centers, the
6 department, as deemed appropriate, may additionally require the
7 broker, or the individual providers in the broker's network, to
8 obtain verification from the medical provider, prior to the date of
9 transport, as to whether a covered medical service will be received
10 by the beneficiary on the date of transport.

11 b. The non-emergency medical transportation broker, upon
12 receiving a request for transportation services to be provided
13 through a mobility assistance vehicle, shall ensure that the Medicaid
14 beneficiary submits a medical necessity form justifying the use of
15 the mobility assistance vehicle. The medical necessity form shall
16 be submitted by the Medicaid beneficiary before the vehicle is
17 dispatched. If no medical necessity form is submitted by the
18 Medicaid beneficiary, the broker shall not authorize a provider to
19 use a mobility assistance vehicle to provide transportation services
20 to the beneficiary, and transportation services shall instead be
21 provided through the use of a livery vehicle, where appropriate. A
22 Medicaid beneficiary seeking transportation services through the
23 use of a mobility assistance vehicle shall be required to submit a
24 medical necessity form, as provided by this section, regardless of
25 the beneficiary's medical condition or place of residence, and
26 regardless of the whether the broker or the individual provider has
27 existing knowledge of the beneficiary's medical condition.

28 c. The non-emergency medical transportation broker shall
29 maintain the following records, and shall make them available to
30 the department, upon request:

31 (1) a daily and monthly log showing each transportation service
32 that was requested and each transportation service that was
33 provided under the brokerage program during the period, and
34 additionally identifying the individual provider in the network who
35 provided each transportation service, and the type of vehicle that
36 was dispatched in each case;

37 (2) a copy of each medical necessity form that is submitted,
38 pursuant to subsection b. of this section, by a Medicaid beneficiary
39 who is seeking the use of a mobility assistance vehicle;

40 (3) a record showing the date and time on which a Medicaid
41 beneficiary provided oral or written certification, pursuant to
42 paragraph (1) of subsection a. of this section, that transportation
43 was required to enable the beneficiary to receive a covered medical
44 service; and, if required by the department pursuant to paragraph
45 (2) of subsection a. of this section, a log showing the date and time
46 on which the medical provider was contacted for verification
47 purposes, and indicating whether the medical provider confirmed

- 1 that a covered medical service was being provided to the
2 transportation recipient on the date of transport;
- 3 (4) a log of cases in which the waiting time for a transportation
4 service was in excess of 15 minutes;
- 5 (5) a record showing the types of insurance coverage that are
6 held by each individual provider in the network;
- 7 (6) a copy of any complaints that were submitted directly to the
8 broker and forwarded to the department's designated evaluator,
9 pursuant to subsection b. of section 7 of this act; and
- 10 (7) any other records required by the department.

11
12 7. a. The department shall designate an employee to conduct an
13 evaluation of the non-emergency medical transportation brokerage
14 program, on at least an annual basis, as provided by this section.
15 The evaluation shall not be conducted by the Division of Medical
16 Assistance and Health Services, or its successor, or by any
17 employee of the division. The designated evaluator shall:

18 (1) in accordance with the provisions of subsection b. of this
19 section, receive, catalogue, and report to the department on the
20 complaints that are submitted by Medicaid beneficiaries with regard
21 to the transportation services that are provided under the non-
22 emergency medical transportation brokerage program; and

23 (2) in accordance with the provisions of subsection c. of this
24 section, regularly evaluate the performance of the non-emergency
25 medical transportation broker and individual transportation service
26 providers in the broker's network, in order to ensure compliance
27 with applicable performance standards.

28 b. (1) The designated evaluator shall receive and catalogue all
29 complaints that are submitted by recipients of transportation
30 services provided under the non-emergency medical transportation
31 brokerage program. Any complaints that are submitted directly to a
32 provider, or to the non-emergency medical transportation broker,
33 shall be forwarded to the designated evaluator, in a form and
34 manner prescribed by department regulation, within five business
35 days, except that any complaints alleging health or safety risks or
36 violations shall be forwarded to the designated evaluator within one
37 business day.

38 (2) Upon receipt of a complaint about a transportation service,
39 the designated evaluator shall verify the facts of the complaint and
40 catalogue the complaint in a monthly report, as provided by
41 paragraph (3) of this subsection.

42 (3) On a monthly basis, the designated evaluator shall submit a
43 report to the commissioner, to the Director of the Division of
44 Medical Assistance and Health Services, and to the Medicaid
45 transportation broker, indicating: (a) the total number of Medicaid
46 beneficiaries who received transportation services during the month
47 under the brokerage program, and the total number of Medicaid
48 beneficiaries who received transportation services during the month

1 from each individual transportation provider within the broker's
2 network; (b) the total number of complaints that were filed during
3 the month, and the number and percentage of those complaints that
4 dealt with the broker, and with each individual provider in the
5 broker's network; (c) the percentage of transportation recipients
6 who filed a complaint during the month; and (d) the nature of the
7 complaints that were filed. The report submitted to the
8 commissioner shall additionally provide a recommendation as to the
9 amount of monthly liquidated damages, if any, that should be
10 imposed on the broker by the department, pursuant to section 8 of
11 this act, in response to the complaints.

12 c. (1) The designated evaluator, on at least an annual basis,
13 shall review the records maintained by the broker pursuant to
14 subsection c. of section 6 of this act, and the transportation service
15 logs and other records maintained by each individual provider
16 pursuant to section 5 of this act, in order to ensure that the broker
17 and the providers in its network are complying with applicable
18 vehicle, staffing, and performance standards. The designated
19 evaluator shall also perform random and follow-up reviews, as
20 deemed to be necessary.

21 (2) In conducting a performance review under this subsection,
22 the designated evaluator shall determine whether:

23 (a) the vehicles used to transport Medicaid beneficiaries are
24 fully compliant with all statutory, regulatory, and contractual
25 requirements;

26 (b) transport personnel are properly licensed and qualified to
27 provide non-emergency medical transportation services;

28 (c) prior authorization is being obtained and medical necessity is
29 being documented for beneficiaries who require the services of a
30 mobility assistance vehicle;

31 (d) individual providers consistently maintain all types of
32 insurance required by law or regulation;

33 (e) beneficiaries using a transportation service actually receive a
34 covered medical service on the date of transport; and

35 (f) the nature of transportation services provided to each
36 beneficiary, including the date and time the beneficiary was picked-
37 up and dropped-off for both the initial trip and the return trip, and
38 the actual miles driven, are being accurately and consistently
39 documented, as required by this act.

40 (3) Within 30 days after the completion of a performance review
41 pursuant to this subsection, the designated evaluator shall prepare
42 and submit to the commissioner, and to the Director of the Division
43 of Medical Assistance and Health Services, a report that identifies
44 the evaluator's findings with regard to the matters described in
45 paragraph (2) of this subsection. The report shall additionally
46 provide a recommendation as to the amount of monthly liquidated
47 damages, if any, that should be imposed on the broker by the

1 department, pursuant to section 8 of this act, in response to any
2 identified performance failures.

3 d. The department shall post, on its Internet website, the
4 findings that are set forth in each annual report submitted pursuant
5 to subsection c. of this section.

6
7 8. a. Monthly capitation fees that are paid by the department to
8 the non-emergency medical transportation broker for each Medicaid
9 beneficiary shall be offset by any liquidated damages that may be
10 assessed by the department against the broker for failing to comply
11 with, or failing to ensure that the individual providers in its network
12 comply with, applicable vehicle, staffing, or performance standards.

13 b. The amount of liquidated damages imposed under this
14 section shall be: (1) based on the reports that are filed by the
15 department's designated evaluator under subsections b. and c. of
16 section 7 of this act; (2) consistent with the provisions of the non-
17 emergency medical transportation brokerage contract, and the
18 recommendations that are made by the department's designated
19 evaluator under subsection c. of section 7 of this act; and (3)
20 sufficient to deter future non-compliance. Whenever the brokerage
21 contract is being considered for renewal, the department shall
22 review the contract's liquidated damage provisions, and revise the
23 contract appropriately, in order to ensure that the maximum
24 liquidated damage amounts specified therein are sufficient to deter
25 future non-compliance.

26 c. Liquidated damages shall be imposed, on a monthly basis, as
27 provided in this section, until the broker or individual providers, as
28 the case may be, are deemed to be in compliance with applicable
29 vehicle, staffing, and performance standards. The amount of
30 liquidated damages imposed by the department shall be increased,
31 on a monthly basis, until full compliance is achieved, at which time
32 liquidated damages may be reduced or eliminated, as deemed by the
33 department to be appropriate.

34

35 9. a. The department shall:

36 (1) implement policies and procedures, and review and
37 appropriately revise the non-emergency medical transportation
38 brokerage contract, as may be necessary to ensure that the
39 reimbursement and capitation fees paid thereby under the non-
40 emergency medical transportation brokerage program are not paid
41 in excess; and

42 (2) develop a system enabling the department to contract with
43 another non-emergency medical transportation broker as may be
44 necessary to ensure that the need for transportation services are met
45 in a proper and timely manner, and that requested transportation
46 services are provided to every person seeking such services
47 pursuant to the provisions of this act.

1 b. The department shall develop a system that enables the
2 department to: (1) periodically review the monthly capitation fees
3 that have been paid to the broker under the non-emergency medical
4 transportation brokerage contract; (2) identify when capitation
5 payments have been duplicated or made in excess; and (3) take
6 action to fully recover such excess or duplicate payments. The
7 periodic review of monthly capitation payments, and the recovery
8 of excess or duplicative payments, under the system established
9 pursuant to this section, shall occur not less than once per year.

10 c. (1) In the case of adult medical day service centers, mileage
11 reimbursement payments made by the department under the non-
12 emergency medical transportation brokerage program shall be based
13 on the actual number of miles driven by the driver.

14 (2) A driver who provides simultaneous transportation services
15 to more than one Medicaid beneficiary on any initial trip or return
16 trip shall not receive mileage reimbursement in the same way as
17 would be true if the driver had provided separate trips for each
18 passenger. Instead, the mileage reimbursement provided to a driver
19 who is engaged in the provision of multi-passenger transportation
20 services shall be based on the number of miles actually driven for
21 the one passenger in the multi-passenger load who was transported
22 over the farthest distance. The contract executed between the
23 department and the non-emergency medical transportation broker
24 shall specify that a lower rate of mileage reimbursement will be
25 authorized for multi-passenger loads, as provided in this paragraph.

26 (3) The department shall not authorize a mileage reimbursement
27 payment, under this section, unless the Medicaid beneficiary being
28 transported actually received a covered medical service on the date
29 of transport. The department shall institute procedures and
30 protocols as necessary to verify that a covered medical service was
31 actually received by the beneficiary, for the purposes of authorizing
32 mileage reimbursements under this subsection.

33 d. A health care facility licensed pursuant to P.L.1971, c.136
34 (C.26:2H-1 et seq.) shall not be held liable or subject to an
35 administrative penalty if a Medicaid beneficiary, for whom the
36 health care facility scheduled a covered medical service transport
37 pursuant to the transportation brokerage contract, does not receive
38 the covered medical service.

39

40 10. a. The department shall annually submit to the Governor,
41 and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1) to the
42 Legislature, a report on the Medicaid transportation brokerage
43 program. The information that is contained in an annual report filed
44 pursuant to this section shall be based on the department's review
45 of the reports that were filed by its designated evaluator during the
46 reporting period, pursuant to section 7 of this act.

47 b. The report filed pursuant to this section shall: (1) describe
48 the transportation services that have been provided under the

1 Medicaid transportation brokerage program during the reporting
2 period; (2) describe and categorize the nature of complaints that
3 were filed during the reporting period; (3) include a performance
4 evaluation of the broker and individual providers in the broker's
5 network; (4) incorporate statistical data on the brokerage program,
6 as provided by subsection c. of this section; (5) identify the actions
7 that were undertaken during the reporting period by the broker, or
8 by individual providers in the broker's network, in order to correct
9 previously identified problems or otherwise improve service
10 provision and fiscal responsibility under the brokerage program; (6)
11 identify the actions that were undertaken by the department during
12 the reporting period, including the imposition of liquidated damages
13 pursuant to section 8 of this act, or the ordering of corrective action,
14 which were designed to address identified problems and ensure
15 future compliance with vehicle, staffing, and performance
16 standards; and (7) provide recommendations for executive or
17 legislative actions that can be undertaken to improve the brokerage
18 program or ensure its proper and fiscally responsible
19 implementation.

20 c. The statistical data that is included in an annual report shall
21 identify, at a minimum: (1) the percentage of providers whose staff
22 members have not fully complied with applicable training
23 standards; (2) the percentage of providers whose vehicles are not
24 fully compliant with applicable vehicle standards; (3) the
25 percentage of transportation services that were not provided within
26 the 15-minute timeframe required by subsection a. of section 3 of
27 this act; (4) the number of complaints that were filed during the
28 reporting period; and (5) the percentage of total transportation
29 recipients during the period who filed a complaint.

30 d. The report filed pursuant to this section shall be posted on
31 the department's Internet website concurrently with its submission
32 to the Governor and the Legislature.

33
34 11. Sections 1 through 7, and sections 9 and 10, of this act shall
35 take effect immediately. Section 8 of this act shall take effect on
36 the first day of the third month next following the date of
37 enactment, except that the Commissioner of Human Services may
38 take such anticipatory administrative action in advance thereof as
39 shall be necessary for the implementation of that section.

40

41

42 STATEMENT

43

44 This bill establishes vehicle, staffing, and performance standards
45 in association with the State's non-emergency medical
46 transportation brokerage program.

47 Under the State's non-emergency medical transportation
48 brokerage program, the Department of Human Services (DHS)

1 contracts with a non-emergency medical transportation broker to
2 manage the provision of non-emergency medical transport to
3 Medicaid beneficiaries in the State. The transportation broker is
4 responsible for: developing and maintaining a non-emergency
5 medical transport provider network for use by Medicaid program
6 beneficiaries; verifying beneficiary eligibility for non-emergency
7 medical transport; determining and authorizing the appropriate
8 mode of transport for each beneficiary on the basis of medical
9 necessity; and dispatching an appropriate provider vehicle to
10 transport the beneficiary.

11 Recent reports issued by the Office of Inspector General and the
12 Office of the State Auditor have indicated that there are significant
13 performance deficiencies in the provision of non-emergency
14 transport under the brokerage program. This bill is designed to
15 address the issues raised in those reports.

16 Specifically, the bill clarifies the requirements that are to be
17 applicable to the DHS, the non-emergency medical transportation
18 broker, and the individual providers within the broker's network,
19 under the non-emergency medical transportation brokerage
20 program; and further establishes a procedure for the performance
21 review of the broker and its authorized providers and the review of
22 complaints that are submitted about the brokerage program.

23 The bill clarifies that adult medical day care service centers, the
24 non-emergency medical transportation broker is obligated to: 1)
25 require a person requesting transportation services to certify that the
26 transportation services are necessary for the person to receive a
27 covered medical service under Medicaid; and 2) require a person
28 requesting transport through the use of a mobility assistance vehicle
29 (MAV) to submit a medical necessity form justifying the use of the
30 MAV.

31 Individual providers of transportation services under the
32 brokerage program would be required to comply with the vehicle,
33 staffing, and service delivery requirements specified therein.

34 The DHS is required to designate an employee to engage in the
35 ongoing monitoring and oversight of the non-emergency medical
36 transportation brokerage program.

37 In conducting a performance review, the department's designated
38 evaluator is to be required to determine whether: 1) vehicles used
39 to transport Medicaid beneficiaries are fully compliant with all
40 statutory, regulatory, and contractual requirements; 2) transport
41 personnel are properly licensed and qualified to provide non-
42 emergency medical transportation services; 3) prior authorization is
43 being obtained, and medical necessity is being documented, for
44 beneficiaries who require MAV service; 4) individual providers
45 consistently maintain requisite insurance policies; 5) transportation
46 recipients actually receive a covered medical service on the date of
47 transport; and 6) the transportation services provided to each
48 beneficiary are adequately documented, as required by the bill.