



OPERATIONAL MEMO

Title: Member Eligibility Verification Requirements for Non-Emergent Medical Transportation (NEMT) Providers	Topic: Eligibility Policy
Audience: NEMT Providers Outside of the Transdev Broker Network	Sub-Topic: NEMT
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Purpose and Audience:

The purpose of this Operational Memo is to inform Non-Emergent Medical Transportation (NEMT) providers of the required procedures for verifying member eligibility and documenting transportation requests.

This memo establishes standardized verification protocols that all NEMT providers must implement. This will help ensure program integrity, maintain compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements, and prevent inappropriate use of transportation services.

While all providers must comply with HIPAA, **NEMT providers within the NEMT Broker Network receive trip assignments from the NEMT Broker and are not required to comply with steps 1-6 in this memo because these steps are performed by the NEMT broker.** All NEMT Providers not using an NEMT broker-

assigned tablet must complete the Non-Emergent Medical Transportation Trip Report form found here, [Provider Forms](#). for all trips in compliance with 10 C.C.R. 2505-10, § 8.014.3.C. Providers receiving trip assignments from the NEMT broker and who use tablets to document trips may use the tablet to complete the electronic trip report instead of the Non-Emergent Medical Transportation Trip Report form.

Information:

NEMT is a benefit provided to eligible Health First Colorado (Colorado Medicaid program) members who have no other means of transportation to access medically necessary services. Pursuant to 10 C.C.R. 2505-10, §§ 8.014.4 and 8.014.5.B.1.a, the Non-Emergent Medical Transportation (NEMT) Billing Manual, and Operational Memo OM 21-055, NEMT providers are responsible for verifying member eligibility and ensuring that transportation requests meet program requirements prior to service delivery.

This memo outlines the required verification steps that NEMT providers must complete and document for each transportation request. Failure to properly verify eligibility and document verification steps may result in claim denials, regulatory noncompliance, and/or potential HIPAA violations.

Required Member Eligibility Verification Procedures

Effective immediately, all NEMT providers who are not performing trips arranged by the Department's NEMT Broker must implement and adhere to the following verification process for every transportation request. Each step in this process serves as a checkpoint that must be satisfied for the trip to be eligible for coverage and reimbursement. If ANY verification step reveals the member or trip is ineligible, the provider MUST decline the trip request and document the reason for denial.

1. Member Enrollment Verification

To verify that the member seeking transportation is currently enrolled and eligible for benefits:

- a. Access the Provider Web Portal using secure credentials.
- b. Enter the member's Health First Colorado ID number. *

- c. Confirm active "Medicaid State Plan" coverage on the date of service.
- d. Document the verification in the member's record.
- e. Ensure the member is not enrolled in any exclusionary programs (QMB Only, SLMB Only, QI-1, OAP-state only, Emergency Medicaid (EMS) and Reproductive Health benefit plan coverage). Child Health Plan Plus (CHP+) is not a Health First Colorado plan and therefore is not eligible for NEMT services. This can be verified by confirming the member's Benefit Plan through the Health First Colorado provider portal and querying the member's eligibility.
- f. Retain verification documentation in accordance with 10 C.C.R. 2505-10, § 8.130.2 - MAINTENANCE OF RECORDS and HIPAA privacy regulations.
*A minor child's parent, guardian, or custodian may use the child's Medicaid ID number for additional services related to the child's medical needs. This includes meals and lodging if the parent, guardian, or custodian is traveling with the child as an escort for overnight or out-of-state medical treatment.

IMPORTANT HIPAA COMPLIANCE NOTE: Member eligibility information constitutes Protected Health Information (PHI) under HIPAA. All verification records must be securely maintained and accessed only by authorized personnel with a legitimate need to know. Electronic records containing PHI must be encrypted, and physical records must be stored in secure, locked locations.

2. Transportation Need Verification

NEMT providers must confirm and document that the member lacks personal or free transportation options. NEMT providers must document the member's verbal attestation regarding lack of transportation resources. Per 10 C.C.R. 2505-10, § 8.014.5.B, Transportation is not covered when the member has access to any of the following:

- a. Personal vehicle.
- b. Family or friend transportation.
- c. Free community transportation services.
- d. Transportation provided by the Program of All-Inclusive Care for the Elderly (PACE).

3. Medical Necessity and Covered Service Verification

NEMT providers must verify and document that the requested transportation is for a Health First Colorado covered service. For recurring trips to regularly scheduled appointments, such as dialysis treatment, this verification and documentation is valid for a 90-day period before it must be performed and documented again. Providers must:

- a. Ask the member what specific service the member is scheduled to receive (for example: dialysis appointment, cancer treatment, medical appointment, therapy appointment, medication-assisted treatment appointment). Please note the appointment location must correspond with the service.
- b. Verify Health First Colorado covers the type of service by referencing the online list of covered [Health First Colorado Benefits & Services](#).
- c. Document the type of service.
- d. Decline transportation requests for non-covered services.

IMPORTANT: NEMT is not covered for trips to Home and Community Based Services (HCBS), per 10 C.C.R. 2505-10 8.014.6.A.12. Before scheduling rides, NEMT providers must verify destination eligibility using the [Find a Doctor Tool](#). If the destination provider is listed as "Home & Community Based Services (HCBS)", the trip is not covered and should not be provided.

IMPORTANT: If a member requests transportation to receive a service that is not covered by Health First Colorado the provider **MUST** decline the transportation request. The provider must document the specific reason why the service is not covered and maintain this documentation.

4. Provider Proximity Verification

NEMT providers must verify and document that the transportation destination is to the nearest qualified Health First Colorado-enrolled provider from the member's residence. 10 C.C.R. 2505-10, § 8.014.4.A. The closest provider is defined as a provider within a 25-mile radius of the member's residence, or the nearest provider if one is not practicing within a 25-mile radius of the member's residence.

NEMT Providers must:

- a. Use the [Find a Doctor](#) tool to confirm the destination provider is enrolled with Health First Colorado *and* is within 25 miles of the member's residence. Reference

Section #6 of this memo if the destination provider is farther than 25 miles from the member's residence and there are no other closer providers.

NEMT Providers should search for the business name or address of the destination provider. If the location is not listed, NEMT providers may contact the Department's fiscal agent Gainwell Technologies listed at the top of the [Provider Contact Center](#) to confirm the destination provider's enrollment.

b. Decline transportation requests to providers outside a 25-mile radius unless an approved exception applies (see Section 6 below regarding trips more than 25 miles)

5. Transportation Mode Assignment

After verifying eligibility criteria (steps 1-4), NEMT providers must:

a. Assign the most appropriate and least costly transportation mode suitable for the member's health condition.

b. Select on the Non-Emergent Medical Transportation Trip Report the necessary vehicle type that is required for the member's medical and/or mobility needs based on information provided by the member, the member's caregiver/escort or the member's parent/guardian.

c. Document the Level of Service when a specialized transport mode (wheelchair van, stretcher, etc.) is needed due to the members medical and transportation needs. The NEMT provider shall select the type of vehicle used for trips on the Non-Emergent Medical Transportation Trip Report found here, [Provider Forms](#).

The NEMT provider shall maintain a copy of the Non-Emergent Medical Transportation Trip Report for their records as required by 10 C.C.R. 2505-10, § 8.130.2. The completed Non-Emergent Medical Transportation Trip Report must match the documentation of the member's Level of Service that justifies the type of specialized transportation mode.

6. Documentation Requirements

All verification steps must be thoroughly documented for each transportation request using the following protocols:

A. For trips within 25 miles of the member's residence/pickup location:

1. Ensure all required elements as set forth at 10 C.C.R. 2505-10, § 8.014.3.C are included in the Non-Emergent Medical Transportation Trip Report, and
2. Retain all documentation securely in accordance with HIPAA requirements.

B. For trips exceeding 25 miles from the member's residence/pickup location:

1. Complete the Verification Form for Transportation Services More Than 25 Miles as specified in the [NEMT Billing Manual](#).
2. Exceptions may be made if the member's treating provider completes the Verification Form for Non-Emergent Medical Transportation (NEMT) Services more than 25 miles explaining why the member cannot be treated by the closest provider within 25 miles of the member's residence. 10 C.C.R. 2505-10, § 8.014.4.B.
3. Include the completed Verification Form for Non-Emergent Medical Transportation Services More Than 25 Miles and the completed Non-Emergent Medical Transportation Trip Report when submitting claims.
4. Retain all original documentation in accordance with 10 C.C.R. 2505-10, § 8.130.2 and HIPAA requirements.

HIPAA Compliance Requirements

Per 10 CCR 2505-10, § 8.014.3.B.7.b, providers must comply with 42 C.F.R. § 403.812, the Health Insurance Portability and Accountability Act (HIPAA). All NEMT providers must adhere to these HIPAA requirements when handling member information:

1. Implement administrative, physical, and technical safeguards to protect PHI.
2. Limit access to member information to authorized personnel with a legitimate need to know.
3. Use secure methods for transmitting any PHI, including eligibility verification information.
4. Maintain a HIPAA-compliant record retention policy.
5. Train all staff on HIPAA requirements related to member eligibility verification.
6. Report any potential breaches of PHI to the Department immediately.
7. Maintain Business Associate Agreements as required by HIPAA.

Implementation Timeline

These verification procedure requirements are effective as of the Effective Date of this memo. The Department will monitor compliance through claims review and other procedures as authorized pursuant to federal and state statutes and regulations and

may conduct periodic audits to ensure NEMT providers follow proper verification procedures.

Definition(s):

Decline: To refuse or deny a transportation request. When a provider "declines" a request, they must: (1) Inform the member that the transportation cannot be provided, (2) Explain the specific reason for declining the ride, (3) Document the reason for declining in their records, and (4) Not provide the transportation service.

Nearest qualified provider: A Health First Colorado-enrolled provider who is capable of providing the specific service needed by the member and is geographically closest to the member's residence, as measured in direct miles.

Verification: The process of confirming and documenting specific eligibility criteria through official sources (Provider Web Portal, Find a Doctor tool, etc.) All verifications must be documented and include the verification date, time, method used, and outcome.

Action to Be Taken:

All NEMT providers must verify a member's eligibility and document transportation requests before providing service, unless they receive trips through the NEMT Broker and use a broker-assigned tablet. Providers not using a tablet must complete the NonEmergent Medical Transportation Trip Report form for each trip. The verification process includes confirming active Medicaid enrollment, ensuring the member lacks access to other transportation, verifying that the requested service is covered by Health First Colorado, and confirming the destination is the nearest qualified provider within 25 miles. If any of these criteria are not met, the provider must decline the trip, explain the reason to the member, and document the denial.

Additionally, providers must assign the most appropriate and cost-effective transportation mode based on the member's medical needs and retain all verification documentation in compliance with HIPAA and state regulations. Trips over 25 miles require a special Verification Form justifying the distance. All providers must secure and limit access to member information, use HIPAA-compliant storage and transmission methods, and ensure staff are trained on privacy requirements. The Department will monitor compliance through claims reviews and audits.

Attachment(s):

Current forms located under the “Claim Forms and Attachments” drop-down menu on the [Provider Forms](#) web page:

- Non-Emergent Medical Transportation Trip Report
- Verification Form for Non-Emergent Medical Transportation (NEMT) Services more than 25 miles

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