

Provider information

Provider Name	FTIN/SSN
<input type="text"/>	<input type="text"/>

DBA Name

Certification

This Agreement Addendum between the Nebraska Department of Health and Human Services, Division of Medicaid & Long-Term Care (hereinafter the Department) and \_\_\_\_\_, a non-emergency transportation (NET) service provider, governs the provisions of NET Services as defined in the Nebraska Department of Health and Human Services Program Manuals, Nebraska Administrative Code 471 and 480 (NAC) Titles. Any Attachments for service(s) that is/ are attached and by this reference are made part of this agreement as if included in the agreement word for word and the provider agrees to abide by all regulations as outlined in the attachment(s).

Program Participation: (check all that apply)     Medicaid     AD Waiver

- Individual Provider (non-legally responsible family member, or individual not in the transportation business for hire)     Transportation
- Public Service Commission (PSC) Certified Carrier:
  - Common Carrier                      PSC Certification Number \_\_\_\_\_
  - Contract Carrier                        PSC Certification Number \_\_\_\_\_
- Public Service Commission (PSC) Exempt Provider:
  - Transportation

Transportation services to be provided (check all that apply)

- Personal vehicle (Individual Provider only)                       Wheelchair Accessible Van, Handy-Bus
- Ambulatory Sedan, Van, or Handy-Bus                               Public Fixed Route Transit System

Provider Requirements

IntelliRide will determine the most appropriate transportation mode pursuant to Department regulations and prior authorize non-emergency transportation services for clients. The Department will honor NET service claims submitted electronically and make payments for services that are prior authorized and provided in accordance with Department regulations, the Nebraska Service Provider Agreement (form MC-19), and IntelliRide policies and standards.

General NET Provider Requirements

The Provider shall:

1. Ensure the rate submitted for payment shall not exceed the amount charged to private payers and in accordance to the Department of Medicaid & Long-Term Care Non-Emergency Transportation Fee Schedule.
2. Bill only for services provided while the program eligible client is in the vehicle using the most direct, safe and logical route from the client's origination to destination.

3. Ensure drivers and escorts submit a criminal background check annually, and have been cleared with the Nebraska Child/Adult Abuse and Neglect Register and the State Patrol Sexual Offender Registry in accordance to 471 NAC 27.
4. Agree to provide accurate and complete information and notify IntelliRide of any changes that would impact this provider agreement.
5. Agree and assure that any suspected abuse or neglect will be immediately reported to law enforcement and / or the Abuse-Neglect hotline (1-800-652-1999).
6. Agree and assure that the following vehicle standards are met:
  - a. Be in compliance with all applicable city, county, state and federal requirements regarding licensing, registration, and insurance policies;
  - b. Be in compliance with all regulatory requirements for vehicle safety and maintenance if regulated by the Public Service Commission or Nebraska Department of Roads;
  - c. Not allow smoking in vehicles when transporting clients; and
  - d. Ensure that safety restraints, including car seats / booster seats, are supplied and available for proper use by each client transported, in compliance with Neb. Rev. Stat. §60-6,267 and 60-6,268.
7. Comply with all policies and procedures as provided for in the Network Provider Procedure Manual for the Division of Medicaid & Long-Term Care Non-Emergency Transportation Program, as amended or updated from time to time, developed and maintained by IntelliRide. In the event the terms of this Agreement Addendum conflict with the Network Provider Procedure Manual, Department regulations and the terms of this Agreement Addendum shall govern.

Individual Provider Requirements

The provider shall:

1. Have been chosen by the client or the usual caregiver to provide transportation;
2. Not be a legally responsible member of the client's family;
3. Not have more than 3 points assessed against his/her driver's license; and
4. Personally drive his/her own vehicle to transport clients.

When completed, send all documents to

IntelliRide  
 2222 Cuming Street  
 Omaha, NE 68102-4328

For questions, contact:  
 IntelliRide  
 (402) 401-6990

Signatures and Dates

I certify that I have read and understand the standards as stated and reference above and agree to comply with all the terms of this Agreement.

\_\_\_\_\_  
 Provider/Agency Representative Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Authorized Representative - Nebraska Department of Health and Human Services

\_\_\_\_\_  
 Date