

**CHAPTER 10: MEDICAL TRANSPORTATION****REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
05/10/13		Table of Contents	3	<p>Changed subheading from “Fax Machine Requirements” to “Communication Requirements”</p> <p>Added subheading “Ride Along Compliance Reviews” (change made on page 1)</p>
05/10/13	10.2	NEMT – Service Access/ Authorization	4	<p>Added note about Transportation Dispatch Office responsibility to provider (change made on page 3)</p>
05/10/13	10.3	NEMT – Provider Requirements	6	<p>Added information regarding capitated authorizations not being fulfilled.</p> <p>Added information about coverage area.</p> <p>Changed subheading from “Fax Machine Requirements” to “Communication” Requirements”</p> <p>Providers must have internet capability, a valid e-mail address, monitor e-mails daily, be accessible and attend all mandated trainings/meetings.</p> <p>Added information regarding mandatory ride along compliance reviews. (changes made on pages 1-5)</p>

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05/10/13	10.4	NEMT – Provider Responsibilities	4	<p>Added information about reassignment reporting timeframes and sending in cancellations, dry runs and rate corrections.</p> <p>Provided clarification of providing an infant or child seat.</p> <p>Removed information about tie downs for vehicles with stretchers. (change made on pages 1 and 3)</p>
05/10/13	10.5	NEMT – Staffing and Training	1	<p>Corrected name of Health Standards.</p> <p>Added providers must provide the results of the criminal history check to Health Standards. (change made on page 1)</p>
05/10/13	10.6	NEMT – Record Keeping	1	<p>Verification of Medical Transportation (Form MT-3) must be used and deleted use of trip/tracking log. (change made on page 1)</p>
05/10/13	10.8	NEMT – Complaint Procedures	1	<p>Added NEMT Program Section to list of offices that can be contacted. (change made on page 1)</p>
05/10/13	Appendix G	Contacts	2	<p>Added Health Standards EMS home page web address and NEMT home page web address,</p> <p>Corrected phone numbers for Molina Provider Enrollment Unit,</p> <p>Added NEMT Program contact information and e-mail address for reporting change of e-mail address (changes made on page 1 and 2)</p>

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05/10/13	Appendix H	Forms	5	<p>Removed the following forms and provided web address to obtain copy:</p> <ul style="list-style-type: none"> <li>• NEMT Program Driver Information Form – MT-8,</li> <li>• NEMT Program Driver's Change Form – MT-8-C,</li> <li>• Transportation Vehicle Inspection Form – MT-9 a,</li> <li>• NEMT Request for Inspection (Fleet Addition) – MT-15,</li> <li>• Instructions for Completing NEMT Request for Inspection (Fleet Addition)-MT-15,</li> <li>• Request for Inspection – (Ambulance – Sprint Air Ambulance) – ET-05,</li> <li>• Instructions for Completing EMS Request for Inspection (Fleet Addition) Form ET-05,</li> <li>• Medical Response Emergency Vehicle Survey – Ambulances – Minimum Equipment &amp; Supply Needs,</li> <li>• Medical Response Emergency Vehicle Survey – Sprint Report – Minimum Equipment &amp; Supply Needs</li> </ul> <p>Revised the Verification of Medical Transportation – Form MT3 and Instructions for Completion of Form MT-3</p>