
TCRP

PROJECT NO. B-44

Examining the Effects of Separate Non-Emergency Medical
Transportation (NEMT) Brokerages on Transportation
Coordination

State-by-State Profiles

12/15/2015 Update

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DESCRIPTIVE PROFILE ORGANIZATION

The state descriptive profiles are developed from responses that state Medicaid agencies provides as part of TCRP B-44 Task 2, 2014 National Non-Emergency Medical Transportation (NEMT) Survey of Medicaid Programs. To ensure the latest description of Medicaid NEMT is provided in the final report, the Research Team conducted a verification and update effort of Task 2's state-by-state descriptive profiles. The descriptive profiles in this document reflect the update as of December 15, 2015.

The descriptive provides provide information in the following sequence:

- NEMT Model
- Operating Authority
- Description
- Unique Features
- Recent or Future Changes

NEMT Model is the classification used by the researchers to classify each state into one or a mix of the following models:

- In-House Management (Fee-For-Service—FFS)
- Managed Care Organization
- Statewide Broker
- Regional Broker

Operating Authority is the authority provided by the federal government to the state for providing Medicaid NEMT service. Operating authority can be classified into the following categories:

- NEMT assurance under the State Medicaid Plan
- Authority to operate NEMT brokerage under State Plan Amendment (Sec. 1902(a)(70))
- Federal Sec. 1115 Demonstration Waiver
- Federal Sec. 1915(b) Freedom-of-Choice Waiver

Description gives a brief history of the state's NEMT program and current status.

Unique Features highlights features that may be of particular interest to the research effort.

Recent or Future Changes provides a description of NEMT changes that have recently occurred or are planned to occur in the near future.

NEMT MODEL DESCRIPTIONS

In-House Management

The NEMT In-House Management model manages NEMT centrally at a state, regional, or county government agency level. The state, regional or county government agency provides trip authorization and assigns trips to registered public and private providers that may or may not coordinate trips across programs. All states using an In-House Management model operate on a fee-for-service basis where transportation providers submit reimbursement requests upon services rendered. States that operate only using an In-House Management Model (not a mix of models), claim federal financial participation as an administrative activity where the federal government matches expenses at 50 percent instead of claiming under a waiver at the higher federal medical assistance percentage (FMAP) rate.

Managed Care Organization

In the Managed Care Organization model, NEMT is part of the responsibility of the managed care organization or insurance firm that offers the covered Medicaid services. Typically, the state offers a capitated payment per enrolled individual to the Managed Care Organization. The Managed Care Organization model is responsible for providing the most cost-effective patient care for better health outcomes. Managed Care Organizations are responsible for providing NEMT along with other medical services. Medicaid eligibility groups may be separately priced or carved out of the NEMT program. Managed Care Organizations operate NEMT in a variety of ways:

- Operating at a statewide, regional or county level
- Using private and/or public brokers
- Using private and/or public transportation providers

Statewide Brokers

In a Statewide Broker model, the broker manages service for the state centrally, with centralized call centers, eligibility and trip authorization. Majority of statewide brokers are compensated on a capitated, per-Medicaid beneficiary basis where the rate of payment is based on the number of people served, not the amount of service that each individual receives. Currently, all states using a statewide broker model only (not a mixed model) have contracted to private industry brokers.

The vast majority of states that operate using a Statewide Broker model use a full-risk statewide broker model. Under a full-risk broker arrangement, brokers are responsible for all functions of NEMT including verifying eligibility, determining the appropriateness of trips and arranging the most efficient means of transportation. Full-risk brokers also are responsible for documentation and reporting of beneficiary and trip data. Full-risk brokers carry the financial and operating risk with brokers responsible for confirming transportation providers have proper licensing and safety inspections. Brokers contract with the public and/ or private transportation providers.

Regional Broker Model

A Regional Broker model operates much like a statewide brokerage model with centralized call centers, eligibility and trip authorization but at a regional level. Currently states using a regional model are a mix of private industry brokers, public transit agencies, health and human service agencies, communication action agencies and development councils serving as regional brokers. States use a variety of means to determine regional boundaries including metropolitan area boundaries, healthcare catchment areas, transit agency service areas, coordination areas, county boundaries. Some states rely on strictly private brokers, some public agencies and most use a mix of private and public brokers.

STATE MODELS AS OF DECEMBER 2015 SUMMARY

As of December 2015, states can be categorized in the following models:

(9) In-House Management (FFS): Alabama, Alaska, Maryland, Minnesota, North Carolina, South Dakota, North Dakota, Ohio, Wyoming

(6) Managed Care Organization: Arizona, Hawaii, Indiana, Kansas, New Mexico, Tennessee

(14) Statewide Broker: Connecticut, Delaware, Idaho, Iowa, Mississippi, Missouri, Nebraska, Nevada, New Jersey, Oklahoma, Rhode Island, Utah, West Virginia, Wisconsin [All full-risk brokers with the exception of Nevada that is shared-risk, all private industry brokers]

(9) Regional Broker: Arkansas, Georgia, Kentucky, Maine, Massachusetts, South Carolina, Texas, Vermont and Washington

(12 & D.C.) Mixed Models:

- FFS and Managed Care Organization—California, Florida, Illinois, Montana, New Hampshire, New York, Oregon, Virginia
- FFS and Regional Broker—Colorado, Michigan, Pennsylvania
- Statewide Broker and Managed Care Organization—District of Columbia, Louisiana

ALABAMA – 3/24/16

NEMT Model: In-House Management

Regional fee-for-service (FFS), relying on administrative match

Operating Authority: NEMT assurance in the State Medicaid Plan

Description: The Alabama Medicaid Administration (AMA) operates an FFS NEMT program, relying heavily on mileage reimbursement to volunteers and other drivers of private autos. The state's 67 counties have been organized into 10 regional NEMT districts. Medicaid recipients contact the NEMT program coordinator in their region to schedule a ride. Recipients can choose among a list of approved providers. Alabama has one of the lowest NEMT utilization rates. In FY 2013, AMA spent \$18.7 million on Medicaid transportation, roughly 4/10 of 1 percent of the state's Medicaid budget. These NEMT services were used by an estimated 53,000 unique riders, approximately 5 percent (1 million) of eligible Medicaid recipients.

Alabama began providing NEMT services in 1995 as a result of a federal court order that found that the state had “failed to ensure necessary, non-emergency transportation to Medicaid recipients.”

In October 2011, AMA issued a request for information, inviting transportation brokers to submit proposals to “improve the [state's] existing NEMT program.” After receiving four proposals, the state decided against a broker model, citing the high service costs proposed by bidders.

Recent or Future Changes: Alabama was approved for an 1115 Demonstration Waiver under the Affordable Care Act on February 9th, 2016. This waiver is designed to convert the state's existing FFS Medicaid program into a capitated, managed care model, managed by five risk-based regional care organizations. The new managed care model is slated to go into effect on October 1st, 2016. How NEMT services would be handled under the new arrangement is not known.

ALASKA – 9/30/2014

NEMT Model: In-House Management

Statewide contractor—FFS

Operating Authority: Section 1915(b) Freedom-of-Choice Waiver and 1902(a)(70) State Plan Amendment

Description: Alaska is unique in that it does not provide reimbursement for ground transportation for its Medicaid recipients. The vast majority of the state's NEMT expenditures are for air transportation to medical services. Although the Alaska Department of Health and Social Services (DHSS), which administers the Medicaid program, has received approval for both a Section 1915(b) Freedom-of-Choice Waiver and a state plan amendment to operate a transportation brokerage program, the state continues to handle medical transportation as an administrative service. Since Alaska's federal matching rate is limited to 50 percent, maintaining the program as an administrative service provides state officials with the most program flexibility without sacrificing federal dollars.

Requests for medical transportation assistance are made to a statewide call center, which is operated by an administrative services contractor hired by DHSS. Travel is scheduled with approved air carriers, and providers are paid directly by the state on an FFS basis. According to DHSS's NEMT operations manager, almost 60 percent of the eligible Medicaid population uses NEMT assistance to get to medical appointments.

Recent or Future Changes: No program changes were reported.

ARIZONA – 9/30/2014

NEMT Model: Managed Care

Carved-in managed care model

Operating Authority: Section 1115 Demonstration Waiver

Description: Arizona went almost 20 years without a Medicaid program and was the last state to join the Medicaid system. In 1982, Arizona created the Arizona Health Care Cost Containment System (AHCCCS), at the time the only mandatory Medicaid managed care program in the country. From the inception of the Medicaid program, AHCCCS left the provision of NEMT up to participating health plans. NEMT responsibility and funding are carved into managed care contracts. Today, the NEMT program remains fragmented, depending on the priorities of individual plans. For example, most private managed care organizations (MCOs) in the state use an exclusive private medical transportation company to coordinate and provide all Medicaid trips. However, the two county-administered plans—which are based on enrollees in the Phoenix and Tucson metro areas—rely on a variety of public and private transporters to meet their members' needs.

A state inspector general's report written 14 years ago points out that the NEMT system in Arizona has relatively high trip costs and is vulnerable to fraud and abuse. The Office of the Inspector General recommended a number of strategies aimed at controlling costs and improving the management of the program, including the use of transportation brokers as gatekeepers. However, few of the recommendations were adopted.

Recent or Future Changes: No program changes were reported.

ARKANSAS- 12/14/15

NEMT Model: Regional Broker

Regional brokers, including a mix of indigenous and mega-brokers

Operating Authority: Section 1915(b) Freedom-of-Choice Waiver

Description: The Arkansas Division of Medicaid Services, within the Department of Human Services (DHS), contracts out the administration of the state’s NEMT program to the Arkansas Foundation for Medical Care (AFMC), the professional standards review organization that was established by the state’s Medical Society. Under this arrangement, AFMC manages Arkansas’ regional NEMT brokerage model, which relies on a network of seven brokers operating in 12 regions. Three of the regional brokers are private companies. The other entities are indigenous community brokers—two development councils and two area agencies on aging.

The arrangement between the state Medicaid agency and the nonprofit AFMC is a unique feature.

Recent or Future Changes: Changes in brokers are reported as frequent. The requirement to renew the Centers for Medicare and Medicaid Services (CMS) Freedom-of-Choice Waiver every 3 years is reported as burdensome. DHS officials report consideration of submitting a state plan amendment (under Section 1902[a][70] of the Deficit Reduction Act) to operate the brokerage program.

CALIFORNIA – 9/30/2014

NEMT Model: Mixed Model—FFS and Managed Care

MCO carved-in, supplemented by a county-based FFS operation. The NEMT program relies on 50 percent administrative match.

Operating Authority: NEMT assurance in the State Medicaid Plan. Since 1983, the state has been under a federal court order to assure access to covered services for Medicaid-eligible recipients.

Description: Medi-Cal, the state Medicaid agency in California, has a unique definition of NEMT services—NEMT services are available only “when a Medicaid recipient’s medical and physical condition is such that transport by ordinary means of public and private conveyance is medically contraindicated.” Therefore, only the most disabled Medicaid recipients are eligible to receive NEMT assistance. By definition, public transit providers are not eligible for reimbursement for NEMT trips because they represent an “ordinary means of public conveyance.” The definition has limited the size and scope of the state’s NEMT program, largely restricting reimbursement to ambulette, stretcher, and chair car providers. The state’s regulations assume that public transit and other community transportation resources are already in place to serve the majority of the Medicaid population.

The definition affects not only Medicaid recipients receiving care through the state’s FFS program, but also those residents in the 30 counties who must enroll in managed care plans to receive Medi-Cal benefits. Health plans are also limited in what medical transportation services can be authorized for members based on the restrictive definition.

Additionally, Medi-Cal has a supplemental access program that is called “non-emergency non-medical transportation,” which most states would recognize as a form of NEMT since it is designed to provide transportation to Medi-Cal beneficiaries to covered medical services. Funding for the non-medical trips is available through a relatively obscure county-based Medi-Cal Administrative Activities program. Two counties in the state participate in the non-medical Medicaid transportation program.

Recent or Future Changes: Reports indicate that California is moving to expand its Medicaid managed care program, and that eventually all or most Medi-Cal beneficiaries will be enrolled in one of the designated health plans.

COLORADO – 12/14/15

NEMT Model: Mixed Model—FFS and Regional Broker

Regional full-risk broker, plus decentralized county-run FFS system

Operating Authority: 1902(a)(70) State Plan Amendment (SPA)

Description: Colorado’s Department of Health Care Policy and Financing (HCPF) operates a mixed NEMT model, involving a regional broker in the Denver region and a decentralized FFS program. Total Transit—a Phoenix-based company—began operating NEMT for the nine county Denver region in 2014. Mountain Ride Transportation Resource Center provides NEMT in 6 counties – Eagle, Grand, Jackson, Pitkin, Routt, and Summit. In the remaining counties, NEMT is provided by county departments of social services.

The state encourages the utilization of public transit providers in the NEMT program by offering a financial incentive to its contract regional broker in any month when more than 20 percent of the trips are assigned to public transportation.

Recent or Future Changes: In a request for proposals (RFP) to rebid the regional brokerage contract, issued in February 2014, HCPF indicates that the state is considering expanding the existing Denver region served by the broker during the life of the contract, possibly to include the entire state. The RFP also indicates that HCPF is considering adding non-medical transportation provided through home and community-based service waivers to the broker’s responsibilities during the life of the contract.

CONNECTICUT – 12/11/2015

NEMT Model: Statewide Broker

Statewide full-risk broker

Operating Authority: 1115 Demonstration Waiver

Description: From the 1990s to 2014, Connecticut's Department of Social Services has operated a combination of state-wide fee-for-service (FFS) and a region-based managed care for providing Medicaid NEMT.

A sizeable portion of the state's Medicaid population was assigned to a regionally based Medicaid managed care organization (MCO). The state adopted a carved-in model for those falling under the MCO so each health plan was responsible for assuring that its Medicaid enrollees could get to and from covered Medicaid services. Most MCOs contracted with professional brokers to manage their NEMT responsibilities.

For the Medicaid population that was not assigned to a MCO, the Department of Social Services operated its own statewide NEMT brokerage program to serve Medicaid recipients who remained in the FFS program.

Recent or Future Changes: In 2011, the Department of Social Services moved to an administrative services Medicaid model in which the regional MCOs were replaced by three statewide administrative services organizations, one each to serve the physical, behavioral, and dental health needs of the state's 500,000 Medicaid recipients. The NEMT program was consolidated through the establishment of a fourth administrative services organization to manage all non-emergency transportation for the entire Medicaid population. In 2012, LogistiCare was awarded the statewide brokerage contract.

DELAWARE – 12/14/15

NEMT Model: Statewide Broker

Full-risk, statewide broker

Operating Authority: Section 1915(b) Freedom-of-Choice Waiver

Description: The Department of Health and Social Services is responsible for administering the Medicaid program in Delaware. The Department of Health and Social Services' Division of Medicaid and Medical Assistance has operated a full-risk, capitated statewide brokerage since the early 2000s. LogistiCare has held the brokerage contract since the inception of the program.

DISTRICT OF COLUMBIA – 11/2/2015

NEMT Model: Mixed Model—Broker and Managed Care

Mixed—full-risk broker for FFS population, plus MCOs handling transportation for members

Operating Authority: 1915(b) Freedom-of-Choice Waiver

Description: In 2007, Washington, D.C.'s Department of Health Care Finance introduced a full-risk brokerage model to provide NEMT services for Medicaid recipients in the district's FFS program. Transportation was already included in capitation rates paid to MCOs for the managed care population. The current broker is Medical Transportation Management (MTM). In the past the brokerage and Americans with Disabilities Act (ADA) paratransit contracts have rotated between MTM, LogistiCare, and other mega-brokers.

MTM provides SmarTrip Fare Cards to eligible NEMT riders to be used for bus service and taxis. The broker also provides funds to the Metro Access EZ Pay System that flow into the accounts of eligible riders based on the number of scheduled medical trips. Travel training is also provided to Medicaid recipients for bus and rail transportation by the Washington Metropolitan Area Transit Authority. In 2014, 15 percent of NEMT trips are reportedly taken on public buses or the metro rail system. Total trip counts and expenditure figures may be underreported because the managed care portion of the Medicaid program is not reported.

Recent or Future Changes: No major changes were reported.

FLORIDA – 10/27/2015

NEMT Model: Mixed—Managed Care and FFS

Operating Authority: Formerly—1915(b) Freedom-of-Choice Waiver. Currently operating under 1115 Demonstration Waiver.

Description: Until May 1, 2014, the Agency for Health Care Administration, Florida’s Medicaid agency, contracted with the Commission for the Transportation Disadvantaged (CTD) to manage all NEMT services in the state. CTD, in turn, contracted with over 65 county-based community transportation coordinators (CTCs) to provide actual travel assistance to Medicaid recipients. These subcontracted transportation providers (STPs) had been established to coordinate public transit and human service transportation at the community level in Florida. Until May 1, 2014, 55 of the 67 counties coordinated Medicaid and HHS transportation. The remaining 12 provided NEMT as a separate service.

Recent or Future Changes: On May 1, 2014, under a recently approved Affordable Care Act Demonstration Waiver, responsibility for NEMT services was handed over to the state’s network of Medicaid managed care organizations (MCOs). This coordinated care model, which grew out of the Affordable Care Act, is similar to the approaches adopted by Kansas, New Mexico, and Oregon. About 80 percent of the Medicaid recipients are included in the MCOs. The MCOs contract to provide transportation to individual Medicaid recipients. Contracts are with a variety of transportation provider types including taxicabs, public transit, HHS, and for-profit brokers. Currently, there are three major for-profit brokers that directly contract with the MCOs: LogistiCare, Access to Care, and MTM.

About 20 percent of Medicaid recipients who are excluded from participating in managed care, have opted out, or have not yet enrolled in a health plan continue to receive NEMT assistance through CTD. However, CTD staff report that it may not renew the contract with Florida’s Agency for Health Care Administration to manage NEMT for the 20 percent in 2015. It is possible that the contract will go to a regional or statewide broker for Medicaid recipients not in managed care. CTD staff stated that CTD’s focus has moved from the state mandate on coordination to contract management and compliance.

GEORGIA – 10/21/2015

NEMT Model: Regional Broker

Operating Authority: Section 1915(b) Freedom-of-Choice Waiver

Description: In 1997, the Georgia Department of Community Health created a regional transportation brokerage program to serve its Medicaid clients. Two private brokers—LogistiCare and Southeastrans—have managed NEMT services in the state’s five regions since the inception of the program 17 years ago.

Georgia and Virginia were the first two states to develop RFPs and invite outside brokers to manage the state NEMT programs.

Recent or Future Changes: No program changes were reported.

HAWAII – 9/30/2014

NEMT Model: Managed Care

Carved-in managed care model

Operating Authority: Section 1115 Demonstration Waiver

Description: Hawaii's Medicaid program is administered by the Med-QUEST Division of the state's Department of Human Services. Under the QUEST program, transportation for Medicaid enrollees has been assigned to the five participating health plans that cover the state. Responsibility and funding for both emergency and non-emergency transportation are carved in to managed care contracts.

IDAHO – 12/7/2015

NEMT Model: Statewide Broker

Statewide full-risk broker

Operating Authority: 1902(a)(70) State Plan Amendment

Description: Idaho's Medicaid program is administered by the Department of Health and Welfare (DHW). The state's Medicaid population is enrolled in designated managed care plans; however, the health plans are not responsible for providing transportation for their Medicaid members.

Until 2010, Idaho operated a region-based FFS NEMT program. After issuing an RFP in September 2010, DHW contracted with Access2Care (a subsidiary of American Medical Response) to manage a statewide brokerage. Payments are made to the broker on a capitated basis of \$7 per eligible Medicaid recipient per month (Idaho Department of Health and Welfare, 2013).

Recent or Future Changes: In May 2014, DHW issued a request for information, seeking information to help the state refine requirements in a formal rebid of the brokerage contract. DHW is asking prospective brokers, transportation providers, and program beneficiaries to comment on both the strengths and challenges of the current statewide brokerage system in Idaho. In October 2015, DHW issued a request for procurement for the NEMT program. The procurement closed in mid-December and DHW is hopeful to award a contract in 2016.

ILLINOIS – 10/25/2015

NEMT Model: Mixed model—FFS and Managed Care

Operating Authority: Formerly the State Medicaid Plan, but transitioning toward full implementation of an 1115 Demonstration Waiver. An administrator is responsible for prior authorization in fee-for-service areas and care coordination (accountable care) model in others.

Description: The state's Non-Emergency Transportation Services prior Authorization Program (NETSPAP) has been in operation since 2001. The program allows the state to maintain standards and controls necessary to ensure that the payment of transportation service complies with federal requirements. The program ensures: 1) transport is to a covered medical service; 2) transport is via the most cost effective mode, meeting the medical needs of the participant, and; 3) the participant is being transported to the closest appropriate medical provider. The NETSPAP is currently administered by First Transit, Inc. The NETSPAP vendor is responsible for the screening and prior authorization adjudication process for all non-emergency medical transportation. During the fiscal year 2014, the program processed 516,542 non-emergency transportation transactions. The reduction in NETSPAP transactions processed between 2013 and 2014 is due to the transition of Medicaid participants to care coordination entities.

Unique Features: Through a grant from the Illinois Department of Transportation, the Center for Rural Health and Social Service Development at Southern Illinois University operates the Rural Medical Transportation Network (RMTN). The program originally served 34 southern counties of Illinois, but has now expanded to 52. The RMTN's mission is to facilitate access to transportation for persons in need of medical and health care services. Four primary goals guide the activities of the RMTN: To analyze the existing medical and public transportation systems of the region and assess the strengths and weaknesses of these systems; to identify "gaps" in service provision among the region's transportation providers, consumers, medical/health care providers, and social service providers; to identify, report, and address policy issues impacting the funding and operations of the systems that provide transportation to rural persons in need of medical/health care services; and to develop and implement a strategic plan to address the identified gaps in service, and subsequently, enhance the access and availability to medical/health care for rural residents.

Recent or Future Changes: As the state implements its 1115 Demonstration Waiver, care coordination is at the centerpiece of the Medicaid reform efforts. Although it is not exactly clear how NEMT services will be provided in the future, the transition from a fee-for-service system to a more integrated healthcare delivery system will require major changes for the provider community and clients. As a result, risk and performance will be tied to reimbursement in order to continue to transform the Medicaid healthcare delivery system to one with a focus on improved health outcomes. To accomplish this, the state now largely requires the bulk of Medicaid enrollees to receive care through managed care arrangements. In such cases, the MCO is often responsible for administering and providing NEMT benefits.

INDIANA – 11/15/2015

NEMT Model: Managed Care

Operating Authority: Section 1115 Demonstration Waiver

Description: Indiana enrolls nearly three quarters of its Medicaid beneficiaries in one of three managed care programs, Hoosier Healthwise (HHW), Healthy Indiana Plan (HIP), and Care Select. Indiana contracts with two national, for-profit plans (Anthem and Managed Health Services) and on locally-based, non-profit plan (MDwise) for both Hoosier HHW and HIP. For the Care Select program, Indiana contracts with two care management organizations, or CMOs (Advantage Health Solutions and MDwise). All contracts were secured through a competitive procurement process.

HIP, established in 2008, is a statewide, comprehensive risk-based managed care plan that enrolls adults who earn up to 138 percent of the federal poverty level on a mandatory basis. This is also the only plan that covers NEMT. A condition of eligibility is that enrollees pay monthly premiums into a Personal Wellness and Responsibility (POWER) account, never more than 2% of income (\$27/month for those at 138% FPL). Paying premiums gives beneficiaries access to HIP Plus, including expanded benefits and co-payments for non-emergency use of the ER. For the first year, most newly eligible adults are waived from NEMT, to be extended based on the results of an evaluation assessing the impact on access to care.

Recent or Future Changes: No program changes were reported.

IOWA – 11/30/2015

NEMT Model: Statewide Broker

Statewide full-risk broker

Operating Authority: 1902(a)(70) State Plan Amendment

Description: Iowa recently transitioned from a locally administered FFS system to a statewide brokerage model based on the recommendations of a 2008 study by the University of Iowa. Formerly, local offices of Iowa's Department of Human Services had responsibility for arranging NEMT for Medicaid recipients. Transportation advocates claimed the old system worked well with the state's network of regional public transit providers, especially in rural parts of the state. In 2010, the Iowa Medicaid Enterprise awarded a 3-year statewide brokerage contract to Florida-based TMS Management Group. In 2013, the broker received a 1-year contract extension. In early 2014, TMS Management Group merged with Access2Care Transportation Solutions, a subsidiary of American Medical Response.

Recent or Future Changes: Iowa made the national news in 2014 when CMS approved the state's request to eliminate NEMT from the basic services provided to the Medicaid expansion population approved under the Affordable Care Act. Iowa plans to enroll the newly eligible Medicaid group in a Market Choice Plan and is the first state in the nation to be allowed to waive the traditional assurance of transportation access to covered medical services.

KANSAS – 10/21/2015

NEMT Model: Managed Care

Operating Authority: Formerly—1902(a)(70) State Plan Amendment. Currently operating under 1115 Demonstration Waiver.

Description: KanCare is the program through which the State of Kansas administers Medicaid. Prior to January 2013, the Kansas Department of Health and Environment operated a statewide brokerage to provide transportation to its Medicaid clients. Beginning in January 2013, the state moved to a mandatory, managed care approach under a Section 1115 Demonstration Waiver. All Medicaid recipients in the state must enroll in one of three designated health plans. American Indian or Alaska Natives may opt out of KanCare. The coordinated care model, which grew out of the Affordable Care Act, is similar to the approaches adopted by Florida, New Mexico, and Oregon.

Under Kansas' redesigned NEMT program, each of the MCOs has employed a contract broker to manage medical transportation services. Two of the health plans contract with LogistiCare, and the third employs Access2Care, a subsidiary of American Medical Response. Brokers operate under full-risk, competitively bid contracts.

Recent or Future Changes: Since Kansas is not planning to expand Medicaid eligibility under the Affordable Care Act, state officials are focusing on the continuing challenges of implementing the KanCare program.

KENTUCKY – 12/14/15

NEMT Model: Regional Broker

Operating Authority: Section 1915(b) Freedom-of-Choice Waiver

Description: Since the mid-1990s, Kentucky operates a regional NEMT brokerage program that relies heavily on regional brokers. The brokerage model, known as the Human Service Transportation Delivery Program (HSTD), was developed under a former governor’s Empower Kentucky Project. The purpose of the initiative was to assure adequate access to necessary medical services and to coordinate public and private transportation resources. A regional broker coordinates transportation services for each region through the use of a network of providers located within the region.

The Department of Medicaid Services contracts with the Kentucky Transportation Cabinet to manage daily operation of the HSTD program and the Office of Transportation Delivery handles customer service. The eight brokers, operating in 16 regions across the state, are community action agencies, who also operate as the rural public transit providers in their service areas.

The inter-cabinet-level cooperation is a unique administrative arrangement. The state’s continued reliance on regional NEMT brokers, which are able to coordinate a variety of transportation services, is a noteworthy feature of Kentucky’s program. Today, only a handful of states—Arkansas, Oregon, Texas, Vermont, and Washington—have integrated public transit providers into their brokered medical transportation programs in this way.

Recent or Future Changes: Local officials point to the expansion of the state’s Medicaid population under the Affordable Care Act as a big challenge to the existing NEMT program.

LOUISIANA – 12/14/15

NEMT Model: Mixed—Managed Care and Statewide Broker

Managed care carved-in and statewide administrative contractor

Operating Authority: Formerly—1902(a)(70) State Plan Amendment. Currently operating under both the SPA and an 1115 Demonstration Waiver.

Description: Medicaid in Louisiana is managed by the Department of Health and Hospitals and is in the midst of a transition from a traditional FFS program to a coordinated care model known as Bayou Health. The transition began in 2012 and is continuing, with the addition of the state's Children's Health Improvement Program (CHIP) in 2013. When fully implemented, Bayou Health will be the managed care delivery system for 900,000 of the state's 1.2 million Medicaid recipients. The state currently spends less than \$14 per recipient per year on NEMT services—one of the lowest levels in the nation.

Recent or Future Changes: As of December 1, 2015, all non-emergency medical transportation will be provided through the Bayou Health Program. In order to become a NEMT provider with any of the Bayou Health Plan, one must enroll with the plan's transportation vendor. NEMT providers are certified by the Louisiana Department of Health and Hospitals, Health Standards Section, including friends and family providers, municipal transit providers, and non-profit NEMT providers. Louisiana operates two distinct NEMT programs: managed care carved-in and administrative contractor.

Managed care carved-in: Four of the health plans in the Bayou Health network are responsible for providing NEMT services to their members and each contract to a broker. Logisticare handles NEMT for recipients under these four plans.

Administrative contractor: A separate administrative contractor is responsible for handling non-emergency, non-ambulance trips for the rest of the state's Medicaid population. Southeastrans handles Medicaid recipients who are not covered under a Bayou Health managed care plan.

In 2013, almost 60 percent of the NEMT statewide trips were provided by for-profit providers. Public agencies and nonprofit providers accounted for 27 percent, and the rest (13 percent) of the trips were provided by the recipient's family or friends (Louisiana Department of Health and Hospitals, 2012).

MAINE – 12/14/15

NEMT Model: Regional Broker

Regional full-risk brokers

Operating Authority: 1902(a)(70) State Plan Amendment

Description: MaineCare, the state's Medicaid agency, has divided Maine into eight Medicaid districts for the purpose of providing NEMT services. Three brokers are currently operating in the state—LogistiCare, which operates five districts; Penquis Community Action (a local nonprofit transportation provider), which operates two districts; and MidCoast Connector (Waldo Community Action Agency), which operates one district. Contracted brokers are responsible for all NEMT for both FFS and Medicaid managed care populations.

Recent or Future Changes: From 1979 to 2012, Maine's NEMT program was managed by local community transportation agencies that were responsible for coordinating Medicaid trips in the regions. In 2013, MaineCare moved to a risk-based brokerage model.

In 2013, Coordinated Transportation Solutions (CTS) was awarded six districts, with LogistiCare awarded one district and Penquis Community Action Program awarded one district. Because of reported CTS transition difficulties, the contracts were rebid with LogistiCare awarded four additional regions, Penquis Community Action Program awarded a second district, and Waldo Community Action Agency awarded the sixth district.

In 2013, the NEMT contract limited a contractor to a maximum of 25 percent of NEMT trips that could be provided by the contractor agency. The restriction was thought to have caused transit agencies in Maine to withdraw from bidding in 2013.

In 2014, a bill was adopted by the Maine Legislature, LD1663, giving a competitive advantage to local bidders for future regional NEMT brokerage contracts coordinating regional transit resources and build on the existing infrastructure. However, the bill was vetoed by Maine's governor and has not become law.

MARYLAND – 12/14/15

NEMT Model: In-House Management

FFS model, relying on county brokers and administrative match

Operating Authority: NEMT assurance provided in the State Medicaid Plan

Description: The current NEMT program in Maryland was established in 1993. Maryland's Medicaid program is administered by the Department of Health and Mental Hygiene (DHMH). Each year, DHMH's Office of Health Services allocates medical transportation funds to each county in the form of human service contracts. Most counties assume responsibility for managing NEMT services for Medicaid recipients through the county Department of Health. In Montgomery County, the medical transportation grant is managed by the county's Department of Transportation. Some counties become directly involved in overseeing NEMT services, including operating as brokers by arranging trips and monitoring use. Others contract out those functions.

Maryland's county-administered NEMT program serves all Medicaid clients in the state, including recipients in the FFS and managed care programs, children enrolled in CHIP, and the recently expanded Medicaid population. As a result of the growth in NEMT costs, the medical transportation budget was capped in 2009, requiring the counties to do more with less.

In an effort to control costs, the state encourages counties to shift NEMT trips to lower-cost modes when appropriate. Currently, any Medicaid recipient living within a three-quarter mile of a bus or rail stop is expected to use public transportation in accessing medical services.

Recent and Future Developments: No other program changes have been reported.

MASSACHUSETTS – 10/25/2015

NEMT Model: Regional Broker

Shared-risk, coordinated regional broker model

Operating Authority: NEMT assurance in the State Medicaid Plan

Description: Medicaid transportation in Massachusetts is part of a state-supported coordinated transportation program. In 2001, the Department of Health and Human Services established a Human Service Transportation (HST) Office to coordinate transportation for a variety of human service agencies, including enrollees in MassHealth, the state's comprehensive Medicaid program. In addition to serving the Medicaid population, which accounts for about 80 percent of the trips, the HST Managed Transportation Program is designed to assure program access for clients of the Departments of Developmental Services and Mental Health, the Massachusetts Rehabilitation Commission and Commission for the Blind, and the state's Early Intervention Program.

The HST Office has set up a network of regional brokers to coordinate travel for over 36,000 adults and children served each year by Medicaid and the other state agencies. Almost 85 percent of the clients are Medicaid recipients. The HST Office contracts with regional transit authorities to provide brokerage services in nine regions throughout the commonwealth. Five additional transit authorities serve as direct service providers (Executive Office of Health and Human Services, 2012).

Unique or Innovative Features: The model of using public transit agencies to coordinate human service transportation in Massachusetts has produced positive results for both the Medicaid program and the commonwealth's taxpayers. For example, the average cost of trips in the system is relatively low, and broker administrative expenses are among the lowest in the country (Executive Office of Health and Human Services, 2012). Another unique feature of the model is the shared cost savings incentives that have been built into broker contracts. Brokers are rewarded for reducing trip expenses and overhead, and improving overall efficiency by sharing in the resulting cost savings with HST.

Recent or Future Changes: No program changes were reported.

MICHIGAN – 10/29/2015

NEMT Model: Mixed—FFS and Regional Broker

Mixed—Regional capitated broker in Wayne, Oakland, and Macomb Counties. FFS in the remaining counties of the state.

Operating Authority: NEMT assurance provided in the State Medicaid Plan

Description: The Michigan Department of Health and Human Services (MDHHS) administers the provision of FFS NEMT. MDHHS field offices administers NEMT in all Michigan counties except Wayne, Oakland, and Macomb, where NEMT is administered through a brokerage program. The NEMT program includes transportation to Medicaid services for FFS beneficiaries, and transportation to dental, substance abuse, and community mental health services for beneficiaries enrolled in a Medicaid managed care plan.

Transportation is requested through the county MDHHS office where they review the request for appropriateness and approves accordingly. County MDHHS conducts all activities necessary to administer the NEMT program, including provider registration, receipt, screening, approval of requests for transportation, and payment to providers and beneficiaries for approved transportation services. Oversight includes examination and evaluation of monthly and quarterly financial reports submitted by county offices, and monitoring, tracking, and responding to client contacts in order to identify and resolve transportation access issues.

LogistiCare is the current NEMT broker operating in Wayne, Oakland, and Macomb counties. MDHHS payment to the broker is a per-member per-month methodology.

Recent and Future Developments: No program changes were reported.

MINNESOTA – 10/21/2015

NEMT Model: In-House Management

CountyTribal and State Agency In House Management; FFS Model, relying on administrative match.

Operating Authority: NEMT assurance in the State Medicaid Plan

Description: Minnesota's method of providing NEMT services has changed several times over the years. Initially the Department of Human Services (DHS) operated a conventional, decentralized FFS model program. Several years ago, the state introduced a contracted coordinator/broker to manage all FFS NEMT services in the Twin Cities metro area. The regional coordination program was discontinued after several years, and the state returned to the county/tribal and State managed FFS NEMT services. Through this developing process, a "carved-in" of some NEMT responsibilities did take place for the health plans participating in the state's Medicaid managed care program.

The current FFS NEMT program has been described as a hybrid model. The counties/tribes remain responsible for providing/reimbursing the lower "Access Transportation Services" or "ATS" levels of transport as well as the related ancillary services (lodging, meals, parking/tolls). A second and higher level of NEMT services are managed by the State through the DHS. These higher level transport services are referred to as "Special Transportation Services" or "STS". In order to administer eligibility for the STS transports, a statewide administrative contractor has been hired to determine the certification level for the STS transports. Urban counties in the region formerly served by the coordinator/broker have, through a previously established consortium of the counties, hired a NEMT coordinator to coordinate, provide, and reimburse for the Medicaid ATS and related ancillary services in a regional program.

Recent or Future Changes: Plans are under way to consolidate the administration of Minnesota's dual level NEMT services process into a "single administrative system". Some changes in transport descriptions, provider requirements, and coordination responsibilities will occur in 2016. Full conversion to a single administrative system will not be complete until an on-line web based solution is established to allow for information exchange necessary for statewide coordination.

MISSISSIPPI – 12/14/15

NEMT Model: Statewide Broker

Full-risk statewide broker

Operating Authority: 1902(a)(70) SPA

Description: Since 2006, Mississippi's Division of Medicaid has operated a statewide full-risk NEMT broker model. Medical Transportation Management (MTM), a healthcare and transportation management company, is the state of Mississippi's NEMT manager. The broker is paid a monthly capitated rate based on the number of eligible Medicaid recipients. .

Recent or Future Changes: In 2014, MTM located NEMT and call center operations in Jackson, Mississippi. As of April 1, 2015, the NEMT Broker (MTM) must ensure that at NEMT providers comply with a one-time fingerprinting requirement set forth by the state of Mississippi.

MISSOURI – 10/25/2015

NEMT Model: Statewide Broker

Statewide full-risk broker

Operating Authority: Section 1902(a)(70) State Plan Amendment

Description: Since 1997, Missouri's Department of Social Services has operated a statewide full-risk brokerage model to provide NEMT services for FFS Medicaid recipients in the state. MTM was the original broker, but the brokerage contract has rotated between MTM and LogistiCare over the last 17 years. LogistiCare is the current broker.

NEMT services for Medicaid recipients enrolled in the state's managed care program, including access to some mental health services, are managed by individual health plans.

From the inception of the NEMT brokerage program in Missouri, MTM has sub-contracted much of the rural NEMT service in the state to OATS, Inc., a nonprofit rural community transit provider. OATS provides rural public transit services in 88 counties and was responsible for coordinating NEMT trips as well.

Recent or Future Changes: No major changes were reported.

MONTANA – 11/15/2015

NEMT Model: Mixed—Managed Care and FFS

Operating Authority: Section 1115 Demonstration Waiver and Section 1915(b) selective contracting waiver.

Description: On November 2, 2015, the Centers for Medicare and Medicaid Services (CMS) approved Montana's Section 1115 demonstration waiver to expand Medicaid under the Affordable Care Act (ACA) as of January 1, 2016. The waiver implements the Montana Health and Economic Livelihood Partnership (HELP) Program, which was adopted by the state legislature in April 2015. CMS also approved Montana's 1915(b) selective contracting waiver to use a managed fee-for-service (FFS) Third Party Administrator (TPA) to deliver services to the newly eligible adults. This includes parents from 50-138% of the federal poverty level (FPL) and childless adults from 0-138% FPL. This will result in an additional 70,000 beneficiaries.

All other groups of people are exempt from enrolling in the TPA and all of the Section 1115 waiver provisions except 12-month continuous eligibility including those with incomes at or below 50% FPL, American Indian/Alaskan Natives, individuals who are medically frail, those with exceptional health care needs as determined by the state, people who live in regions where there are an insufficient number of providers contracted with the TPA, and people who require continuity of coverage not available or effectively delivered through the TPA.

Montana contracts with Mountain-Pacific Quality Health (MPQH) to both approve and provide to patients non-emergency medical transportation (NEMT). MPQH will provide reimbursement for mileage and per diem associated with travel to necessary medical care covered by Montana Medicaid, prior authorization required for all trips except by ambulance. This covers personal vehicles, bus fares, commercial transportation, specialized non-emergency transportation, and ambulances. This includes travel attendants when deemed medically necessary.

Recent or Future Changes: No other program changes were reported.

NEBRASKA – 10/21/2015

NEMT Model: Statewide Broker

Statewide Broker; ASO contract

Operating Authority: 1902(a)(70) State Plan Amendment

Description: IntelliRide is the contractor responsible for providing NET brokerage services for the eligible Medicaid clients who do not have access to free, appropriate transportation to and from program covered services. The AMR contract ended April 30, 2014. IntelliRide began providing NET services effective May 1, 2014.

Recent or Future Changes: No other program changes were reported.

NEVADA – 9/30/2014

NEMT Model: Statewide Broker

Statewide shared-risk brokerage model

Operating Authority: 1902(a)(70) State Plan Amendment

Description: Since 2005, Nevada’s Division of Health Care Financing and Policy has operated a somewhat traditional statewide NEMT brokerage program. The state’s overall investment in Medicaid is minimal, and it ranks toward the bottom in terms of per-capita spending on NEMT.

The state’s contract with LogistiCare requires the broker to breakeven without realizing a profit before requesting a rate increase. Conversely, the broker must also return excess profits if actual costs dip below the contracted rate.

Nevada reports to have moved to a cost-based reimbursement—or an intergovernmental transfer method. The counties pay the state share, and the state obtains a federal match, returning all of the money to the county RTC. The NEMT broker now has direct access to the county’s transportation system, and the broker schedules and monitors rides directly within that RTC’s system.

Recent or Future Changes: No immediate program changes were reported.

NEW HAMPSHIRE – 12/2/2015

NEMT Model: Mixed Model—FFS and Managed Care

Mixed—carved-in managed care model plus state-administered FFS program

Operating Authority: NEMT assurance in the State Medicaid Plan for FFS clients, and Section 1115 Demonstration Waiver for the Medicaid managed care population

Description: New Hampshire’s Medicaid program is administered by the Office of Medicaid Business and Policy within the Department of Health and Human Services. Enrollees in participating health plans obtain medical transportation assistance from their health plan. At least one of the health plans, Well Sense, has hired an outside broker, CTS, to manage transportation requests for its members. Clients in the state’s FFS Medicaid program continue to get NEMT assistance directly through the Department of Health and Human Services’ Medicaid Transportation Office.

The Department of Health and Human Services has placed a restriction on the NEMT services. According to the brochure for Medicaid recipients in the state, clients are limited to 24 wheelchair van trips per year.

Recent or Future Changes: No program changes were reported.

NEW JERSEY – 10/12/2015

NEMT Model: Statewide Broker

Statewide full-risk broker

Operating Authority: 1902(a)(70) State Plan Amendment

Description: Until fairly recently, the NEMT program operated by New Jersey's Division of Medical Assistance and Health Services was administered at the county level. Because of the availability of casino revenues to support and fund local specialized transportation service, there was a considerable amount of coordination of transportation resources in the state, and public and community transit providers were coordinating NEMT services to Medicaid clients.

That FFS Medicaid model ended in 2010 when the state opted for a statewide contract broker to manage NEMT services. LogistiCare is the current statewide broker. Many community and public transportation providers opted not to participate in the program when the transition was made. Recent efforts to negotiate agreements between community and public transportation providers and LogistiCare are reported. The effort is meant to negotiate agreements to reimburse community and public transit providers' marginal rather than fully allocated costs, which would more adequately compensate community and public transit agencies and encourage Medicaid NEMT participation.

Recent or Future Changes: Other than the attempt to develop a hybrid contracting system, no other program changes in New Jersey were reported.

NEW MEXICO – 10/23/2015

NEMT Model: Managed Care

Carved-in managed care model

Operating Authority: Formerly mixed FFS and managed care carved-in models, transitioning to the Centennial Care program under a 1115 Demonstration Waiver

Description: Until the beginning of 2014, New Mexico's Department of Human Services operated a mixed NEMT program that included a carved-in managed care model for some Medicaid recipients and an FFS model for others. Under the Salud Health Initiative, four health plans participated in the state's Medicaid managed care program. Each health plan contracted with a separate transportation broker or provider to manage its members' transportation needs. Two plans used private brokers, while the other two contracted with transportation companies to provide exclusive transportation services for their members. Clients enrolled in the FFS Medicaid program were eligible to call state-certified medical transportation providers serving their county.

Recent or Future Changes: Beginning in January 2014, as part of its health reform initiative, New Mexico moved to a universal managed care approach under a Section 1115 Demonstration Waiver. Under the state's Centennial Care program, all Medicaid recipients in the state must enroll in one of four designated health plans. In addition to handling both the physical and behavioral health needs of members, the MCOs are also responsible for assuring that enrollees can get to covered services. This coordinated care model, which grew out of the Affordable Care Act, is similar to the approaches adopted by Florida, Kansas, and Oregon.

NEW YORK – 11/30/2015

NEMT Model: Mixed Model—FFS and Managed Care

County-based FFS plus carved-in MCO model

Operating Authority: NEMT assurance in the State Medicaid Plan

Description: The New York Health Department operates by far the nation's largest Medicaid transportation program. The state accounts for roughly one-quarter of the total national NEMT budget. Because New York's federal reimbursement rate is 50 percent, New York classifies NEMT as an administrative service, thereby maximizing its flexibility in operating the program.

Until recently, New York operated a decentralized, county-based FFS medical transportation program, with the counties responsible for providing the 50 percent local share of Medicaid expenses. The FFS program represents about two-thirds of total NEMT expenditures. The other one-third is operated by Medicaid MCOs throughout the state.

New York does not use transportation brokers. However, New York has begun to employ administrative contractors and medical transportation management companies to operate call centers and coordinate resources.

Recent or Future Changes: Beginning in 2011, the state began taking over the management of NEMT services from the counties. Responsibility for NEMT has transferred from the local to the regional level through the use of regional transportation management companies. By 2015, all Medicaid transportation services are expected to be shifted to the state program. The purpose of the change has been to relieve local districts of administering the NEMT program, consolidate local administrative functions, provide more consistent management and policy oversight, and improve coordination.

NORTH CAROLINA – 10/24/2015

NEMT Model: In-House Management

FFS model, relying on county administration and administrative match

Operating Authority: NEMT assurance provided in the State Medicaid Plan

Description: In North Carolina, responsibility for managing Medicaid transportation is delegated by the Department of Health and Human Services to the 100 county departments of social services. The counties assess recipients' needs for transportation and arrange transport to and from covered medical services. Counties enter into contracts with local entities that provide transportation services or manage the benefit.

Recent and Future Developments: The North Carolina Legislature is currently considering legislation that would require the Department of Health and Human Services to shift to a statewide brokerage model. A similar initiative was approved several years ago but with the caveat that the brokerage would be introduced only if proven to be more efficient and economical than the current approach. At the time, the existing FFS system proved to be more cost effective than the alternative. Reportedly, no similar caveat has been attached to the current legislative proposal.

NORTH DAKOTA – 9/30/2014

NEMT Model: In-House Management

County-based FFS model, relying on administrative match

Operating Authority: NEMT assurance in the State Medicaid Plan

Description: North Dakota spends more per capita on Medicaid medical services (\$11,157) than any other state except Connecticut, but spends less per enrollee on NEMT than all 50 states. Over the last dozen years, the state's NEMT spending declined, by 40 percent, from an estimated \$1.2 million in 2001 to \$729,000 in 2013. Annual NEMT spending in North Dakota is less than \$11 per year per eligible client.

Medicaid transportation in North Dakota is administered by the Medical Services Division of the Department of Human Services, which operates through county social service agencies. All trips must be authorized by local county officials, who also determine the most economical mode to get to and from medical services. Presumably, the majority of authorized trips involve mileage reimbursement for the use of the recipient's or neighbor's private automobile; however, no trip or utilization data are available from the state's Medicaid agency.

Since North Dakota's federal match for the Medicaid program is 50 percent, the state is not penalized for maintaining NEMT as an administrative rather than a medical service.

Recent or Future Changes: No program changes were reported.

OHIO – 12/3/2015

NEMT Model: In-House Management

FFS model, relying on local administration and 50 percent administrative match

Operating Authority: NEMT assurance provided in the State Medicaid Plan

Description: The Ohio Department of Medicaid has overall responsibility for overseeing the state's Medicaid program. However, the actual management of NEMT services has been delegated to the Department of Jobs and Family Services (DJFS), which has a decentralized structure. Actual NEMT services are handled at the local level by county DJFS offices. As a result, each county operates its own unique program.

Some counties contract with a network of public and private transportation agencies, and negotiate special rates for NEMT services. In Hamilton County, the local DJFS office has contracted with a national broker, MTM, to serve as a gatekeeper and manage medical transportation for local Medicaid recipients.

Unique or Innovative Features: Ohio's NEMT program recognizes two levels of public transit service—fare rate and premium rate. The fare rate is simply the same price the general public pays for a ride. County DJFSs are encouraged to buy and distribute bus passes and tokens. But state policy also recognizes that some recipients and trips may require a higher level of service, and so local DJFS offices can negotiate with public transit systems for a premium rate for premium service, which could be significantly higher than the fare rate, up to the fully allocated cost of providing the trip.

Recent and Future Developments: No other program changes were reported.

OKLAHOMA – 12/7/2015

NEMT Model: Statewide Broker

Statewide full-risk broker

Operating Authority: 1902(a)(70) State Plan Amendment

Description: Oklahoma's SoonerRide program is managed by the Oklahoma Health Care Authority. For more than a decade, the state has had a statewide NEMT brokerage program. In early 1999, Tulsa Transit began operating as a statewide broker under a unique arrangement with the state. Tulsa Transit contracted with rural and community transit providers throughout Oklahoma. However, that arrangement was changed to a conventional risk-based contract broker model in 2002. Since 2002, LogistiCare has operated the statewide brokerage for SoonerRide.

When LogistiCare was awarded the brokerage contract, local public and community transportation providers banded together to form a modified bargaining group for negotiating trip fees with the broker. Such a strategy seems to have helped level the playing field between providers and brokers.

Recent or Future Changes: No program changes were reported.

OREGON - 12/15/15

NEMT Model: Mixed—Managed Care and FFS

Operating Authority: Formerly—1915(b) Freedom-of-Choice Waiver. Currently operating under a Section 1115 Demonstration Waiver.

Description of Former NEMT Program: Oregon was the second state in the nation to introduce a regional community brokerage model. The original NEMT program was created under a Section 1915(b) Freedom-of-Choice Waiver. The Division of Medical Assistance Programs (DMAP) borrowed heavily from its neighbor, Washington State. Initially, only the Portland metro area had access to brokered services. Eventually, the brokerage system was extended statewide, involving eight community brokers operating in as many regions. All of the regional brokers were public entities, and the majority were public transit providers as well. Oregon was one of only three states to rely exclusively on community-based brokers, and its program was often cited as a best practice model for other states to consider. One of the unique features of Oregon's brokerage program is that since all the brokers are public bodies, DMAP can negotiate interagency agreements with brokers, instead of going through a state procurement process.

Description of Current NEMT Program: In 2013, under the governor's health reform initiative—and encouraged under the Affordable Care Act—Oregon implemented a coordinated care model to serve the state's Medicaid population. Sixteen coordinated care organizations (CCOs) have been created to manage the physical, behavioral, and dental health of all Medicaid recipients. Under this plan, responsibility and funding for providing medical transportation have been transferred from the state to the CCOs.

PENNSYLVANIA – 10/27/2015

NEMT Model: Mixed Model—FFS and Regional Broker

Regional full-risk broker, plus county-run FFS system

Operating Authority: 1902(a)(70) SPA for the brokered county. NEMT assurance in the State Medicaid Plan for the FFS program in the rest of the commonwealth.

Description: Pennsylvania's Medical Assistance Transportation Program (MATP) is the third largest (in expenditures) in the country but provides more than twice the number of medical trips of any other state. MATP in Pennsylvania is a hybrid model, relying on a full-risk, capitated broker to serve Philadelphia County, the state's largest county, with a county-run FFS program operating in the rest of the state. The Department of Public Welfare for years has explored changing NEMT models, including evolving into a statewide brokerage or carving in NEMT services into managed care contracts.

In 1983, Wheels, Inc., a nonprofit specialized transportation provider, created one of the first urban brokerages of its kind in the nation. At the time, Wheels was also coordinating paratransit services for the Southeastern Pennsylvania Transportation Authority, Philadelphia's public transit agency. Wheels was eventually replaced by MTM and then LogistiCare as the broker in Philadelphia County. Today, while the number of medical trips provided by the Philadelphia broker roughly equals the number provided in the entire rest of the state, the brokerage accounts for less than 30 percent of annual NEMT expenditures, reflecting the cost-effectiveness of having access to and using public bus and rail services to transport Medicaid clients. In FY 2011, for example, the average Medicaid trip cost in Philadelphia was \$8, while the average for the rest of the state was more than double the Philadelphia cost.

Elsewhere in the state, NEMT is mostly coordinated with community and human service transportation. Yet the Department of Human Services has encouraged discussion about other options for the MATP program, including a statewide Medicaid brokerage system. They see the value of coordinating transportation but maintain that as long as NEMT is a covered medical benefit, DHS funding for MATP needs to be used to directly benefit recipients and not to subsidize a larger transportation system.

Recent or Future Changes: Efforts have continued on the state level to lessen DHS' financial obligation for MATP. Under the previous governor, the state submitted a federal Section 1115 Demonstration Waiver application proposing a private option for any future Medicaid enrollees and requesting that the assurance of transportation access be waived for this expansion population. But the current administration has opted to not pursue the private option further, and all current and future Medicaid enrollees will be MATP eligible by the end of this year.

RHODE ISLAND – 9/30/2014

NEMT Model: Statewide Broker

Statewide full-risk broker

Operating Authority: Global Consumer Choice 1115 Demonstration Waiver

Description: In the 1990s, Rhode Island’s Executive Office of Health and Human Services (EOHHS) required nearly all Medicaid recipients in the state to enroll in one of five health plans. Under the carved-in model of the Rite Care initiative, NEMT services were included in the responsibilities assumed by Medicaid MCOs. In an unusual arrangement—with the agreement of the state—all five participating health plans jointly contracted with the Rhode Island Public Transit Authority (RIPTA) to serve as a statewide NEMT broker. Since the creation of the Rite Care program, public transportation has been the default transportation service.

RIPTA’s management of the state’s NEMT program has produced a high volume of trips provided by public transit. According to EOHHS’s published information, 78 percent of all Medicaid trips are provided on fixed-route public transit, most paid for with bus passes. As a result, Rhode Island’s average cost per NEMT trip is the lowest in the nation—just a little over \$5.

Recent or Future Changes: Today, RIPTA no longer serves as the broker in Rhode Island. CMS challenged RIPTA’s widespread use and distribution of bus passes to Medicaid recipients. As a part of reforms adopted in the Rite Care program, responsibility for providing NEMT services has been withdrawn from the MCOs and returned to the state. Beginning in May 2014, LogistiCare began operations as EOHHS’s statewide contract broker of NEMT services. According to the state’s NEMT program coordinator, the broker will coordinate transportation, including medical trips, under Rhode Island’s senior services program.

SOUTH CAROLINA – 9/30/2014

NEMT Model: Regional Broker

Full-risk, capitated broker

Operating Authority: 1902(a)(70) State Plan Amendment

Description: In 2011, South Carolina's Department of Health and Human Services initiated a regional full-risk brokerage program. The state was divided into three regions, with each region bid separately. Initially, two national brokers were awarded contracts, but by mid-2012, only one contract broker was still working in the state. Today, LogistiCare is the sole broker operating in all three regions. The controversy surrounding the introduction of the brokerage model, challenges by losing bidders, and withdrawal by some companies led to the formation of a stakeholders' group that has been active in proposing reforms to existing state NEMT policies.

Recent or Future Changes: One of the proposals recommended by the stakeholders' group included evaluating the efficiency and cost-effectiveness of carving in NEMT services and funding under the Department of Health and Human Services' Medicaid managed care program.

SOUTH DAKOTA – 12/7/2015

NEMT Model: Mixed—FFS and Managed Care

Broker and Managed Care; full-risk broker for FFS population, plus MCOs handling transportation for members.

Operating Authority: NEMT assurance provided in the State Medicaid Plan

Description: South Dakota's Department of Social Services operates a traditional FFS NEMT model. Under the current system, Medicaid recipients obtain transportation assistance through a centrally managed hotline and are reimbursed for travel directly by Department of Social Services staff. The state relies primarily on Medicaid recipients driving themselves to medical appointments. Over 90 percent of NEMT trips are provided in privately owned vehicles.

South Dakota's investment in NEMT services is minimal—spending less than \$2.5 million annually. That amount represents less than 3/10 of 1 percent of the state's annual Medicaid budget. Despite low trip numbers, the Department of Social Services reports relatively high use of NEMT services by Medicaid clients—12 percent of all eligible recipients.

Recent or Future Changes: No program changes were reported.

TENNESSEE – 10/20/2015

NEMT Model: Managed Care

Operating Authority: Section 1115 Demonstration Waiver

Description: Tennessee has adopted a mandatory managed care model for serving its Medicaid population, with NEMT responsibility carved in to state contracts with participating health plans. TennCare was created in 1994 under a federal Section 1115 Demonstration Waiver. Tennessee claims to be the only state in the nation that enrolls 100 percent of its Medicaid population in a managed care plan.

Unique or Innovative Features: In 2008, TennCare introduced a transportation brokerage feature into its NEMT program. Citing that the former approach had been fragmented and inefficient, the state now requires each of its three participating MCOs to employ a transportation broker to manage all NEMT provided to their Medicaid enrollees. In June 2013, the three transportation brokers employed under the TennCare program included one nonprofit human service agency, one Memphis-based private transportation company, and one out-of-state transportation broker.

Recent or Future Changes: No program changes were reported.

TEXAS – 12/15/2015

NEMT Model: Regional Broker

Regional brokers, including indigenous and mega-brokers

Operating Authority: Section 1902(a)(70) State Plan Amendment

Description: In Texas, NEMT is called the Medical Transportation Program (MTP). MTP rules are found under Texas Administrative Code Title 1, Part 15, Chapter 380. Texas' MTP is the second largest in the nation. The program was initiated in 1974 under a federal court order that found that Medicaid recipients in the state had been deprived of their assured access to covered medical services. From the inception of the program until 2002, the Texas Department of Health ran a coordinated program, with rural transit agencies handling most medical trips. In 2002, the state legislature then directed that MTP be transferred to the Texas Department of Transportation for greater coordination. In 2008, responsibility was once again transferred to the Health and Human Services Commission (HHSC).

Prior to 2011, MTP service was delivered on a statewide basis through a network of transportation service area providers (TSAPs) that coordinate services in each of the 24 service areas. Also prior to 2011, all medical transportation services were scheduled through a toll-free line that connected to four transportation service centers statewide, one of which was dedicated primarily to Frew class members (Linda Frew et al. v. Don Gilbert et al. (2001) lawsuit resulting in a consent decree to reduce barriers and improve access to care for Medicaid clients, birth through age 20, that have not received all of the Texas Health Steps services). TSAPs were directed to enter into subcontract agreements with public and private transportation service providers to ensure transportation availability to all eligible recipients. In 2011, HHSC was directed by the legislature in Rider 55 (Article II, Health and Human Services Commission, S.B. 1, 81st Legislature, Regular Session, 2009) to introduce a NEMT broker to the MTP. As a result, HHSC piloted a full-risk broker in two service delivery areas (SDAs) of the state—Houston and Dallas. HHSC contracted with full-risk brokers. For the rest of the state, HHSC continued to be responsible for Medicaid transportation services reimbursed on an FFS basis.

From the early 2000s until this year, MTP operated its own call center, staffed with over 160 state employees. Further research is needed to determine the status of the state-managed call center following the introduction of the regional brokers.

Recent or Future Changes: Until recently, Texas' MTP operated on an FFS basis, relying on 24 exclusive regional provider contractors, including many of the original rural transit agencies. In 2014, HHSC implemented a statewide regional brokerage program, awarding contracts to seven brokers operating in 11 managed transportation organization (MTO) regions and the two SDAs. Of the MTOs, one is a transit agency, one is a health and human service agency, and the other five are national brokers and transportation companies.

UTAH – 10/21/2015

NEMT Model: Statewide Broker

Statewide full-risk broker; statewide contractor

Operating Authority: State Plan Amendment

Description: Since the mid-1990s, Utah's Division of Medicaid and Health Care Financing has operated a unique NEMT program by contracting with an exclusive provider for all Medicaid trips. The contractor receives a capitated rate for responding to all trip requests. From the inception of the program until 2013, the state contracted with Pick-Me-Up Services, an Orem, Utah-based specialized transportation provider. In 2013, the statewide contract was awarded to LogistiCare, which today operates more like a traditional broker, receiving trip requests and arranging actual transportation with a network of providers.

In Utah, NEMT services are available only to those Medicaid recipients who are found to be without access to personal transportation. Otherwise, the state requires clients to drive themselves or have someone else drive if there is a vehicle in the household. Salt Lake and Cedar City residents can receive bus passes for use on either the fixed route or paratransit services. Medicaid clients who do not have access to these bus services may be eligible to call LogistiCare.

Recent or Future Changes: In addition to the recent change in statewide contractors, Utah is among a handful of states to receive a federal 1115 Demonstration Waiver to establish a network of accountable care organizations under the Affordable Care Act. The state has decided to carve out NEMT service as an accountable care organization's responsibility. It is possible that the current Medicaid transportation program could change in response to these health reform initiatives.

VERMONT – 11/30/2015

NEMT Model: Regional Broker

Eight regional community brokers share risk contracts capitated with stop-loss provisions.

Operating Authority: 1115 Demonstration Waiver

Description: The Department of Vermont Health Access (DVHA) negotiates sole-source contracts with eight public transit providers in the state to provide regional NEMT brokerage services. The brokers handle all non-emergency transportation for both FFS and Medicaid managed care populations.

Vermont's exclusive use of community-based brokers is an unusual feature of the state's NEMT program. Today, only a handful of states—Arkansas, Kentucky, Oregon, and Washington—have integrated public transit providers into their brokered medical transportation programs in this way.

Recent or Future Changes: In 2013, DVHA switched from reimbursing brokers on a cost-plus basis to a shared-risk, capitated contract arrangement with individually negotiated per member-per month (PM/PM) rates. The contracts includes stop-loss provisions and fuel cost adjustments. Actual PM/PM rates are calculated on actual NEMT users rather than eligible recipients and are adjusted based on geographic and historical utilization data. Capitated rates currently range from \$94 to \$174 per month.

VIRGINIA – 11/4/2015

NEMT Model: Mixed—FFS and Managed Care

Statewide full-risk broker

Operating Authority: 1902(a)(70) State Plan Amendment

Description: Since 2001, Virginia’s Department of Medical Assistance Programs has operated a statewide full-risk brokerage to provide NEMT services for about 250,000 Medicaid recipients in the state’s fee-for-service (FFS) program. Since 2002, the same corporation has been the contracted broker after two competitive procurements (2005 and 2011). The balance of the Medicaid population, about 750,000, is enrolled in managed care organizations that are responsible for providing NEMT services to their members. About 90 percent of all NEMT trips are reported to be provided by the broker in the FFS Medicaid program, which accounts for 25% of the state Medicaid population but includes a disproportionate number of older, disabled or waived populations.

Recent or Future Changes: The next NEMT procurement will be no later than 2017.

WASHINGTON – 10/21/2015

NEMT Model: Regional Broker

Regional community brokers—negotiated administrative fee

Operating Authority: 1902(a)(70) State Plan Amendment

Description: The regional broker system operated by the Washington Health Care Authority was launched in 1989 and is one of the oldest in the country. The state employs six indigenous, community-based brokers that coordinate trips in 13 medical transportation regions which are healthcare catchment areas. The competitively selected public and nonprofit brokers include local planning agencies, councils on aging and other human service agencies. Several are community transportation providers but are not allowed to do so under these "true broker" contracts. State officials credit the brokerage system with helping to control medical transportation costs and improve quality and safety statewide, while assuring needed access to care for all Medicaid recipients. Currently, brokers are reimbursed for actual service costs plus an average administrative fee of \$3.15 per managed trip. Performance incentives have been in place since 2011, focusing on call center performance and cost-effectiveness. Approximately one-third of the trips are provided on fixed-route transit.

Washington's exclusive reliance on community-based brokers is one of the unique features of the state's NEMT program. Today, only a handful of states—Arkansas, Kentucky, Oregon, Texas, and Vermont—have integrated providers of public and human service transportation into their brokered medical transportation programs in this way. Washington may be unique among them because none of the brokers are public transit systems, unlike the others in this group.

Recent or Future Changes: The recent addition of 400,000 (from 1,250,000 to 1,850,000) Medicaid recipients as a result of the Affordable Care Act has had significant impact on the state's NEMT program. In the next several years the integration of substance abuse and mental health treatment clients into the managed-care system is expected to have further significant impact.

WEST VIRGINIA – 12/9/2015

NEMT Model: Statewide Broker

County-based FFS model, transitioning to statewide brokerage model in June 2014

Operating Authority: 1902(a)(70) State Plan Amendment

Description: Until June 2014, West Virginia's Department of Health and Human Resources operated a traditional, decentralized FFS NEMT model. Under the current system, Medicaid recipients obtain transportation assistance through their local office of the West Virginia Department of Health and Human Resources. Reimbursement is made directly by the state to the recipient and transportation providers.

In February 2014, the Bureau for Medical Services issued an RFP for a statewide full-risk brokerage to be implemented in the state. The brokerage contract was awarded to MTM, a national private broker, that began June 2014.

WISCONSIN – 10/22/2015

NEMT Model: Statewide Broker

Statewide full-risk broker

Operating Authority: 1902(a)(70) State Plan Amendment

Description: Wisconsin's Department of Health Services recently transitioned to a statewide brokerage model. Formerly, Medicaid transportation was on an FFS basis through local county administrators. In 2011, the Department of Health Services' Division of Health Care Access and Accountability awarded a 3-year brokerage contract to LogistiCare, covering all Wisconsin counties outside the Milwaukee metro area. A year later, responsibility and funding for managing NEMT trips in the greater Milwaukee area were added to LogistiCare's contract. In 2013, LogistiCare terminated the agreement with the Department of Health Services, citing higher than anticipated utilization due to limited data provided by the State.

The statewide brokerage contract was rebid in February 2013, and MTM of St. Louis was awarded the contract and currently manages the program. There was a large increase in price between the first and second brokerage contracts. In 2012, LogistiCare received \$37.5 million to operate the brokerage. A year later, the state agreed to pay MTM over \$63 million for largely the same work.

Recent or Future Changes: On June 20, 2014, the Department of Health Services issued a supplemental RFP affecting the state's brokerage program. The purpose of the solicitation was to obtain advocacy and auditing services related to Wisconsin's NEMT program.

WYOMING – 12/9/2015

NEMT Model: In-House Management

Centrally managed FFS model, relying on administrative match

Operating Authority: NEMT assurance in State Medicaid Plan

Description: The Office of Healthcare Financing within Wyoming's Department of Health operates an old-style FFS NEMT program that is administered in-house. Wyoming invests less than most states in medical transportation. In 2013, the state reports spending just over \$500,000 on NEMT, roughly 1/10 of 1 percent of its Medicaid budget.

Recipients in need of transportation to covered Medicaid services are expected to call a toll-free Travel Call Center for assistance and authorization. Eighty percent of all NEMT trips involve reimbursing Medicaid recipients for using their own vehicles. In 2013, approximately 9,000 medical trips were approved for fewer than 1,400 recipients, roughly 2 percent of the eligible Medicaid population. An estimated 5 percent of trips are taken on public transportation.

Since Wyoming's federal match for the Medicaid program is 50 percent, the state is not penalized for maintaining NEMT as an administrative rather than a medical service.

Recent or Future Changes: No program changes were reported.