



NEMT Rate Request Form

Introduction

This form provides structure for GOBHI NEMT Non Emergency Medical Transport companies to submit rate requests. Using a standard rate request form allows The Brokerage to receive and evaluate requests in a standardized manner. It allows for the Brokerage to provide feedback, as well as track approval and denials.

Process

Providers per contract can submit rate requests no more than once every 3 months. Please submit rate requests to NEMTRates@gobhi.org. Once submitted GOBHI will review the request and provide an approval, denial, or alternative rate within 30 days from receipt of request. Once a rate is approved GOBHI will have 30 days to update the rates to be reflected in payments. GOBHI will notify the provider of the date of official rate change.

This Section to Be Completed by Transportation Provider:

Provider Name:

Primary Provider Rate Contact (Name, Email, Phone Number):

Date of Rate Request:

Provider Rate Request Summary *(Please use the format below to capture the rate types and rates you are submitting for consideration)*

Base Rate + Mileage

Base Rate:

First ____ Miles:

Additional Miles:

Additional Information:

Flat Rate *(Please Attach GOBHI NEMT Flat Rate Request Spreadsheet detailing each specific rate being requested)*

Rate Add Ons / Differentials:

Weekends:

After Hours:

Shared Rides:

Other:

Rate Increase Explanation (Please use the following space to detail the reasons for the rate increase. Be specific. Ex... If it is related to operations or supply cost please provide the data and detail related to those changes. GOBHI will not approve rate increases without sufficient explanation.)

This section will be completed by GOBHI

Date of Last Rate Change:

Rate Proposal Approved:

Date of Approval:

Rate Proposal Denied:

Date of Denial:

Additional Information Needed to Review Rate Request:

This Section will be completed by Provider if Additional Information was Requested

Summary of Additional Information Requested