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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED

10/22/2024 2:16 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Establishing Non-Emergent Medical Transportation (NEMT) Coverage for Reproductive Health Access Fund Enrollees.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/21/2024 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

A public rulemaking hearing may be requested in writing by 10 or more people, or by a group with 10 or more members, within 21 days following the publication of the Notice of Proposed Rulemaking in the Oregon Bulletin or 28 days from the date the Notice was sent to people on the agency mailing list, whichever is later. If sufficient hearing requests are received, the notice of the date and time of the rulemaking hearing must be published in the Oregon Bulletin at least 14 days before the hearing.

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NEED FOR THE RULE(S)

As outlined in the 2023 Special Terms and Conditions (STCs) for the state's 1115 family planning Medicaid demonstration waiver, Oregon ContraceptiveCare (CCare), the Reproductive Health (RH) Program is required by the Centers for Medicare and Medicaid Services (CMS) to provide coverage for non-emergent medical transportation (NEMT) for individuals eligible for and enrolled in CCare as of January 1, 2025. To ensure parity in benefits across all funding streams that make up Reproductive Health Access Fund (RHAF) coverage, the RH Program is extending NEMT coverage to all RHAF enrollees. Concurrent with this rulemaking, the Oregon Health Authority will be amending OAR 410-136 'Medical Transportation services' to include NEMT coverage for RHAF enrollees.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

- Oregon ContraceptiveCare Demonstration Approval and Special Terms and Conditions: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/or-contraceptive-careappvl-12072023.pdf>.
- Federal regulation requiring state Medicaid agencies to ensure necessary transportation for beneficiaries to and from providers: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-431/subpart-B/section431.53>.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The addition of NEMT coverage for RHAF enrollees will facilitate access to critical reproductive health services for low-income individuals who otherwise may not have reliable and affordable means of getting to health care appointments. Years of institutional and structural racism, including racist land use policies, have resulted in significant transportation inequities. Communities of color and low income individuals are more likely to rely on public transit systems and be affected by inadequate infrastructure investments (Transportation: A Community Driver of Health, APHA).

Transportation is a key social determinant of health and increasing access to effective modes of transportation can improve health outcomes and reduce disparities in health and health care among RHAF enrollees.

FISCAL AND ECONOMIC IMPACT:

The cost associated with implementation of NEMT coverage is anticipated to be approximately \$624,000 in federal funds and \$176,000 in state funds, annually.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) The Oregon Reproductive Health Program is expected to enforce compliance of these rules. The RH Program already conducts routine program monitoring and compliance reviews. There is no anticipated cost of compliance impact to other state agencies, units of local government, or the public as a result of these proposed rules.

(2)

(a) 8

(b) Projected monthly reporting within existing reporting procedures, and other administrative activities and quality assurance monitoring.

(c) Increased administration for compliance, and regular quality assurance data reporting needed.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were invited and included in the Rules Advisory Committee (RAC). The RAC member composition included some smaller business and industry representatives. The RAC represented the interests of persons likely to be affected by the rule. The RAC Notification posted to public also included seeking additional members specifically to expand representation of different racial minorities to have more equitable representation in RAC meeting.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

410-136-3000, 410-136-3020, 410-136-3040, 410-136-3080, 410-136-3100, 410-136-3200, 410-136-3240, 410-136-3260, 410-136-3300, 410-136-3340

AMEND: 410-136-3000

RULE SUMMARY: Responsibility for Providing Non-emergent Medical Transportation.

CHANGES TO RULE:

410-136-3000

Responsibility for Providing Non-emergent Medical Transportation ¶

(1) The Authority shall provide non-emergent medical transportation (NEMT) for eligible clients who receive their Oregon Health Plan (OHP) covered medical services on a fee-for-service basis or are clients enrolled in coordinated care organizations (CCO), and for eligible clients who receive Reproductive Health Access Fund (RHAF) covered services. The Authority shall discontinue providing this service to a client enrolled in a CCO after the date the client is enrolled in a CCO. The CCO shall provide and coordinate the service to their enrollees on and after the date of the client's enrollment in the CCO pursuant to section (2) of this rule.¶

(2) When a CCO begins providing NEMT services for its enrollees, the Authority shall provide NEMT services in the CCO's service area only to clients not enrolled in a CCO:¶

(a) The Authority may not pay for services covered by a CCO. Reimbursement is a matter between the CCO and its transportation brokerage and subcontractor. Reimbursement is a matter between the CCO and its contracted brokerage and transportation providers;¶

(b) For clients enrolled in a CCO the transportation provider must coordinate all transportation services with the client's transportation brokerage or CCO prior to providing services.¶

(3) The requirements in OAR 410-136-3000- through 410-136-3360 apply to NEMT services for which the Authority is responsible pursuant to this rule.¶

(4) Brokerages shall, and must ensure subcontractors, have access to culturally and linguistically appropriate tools available to provide clients accessing NEMT services:¶

(a) ~~of~~ Free written translations, oral interpretation, certified and qualified spoken and sign language interpreters, alternative formats, and auxiliary aids and services, for the client to be able to understand NEMT services information provided;¶

(b) Alternative formats or languages, including interpretation during phone calls, shall be provided upon request at no cost to the client.¶

(5) Language access services for NEMT services also applies to ~~member~~ client representatives, family members and caregivers with hearing impairments or Limited English Proficiency (LEP) who need to understand the ~~member~~ client's condition and care. ~~See~~ For Oregon Health Plan (OHP) program members, see OAR 410-120-0001 Interpreter Services requirements for Medicaid members with Limited English Proficiency services. ~~For~~ Reproductive Health Access Fund (RHAF) clients, see Certification Requirements for RHCare Clinics Version 3, Certification Requirements for CCare Clinics Version 2, or Certification Requirements for AbortionCare Clinics Version 3 for language access requirements adopted in in OAR 333-004-3030, which are incorporated by reference in this section.¶

(6) A brokerage may request that the Authority delay responsibility for reimbursement to clients pursuant to OAR 410-136-3240, Client Reimbursed Mileage, Meals and Lodging, until a CCO in the brokerage's service area assumes NEMT services for the CCO's enrolled client. Any delay of responsibility must not exceed fourteen (14) days and must be prior approved by the Authority. The delay of the brokerage's responsibility also includes reimbursing clients in the fee-for-service delivery system.¶

(7) OAR 410-136-3040, Vehicle Equipment and Subcontractor Standards and OAR 410-136-3120, Secured Transports do not apply to ambulance providers, ambulance vehicles, or ambulance personnel that are licensed and regulated by ORS Chapter 682 and OAR ~~e~~Chapter 333, ~~d~~Divisions 250, 255, 260 and 265, whether providing ambulance or stretcher transports.¶

(8) The following definitions specifically apply to ~~OAR~~Chapter 410, ~~d~~Division 136. This rule does not include an exhaustive list of Division acronyms and definitions. For more information of any terms not defined in this rule, see Oregon Health Plan (OHP) program OAR 410-141-3500 Acronyms and Definitions; OAR 410-120-0000 Acronyms and Definitions; OAR 309-032-0860; OAR 410-200-0015 General Definitions; and any appropriate governing acronyms and definitions in the Department of Human Services (Department) ~~e~~Chapter 411, 413, or 461 administrative rules; or contact the Division. For purposes of the rules OAR 410-136-3000 through OAR 410-136-3360:¶

(a) "Attendant" means an individual at least 18 years of age to accompany the client. An attendant may also be a behavioral health personal care attendant allowed to accompany the client in accordance with OAR 410-172-0780;¶

(b) "Brokerage" means a governmental transportation brokerage (local unit of government), or other entity, enrolled by and contracted with the Authority to arrange rides and pay subcontractors for NEMT services;¶

(c) "Client" means an individual eligible to receive OHP or RHAF health services on the date of service and who resides in the Service Area;¶

(d) "Contractor" means a transportation brokerage, or other entity, enrolled as an OHP provider by and contracted with the Authority to arrange rides brokerages pay subcontractors for NEMT services;¶

(e) "Covered service" means medically necessary and appropriate health services and items described in ORS Chapter 414 and applicable administrative rules and the Prioritized List of Health Services above the funding line

set by the legislature, consistent with OAR Chapter 410 ~~Division 120, or services as described in OAR 333-004-3070;~~

(f) "Electronic Data Interchange (EDI)" means the exchange of business documents from application to application in a federally mandated format or, if no federal standard has been promulgated, using bulk transmission processes and other formats as the Authority designates for EDI transactions consistent with OAR Chapter 410 ~~Division 120;~~

(g) "Local area" means an area within the accepted community standard and includes the client's metropolitan area, city, or town of residence;

(h) "Member" means an Oregon Health Plan (OHP) client enrolled with a coordinated care organization (CCO);

(i) "Non-Emergent Medical Transportation Services (NEMT)" means transportation to or from a source of covered service, that does not involve a sudden, unexpected occurrence which creates a medical crisis requiring emergency medical services as defined in OAR 410-120-0000 and requiring immediate transportation to a site, usually a hospital, where appropriate emergency medical care is available;

(j) "Provider" means a public Agency, non-profit company, for-profit company, or an individual with whom a brokerage subcontracts with to provide rides;

(k) "RHAF" means Reproductive Health Access Fund, a source of coverage for reproductive health services as defined in OAR 333-004-3070 provided to individuals who complete the Reproductive Health Access Fund Enrollment Form and are deemed eligible ("RHAF client").

(L) "RH Access Fund Eligibility Database" means the centralized, web-based data system operated by the RH Program to house information about enrollees.

(m) "Ride" means to drive the client to and from Oregon Health Plan (OHP) covered services or RHAF covered services;

(~~ln~~) "Secure transport" means NEMT services for the involuntary transport of clients who are in danger of harming themselves or other individuals;

(~~mo~~) "Service area" means the geographic area within which the Regional Brokerage agreed under contract with the Authority to provide Rides as a service through the contractor's Call Center;

(~~np~~) "Subcontractor" means the provider, individual or entity, with which the brokerage executes a contract to drive the client to and from Oregon Health Plan (OHP) covered services;

(~~og~~) "The Authority" means the Oregon Health Authority (OHA);

(~~pr~~) "Volunteer" (for the purposes of NEMT) means an individual selected, trained and under the supervision of the ODHS who is providing services on behalf of the ODHS in a non-paid capacity except for incidental expense reimbursement under the ODHS Volunteer Program authorized by ORS 409.360.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.065

410-136-3020

General Requirements for NEMT ¶¶

(1) The Authority may enroll governmental transportation brokerages (local units of government) or other entities contracted with the Authority as a "contractor" to arrange rides. Transportation brokerages pay subcontractors for NEMT services. The Authority may limit the enrollment with transportation brokerages to units of local government; Transportation brokerages shall be enrolled as an Oregon Health Plan (OHP) provider and meet all requirements of OAR 410-120-1260 prior to delivering NEMT services or receiving payment. A governmental transportation brokerage signing the Provider Enrollment Agreement constitute agreement to comply with all applicable Authority OHP provider rules and federal and state laws and regulations.¶¶

(2) The actions described in this rule may not be delegated and must be performed by the brokerage contracted with the Authority. The brokerage shall:¶¶

(a) Prior authorize and pay subcontractors for the least costly but most appropriate mode of transport for the client's medical needs to and from an OHP covered medical service. ~~¶For OHP clients, the most appropriate and least costly ride may include requiring the client to share the ride with other clients;¶¶~~

(b) Verify that the client is obtaining OHP covered medical services in the client's local area;¶¶

(c) Verify the client's OHP or Reproductive Health Access Fund (RHAF) eligibility and that the client's benefit package includes NEMT services on the scheduled date of service for the requested transport. The brokerage shall verify ~~the OHP eligibility and benefits packages~~ through electronic eligibility information with the Authority Electronic Data Interchange (EDI). The brokerage shall verify RHAF eligibility through the RHAF eligibility database;¶¶

(d) Assess the client's access to other means of transportation, such as driving their own car or getting a ride from a friend, family member or neighbor;¶¶

(e) Verify the client's attendance for continuing requests for rides if the medical provider could not affirm an appointment for a previous ride;¶¶

(f) Schedule a ride with an alternate subcontractor if the subcontractor originally assigned is unable to provide the ride; and¶¶

(g) Assign rides to the subcontractor based on an evaluation of several factors including, but not limited to:¶¶

(A) Cost;¶¶

(B) The client's need for appropriate equipment and transportation;¶¶

(C) Any factors related to a subcontractor's capabilities, availability, and past performance; and¶¶

(D) Any factors related to the brokerage's need to maintain sufficient service capacity to meet client needs.¶¶

(43) Pursuant to OAR 410-120-1210, Medical Assistance Benefit Packages and Delivery System, clients receiving the Qualified Medicare Beneficiary (QMB) only benefit package are not eligible for NEMT.¶¶

(54) The brokerage shall maintain records of prior authorization approval and denials of NEMT services. The brokerage shall also include the reasons for authorizing a ride:¶¶

(a) That is not cost effective or not based on the factors specified in section (2) of this rule;¶¶

(b) With more than two (2) attendants for an ambulance or stretcher car; or¶¶

(c) With more than one (1) attendant for a wheelchair van.¶¶

(65) The brokerage shall provide a ride to a client to fill prescription medication only in the following situation:¶¶

(a) The client needs to stop on the way home to fill or pick up prescribed medication related to the covered service for which the brokerage provided the ride;¶¶

(b) It is medically necessary to fill or pick up the medication immediately; and¶¶

(c) The pharmacy is located on the return route or is the closest pharmacy to the return route.¶¶

(76) The brokerage may provide a ride to a client to fill prescribed medication under the following situations:¶¶

(a) The brokerage asks the client if the prescription service is available through the Authority's contracted postal prescription service, and the client responds that it is not available through that source;¶¶

(b) The client has an urgent need to fill or pick up prescribed medication because the postal prescription service mailed the wrong medication, or the client has an unexpected problem caused by the medication; or¶¶

(c) The client is transient or without regular access to a mailbox. In this situation, the brokerage may evaluate the need on a case-by-case basis.¶¶

(87) The brokerage shall provide rides outside the brokerage's local service area as described in section (2)(b) of this rule, under the following circumstances:¶¶

(a) The client is receiving a covered service that is not available in the service or local area but is available in

another area of the state;¶

(b) The client is receiving a covered service in California, Idaho, or Washington where the service location is no more than 75 miles from the Oregon border; or¶

(c) No local medical provider or facility ~~will provide the covered services for the client~~ shall provide the covered services for the client; or¶

(d) For RHA clients, no local medical provider shall provide the covered services within the timeline required to address the client's medical condition.¶

~~(98)~~ Brokerages may coordinate to provide a return ride to a client who receives a covered service outside the client's local area.¶

~~(109)~~ Brokerages shall retroactively authorize and pay for NEMT services that have already occurred only when the brokerage could not prior authorize the service because the brokerage was closed, and the request for authorization is received by the brokerage within thirty (30) days of the date of service. The brokerage shall confirm with the medical provider that one of the following circumstances supported the ride:¶

(a) The client needed urgent medical care;¶

(b) The client required secured transport pursuant to OAR 410-136-3120, Secured Transports; or¶

(c) The client was in a hospital, and the hospital discharged or transferred the client.¶

~~(110)~~ In addition to section ~~(109)~~ of this rule, a brokerage shall retroactively authorize NEMT services for ambulance transports when:¶

(a) An ambulance provider responds to an emergency call, but the client's medical condition does not warrant an emergency transport;¶

(b) The ambulance provider transports the client as a NEMT service; and¶

(c) The ambulance provider requests retroactive authorization within thirty (30) days of the NEMT date of service.¶

~~(121)~~ Brokerages shall not authorize or pay subcontracted providers for rides outside their service areas based only on client preference or convenience.¶

~~(132)~~ Brokerages shall provide toll-free call centers for clients to request rides. Brokerages shall have written policies and procedures regarding its NEMT services that include all the requirements in this rule. Brokerages shall meet all the following requirements pertaining to the brokerage's call center and scheduling of rides:¶

(a) The call center shall operate at a minimum Monday through Friday from 9:00 a.m. to 5:00 p.m., but the brokerage may close the call center on New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas. The Authority may approve, in writing, additional days of closure if the brokerage requests the closure at least thirty (30) days in advance.¶

(b) Brokerages shall make all reasonable efforts for clients to have access to available NEMT services 24 hours a day. When the call center is closed, the brokerages shall provide a recording or answering service in at a minimum, English and Spanish, to refer the client directly to a subcontractor. If no subcontractor is available, the brokerage must provide clients with recorded information in at a minimum, English and Spanish, about service hours and how to reach emergency services by calling 911;¶

(c) The brokerage shall allow a client or their representative to schedule rides at least ninety (90) days in advance of the covered service;¶

(d) The brokerage shall allow a client or their representative to request multiple ride requests at one time;¶

(e) The brokerage shall develop and make all policies and procedures regarding its NEMT services available to clients either in a OHP Open Card Member Handbook, RHAF NEMT Rider Guide, or in a stand-alone document referred to as a "OHP Open Card NEMT rider guide" that meets the delivery and content specifications defined by the Authority. The brokerage's written policies and procedures regarding NEMT services must be shared to subcontractors and shall be available upon request to the Authority for review.¶

(f) Allow a client or their representative, including providers in accordance with OAR 410-172-0780, to schedule:¶

(A) NEMT services up to ninety (90) days in advance;¶

(B) Multiple NEMT services at one time for recurring appointments up to ninety (90) days in advance; and¶

(C) Same-day NEMT services.¶

(g) Comply with the following criteria for client drop-offs and pick-up protocols. A brokerage or subcontractors' drivers are not permitted to:¶

(A) Drop off a client at an appointment more than fifteen (15) minutes prior to the office or other facility opening for business unless requested by the client or, as applicable, the client's guardian, parent, or representative; and¶

(B) Pick up a client from an appointment more than fifteen (15) minutes after the office or facility closes for business unless the appointment is not reasonably expected to end within fifteen (15) minutes after closing, or as requested by the client, or as applicable, the client's guardian, parent, or representative.¶

(h) The brokerage shall provide to the client, or as applicable, the client's guardian, parent, or representative the name of subcontractor, or name and telephone number of the driver when available;¶

- (i) The brokerage shall confirm the scheduled pick-up time and address with the client;¶
 - (j) The brokerage shall make reasonable efforts to arrange a ride requested on the day of the medical service when the service is:¶
 - (A) For an urgent medical condition; and¶
 - (B) Due to the urgency of the medical condition, the client scheduled an immediate medical appointment.¶
 - (143) The brokerage is not responsible for providing emergency medical transportation services. However, brokerages shall have procedures for referring clients requesting emergency medical transportation services to the appropriate emergency transportation resources and procedures for subcontractors per OAR 410-136-3040, Vehicle Equipment and Subcontractor Standards.¶
 - (154) The Authority shall collaborate with brokerages and CCOs to develop and conduct a statewide client NEMT satisfaction survey at least once (1) every two (2) years. The Authority may contract with one or more brokerages, or a third party, to conduct the survey. The Authority shall use the results of the survey to identify and address potential operational deficiencies and to identify and share successes in the NEMT program.¶
 - (165) Brokerages shall establish regional advisory groups consisting of representatives from the Authority, ODHS, Area Agencies on Aging, consumers, representatives of client advocacy groups from within the service or local area, brokerage subcontractors, and providers of NEMT ambulance services. The role of the group includes, but is not limited to:¶
 - (a) Assisting in monitoring and evaluating the NEMT program; and¶
 - (b) Recommending potential policy or procedure changes and program improvements to brokerages and the Authority and assisting in prioritizing those changes and improvements.¶
 - (176) Brokerages shall have the discretion to use or not use Oregon Department of Human Services (ODHS)-approved volunteers. ODHS shall provide brokerages with a list of approved and trained volunteers. ODHS shall supervise the volunteers and assumes all liability for each volunteer as provided by law.¶
 - (187) Brokerages or their subcontractors shall not bill eligible client for any NEMT service to and from a covered service or any transports where the Authority denies reimbursement.-Brokerages or their subcontractors shall not collect payment from the client, or assign an unpaid claim to a collection agency, or similar entity pursuant to ORS 414.066.¶
 - (198) On a minimum of five (5) percent of the ride requests, brokerages shall contact medical providers to verify appointments and that the appointments are for covered medical services.¶
 - (2019) Brokerages may purchase tickets for common carrier transportation, such as inter- or intra-city bus, train, or commercial airline when deemed cost effective and safe for the client.
- Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 414.065

AMEND: 410-136-3040

RULE SUMMARY: Vehicle Equipment and Subcontractor Standards.

CHANGES TO RULE:

410-136-3040

Vehicle Equipment and Subcontractor Standards ¶¶

(1) Brokerages shall require all subcontractors, providers, and drivers to maintain their vehicles for the comfort and safety of the clients. The vehicles shall meet the following requirements:¶¶

(a) The interior of the vehicle shall be clean;¶¶

(b) The subcontractor, provider, or driver shall not smoke, aerosolize or vaporize an inhalant or permit smoking, aerosolizing or vaporizing of an inhalant in the vehicle at any time; and¶¶

(c) The subcontractor, provider, or driver shall comply with appropriate local, state, and federal transportation safety standards regarding passenger safety and comfort. The vehicle shall include, but is not limited to, the following safety equipment:¶¶

(A) Safety belts for all passengers if the vehicle is legally required to provide safety belts;¶¶

(B) A first aid kit;¶¶

(C) A fire extinguisher;¶¶

(D) Roadside reflective or warning devices;¶¶

(E) A flashlight;¶¶

(F) Tire traction devices when appropriate;¶¶

(G) Disposable gloves; and¶¶

(H) All equipment necessary to transport clients using wheelchairs or stretchers in accordance with the Americans with Disabilities Act of 1990 (as amended) (ADA), Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statute 659A.103 if the subcontractor, provider, or driver uses the vehicle for these modes of transport.¶¶

(2) The subcontractor, provider, and driver shall follow a preventative maintenance schedule that incorporates at least all the maintenance recommended by the vehicle manufacturer. The vehicle must be in good operating condition and shall include, but is not limited to:¶¶

(a) Side and rear view mirrors;¶¶

(b) Working horn;¶¶

(c) Working turn signals;¶¶

(d) Working headlights;¶¶

(e) Working taillights; and¶¶

(f) Working windshield wipers.¶¶

(3) Brokerages and subcontractors shall have and maintain records of inspection and compliance with the safety equipment and preventative maintenance requirements in (1) and (2) of this rule. All records shall be made available upon request for audit or review.¶¶

(4) Brokerages shall require the subcontractors, providers, call-center employees, and drivers receive and successfully complete training on their job duties, roles, and responsibilities, including but not limited to:¶¶

(a) Understanding NEMT services in general, reporting forms, vehicle operation, requirements for reporting of suspected fraud, abuse, or waste by any provider or client and the protections afforded to those who report FWA under applicable whistleblower laws in section 1902(a)(68) of the Social Security Act, and the geographic area in which subcontractors ~~wi~~shall provide service. Training shall be completed at the time of hire or contracting and at least annually;¶¶

(b) Requiring the subcontractors' drivers to complete the National Safety Council Defensive Driving course or an equivalent course within six (6) months of the date of hire and at least every three (3) years thereafter;¶¶

(c) Requiring the subcontractors' drivers to complete Red Cross-approved First Aid, Cardiopulmonary Resuscitation and blood spill procedures courses or equivalent courses within six (6) months of the date of hire and to maintain the certification as a condition of employment;¶¶

(d) Requiring the subcontractors' drivers to complete the Passenger Service and Safety course or an equivalent course within six (6) months of the date of hire and at least every three (3) years after that;¶¶

(e) Understanding established procedures for subcontractors and the subcontractors' drivers in the event that the client needs emergency care during the ride; and¶¶

(f) If providing ground or air ambulance services, verifying that the Authority has licensed the subcontractor to operate ground or air ambulance. If the subcontractor is located in a contiguous state and regularly provides rides to OHP or Reproductive Health Access Fund (RHAF) eligible clients, the brokerage must ensure that both the Authority and the contiguous state have licensed the subcontractor.¶¶

(5) Brokerages shall require a subcontractor meet all the requirements of the ~~C~~chapter 410 division 136 rules at

all times to be eligible to receive payment, including but not limited to the following for each of subcontractors' drivers:¶

(a) The subcontractor shall require each driver have a valid Oregon DMV-issued drivers license. Brokerages and subcontractors shall require drivers have current license and registration prior to providing an NEMT service. The driver's license must be the class of license, with any required endorsements, that permits the subcontractor's driver to legally operate the vehicle for which they are hired to drive per ORS Chapter 807 and OAR chapter 735, division 062, or the applicable statutes of other states; and¶

(b) The subcontractors' drivers whether directly employed by the subcontractor or under contract must pass a criminal background check in accordance with ORS 181A.195 and OAR chapter 257, division 10, at the time of hire or contracting or if the brokerage is a mass transit district formed under ORS Chapter 267, the subcontractor's drivers must pass a criminal background check in accordance with ORS 267.237 and the mass transit district's background check policies. The brokerage or subcontractor must maintain records of background check results for each driver and may perform a background check at any time while the driver is employed or contracted. A driver who does not successfully pass a background check is not eligible to provide rides or receive payment by the brokerage or subcontractor.¶

(6) For authorized out-of-state NEMT services described in OAR 410-136-3080, in which the subcontractor solely performs work in the other state and for which the brokerage has no oversight authority, the brokerage is not responsible for requiring that the subcontractor's vehicle and the subcontractor's standards meet the requirements set forth in this rule.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.065

AMEND: 410-136-3080

RULE SUMMARY: Out-of-State Transportation.

CHANGES TO RULE:

410-136-3080

Out-of-State Transportation ¶

(1) "Out-of-state transportation" means transportation to or from any location outside Oregon, with the exception of contiguous areas up to 75 miles outside the Oregon border.¶

(2) The brokerage shall arrange rides and pay for out-of-state transportation, as defined in section (1) of this rule, to and from an out-of-state OHP or Reproductive Health Access Fund (RHAF) covered medical service when:¶

(a) The brokerage confirms that the Authority authorized the OHP client's out-of-state OHP covered medical service per OAR 410-120-1180, Medical Assistance Benefits: Out-of-State Services or the CCO authorized per OAR 410-141-3930 Transportation: Out-of-Service Area and Out-of-State Transportation; and¶

(b) The client is eligible for transportation services per OAR 410-136-3020, General Requirements for NEMT.¶

(3) The brokerage shall arrange for and pay for the most appropriate mode of transportation, and necessary travel to and from an airport or other departure location within Oregon, for out-of-state travel approved by the Authority.¶

(4) The brokerage may utilize any procurement method and criteria to purchase airline tickets, and any necessary travel to and from an airport or other departure location within Oregon, subject only to least expensive mode of transportation that meets the non-emergent medical needs of the client.¶

(5) Brokerages shall not arrange or pay for:¶

(a) A client's return from any foreign country to any location within the United States for the client to obtain medical care because the care is not available in the foreign country;¶

(b) A client's return to Oregon from another state when the client was not in the other state to obtain authorized medical services or treatments.¶

(6) Brokerages may arrange transportation services for clients enrolled in RHAF who live outside of Oregon and are seeking RHAF covered services in Oregon.¶

(7) Brokerages may arrange emergency medical transportation services if authorized by the Authority, for a client traveling outside Oregon for a OHP covered medical service who experience an emergency medical condition needing emergency medical transportation as defined in OAR 410-120-0000.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.065

AMEND: 410-136-3100

RULE SUMMARY: Attendants for Child Transports.

CHANGES TO RULE:

410-136-3100

Attendants for Child Transports ¶¶

(1) This rule applies to non-emergent medical transportation (NEMT) for children twelve (12) years of age and under who are eligible for NEMT services to and from Oregon Health Plan (OHP) and Reproductive Health Access Fund (RHAF) covered medical services. The rule also applies to children and young adults with special physical or developmental needs, regardless of age, hereafter referred to as "child" or "children."¶¶

(2) Parents or legal guardians must provide an attendant to accompany the children while traveling to and from medical appointments except when:¶¶

(a) The driver is a DHS volunteer, DHS employee or an Authority employee;¶¶

(b) The child requires secured transport per OAR 410-136-3120, Secured Transports; ~~or~~¶¶

(c) An ambulance subcontractor transports the child for NEMT services, and the brokerage reimburses the ambulance subcontractor at the ambulance transport rate; or¶¶

(d) The child is enrolled in RHAF and seeking RHAF covered services.¶¶

(3) Attendants are required for NEMT ambulance transports when the brokerage uses an ambulance to provide wheelchair or stretcher car or van rides.¶¶

(4) ODHS shall establish and administer written guidelines for children in the department's custody, including written guidelines for volunteer drivers. If ODHS's requirements or administrative rules differ from this rule, ODHS's requirements or administrative rules take precedence.¶¶

(5) An attendant may be the mother, father, stepmother, stepfather, grandparent or legal guardian of the child. The attendant also may be any adult that the parent or legal guardian authorizes to be an attendant. An attendant also may be a brother, sister, stepbrother or stepsister of the child, as long as the attendant is at least eighteen (18) years of age, and the parent or legal guardian authorizes it. An attendant also may be a behavioral health personal care attendant allowed to accompany the client in accordance with OAR 410-172-0780.¶¶

(6) Brokerages or their subcontractors may require the child's parent or legal guardian to provide written authorization for an attendant other than themselves to accompany the child.¶¶

(7) Brokerages or their subcontractors shall not bill additional charges for a child's attendant.¶¶

(8) The attendant must accompany the child from the pick-up location to the destination and on the return trip. The attendant must also remain with the child during their appointment. Another person shall not accompany the attendant unless the parent or legal guardian authorizes it or unless the other person is an eligible child traveling to the same location for a medical appointment.¶¶

(9) The parent, guardian or adult caregiver for the child shall provide and install child safety seats as required by state law. The subcontractor shall not transport a child if a parent or legal guardian fails to provide a child safety seat that complies with state law.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.065

AMEND: 410-136-3200

RULE SUMMARY: Reimbursement and Accounting for all Modes of Transports.

CHANGES TO RULE:

410-136-3200

Reimbursement and Accounting for all Modes of Transports ¶

(1) The following applies to the rate the Oregon Health Authority (Authority) pays brokerages:¶

(a) The Authority shall calculate and pay a brokerage a fixed rate for rides based on the following formula: Direct costs plus indirect costs divided by the number of projected monthly rides. "Direct costs" are transportation costs plus administrative costs;¶

(b) The Authority shall notify the brokerages of their specific ride rates; and¶

(c) The Authority shall assess any needed modifications to this rate:¶

(A) Quarterly;¶

(B) When the Authority changes any program affecting eligibility or scope; or¶

(C) If other factors impact the brokerage's cost of delivering service.¶

(2) Brokerages shall account for costs and expenses of non-emergent medical transportation (NEMT) services to Oregon Health Plan (OHP) Fee For Service (FFS) clients and Reproductive Health Access Fund (RHAF) clients separate from any other services the brokerage provides. Brokerages shall require all subcontractors to account for costs and expense for NEMT services separate from any other services the subcontractors provide. Brokerages shall use and require all subcontractors to adopt generally accepted accounting principles or accounting standards or cost principles required by federal or state laws, rules, or regulations.¶

(3) The Authority shall reimburse brokerages for valid claims submitted to the Authority, using the standardized electronic billing format prescribed by the Authority for OHP clients and the specified billing format prescribed by the Authority for Reproductive Health Access Fund (RHAF) clients. All brokerages' professional claims for transportation services shall include a HIPAA-compliant, the Centers for Medicare and Medicaid Services (CMS)-defined 2- digit POS code to indicate the type of transportation service used and have the required combination of modifier and procedure code. All required billing information must be included on the claim for the additional client. Medicaid is always the payer of last resort. If a client has Medicare or third-party insurance, the brokerages shall bill these insurers before billing the Authority.¶

(4) The Authority shall conduct an annual cost settlement to review brokerages costs and expenses and determine any overpayment or underpayment for costs the brokerage incurred for covered NEMT services for eligible clients. The following applies to the Authority's cost settlement process:¶

(a) The Authority shall request cost and expense settlement information from the brokerages ~~six~~ (6) months after the end of the fiscal year. The request shall include file(s) detailing the brokerages claims, a template for the brokerages to submit their cost and expenses information and instructions for completing the template. The Authority uses the Oregon Medicaid Management Information System (MMIS) to create file(s) detailing the brokerages claims data for the applicable procedure codes per NEMT provider;¶

(b) Brokerages shall submit the requested information, certified by a Certified Public Accountant, and complete the template provided by the Authority within ninety (90) days of receiving the Authority's request;¶

(c) The Authority shall verify the reported costs and expenses and notify the brokerages in writing of the Authority's determination;¶

(d) Brokerages shall comply with the allowable cost requirements established by the Authority;¶

(e) If the Authority's determination results in an adjustment, the brokerages may request an appeal pursuant to OAR 410-120-1560 through OAR 410-120-1600, pertaining to provider appeals.¶

(f) The brokerage shall refund the amount of the overpayment determined by the Authority within sixty (60) days or as specified by the Authority in its written notice to the brokerage.¶

(g) Payment by the Authority does not restrict or limit the Authority or any state or federal oversight entity's right to review or audit before or after the payment is made to a brokerage. Payments may be denied or subject to recovery by the Authority if medical review, audit, or other post-payment review of the supplemental payment or the claim upon the basis a supplemental payment was issued determines the service was not provided in accordance with applicable rules, by an eligible NEMT provider, or does not meet the criteria for quality of care or medical appropriateness of the care or payment.¶

(5) To be eligible for payment brokerages and subcontractors must meet all of the requirements in Chapter 410 ~~d~~Division 136 rules and Chapter 410 ~~d~~Division 120 rules. The Authority shall pay for covered services the brokerage authorized and provided in good faith, including mailing transit passes to clients. The Authority shall use the rate in effect on the day of the transport or the mailing date of the transit passes. For the purpose of this rule "Good faith" means:¶

- (a) The brokerage verified client eligibility on the date of service or the date of mailing the transit passes, using the Authority's eligibility information; or¶
- (b) The client eligibility information was inconsistent or not available, and the brokerage used the most recent client information available immediately before the time of service or mailing of transit passes.¶
- (6) Each brokerage may establish a working capital reserve with funds the Authority provides. The following applies to any established working capital reserve:¶
- (a) The working capital reserve shall represent thirty (30) days of cash expenses for normal operating purposes. The Authority may base the reserve on a time other than thirty (30) days if circumstances warrant the change;¶
- (b) The Authority shall calculate the reserve amount as part of the annual cost settlement for the most recent past fiscal year;¶
- (c) The Authority shall base the reserve amount on an average of six (6) months of operating expenses that the brokerage reports in its monthly NEMT financial reports. However, the Authority may base the reserve amount on more or less than six (6) months of expenses when a six- (6) month average does not reflect an accurate accounting of expenses;¶
- (d) Brokerages shall maintain a separate account for the reserve funds; and¶
- (e) The Authority may require the brokerage to return any funds in excess of the amount the Authority calculated, or the Authority may decrease the ride rate to reduce the reserves. If the Authority requires the brokerage to return the excess funds, the brokerage shall do so within forty-five (45) days of receipt of the Authority notification.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.065

AMEND: 410-136-3240

RULE SUMMARY: Client Reimbursed Mileage, Meals and Lodging.

CHANGES TO RULE:

410-136-3240

Client Reimbursed Mileage, Meals and Lodging ¶

- (1) The brokerage must prior authorize a client's mileage, meals, and lodging to an Oregon Health Plan (OHP) or Reproductive Health Access Fund (RHAF) covered medical service in order for the client to qualify for reimbursement. If the brokerage prior authorized the travel costs, a client may request reimbursement up to forty-five (45) days after the travel.¶
- (2) The client must return any documentation the brokerage requires before receiving reimbursement. Documentation required shall include a receipt for lodging.¶
- (3) A client must be reimbursed within fourteen (14) days of the brokerage after verification of the client's attendance at the appointment for the reimbursement request received.¶
 - (a) A brokerage may hold reimbursements under the amount of \$10 until the client's reimbursement reaches \$10; or¶
 - (b) A brokerage must issue the client a notice within fourteen (14) days if the client reimbursement is denied for any reason. If the client reimbursement request is incomplete the brokerage shall take an additional fourteen (14) days to assist the client in completing the submission;¶
 - (c) The fourteen (14) days in section (3) of this rule occur after a client requests reimbursement.¶
- (4) Brokerages shall reimburse clients for meals when a client, with or without an attendant, travels a minimum of four (4) hours round-trip out of their local area. The travel, however, must span the following meal times:¶
 - (a) For a breakfast allowance, the travel must begin before 6 a.m.;¶
 - (b) For a lunch allowance, the travel must span the entire period from 11:30 a.m. through 1:30 p.m.; and¶
 - (c) For a dinner allowance, the travel must end after 6:30 p.m.¶
- (5) Brokerages shall reimburse for meals at the Authority's allowable rate.¶
- (6) Brokerages shall not reimburse clients for meals that a hospital or other medical facility provides.¶
- (7) Brokerages shall reimburse clients for lodging when:¶
 - (a) A client ~~would~~may otherwise be required to begin travel before 5 a.m. in order to reach a scheduled appointment;¶
 - (b) Travel from a scheduled appointment ~~would~~may end after 9 p.m.; or¶
 - (c) The client's health care provider documents a medical need.¶
- (8) Brokerages shall reimburse for lodging at the Authority's allowable rate or the actual cost of the lodging, whichever is less.¶
- (9) Brokerages shall reimburse for meals or lodging for only one attendant, which may be a parent, to accompany the client if medically necessary but only if:¶
 - (a) The client is a minor child and unable to travel without an attendant;¶
 - (b) The client's attending physician provides a signed statement indicating the reason an attendant must travel with the client;¶
 - (c) The client is mentally or physically unable to reach his or her medical appointment without assistance; or¶
 - (d) The client is or may be unable to return home without assistance after the treatment or service.¶
- (10) The brokerage shall not reimburse for the attendant's time or services.¶
- (11) If a client's health care provider admits the client for inpatient care, an attendant is no longer medically necessary because the facility provides all necessary services for the client. Therefore, the attendant is no longer eligible for lodging and travel expenses. The brokerage shall reimburse for meals and lodging for the attendant's transportation home. However, the brokerage may pay for the attendant's meals and lodging if it is more cost effective for the attendant to remain near the client to accompany the client on the return trip as allowed by section (12) of this rule.¶
- (12) Upon the client's release from inpatient care, if the attendant is medically necessary based on one of the conditions or circumstances listed in section (9) of this rule, the brokerage shall reimburse for the attendant to return to the inpatient facility to accompany the client on the return trip. This only applies if the brokerage prior authorizes the attendant's travel.¶
- (13) Brokerages shall not reimburse for mileage, meals, and lodging for an attendant visiting an inpatient client unless the physician provides a signed statement of the medical need. This exclusion includes, but is not limited to, parents of minors, breastfeeding mothers, and spouses.¶
- (14) The state shall recover overpayments made to a client. Overpayments occur when the brokerage paid the client:¶

(a) For mileage, meals, and lodging, and another resource also paid;¶

(A) The client or;¶

(B) The ride, meal, or lodging provider directly;¶

(b) Directly to travel to medical appointments, and the client did not use the money for that purpose, did not attend the appointment, or shared the ride with another client whom the brokerage also directly paid;¶

(c) For common carrier or public transportation tickets or passes, and the client sold or otherwise transferred the tickets or passes to another person.¶

(15) If a person or entity other than the client or the minor client's parent or legal guardian provides the ride, the brokerage may reimburse the person or entity that provided the ride. However, the client or the minor client's parent or legal guardian must approve in writing of the reimbursement.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.065

AMEND: 410-136-3260

RULE SUMMARY: Modifications Based on Client Circumstances.

CHANGES TO RULE:

410-136-3260

Modifications Based on Client Circumstances ¶¶

(1) A client may request modification of non-emergent medical transportation (NEMT) services when the NEMT driver:¶¶

- (a) Threatens to harm the client or others in the vehicle;¶¶
- (b) Drives or engages in other behavior that places the client or others in the vehicle at risk of harm; ¶¶
- ~~(c) Threatens to or breaks the client's confidentiality; or~~¶¶
- ~~(ed)~~ Presents a perceived or direct threat to the client or others in the vehicle.¶¶

(2) A brokerage may modify NEMT services when the client:¶¶

- (a) Is threatening harm to the driver or others in the vehicle;¶¶
- (b) Presents a direct threat to the driver or others in the vehicle;¶¶
- (c) Has a health condition that creates health or safety concerns to the driver or others in the vehicle;¶¶
- (d) Engages in behaviors or circumstances that place the driver or others in the vehicle at risk of harm;¶¶
- (e) Frequently does not show up for scheduled rides;¶¶
- (f) Frequently cancels the ride on the day of the scheduled ride time;¶¶
- (g) Engages in behaviors that cause local medical providers or facilities to refuse to provide further services without modifying NEMT services; or¶¶
- (h) Has special needs that require special accommodations.¶¶

~~(23)~~ For the purposes of this rule, "direct threat" means a significant risk to the health or safety of others and which:¶¶

- (a) 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¶¶
- (b) Is identified through an individual assessment that relies on current medical evidence or the best available objective evidence which shows:¶¶
 - (A) The nature, duration, and severity of the risk;¶¶
 - (B) The probability that a potential injury shall actually occur; and¶¶
 - (C) Whether reasonable modification of policies, practices, or processes shall lower or eliminate the risk.¶¶

~~(34)~~ Reasonable modifications include, but are not limited to requiring the client to:¶¶

- (a) Use a specific transportation subcontractor;¶¶
- (b) Travel with an attendant;¶¶
- (c) Use public transportation where available;¶¶
- (d) Drive themselves or locate someone to drive them and receive mileage reimbursement; or¶¶
- (e) Confirm the ride with the brokerage on the day of or the day before the scheduled ride.¶¶

~~(45)~~ Before requiring any modifications, the brokerage shall talk with the client about the reason for imposing a modification, explore modifications that are appropriate to the needs of the client and that address the health and safety concerns of the brokerages. The brokerage or client may include the client's worker, or CCO in the discussion. The client may include other individuals in the discussion.¶¶

~~(56)~~ Responses to requests for modification or auxiliary aids 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.¶¶

~~(67)~~ Brokerages may not modify NEMT services under this rule unless the modification is permitted under this rule or required in order to accommodate a disability requiring modification or auxiliary aid.¶¶

~~(78)~~ Brokerages may not make a reasonable modification based on the criteria in section (1)(a)-(g) in this rule that results in a denial of NEMT services to a client and must make all reasonable efforts to offer an appropriate alternative to meet the client's needs under the circumstances.¶¶

~~(89)~~ Brokerages shall draft policies and procedures that ensure the safety of all passengers in NEMT vehicles which shall include, without limitation, policies and procedures that comply with this rule and in accordance with OAR 410-136-3020 (13)(e). Brokerages shall include passenger safety policy and procedures in a OHP Open Card Member Handbook or in a stand-alone document, and ensure the information is available on the Brokerages' website for passengers. Brokerages shall also provide passenger safety policy and procedures information to their NEMT subcontractors and require the NEMT subcontractors to follow the policies and procedures.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.065

CHANGES TO RULE:

410-136-3300

Reports and Documentation ¶¶

(1) Brokerages shall maintain documentation of rides denied and rides provided to clients. This documentation shall include, but is not limited, to:¶¶

- (a) The name of the client and the person requesting the ride on behalf of the client, if applicable;¶¶
- (b) The client's Oregon Health Plan (OHP) or Reproductive Health Access Fund (RHAF) medical care identification number;¶¶
- (c) The date and time of the request for transportation;¶¶
- (d) The mode of transport authorized for the client and a justification for authorizing a mode of transport that is not reasonably understandable;¶¶
- (e) The location for picking-up the client and the destination;¶¶
- (f) The medical reason for the appointment;¶¶
- (g) The availability of other transportation resources and the justification for authorizing a ride when the client has other resources;¶¶
- (h) The subcontractor assigned to give the ride and the date and time the brokerage notified the subcontractor of the assignment;¶¶
- (i) The name of the employee who approved a ride and the name of the driver for the ride, as applicable; and¶¶
- (j) In the case of a denial of a ride:¶¶
 - (A) The name of the employee who denied a ride;¶¶
 - (B) The name of the employee who performed the secondary review before denying the ride;¶¶
 - (C) The reason for the denial and the applicable OAR that supports the denial;¶¶
 - (D) The date on the notice of action the brokerage mailed to the client;¶¶
 - (E) Documentation on the brokerage's review, resolution, or disposition of the matter, if applicable, including the reason for the decision and the date of the resolution or disposition; and¶¶
 - (F) Notations of oral and written communications with the client and documentation of the outcome of any appeal of a denied service.¶¶
- (2) The brokerage shall retain the documentation on denials of rides for three (3) calendar years, even if the brokerage is no longer a Medicaid enrolled provider before the end of the three years. The Authority may request this information at any time during the three (3) year retention period.¶¶
- (3) The brokerage shall maintain service and billing files organized by subcontractor that justify the number of transports and with cross references to actual rides and specific clients. The record keeping system developed and maintained by brokerages and their subcontractors shall include sufficient detail and clarity to permit internal and external review to validate claim submissions and to assure NEMT services are provided consistent with the documented needs of the client. Brokerages information for actual rides shall include the date, mode of transport, the driver's first and last name.¶¶
- (4) The brokerages shall report monthly on estimated revenue and expenses that affect the balance of the working capital reserve amount. The report must contain the following costs as they pertain to providing NEMT services:¶¶
 - (a) Sub-totals of administrative expenses, including:¶¶
 - (A) Salaries and wages of the brokerage's employees;¶¶
 - (B) Payroll related expenses for the brokerage's employees;¶¶
 - (C) Other employee related expenses, such as recruitment and advertising;¶¶
 - (D) Computer hardware and software purchased, leased or licensed;¶¶
 - (E) Office supplies such as stamps, paper or printing;¶¶
 - (F) Non-computer related equipment purchased, leased or licensed;¶¶
 - (G) Telephone;¶¶
 - (H) Administrative support and other indirect charges;¶¶
 - (I) Education and training;¶¶
 - (J) Building expenses such as leases, rents, security, janitorial services and repairs that retain the property's operating condition but do not add to the permanent value of the property;¶¶
 - (K) Subcontractor identification and drug testing, such as fingerprinting and drug analysis;¶¶
 - (L) Legal expense not related to the Authority, such as attorney fees; fines or penalties;¶¶
 - (M) Indirect expenses, such as accounting, human resources, risk management or insurance;¶¶
 - (N) Sub-contracts for operations or temporary employees;¶¶

- (O) Required driver training, if applicable;¶
- (P) The client satisfaction survey, if applicable;¶
- (Q) Software maintenance, if applicable; and¶
- (R) Details of other administrative expenses not specified above.¶
- (b) The number and costs of the following:¶
 - (A) Stretcher car rides;¶
 - (B) Wheelchair rides;¶
 - (C) Ambulatory rides;¶
 - (D) Secured transports;¶
 - (E) Bus tickets;¶
 - (F) Bus passes;¶
 - (G) NEMT ambulance transports;¶
 - (H) Reimbursements to clients; and¶
 - (I) Commercial transports.¶
- (c) The amount of credits to subcontractors.¶
- (d) Information on the brokerage's working capital reserve, including:¶
 - (A) The Authority-calculated working capital reserve;¶
 - (B) The estimated working capital reserve as of the beginning of the fiscal year;¶
 - (C) The estimated working capital reserve as of this report; and¶
 - (D) The difference between above sub-sections (B) and (C) of this rule.¶
- (5) The financial reports must show the number of rides that volunteer drivers provide.¶
- (6) Brokerages must submit the financial report required in Section (4) of this rule within forty-five (45) days of the end of the reporting month.¶
- (7) Brokerages shall submit a cost allocation plan that includes anticipated expenses, certified by the brokerage's Chief Financial Officer, to the Authority no later than April 1st of each year for the upcoming fiscal year.¶
- (8) Brokerages must report monthly on data that meets the delivery and content specifications as defined by the Authority.¶
 - (a) monthly data for quality assurance must include at minimum the following:¶
 - (A) Driver Cancellations reported as a numeric value of the total number of times within the reporting period that a driver cancels a ride less than twenty-four (24) hours in advance, resulting in client not receiving scheduled ride;¶
 - (B) Driver No-Shows reported as a numeric value of the total number of times within the reporting period that a driver was not at pick up location as pre-arranged resulting in client not receiving scheduled ride;¶
 - (C) Client Cancellations reported as a numeric value of total number of times within the reporting period that a clients cancel a ride less than twenty-four (24) hours in advance;¶
 - (D) Client No-Shows reported as a numeric value of the total number of times within the reporting period that a client was not at pick up location as pre-arranged, after the allowed 15-fifteen (15) minute window of time, resulting in a ride cancellation;¶
 - (E) Late Rides reported as a numeric value of the total number of rides within the reporting period where driver arrived fifteen (15) minutes or more past scheduled pick-up time.¶
 - (F) Rides scheduled reported as a numeric value of the total number of rides scheduled in the reporting period regardless of whether driver/member no-show or cancelled.¶
 - (G) Rides denied reported as a numeric value of the total number of rides denied by brokerage during the reporting period.¶
- (b) Brokerages must submit monthly data quality assurance report to the Authority no later than forty-five (45) days after the end of each month within each calendar year.¶
- (9) Brokerages must maintain written policies and procedures outlining the activities of NEMT services for ongoing monitoring, evaluation, and improvement of the quality and appropriateness of NEMT services, and with procedures for processes.¶
- (10) Brokerages must submit written policies and procedures to the Authority no later than December 1st of each year for the upcoming calendar year.¶
- (11) Brokerages must develop and conduct a client satisfaction survey, including at minimum the following:¶
 - (a) Processes for conducting client satisfaction surveys at least annually;¶
 - (b) Satisfaction surveys must be sent to a minimum of five percent of all clients who scheduled NEMT rides;¶
 - (c) Submit completed client satisfaction survey results to the Authority, at least annually, for review of results to identify potential areas of enhancement or improvement within the program.¶
- (12) Brokerages must maintain a log of all OHA Client grievances, complaints that are referred by brokerage to the Authority, and of which brokerage receives notice from subcontractors or the Authority. The log shall identify at minimum:¶

- (a) Client name;¶
- (b) Date of the grievance;¶
- (c) The allegation or grievance;¶
- (d) Resolution; and¶
- (e) Date of resolution.¶

(13) The Authority may request, and the brokerage shall provide, other reports or information not specified in sections 1 through 11 of this rule. OHA has the right to request all NEMT documentation, information, reports, phone call recordings, grievances or other complaints submitted, policies and procedures, systems, facilities that provide or otherwise relate to NEMT services for purposes of determining compliance.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.065

AMEND: 410-136-3340

RULE SUMMARY: Brokerage Service Areas.

CHANGES TO RULE:

410-136-3340

Brokerage Service Areas ¶¶

(1) Brokerages enrolled with the Oregon Health Authority (Authority) shall arrange and pay for NEMT services to all eligible clients in the counties shown in Table 136-3340.¶¶

(2) Oregon Health Plan (OHP) clients and Reproductive Health Access Fund (RHAF) clients residing in Oregon shall use only the brokerages available in their county of residence unless they have permission from their local brokerage to use another brokerage.¶¶

(3) Nothing in this rule precludes brokerages from coordinating to provide rides to clients in another brokerage if it ~~would~~may be more cost effective or provide better service for the client.¶¶

[ED. NOTE: Table referenced is available from the Oregon Health Authority (OHA) and on the Authority's website.]

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.065