

**Non-Emergency Medical Transportation (NEMT):
Opportunities for Coordination with Other
Transportation Services
In Arizona**

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for
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EXAMINING NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) AND TRANSPORTATION COORDINATION IN ARIZONA

The Transportation Research Board (TRB)¹ recently published Transit Cooperative Research Program (TCRP)² Research Report 202: *Handbook for Examining the Effects of Non-Emergency Medical Transportation Brokerages on Transportation Coordination*. The report provides background information on Medicaid and NEMT and describes the different models available to states for providing NEMT for Medicaid beneficiaries. The handbook also discusses why human services transportation and public transportation providers encourage coordination of NEMT with other transportation services and describes strategies that can contribute to successful coordination. The Texas A&M Transportation Institute (TTI) led the TCRP research project in cooperation with SkyCastle Enterprises, Community Mobility Solutions, and the University of Kansas Transportation Research Institute.

The Arizona Department of Transportation (ADOT), Transit Programs division, requested TTI to document how Medicaid NEMT is delivered in Arizona and to identify opportunities for coordination with other human services transportation services and public transportation in the state. The TTI scope of work included conducting background research, interviewing stakeholders, and organizing the program for a post-conference workshop after Arizona's 32nd Annual Statewide Transit Conference (April 2019), presented by the Arizona Transit Association (AzTA) and ADOT.

NEMT services are sponsored by a number of agencies and organizations, but the largest NEMT program is funded by Medicaid. This paper addresses Medicaid NEMT. The purpose of the paper is to summarize the background research and information gathered from interviews with stakeholders. The paper is organized in the following sections:

- National NEMT overview.
- Arizona NEMT overview.
- Why coordinate NEMT with public transportation?
- Common desired outcomes.
- Strategies to successfully coordinate NEMT and public transportation.
- Post-conference workshop.

NATIONAL NEMT OVERVIEW

Medicaid is a joint federal and state program that provides health coverage for millions of individuals and families with limited incomes and resources. The Medicaid program provides critical health insurance for millions of people who might not otherwise be able to afford it. The assurance of transportation to necessary medical care is an important feature that sets Medicaid apart from traditional health insurance.

Medicaid NEMT is an important benefit for Medicaid beneficiaries who need to get to and from medical services and have no other means of transportation. The beneficiaries of Medicaid include the nation's most vulnerable populations: infants and children in low-income families, individuals and families with

¹ The TRB is a unit of the National Academies of Sciences, Engineering, and Medicine. The mission of the TRB is to promote innovation and progress in transportation through research.

² The TCRP provides useful reports and other tools to help public transportation practitioners solve problems and inform decision makers. TCRP funding is provided by the Federal Transit Administration.

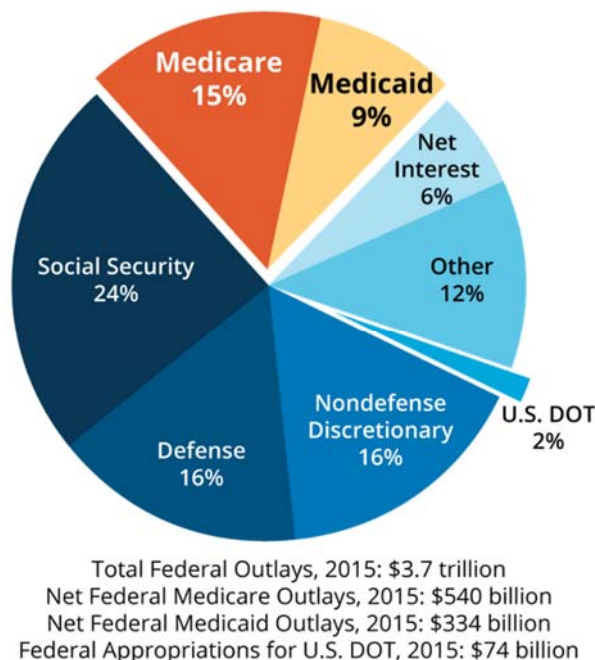
low incomes or limited resources, individuals of all ages with disabilities, and very-low-income seniors. Often, these groups lack the resources to afford a reliable means of getting to medical appointments, live in rural or medically underserved areas, and may have frequent appointments for certain medical conditions (e.g., dialysis). In addition to access to health care services, Medicaid beneficiaries also experience mobility challenges in other important areas of life, such as accessing jobs and shopping for necessities. These mobility challenges can also affect health outcomes.

Medicaid Funding

Each state administers its own Medicaid program, consistent with federal regulations and guidelines. The Centers for Medicare and Medicaid Services (CMS), within the U.S. Department of Health and Human Services (DHHS), oversees the Medicaid program for the federal government. The state role in administering the Medicaid program means there are significant state-to-state variations in program policies and operations, including NEMT. The variations reflect the flexibility that states have in designing Medicaid programs to meet each state's policies.

The Medicaid program is jointly funded by the federal and state governments to assist states in furnishing medical assistance to eligible persons. The federal and state expenditures for Medicaid in fiscal year (FY) 2015 were \$334 billion and \$198 billion, respectively, for total federal and state expenditures of \$532 billion. The federal share for Medicaid was about 9 percent of the federal budget in FY 2015. For state expenditures, Medicaid accounted for 18.7 percent of all state general fund spending in FY 2015, in second place behind state spending on primary and secondary education.

The Medicare and Medicaid share of the federal budget in 2015 is illustrated in Figure 1. The federal investment in Medicaid of \$334 billion compares to an investment of \$74 billion in the U.S. Department of Transportation (all modes) in 2015. Of the \$74 billion, approximately \$11 billion was invested in public transportation through the Federal Transit Administration (FTA) in 2015.



Source: Congressional Budget Office as provided by Kaiser Family Foundation.

Figure 1. Medicare and Medicaid as a Share of the 2015 Federal Budget

Eligibility for NEMT

NEMT is transportation to and from appointments for medical services for Medicaid beneficiaries who have no other means of transportation and qualify for the service. Although state Medicaid agencies are required to assure NEMT for approved Medicaid services, each state has broad discretion to determine who is eligible for NEMT. In most states, *qualified* means eligible to receive medical services through the Medicaid program and eligible for NEMT.

In general, NEMT will be covered by Medicaid if the following conditions for medical necessity are met:

- The beneficiary is eligible for a medical assistance program (Medicaid).
- The medical service for which the trip is needed is a Medicaid-covered service.
- The beneficiary has no other means of getting to and from the covered medical service.
- The NEMT trip is authorized in advance by the appropriate agency or broker.
- The NEMT trip is to the nearest qualified medical provider as authorized by Medicaid.
- The NEMT trip is the lowest cost available transportation mode that is both accessible for the client and appropriate for the client's medical condition and personal capabilities.

The federal Medicaid expenses for NEMT are about \$3 billion annually, or about 1 percent of the federal Medicaid outlay. The federal investment covers about 60 percent of the cost of providing NEMT. States invest an additional \$2 billion annually, or 40 percent of the cost of NEMT. The estimated total federal and state investment in NEMT is approximately \$5 billion annually.

State Models for Providing NEMT

The different models to provide NEMT in the 50 states and the District of Columbia are:

- In-house management.
- Brokers.
 - Statewide broker.
 - Regional brokers.
- Managed care organizations (MCOs) with NEMT carved in.
- Mixed NEMT models.

In-House Management

The Medicaid in-house management model for NEMT is when a state Medicaid agency administers transportation for beneficiaries at a state, regional, or county level. The Medicaid agency responsibilities include operating the call center for Medicaid beneficiaries to request transportation, reviewing and providing transportation authorizations, and assigning trips to qualified private or public transportation providers.

States using the in-house management NEMT model operate on a fee-for-service basis. Transportation providers submit reimbursement requests for services rendered. States that operate using only an in-house management model (not a mix of models) usually claim federal financial participation as an administrative expense (at the 50 percent matching rate) unless they have requested waivers or have amended the state Medicaid plan for approval to use the higher FMAP rate for medical services.

Brokers

A state Medicaid agency may contract with an NEMT broker to manage preauthorized NEMT services in a designated area. Brokers have several responsibilities:

- Confirm the Medicaid beneficiary's medical eligibility to receive the NEMT benefit.
- Verify the trip is to an approved Medicaid destination for a medically necessary service.
- Arrange transportation that is most appropriate for the beneficiary at the lowest cost.
- Contract with qualified transportation providers to provide the NEMT service.
- Confirm transportation providers have proper background checks, licensing, training, and safe driving records for drivers.
- Confirm transportation providers have proper licensing and safety inspections for vehicles.
- Schedule eligible Medicaid beneficiaries' transportation through one of the qualified transportation providers.
- Pay transportation providers for the services provided as agreed upon in the contract but typically on a fee-for-service basis or a fixed rate per mode of transport and/or distance traveled.
- Document that all Medicaid requirements are met.

Brokers execute contracts with private, human services transportation or public transportation providers to make authorized trips for eligible Medicaid beneficiaries under the supervision of the broker. Brokers pay transportation providers for the authorized trips by eligible Medicaid beneficiaries. The transportation providers are required to document the authorized Medicaid passenger trips delivered for the broker.

According to the requirements of the state Medicaid agency, the NEMT broker may operate statewide or within a region. Brokers may be for-profit, not-for-profit, or human services program brokers. Not-for-profit brokers may be human services agencies, public transit agencies, or other nonprofit organizations.

Managed Care Organizations

Managed care is an organized health care delivery system designed to manage health care cost, use, and quality. Through contracted arrangements with state Medicaid agencies, MCOs seek to improve health care for a population of Medicaid beneficiaries, often with chronic and complex conditions, while also managing the cost of that care.

Medicaid agencies typically pay MCOs on a capitated payment system (per member per month or PMPM). Capitated payment means the MCO receives a lump sum payment per month based on the number of beneficiaries, and all health costs must be covered by that payment. Capitated payment encourages cost control.

NEMT may be a part of the responsibility of the MCO providing Medicaid services (i.e., carved in). If the MCO does carve in NEMT services, the MCO may provide NEMT using brokers.

If NEMT is not included in the MCO responsibilities (i.e., carved out), the state Medicaid agency uses one of the other NEMT models to provide transportation for Medicaid beneficiaries who need to get to and from medical services and have no other means of transportation.

Mixed NEMT Models

All state Medicaid agencies do not use just one model for NEMT services. Examples of mixed models are:

- In-house management and MCO.
- In-house management and regional broker.
- MCO and statewide broker.

National Trends

In recent years, numerous state Medicaid programs have separated NEMT from locally or regionally coordinated transportation systems by creating a statewide or regional NEMT brokerage. This trend was accelerated by the Deficit Reduction Act of 2005 (DRA), which provided an option to establish an NEMT brokerage without the administrative burden of applying for a waiver every few years. The DRA included an incentive to establish an NEMT brokerage, the ability for a state Medicaid agency to receive a higher federal matching rate for NEMT as a medical service expense. States pursue the broker model for cost savings, fraud deterrence, and administrative efficiency.

States are also moving the Medicaid program to managed care. Passage of the Patient Protection and Affordable Care Act of 2010 (ACA) is encouraging a shift in the Medicaid program from traditional, state-administered fee-for-service medicine to a coordinated or accountable care model that rewards medical providers for keeping people healthy and out of costly emergency facilities. Increasingly, states are moving to assign managed care organizations with the responsibility to provide NEMT.

The trends for NEMT brokers and managed care with carved-in NEMT may lead to less transportation coordination. Professionals responsible for transportation coordination and mobility management say the changes to create NEMT brokerages and move to managed care are leading to less coordination of transportation resources.

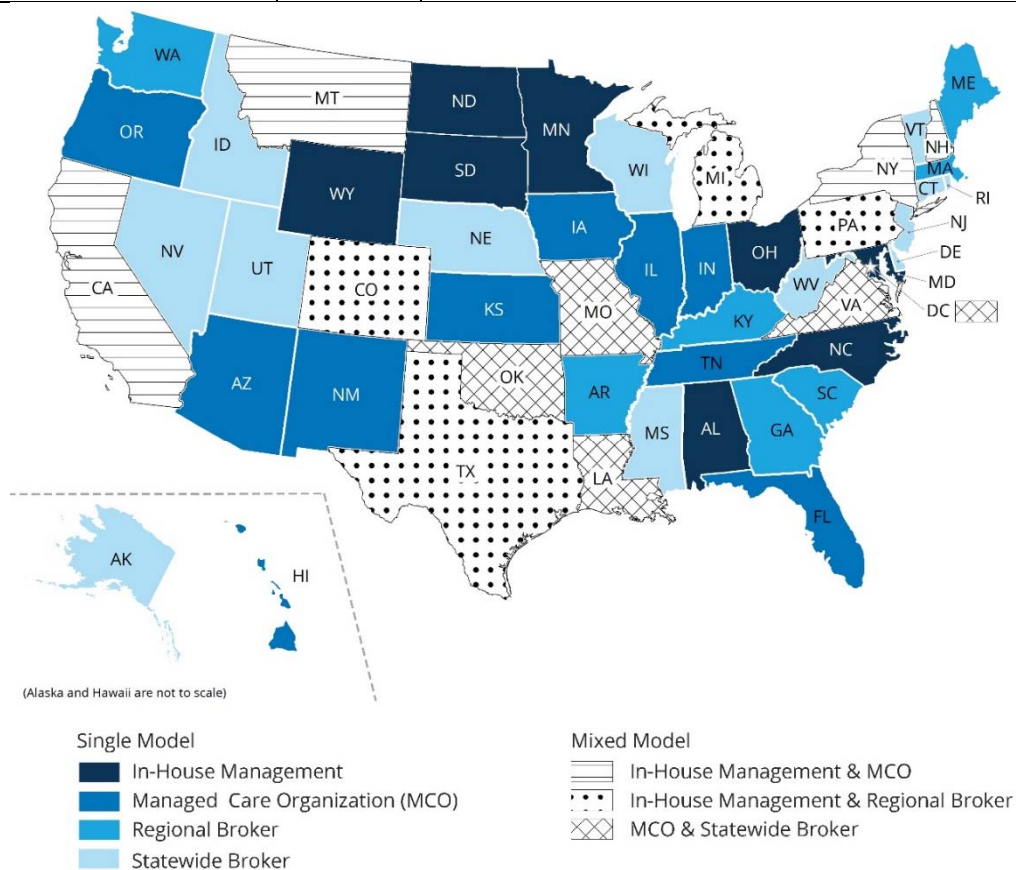
In a survey of state Medicaid agencies in 2014, participants who responded to the survey said the most important reason for using a transportation broker and/or including NEMT services in an MCO's capitated payment system is to:

- Achieve cost certainty or savings (37 percent).
- Improve access to primary care (30 percent).
- Reduce fraud and abuse (19 percent).
- Other, including a reduction of state administration responsibilities for NEMT (10 percent).
- Reduce emergency room use (4 percent).

Table 2 summarizes the models used by the 50 states and the District of Columbia, and Figure 2 provides a map illustrating the state NEMT models. The source for the information is TCRP Research Report 202.

Table 1. Summary of NEMT Models by State

NEMT Model	Number of States	States
In-house management	8	Alabama, Maryland, Minnesota, North Carolina, North Dakota, Ohio, South Dakota, Wyoming
MCO	10	Arizona, Florida, Hawaii, Illinois, Indiana, Iowa, Kansas, New Mexico, Oregon, Tennessee
Statewide broker	13	Alaska, Connecticut, Delaware, Idaho, Mississippi, Nebraska, Nevada, New Jersey, Rhode Island, Utah, Vermont, West Virginia, Wisconsin
Regional broker	7	Arkansas, Georgia, Kentucky, Maine, Massachusetts, South Carolina, Washington
In-house management and MCO	4	California, Montana, New Hampshire, New York
In-house management and regional broker	4	Colorado, Michigan, Pennsylvania, Texas
MCO and statewide broker	5	District of Columbia, Louisiana, Missouri, Oklahoma, Virginia



Source: TCRP Research Report 202.

Figure 2. NEMT Models by State

ARIZONA NEMT OVERVIEW

In 1982, Arizona created the Arizona Health Care Cost Containment System (AHCCCS), at the time the only mandatory Medicaid managed care program in the United States. AHCCCS contracts with 15 MCOs to coordinate medical services for 1.9 million individuals and families in Arizona. With the exception of the American Indian population, all Medicaid enrollees must enroll in a managed care health plan, including dual eligible and long-term care members. Tribal members can opt in or out of managed care.

Over 80 percent of the AHCCCS population is enrolled in managed care. AHCCCS contracts with MCOs to provide acute (general medical care), behavioral health, and long-term healthcare to members. In 2016, AHCCCS merged with the Division of Behavioral Health Services, Arizona Department of Health Services. AHCCCS is now responsible for administering the NEMT benefit for both physical health and behavioral health services. AHCCCS Complete Care MCOs are responsible for administering the NEMT benefit for members receiving physical and behavioral health services.

If a tribal member opts out of managed care, the AHCCCS Division of Fee for Service Management (DFSM) directly manages health care services for the fee-for-service members. FFS programs include the American Indian Health Program, Tribal Regional Behavioral Health Authorities, and the Tribal AZ Long Term Care Services program.

Figure 3 illustrates the Arizona AHCCCS Care Delivery System.

Medically Necessary NEMT

AHCCCS covers medically necessary NEMT under the following conditions:

- The medical service for which transportation is needed is an AHCCCS covered service
- The member is not able to provide, secure or pay for their own transportation, and free transportation is not available, and
- Transportation is provided to and from the nearest appropriate AHCCCS registered medical provider.

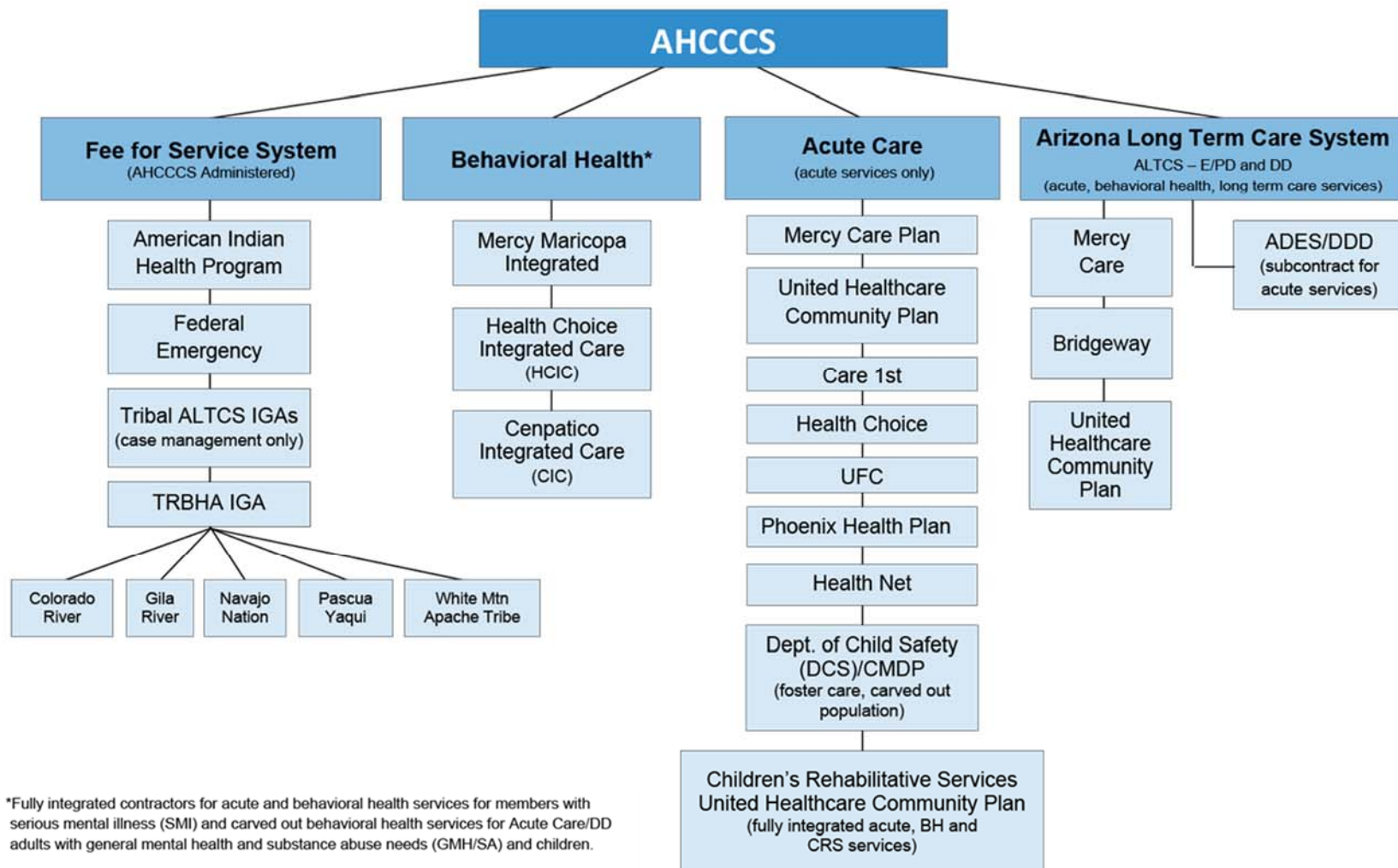
MCO with Carved In NEMT

AHCCCS assigns the provision of NEMT to the participating health plans (MCOs). NEMT responsibility and funding are carved into managed care contracts. Most managed care contractors use a broker model to provide NEMT. NEMT brokers in turn contract with transportation providers to provide services to members enrolled with the MCOs.

If a tribal member opts into managed care, the member receives medically necessary NEMT through the health plan. A transportation provider that operates in a tribal territory must have a license from the tribe.

Fee for Service NEMT

If a tribal member chooses one of the FFS programs, the NEMT benefit is managed directly by AHCCCS-DFSM. The tribal member can call any transportation provider that is authorized by the Tribe if the trip is less than 100 miles (over 100 miles, AHCCCS permission required).



Source: AHCCCS, April 2019

Figure 3. Arizona AHCCCS Care Delivery System

Recent Changes

In October 2018, AHCCCS implemented a new integrated care model that integrated physical and behavioral health services under one contract for most members. Under the new AHCCCS Complete Care (ACC) Contracts, MCOs are responsible for administering the NEMT benefit for members receiving behavioral health services as well as physical health services.

Effective May 1, 2019, AHCCCS added Transportation Network Companies (TNCs) as an approved AHCCCS transportation provider type. This addition will allow for TNCs to provide NEMT services through an NEMT broker pursuant to a contract with an MCO.

AHCCCS posted policy revisions to AHCCCS Medical Policy Manual (AMPM) Policy 310-BB that went into effect May 1, 2019. One example is addressing specific access to service concerns unique to Arizona, such as members of the Havasupai tribe who live 8 miles down in the Grand Canyon.

AHCCCS Resources

AHCCCS Website

<https://www.azahcccs.gov/>

MCO Contracts

<https://www.azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/contracts.html>

Transportation Policy Manual

<https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-BB.pdf>

Appendix A is a two-page profile for NEMT in Arizona. Originally prepared for TCRP Research Report 202, the profile was updated for this paper.

WHY COORDINATE NEMT WITH PUBLIC TRANSPORTATION?

Public transit agencies often attempt to coordinate NEMT with public transportation. The purpose of coordination is to enhance customer access to the variety of transportation services available and to ensure the most efficient use of the resources available.

Stakeholders

Stakeholders involved in NEMT have different perspectives that are important to consider in coordinating NEMT with public transportation. Understanding the differences in perspectives is fundamental to seeing opportunities to coordinate transportation programs and to achieve positive outcomes. For this research, ADOT and TTI interviewed individuals representing the following stakeholders:

- AHCCCS.
- Health plans.
- Transportation brokers for the health plans.
- Public, private, and tribal transportation providers.
- Mobility managers.
- Advocates for senior citizens and individuals with disabilities.
- Medical service providers.

Appendix B lists the individuals that participated in the interviews representing the various stakeholders.

During the interviews, the individual stakeholders identified the following needs for transportation to medical services in Arizona and the opportunities for public transportation to contribute to NEMT in Arizona.

Need for Transportation to Medical Services in Arizona

There are not enough resources to serve all the transportation disadvantaged in Arizona, particularly in remote areas. If individuals can only afford the fare for a few trips, they will choose essential shopping and necessary personal business over medical services.

Mobility managers related personal knowledge of individuals who are geographically isolated and cannot get to medical appointments. They are in medically underserved areas and transportation to and from medical services may take several hours. Some individuals may not be aware that Medicaid NEMT is available.

A medical service provider and an NEMT user related concerns about the quality of NEMT service provided.

Opportunity for Public Transportation to Contribute to NEMT in Arizona

Urban and rural public transportation providers serve most areas of Arizona. There are fixed-route urban transit systems in the greater Phoenix metropolitan area and in Tucson, Yuma, Flagstaff, and Sierra Vista. There also fixed routes in rural areas of the state, for example Cottonwood Area Transit.

Federal regulations implementing the Americans with Disabilities Act (ADA) require public transit agencies that provide local fixed-route transit service (bus or rail) to operate complementary demand-response (paratransit) service for individuals who cannot use the local fixed-route service because of a disability. By federal regulation, a public transit agency may not deny a trip request from an ADA-eligible traveler for any trip purpose.

Many of the public providers in low density areas operate demand-response, shared-ride transportation services for the general population. Demand-response public transportation responds to individual passenger requests for service between a specific origin and destination. Shared-ride transit services are where two or more travelers use the same vehicle on the same trip but may be going from different origins and/or to different destinations.

Many of the public transportation systems and NEMT serve the same transportation disadvantaged populations in Arizona. The benefits of public transportation providing NEMT trips include the following:

- Make the most efficient use of limited transportation resources (e.g., vehicles, drivers) by avoiding duplication caused by overlapping services.
- Reduce unnecessary redundancies in service that often result from multiple providers operating uncoordinated services.
- People in need of transportation also benefit from the convenience of coordinated transportation services to serve multiple trip purposes.

Public transportation can also reduce the cost of providing NEMT. If available for the trip and appropriate for the Medicaid beneficiary, fixed-route transit is the lowest cost for NEMT. If a Medicaid beneficiary makes an NEMT trip on fixed-route public transit, the cost is the transit fare. The fare for fixed-route transit pays for a portion of the cost of the service, similar to the co-pay for a medical service. Public transit agencies benefit from adding NEMT riders on fixed-route transit to increase productivity (passengers per hour) and improve cost-effectiveness (cost per passenger). Brokers and MCOs benefit from the lowest cost for NEMT trips. If AHCCCS directly contracts for NEMT (fee for service), the state benefits from the low cost for NEMT.

If a Medicaid beneficiary also qualifies for ADA paratransit, the NEMT broker can coordinate with the provider of ADA paratransit to schedule the trips. CMS has ruled that a Medicaid agency (AHCCCS) or a broker can pay more than the public transit fare for an NEMT trip using ADA paratransit, but no more than the rate charged to other human services agencies for similar trips. NEMT brokers can negotiate with ADA paratransit providers to establish the Medicaid-consistent trip rate. Coordinating NEMT with ADA paratransit by paying a Medicaid-consistent trip rate contributes to financial sustainability for both programs and improves accessibility for individuals with disabilities.

For demand-response NEMT trips, scheduling shared rides can lead to significant reductions in operating costs per NEMT trip for the brokers and the health plans they serve.

NEMT Contract Revenue as Local Match for FTA Funding Programs

FTA grant recipients must match the federal share with a local match of 10 to 20 percent for capital projects and 50 percent of the net operating cost. Passenger fares may not be used as local match. Funds from federal programs other than USDOT can be used as local match for FTA grants. The non-USDOT federal funds may be eligible to be used for transportation according to the regulations and laws of the federal program that provided the funds. Revenues received from service contracts with state, local, or human services agencies can be used as local match for FTA funds.

Public transit agencies may use revenues earned from contracts to provide NEMT as local match for FTA grants. The public transit agency may contract directly with the state Medicaid agency or subcontract to a state or regional broker or MCO. Rural public transportation agencies are more likely than agencies in urban areas to rely on revenues received through service contracts as local match. NEMT is an important source of contract revenue for many rural public transportation agencies.

Coordinated Human Services–Public Transportation Plan

According to provisions of federal authorization bills SAFETEA-LU, MAP-21, and the current FAST Act, public transit agencies are expected to coordinate public transportation with human services transportation, including Medicaid NEMT. Authorized in 2005, SAFETEA-LU was the first federal transportation authorization bill to stipulate public transit agencies should coordinate transportation services. MAP-21 included the requirement for a locally developed, coordinated public transportation–human services transportation plan as a condition of receiving funds from the Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities Program. The provisions of MAP-21 carried through in the FAST Act, and FTA continues to require projects funded under the Section 5310 program to be included in a coordinated transportation plan. The Section 5310 program provides funding to meet the transportation needs of seniors and people with disabilities, many of whom need access to medical services.

The coordinated transportation plan must be developed and approved through a process that includes participation by seniors; individuals with disabilities; representatives of public, private, and not-for-profit and human services transportation providers; and other members of the public. The coordination of NEMT with public transportation and other human services transportation programs can better meet the needs of transportation-disadvantaged individuals for all trip purposes.

Opportunities for Coordinating Transportation Services

Public transportation providers that receive federal funds are required to comply with FTA regulations, and ADOT sub-recipients are required to comply with additional state regulations. Coordinating with public transportation can help NEMT brokers to benefit from compliance with FTA and state regulations. Public transportation providers meet FTA and state requirements in the following ways:

- Provide employee training for vehicle operators to ensure proficiency in safe vehicle operations, equipment safety, and customer service.
- Require testing for employees for alcohol and controlled substances.
- Require vehicle operators to meet USDOT physical examination by a licensed medical examiner at least every 24 months.
- Ensure compliance with requirements for ADA in operations, vehicles, and facilities.
- Provide a vehicle maintenance program to ensure a state of good repair.
- Ensure transit vehicles meet federal performance standards for maintainability, reliability, safety, structural integrity, fuel economy, emissions, and noise.
- Benefit from investments in technology for safe operations, good vehicle maintenance, and convenience for passengers.

Federal cost principles enable public transit agencies to share the use of vehicles if the cost of providing transportation to the community is also shared. This maximizes the use of available transportation vehicles and facilitates access to community and medical services, employment and training opportunities, and other necessary services for seniors, individuals with disabilities, and persons with low income. Such arrangements can enhance transportation services by increasing the pool of transportation resources, reducing the amount of time that vehicles are idle, and reducing or eliminating duplication of routes and services in the community. Medicaid benefits in lower cost for NEMT when public transit agencies share the use of transit vehicles.

Opportunities for coordinating NEMT and public transportation that were identified in TCRP Research Report 2020 are summarized in Table 2.

Table 2. Opportunities for Coordinating NEMT with Public Transportation

Opportunity	Description
Benefit from the cost efficiencies of fixed-route public transportation	Where appropriate, individuals can travel to medical appointments on fixed-route public transportation for the fare. Public transit agencies benefit from NEMT riders on fixed-route service to increase productivity and cost-effectiveness. Brokers and MCOs benefit from the lowest cost for an NEMT trip. If the state Medicaid agency directly contracts for NEMT, the state benefits from the lower cost.
Avoid service duplication; increase service productivity and efficiency	Coordinating transportation can improve the efficiency of transportation services in a community by reducing unnecessary redundancies in service and more efficiently using existing transportation resources (e.g., vehicles, drivers, and administrative staff).
Leverage public transportation expertise and resources	Coordinating NEMT with the local public transportation provider can help to make full use of required compliance with FTA and state regulations, increasing the safety and quality of service for NEMT. Federal cost principles enable public transit agencies to share the use of vehicles to provide NEMT.
Follow a coordinated public transportation–human services transportation plan	The coordination of NEMT with public transportation and other human services transportation programs can better meet the needs of transportation-disadvantaged individuals for all trip purposes.
Provide local match for FTA funding programs	The revenues earned by a transit agency from contracts to provide NEMT can be applied as local match for FTA funding programs. The contract can be with the state Medicaid agency as a direct contractor or with a broker or MCO as a subcontractor.
Align policies in transit and NEMT programs	Improve understanding and aligning NEMT and public transportation requirements such as driver training and testing at the local, state, and federal level could improve coordination and resource sharing.

Source: TCRP Research Report 202.

Challenges of Coordinating Transportation Services

Coordination of transportation services is considered a positive goal, and CMS encourages states to develop coordinated transportation systems to promote efficiency and cost-effectiveness. However, Medicaid funds may only be used for Medicaid services provided to eligible beneficiaries. When administering the Medicaid NEMT program, states must comply with all applicable Medicaid policies and rules regardless of whether the Medicaid rules interfere with their ability to coordinate their transportation efforts.

The challenges of coordinating public transportation and NEMT for public transit agencies are summarized in Table 3.

Table 3. Challenges of Coordinating NEMT with Public Transportation

Challenge	Description
Coordination should not conflict with the Medicaid program	For initiatives to coordinate NEMT with public transportation, coordination is appropriate if it does not conflict with the policies and rules of the Medicaid program. For example, NEMT brokers can participate in a locally developed, coordinated human services transportation–public transportation plan.
Medicaid funding is limited to authorized services	Medicaid will only permit NEMT funds to be used for transporting eligible Medicaid beneficiaries to authorized medical services.
Differences in service requirements	Coordinating NEMT and public transportation may require the public transit agency to adapt to different service requirements of the state Medicaid agency, broker, and/or MCO. Adapting to different service requirements may increase costs to the public transit agency. Any costs not reimbursed by the Medicaid agency must be subsidized from other public resources.
Requirements for NEMT documentation	NEMT requires verification that the Medicaid-eligible passenger receives an authorized medical service on the date of transportation.
Shifts from NEMT to ADA paratransit	Some brokers may shift NEMT clients to the ADA paratransit program to reduce operating expenses. The public transit agency must serve any trip request for an ADA-eligible rider. Unless the broker negotiates a reasonable payment for the service, the public transit agency recovers only the fare for the ADA trip, not the cost of the trip.
Contract rates that may not cover the fully allocated costs of providing NEMT	<p>Medicaid expects to pay only the direct costs for the eligible NEMT trip. Medicaid will not pay shared costs when NEMT is part of coordinated services. A broker has an incentive to purchase from the lowest-cost transportation provider.</p> <p>The public transit agency’s reimbursement rate for providing NEMT may not cover the fully allocated costs of providing the service. If it does not, the public transit agency must find some other source of public subsidy.</p>
Prohibition against self-referral for governmental NEMT brokers	If a public transit agency intends to be a governmental broker for NEMT, the public transit agency must meet certain requirements set out in the DRA to be the provider of NEMT transportation.

Source: TCRP Research Report 202.

COMMON DESIRED OUTCOMES

Although stakeholders have different perspectives about NEMT, they also share common desired outcomes for providing NEMT services. Common desired outcomes for NEMT emerged from the literature and conversations with stakeholders. Identifying shared outcomes sets a framework for collaboration to achieve better results. Figure 4 illustrates the common desired outcomes.



Figure 4. Common Desired Outcomes for NEMT

Desired Outcome: Improved Health

Stakeholders agree that NEMT is an important benefit for Medicaid beneficiaries who need to get to and from medical services but have no other means of transportation. Without NEMT, the individuals who most need medical care might not be able to access critical services.

Interviews with stakeholders confirm that the lack of transportation for Medicaid recipients can impede their ability to access medical services, particularly for individuals living in rural or medically underserved areas, as well as those with chronic health conditions. Lack of transportation can restrict access to medical care, affecting health outcomes for individuals and higher costs for medical services.

Desired Outcome: Better Quality of Service

Stakeholders agree that better quality of NEMT service is a desired outcome.

- **Medical service providers** emphasize the importance of on-time NEMT service for drop-offs and pickups for patients. Dependable NEMT will contribute to increased access to preventive and primary medical care, leading to better health outcomes and eventually to reduced costs for medical services.
- **AHCCCS** is responsible to provide oversight for the quality of NEMT service. Under the DRA, the state Medicaid agency is responsible for establishing standards for quality of service.
- **Health plans and NEMT brokers** are required to monitor beneficiary access and complaints, and to ensure transportation is timely and that transportation providers are licensed, qualified, competent, safe, and courteous.
- **Public, private, and tribal transportation providers** seek to enhance the well-being of all passengers by creating and maintaining a reliable, safe, and accessible transportation system. Most transportation providers set performance standards for safety and on-time service and monitor performance metrics on a monthly, quarterly, or annual basis.
- **Mobility managers and advocates for seniors and individuals with disabilities** assist individuals that need transportation to arrange travel for various purposes, including for medical services.

During interviews, stakeholders agreed that providing dependable NEMT service that is safe and on time will improve Medicaid beneficiary access to medical services, contribute to improved health outcomes, and lead to a better quality of life.

Desired Outcome: Maximize Services Delivered within Available Resources

Stakeholders know that delivering efficient transportation can maximize service delivered within available resources.

Medicaid funds may be used only to provide NEMT for eligible beneficiaries to authorized medical services. NEMT must be the lowest cost for the most appropriate transportation to meet the client's transportation need. More efficient NEMT is a priority for AHCCCS, health plans, and brokers.

ADOT encourages public transportation providers to coordinate transportation services with human services agencies, including NEMT, to improve the efficiency of transportation services. Economies of scale can be realized by reducing unnecessary redundancies in service and more efficiently using existing transportation resources (e.g., vehicles, drivers, and administrative staff).

STRATEGIES TO SUCCESSFULLY COORDINATE NEMT AND PUBLIC TRANSPORTATION

TCRP Research Report 202 identifies 14 strategies to successfully coordinate NEMT and public transportation. Five of the strategies are highlighted in this paper.

1. Align goals and objectives to achieve common desired outcomes.

By establishing goals and objectives based on what stakeholders share as common desired outcomes, rather than on where there may be disagreement among specific objectives, opportunities for coordination can be more easily identified.

Stakeholders find it is increasingly important to consider how improved coordination and collaboration can help to meet the growing need for NEMT within the constraints of limited financial resources. By establishing goals based on what stakeholders share as common desired outcomes, rather than on where there may be disagreement, collaboration can be more effectively pursued.

2. Include NEMT stakeholders when preparing or updating a locally developed, coordinated human services transportation–public transportation plan.

The federal transportation authorization bill, the FAST Act, stipulates public transit agencies should coordinate public transportation services with human services transportation. The coordination of NEMT with public transportation and other human services transportation can better meet the needs of transportation-disadvantaged individuals for all trip purposes to improve quality of life.

Coordinating transportation can improve the efficiency of transportation services by reducing unnecessary redundancies in service and more efficiently using existing transportation resources. Mobility managers; public, private, and tribal transportation providers; health plans; NEMT brokers; advocates for senior citizens and individuals with disabilities; and human services program managers can contribute to locally developed, coordinated transportation plans.

3. Measure the contribution of transportation to better health outcomes and reduced health care costs.

More research is needed to quantify transportation's contribution to improved health and related cost savings. Both medical service providers and transportation providers can develop experience-based data to confirm the value of NEMT and transportation to other services and activities to keep people healthy.

A 2008 Florida State University College of Business study found that if just 1 percent of total medical trips resulted in avoiding a hospital stay, every \$1 spent on NEMT could save \$11 in health care costs. Managed care organizations have made significant progress integrating required services and encounter data into their information systems.

4. Coordinate NEMT with public transportation to meet the unique requirements of Medicaid beneficiaries, particularly in rural areas.

NEMT is necessary for access to medical care, particularly for Medicaid beneficiaries living in rural areas where travel distances to medical services can be long and transportation options are limited.

Fewer transportation providers are available for NEMT in rural areas. State Medicaid agencies, brokers, and MCOs can contract with public transit agencies that operate rural public transportation to provide demand-response NEMT. Coordination with public transportation can leverage FTA Section 5311 funds and make full use of required compliance with federal and state regulations, increasing the safety and quality of service for NEMT in rural areas. Federal cost principles enable public transit agencies to share the use of vehicles to provide NEMT. FTA requires public transit agencies to operate wheelchair-accessible vehicles, which can benefit NEMT clients who use mobility devices.

Brokers and MCOs that receive capitation payments have some flexibility to adapt service strategies and reimbursement rates to meet NEMT challenges in rural areas. MCOs can demonstrate strategies that reduce costs associated with long-distance medical trips (e.g., group scheduling for medical appointments). Public transit agencies can demonstrate through a transparent cost allocation methodology and proven performance that rural public transportation can be cost effective and add value for NEMT with qualified, trained drivers and well-maintained, accessible vehicles that meet federal and state transit regulations.

5. Use technology to enhance NEMT program administration and verify trips.

Available technology can enhance NEMT program administration and facilitate transportation coordination in several ways:

- Verify the client requesting NEMT services is eligible and the trip is for an approved, valid medical purpose.
- Assign the trip to a transportation provider qualified to offer the appropriate level of service at the lowest cost.
- Document the date, time, and location for each NEMT encounter.
- Track and report transportation performance metrics.
- Schedule NEMT and other trips with one call/one click.
- Provide real-time transportation information to riders.
- Connect transportation and health care datasets to measure health outcomes.

POST CONFERENCE WORKSHOP

ADOT hosted a conversation regarding NEMT at a post-conference workshop on April 10, 2019, following Arizona's 32nd Annual Statewide Transit Conference, presented by AzTA and ADOT.

The workshop was moderated by Sara Allred, Program Manager–Transit for ADOT. The workshop included three presentations:

- | | |
|---|--|
| • National NEMT Overview
Based on TCRP Research Report 202 | Linda Cherrington, Research Scientist
Texas A&M Transportation Institute
Principal Researcher, TCRP Research Report 202 |
| • Non-Emergency Transportation Overview
In Arizona | Christina Quast, Operations Administrator
Division of Health Care Management
Arizona Health Care Cost Containment System
(AHCCCS) |
| • Strategies for Successful Coordination | Gail Bauhs, TripSpark Medical
Panel Chair for TCRP Research Report 202 |

A panel participated in a discussion of the need and opportunity for transportation coordination in Arizona. Panel participants included:

- Connie Gastelum, Regional Mobility Manager, SouthEastern Arizona Governments Organization (SEAGO)
- Bruce Morrow, Transportation Manager, City of Cottonwood
- Ron Brooks, Manager of Accessible Services, Valley Metro
- Philbert Watahomigie, Jr., Manager, Non-Emergency Medical Transportation Program, Hualapai Tribe

Following the panel and presentations, more than 50 participants engaged in a dialogue about NEMT in Arizona and the opportunities to coordinate with other human services transportation and public transportation.

The appendices to this report provide more information about the post-conference workshop:

- Appendix C. Arizona's 32nd Annual Statewide Transit Conference Post Conference Workshop Agenda
- Appendix D. Presentations for Post Conference Workshop.
- Appendix E. Attendees for Post Conference Workshop.
- Appendix F. Survey Results for Post Conference Workshop Evaluation.

ARIZONA

NEMT MODEL

In-House Management	<input type="radio"/>
Managed Care Organization	<input checked="" type="radio"/>
Statewide Broker	<input type="radio"/>
Regional Broker	<input type="radio"/>

OPERATING AUTHORITY

NEMT Assurance under the State Medicaid Plan	<input type="radio"/>
1902(a)(70) State Plan Amendment	<input type="radio"/>
Federal Section 1115 Demonstration Waiver	<input checked="" type="radio"/>
Federal Section 1915(b) Freedom-of-Choice Waiver	<input type="radio"/>

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. AHCCCS assigned the provision of NEMT to the participating health plans. NEMT responsibility and funding are carved into managed care contracts. The majority of managed care organizations (MCOs) use a broker model for NEMT.

AHCCCS directly administers Fee-for-Service (FFS) programs. FFS programs include the American Indian Health Program, Tribal Regional Behavioral Health Authorities, and the Tribal AZ Long Term Care Services program. The AHCCCS Division of Fee for Service Management (DFSM) directly administers NEMT for FFS members.

Tribal members can opt in to managed care. If a tribal member opts into managed care, the member receives NEMT through the health plan. If a tribal member chooses one of the FFS programs, the NEMT benefit is managed directly by DFSM, including prior authorization of an NEMT trip if required and claims processing for payment.

In 2016, AHCCCS merged with the Division of Behavioral Health Services, Arizona Department of Health Services. AHCCCS is now responsible for administering the NEMT benefit for both physical health and behavioral health services. AHCCCS Complete Care MCOs are responsible for administering the NEMT benefit for members receiving physical and behavioral health services.

DEMOGRAPHICS

Population Density

Source: U.S. Census 2010



State Population

6.6 Million

Source: U.S. Census 2015 5-Year Estimates

17%

Below Poverty

The individual income is less than the official poverty threshold.

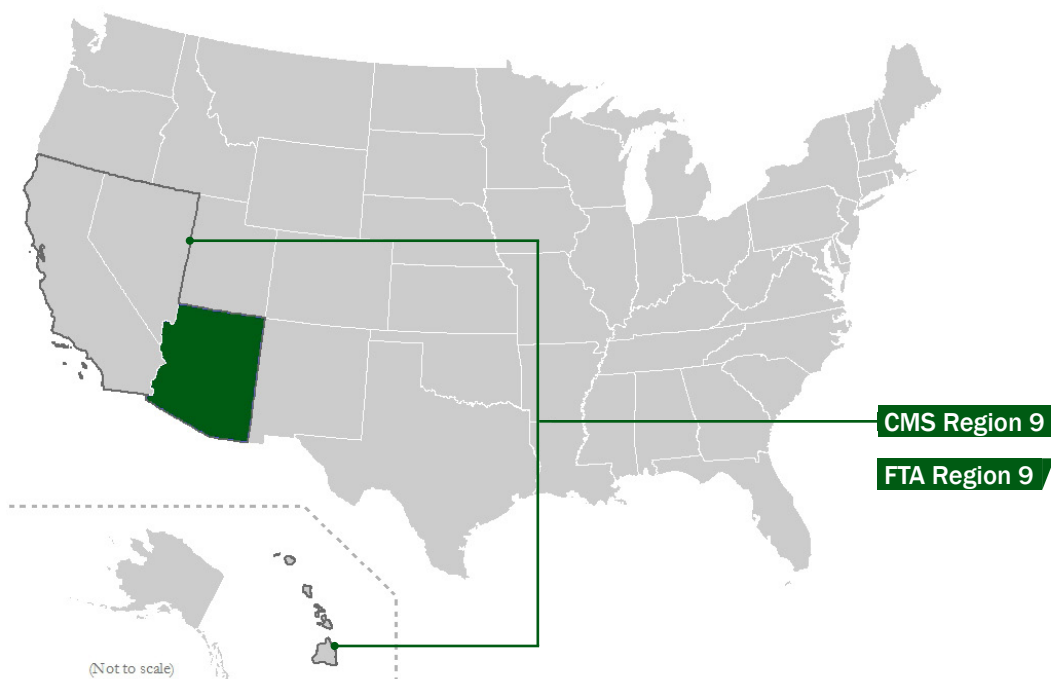
Source: U.S. Census 2015 5-Year Estimates

80%

Live in Urbanized Areas

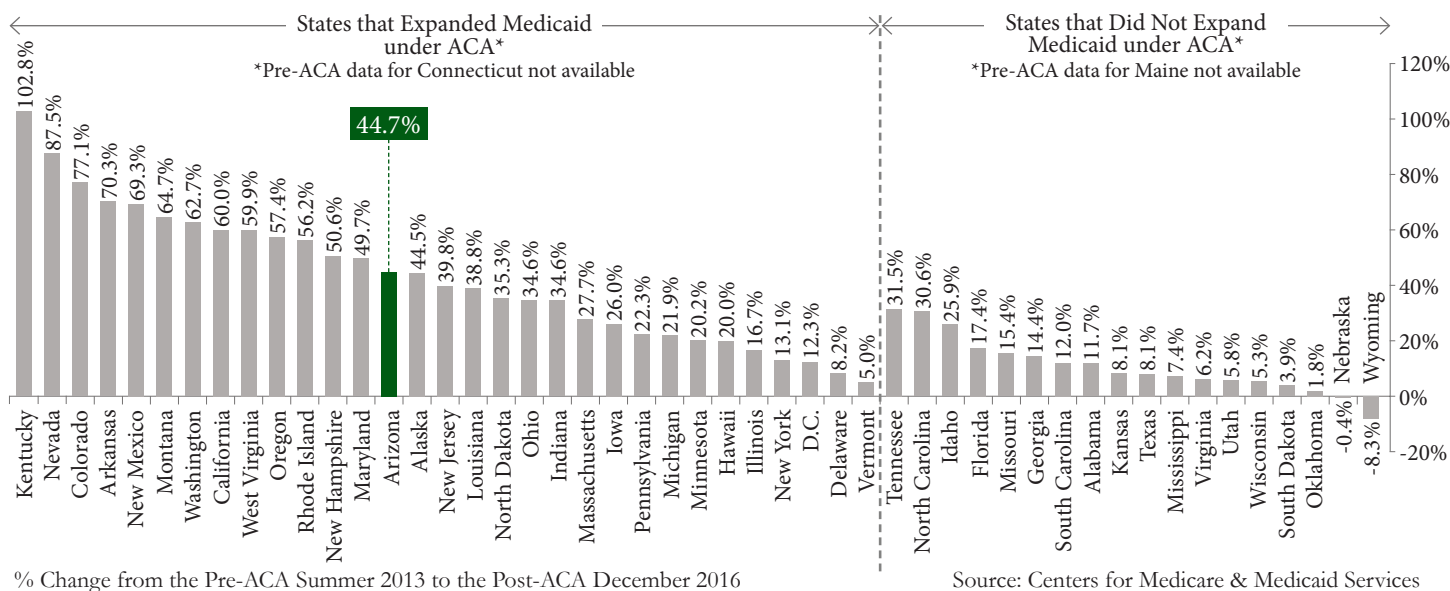
of 50,000 or more people in Census 2010.

Source: U.S. Census 2010



Appendix A. Profile for NEMT in Arizona

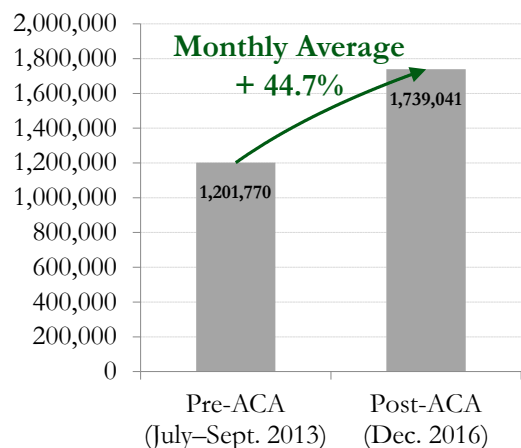
CUMULATIVE MEDICAID/CHIP ENROLLMENT CHANGE PRE-ACA AND POST-ACA BY STATE



KEY STATISTICS

Medicaid/CHIP Enrollment

Source: Centers for Medicare & Medicaid Services



Arizona decided to adopt the Medicaid expansion under the ACA.

Managed Care Enrollment

Source: Kaiser Family Foundation

87.3%

of all Medicaid enrollees are enrolled in any Medicaid managed care program as of July 2015.

Medicaid Spending

Source: Kaiser Family Foundation

\$10.6 Billion

Medicaid expenditure in fiscal year 2015. Expenditures do not include administrative cost and accounting adjustments.

Federal Medical Assistance

Source: Kaiser Family Foundation

69.2%

Federal Medical Assistance Percentage in fiscal year 2017.

NEMT Expense Classification

Source: 2014 National NEMT Survey

NEMT expense is classified as:

- Administrative Expense
- Medical Expense
- Mixed

NEMT Operating Facts

Source: AHCCCS, federal fiscal year 2018



\$185.6 Million

is the fiscal 2018 NEMT expense based on providers registered with AHCCCS under the NEMT provider type.



4.9 Million

is the fiscal 2018 annual NEMT trips.



% Not Provided of NEMT is public transit.



% Not Provided of all Medicaid enrollees in 2018 used NEMT.

RECENT OR FUTURE CHANGES

Upcoming changes to the NEMT policy have been proposed for public input with changes taking effect May 1, 2019. The final policy will be posted to the AHCCCS website prior to May 1.

Effective May 1, 2019, AHCCCS will add Transportation Network Companies (TNCs) as an approved AHCCCS transportation provider type. This addition will allow for TNCs to provide NEMT services through an NEMT broker pursuant to a contract with an MCO.

Appendix B. Individuals Interviewed for Arizona NEMT Research

Name	Position	Agency/Company
Mohamed Arif	Federal Relations Administrator	Arizona Health Care Cost Containment System (AHCCCS)
Marsha Ashcroft	Chief Administrative Officer	Horizon Health and Wellness
Lindsay Bell		Central Yavapai Transit Foundation
Andy Beran	Member	Arizona Medical Transportation Association (AzMTA)
Ron Brooks	Accessible Transit Services Manager	Valley Metro
Eddie Caine	Regional Mobility Manager	Central Arizona Governments (CAG)
Hossein “Joe” DiBazar	Owner	Medical Transportation Brokerage of Arizona (MTBA)
Jesse Eller	Executive Director, Complex Care	UnitedHealthcare Community Plan
Connie Gastelum	Regional Mobility Manager	SouthEastern Arizona Government Organization (SEAGO)
Victor Gomez	Director of Development	Pinal-Gila Council for Senior Citizens
Estella Hollander	Mobility Planner	Northern Arizona Intergovernmental Public Transportation Authority (NAIPTA), Flagstaff
Bernadette Kniffin	Transit Director	San Carlos Apache Tribe
Gema Ledesma		Fresenius Kidney Care
Jennifer Lugo		City of Phoenix Dial-a-Ride (ADA paratransit)
Van Means	Financial Director	MTBA
Tod Morris	Mobility Planner	Northern Arizona Council of Governments (NACOG)
Bruce Morrow	Transportation Manager	Cottonwood Area Transit (CAT)
Shawn Pierce	Vice President of Contract Administration	Area Agency on Aging, Region One, Maricopa County
Mike Policky	Chief Operating Officer	Magellan Complete Care
Donna Powers		Arizona Disabilities Law Center
Christina Quast	Operations Administrator, Division of Health Care Management	AHCCCS
Stan Sipes	Executive Vice President of Business Development	Veyo, Inc.
Sarah Spiekermeier	Administrative Operations Senior Director	Banner – University Family Care Plan
Sandy Stutey	Transit Manager	Yavapai Regional Transit (YRT)
Jessica Urrea	Regional Mobility Manager	SEAGO
Philbert Watahomigie Jr.	Manager	Hualapai Tribe Non-Emergency Medical Transportation Program



**Arizona's 32nd Annual Statewide Transit Conference
Post Conference Workshop**

April 10, 2019 2:00 – 4:30 p.m.

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

Welcome and Introductions

Sara Allred, Program Manager–Transit
Arizona Department of Transportation

National NEMT Overview
based on TCRP Research Report 202

Linda Cherrington, Research Scientist
Texas A&M Transportation Institute
Principal Researcher, TCRP Research Report 202

Non-Emergency Transportation Overview
In Arizona

Christina Quast, Operations Administrator
Division of Health Care Management
Arizona Health Care Cost Containment System
(AHCCCS)

Panel to Discuss Need and Opportunity for
Coordination

Panel Members:

- Connie Gastelum, Mobility Manager
SEAGO
- Bruce Morrow, Transportation Manager
City of Cottonwood
- Ron Brooks, Manager of Accessible Services
Valley Metro
- Philbert Watahomigie, Jr., Manager NEMT
Hualapai Tribe

Strategies for Successful Coordination

Gail Bauhs, TripSpark Medical
Panel Chair for TCRP Research Report 202

Wrap-up and Adjourn

Sara Allred, Program Manager–Transit
Arizona Department of Transportation

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

Arizona's 32nd Annual Statewide Transit Conference
Post Conference Workshop
April 10, 2019

***Linda Cherrington, Texas A&M Transportation Institute
Researcher for TCRP Research Report 202***

Transit Cooperative Research Program (TCRP) Research Report 202
***Examining the Effects of Separate NEMT
Brokerages on Transportation Coordination***

- TCRP Research Report 202 Volume 1: Handbook
 - To understand Medicaid **NEMT brokerages and the effects on coordination** with other human services transportation and public transportation
- TCRP Research Report 202 Volume 2: Profiles
 - Profiles of NEMT in each of the 50 states and the District of Columbia.

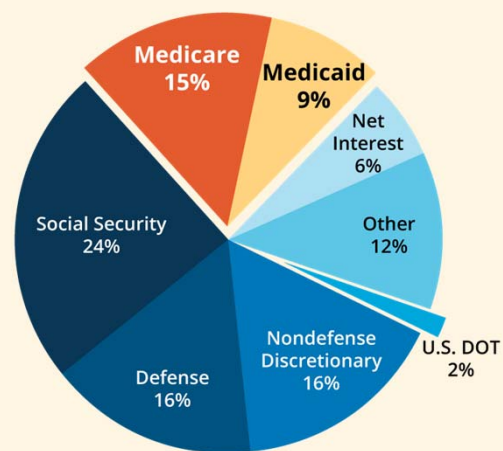
<http://www.trb.org/Publications/Blurbs/177842.aspx>

Important to Know about Medicaid NEMT

- Medicaid is a **joint federal and state program** that provides health coverage for individuals and families with limited incomes and resources
- **Assurance of transportation** to necessary medical care is an important feature that sets Medicaid apart from traditional health insurance
- NEMT benefits Medicaid beneficiaries who **need to go to and from pre-approved medical services and have no other means of transportation**

Federal Outlays

- Medicaid represented **9 percent of all federal outlays in fiscal year 2015**, approximately \$334 billion
 - NEMT is about 1% of Medicaid
- U.S. Department of Transportation represented **2 percent of federal outlays in 2015**, approximately \$74 billion
 - Federal Transit Administration is about 18% of the U.S. DOT



Total Federal Outlays, 2015: \$3.7 trillion
Net Federal Medicare Outlays, 2015: \$540 billion
Net Federal Medicaid Outlays, 2015: \$334 billion
Federal Appropriations for U.S. DOT, 2015: \$74 billion

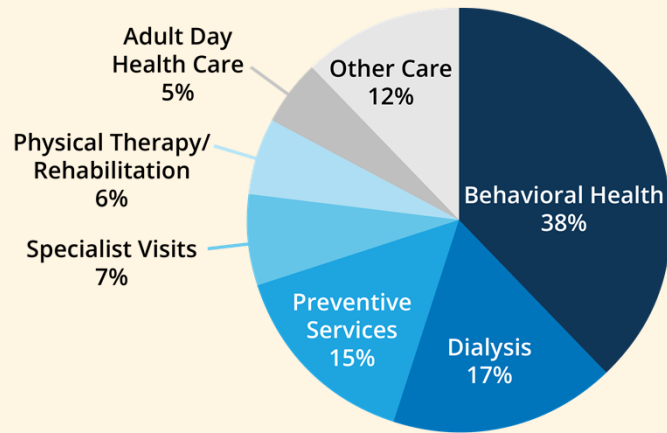
Context for NEMT

- NEMT is **jointly funded by federal and state** governments
 - Medicaid federal expenses for NEMT are about \$3 billion annually. The federal investment covers about 60% of the cost of providing NEMT
 - States invest an additional \$2 billion annually, 40% of the cost of NEMT
- Federal guidance provided by Department of Health and Human Services, **Centers for Medicare and Medicaid Services (CMS)**
- **State Medicaid agencies are required to assure NEMT** for approved Medicaid services
- Each state administers its own Medicaid program within federal guidance; **NEMT is different in every state**

Requirements for NEMT to be Medicaid Covered

- The **client and the medical service are eligible** for Medicaid
- The **client has no other means** of getting to and from the medical service
- The NEMT trip is to the **nearest qualified medical provider**
- The NEMT trip is **authorized in advance** as required
- The NEMT trip should be the **lowest cost** available transportation mode that is appropriate for the client

Health Care Reasons for Using Medicaid NEMT



Examining the Effects of Separate NEMT Brokerages on Transportation Coordination

7

Models for Providing NEMT

- **In-house management** by the state Medicaid agency
 - NEMT usually based on a fee for service (FFS)
- **Managed care organizations (MCOs)**
 - NEMT carved in
- **Brokers** qualify and authorize Medicaid clients for NEMT and then contract with transportation providers to perform the NEMT service. Brokers may be for profit, not for profit, or public
 - Statewide broker
 - Regional brokers
 - MCO brokers
- Some States use **Mixed** models

Examining the Effects of Separate NEMT Brokerages on Transportation Coordination

8

National Trends for Providing NEMT

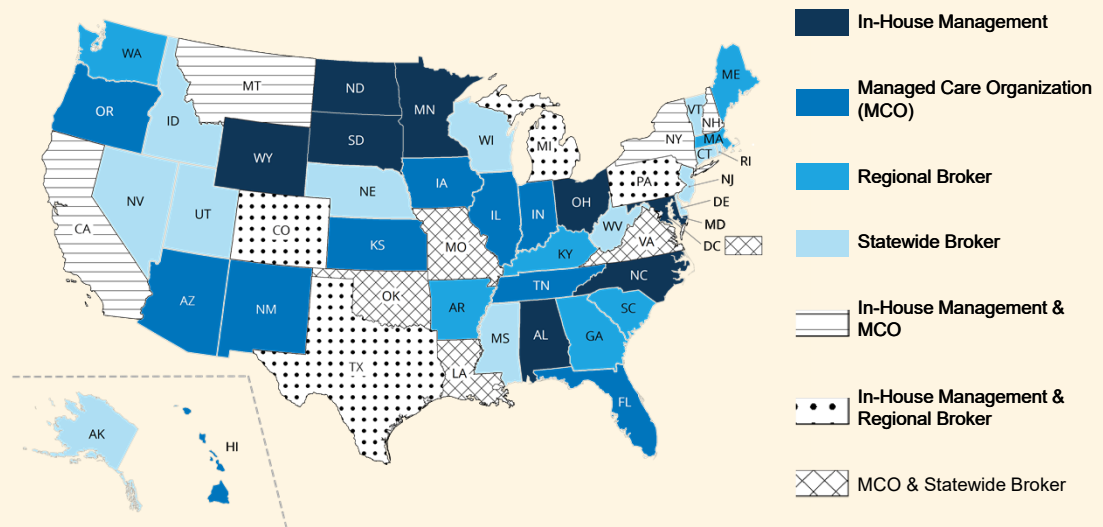
Trends by State Medicaid Agencies

- Increase in MCOs with carved-in NEMT
- Increase in statewide or regional brokerages
- Increased use of capitated payments

Objectives

- Lessen state Medicaid agency NEMT administration
- Reduce fraud and abuse
- Attain cost certainty and perhaps cost savings

NEMT Models by State (2017)



Stakeholders for NEMT

- **Medicaid**
 - Federal CMS
 - State Medicaid agencies
- **Managed care organizations**
- **Brokers**
- **Transportation providers**
 - Private transportation
 - Human services transportation
 - Public transportation
- **Medicaid clients who need transportation** to medical care and other trip purposes

Benefits of Coordinating NEMT with Human Services and Public Transportation

- **Expand access** to transportation and community services; improve community-wide mobility to improve health outcomes
- **Improve service efficiency** for NEMT
- **Benefit from lower-cost**, fixed-route public transportation in urban areas
- **Take advantage of scarce resources** in rural areas through shared-ride, demand response transit
- **Leverage** public transportation expertise and resources, vehicles
- Provide **local match** for FTA funding programs
- Federal transportation authorization bills **require coordination**



Non-Emergency Transportation Overview

Christina Quast
Operations Administrator
Division of Health Care Management

AHCCCS

- In 1982, Arizona created the Arizona Health Care Cost Containment System (AHCCCS), the first mandatory Medicaid managed care program in the country.
- With the exception of the American Indian population, all Medicaid enrollees must be enrolled in a Managed Care Organization (MCO), including dual eligible and long term care members.



Reaching across Arizona to provide comprehensive
quality health care for those in need

AHCCCS (cont.)

- Contracted MCOs coordinate and pay for medical services delivered by more than 70,000 health care providers for 1.9 million individuals and families in Arizona.
- Over 80% of the AHCCCS population is enrolled in managed care



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quality health care for those in need

3

AHCCCS (cont.)

- The AHCCCS Administration administers benefits for the members enrolled with a Fee-for-Service program; including the American Indian Health Program, Tribal Regional Behavioral Health Authorities, and the Tribal AZ Long Term Care Services programs.



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quality health care for those in need

4

AHCCCS (cont.)

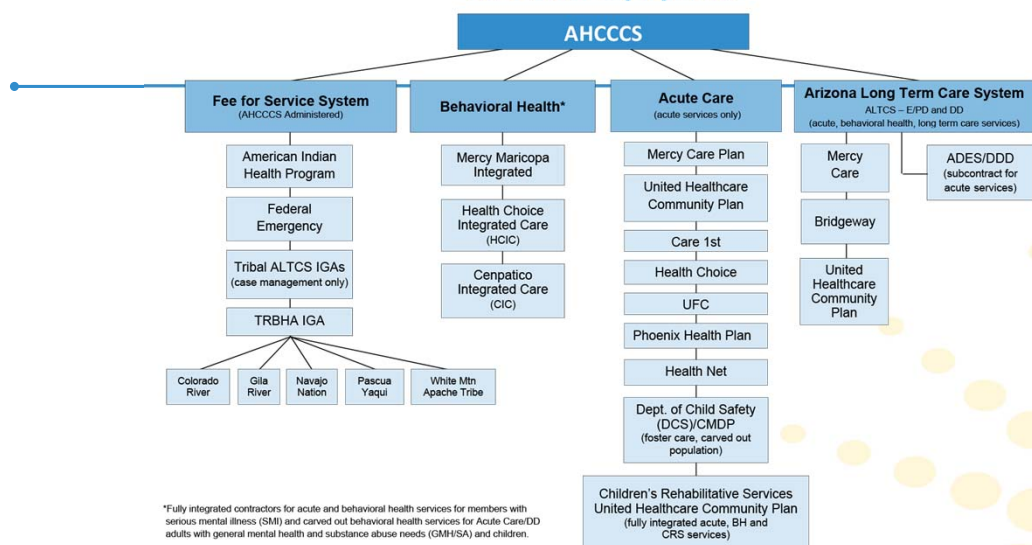
- AHCCCS holds 15 Contracts statewide with MCOs to provide acute (general medical care), behavioral health, and Long-Term healthcare services to members.



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5

Care Delivery System



Reaching across Arizona to provide comprehensive quality health care for those in need

Rev. 11/2017-4/31/2017

6

Non-Emergency Medical Transportation (NEMT)

- AHCCCS covers medically necessary Non-Emergency Transportation under the following conditions:
 - The service for which transportation is needed is an AHCCCS covered service
 - The member is not able to provide, secure or pay for their own transportation, and free transportation is not available, and
 - Transportation is provided to and from the nearest appropriate AHCCCS registered provider.



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quality health care for those in need

7

Non-Emergency Medical Transportation (NEMT) (cont.)

- The provision of NEMT services are assigned to the Contracted MCOs.
- The majority of MCOs contract with NEMT Brokers to provide NEMT services.
- NEMT Brokers in turn contract with transportation providers to provide services to members enrolled with the MCOs.



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8

Non-Emergency Medical Transportation (NEMT) (cont.)

- The AHCCCS administration administers the NEMT benefit directly for its Fee-for-Service members through the AHCCCS registered NEMT providers.



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Non-Emergency Medical Transportation (NEMT) (cont.)

- In October 2018, AHCCCS implemented a new integrated care model that integrated physical and behavioral health services under one contract for the majority of members.



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quality health care for those in need

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Non-Emergency Medical Transportation (NEMT) (cont.)

- Under the new AHCCCS Complete Care (ACC) Contracts, MCOs are responsible for administering the NEMT benefit for members receiving behavioral health services as well as physical health. Not all of the ACC MCOs have experience in the behavioral health space



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quality health care for those in need

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Non-Emergency Medical Transportation (NEMT) (cont.)

- AHCCCS is working on policy revisions to AHCCCS Medical Policy Manual (AMPM) Policy 310-BB regarding NEMT which will go into effect 5/1/2019
- One example is addressing specific access to service concerns unique to Arizona, such as members of the Havasupai tribe who live 8 miles down in the Grand Canyon



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quality health care for those in need


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Non-Emergency Medical Transportation (NEMT) (cont.)

- Effective 5/1/2019, AHCCCS will add Transportation Network Companies as an approved provider type.
- This will allow ride share companies to provide NEMT services through an NEMT Broker

References

- AHCCCS Website
 - <https://www.azahcccs.gov/>
- MCO Contracts
 - <https://www.azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/contracts.html>
- Transportation Policy
 - <https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-BB.pdf>



Strategies to Successfully Coordinate Non-Emergency Medical Transportation (NEMT) and Public Transportation

TCRP Research Report 202

***Gail Bauhs, TripSpark Medical
Panel Chair for TCRP Research Report 202***

What is Coordination?

- A strategy used to **improve the management of scarce resources** (like transportation services) by increasing efficiency and effectiveness -- to do the best we can with what we have
- Requires a multi-agency, community-wide perspective
- Typically used to
 - Reduce inefficiencies, like duplicated services, service areas, equipment, and administrative expenses
 - Emphasize shared rides, deemphasize exclusive rides
 - Reduce unit costs
 - Expand services and service areas
 - Offer services more responsive to consumer needs

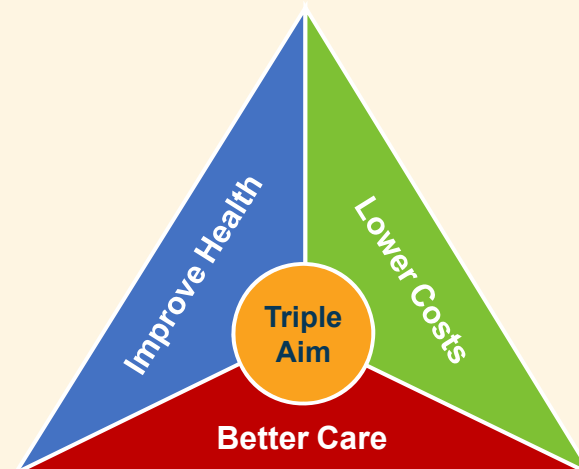
Common Desired Outcomes

Improved Health

Better Quality of Service

Maximize Services
Delivered within
Available Resources

Triple Aim for Medicaid Healthcare



The TCRP Research Report 202 outlines **14 strategies** to achieve common desired outcomes from different stakeholder perspectives with highlights from case studies.

Common Desired Outcomes

3 Strategies

Improve Health

3 Strategies

Service Quality

2 Strategies

Maximize Resources

6 Strategies

Strategies Toward Coordination

Common Desired Outcomes

1. Align goals and objectives to achieve common desired outcomes
2. Include NEMT stakeholders when preparing or updating a coordinated transportation plan
3. Adopt common geographic boundaries for

Improve Health

4. Measure transportation's contribution to better health outcomes
5. Coordinate NEMT & public transit to meet Medicaid beneficiary needs
6. Demonstrate value of innovation (e.g. TNC) for NEMT medical appointments

Service Quality

7. Use technology to enhance NEMT administration and trip verification
8. Identify key data and establish NEMT data collection and reporting procedures

Maximize Resources

9. Use fixed-route transit for appropriate NEMT trips
10. Coordinate NEMT with transit to reduce costs
11. Implement cost allocation methodologies to reduce NEMT trip costs
12. Create Medicaid-Consistent NEMT Trip Rates for ADA Paratransit
13. Negotiate to recover the direct costs of providing NEMT services
14. Adopt procedures and timelines for invoicing and payments for NEMT

Align goals and objectives

- ***Common Desired Outcomes Identified by Stakeholders - Research***

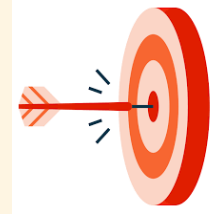
- Improve Health
- Better Quality of Service
- Maximize Services Delivered within Available Resources

- ***Similar to Medicaid's Triple Aim - CMS***

- Improving the health of populations
- Improving the patient experience of care
- Reducing the per capita cost of health care

- ***Use of Brokers and Managed Care to administer NEMT is the Trend***

- Reduce state costs
- Reduce administrative burden at state
- Have predictable budgets
- Reduce Fraud, Waste, Abuse



Include NEMT stakeholders when preparing or updating a coordinated transportation plan

- Get to and stay at the table - State DOT and Medicaid agency/broker

- Negotiate rates

- Understand how each is funded
- Flexible, middle ground is “good enough”
- Revenue critical for small and rural agencies
- Be sensitive to financial risk – transit and NEMT

- Broker model may affect coordination options

- There’s a cost to coordination



Use Technology to Make NEMT More Efficient and Reduce the Risk of Fraud and Abuse

Available technology can enhance NEMT program administration:



- Verify client eligibility and trip approved purpose
- Assign the trip to a transportation provider qualified to offer the appropriate service at the lowest cost
- Document the date, time, and location for each NEMT encounter
- Track and report transportation performance metrics
- Provide real-time transportation information to riders
- Connect transportation and health care datasets to measure health outcomes

Document the Contribution of Transportation to Better Health Outcomes and Reduced Health Care Costs

More research is needed to quantify transportation's contribution

- A 2008 Florida State University College of Business study found that if just 1% of total medical trips resulted in avoiding a hospital stay, every \$1 spent on NEMT could save \$11 in health care costs
- Managed care organizations have made significant progress integrating required services and encounter data into their information systems. Some have integrated NEMT and health care encounter data (carved in)



Coordinate Transportation to Enhance Quality of Life for Medicaid Beneficiaries



- Coordinated transportation can enhance quality of life by providing access to employment, education, community activities, and better nutrition as well as the ability to get to health care
- Community transportation systems provide seamless service across multiple trip services, resulting in increased transportation productivity
- Rural public transportation providers who also provide NEMT in very rural areas provide access to medical service but also provide a lifeline to essential shopping, nutrition, and community services

Lessons Learned



- Embrace an ***Attitude of community first***
- Assume a ***workable solution is Achievable***
- Expect any ***hurdles will be Scaled***
- Accept that ***willingness to coordinate is Cyclical*** so keep trying
- ***Find a Champion*** in each industry

Appendix E. Attendees for Post Conference Workshop

Name	Agency	Email
Alonzo Whitney	Marz Medical	marzmedicalllc@gmail.com
Connie Gastelum	SEAGO	cgastelum@seago.org
Timothy Nelson	City of Winslow	tnelson@winslowaz.gov
Jennifer O'Connor	NACOG	joconnor@nacog.org
Kathy Borquez	Pinal County	Kathy.Borquez@pinalcountyz.gov
Amy Moran		amy.moran@wilsonco.com
Manny Sotelo	Saguaro Foundation	msotelo@SaguaroFoundation.org
Alejandro Flores	Banner University Health	alejandro.flores@bannerhealth.com
Sarah Hope	Vertical Identity	sarah@verticalidentity.com
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Appendix F Survey Results for Post Conference Workshop Evaluation



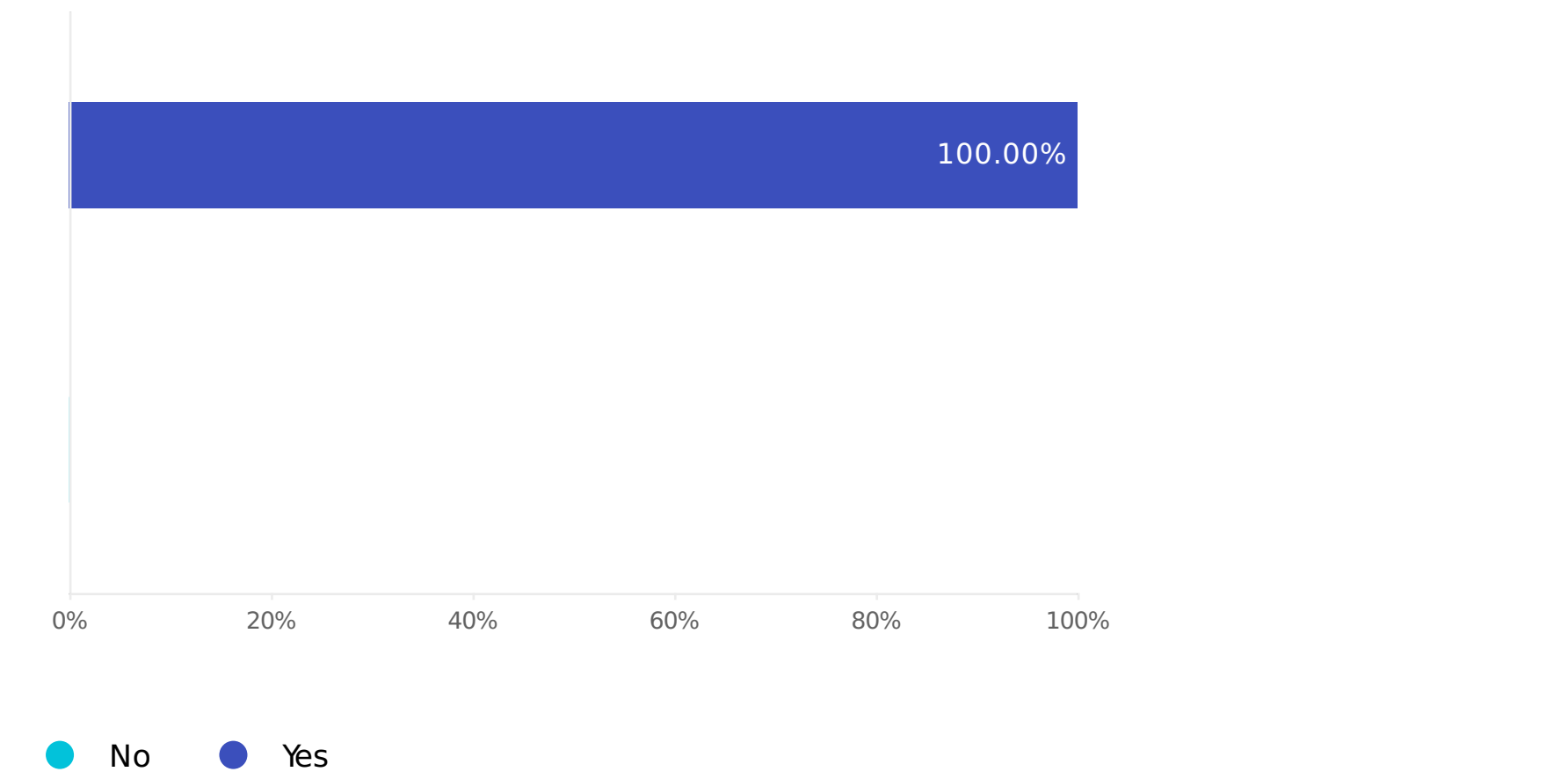
8 Completed Responses

0 Partial Responses



Q1
Did you attend the Post-Conference Workshop Examining the Effects of NEMT Brokerages on Transportation Coordination?

Answered: 8 Skipped: 0

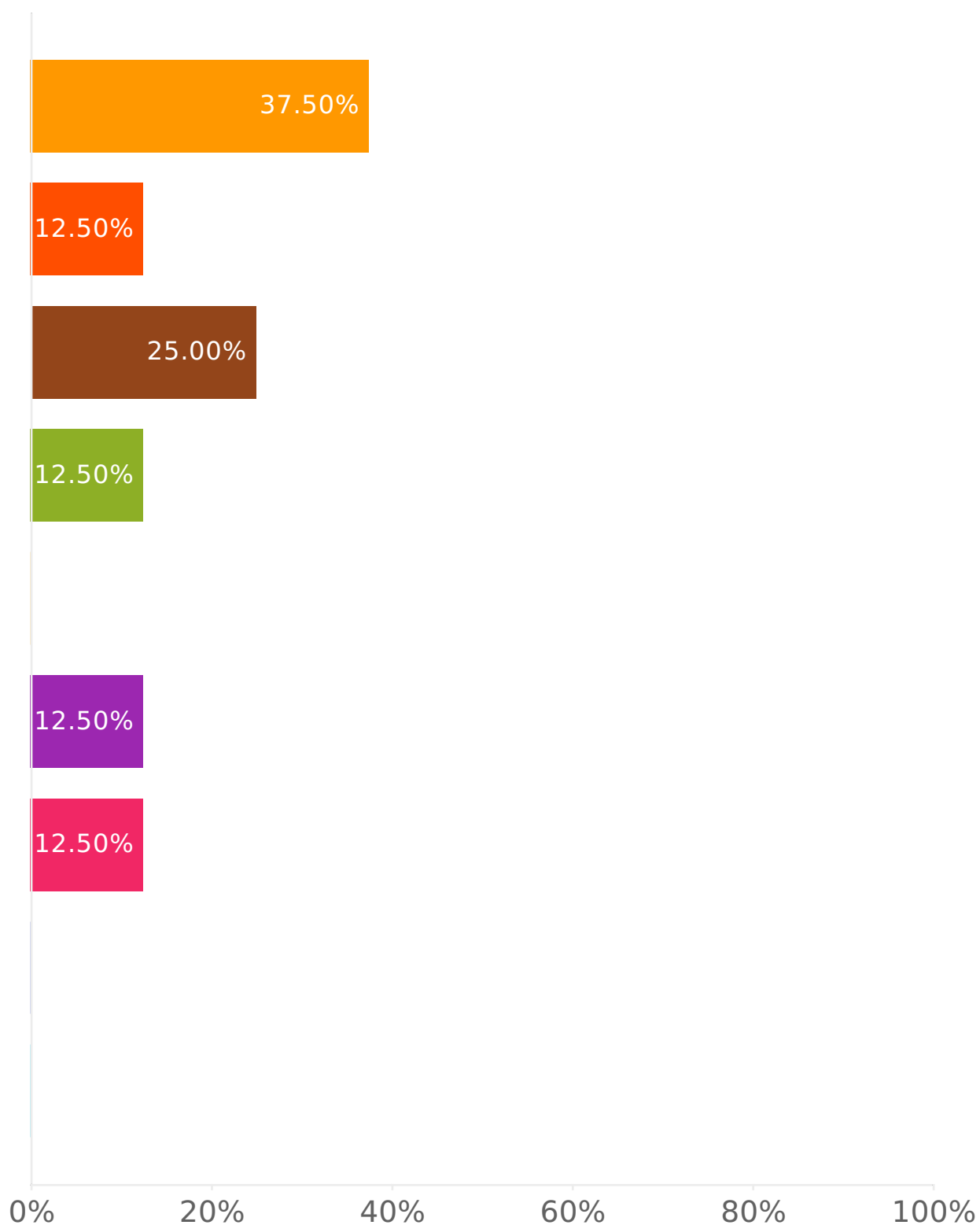


Choices	Response percent	Response count
No	0.00%	0
Yes	100.00%	8

Q2

What type of organization do you represent?

Answered: 8 Skipped: 0



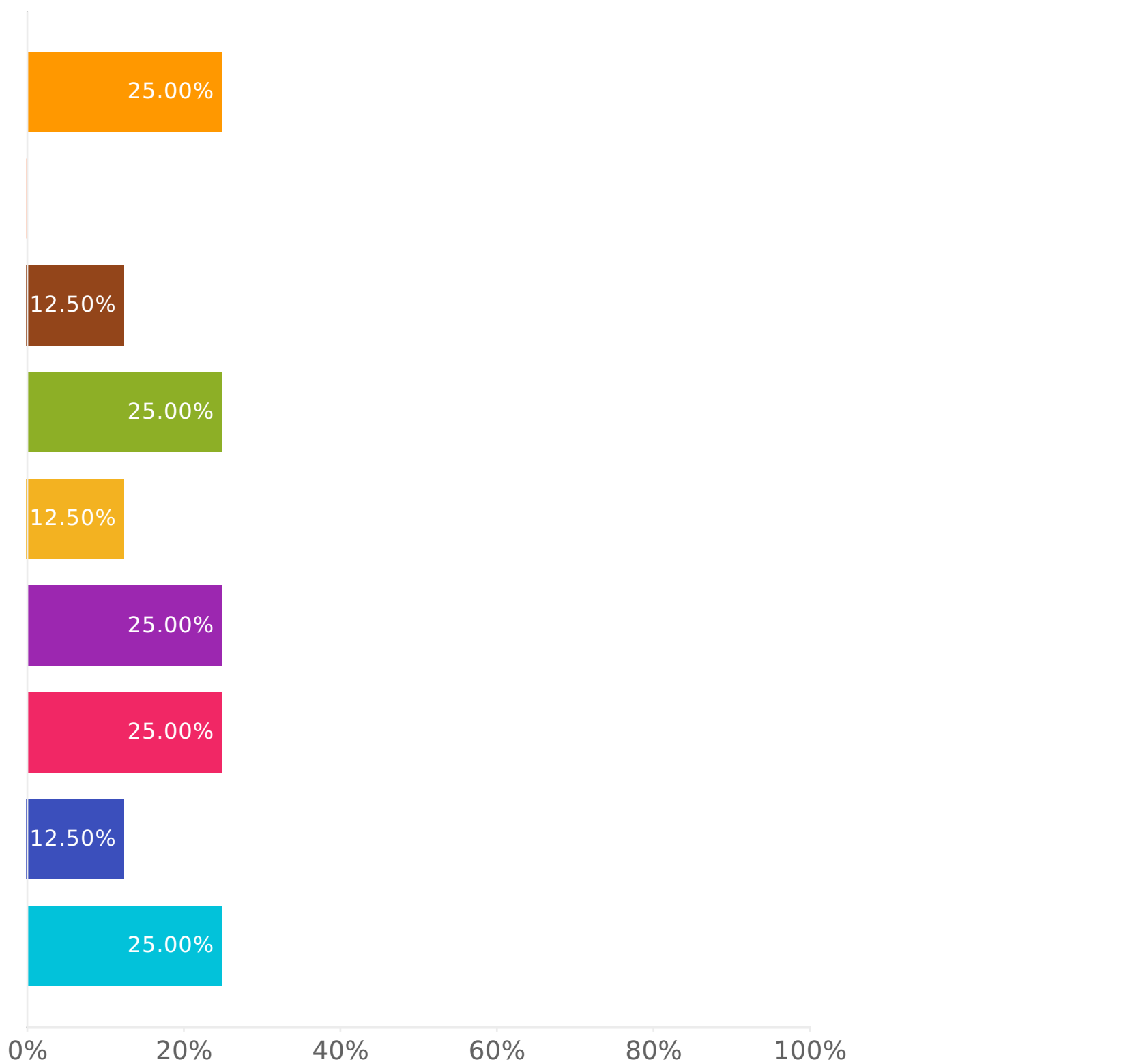
- State agency (e.g., ADOT, AHCCCS, DES, Other)
- Regional government (e.g., MPO, Government Association)
- Local government (e.g. City, County)
- Health plan (managed care organization)
- Medical service provider
- Private business
- Non-profit organization
- Other
- Tribal nation

Choices	Response percent	Response count
State agency (e.g., ADOT, AHCCCS, DES, Other)	0.00%	0
Regional government (e.g., MPO, Government Association)	0.00%	0
Tribal nation	12.50%	1
Local government (e.g. City, County)	12.50%	1
Health plan (managed care organization)	0.00%	0
Medical service provider	12.50%	1
Private business	25.00%	2
Non-profit organization	12.50%	1
Other	37.50%	3

Q3

What is your organization's role for transportation in Arizona?

Answered: 8 Skipped: 0



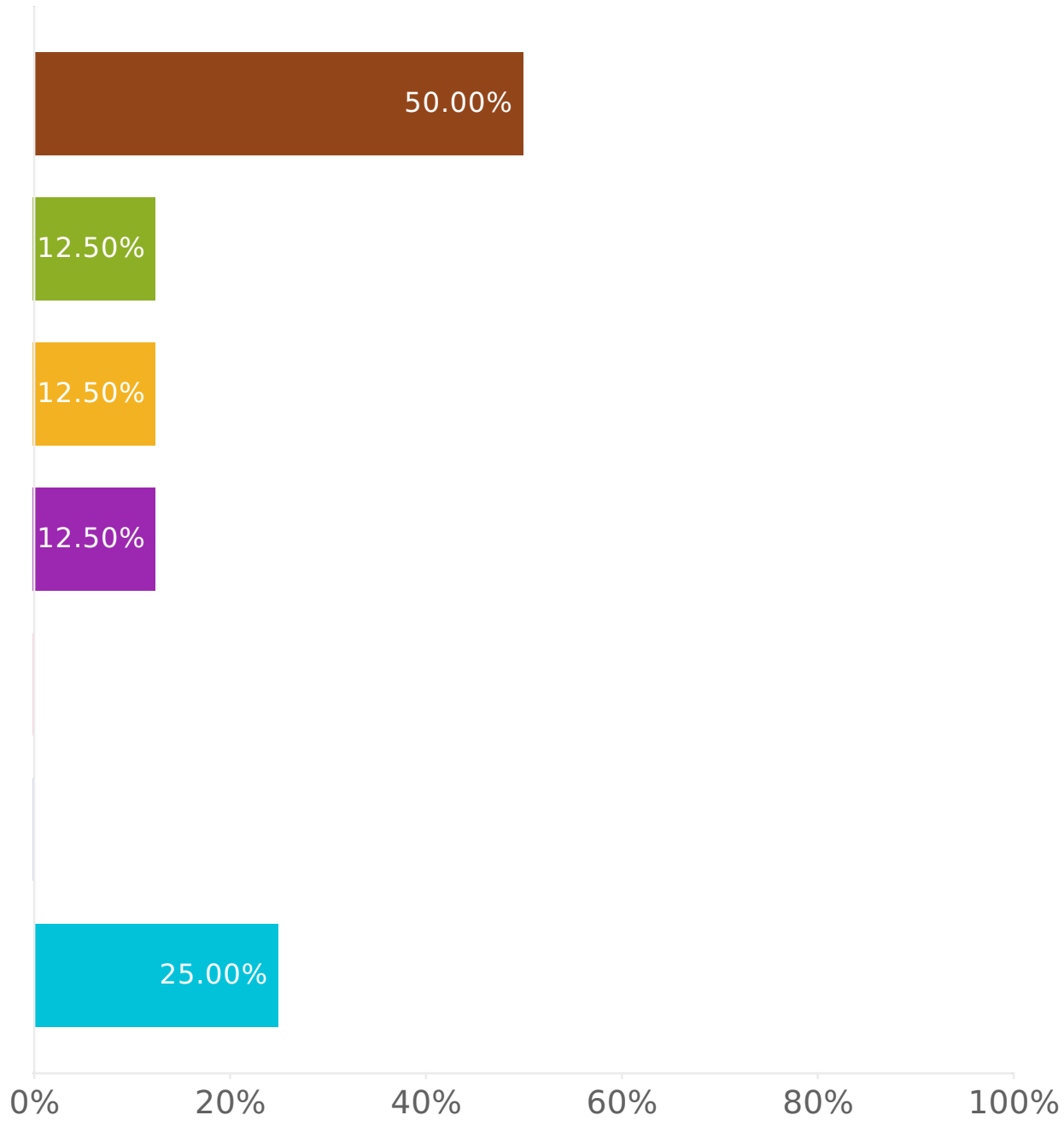
- Public transportation provider
- Human services transportation provider
- Private transportation provider
- Transportation broker
- Mobility manager
- Transportation consultant
- Product vendor
- Transportation funding agency
- Other

Choices	Response percent	Response count
Public transportation provider	25.00%	2
Human services transportation provider	12.50%	1
Private transportation provider	25.00%	2
Transportation broker	25.00%	2
Mobility manager	12.50%	1
Transportation consultant	25.00%	2
Product vendor	12.50%	1
Transportation funding agency	0.00%	0
Other	25.00%	2

Q4

What is your geographic area?

Answered: 8 Skipped: 0



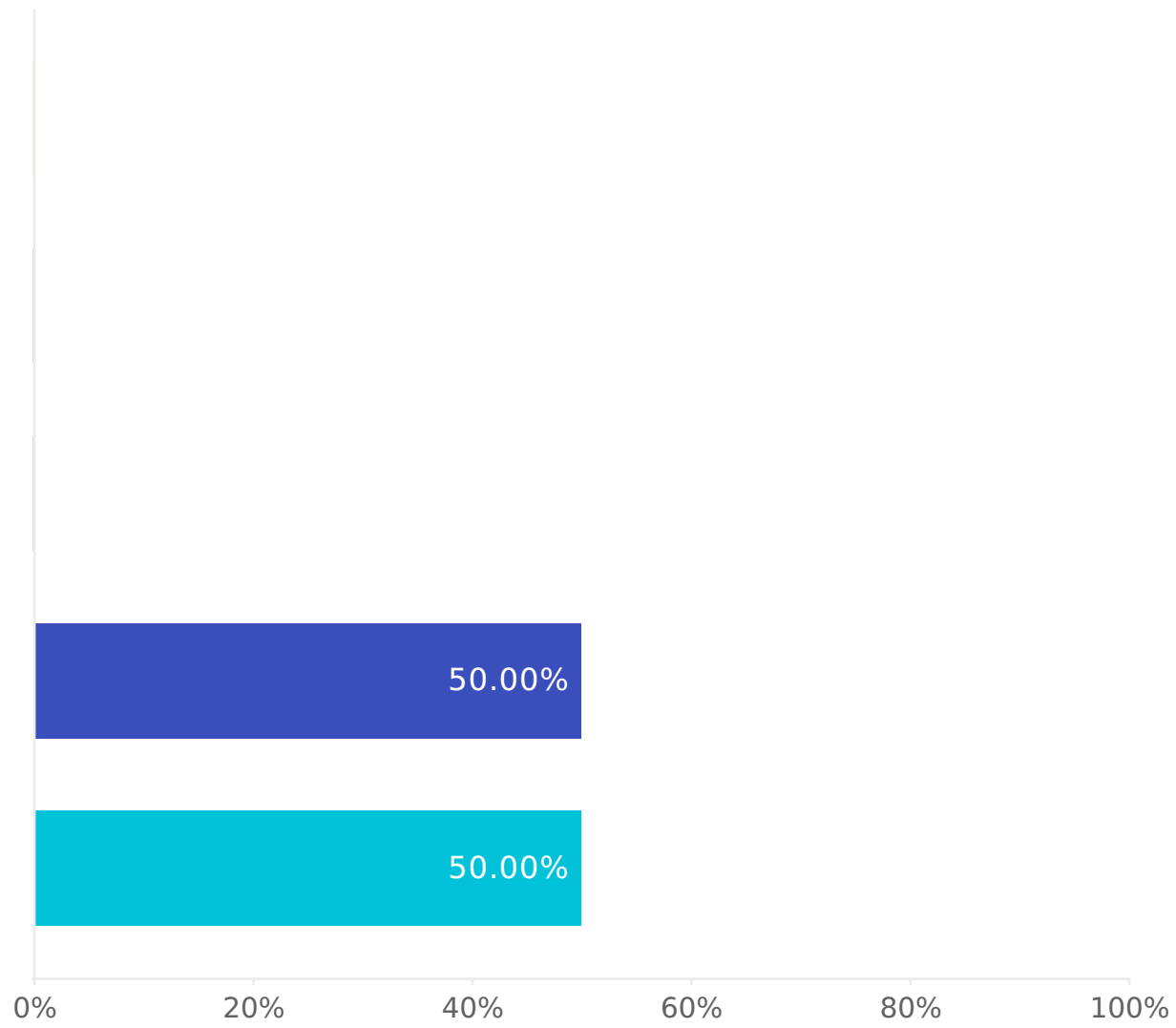
- Greater Phoenix metro area
- Greater Tucson metro area
- Northern Arizona
- Central Arizona (other than Phoenix metro area)
- Southern Arizona (other than Tucson metro area)
- Statewide
- Outside Arizona

Choices	Response percent	Response count
Greater Phoenix metro area	25.00%	2
Greater Tucson metro area	0.00%	0
Northern Arizona	0.00%	0
Central Arizona (other than Phoenix metro area)	12.50%	1
Southern Arizona (other than Tucson metro area)	12.50%	1
Statewide	12.50%	1
Outside Arizona	50.00%	4

Q5

Do you agree there are opportunities to coordinate human services transportation and public transportation in Arizona?

Answered: 8 Skipped: 0



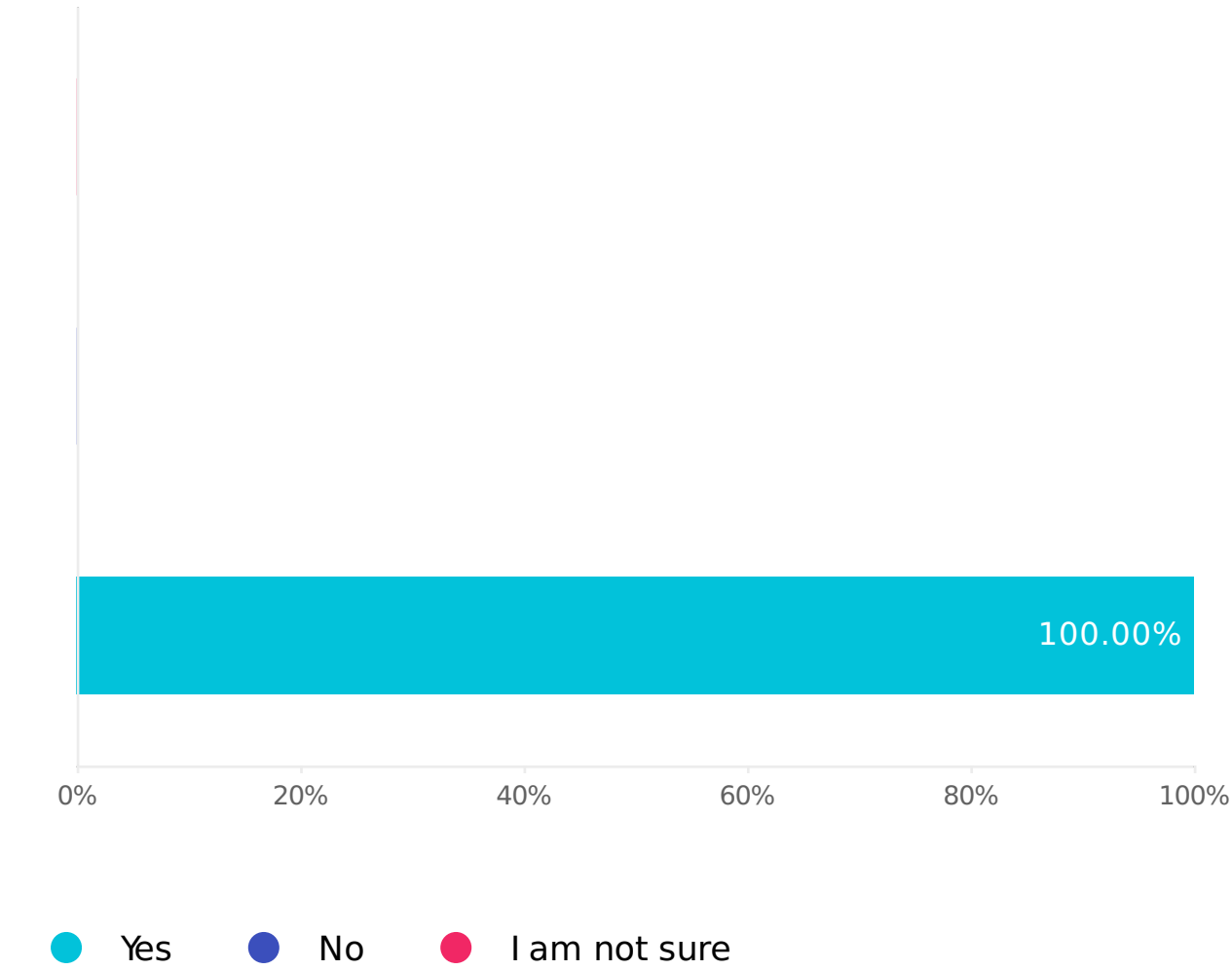
● Strongly agree ● Agree ● Do not know ● Disagree
● Strongly disagree

Choices	Response percent	Response count
Strongly agree	50.00%	4
Agree	50.00%	4
Do not know	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0

Q6

Does your organization actively participate in transportation coordination?

Answered: 8 Skipped: 0

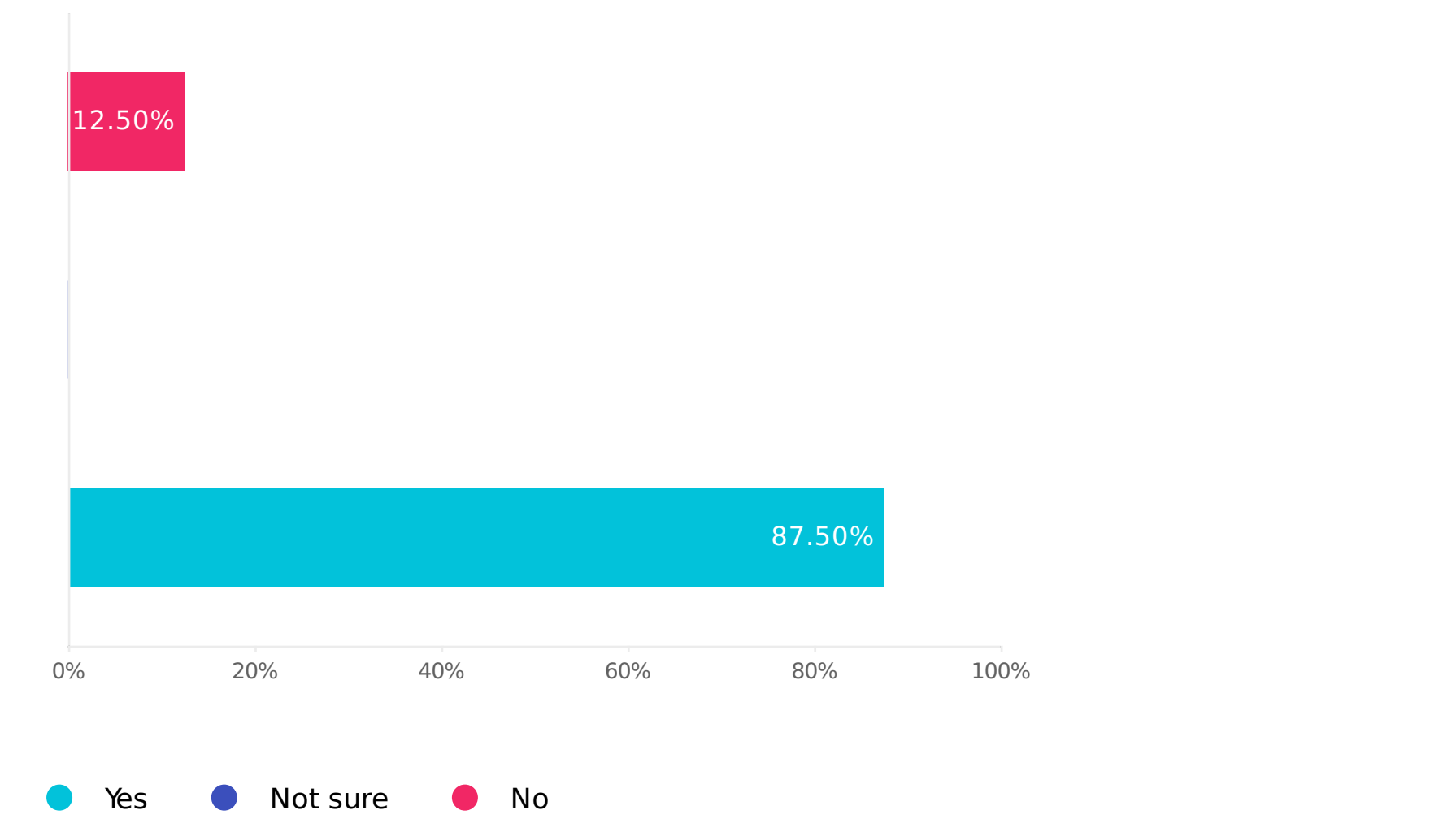


Choices	Response percent	Response count
Yes	100.00%	8
No	0.00%	0
I am not sure	0.00%	0

Q7

Did you learn something at the Workshop about coordination of NEMT with public transportation that you did not know or did not understand before the Workshop?

Answered: 8 Skipped: 0

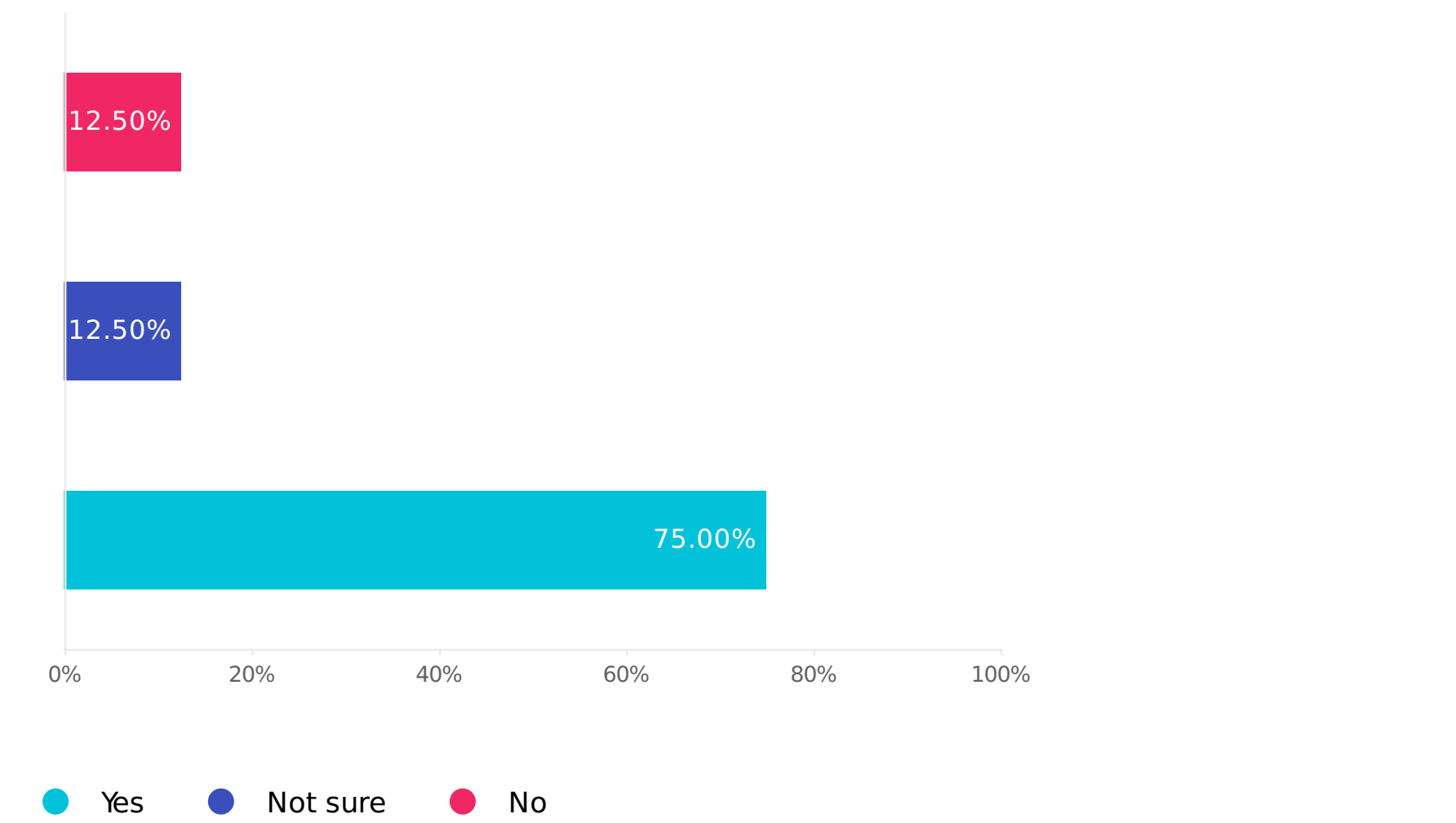


Choices	Response percent	Response count
Yes	87.50%	7
Not sure	0.00%	0
No	12.50%	1

Q8

Did you make a contact at the Workshop that you anticipate may lead to opportunities to coordinate?

Answered: 8 Skipped: 0

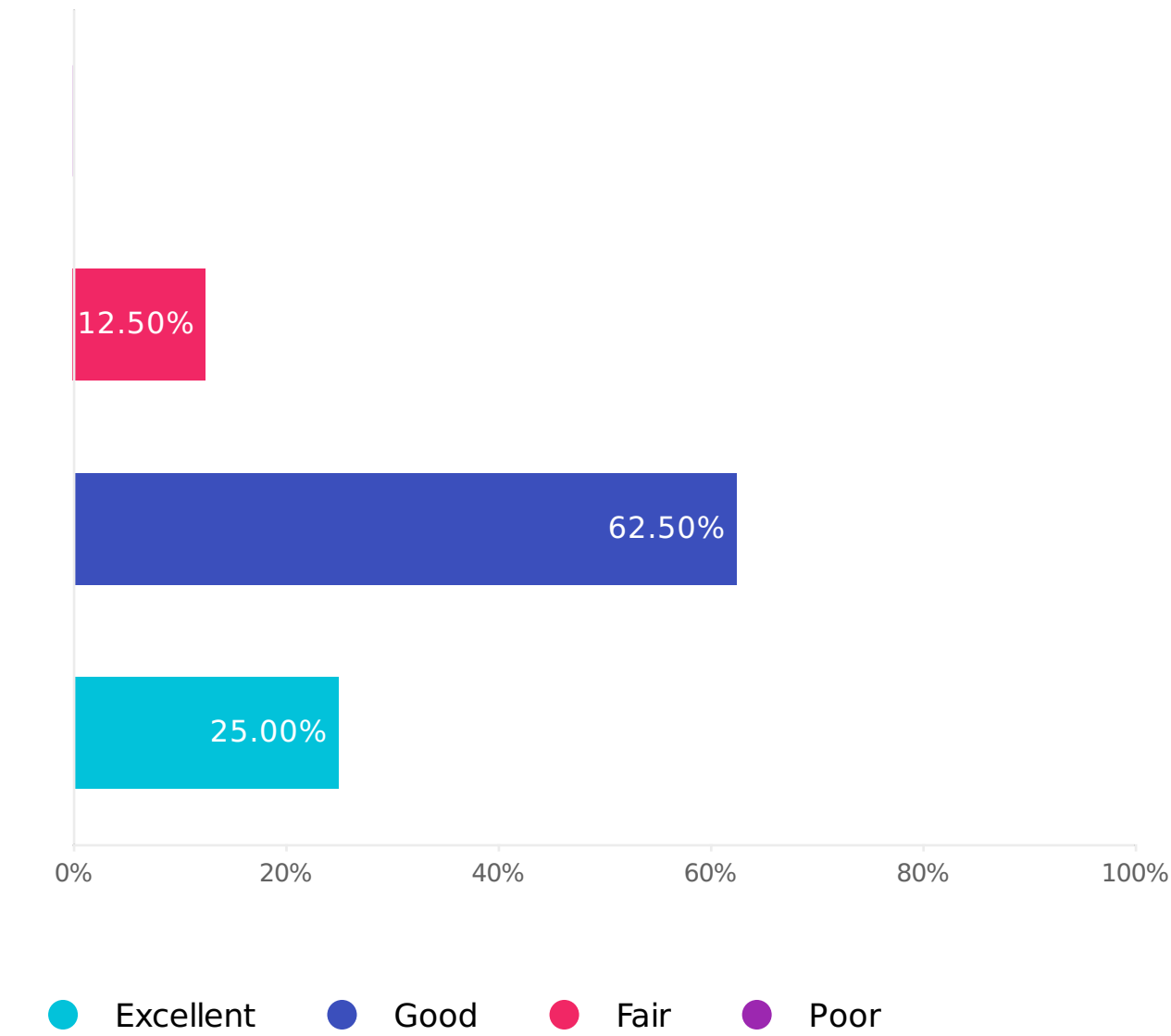


Choices	Response percent	Response count
Yes	75.00%	6
Not sure	12.50%	1
No	12.50%	1

Q9

How do you rate the Workshop overall?

Answered: 8 Skipped: 0



Choices	Response percent	Response count
Excellent	25.00%	2
Good	62.50%	5
Fair	12.50%	1
Poor	0.00%	0

Q10

Do you have any additional thoughts/suggestions/feedback you would like to share with us?

Answered: 4 Skipped: 4

1. The variety of speakers and perspectives was excellent - research, AHCCCS, ADOT, and agencies that successfully coordinate NEMT with other types of transportation. It was particularly good to have included AHCCCS, as they are generally not included in transportation conversations, even though NEMT is a very large funder of transportation. Hope you include this type of presentation next year, too.
 2. This is an issue that has to be driven by the Medicaid agency, and they seemed to be only partially committed to this workshop, let alone the issue. Coordination between NEMT brokers and Transit agencies is so much more complex than was presented, and the stakeholders involved are much more expansive than who was in the audience.
 3. Given the incredibly important role the Transportation Brokers and providers play in the AHCCCS system, it would have been good to have their perspective on the panel. Also, I did not feel that the AHCCCS representative was prepared to answer a number of the questions raised during the workshop. It was informative but at a surface level.
 4. I really enjoyed the information presented and the presenters. I work in health care and assist patients with scheduling rides for medical appointments. It is very frustrating when transportation is not available, it was helpful to understand some of the barriers faced with NEMT.
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