



Policy and Procedure No: CR 5.5	Revision No: 5
Division: Care Management	
Department: Credentialing	
Title: PHC-CA Transportation Provider Credentialing Policy	
Effective Date: 12/2/2016	
Supersedes Policy No: CR 5.0, CR 5.1, CR 5.2, CR 5.3, CR 5.4	
Reviewed/Revised by: Renee Barker	Review/Revision Date: 12/16/2025
Approving Committee: Credentialing Committee	Date: 12/16/2025
Executive Oversight Committee Date: 12/16/2025	

1. Purpose

To define PHC California’s (the Health Plan) and client-specific guidelines during initial credentialing and continuous credentialing maintenance of Transportation Providers and to outline required credentialing documents.

2. Policy

Transportation Providers are required to meet tHealth Plan national credentialing requirements prior to being approved to transport tHealth Plan members. Local or state regulations and/or client contract requirements take precedence when they differ from any required Health Plan credentialing requirement. The Health Plan may credit those parts of credentialing addressed as part of a local regulatory agency. All documents will be verified via web, phone or hard copy of the document and documented within the Provider file. Signed attestations may be accepted in lieu of actual documents where internal Provider processes and practices may vary depending on the Provider location, state, or type of service provided.

3. Process

The Health Plan Credentialing Department processes all credentialing documents and tracks credentialing status. The Health Plan Credentialing Committee manages the credentialing process at all levels. Once a Transportation Provider becomes credentialed, drivers and vehicles must maintain credentialed status in order to remain active and continue to receive trip assignments. The Credentialing and Peer Review Committee reviews the provider application along with all the supporting documentation. and makes the decision to recommend the provider for appointment or in situations of “clean files” the final decision comes from the Chief of Medicine/designee. The list of providers is included in the credentialing report that is submitted to the Executive Oversight Committee. This list is presented to the Executive Oversight Committee of the Board of Directors (EOC) for final approval of appointment and signature.

4. Credentialing

Provider Relations Department are responsible for collecting, screening, and submitting company, driver and vehicle credentialing information to the Credentialing Department to be uploaded in the Credentialing Database.

Transportation Providers must submit current copies of required documents to Provider Relations and complete the initial and subsequent credentialing process. New Providers must complete the initial credentialing process within one hundred eighty (180) days from the date the Provider Application or Contract is signed, whichever is later. After one hundred eighty (180) days, the Provider must submit an attestation verifying the accuracy of the previously submitted information and submit updated information, if applicable. Transportation Providers must submit copies of the following documents: AHF shall recredential its providers at least every three (3) years.

Company Credentialing

- If applicable, a completed Provider Application
- Subcontractor Agreement
- Provider Contact Sheet
- Completed CMS Disclosure of Ownership Form (must be signed and dated)
- Copy of Business License (if applicable)
- Copy of local transportation license (if applicable)
- Company Substance Abuse Testing Policy (must include Initial, Random, Post Accident and reasonable Suspicion Testing; must be signed and dated)
- Insurance Certificate with the Health Plan as additional insured meeting the following liability limits:
 - Minimum liability insurance requirement of \$200,000 per person and \$300,000 per incident.
 - If Self-Insured, a Self-Insurance letter on company letterhead referencing the authorizing statute.
- Copies of Vehicle Registrations
- Daily Vehicle Inspection Attestation
- Non-Driver Employee Roster
- If an FTA Formulary Grant recipient or municipality organization, evidence must be provided demonstrating the specific grant awarded and effective dates. Recipient shall be excluded from applicable elements of Health credentialing requirements

- Company must not be an excluded OIG/SAM entity. Credentialing staff will run the initial OIG/SAM checks and upload a copy of the results page in the Transportation Provider file utilizing direct websites.
- Provider safety and operational policies and procedures
- Handling emergencies and security threats; Security and threat awareness (Attestation)
- Vehicle equipment familiarization including vehicle inspections (Attestation).
- All Provider employees with direct contact with members must be able to communicate in English (Added to the Job Duties Attestation) (Effective July 1, 2015)

Driver Credentialing

- All drivers must be at least eighteen (18) years old
- Copy of current, valid Driver's License
- Copy of a recent, no more than ninety (90) old, MVR check (initially and annually thereafter)
- Drivers must have no more than two (2) chargeable accidents or two (2) moving violations in the last three (3) years.
- Drivers must not have a driver's license suspension or revocation for moving traffic violations within the previous five (5) years.

Proof of DOT Pre-Employment drug test as required in CFR Title 49 chapter 40 and 655. Employees hired prior to the Provider becoming a Health Plan Provider must have a pre-employment drug test as part of the initial driver credentialing process and before the employee is allowed to work under the Health Plan contract (Effective July 1, 2015).

- Copy of National Background Check, no more than ninety (90) days old, (initial and annually thereafter)
- Transportation Provider required to go through governmentally mandated background checks, where records are retained and checked for an extended period of time, may submit an attestation when complying with the statutorily mandated background check;
- Drivers must not have been convicted of any felony crime and/or misdemeanor in the last seven (7) years related to;
- Fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct; elder abuse; patient abuse in connection with the delivery of a health care item or service; unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; and any felony or misdemeanor conviction for child abuse, elderly abuse, domestic violence, criminal sexual conduct, drugs or weapons.

- National/State Sex Offender Check, no more than ninety (90) days old
- Employee SAM/OIG Check, no more than ninety (90) days old
- Driver Attestation attesting that the person is physically and mentally able to drive (Effective July 1, 2015)
- Wheelchair securement tie-down and lift operation training (if applicable)
- Orientation and Training tracking sheet that includes the release of information statement in favor of AHF (Required after July 1, 2015)

Additional Training/Documents (Required within ninety (90) days from activation)

- Proof of First Aid/CPR Training (Drivers that hold a current EMT or Paramedic license, or a licensure that requires similar training, will be accepted in lieu of requirements)
- Proof of Defensive Driving Training
- HIPAA Training Attestation
- Proof of Fraud, Waste and Abuse Training or Training Attestation (Initial and annual updates)
- Code of Conduct Attestation
- Proof of Passenger Assistance Training
- Non-Tobacco/Cell Phone Texting Restriction Attestation

Vehicle Information

- Current vehicle registration
- All vehicles used to transport AHF trips will be inspected during initial credentialing and thereafter based on a regional Provider visit schedule.
- Alternative inspection processes may be used when necessary and approved by the Associate Director of National Credentialing.
- Completed vehicle inspection checklist by the Health Plan or approved designated entity
- Wheelchair vehicles must meet ADA standards



- All transportation providers comply with applicable state and federal laws, including, but not limited to the Americans with Disabilities Act (ADA) and the Federal Transit Administration (FTA) regulations.
- The transportation providers immediately remove from services any vehicle that does not meet, ADA regulations or Contract requirements and re-inspect the vehicle before it is eligible to provide transportation services for Medicaid recipients under this Contract Vehicles shall not carry more passengers than the vehicle was designed to carry. All lift-equipped vehicles must comply with ADA regulations.
- The transportation services meet the needs of its enrollees including use of multiload vehicles, public transportation, wheelchair vehicles, stretcher vehicles private volunteer transport, over-the-road bus services, ambulance or, where applicable, commercial air carrier transport;
- The transportation shall ensure adequate seating for paratransit services for each enrollee and escort, child, or personal care attendant, and shall ensure that the vehicle meets the following requirements and does not transport more passengers that the registered passenger seating capacity in a vehicle at any time.
- The Health Plan ensures adequate seating for paratransit services for each enrollee and escort, child, or personal care attendant and shall ensure that the vehicle meets the following requirements and does not transport more passengers than the registered passenger seating capacity in a vehicle at any time.
- Enrollee property that can be carried by the passenger and/or driver and can be stowed safely on the vehicle shall be transported with the passenger at no additional charge. The driver shall provide transportation of wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, and/or intravenous devices, as applicable with the capabilities of the vehicle.
- Each vehicle shall have posted inside the Health Plan's toll-free telephone number for enrollee complaints.
- Smoking, eating and drinking are prohibited in any vehicle except in cases in which as a medical necessity the enrollee requires fluids or sustenance during transport.
- All vehicles must be equipped with two-way communications, in good working order and audible the driver at all times by which to communicate with the transportation services hub or base of operations.
- All vehicles must have working air conditioners and heaters.
- The interior of all vehicles shall be free from dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which could soil items placed in the vehicle or cause discomfort to enrollees.
- All transportation providers maintain vehicles and equipment in accordance with State and Federal Safety standards and the manufactures mechanical operating and maintenance standards for any and all vehicles used for transportation Health Plan recipients.

5. Credentialing Committee:

Committee Composition

The Chief of Medicine appoints Credentialing and Peer Review Committee members and each practitioner member is required to meet all of credentialing criteria. The Health Plan maintains a heterogeneous credentialing committee and requires that Committee members sign a nondiscrimination statement they will not discriminate.

Credentialing and Peer Review Committee members must be current or retired representatives of practitioners. Other ad hoc practitioners may be invited to participate when additional specialty representation is needed. Ad hoc committees representing a specific profession (e.g., Behavioral Health Practitioner, ARNP, and Chiropractor) may be appointed by the Chair to screen applicants from their respective profession and make credentialing recommendations to the Credentialing and Peer Review Committee.

Roles and Responsibilities

Chief of Medicine

The EOC delegates responsibility and accountability for ensuring the qualifications and competencies of the practitioner network through the Quality and Performance Improvement Program to the Medical Director and/or Chief of Medicine. The Chief of Medicine or other representatives deemed appropriate presents the Credentialing and Peer Review Committee decisions to the Quality Improvement and Health Equity Committee (QIHEC) for informational purposes. The Chief of Medicine or other representative deemed appropriate presents the Credentialing decisions to the Board of Directors for informational purposes. The Chief of Medicine chairs the Credentialing and Peer Review Committee and has the responsibilities of the Committee Members listed below.

Committee Members

Committee members participate in and support the functions of the Credentialing and Peer Review Committee by attending meetings, providing input and feedback and overall guidance of the Credentialing Program. Committee members review/approve credentialing program and related policies on an annual basis, or more often as deemed necessary. Review and consider each applicant's information based on criteria and compliance requirements. Accesses clinical peer input when discussing standards of care for a particular type of practitioner when there is no committee member of that specialty. Ensures credentialing activities are conducted in accordance with the Credentialing Program. Committee members review quality improvement findings as part of the recredentialing and the ongoing monitoring process.

Voting

Provider members (physicians, specialists, midlevel and allied health professionals) of the Credentialing and Peer Review Committee have voting privileges. Administrative support staff may attend but are not entitled to vote. The presence of three (3) voting physicians at any regular or special meeting will constitute a quorum for the purpose of conducting business.

Notification of Decisions

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A letter is sent to each practitioner with notification of the Credentialing and Peer Review Committee decision. This notification will not exceed sixty (60) calendar days from the decision.

Frequency of Meetings,

At a minimum, the Credentialing and Peer Review Committee meets monthly.





Transportation Application

Please attach the following documents:

- ❖ Certificate of Insurance
- ❖ Operating/business license or applicable federal, state or municipal license or tax receipt
- ❖ Vehicle Roster
- ❖ Letter of Interest

Non-Emergency Medical Transportation Partner Application

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Phone Number: _____ Fax: _____

Email: _____

Website: _____

Indicate State of Incorporation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Federal ID Number: _____

Other States corporation is licensed to do business: _____

Are you licensed for NEMT transportation? Yes No

If Yes, list cities or counties:

What other licenses do you carry? (i.e. Taxi, Ambulance, Vehicle for Hire) _____

Medicaid Provider #: _____ Medicare Provider #: _____

What cities or counties do you currently serve? _____

1001 N. Martel Ave., West Hollywood CA 90046

Office: 323.436.5019 Fax: 323.337.9142 Email: renee.barker@aidshhealth.org

What are your regular business hours (when your office is open)?

Monday-Sunday _____ Sunday/Holidays _____

Please identify the types of service you provide AND number of vehicles you use in regular service (i.e., 3 Mini Vans, 2 Para Lift Vans, & 9 Sedans):

- | | |
|------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Taxi Cabs/Med-Cars | <input type="checkbox"/> Stretchers |
| <input type="checkbox"/> Sedans/Minivans | <input type="checkbox"/> Ambulances |
| <input type="checkbox"/> Full size Para lift or Ramp | <input type="checkbox"/> Multi-Passenger Buses/Vans |
| <input type="checkbox"/> Other: _____ | |



Insurance Type Insurance Company Limit per Occurrence \$

Vehicle Liability		
General Liability		
Workman's Comp		

Owners Name Phone Number Share% Email

President				
Vice President				
Sec/Treasurer				

Operations Personnel Name Phone Number Email

Dispatch Manager			
Reservations Manager			
Billing Manager			

Dispatch Information

What is the maximum number of daily round trips you are willing to accept within your service area?

Ambulatory ____ Wheelchair ____ Stretcher ____

Will you agree to place a phone call to each rider informing them of pickup time, and confirm pickup arrangements? Yes No

What is your primary communication system with vehicles/drivers? Please check all that may apply:

- 2-Way Radio Cell Phone Mobile Data Terminals (MDT) Pager None

If "none", would you consider purchasing a form of vehicle/driver communication?

Yes No

What email or fax number should transportation requests be sent to?

Email: _____

Fax: _____

Is Dispatch manned 24 hours? Yes No

If not, describe operation, days, hours: _____

Person to contact after hours: _____

Telephone Number to call after hours: _____



Driver Information

Will your drivers assist ambulatory riders if necessary (i.e. elderly and/or frail patient)?

Yes No If Yes, indicate specific assistance: (check all that apply below)

Will your drivers assist wheelchair members to and from their seat if necessary?

Yes No If yes, indicate specific assistance (check all that apply below)

To/From Front Door Up/Down Steps In an Elevator To a Check-In Desk

Are all drivers uniformed? Yes No

Please describe uniform attire:

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Do you perform a pre-employment National background check?

Yes No

Do you perform pre-employment, post-accident, random and reasonable suspicion drug and alcohol testing?

Yes No

Are your driver's CPR and First Aid trained?

Yes No

Vehicle Information (Please attach a vehicle roster including vehicle capacity)

What is the maximum number of passengers you can or are willing to transport from same pick up location to the same destination?

Van _____ Wheelchair _____

If you use sedans, will you transport a person who is in a wheelchair, but who is capable of transferring themselves from the chair to the vehicle seat and have a foldable wheelchair stored in the trunk?

Yes No

(Note: This may not be appropriate for van use because the wheelchair must be properly secured)

Do you provide child restraint seats? Yes No

Do your vehicles have GPS/AVL/MDT tracking? Yes No

Please attach a vehicle roster that includes the following (You may attach your own roster as long as it has all items listed below):

- ❖ Type of Vehicle
- ❖ Year
- ❖ Make
- ❖ Model
- ❖ Vin #
- ❖ Color
- ❖ Seating Capacity
- ❖ Ramp or hydraulic lift
- ❖ Date of last inspection

Sample Vehicle List



	Type of Vehicle	Year	Make	Model	Vin #	Color	Seating Capacity	Ramp or Hydraulic Lift	Date of last inspection
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
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21									
22									
23									
24									
25									



Notes concerning fleet other than described above:

Do you currently have workman's compensation insurance? Yes No

If yes, list the name of the carrier, policy number and expiration date:

If no, please provide exemption letter.

By signing this application, the transportation provider acknowledges that it, as well as any employee, is not listed on the Office of the Inspector General (oig.hhs.gov) or the System for Award Management (SAM) (sam.gov). Under no circumstances shall any such excluded provider be allowed to provide services in our Network.

APPLICANT'S SIGNATURE

I attest that all of the above information, submitted in this application is true and correct. I agree to provide AHF the revised information in the event that any of the above information, other than changes to the fleet, is modified.

Signature: _____ Date: _____



Initials & Date	Title	Requirement
	Complaint Tracking, Reporting & Resolution (not required to submit at this time)	The organization must have and maintain a system to track, report, and document resolution of complaints to be provided later in process.
	Debarment	The Provider or its employees must not be on any applicable state or federal debarment list. oig.hhs.gov , sam.gov
	Driver Logs	The organization must have the ability to maintain driver logs for all services provided
	Driver Training	The organization must have and maintain a driver training program that addresses utilization of safety restraints, non-smoking, safe driving, defensive driving and passenger assistance.
	Driver's MVR & National Criminal Background Checks	The organization must have and provide evidence of a recent Driver MVR History and National Criminal Background check as required
	Employee Substance Screening	The organization must have and maintain current copies of employee substance screening as required by the State.
	Incident Reporting	The organization must have and maintain a method of reporting incidents inclusive of accident reporting
	Insurance	The organization must have and provide evidence of adequate insurance as required by the Provider Network Agreement. ACORD format with AHF as additional certificate holder.
	Licensure and Compliance	The organization must have and provide copies of all current licenses required by state or federal laws for each service jurisdiction as applicable.
	Vehicle Maintenance	The organization must have a documented vehicle cleaning and preventive maintenance program.
	Policies and Procedures (not required to submit at this time)	The organization must have and maintain written policies and procedures in compliance with the Policies and Procedures in the AHF Provider Handbook.

_____ has met the above credentialing requirements.
Attached are copies of the required documents.

Applicant Signature

Date



DRIVER REQUIREMENTS

Name from Driver's License

****Please provide copies of these documents.**

1. Driver's License
2. County Hack License (if applicable)
3. Social Security Card and/or Number: (_____/_____/_____))
4. 7-year MVR: **(Initial search date cannot be more one year prior to the submission date and must be updated annually)**
5. 7-year National Criminal Background Check **(Search date cannot be more than one year prior to the submission date and must be updated annually)**
6. DOT Pre-Employment Drug Test **(Test conducted prior to employment with the Transportation Provider or no more than a year prior to submission date if a pre-employment test not conducted upon hire)**
7. CPR Training **(Must be renewed upon expiration)**
8. First Aid Training **(Must be renewed upon expiration)**
9. Defensive Driving Training **(To be renewed every 3 years)**
10. Passenger Assistance training.
11. CMS Fraud, Waste and Abuse and Compliance Part 1 & 2 Training Certificate

Reviewed by:

Title

Signature

Date

Provider Compliance Attestation

I, _____ (Full Name), do hereby attest, verify and understand that all policies, procedures and requirements provided to me by have been followed and executed as stated in the Provider Service Agreement.

These requirements include, but not limited to, overall safety compliance, HIPAA compliance, Driver and Vehicle requirements and inspection requirements.

I further certify, that if any of the above requirements have not been followed, violated or are out of compliance, either by fault, not by fault or association, I have and will immediately report such non-compliance to AHF and their appointed designee as also stated in the Provider Service Agreement and will make all attempts to bring such non-compliant issues into compliance.

Company Name

Printed Name

Title

Signature

Date

PLEASE CHECK THE FOLLOWING TO MAKE SURE YOU'VE SUBMITTED A COMPLETE APPLICATION:

1. Completion of all provider information
2. Certificate of insurance (attachment)
3. Copy of applicable operating business license (attachment)
4. Vehicle Roster (attachment)
5. Attestation Form (attachment)
6. Signed Application