

**ATTACHMENT B – Scope of Work      Federal Tax Id. 57-1240046**

**A.      CONTRACTOR INFORMATION**

1. Contractor Agency Name: Ivory's Accessible Transport Service, Inc.

2. *If different* from Contract Administrator Information in General Contract:  
SAME

3. Name of Program (s): Medicaid Transportation Program

4. Status:            ☐ Public            ☐ Private, Not for Profit            ☒ Private, For Profit

5. Contractor's Financial Reporting Year   01/01   through   12/31

B. Explanation of Services to be provided and to whom (include SIS Service Code):  
See list of items 1 – 11.

C. Rate per unit of Service (define the unit):

1. Negotiated County Rate.  
\$2.60 per mile per person for each one-way trip for Medicaid authorized transports. Service codes A0120, A0130)

D. Number of units to be provided:

E. Details of Billing process and Time Frames; Provider will comply with MA 2910-MA 3550 (copies included, links below)

F. Provider will comply with ALL requirements contained in MA 2910-MA 3550 (copies included and links are below). Proof of compliance will be required with initial contract each year and upon request throughout the fiscal year.

<http://info.dhhs.state.nc.us/olm/manuals/dma/abd/man/MA2910.htm>  
<http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/man/MA3550.htm>

G. Area to be served/Delivery site(s): Brunswick County residents transported within Brunswick County, New Hanover County and other areas as needed for medical transport, **as authorized by the Brunswick County Department of Social Services.**

## Additional Information - B

### Scope of Work

1. Fares, donations, or gifts shall not be collected by vendor drivers and/or administration; whether in the form of a services, loan, item, or gratuities in the form of money or promise, from any person or firm.
2. Passengers are subject to the Medicaid conduct policy. Policy is distributed by DSS to all Medicaid recipients receiving transportation. Violation of such conduct policies by Medicaid clients may result in the suspension of transportation services. Vendor is responsible for reporting all conduct policy violations to the Department of Social Services (DSS) within 24 hours of the event.
3. Brunswick County has set the rate of \$2.60 per mile per trip for vendors who wish to continue to contract for NEMT services. Trips will be sent to vendors on a weekly rotation (i.e.: Week 1 trips sent to vendor A, trips not scheduled will be sent to vendor B and so forth until all trips are scheduled. Week 2, trips will be sent to vendor B, and then C until all trips are scheduled). The rotation schedule will be set based on the order in which vendors responds and express their interest to continue to provide NEMT services. The log containing the weekly rides needed by clients will be sent out in the order outlined above in this paragraph until all trips have been taken by a vendor. Once you receive the log, you will have 2 business hours to determine which rides you will transporting and send back to DSS.
4. Vendor will contact clients they will be transporting and provide instructions regarding pick up time. Contact with the client should be made within 24 hours of the scheduled appointment time. **Vendors shall not cancel the trip in the event that they are unable to reach the client prior to the scheduled appointment time.**
5. Vendor shall schedule all trips in order to ensure that all clients arrive to their appointments **on time**. If the Vendor is unable to do so, the vendor must contact DSS as soon as possible to reschedule with the client.
6. Vendors will only be reimbursed by the state for trips that are scheduled by and through Social Services.  
  
**\* Vendors and their employees shall not accept transportation requests directly from clients. If vendor provides transportation for a trip that was not scheduled via the Department, the Vendor will not be reimbursed by NC Tracks for the trip.**
7. Vendor shall collect the medical appointment verification form DMA-5118 for each appointment that transportation is provided from each client.

- \* The DMA-5118 for each trip must be submitted to DSS along with the transportation log each week.
  - \* If DMA-5118 is not provided by the vendor for each trip, payment will be held up while verification is obtained.
  - \* Vendor will also maintain a supply of DMA-5118 forms on the vehicle and offer them to the Medicaid recipients as they complete drop off at medical providers.
8. Vendor will maintain a transportation log in accordance with MA-2910/3350 and submit to DSS weekly, by Wednesday of the following week.
- \* At the end of the year, the billing log and 5118's must be received within 5 working days of 6/30.
  - \* All logs must provide the following items: Date of trip; number of trips; client(s) name last, first; pick up and drop off full addresses; DMA code; total miles; amount owed; shared miles; summary for each trip; beginning and ending odometer reading. (See Attached Sample)
9. It is the expectation that each vendor will provide transportation in accordance with MA policy and arrange the transportation in the most efficient and effective manner.
10. Payment will be processed and made by the State after trips have been reconciled by DSS. Inquiries into the State's payment schedule should be directed to the State.
11. Vendors shall be responsible for entering their trip information in NC Tracks. DSS will verify the trips and upload the information into NC Tracks so vendor is able to be paid by the State for their trips. It is the vendor's responsibility to keep their provider status current in NC Tracks as a Medicaid Transportation provider and to keep us updated on any change in their status.

Medicaid transportation is only provided for Medicaid covered services and when the primary reason for the trip is medical care. To determine what services are covered, see MA-2905/3540 Covered Services, or consult the Medicaid Clinical Coverage and provider Manuals index for information on the service in question.

<http://info.dhhs.state.nc.us/olm/manuals/dma/abd/man/MA2905.htm>  
<http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/man/MA3540-37.htm>

### **Rate Structure:**

1. A flat rate of \$2.60 per mile per person for all one-way trips will be authorized.
2. Payment will not be authorized for no-shows or dead miles in accordance with MA-2910/3550.

**Ride Scheduling:**

1. List of requested trips is sent to the first vendor (first vendor to respond affirming interest in providing services to County) by 9 am each morning, we should receive the list back by 11, we will allow 30 mins between,
2. Trips will be sent to second vendor by 11:30,
3. Third vendor by 2 pm.