



COLORADO

Department of Health Care  
Policy & Financing

Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203

November 1, 2015

The Honorable Kent Lambert, Chair  
Joint Budget Committee  
200 East 14<sup>th</sup> Avenue, Third Floor  
Denver, CO 80203

Dear Senator Lambert:

Enclosed please find the Department of Health Care Policy and Financing's response to the Joint Budget Committee's Request for Information #5 regarding emergency and non-emergency transportation services.

Legislative Request for Information #5 states:

*The Department is requested to submit a report to the Joint Budget Committee by November 1, 2015, on performance and policy issues associated with emergency and non-emergency transportation services. Regarding non-emergency transportation, the report should include, but not be limited to, the time to complete a request for transportation, the wait time for a same-day request for transportation (e.g. for a hospital discharge), and a discussion of performance variations by region. Regarding emergency transportation, the report should discuss whether providers are appropriately compensated if they provide services on site and the patient declines transportation. If the information requested is not available, the Department is requested to provide as much relevant information as possible.*

This report contains information on how the Department of Health Care Policy and Financing (the Department) supervises Non-Emergent Medical Transportation and Emergency Medical Transportation Services including but not limited to:

- Non-Emergency Medical Transportation (NEMT)
  - the time to complete a request for transportation
  - the wait time for a same-day request for transportation (e.g. for a hospital discharge), and
  - a discussion of performance variations by region
- Emergency Medical Transportation Services (EMTS)
  - a discussion of whether providers are appropriately compensated if they provide services on site and the patient declines transportation



The report, to the best of the Department's ability, addresses the specific areas of legislative requests for information, however, when the requested information is not available, the Department has provided as much accessible and relevant information as possible.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Zach Lynkiewicz, at [Zach.Lynkiewicz@state.co.us](mailto:Zach.Lynkiewicz@state.co.us) or 720-854-9882.

Sincerely,



Susan E. Birch, MBA, BSN, RN  
Executive Director

SEB/wph

Enclosure(s): Health Care Policy and Financing FY 2015-16 RFI #5

Cc: Representative Millie Hamner, Vice-chair, Joint Budget Committee  
Representative Bob Rankin, Joint Budget Committee  
Representative Dave Young, Joint Budget Committee  
Senator Kevin Grantham, Joint Budget Committee  
Senator Pat Steadman, Joint Budget Committee  
John Ziegler, Staff Director, JBC  
Eric Kurtz, JBC Analyst  
Henry Sobanet, Director, Office of State Planning and Budgeting  
Bettina Schneider, Budget Analyst, Office of State Planning and Budgeting  
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Gretchen Hammer, Health Programs Office Director, HCPF  
Dr. Judy Zerzan, Client and Clinical Care Office Director, HCPF  
Chris Underwood, Health Information Office Director, HCPF  
Jed Ziegenhagen, Community Living Office Director, HCPF  
Tom Massey, Policy, Communications, and Administration Office Director, HCPF  
Rachel Reiter, External Relations Division Director, HCPF  
Zach Lynkiewicz, Legislative Liaison, HCPF



## **EXECUTIVE SUMMARY**

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### **NEMT OVERVIEW**

The Colorado Non-Emergency Medical Transportation (NEMT) program provides transportation for Medicaid clients who have no other alternative for getting to and from their medical appointments or services. The Department of Health Care Policy and Financing (the Department) is the federally designated State Medicaid (Title XIX) Agency which administers Colorado’s NEMT program using three structures:

- a State managed Broker Contract operated by Total Transit that serves the following counties: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer and Weld
- three multi-county collaboratives that involve a total of 19 counties. Each of the collaboratives have partnered with a non-county Department of Human Services agency (e.g. a Regional Council of Government or a community-based agency) to act as their “regional” transportation broker, and
- a county-administrated system where all other counties operate NEMT locally using a number of different approaches and processes through the County Departments of Human Services.

The Total Transit broker contract includes funding to administer NEMT services in their 9-county area and the County Departments of Human Services are allocated administrative funds as a general payment for all administrative activities required of them. There is no separate legislative appropriation or line item budget for the NEMT Program.

The State spent \$8,779,654 total funds in NEMT medical transportation in FY 2014-15.

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### **PURPOSE OF THE REPORT**

The Department is submitting this report in response to Legislative Request for Information #5 which states:

*Department of Health Care Policy and Financing, Executive Director's Office – The Department is requested to submit a report to the JBC by November 1, 2015, on performance and policy issues associated with emergency and non-emergency transportation services. Regarding non-emergency transportation, the report should include, but not be limited to, the time to complete a request for transportation, the wait time for a same-day request for transportation (e.g. for a hospital discharge), and a discussion of performance variations by region. Regarding emergency transportation, the report should discuss whether providers are appropriately compensated if they provide services on site and the patient declines transportation. If the information requested is not available, the Department is requested to provide as much relevant information as possible*

The report contains information on how the Department supervises NEMT and EMTS including information that is available to describe:

- NEMT time to complete a request for transportation, the wait time for a same-day request for transportation, and performance variations by region
- EMTS information regarding providers’ compensation if they provide services on site and the patient declines transportation

The Department has provided as much information as possible to address the specific legislative requests; however, when the requested information is not available, the Department has explained why and has also provided as much accessible and relevant information as possible.

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## **NEMT LEGISLATIVE REQUEST: *TIME TO COMPLETE A REQUEST FOR TRANSPORTATION AND WAIT TIME FOR SAME-DAY REQUESTS***

Colorado provides NEMT services using multiple organizational structures and different oversight processes which results in data collections and performance variation. *As a result, transportation request/response time data are not available from a majority of the counties.* The following summarizes what limited data are available from Total Transit (through their performance contract reports) and a September 2015 survey of the Total Transit and three multi-county county collaboratives brokerages that the Department has just recently completed:

### ***Multi-county collaboratives and Total Transit Request/Response Time***

- all of the three multi-county collaboratives and Total Transit handle one-way trip and round-trip requests using the same processes, track ride completions, have policies and procedures for handling client “no-shows”, and maintain a central phone number for clients to contact to request transportation
- one of the collaboratives and Total Transit also collect and track client “no-shows” and trip denials data
- two of the three multi-county collaboratives maintain a central website for client outreach, but only one of the collaboratives and Total Transit actually market their services
- the request/response time ranges of 24 to 72 hour advance notice for routine transportation requests
- all have time-based performance standards for processing and completing a request for transportation; however, their standards differ – ranging from 24 hours to 72 hours
- Total Transit, which has access to more transportation resources, can handle standing transportation orders that can be booked for an entire year (e.g. dialysis, chemotherapy, etc.) or booked through the medical services end date (e.g. physical therapy)
- the three collaborative brokers and Total Transit also differ in how they handle provider “no-shows” ranging from no process, developing a process, monitoring provider timeliness, and placing providers with continuing late performance on corrective action

### ***Total Transit Monthly Reporting Data***

During the 13 months of its new contract, Total Transit has handled 223,893 calls transporting an average of 1,200 – 1,600 clients a day, with an average of 94.1% call resolution rate and a 72.4% on-time rate.

### ***NEMT Transportation Resources***

Availability of transportation resources is another factor that affects request/response time. There are major areas of the State – especially rural – that do not have adequate transportation options. This is further compounded by remote client locations and lack of local health care delivery systems (medical providers, pharmacies, etc.). 73% of all counties have access to some degree of the following transportation resources:

- Ambulance
- Non-profit (community-based vehicle)

- For-profit (primarily taxis)
- Specialized services for the elderly and/or people with disabilities
- Wheel-chair seating

In contrast, Total Transit has over 40 contracted and credentialed providers with multiple drivers and vehicles in their network and collects data that monitors provider performance.

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**NEMT LEGISLATIVE REQUEST: *PERFORMANCE VARIATIONS***

As previously described, Colorado provides NEMT services using multiple organizational structures and different oversight processes which results in data collections and performance variation. In connection with the inconsistent structure of NEMT, County NEMT services are inconsistent – varying from creative use of resources to no services. *The following summarizes critical performance differences:*

1. The present State supervised – county administered system for the non-Total Transit Broker counties contributes to lack of adequate resources at the county level to effectively implement or oversee the program, inconsistency of services, county boundary issues and lack of resource sharing.
2. When comparing the multi-county collaborative NEMT projects with the single or dual county NEMT services, it appears that most of the single county systems do not maximize resources that are available regionally and they also do not address cross-county jurisdictional issues.
3. Data systems reporting and analysis are also inconsistent. The current systems being used (e.g. MMIS) do not include coding options that are relevant to measuring NEMT performance and costs. Counties make individual, inconsistent choices in coding their activities and staff workloads make it difficult to keep up with reporting requirements.
4. There are critical staff workload constraints at both the State and services delivery levels:
  - County staff often have NEMT tasks as an “add-on” to other program responsibilities and county directors feel that their administrative allocations do not sufficiently cover all of the programs they must administer. These dynamics contribute greatly to inconsistent NEMT service delivery at the local level
5. NEMT issues are not consistently integrated into other Medicaid and health care reform discussions and policy planning at the State level. Transportation issues have been raised in each of the following:
  - The Long-Term Services and Supports (LTSS) delivery system,
  - Home- and Community-Based Services (HCBS),
  - The Community Living Advisory Group Final Report (CLAG), and
  - The Centers for Medicare & Medicaid Services (CMS) partnership with the Department to test a new model for providing Medicare-Medicaid enrollees with more coordinated, person-centered care.
6. Conflicting State policies are not being addressed (e.g. the Public Utilities Commission (PUC) licensing issues, Area Agency on Aging (AAA) program and Medicaid conflicts in transportation

fee collection policies, and Veteran’s Administration (VA) system resistance to resource and cost-sharing, etc.).

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***NEMT LEGISLATIVE REQUEST: ARE PROVIDERS APPROPRIATELY COMPENSATED IF THEY PROVIDE SERVICES ON SITE AND THE PATIENT DECLINES TRANSPORTATION***

Medicaid does not provide any reimbursement for emergency transportation if the patient declines transportation. Unfortunately, this is a problem throughout the country in both the commercial markets and Medicaid. The Department and its partners are engaged in several initiatives in an effort to help prevent the overuse of emergency services. In the Department’s Accountable Care Collaborative (ACC) program, the Regional Care Collaborative Organization (RCCO) Region 7 is partnering with the Colorado Springs Fire Department to respond differently to community members who rely on the overburdened emergency response systems for non-emergency or potentially preventable health needs. Additionally, the Department is participating in the Community Paramedicine/Mobile Integrated Healthcare Task Force in an effort to explore the possibility of establishing Community Paramedicine Services in the State of Colorado.

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**CONCLUSION AND SUMMARY OF RECOMMENDATIONS**

Access to health care continues to be a concern in Colorado and the Department is working on multiple avenues to improve access for its Medicaid members. Transportation is a key element of access – particularly for Medicaid clients who live in rural, low income, or underserved areas that do not have sufficient access to health care professionals who are Medicaid providers. NEMT expenditures, when compared to the inconsistency of service delivery, suggest that the NEMT program is a benefit resource that the Department feels can be used more strategically and cost-effectively. To this end, the Department is focusing on the following strategies for improving NEMT services:

1. Integrating NEMT more closely to other health care access and managed care policies and operations (e.g. the Department’s Medicaid Waiver reform, Care Coordination Subcommittee of the Community Living Advisory Group etc.).
2. Shifting the program to a regional structure at the service delivery level.
3. Migrating to a new Medicaid Management Information System (MMIS).
4. Undertaking a study of options for revising the County administrative allocation methodology including analysis of:
  - the mandated administrative activities that are included in the Regular Administrative Allocation line item
  - state staff concerns about inequities where the present allocations do not differentiate between the 9 counties that are part of the State-managed Broker Contract and the other 55 counties that operate under a State-supervised/county-administrated structure, and
  - County concerns that their currently stretched administrative allocations will be further reduced to pay for regionalization of NEMT

5. Working more closely with other State agencies that have policy and planning overlaps with Medicaid, including Colorado Departments of Human Services (CDHS), Colorado Department of Public Health and Environment (CDPHE), Colorado Department of Regulatory Agencies (DORA), Division of Veterans Affairs, Colorado Department of Transportation (CDOT transit planning & funding, Rides to Wellness, etc.), and the Community Living Initiative.
6. Reducing the distances Medicaid clients have to drive to access health care services by working more closely with efforts to increase the number of health care providers in low income and underserved areas (e.g. the Health Care Workforce Initiatives and Resources and Project ECHO Workforce Development efforts to recruit more doctors and providers).
7. Developing performance standards that are enforced statewide.
8. Continuing to work closely with State legislators to ensure that NEMT reform is a part of legislative policy efforts regarding health care access and cost-containment.
9. Beginning a collaborative planning process for NEMT reform by engaging key stakeholders by initiating meetings, discussions, focus groups, town hall meetings, and other feedback activities with critical stakeholders [e.g. Medicaid clients and advocates, County Departments of Human Services and county commissioners, RCCOs, Area Agencies on Aging's (AAAs), transportation providers, Colorado Coalition for the Medically Underserved (CCMU) and Colorado Cross Disability Coalition (CCDC)].
10. Conducting further analysis of the NEMT Evaluation Project Report data and information.
11. Undertaking an in-depth study of the strengths and needs for improvement with the new 9-county State Broker shared-risk contract.
12. Researching other State NEMT services delivery and financing models regarding:
  - establishing dual classification of NEMT in the Colorado State Medicaid Plan as both a “medical assistance” and an “administration” expenditure
  - combining all transportation benefits and managing services as one overall benefit category
13. Analyzing actual transportation costs to determine whether changes in State Medicaid transportation billing policies and reimbursement rates are warranted.
14. Researching possible future public/private sector partnership solutions to expand transportation options (e.g. Transportation Network Companies such as “Uber”, cost-sharing under-used vehicle capacity similar to the Eagle county project and developing volunteer driver programs.)

15. Researching technology options to improve NEMT performance and cost-efficiencies (use of tele-medicine and electronic medical records to reduce the need for transportation, creating options for closer medical appointment locations, use of web-based scheduling, electronic dispatching and billing systems, and use of innovative e-payment technologies such as smart cards, or pre-loaded funding debit cards).

## INTRODUCTION

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The Department of Health Care Policy and Financing (the Department) is the federally designated Single State Agency to receive and administer Medicaid (Title XIX of the Social Security Act) funding from the federal government. Specifically, the Department is responsible for the provision of all health care services to persons who qualify as categorically needy under Title XIX of the Social Security Act. Of the many health care services the Department oversees, two of the programs under this legislative request inquiry are the Non-Emergent Medical Transportation (NEMT) program and Emergency Medical Transportation Services (EMTS).

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### THE NEMT PROGRAM

The following narrative gives an environmental scan of the NEMT program as it is currently operated in Colorado. It will describe NEMT's:

- transportation service benefits
- administrative funding
- organizational structure
- management and oversight
- transportation services provided, and
- impact from the Affordable Care Act

#### *Transportation Service Benefits*

NEMT is a program that provides transportation to and/or from covered Medicaid medical appointments or services and is only available when a Medicaid client has no other means of transportation.

Types of transportation services available for Medicaid reimbursement include:

- Ambulance
- Plane
- Mobility vehicle
- Private vehicle
- Public transportation
- Wheelchair van
- Stretcher van
- Train
- Reimbursement also may be provided for gas when using a personal vehicle to access a validated medical appointment or for bus transportation
- Meals and lodging are also eligible for Medicaid reimbursement under NEMT, and if an escort is required to accompany an at-risk adult or child, their transportation, meals and lodging can also be covered

#### *NEMT Administrative Funding*

The Social Security Act authorizes federal grants to states for a proportion of expenditures for medical assistance under an approved Medicaid State Plan, and for expenditures necessary for administration of the State Plan. NEMT is classified as an administrative service, and federal payment is generally available

at a rate of 50 percent for amounts expended by a state “for the proper and efficient administration of the state plan”.

The Department oversees NEMT services and funds Medicaid administrative costs through allocations to County Departments of Human Services. Unlike enrollment and eligibility activities which have their own designated allocation line item, NEMT is classified as a non-enhanced FFP and counties must balance their NEMT administration activities with all of the programs that they are mandated to administer. When a county over-expends its administration allocations, it has to cover the cost with county-only funds. County allocations are based on time-studies of county staff. Since NEMT activities are often added to other staff duties, it is unclear whether hours spent on NEMT administration are adequately captured.

### *NEMT Structure*

Colorado’s NEMT program is currently administered using 3 structures:

- A State managed Broker Contract operated by Total Transit that serves the following counties: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer and Weld
- Three multi-county collaboratives that involve a total of 19 counties. Each of the collaboratives have partnered with a non-county department of human services agency (e.g. a Regional Council of Government or a community-based agency) to act as their “regional” transportation broker, and
- A county-administrated system where all other counties operate NEMT locally using a number of different approaches and processes through the County Departments of Human Services

Because of this administrative structure, these are the “regional” break-outs that will be used throughout this legislative information request report.

It should also be noted that because Total Transit’s contract was executed on November 1, 2014, and information about their services and performance is only available during the duration of their new contract. Unfortunately, data from the previous contractor are not available as a risk-based model utilized the previous broker’s provider network, pricing and claims payments, and the claims files were not submitted into the Medicaid Management Information System (MMIS).

### *NEMT Program Oversight*

The Department manages the NEMT program using two oversight models. For the county-administered and multi-county collaborative NEMT programs, the Department uses a state supervised/county administered model where there are no State NEMT performance targets or indicators because each county is responsible for its own program.

The Department does have an NEMT Section in its State Rules and Regulations (10 CCR 2505-10 8.000 Medical Assistance—Section 8.000) which states:

**8.014 NON EMERGENT MEDICAL TRANSPORTATION**

*8.014.1 The Department shall assure transportation to and from medically necessary services covered by the Colorado Medical Assistance Program for clients who have no other means of transportation. Payment will be made for the least expensive means suitable to the client's condition. The distance to be traveled, transportation and treatment facilities available, and the physical condition and welfare of the client shall determine the type of transportation services authorized*

There are also online venues for performance guidance to the counties and transportation providers including:

1. Health Care Policy and Financing Billing Manuals  
(<https://www.colorado.gov/pacific/hcpf/billing-manuals>)  
Subsections:
  - a. Transportation Billing Manual (May 2015):  
[http://www.colorado.gov/pacific/sites/default/files/CMS1500%20Transportation\\_2.pdf](http://www.colorado.gov/pacific/sites/default/files/CMS1500%20Transportation_2.pdf)
  - b. Non-Emergent Medical Transportation Member Information:  
<https://www.colorado.gov/hcpf/non-emergent-medical-transportation>
  - c. General Provider Information:  
[http://www.colorado.gov/pacific/sites/default/files/CMS1500\\_General\\_Provider\\_Information\\_2.pdf](http://www.colorado.gov/pacific/sites/default/files/CMS1500_General_Provider_Information_2.pdf)
2. CMS 1500
  - I. Transportation (Sept 2015):  
[https://www.colorado.gov/pacific/sites/default/files/CMS1500%20Transportation\\_3.pdf](https://www.colorado.gov/pacific/sites/default/files/CMS1500%20Transportation_3.pdf)
  - II. CMS 1500 Specialty Billing Manual (9/15):  
[https://www.colorado.gov/pacific/sites/default/files/CMS1500\\_Specialty\\_Manuals.pdf](https://www.colorado.gov/pacific/sites/default/files/CMS1500_Specialty_Manuals.pdf)
3. Additional Assistance: Billing Workshop Non-Emergency Transportation, Colorado Medicaid, 2014: PowerPoint:  
[https://www.colorado.gov/pacific/sites/default/files/NEW%20WEBSITE%20Transportation%2082014\\_tc\\_cc\\_mm\\_zs.pdf](https://www.colorado.gov/pacific/sites/default/files/NEW%20WEBSITE%20Transportation%2082014_tc_cc_mm_zs.pdf)

As previously explained, the State managed broker contract is currently operated by Total Transit and covers nine counties. The Department manages that model through a newly executed performance contract where the program's operational risks are shared and the issues and problems of the previous contractor have been dealt with by instituting clearer performance standards and closer monitoring. The contractor reports performance data monthly to the Department and it is regularly reviewed by State staff. There presently is 1.0 FTE designated with the responsibility for overseeing the NEMT program. This includes monitoring the State managed broker contract as well as the 55 county NEMT programs. All NEMT administration responsibilities, including NEMT eligibility verification, development of NEMT eligibility medical transportation options and resolving access problems, reside at either the State managed broker or the county levels. In the case of the 55 counties, this also includes the decision of

whether or not to form a multi-county collaborative as well as how to fund it given their county administrative funding constraints.

When the Department receives an NEMT complaint, it is forwarded to the county NEMT program to investigate. This investigation usually consists of contacting the responsible county to review and discuss the issue, and it is ultimately the responsibility of the county to respond to the source of the complaint. On those occasions when a county asks the State for policy clarification or advice, the State NEMT staff person directs both County Departments of Human Services and transportation providers to the above online references.

The State's MMIS Performance data systems pose some limitation in data consistency that will be discussed in other parts of this response. In addition to data system constraints, both the Department and the counties have had to deal with other chronic performance challenges in NEMT program administration including:

- managing the county administrative allocations to adequately cover all of the various different programs the counties are mandated to provide at the local level
- responding to consumer and advocate complaints
- addressing problems associated with the lack of transportation providers, especially in rural areas, and
- county boundaries that inhibit transportation resource sharing

## **THE EMTS PROGRAM**

Medicaid only provides reimbursement for emergency transportation services (EMTS) if the patient is taken to the hospital. If the patient declines transportation, Medicaid will not reimburse the EMTS for the initial call. The Department and its partners are engaged in several initiatives in an effort to help prevent the overuse of emergency services.

In the Department's ACC program, the RCCO Region 7 Community Care of Central Colorado, is partnering with the Colorado Springs Fire Department (CSFD) and its CARES program to prevent the overuse of emergency services. CARES is a partnership between CSFD, local hospitals and the RCCO to respond differently to community members who rely on the overburdened emergency response system for non-emergency or potentially preventable health needs. CARES helps RCCO members like Christy, who relied on emergency services for help better found elsewhere.

Christy had an alcohol problem that made it difficult to function. She made 56 emergency calls to 911 in one year, including 10 calls in the month of June. There was a structural fire that started when she was under the influence of alcohol and fell asleep with food on the stove, and another fire that began when she had fallen asleep while smoking. During the same time, she was admitted to the hospital six times for physical problems related to alcohol abuse.

Some of Christy's 911 calls were true emergencies and some were not, but all were preventable. CARES staff knew that it was unsustainable to have Christy continue to use emergency services in this way. They worked with their region's RCCO, Community Care of Central Colorado, to find her the help she really needed. It is part of a partnership between CARES and the Region 7 RCCO to find solutions to the overuse of emergency services.

“This is a community effort in response to a community-wide need,” said Kelley Vivian of Community Care of Central Colorado. “Our community wants emergency service resources to be used for true emergencies, and the right help to go to those who have health needs best served in other ways.”

CARES worked with the RCCO to make arrangements for intensive outpatient therapy and a move to a sober living home. The relationship between CARES and the RCCO works because CARES interacts with members that the RCCO may never have seen, while the RCCO has access to a network of service providers.

Christy is now thriving, attending AA meetings, therapy appointments and doctor appointments. She has a job to pay for her rent at the sober living home, and recently celebrated 60 days of sobriety with members of the CARES team there to share the milestone.

“I would have died,” said Christy, “had CARES not been there to help when I had given up on myself.” The Department is also participating in the Community Paramedicine/Mobile Integrated Healthcare Task Force in an effort to explore the possibility of establishing Community Paramedicine Services in the state of Colorado. These efforts culminated in a report and recommendations to the Colorado State Emergency Medical and Trauma Advisory Council (SEMTAC) on October 8, 2015. The task force determined that establishing Community Paramedicine Services in the state of Colorado would likely require statutory and regulatory changes across multiple State Departments. Minnesota is currently the only state that receives federal matching dollars for offering Community Paramedicine Services.

## LEGISLATIVE REQUEST FOR INFORMATION RESPONSE

The Department considers access to cost effective care critical to improving health outcomes, improving member experience of health care, and lowering costs. In an earlier submitted response to the Joint Budget Committee’s Request for Information #2 dated November 1, 2014, the Department stated:

*“Health care reform, while moving us in the right direction, has also put pressure on Colorado’s health care system in general and on Medicaid provider capacity specifically. Overall, the Department believes that access to cost effective care is available for many Medicaid members, especially those in the Front Range and larger metro areas. Access to both primary and specialty care is more difficult in other parts of the state.”*

Medicaid clients’ access to transportation is vital to their access to health care and unfortunately the same resource limitations in transportation resources apply -- where there are provider shortages and clients who live in outlying areas, there are access constraints.

In this report, the Department has established definitions of key terms and identified data and information that either addresses directly the components of this Legislative inquiry or explains the data limitations that prevent the Department from responding directly. These definitions can be found in the Appendix section of this report. In those cases where data and/or information are not available, the Department has provided information that could be helpful to the JBC in understanding important dynamics of NEMT and EMT services.

Finally, the Department has also provided a Conclusion and Recommendations Section at the end of this legislative inquiry response. The Department is aware of the challenges and problems with Colorado’s NEMT and EMTS programs and has already begun to take steps to improve these services. Similar to other efforts to improve access to health care, the Department is committed to medical transportation

playing a vital role in helping achieve the Governor’s State of Health goal for Colorado to become the healthiest state in the U.S.

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## **NEMT LEGISLATIVE REQUEST: *TIME TO COMPLETE A REQUEST FOR TRANSPORTATION***

**Legislative Request Response Summary:** *Because of the different models and structures used in Colorado to provide NEMT services, transportation request/response time data are not available from a majority of the counties. This is due to the fact that for the 55 counties that are not a part of the State NEMT broker contract do not have State NEMT performance standards, including request/response time, and are not required to collect data in this area.*

*However, in September 2015 the Department completed a survey of the Total Transit and three county collaboratives brokerages, which does have some limited information of transportation request/response time.*

*Additional information is also available on transportation request/response time from Total Transit because the Department does set performance standards and requires reporting from their contractor.*

### **Legislative Request Response Detail:**

There are two sources of information that can partially address the “Time to complete a request for transportation” request:

- the September 2015 Broker Survey, and
- Total Transit monthly data collections and reporting

### **Broker Survey Data**

In an attempt to better respond to the legislative inquiry, the Department conducted a survey of nineteen counties that are a part of the three multi-county collaboratives and Total Transit, which represents an additional nine counties. It was felt that this would at least provide some comparable insight into how NEMT transportation requests are received and responded to. The survey learned the following:

- all three multi-county collaboratives and Total Transit:
  - handle one-way trip and round-trip requests using the same processes
  - track ride completions
  - have policies and procedures for handling *client* “no-shows”
  - maintain a central phone number for clients to contact
- two of the three multi-county collaboratives maintain a central website
- the three collaborative brokers and Total Transit require a range of 24 to 72 hour advance notice for routine transportation requests
- only one of the collaboratives and Total Transit market their services
- only two collaboratives have volunteer driver programs
- while all of them have time-based performance standards for processing and completing a request for transportation, their standards differ – ranging from 24 hours to 72 hours

- Total Transit, which has access to more transportation resources, can handle standing transportation orders that can be booked for an entire year (e.g. dialysis, chemotherapy etc.) or booked through the medical service’s end date (e.g. physical therapy.) Other Total Transit requests can be scheduled in advance from 48 hrs. up to 4 weeks
- the three collaborative brokers and Total Transit also differ in how they handle provider “no-shows”:
  - one Collaborative has no process
  - another collaborative is developing “no-show” policies and procedures
  - Total Transit monitors providers timeliness and places providers with continuing late performance on corrective action
  - one of the collaboratives and Total Transit collect and track client “no-shows” and trip denials data
- San Luis Valley reports that long-distance routine trips can take up to a week to schedule because of rural transportation challenges

**Total Transit Monthly Reporting Data**

During the 11 months of its new contract, Total Transit reports their call center handles annually a total of 223,893 calls with an average of 94.1% call resolution rate.

Of that, Total Transit transports an average of 1,200 – 1,600 clients a day with a 72.4% on-time rate.

**Total Transit Completed Trips**

	<b>Trip Count</b>	<b>On Time</b>	<b>On Time %</b>
Total Trips	332,375	240,589	72.4%

**Related Data and Information:**

The Department also has access to other information and data that might be helpful describing key NEMT program dynamics that affect NEMT request/response time. This additional information comes from the following sources:

- the MMIS
- a county NEMT survey compared to Total Transit performance data

**The MMIS**

The State data systems limitations contribute to the county data collection, reporting and analysis inconsistencies. The current MMIS does not include coding options that are relevant to measuring NEMT performance and costs, including request/response time, and the counties make individual, sometimes inconsistent choices in coding their activities. Because of these limitations, it is very difficult for the Department to use State data for program oversight or to respond to performance inquiries such as the NEMT legislative request for information.

It is also difficult to report transportation provider information. The Department has limited or no information on what provider actually performed a service, because of the inconsistency in claims

reporting. Some claims have limited information, others simply list the county or billing entity, and all Total Transit claims simply report Total Transit as the billing and rendering provider.

Other MMIS limitations include:

- county information is limited to the county of client residence, not destination nor origin of trip
- MMIS cannot distinguish client pick-up or drop-off addresses for any NEMT or EMTS trips
- mileage information is available for some procedure codes, but the MMIS can't provide complete mileage information for all trips
- costs in MMIS are purely associated with the cost for the trip. The Department doesn't have administrative costs in MMIS that are paid to brokers for the NEMT claims. There currently is no link between NEMT service and the medical claim that resulted from the trip

The Department is aware of all of these data collection limitations and is migrating to a new MMIS System with a go-live target of November 2016.

### **County NEMT Survey Compared to Total Transit Performance Data**

Because the State-managed NEMT Broker operates under a performance contract, there is more information about Total Transit's NEMT services. With this in mind, the Department recently commissioned a survey of the NEMT programs operated by the fifty-five counties that are not a part of the Total Transit catchment area.

Although this survey was completed before receiving the legislative request for information, it did identify some information that indirectly relates to request/response time, including:

- availability of NEMT transportation
- county NEMT Hours of Operations
- Medicaid Client and/or NEMT provider "no-shows"

#### *Availability of NEMT Transportation*

The availability of transportation resources can greatly affect how client requests for NEMT services are addressed.

- 73% of counties have access to the following transportation resources:
  - Ambulance
  - Non-profit (community-based vehicle)
  - for-profit (primarily taxis)
  - specialized services for the elderly and/or people with disabilities
  - wheel-chair seating
- in contrast, Total Transit:
  - is the single point of contact for clients in their nine-county catchment area and they maintain a website for ease of client access: [www.MedicaidCO.Com](http://www.MedicaidCO.Com),
  - has over 40 contracted and credentialed multiple transportation providers in their network, and
  - maintains and monitors this network to ensure transportation access by:
    - mileage reimbursement
    - public transportation

- taxi
  - sedan
  - minivan
  - wheelchair
  - stretcher
  - ambulance
  - ADA Para Transit Ride Program to address clients with special transit needs
- a majority of the counties indicated that they have the following transportation access problems:
    - all counties are concerned about a lack of transportation provider choices and options, and feel that their Medicaid clients would be better served if they had access to more public, private, non-profit, and specialized services, especially for elderly clients and individuals with disabilities
    - 48% of the counties report they have access to public transportation (primarily bus).
    - counties with the most transportation resource problems are rural, have large geographic distances or challenges (e.g. clients located more than 60 miles from medical services or mountain pass etc.) and federally designated poverty areas in their county boundaries
  - other transportation access challenges reported by counties include: Lack of qualified drivers, aging vehicles, outdated scheduling mechanisms, and remote location of clients
  - the multi-county collaboratives reported problems with:
    - lack of transportation providers who are able to transport children under the age of 18
    - lack of administrative funding for sustaining their collaboratives. One of the collaborative brokerages began as a demonstration program using grant funding and are now struggling to find other avenues for continued funding. The counties repeatedly indicate that their County Administration allocations are too small to carve out funding for sustaining the brokerage, because funding for administering NEMT is included in funding for other county-mandated programs
    - lack of Medicaid providers in the mountain region requires extensive travel for many to reach a doctor and makes cost of getting to a doctor prohibitive unless mileage reimbursement is provided. One county that we currently serve offers no Medicaid doctors within the county and requires a minimum of a 60 mile one way trip to reach the nearest Medicaid-qualified provider.
    - providing specialty care trips to the Denver area, which can be as much as a 200 mile trip one way and take as long as 4 hours to arrive at the destination
    - clients needing last minute transportation with not enough time to get approval
    - getting confirmation of appointments from the Medicaid facilities
    - getting clients to see the closest medical providers
  - there are Public Utilities Commission (PUC) licensing issues that also affect the availability of transportation providers. PUC licensing requirements at Title 40, Article 10.1, C.R.S., governs the PUC's role in regulating providers that provide NEMT transportation and other types of transportation for hire. This requirement has hindered licensing new providers because it allows existing providers the opportunity to file objections that drag out the PUC licensing process both in time and costs

### *Hours of County NEMT Operations*

NEMT hours of operation can also affect transportation access with less variance. 86% of counties operate NEMT services 8am-5pm and only 9% offer 24/7 services. Total Transit's hours of operation are similar – 8am-5pm for scheduling routine trips and 24/7 for urgent transportation or hospital discharges.

### *Medicaid Client and/or NEMT Provider “no-shows”*

The county survey showed a significant difference among the counties:

- 28% of the counties responded “N/A”. It was our impression from county survey comment that counties gave this response because they thought that someone else tracked “no-shows” (the transportation provider or, in the case of the three collaboratives, their broker), or because they didn't collect no-show data
- 18% reported that their broker handled “no-shows”, which included all of the counties that responded to the survey and are a part of a collaborative (see bullet above)
- 18% indicated they had some procedures for handling “no-shows”
- one county (Costilla) indicated a caseworker works directly with clients regarding complaints

Currently, the Department does not have access to “no-show” data for the county NEMT program. This information is critical because transportation providers are particularly concerned about clients who don't show for their transportation appointments and clients cannot access their medical services when their scheduled transportation doesn't arrive. Both of these dynamics contribute to increased health care costs and poorer health outcomes.

- on the other hand, Total Transit maintains a “No Show” Report which covers: whether appointment was a no show or a missed appointment
- if missed appointment, reason for missed appointment
- number of trips denied, by reason denied

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### ***NEMT LEGISLATIVE REQUEST: WAIT TIME FOR A SAME-DAY REQUEST FOR TRANSPORTATION (E.G. FOR A HOSPITAL DISCHARGE)***

***NEMT Legislative Request Response Summary: Similar to the earlier “time to complete a request” query, data are not available from a majority of the counties regarding the “wait-time for same day transportation requests.” Thanks to the September 2015 survey, limited data is available from Total Transit and in September the Department commissioned a brief survey of the three county collaborative brokers in order to respond to this question.***

### ***NEMT Legislative Request Response Detail:***

There are two sources of information that can partially address “Wait-time for same day transportation requests”:

- the September 2015 Broker Survey, and
- total Transit monthly data collections and reporting

## September 2015 Broker Survey

All three of the multi-county collaborative brokers indicated that same-day requests for transportation are challenging. The Northwest brokerage reports that same-day transportation is not generally serviced due to lack of service providers and the amount of time needed to arrange with volunteers. Hospital discharge transition transportation is very difficult to provide even within local communities.

In the Northeast, the brokerage tries to prioritize clients being released from a medical facility or the occasional urgent medical appointment.

In the San Luis Valley, they try to respond to all urgent requests but is on a first-come-first serve basis.

Total Transit has access to more transportation resources and has indicated that they make a significant effort to try and respond to same-day transports. Hospital discharges are always accommodated and urgent trips (with verification) can be handled with less than two days' notice but more than three hours' notice.

Total Transit can manage annual standing transportation orders by calendar year (e.g. dialysis) or extended time requests (e.g. chemotherapy or physical therapy etc.). Regular transportation requests need 48 hour notice and can be scheduled in advance up to four weeks. Urgent (after verification) requests are responded to on the same day.

During their current contract period, Total Transit's request/response time for urgent transportation data is as follows:

Trip Type	Trip Total	On-time Trips	% on Time
Urgent Trips	44,337	29,355	66.2%

All of the collaboratives agree that even with limited capacity for responding to urgent but non-emergency calls, they try to respond to those clients whose conditions have the potential of becoming an emergency if not handled in a timely manner.

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## NEMT LEGISLATIVE REQUEST: *PERFORMANCE VARIANCE BY REGION*

**NEMT Legislative Response Summary:** *The Department has access to some data regarding NEMT performance variation from the following sources:*

- 1. Total Transit performance data collection and reporting,*
- 2. A survey of Total Transit and the three county collaborative brokers,*
- 3. MMIS data, and*
- 4. A county survey of the non-Total Transit counties*

### **NEMT Legislative Request Response Detail:**

As previously described, Colorado's NEMT program is currently administered using three structures:

- a State managed Broker Contract operated by Total Transit that serves the following counties: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer and Weld
- three multi-county collaboratives that have partnered with a non-county Department of Human Services agency act as their transportation broker, and

- a county-administrated system where all other counties operate NEMT locally using a number of different approaches and processes through the County Departments of Human Services

In addition to the differences in the county policies, procedures, performance standards and data collection that were discussed earlier in this response, the Department has access to other information that helps describe performance variation. The response to this part of the legislative information request will cover available performance information in the following categories:

- NEMT organization and supervision at the state level, and
- NEMT at the services delivery levels (Total Transit NEMT Broker Contract, Multi-county NEMT collaboratives and County-administered NEMT Programs)

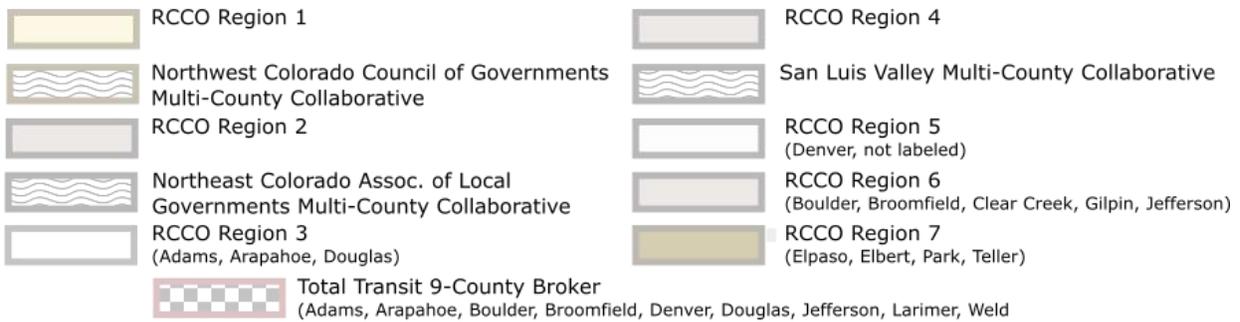
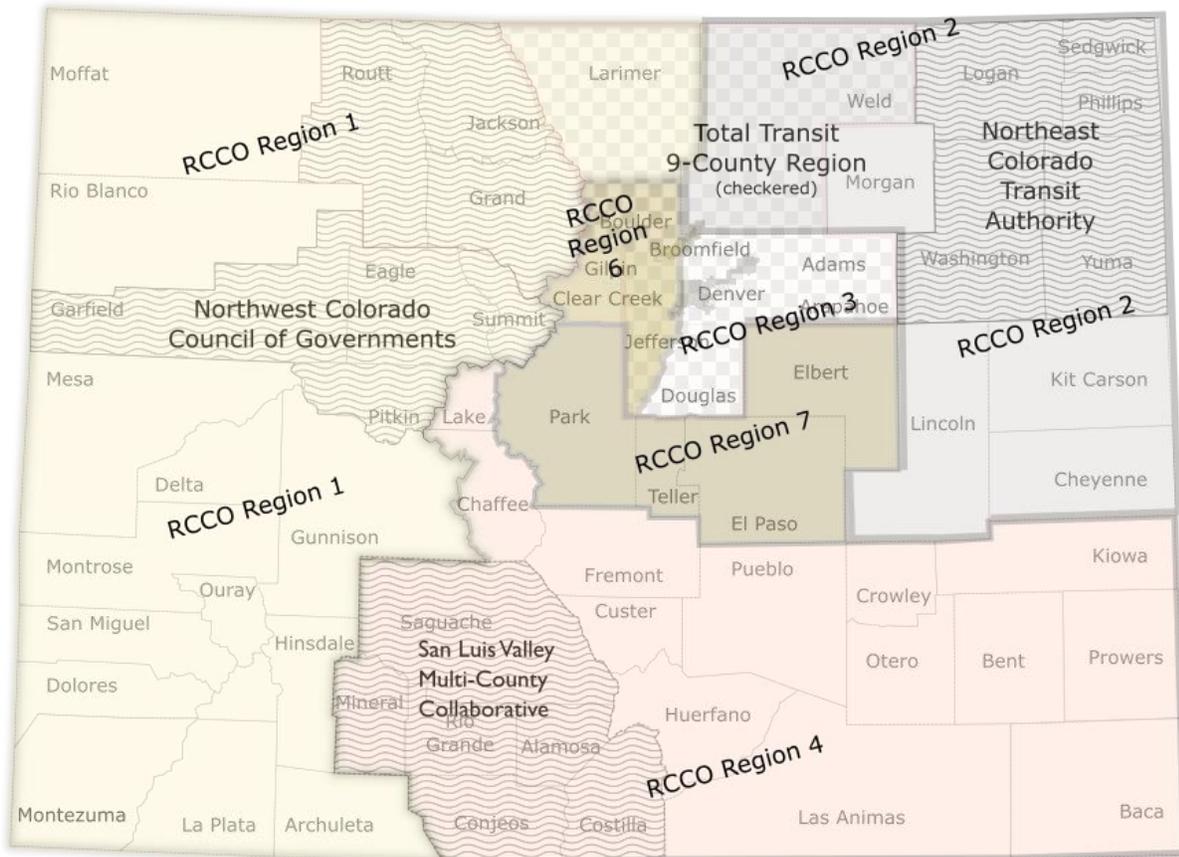
### **NEMT at the State Level**

This report will discuss three state-level elements that affect performance variance at the county services delivery level:

- inconsistent/non-contiguous delineation of NEMT services boundaries
- County administrative funding structure limitations
- inconsistent State performance requirements and oversight between the county-model and nine-county broker model

#### *Inconsistent/Non-contiguous Delineation of NEMT Services Boundaries*

The following map shows the current geographic areas of the RCCOs as compared to Total Transit, the multi-county collaboratives and the county catchment areas.



Because none of the existing health care regional structures have contiguous boundaries, restructuring NEMT services is complicated. The Department is considering a planning process to get stakeholder input on NEMT reform strategies to help choose the most viable administrative model. The Department hopes that the new service delivery structure would:

- provide more cost-efficient use of NEMT services
- provide more consistent administrative oversight
- distribute more equitably the NEMT workload at both the services delivery and state oversight levels, and
- be flexible enough to support creative solutions to address unique local and regional NEMT needs

On a positive note, the NEMT county survey and the multi-county collaboratives found that the counties would support the following top four choices for changing the NEMT services administrative structure:

- transferring NEMT administration to the RCCOs,

- Supporting the Department’s development of multiple regional broker contacts to manage NEMT administration
- partnering with the counties to develop a multi-county regional approach to manage NEMT administration, and/or
- allowing the Department to manage NEMT administration

*County Administrative Funding Structure*

Counties reported in their surveys:

- insufficient funding to administer/manage NEMT or to sustain their multi-county collaboratives. As previously explained, NEMT does not have a separate allocation line item and counties have to carve-out program management resources for NEMT from their total general administrative funding to either manage NEMT services themselves or to contract out administrative functions with a broker. All of the counties and multi-county collaborative brokers reported in their survey responses that the county administrative budgets are “tight”
- workload constraints of county staff to oversee NEMT program. Because of the way counties are funded for NEMT administration, staff are assigned NEMT responsibilities in addition to other human services tasks

*Inconsistent Department performance requirements and oversight processes for the county NEMT programs vs the Total Transit State broker*

From the county survey responses, the Department learned that the following State-level issues affect performance inconsistency:

- the performance standards and clear policies and procedures requirements for the State NEMT broker vs those counties that are managed as a “state supervised/county administered’ system where the counties administer their NEMT services independently are inconsistent. Counties are given only broad performance guidance, limited technical assistance, and no training from the State
- the State does not have adequate resources to consistently monitor county performance, train the counties on NEMT standards, assist counties with complaints, or establish Medicaid client rights and responsibilities where client behaviors are a barrier

**NEMT at the services delivery levels**

As a result of the surveys done of the NEMT programs operated by the fifty-five counties and the additional survey of Total Transit and the multi-county collaboratives, the Department has access to some critical information regarding performance variation, including:

- NEMT policies, procedures and standards
- NEMT data collection
- administrative activities, and
- complaints processing

### *NEMT Policies, Procedures and Standards*

Only eight out of fifty-five counties have any policies, procedures or performance standards on NEMT and the Department and the consultants have no way to determine whether the eight counties' policies cover routine or same-day request/response time.

In contrast to the individual county's limited policies, procedures and performance standards, Total Transit has policies and oversight/tracking methods for the following processes that affect transportation requests and responses:

- client complaint process
- client eligibility verification procedure
- recurring trip process
- client reservation process
- complaint process for providers
- mileage reimbursement process
- out of state travel authorization
- prioritization of types of transportation
- public transit reimbursement process
- trip denial process
- call recording plan
- Department call monitoring plan
- pharmacy eligibility methodology & trip process
- trip types
- ADA Para Transit Ride Program
- transportation provider oversight policy
- request for transportation service - single trip
- request for transportation services - standing order
- medical certification of transportation services
- medical certification of transportation services 25+ miles
- mileage reimbursement verification forms (single trips and standing orders)
- hospital discharge
- daily trip log

### *NEMT Data Collection*

As previously stated, county data collection in general is sparse and none of the counties report that they collect NEMT data on request /response time. The following describes what data are collected:

- approximately 50% of counties collect the minimum data required to process NEMT claims including: reimbursed amount, estimated trips, client count, claims count, paid units, client/member months, eligible clients, average, cost per trip, average cost per client, average cost per claim, average cost per member per month, average trips per client, average claims per client, and percent of eligible clients utilizing NEMT services. These are all data elements that are tied to processing payment of claims as opposed to measuring NEMT performance

- very few counties collect data on:
  - trip denials
  - complaints
  - un-met transportation needs
  - provider “no-shows”

In contrast to the individual county’s limited data collection, Total Transit collects not only the standard MMIS claims information, but also data on the following:

- call center (total number of calls and average response time including calls answered in less than three minutes, after-hour calls, number of urgent calls, average talk and hold times, and number and percent of abandoned calls)
- monthly Trips (trip type, provider, distance, city and county pick-up and drop-off addresses, completed trips, total miles of the one-way trips, total miles of round trips, total number of urgent trips, number & percentage of legs that were provided through the use of public transit mode of transportation requested, mode of transportation authorized, justification of mode of transportation authorized, date and time of medical appointment, referral approval, or denial of transportation with reason if the transportation is denied)

#### *Administrative Activities*

In addition to differences in the county policies, procedures, performance standards and data collection, there were other variances that were uncovered by the county surveys. Counties were not necessarily engaging in the same NEMT administrative activities. For example:

- 64% verify Medicaid eligibility
- 61% process Mileage reimbursement
- 59% bill Medicaid
- 57% verify Medical appointment
- 56% verify whether a client has access to other means of transportation before NEMT service is provided.

There were also differences in county level of effort (e.g. staff time spent) on these NEMT activities, including:

- the average number of hours that counties spend on monthly NEMT activities varies considerably, with 40% of the counties reporting expending 1-20 hours, and at the high end, one county reported it expends 400 hours
- half of the reporting counties (22) reported that between one and three employees work on NEMT activities on a regular monthly basis. This number of employees varied considerably between smaller, rural counties and larger, more populated counties
- NEMT hours of operation varied slightly, but generally was reported as 8 am to 5 pm, Monday-Friday
- it is challenging to provide an average monthly staff cost for all 55 counties for administering NEMT services. One county expends \$5,600 per month in staff costs, while twelve counties (the largest grouping of counties) reported expending less than \$500 per month

## *Complaints Processing*

Counties differed in how they handled complaints, with particular differences between the single and dual county NEMT programs and the multi-county collaboratives:

- a majority of collaborative counties use a combination of county/broker processes to deal with complaints
- 14% of counties utilize an informal process “let’s talk about it and find a solution”
- 14% of counties forward the complaint to the transportation provider or work with the transportation provider to find resolution
- 11% of counties refer complaints for handling by the County Director or County Commissioners
- 11% of counties use their agency formal complaint process
- 9% reported they had no process
- 7% said that complaints are handled by the technician staff

As has been stated before, the Department does not have sufficient resources to assist counties in responding to complaints, nor to provide them with complaint management training. State staff do not have adequate time to play a critical role in complaint investigation and have delegated a majority of the responsibility for this activity to the counties.

In contrast, Total Transit has State contract requirements to develop and maintain complaint policies and procedures and data collection regarding:

- client
- trip identification number
- client's treatment type
- type of complaint. If complaint is lateness, specify amount of time
- transportation provider
- pick-up and delivery location type
- resolution of complaints and any corrective action taken
- information regarding any Client or provider misuse, abuse or fraud

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### ***NEMT LEGISLATIVE REQUEST: ARE PROVIDERS APPROPRIATELY COMPENSATED IF THEY PROVIDE SERVICES ON SITE AND THE PATIENT DECLINES TRANSPORTATION***

Medicaid does not provide any reimbursement for emergency transportation if the patient declines transportation. Unfortunately, this is a problem throughout the country in both the commercial markets and Medicaid. The Department and its partners are engaged in several initiatives in an effort to help prevent the overuse of emergency services. In the Department’s ACC program, the RCCO Region 7 is partnering with the Colorado Springs Fire Department to respond differently to community members who rely on the overburdened emergency response systems for non-emergency or potentially preventable health needs. Additionally, the Department is participating in Community Paramedicine/Mobile Integrated Healthcare Task Force in an effort to explore the possibility of establishing a Community Paramedicine Services in the state of Colorado.

## **CONCLUSIONS AND RECOMMENDATIONS**

While medical transportation could be viewed as simply one of many mandated benefits for Medicaid clients, it also poses critical cross-system policy and cost-containment questions. Medical transportation plays a vital role in client access to health care services at the preventative, primary, and non-emergency tertiary levels, and changes to this program should be considered within this context. Studies show that when clients have more options for transportation to their primary care provider, pediatrician or Obstetrics and Gynecology (OBGYN) provider, they are more likely to use services at lower cost levels and less likely to use higher cost services such as the Emergency Room (ER) or an ambulance.

There are concrete ways in which the findings from this Legislative inquiry report can be used to encourage a broader/more inclusive approach to solving NEMT problems, not just as a stand-alone program but as an integral piece of the policy picture in health care cost-containment and improved health outcomes for the citizens of Colorado. To this end, the Department is focusing on the following strategies for improving NEMT services:

1. Integrating NEMT more closely to other health care access and managed care policies and operations (e.g. the Department's Medicaid Waiver reform, Care Coordination Subcommittee Of The Community Living Advisory Group).
2. Shifting the program to a regional structure at the service delivery level.
3. Migrating to a new MMIS system.
4. Undertaking a study of options for revising the County Administrative allocation methodology including analysis of:
  - the mandated administrative activities that are included in the Regular Administrative Allocation line item
  - state staff concerns about inequities where the present allocations
  - do not differentiate between the 9 counties who are part the state managed Broker Contract and the other 55 counties that operate under a state-supervised/county- administrated structure, and
  - county concerns that their currently stretched administrative allocations will be further reduced to pay for regionalization of NEMT
5. Working more closely with other State agencies that have policy and planning overlaps with Medicaid including: Colorado Departments of Human Services (CDHS), Colorado Department of Public Health and Environment (CDPHE), Colorado Department of Regulatory Agencies (DORA), Colorado Division of Veterans Affairs, Colorado Department of Transportation ((CDOT) transit planning & funding, Rides to Wellness, etc.)), and the Community Living Initiative.
6. Reducing the distances Medicaid clients have to drive to access health care services by working more closely with efforts to increase the number of health care providers in low income and underserved areas (e.g. the Health Care Workforce Initiatives and Resources and Project ECHO Workforce Development efforts to recruit more doctors and providers) with an emphasis on primary care access to better meet the needs of vulnerable, low income, and geographically isolated communities.

7. Developing performance standards that are enforced statewide, building on the performance standards that are in the State managed Broker Contract as well as what has been learned from the NEMT Evaluation Report and the development of the LRFI response.
8. Continuing to work with State legislators interested in the broader issue of health care access and cost-containment to explore ways that NEMT reform can be included in their legislative policy activities.
9. Using the success learned from the Department's stakeholder engagement process with the dental benefits collaborative process, be planning a similar processes for NEMT reform by engaging key stakeholders, by initiating meetings, discussions, focus groups, town hall meetings, and other feedback activities with critical stakeholders including:
  - Medicaid clients and advocates
  - County Commissioners/CCI and other policy makers
  - RCCOs
  - community based-organizations that work with and/or provide services to Medicaid clients,
  - veterans organizations
  - nursing homes
  - Community Mental Health Centers (CMHC's)
  - Area Agencies on Aging (AAA's) and seniors resource services
  - transportation providers
  - Colorado Coalition for the Medically Underserved
  - Colorado Cross Disability Coalition (CCDC) and persons with disabilities
10. Conducting further analysis of the NEMT Evaluation Project Report data and information, including:
  - regional breakdown of transportation resources
  - regional breakout of NEMT county infrastructure (costs, number of staff and staff hours, etc.)
  - regional analysis of NEMT strengths and challenges as reported by all counties, the multi-county collaboratives and the RCCOs
  - Multi-county projects' NEMT strengths and challenges compared to all counties
  - In-depth study of the strengths and needs for improvement with the new nine-county State Broker shared-risk contract
11. Analyzing actual transportation costs to determine whether changes in State Medicaid transportation billing policies and reimbursement fees are warranted.
12. Researching possible future public/private sector partnership solutions to expand transportation options (e.g., using Transportation Network Companies such as "Uber", cost-sharing under-used vehicle capacity similar to the Eagle county project and developing volunteer driver programs).
13. Researching other State NEMT service delivery and financing models regarding:
  - establishing dual classification of NEMT in the Colorado State Medicaid Plan as both a "medical assistance" and an "administration" expenditure

- combining all transportation benefits and managing services as one overall benefit category, and
- seeking additional state and local options to meet the statutory definition of Medicaid match

14. Researching technology options to improve NEMT performance and cost-efficiencies, including:

- use of tele-medicine and electronic medical records to reduce the need for transportation or at least create options for closer medical appointment locations
- use of web-based scheduling where clients book their own transportation
- use of automated regional scheduling, dispatching and billing systems, and
- use of innovative e-payment technologies (e.g., smart cards, pre-loaded funding debit cards etc.)

Because Medicaid only provides reimbursement for EMTS if the patient is taken to the hospital, The Department and its partners are engaged in several initiatives in an effort to help prevent the overuse of emergency services. These efforts are targeted at responding differently to community members who rely on the overburdened emergency response systems for non-emergency or potentially preventable health needs as well as providing an alternative method of reimbursing for EMTS.

All of the initiatives listed above, reflect the Department's commitment to better maximize the state's return on its investment in NEMT services. As has been said in previous responses to legislative requests for information, Colorado is recognized as a leader in health care reform and coordinated care. This is an opportunity for the NEMT Program to play a more impactful role in this reform effort to strengthen the health and wellbeing of our Colorado Medicaid membership.

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### KEY DEFINITIONS

There are numerous terms that are used throughout this report that are unique to Medicaid and the Department felt it would be helpful to provide a framework of common terminology. Words such as “access” and “broker” are subjective terms that can be interpreted differently depending on perspective; however, they are vital to understanding the issues being discussed in this report. The Department has selected the following definitions to help illustrate the various aspects of Medicaid transportation benefit:

**Allowable Expenditures** - those expenditures that the Department deems are allowed or required

**Appointing Authority** - the person with the direct authority and responsibility for appointment of employment, disciplinary action, promotion of, and/or discharge of employment, over another person

**Broker or Brokerage** – an outsourced contract model as a means for providing medical transportation benefits through coordination to control costs, improve service quality, and promote uniform NEMT delivery

**CLAG** - The Community Living Advisory Group Final Report

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- **Components of access to care** - the various factors that impact an individual’s ability and willingness to obtain timely, appropriate health care. In the context of this report, “transportation” is a key access component

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- **Commercial Lodging** - a hotel, motel, resort or public inn as defined in Section 12-44-101, C.R.S. or a bed and breakfast as defined in Section 12-47-103, C.R.S.

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- **Cost effective care** - a measurement of health care delivery that focuses on overall health care value. Cost effective care is care that impacts the near and long-term health outcomes of a client. Because there is a close relationship between the availability of transportation and access to health care, transportation is viewed as a cost

**County administered NEMT structure** - a system where counties operate NEMT locally using a number of different approaches and processes with the county Departments of Human Services acting as the NEMT administrator

**EMTS** - Emergency Medical Transportation Services for Medicaid clients

**Enhanced NEMT Activities** - Medicaid “eligibility determination” related activities which are approved by CMS for a 75% Federal Financial Participation (FFP)

**HCBS** - Home- and Community-Based Services

**Indirect Cost Rate Proposal** - the documentation prepared by a governmental unit or component thereof to substantiate its request for the establishment of an indirect cost rate as described in Attachment E of Office of Management and Budget (OMB) Circular A-87

**LTSS** - The Long-Term Services and Supports delivery system

**Medicaid client transport** - a motor vehicle that transports passengers who are recipients of Medicaid and are being transported under a Medicaid NEMT contract

**Maintenance of Effort** - a requirement that a county department of social/human services must maintain a specified level of financial effort in a specific area in order to receive federal grant funds

**Multi-county collaboratives** - regional agreements where multiple counties voluntarily band together to form a partnership with a non-county department of human services agency (e.g. a Regional Council of Government or a community-based agency) that acts on the counties' behalf as their "regional" transportation broker. Currently Colorado has 3 of multi-county collaborative that involve a total of 19 counties

**NEMT** - Non-Emergent Medical Transportation for Medicaid clients

- **NEMT outcomes** - attaining access to health care (e.g. being designated as Medicaid eligibility), gaining entry to the health care system and care sites where members can receive needed services (i.e. access to Medicaid providers), or finding providers to meet member needs and with whom members can develop relationships (e.g. medical homes)

**NEMT Trip Denial** - Medical transportation services that are not provided because the person is not Medicaid eligible, who is enrolled in a Medicaid program that does not have transportation benefits or whose transportation request does not meet routine or urgent transportation criteria

**Non-enhanced or Regular NEMT** - all other FFP Medicaid maintenance and operations activities which are approved by CMS for a 50% federal Financial Participation (FFP)

**Random Moment Sampling** - the federally approved cost allocation method that documents the efforts expended in support of programs in order to receive reimbursement for the expenditures. This sampling is used to determine the county Departments of Human Services administrative allocations

**RCCO** - Regional Care Collaborative Organizations that connect Medicaid clients to Medicaid providers and help clients find community and social services in their area

**Recipient** - Recipient means any individual or group of individuals who is receiving or has received benefits from programs of medical assistance administered or supervised by the Department

**Recipient Agency** - a non-federal entity that expends federal awards received directly from a federal awarding agency to carry out a federal program.

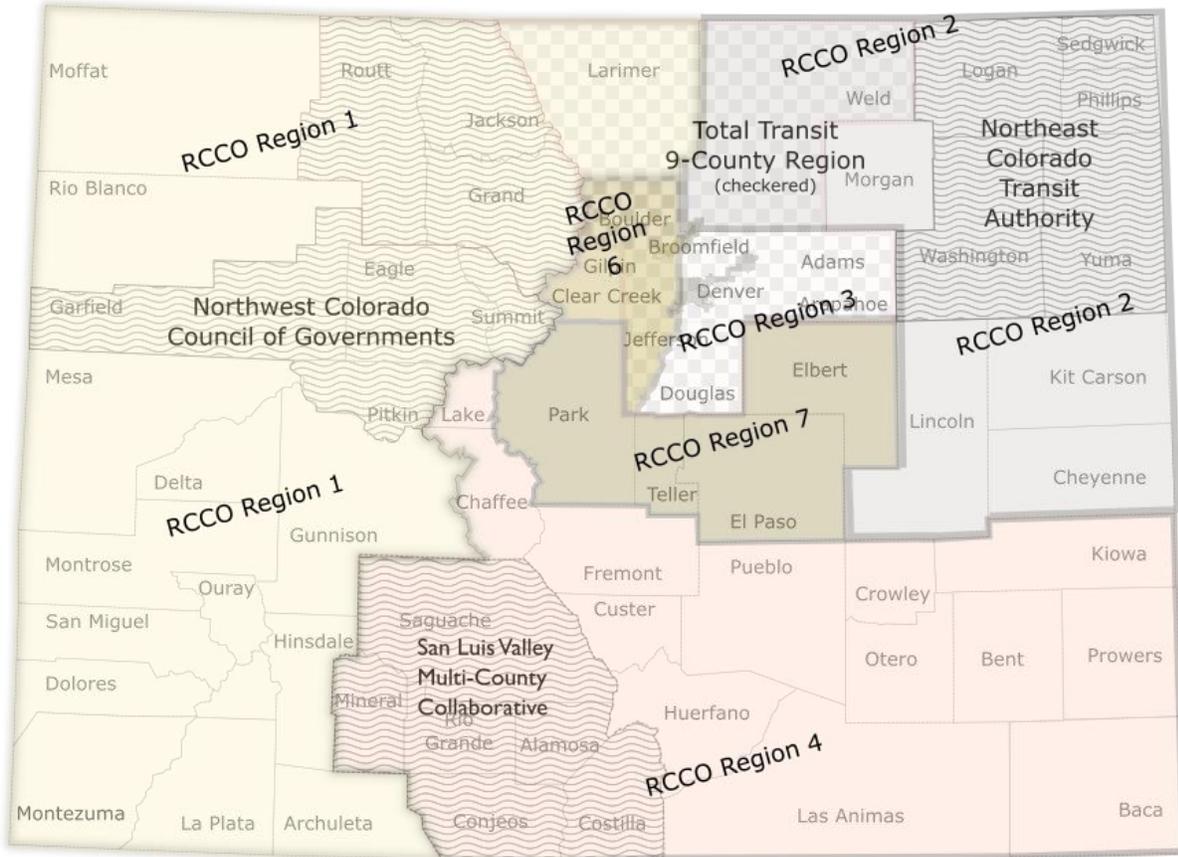
**Reimbursable Expenditures** - are supported in whole or in part by State general fund, federal (Pass Through) or a combination of State and federal money

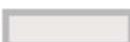
**State Managed Broker Contract** - a contract issued through a competitive bidding process by the Department to manage NEMT services on behalf of designated Colorado counties. Currently that contract is operated by a company called Total Transit and serves the following counties: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer and Weld

**Sub-recipient** - a non-federal entity that expends federal awards received from a pass-through entity to carry out a federal program, but does not include an individual that is a beneficiary of such a program. A sub-recipient may also be a recipient of other federal awards directly from a federal awarding agency

# REGIONAL MAPS

## State Map

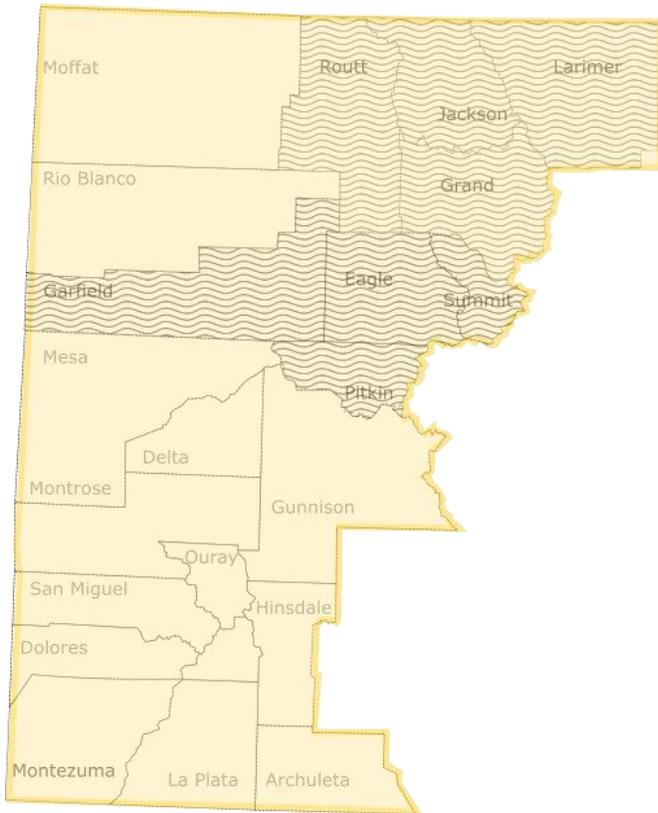


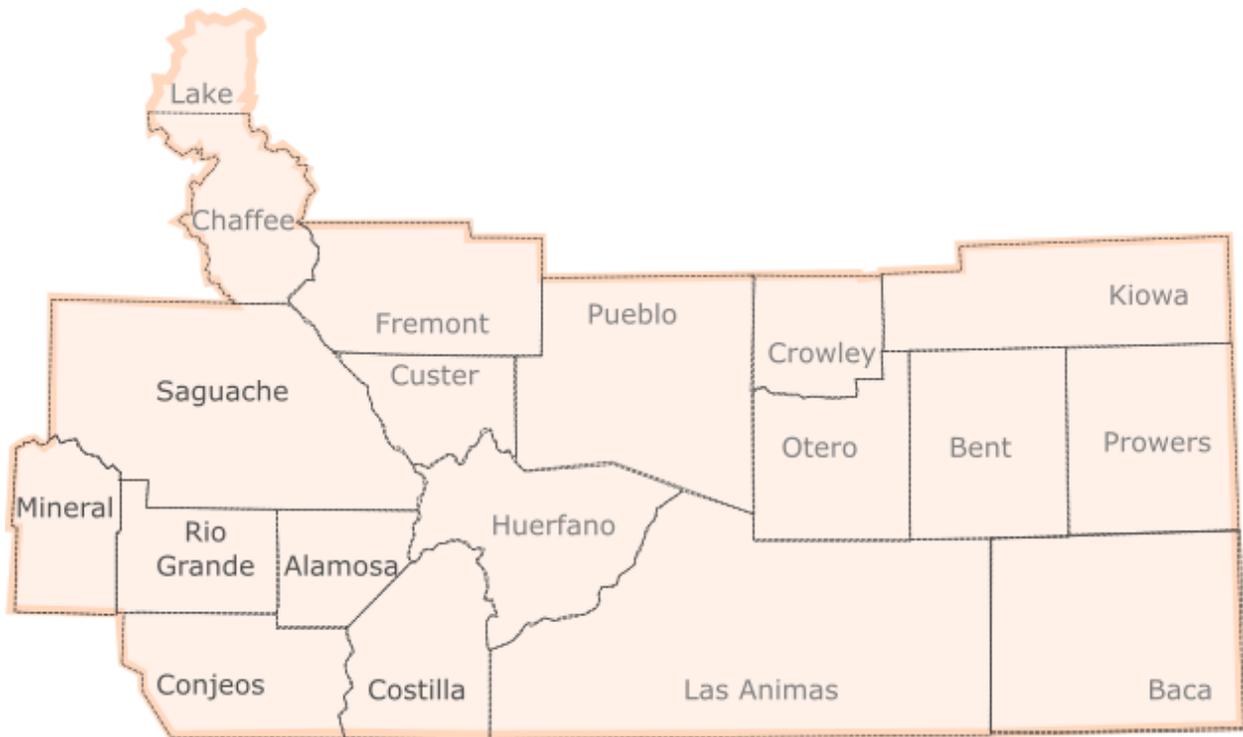
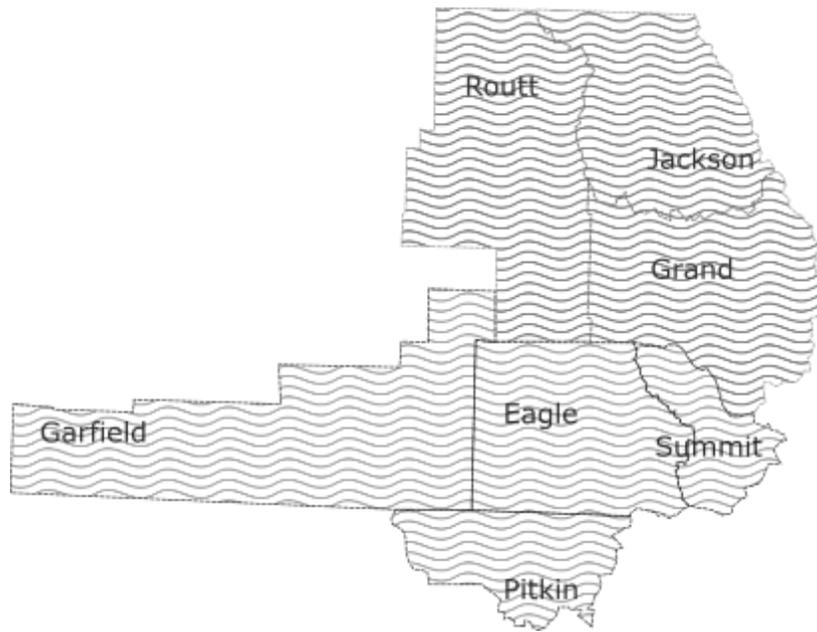
- |   |  |   |  |
|---|--|---|--|
|  | RCCO Region 1  |  | RCCO Region 4  |
|  | Northwest Colorado Council of Governments<br>Multi-County Collaborative  |  | San Luis Valley Multi-County Collaborative                             |
|  | RCCO Region 2  |  | RCCO Region 5<br>(Denver, not labeled)                                 |
|  | Northeast Colorado Assoc. of Local<br>Governments Multi-County Collaborative                                       |  | RCCO Region 6<br>(Boulder, Broomfield, Clear Creek, Gilpin, Jefferson) |
|  | RCCO Region 3<br>(Adams, Arapahoe, Douglas)  |  | RCCO Region 7<br>(Elpaso, Elbert, Park, Teller)                        |
|  | Total Transit 9-County Broker<br>(Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer, Weld) |   |  |

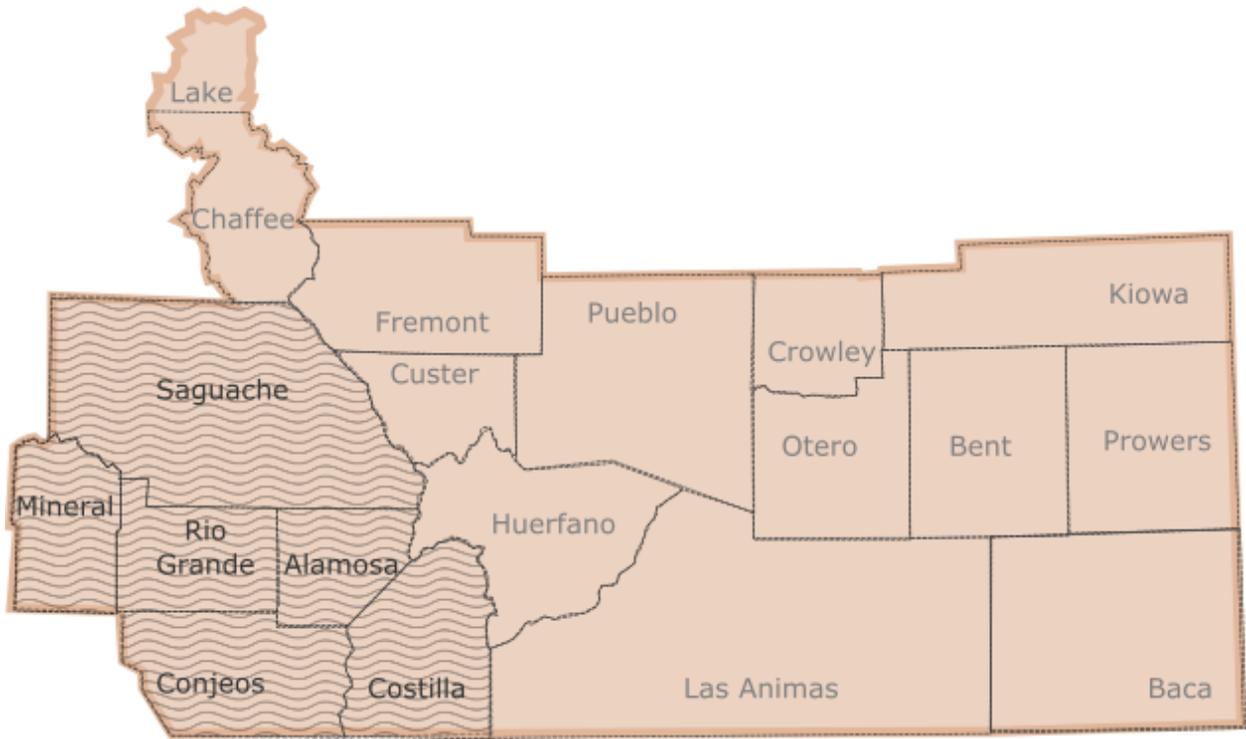
Total Transit Catchment Area



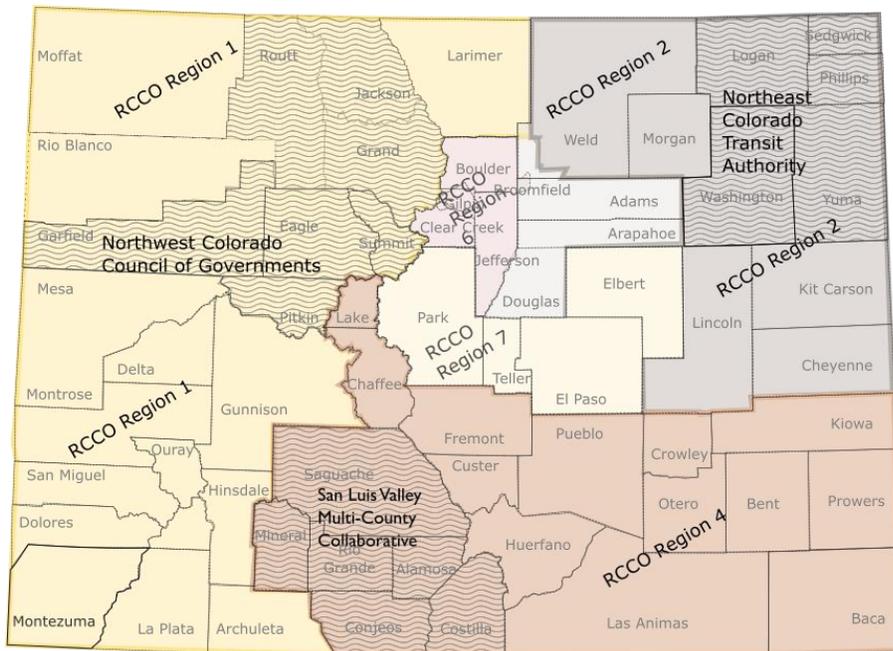
Multi-county Collaborative Maps







RCCOs



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## SURVEYS

The following are two survey templates. The first was used to survey the Multi-county collaboratives and Total Transit Broker contract, and the second is the survey that was used to survey the 55 counties that fall outside of Total Transit’s catchment area.

### **Colorado Department of Health Care Policy and Financing Survey of NEMT Multi-county Collaboratives**

*August 24, 2015*

#### **INTRODUCTION**

The Colorado Department of Health Care Policy and Financing (HCPF) is continuing to seeking more information to assist them in responding to a Legislative Inquiry about Colorado’s NEMT Program. Earlier, HCPF conducted a survey of the county departments of human services. In that initial survey, the Department learned about 3 multi-county collaboratives that have formed to act as a sort of “brokerage” and now they would like to hear more about this creative approach! The Department would like to learn from you:

- how your multi-county collaborative works
- what challenges your collaborative faces implementing the NEMT program, and
- what recommendations you would like to make to address NEMT program challenges

*Your feedback is critical to helping HCPF learn more about how to improve the NEMT program!*

To insure consistency, HCPF has engaged *DEY Consulting Services* to administer and compile this 2<sup>nd</sup> survey. There are 10 questions, and we expect the survey will take approximately 30 minutes to complete. *We cannot over-emphasize how important your feedback is to us and how very much we appreciate your time and effort to help us explore ways to improve NEMT.*

The survey is in Microsoft Word Table format. Each question has its own table with the question in the 1<sup>st</sup> row of the table and a space provided in the 2<sup>nd</sup> row for you to type your response. Because it is a Word Doc. Table, the response space is flexible enough to accommodate whatever length or type of information you wish to share.

<b>QUESTION #1</b> <i>In case we need to get back to you, please give us your contact information.</i>
<b>RESPONSE #1</b> Name:  Agency:  Address:  Phone:  Email:

QUESTION #2

***Please list the counties who are part of your NEMT collaborative.***

RESPONSE #2

QUESTION #3

***What activities does your agency perform to coordinate "broker" NEMT activities for these counties?***

RESPONSE #3

Administrative Activities

- Maintains central phone number to schedule trips
  
- Maintains a website with NEMT information
  
- Maintains a website to schedule trips
  
- Is a single point of contact for clients or for people working on behalf of clients to request transportation
  
- Develops and maintains a network of transportation providers to provide transportation options for clients
  
- Has actual contracts with transportation providers to provide service
  
- Verifies client Medicaid eligibility
  
- Verifies Medical appointment
  
- Verifies whether client has access to other means of transportation before NEMT service is provided
  
- Markets NEMT program and does community outreach and if so how?
  
- Arranges/schedules NEMT transportation for clients
  
- Bills Medicaid for NEMT expenses

- Processes mileage reimbursement for Medicaid clients or to transportation provider agency
- Coordinates or works with a volunteer driver program
- Other?

#### QUESTION #4

***The next set of questions are an attempt to get a better understanding of what happens from the time a Medicaid patient needs transportation to the time they actually get transportation assistance. Please respond to each of the following:***

#### RESPONSE #4

- How much advance notice is required for routine transportation requests?
- How long does it take on average to schedule a routine transportation ride with a provider and confirm the ride arrangements with the client
- Do you provide “same-day” transportation and if so, how are these requests handled? (E.g. a ride home from the hospital discharge).
- Do you provide other “urgent” but non-emergency medical transportation?
- Do you track ride completions?
- Is there a difference between how you handle one-way vs round-trip transportation requests?
- Do some transportation requests take longer to schedule than others (e.g. requests for wheelchair assistance, or requests from clients who live in remote areas etc.)?

QUESTION #5

***Please explain your process for handling clients who do not show up for their ride appointment?***

RESPONSE #5

QUESTION #6

***Please explain your process for handling transportation providers timeliness including being late and/or not showing up for their ride appointment?***

RESPONSE #6

Provider Late Arrivals:

Provider No Shows:

QUESTION #7

***Please describe what NEMT data you collect using the list in the response box below. Please feel free to list additional data you collect using the "Other" category:***

RESPONSE #7

Please check all of the data collection options that apply:

- Trip purpose (pharmacy, medical appointment, etc.)
- Number of one-way trips
- Number of trips by each transportation agency or provider
- Type of client (child, persons with disabilities, adult, Medicaid eligibility criteria etc.)
- Number of complaints
- Types of complaints
- Number of trip denials
- Types of trip denials
- Number of client "no-shows"
- Number of transportation provider "no-shows"
- Trip request/response time
- Transportation needs that currently cannot be met
- Other [blank space for filling in response]

QUESTION #8

*Do you have time-based standards for processing and completing a request for transportation?*

RESPONSE #8

QUESTION #9

What are the biggest challenges you face in providing NEMT services in your area?

RESPONSE #9

QUESTION #10

*What recommendations do you have for improving NEMT services?*

RESPONSE #10

***THANK YOU FOR YOUR TIME AND FEEDBACK!***

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## **SURVEY of non-Total Transit Broker counties NEMT Programs**

**May 7, 2015**

### **INTRODUCTION**

The Colorado Department of Health Care Policy and Financing (Department) is seeking feedback from counties on the Non Emergent Medical Transportation (NEMT) Program. The Department would like to learn from you:

- how your county has implemented the NEMT program in your community,
- what challenges your county faces implementing the NEMT program, and
- what recommendations your county has to address NEMT program challenges.

Your feedback is critical to the development of recommendations for the Department on how to improve the NEMT program.

The Department has engaged DEY Consulting Services to administer and compile survey feedback from counties. There are 18 questions, and we expect the survey will take approximately 30 minutes to complete. **Each survey is uniquely tied to an email address, so *please do not forward*.** You can stop and restart your survey at any time, if needed. We cannot over-emphasize how important your feedback is to us and very much appreciate your time and effort to help us explore ways to improve NEMT.

**1) What county do you represent?**

Drop down menu of counties one choice

**2) Are you part of a multi-county NEMT effort? Yes/No**

If yes, identify the counties involved. Drop down menu, multiple selections available.

**3) What “activities” does your county perform to provide NEMT services?** Please fill out the following table with all applicable NEMT activities. Please add any additional relevant activities that are not listed below.

NEMT-SPECIFIC ACTIVITIES	THIS ACTIVITY IS DONE BY			WE HAVE WRITTEN POLICIES & PROCEEDURES ABOUT THIS ACTIVITY
	COUNTY	TRANSPOR-TATION PROVIDER	TRANSPOR-TATION COORDINATION VENDOR or BROKER	
a. Maintains central phone number to schedule trips				
b. Maintains a website with NEMT information				
c. Maintains a website to schedule trips				
d. Is a single point of contact for clients or for people working on behalf of clients to request transportation				
e. Has contracts with transportation providers to provide service				
f. Verifies client Medicaid eligibility				
g. Verifies Medical appointment				
h. Verifies whether client has access to other means of transportation before NEMT service is provided				
i. Develops and maintains a networks of transportation providers to provide transportation options for clients				

j. Markets NEMT program and does community outreach				
k. Conducts community outreach to promote the NEMT program				
l. Markets NEMT program using social media				
m. Arranges NEMT transportation for clients				
n. Bills Medicaid for NEMT expenses				
o. Processes mileage reimbursement Medicaid clients or to transportation provider agency				
p. Processes mileage reimbursement to transportation provider agency				
q. Coordinates or works with a volunteer driver program				
r. Other (Please list and complete all columns for each additional activity)				

4) **Explain your process for handling clients who do not show up for their ride appointment?**

[blank space for narrative response]

5) **Explain your process for handling complaints regarding NEMT services (complaints about or from clients, and about or from transportation providers)?**

[blank space for narrative response]

6) **What types of transportation are available in your county to Medicaid clients?**

- For-profit (e.g., taxis)
  - Non-profit (community-based vehicle)
  - Specialized services for the elderly and/or people with disabilities
  - Wheel-chair seating
  - Bus service, passenger train, and ambulance.
  - Bus service
  - Passenger train
  - Ambulance
  - Veterans transportation services
  - Veterans reimbursement for providing their own transportation
- Other (please describe):

7) **What types of transportation do you need but do not have resources to provide?**

[blank space for narrative response]

**8) What is the average number of hours your county spends on monthly NEMT activities (refer back to activities described in Question #3)?**

[blank space for filling in response]

**9) How many staff work on these same NEMT activities?**

[blank space for filling in response]

**10) What is the average monthly staff cost for your county to administer NEMT services?**

[blank space for filling in response]

**11) What are your hour's operation for NEMT services?**

- 8-5 p.m., Monday-Friday
- 8-5 p.m., Monday-Saturday
- 8-5 p.m., Monday-Sunday
- 24 hours/7 days week
- Other [blank space for narrative response]

**12) What data do you collect on NEMT? Check all that apply.**

- Trip purpose (pharmacy, medical appointment, etc.)
- Number of one-way trips
- Number of trips by each transportation agency or provider
- Type of client (child, persons with disabilities, adult, Medicaid eligibility criteria etc.)
- Number of complaints
- Types of complaints
- Number of trip denials
- Types of trip denials
- Number of client "no-shows"
- Number of transportation provider "no-shows"
- Transportation needs that currently cannot be met
- Other – [blank space for filling in response]

**13) What do you think is working well with your NEMT program?**

[blank space for filling in response]

**14) What are the biggest challenges your county faces in providing NEMT services?**

Check all that apply. Please list other major challenges your county encounters not provided.

- Insufficient funding to administer or manage NEMT
- Lack of transportation providers
- Lack of county staff to oversee NEMT program
- Workload of county staff to oversee NEMT program
- Lack of qualified drivers
- Remote location of clients
- Lack of staff training
- Scheduling
- Dispatching
- Client special needs' issues

- Client demands/expectations or inappropriateness of client behaviors
- Aging vehicles
- Other [blank space for filling in response]

**15) If adequate funding were available, what solutions for improving NEMT would you support:**

- Partnering with other counties to develop a multi-county regional approach to manage NEMT administration
- Allowing the Department to manage NEMT administration
- Allowing the Regional Care Collaborative Organizations to manage NEMT administration
- Expanding the current 9-county Broker contact to include all counties to manage NEMT administration
- Supporting the Department's development of multiple regional broker contacts to manage NEMT administration
- Other [blank space for filling in response]

**16) What NEMT policy changes (at the state or county level) would you like to suggest?**  
[blank space for narrative response]

**17) Are there additional aspects of the NEMT program that need to be improved that have not already been mentioned? Please provide what needs to be improved and any recommendations you have to address the issue.**  
[blank space for narrative response]

**18) Please provide any additional comments that will help us better understand your survey answers, or that you think will help us learn more about NEMT services in your county.**  
[blank space for narrative response]

***THANK YOU FOR YOUR TIME AND FEEDBACK!***