



OHIO TRANSPORTATION PROVIDER ATTESTATION

On behalf of _____, I have read, understand, and agree to the following:

Transportation Provider Requirements

1. I will adhere to all of the requirements under the Agreement with Veyo, Veyo's provider manual, and all relevant policies and procedures.
2. I am required to maintain all documentation related to the transportation of passengers for Veyo for a period of 10 years. This includes but is not limited to driver files, vehicle files and trip records. This acknowledgement applies to materials that are in the sole possession of the provider. Veyo assumes responsibility for retention of materials that are uploaded to the Veyo portal.
3. None of Transportation Provider owners, employees, and/or independent contractors, who provide services under the Agreement with Veyo, are debarred, suspended, terminated, or otherwise excluded under the LEIE, SAM, EPLS or any applicable state exclusion list, including other state Medicaid programs. I agree to immediately notify Veyo of any debarment, suspension, termination, or exclusion as described hereinabove. I also acknowledge and agree that failure to provide such notice Veyo may immediately terminate this Agreement upon written notice to Provider.
4. I agree to complete and maintain all company, driver, and vehicle credentialing requirements before the transport of passengers under the Agreement with Veyo. I will immediately notify Veyo of any credential that is out of compliance with the credentialing requirements.

Transportation Driver Requirements

I attest that all drivers transporting passengers on my behalf under the Agreement with Veyo meet the following requirements:

1. satisfactory criminal background check
2. Documented First Aid Training
3. Documented Defensive Driving Training
4. Results of a State specific driver history record:
 - a. Driver must not have been convicted of 3 or more minor motor vehicle moving violations within the previous 24 months
 - b. Driver must not have been convicted of 2 or more at-fault incidents (accident) resulting in personal injury or property damage within the previous 36 months
 - c. Driver must not have a combination of 1 unrelated minor motor vehicle moving violation and 1 at-fault incident (accident) resulting in personal injury or property damage within the previous 24 months
 - d. Driver must not have driver's vehicle operator's license removed or suspended within the previous 3 years for accumulation of points or alcohol related incident.
5. All drivers will follow the requirements under the Agreement with Veyo, including the Veyo provider manual, and all relevant policies and procedures



6. I acknowledge that, while providing transportation services for Veyo, drivers must wear an identification card/badge that shows their picture, name, and company name.
7. I acknowledge that drivers will be required to conduct and document a daily vehicle inspection.

Transportation Vehicle Requirements

1. I agree that all vehicles used for the transport of passengers under the Agreement with Veyo will meet the applicable licensing, safety, Americans with Disabilities Act of 1990 (ADA), and this Agreement and Federal Transit Administration (FTA) regulations.
2. I agree to complete and pass an annual safety inspection.
3. I will provide documentation of these inspections to Veyo upon request.

Fraud, Waste, and Abuse

I have received, reviewed, and understand the information provided to me regarding Veyo's Fraud, Waste, and Abuse (FWA) Program. I also attest that I have shared this information with the NEMT drivers transporting Veyo passengers. I agree that as a contracted provider with Veyo, LLC, I have a responsibility to report and incidents of suspected Fraud, Waste, or Abuse to Veyo as soon as it is identified to the Veyo Compliance Hotline at compliance@veyo.com or by calling **1-888-482-8458**.

HIPAA

Additionally, I attest that my organization understands and follows the requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and will abide by the related provisions of the Veyo Business Associate Agreement found in *Exhibit B of the Veyo Transportation Provider Agreement*.

Company Name

Company Representative

Company Representative Signature

Date



If you have questions about this notice and attestation, please contact Veyo at providersoh@veyo.com or 1-380-210-3088.

Resources:

CMS FWA training: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Abuse-MLN4649244.pdf>

HIPAA Privacy Information: <https://www.hhs.gov/hipaa/index.html>



****Leave this section blank if you are not a licensed provider with Ohio EMS****

AMBULANCE AND AMBULETTE PROVIDERS

In addition to the requirements above, on behalf of _____, I attest to the following:

1. The company, vehicles, and drivers are licensed and in good standing with Ohio Emergency Medical Services (EMS).
2. The company, vehicles, and drivers meet all of the medical transportation laws and rules found at the [Ohio Revised Code 4766](#) and Ohio Administrative Code sections [4766-2](#) or [4766-3](#), as applicable.
3. I agree to provide Veyo verification of the above upon reasonable request.

Company Name

Company Representative

Company Representative Signature

Date

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Resources:

Ohio EMS: <https://www.ems.ohio.gov/medical-transportation-laws.aspx#gsc.tab=0>