



# Benefits Collaborative Questions & Answers: Transportation Services

This document summarizes:

- Stakeholder questions regarding the Colorado Department of Health Care Policy & Financing's (Department) efforts to define the Emergency Medical Transportation (EMT) and Non-Emergent Medical Transportation (NEMT) Benefits, and to author an NEMT Request for Proposals (RFP), through the Benefits Collaborative process; and
- Suggestions made during the Benefits Collaborative process to improve draft EMT and NEMT benefit coverage policy and the NEMT RFP.

Below each item, the Department has provided an *interim* response.

**Important Note:** There are several stages of the Benefits Collaborative process through which EMT and NEMT draft policies must still pass. This document is a snap-shot of the Department's position as of 9/26/2018 and should not be read as a final policy determination.

## General Questions & Comments

### Item 1

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Where can I find the draft EMT and NEMT benefit coverage policies being reviewed through this process?

- The first drafts of the [EMT revised rule](#) and [NEMT revised rule](#) are posted on the [Benefits Collaborative webpage](#), under the January 8, 2018 meeting heading.
- Second drafts of the [EMT revised rule](#) and the [NEMT revised rule](#) were shared with stakeholders on 5/24/2018. Revisions incorporated some of the stakeholder feedback captured within this document. Further revisions may be made once research into all



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feedback is completed. The second drafts of the [EMT revised rule](#) and the [NEMT revised rule](#) are posted on the [Benefits Collaborative webpage](#), as follow up items under the March 5, 2018 meeting heading.

- **IMPORTANT NOTE:** On 8/8/2016, the Department announced that it will no longer author Benefit Coverage Standards. Instead, the Department will document coverage policy in plainspoken rule. The format of the draft policies above reflects this change. Refer to the 8/8/2016 [Benefits Collaborative Process Update](#) for more information on this change.
- Once the Transportation Services Benefits Collaborative process is complete and changes to the EMT and NEMT rules have been adopted, the Department will remove the existing [Ambulance Services](#) and [NEMT Services](#) Benefit Coverage Standards from the [Department website](#).

## Item 2

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Can definitions of terms within the EMT and NEMT draft rules be aligned across services including, where possible, with the Non-Medical Transportation rule?

- Yes, the Department edited the definitions found in the first drafts of the [EMT revised rule](#) and [NEMT revised rule](#), which were initially shared in the 1/8/2018 Benefits Collaborative meeting, to ensure definitions of terms are aligned across EMT and NEMT regulations. Refer to the revised drafts of the [EMT rule](#) and the [NEMT rule](#), shared with stakeholders on 5/24/2018.
- The Department reviewed defined terms within the Non-Medical Transportation (NMT) rules at 10 CCR 2505-10 8.494 and 8.500.94.A (8) and determined that present definitions align.

## Item 3

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Communication about transportation options is lacking in the rural mountain region.

One stakeholder stated that there is a general lack of information about the availability of NEMT services, and how to access them, on several county websites and on the Rocky Mountain Health Plans (RMHP) website.

- While the decision to include certain content on a county website is ultimately a local administration decision, the Department can make a request of counties, and our Regional



Accountable Entities (one of which is RMHP), to consider inclusion of specific content.

- The Department requests that stakeholders share what specific information they feel is most important to include in such a request.

## Item 4

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Several stakeholders wrote to the Department, after the 1/8/2018 Transportation Services Benefits Collaborative meeting, requesting that the Department include language in both first drafts of the [EMT revised rule](#) and the [NEMT revised rule](#) addressing transportation for individuals experiencing a mental health emergency. Comments can be found in-full [here](#).

Feedback included:

Transport, by ambulance, of a person experiencing a mental health emergency, though a covered service, is not a best practice consistent with trauma-informed care.

EMT and NEMT regulations should allow for the transport of individuals experiencing a mental health emergency, but who do not have other medical concerns, by professionals in a secure, unmarked vehicle, also referred to as Secure Transportation Services.

Transportation should be to the nearest psychiatric hospital that has a bed available, rather than to the nearest hospital facility.

- As a result of the feedback above, the Department reached out to the Office of Behavioral Health (OBH), and learned that OBH recently launched a Transportation Pilot Program aimed at meeting the transportation needs of individuals in mental health crisis.
  - The goal of the pilot program is to execute a comprehensive and region-wide secure transportation system for individuals placed on a 72-hour treatment and evaluation hold, individuals on a voluntary status, and individuals who meet certain other specifications, to a higher level of care.
  - The Department plans to review data from the pilot program, once available, and may revise policy based on those findings.
  - To learn more about the OBH Transportation Pilot Program, visit the [OBH website](#).



- As this work progresses, the Department also plans to work with OBH to identify best practices and opportunities for education. For example, we plan to: develop a Frequently Asked Questions (FAQ) document for mental health facilities and other health care providers specific to mental health transportation; and update the Billing Manual(s) to incorporate needed clarifications or examples.
- Presently, language exists within the [EMT revised rule](#) and the [NEMT revised rule](#) that allows for transportation to a facility other than the closest hospital facility, when there is a more appropriate location for the client to receive services.
  - In the second draft of the [EMT revised rule](#), section 8.018.4.B.1.a currently states “transportation to the closest, most appropriate facility”.
  - In the second draft of the [NEMT revised rule](#), section 8.014.4.2 currently states “to the closest qualified provider available to provide the service”. It further specifies, “If the closest provider is not willing to accept the client, the client may use NEMT to access the next closest qualified provider”.
- As a result of the feedback above, the Department also included the following question to potential NEMT contractors within the Request for Information (RFI) published on July 2, 2018 (see Item 26 below for more information on RFI). The Department is currently working through vendor responses, which should help the Department assess additional language to include within the RFP.
  - RFI RESPONSE 10. *Please provide details on how (you) the vendor provides transportation to members with mental health diagnoses to ensure the safety of the member(s) and drivers.*

## EMT Policy

### Item 5

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Can additional detail be added to definitions within the first draft of the [EMT revised rule](#), shared with stakeholders on 1/8/2018, to ensure that definitions align with those found in Colorado Department of Public Health & Environment (CDPHE) rule?

One stakeholder asked if the definition of “inter-facility” can be more clearly defined.



Another asked if the definition of “life sustaining supplies” can be expanded to include things beyond oxygen and oxygen supplies.

A third stakeholder noted that CDPHE is currently reviewing its Chapter Two and Chapter Four rules and the Department should work with its sister agency to ensure all planned changes align.

- The Department requests that stakeholders provide suggested alternative language regarding the definition of “inter-facility” for Department consideration.
- The term “life sustaining supplies” is a reference to the national Healthcare Common Procedure Coding System (HCPCS) procedure code A0422, which is limited to oxygen and oxygen supplies. The Department does not plan to change the definition of the term. In the second draft of the [EMT revised rule](#), section 8.018.4.B.1.d now draws a distinction between “life sustaining supplies” and “Department-approved supplies used during emergency medical transportation” and indicates that both are separately reimbursable when medically necessary.
- EMT providers cannot presently bill for certain drugs administered during transport, which is an oversight within the new Medicaid Management Information System design. Staff are compiling a list of medications that are expected to be onboard an ambulance and are not presently reimbursed. This list will assist staff to make the needed system change.
- The Department received several lists from stakeholders. Based on those lists, the Department updated the Medicaid Management Information System in April 2018 to include the following codes as billable for EMT services:

J7620	J1094	J3010	J1020	J0575
J7611	J7042	J1940	J1030	J2310
J7613	J7060	J1610	J1040	J2950
J2060	J3360	J1630	J2920	J2550
J0461	J1170	J7030	J2930	J2370
J7636	J1200	J2001	J0572	J3030
J7644	J1265	J3475	J0573	J2250
J1100	J0171	J7509	J0574	J2405



- Additionally, EMT provider claims that included any of these codes were reprocessed.
- After the first Transportation Services Benefits Collaborative meeting on 1/8/2018, Department staff contacted CDPHE and began the process of aligning both rule revision efforts. The second drafts of both the [EMT revised rule](#) and the [NEMT revised rule](#) contain the resulting revisions; refer to Item 6 below for an example.

## Item 6

The Provider Eligibility and Responsibilities section of the first draft [EMT revised rule](#), shared with stakeholders on 1/8/2018, states ambulances must be “staffed and operated by at least two Emergency Medical Technicians”, defined as EMT-Basic (EMT-B), while CDPHE rules allow for an EMT-B to be accompanied by a paramedic or volunteer fire fighter. Can the Department match CDPHE’s policy?

- The Department amended section 8.018.3.A.5 within the second draft of the [EMT revised rule](#) to read “Ensure that ground and air ambulances are staffed and operated by at least two EMS providers. One EMS provider must accompany the client at all times in accordance with CDPHE rule at 6 CCR 1015-3, Chapter Four, Section Seven”.
- The Department also incorporated the following CDPHE definition of EMS provider, which does not include fire fighters, but does include paramedics, “EMS Provider means an individual who has a current and valid emergency medical service provider certificate issued by the Department of Public Health and Environment (CDPHE) and includes Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), Emergency Medical Technician Intermediate (EMT-I), and Paramedic”.

## Item 7

Can the Department revisit item seven under the Non-Covered Services section of the first draft [EMT revised rule](#), shared with stakeholders on 1/8/2018, which states that transportation of a client who has been pronounced deceased at the time that the ambulance arrives is not a covered service? Paramedics are not currently reimbursed if a patient dies en route to the hospital; current policy disproportionately impacts rural providers who often must travel further distances.

- The Department does reimburse ambulance providers when patients pass away en route to a hospital; the Department does not reimburse ambulance providers for transportation



of an individual who is pronounced deceased prior to transport.

- The Department modified the language under item seven of the Non-Covered Services section to make this distinction clear. Section 8.018.5.A.7. of the second draft of the [EMT revised rule](#) now states “The following services are not covered or reimbursable...Transportation of a client who is deceased prior to transport”.
- The Department asks any providers who may have received claims denials for transportation of Health First Colorado (Colorado’s Medicaid Program) clients who passed away en route to the hospital to contact [NEMT@state.co.us](mailto:NEMT@state.co.us).

## Item 8

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Can the Department explore allowing emergency medical service (EMS) personnel, once on-scene, to: refer non-emergent patients to other transportation providers; transport patients to alternative facilities, for example, when no other method of transportation is available at 3am; or to practice community paramedicine/community integrated health? This may require revisiting the definition of “alternative care transport”.

- The Department is open to allowing transportation to alternative facilities that provide care to Health First Colorado clients, if allowable under federal EMT and NEMT regulations, and invites feedback on what those facilities would be, and in what circumstances.
- The Department also invites suggestions for alternative language regarding the definition of “facility” in the proposed [EMT revised rule](#).
- The Department allows, but does not currently reimburse, EMS personnel to refer patients and practice community paramedicine/community integrated health.
- On January 1, 2018, CDPHE began accepting license requests for Community Integrated Health Care Services (CIHCS) and Community Assistance Referral and Education Services (CARES). The Department is not currently developing a coverage policy for CIHCS or CARES, but is open to discussing how this might work. Coverage of this service would first require further funding approval by the Legislature.



## Item 9

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Several stakeholders asked the Department to investigate developing coverage policy that would allow ambulance providers to bill for treat and release (T&R) protocols which allow: patients to be treated by EMS personnel without transporting the patient to the hospital; or EMS personnel to refer patients to a health care facility. These stakeholders stated that coverage of T&R protocols would likely result in a cost savings to the State.

One stakeholder noted that coverage of telehealth services, in conjunction with coverage of T&R protocols, could result in a cost savings to the State and asked if the Department could run a pilot to build an evidence-base for the cost effectiveness of such protocols.

Another asked if it could be possible to “treat and refer” to the Health First Colorado Nurse Advice Line.

- The Department allows, but does not currently reimburse, EMS personnel to treat and release/refer patients.
- At a December 2017 Joint Budget Committee hearing, the Department shared that we are open to discussing how this might work. Coverage of this service would first require further funding approval by the Legislature.
- As a result of the feedback above, The Department reached out to other Medicaid states to determine which states allow EMS providers to bill CPT code A0998 (Code description: *Ambulance response and treatment, no transport*). Wyoming reported covering this code, but that no claims had yet been billed. Idaho and Wisconsin also cover this code, but had yet to collect data on the cost and clinical effectiveness of their policies. Washington is in the process of covering the code. Several states are evaluating coverage. The Department plans to look at cost savings and clinical data as it becomes available.
- Stakeholders are invited to share research or data that demonstrates cost savings or clinical outcomes with the Department for consideration.
- The Nurse Advise Line is a patient, rather than a provider, referral service. It provides 24/7 assistance to Health First Colorado clients who need help determining the appropriate level of care for them or their family members. EMS personnel should be



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able to inform clients about the appropriate level of care.

- Qualifying providers are eligible to render telemedicine services as a Health First Colorado benefit. More information about the Telemedicine benefit can be found on the [Department website](#).
- Coverage of a pilot program would also first require funding and approval by the Legislature. Additionally, the Department would need to determine if a Federal Waiver would be required for a pilot program, and if so, obtain the necessary federal approvals.

## Item 10

Denver Health provided recommended changes to both EMT and NEMT policy, after the 1/8/2018 Transportation Services Benefits Collaborative meeting.

Comments can be found in-full [here](#). EMT feedback included:

All supplies used during EMT transport should be reimbursable. Denver Health provided [a list of equipment/supplies](#) to be included in reimbursement.

The responding/treating/transporting EMS crew should be comprised of at least one Colorado State Certified EMT/Paramedic.

Patients should be transported to the most appropriate facility based upon their medical treatment need or patient request and, if none, then to the closest appropriate facility.

The following exclusion should be struck from the first draft of the [EMT revised rule](#), “Transportation of a client who has been pronounced deceased at the time that the ambulance arrives.”

There is need to align the EMT draft rule with CDPHE Rules Chapters Two and Four.

- EMT providers cannot presently bill for certain drugs administered during transport, which is an oversight within the new Medicaid Management Information System design. The Department reviewed the list of supplies provided by Denver Health and other ambulance providers to assist Department staff in making the needed system change. See Item 5 response above.



- The Department agrees that the responding/treating/transporting EMS crew should include at least one Colorado State Certified EMT/Paramedic. See Item 6 response above.
- In the second draft of the [EMT revised rule](#), section 8.018.4.B.1.a currently states “transportation to the closest, most appropriate facility”. This should be based on the patient’s medical need and the provider’s ability to provide care, not patient preference.
- The Department clarified the meaning of the exclusion regarding deceased individuals referenced above. See Item 7 response above.
- The Department aligned the second draft of the [EMT revised rule](#) with CDPHE rule. See Item 5 response above.

## Item 11

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Children’s Hospital Colorado provided the following comment, after the 1/8/2018 Transportation Services Benefits Collaborative meeting.

Children's Colorado is comfortable with the proposed language in draft (EMT) rule and with the points of discussion between the Department and the audience. We are particularly supportive of the Department's proposed language under *Specialty Care Transport and Air Ambulance* reading "closest, most appropriate facility" or "nearest appropriate medical facility." We believe both criteria are important, and appreciate how this language takes both into account.

- In the first draft of the [EMT revised rule](#), shared with stakeholders on 1/8/2018, the definitions of Specialty Care Transport and Air Ambulance did not refer to “closest, most appropriate facility” or “nearest appropriate medical facility”. Nor was this terminology included within the definitions in the second draft of the [EMT revised rule](#).
- However, section 8.018.4.B.1.a of the second draft of the [EMT revised rule](#) clearly states “transportation to the closest, most appropriate facility” is a covered service. See Item 4 response above.



## NEMT Policy

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### Item 12

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The Vehicle Mileage section of the first draft of the [NEMT revised rule](#), shared with stakeholders on 1/8/2018, states mileage reimbursement will only be made for the shortest trip length in miles, except in the event of severe weather, road closure, or other unforeseen circumstances. Can the Department clarify how this requirement should be applied when a client has two appointments on the same day, in different locations, and at different times?

- This section only applies to personal vehicle mileage reimbursement. To ensure clarity of the regulations, the Department amended the title of section 8.014.5.C within the second draft of the [NEMT revised rule](#) to read “Personal Vehicle Mileage Reimbursement”. All references to vehicle mileage reimbursement have been changed accordingly. The proposed change therein will allow the State Designated Entity (SDE) to make an exception to the above requirement, when the shortest distance is impassable due to severe weather, road closure, or other unforeseen circumstances outside of the client’s control and which severely limit use of the shortest route.
- Existing policy requires that the shortest distance should be used to calculate mileage for *each* leg of a trip, which includes multiple stops and multiple trips rendered on the same day.

### Item 13

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The first draft of the [NEMT revised rule](#), shared with stakeholders on 1/8/2018, has stipulations for “children”; to what ages does this refer?

- The Department included the definition of “child” to mean a minor under the age of 18 in the second draft of the [NEMT revised rule](#).



## Item 14

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The Multiple Loading section of the first draft of the [NEMT revised rule](#), shared with stakeholders on 1/8/2018, states, when multiple clients are transported in a single vehicle, no client shall be in the vehicle for more than thirty minutes longer than if the client were transported alone. The Non-Medical Transportation (NMT) benefit (for Home and Community Based Services Waiver clients) requirement is sixty minutes. Is there a way to make those requirements match, so that providers of both services, who wish to comingle rides, may do so?

- Department staff conferred and are unaware of the 60-minute NMT requirement referenced above.
- The Department invites stakeholders to provide any policy documentation or guidance they may have received that references such a requirement.
- See Item 32 response below.

## Item 15

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The Multiple Loading section of the first draft of the [NEMT revised rule](#), shared with stakeholders on 1/8/2018, also states each client must agree to be transported with other clients. This should be the case for clients traveling by taxi as well.

- The Department does not and cannot regulate taxicab requirements, including multiple loading requirements.
- The Public Utilities Commission (PUC) is the regulatory agency that oversees these requirements, which can be found at 4 C.C.R. 723-6, § 6253.
- Complaints about taxicabs in violation of PUC regulations should be reported to the PUC. The [PUC's website](#) contains information on how to file a complaint.

## Item 16

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Stakeholders expressed varying opinions regarding the addition of a Client Responsibilities section in the first draft of the [NEMT revised rule](#).



One stakeholder noted that it is not always realistic for clients to cancel a ride within 24 hours and that this stipulation might best be housed within a guidance document, rather than in rule.

In an email correspondence after the 1/8/2018 Transportation Services Benefits Collaborative meeting, another stakeholder endorsed the inclusion of this section, stating that a requirement that clients cancel appointments is necessary; too many clients state “I forgot” or “I got better and didn’t need it”, when those rides could have been used by other clients. This same stakeholder stated that exceptions should be made, for example, when the client needs to travel to an urgent care or emergency room for treatment.

- The Department amended section 8.014.2.D within the second draft of the [NEMT revised rule](#) to read “Clients must cancel their previously scheduled NEMT trip if the ride is no longer needed, except in emergency situations or when the client is otherwise unable to cancel.”
- The Department invites stakeholders to provide further suggested revisions to the Department for consideration.

## Item 17

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Question received via email after the 1/8/2018 Transportation Services Benefits Collaborative meeting: under section 8.014.4.E.2 of the first draft of the [NEMT revised rule](#), Covered Services, it states NEMT must be provided to the closest provider available. Can counties provide NEMT to clients who can see a provider in the county in which they live but who choose to see a provider in an adjoining county because they used to live in that county and wish to maintain their established provider?

- The Department agrees that policy clarification is needed and plans to add the following additional language to the third draft of the [NEMT revised rule](#) under 8.014.4.E.2.
  - *8.014.4.E.2. NEMT must be provided to the closest provider available qualified to provide the service the client is traveling to receive. The closest provider is defined as a provider within a 25-mile radius of the client’s residence, or the nearest provider if one is not practicing within a 25-mile radius of the client’s residence. Exceptions may be made by the SDE in the following circumstances:*
    - i. *If the closest provider is not willing to accept the client, the client may use NEMT to access the next closest qualified provider.*



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- ii. *If the client has complex medical conditions that restrict the closest medical provider from accepting the patient, the SDE may authorize NEMT to be used to travel to the next closest qualified provider. The treating medical provider must send the SDE written documentation indicating why the client cannot be treated by the closest provider.*
- iii. *If a client has moved within the three (3) months preceding an NEMT transport, the client may use NEMT to their established medical provider seen in their previous locale. During these three (3) months, the client and medical provider must transfer care to the closest provider as defined at section 8.014.4.E.2.a. or determine transportation options other than NEMT.*

## Item 18

Question received via email after the 1/8/2018 Transportation Services Benefits Collaborative meeting: under section 8.014.4.D.2 of the first draft of the NEMT revised rule, Meals and Lodging, can the Department clarify how many per diem days may be approved for an out of town appointment? For instance, if a client on the Western Slope must drive to Denver for an appointment, stay the night, and drive home the next day, should the county approve per diem meals for one day, since the trip takes less than 24 hours?

- The Department agrees that policy clarification is needed and plans to include the following clarifying language within the NEMT Billing Manual when the NEMT revised rules are implemented.
  - *Reimbursement for meals on dates of travel will be paid as follows:*
    - *One third of the per diem rate established by the Department if the client is traveling at least 100 miles one-way and is away for at least four hours.*
    - *Two thirds of the per diem rate established by the Department if the client is traveling at least 100 miles one-way and is away for at least eight hours.*
    - *The per diem rate established by the Department if the client is traveling at least 100 miles one-way and is away for at least twelve hours.*



## Item 19

Question received via email after the 1/8/2018 Transportation Services Benefits Collaborative meeting: under 8.014.4.E of the first draft of the [NEMT revised rule](#), Covered Places of Service, what is the difference between 1. and 3.?

- Section 8.014.4. E.1. of the first draft of the [NEMT revised rule](#) explains that trips must be to Health First Colorado enrolled facilities and for Health First Colorado services that the facility is approved to provide. For example:
  - If a client is traveling to 12345 Wisteria Ln. to see a Health First Colorado enrolled provider, but the provider is not approved to provide services at that location, the trip will be denied.
  - If the provider at the location is enrolled with Health First Colorado to provide Physical Therapy at that location, but the client is traveling to receive allergy injections, that trip will also be denied.
- Section 8.014.4. E.3. of the first draft of the [NEMT revised rule](#) addresses medical services covered by other entities (e.g., private insurance) and explains that travel to receive the service will be covered regardless of which entity pays for the service, so long as: it is a service covered by Health First Colorado; and the provider at the facility to which the Health First Colorado client is traveling is enrolled with Health First Colorado to provide that service at that location.
- The Department amended section 8.014.4 within the second draft of the [NEMT revised rule](#) to read “NEMT must be to service location(s) enrolled with the Colorado Medical Assistance Program to provide the medical services the client is receiving, regardless of whether the medical services will be paid for by the Colorado Medical Assistance Program or another entity.”

## Item 20

Question received via email after the 1/8/2018 Transportation Services Benefits Collaborative meeting: on several occasions hospital staff have not been approved/reimbursed for taxi transport when clients do not fit in their own car (i.e. need to lay flat due to a casting or other procedure). Can this be fixed?

- In Colorado, if a client cannot use their own vehicle, or that of a family member, they may utilize the NEMT benefit.



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- In such cases, the State Designated Entity (SDE) should approve the least costly mode of transportation available that is suitable to the client's condition, as stated in 8.014.6.B. of the second draft of the [NEMT revised rule](#).
- The SDE uses information provided by the person who makes the transportation request when determining the type of vehicle to send. Callers requesting transportation should clearly explain an individual's unique needs.

## Item 21

One stakeholder endorsed the following components of the first draft of the [NEMT revised rule](#) via email, after the 1/8/2018 Transportation Services Benefits Collaborative meeting: adding a Public Rail system option when it makes sense to do this monetarily; requiring a trip report of the transportation provider; and requiring a client show some sort of ID.

- The Department appreciates this feedback and plans to include the first two policy elements; the Department does not plan to require that clients show ID.



## Item 22

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Denver Health provided recommended changes to both EMT and NEMT policy, after the 1/8/2018 Transportation Services Benefits Collaborative meeting.

Comments can be found in-full [here](#). NEMT feedback included:

Remove the requirement that “Each client must agree to be transported with other clients”. Patients may not be comfortable in an unknown situation with unknown persons and forced co-mingled transport may be disruptive to the patients and their health outcomes. These situations may include patients that are combative or uncooperative, behavioral health patients, and critical care patients.

Add, to the Vehicle Mileage section of the first draft of the [NEMT revised rule](#), a way for ride-sharing services to be reimbursed for the accrued mileage for valid and appropriate rides.

NEMT must be provided to the provider with whom the patient has an established relationship or to the closest provider available qualified to provide the service the patient is traveling to receive. We should not be disrupting a patient’s continuity of care by requiring patients to see an unknown provider with whom the patient does not have an established relationship, because they happen to be closest.

Add the following two provisions to the Prior Authorization section of the first draft of the [NEMT revised rule](#), as they pertain to out-of-state travel.

8.014.6. D.1. Prior Authorization shall not be required to be authorized by the State Designated Entity (SDE) if the provider is designated by the Department as an Enrollment site and verifies Medicaid eligibility independently.

8.014.6.D.2 At the request of the Department, a designated enrollment site will submit a log of all trips and patient information the NEMT benefit was accessed for.

- The Department does not believe that removing the requirement that “each client must agree to be transported with other clients” is in the clients’ best interest, nor does it appear to address the concerns noted. The Department clarified, within section 8.014.3.D of the second draft of the [NEMT revised rule](#), that “NEMT providers may transport more



than one client at the same time if...each client agrees to be transported with other clients.”

- As stated in the Item 12 response above, the Vehicle Mileage section of the first draft of the [NEMT revised rule](#) only applies to personal vehicle mileage reimbursement. To ensure clarity of the regulations, the Department amended the title of section 8.014.5.C within the second draft of the [NEMT revised rule](#) to read “Personal Vehicle Mileage Reimbursement”. All references to vehicle mileage reimbursement have been changed accordingly.
- Ride-sharing services are not reimbursable as personal vehicle mileage. Section 8.014.5.C.1 of the second draft of the [NEMT revised rule](#) states “Personal vehicle mileage reimbursement is covered for a privately owned, non-commercial vehicle...owned by: a client, a client’s relative, or an acquaintance, or a volunteer or organization with no vested interest in the client.”
- The Department does not presently plan to pursue working with ride-sharing companies, otherwise known as Transportation Network Companies (TNCs), such as Lyft and Uber, to provide NEMT services to clients. The Department identified several significant hurdles to implementation, and does not plan to pursue this option at present. Provided below is a preliminary list of steps that the Department would need to take to implement the use of TNCs within the NEMT benefit, some of which may be difficult for TNCs to implement.
  - Create a process to ensure that TNC trips are only for covered services and to covered locations.
  - Create a process to ensure that the use of a TNC is the least costly mode of transportation, suitable to the client’s condition.
  - Create a mechanism for the TNC or driver to verify a rider is eligible for NEMT services.
  - Create rates, regulations, and provider requirements for TNCs, including driver requirements to ensure the safety of vulnerable populations.
  - Create a new TNC provider type or specialty within the Medicaid Management Information System (MMIS).
  - Create a payment mechanism within the MMIS to allow TNCs to bill for services.
  - If allowed within the Denver metro area, amend the NEMT broker contract to: account for reduced trip counts; or add TNC as a provider type.
  - If unavailable statewide, seek federal approval to allow regional TNC service.
  - Create a process to ensure access to wheelchair accessible vehicles.
- Presently, NEMT draft policy is to transport clients to the closest available provider *who is qualified* to provide the needed service, not simply to the closest available provider. The Department added the following clarifying language in section 8.014.4.2 of the



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second draft of the [NEMT revised rule](#), “NEMT must be provided to the closest qualified provider available to provide the service the client is traveling to receive. If the closest provider is not willing to accept the client, the client may use NEMT to access the next closest qualified provider.”

- For a Department response regarding allowing NEMT to a provider with whom the patient has an established relationship, see Item 17 response above.
- The Department disagrees with the language suggested for inclusion at 8.014.6.D (Out of State NEMT) in the first draft of the [NEMT revised rule](#). The current State Plan (the Department’s coverage agreement with the Centers for Medicare and Medicaid Services) states “Transportation to out-of-state locations shall require prior authorization and shall be covered when it has been determined, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are not able to be provided by a provider/facility within the state, or when it is the general practice for clients in a particular locality to use medical resources in another state” (i.e., Border Towns).”
- The Department’s Chief Medical Officer, or designee, reviews all out-of-state requests to ensure compliance with regulations, including non-NEMT regulations.



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## NEMT RFP & Broker Contract

### Item 23

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Several stakeholders expressed dissatisfaction with the current NEMT broker contract/contractor.

One stakeholder stated that Federally Qualified Health Center case managers, who call the current broker to schedule rides for patients in need of important primary care follow-up visits, are being denied. Specifically, they are told that the clinic must call to request the ride.

The same stakeholder reported that the current broker does not or cannot open encrypted emails that contain the patient's Medical Cert. of Transportation Services and is unable to receive them by fax.

Another stakeholder who works in an Emergency Department, explained they have been attempting to send mental health patients to an inpatient facility and have been told by the current broker that they do not transport basic life support to other hospitals.

A social worker in a hospital setting shared that, in June of last year, the broker requested a new medical form be submitted for trips over 25 miles, that multiple forms she subsequently submitted online were not received per the broker, and that several complaints she made did not receive a response.

That same stakeholder stated that, when submitting the paperwork by fax or online, there is no notification of whether the form has been accepted or denied, which would be very helpful. She explained she has experienced patients miss appointments because she did not realize they were denied or the paperwork was not completed appropriately.

- The Department thanks stakeholders for sharing their experiences and will use the above to further inform requirements for inclusion in the next NEMT broker contract.
- Presently:



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- A clinic is not required to call to request a client's ride unless it is an urgent appointment. Urgent is defined as less than 48 hours' notice. If the requests mentioned above were not for an urgent appointment, the Department encourages the Federally Qualified Health Center case managers referenced above to send the following information to the current NEMT broker, Veyo, at [co\\_complaints@veyo.com](mailto:co_complaints@veyo.com) for investigation and correction:
  - Phone number used to call Veyo,
  - Date of call,
  - Time of call, if possible, and
  - Client's ID.
- All Veyo employees should be able to open encrypted emails and receive faxes. Veyo reports that there have been instances in which specific emails were not accessible and that this is often due to a glitch in the sender's encryption service. The Department encourages anyone who is told by a Veyo employee that they cannot open an encrypted email or receive a fax to send the above bulleted information to [co\\_complaints@veyo.com](mailto:co_complaints@veyo.com) for investigation and correction.
- Mental health facility-to-facility transports are not presently an NEMT service; they can be arranged directly with an ambulance provider as an Emergency Medical Transportation (EMT) trip. The Department received multiple requests to revisit this policy (see Item 4 response above).
- In June of 2017, the Department and the NEMT Broker jointly determined that all Medical Certificate Transportation Services forms for trips over 25 miles must be submitted in writing directly from the medical facility.
- When a form is submitted to Veyo, either by fax or online, and information is insufficient to approve the trip, Veyo reaches out to the requestor to resolve any information deficiencies. If the contact information of the medical facility making the request is unclear on the form, Veyo sends a denial letter to the Health First Colorado client, which includes appeal rights.
- If complaints mentioned above were sent to [co\\_complaints@veyo.com](mailto:co_complaints@veyo.com) for investigation and correction and were not subsequently resolved, the Department asks that those impacted contact [NEMT@state.co.us](mailto:NEMT@state.co.us).
- The Department invites stakeholders to suggest, by 9/30/2018, RFP questions or contract language that may address the concerns mentioned above for possible inclusion in the new NEMT broker RFP/contract. Department staff are currently drafting the RFP and will take all responses into consideration. When published, the final RFP will be posted for vendor proposals on the [Colorado Vendor Self Service](#)



[website](#).

## Item 24

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Several stakeholders commented on the needs of non-English speakers and how they are not met, or should be met, in the NEMT broker contract.

One stakeholder asked if the future NEMT broker will provide bilingual drivers.

Another stakeholder provided the following feedback to the Department after the 1/8/2018 Transportation Services Benefits Collaborative meeting: while the current broker has interpreters for multiple languages, families do not know how to access the interpreters. For example, the automated system only provides an option for English and Spanish.

That same stakeholder also stated that, while the website can be viewed in different languages, families can't submit online forms, which either show an error message or are not received by the broker.

- The Department thanks stakeholders for sharing their experiences and will use the above to further inform questions/requirements for inclusion in the next NEMT broker RFP/contract.
- The current NEMT broker provides interpreters for 200+ languages, through TransPerfect interpretation services. However, it does appear that callers are presented with only two options (English or Spanish) when they dial 1-855-CO4-NEMT. While it would be impractical for the auto-prompt to include all 200 languages, the Department plans to specify within the new RFP that any such auto-prompt should include an "Other" languages option and include additional languages, such as Vietnamese and Russian.
- As a result of the feedback above, the Department also included the following question to potential NEMT contractors within the Request for Information (RFI) published on July 2, 2018 (see Item 26 response below for more information on the RFI), and is currently working through vendor responses, which should help the Department assess additional language to include within the RFP.



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- RFI RESPONSE 8. *Please provide details on how the vendor ensures members with limited English proficiency are able to communicate with the vendor's staff, providers, and drivers.*
- The Department also invites stakeholders to suggest, by 9/30/2018, RFP questions or contract language that may address the concerns mentioned above for possible inclusion in the new NEMT broker RFP/contract. Current language in the broker contract, which reads “The Contractor shall have the capability to receive and respond to calls from clients who do not speak English, and clients who are hearing or speech impaired” Department staff are currently drafting the RFP and will take all responses into consideration. When published, the final RFP will be posted for vendor proposals on the [Colorado Vendor Self Service website](#).
- The Department encourages anyone who experiences difficulty submitting online forms to send that information to [co\\_complaints@veyo.com](mailto:co_complaints@veyo.com) for investigation and correction.

## Item 25

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Can the Department provide a copy of the current NEMT broker contract and cost of contract, so that stakeholders may better assist the Department in contemplating a statewide approach for inclusion in the Request for (contract) Proposals (RFP)?

- The current [NEMT contract](#), including all three contract amendments, was posted to the [Benefits Collaborative Meeting Schedule webpage](#), under the January 8, 2018 meeting heading, for stakeholder reference. The document includes the cost of the contract.



## Item 26

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Will the future NEMT provider contract be a statewide contract or will the counties outside the metro area continue to be responsible for setting up and administering NEMT at the county level? For example, will counties continue to be responsible for setting up agreements with transportation companies and for making payments?

One stakeholder noted that Pitkin County used to be part of a consortium of counties that contracted with a vendor to coordinate transportation and that, now grant funding has run out, counties are finding it difficult to fund NEMT out of their administrative budget.

Several county representatives remotely participating in the 1/8/2018 Transportation Services Benefits Collaborative meeting, including representatives from Garfield, Pitkin and Routt counties, voiced that they would like to see a statewide NEMT brokerage model.

- NEMT is currently administered by the state designated entity (SDE). There are presently three different types of SDEs throughout the state: (1) County Departments of Human Services administer NEMT in 36 counties; (2) three multi-county collaboratives, consisting of 19 counties, partner with non-County Departments of Human Services to administer NEMT (Northwest Colorado Council of Governments; Northeast Colorado Transit Authority; San Luis Valley Multi-County Collaborative); and (3) the state contracted broker, currently Veyo, administers NEMT services in nine counties (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer, Weld).
- The Department is open to exploring the creation of a 64-county NEMT broker contract (e.g. eliminating the need for SDEs (1) and (2) above), which would work in a similar manner to how SDE (3) above operates now. The Department invites further feedback on moving to a statewide broker model. Expansion to a statewide NEMT broker is dependent on additional funding that must be approved by the General Assembly.
- An SDE is responsible for assuring: the client is eligible for NEMT; the mode of transportation is the least expensive option suitable to the client's condition; no other means of transportation, including free transportation, is available; the ride is to receive covered Health First Colorado (Colorado's Medicaid Program) State Plan services at a Health First Colorado enrolled provider; prior authorization is obtained when required; and notifying the member when NEMT is denied.



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- At the suggestion of stakeholders and with stakeholder input, the Department published a [Request for Information \(RFI\)](#) on July 2, 2018. The RFI (2019000001) is available on the [Colorado Vendor Self Service \(VSS\) website](#); search “NEMT”. The RFI included, among other questions of potential vendors, the following questions, which should help the Department assess the feasibility of contracting a statewide broker or allowing counties to opt-in to a brokerage model.
  - RFI RESPONSE 6: *If a county would like the broker to expand its service area, provide details on how the Vendor would work with counties outside of the Broker’s service area.*
  - RFI RESPONSE 7: *Provide details on how the vendor overcomes obstacles to providing NEMT in regions that are primarily rural and/or mountainous, including ensuring network capacity, timeliness of providers, and communication when cell phone service is unavailable.*
- The opportunity to respond to the RFI closed on August 2, 2018. The Department received responses from four vendors. Those responses are currently being reviewed to inform the writing of the NEMT Broker RFP. Note: per procurement rules, specific RFI responses are not made public until after the RFP is released and an award and contract are finalized.



## Item 27

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The People Centered Transportation Coalition provided the following feedback, after the 1/8/2018 Transportation Services Benefits Collaborative meeting:

The previous broker contract required the contractor to create monthly and annual reports including trip data and consumer complaints, among other things. This information should be made public in a readily accessible form.

There should be both monetary incentives and penalties for meeting baseline performance standards.

The contractor should be required to establish an independent board comprised of both consumers and non-vested providers. The board should be empowered to administer independent customer service surveys, review denials of trip requests, and denials of trip providers to join network.

The contractor should provide the Department an approved comprehensive list of services included in the State Medicaid Plan. Contract language should clearly state that no service approved in the SMP can be denied to an otherwise eligible NEMT user.

In instances where healthcare providers make an alternative transportation choice in the best interest of the client, the contract should provide clear assurances that the provider may be reimbursed with NEMT funds.

The contractor should be required to verify that clients are eligible for Medicaid at any date within the month the trip is requested.

- The reports, as they presently exist, contain significant protected health information; it would be a violation of HIPAA to publish the reports as-is. The Department welcomes input on the data elements that would be valuable to include in public reports. The Department will consider those elements while developing the NEMT Broker RFP.
- The Department invites suggestions, by 9/30/2018, for incentives to include within the NEMT Broker RFP.



- Liquidated damages require the Department to be able to demonstrate that it can approximate the actual harm, in dollars, that would be caused. For state government, this can be difficult to determine. For example, what is the dollar value of harm when a Health First Colorado client misses a dialysis appointment? Without the ability to calculate a reasonable damage amount, there is risk that the liquidated damage would be determined to be what is determined in the State's Procurement Manual and by the Courts to be a "penalty"; the Courts have found that penalties are unenforceable.
- The Department is open to creating an advisory board with a varied stakeholder group and added the following question to the RFI described in Item 26 above, which should help the Department further assess this suggestion. See Item 34 response below.
  - RFI RESPONSE 12: *Please provide details on the vendor's experience with an independent advisory board. What worked and what was challenging?*
- The NEMT Broker is not responsible for establishing coverage policies for Health First Colorado and will therefore not be required to create a list of benefits. However, in response to this feedback, the Department drafted a comprehensive list and is currently investigating our ability to publish it.
- A blanket statement in the broker contract, that specifies all services within the Medicaid State Plan be eligible for NEMT services, cannot be added; many services have coverage limitations, Prior Authorization Request (PAR) requirements, etc.
- The Department cannot include assurances within the broker contract that any transportation provider chosen by a healthcare provider, and in the best interest of the client, will be reimbursed with NEMT funds.
  - The Department must make assurances to the Centers for Medicare and Medicaid services regarding NEMT administration. To meet these assurances, the SDE, including the broker, must follow NEMT-specific policy requirements that many transportation providers cannot meet (see third bullet under Item 26 above for a list of requirements).
  - Nor are Department staff able to oversee adherence.
  - However, the Department recognizes the current gap that exists in services for those who require transportation with less than 48 hours prior notice and we are pleased to announce that we have successfully worked over the past nine months to address this need through legislation (see bullet below).
- In the 2017/2018 legislative session and informed by initial input received through this Benefits Collaborative, the Department worked with stakeholders and legislators on the passage of legislation to create a statewide urgent transportation benefit. Urgent transportation needs include discharge from inpatient, emergency services, and other urgent but nonemergency services. On May 30, 2018, [House Bill 18-1321](#) passed with a



target implementation date of January 1, 2019. Department staff are now working diligently outside of this Benefits Collaborative process to design the initial parameters of the benefit, as specified in the legislation. Questions regarding benefit design can be directed to [NEMT@state.co.us](mailto:NEMT@state.co.us).

- The Medicaid State Plan outlines Medicaid eligibility requirements. Within this federal agreement, there are specific eligibility exceptions and nuances (see pages 65-69 of the [Medicaid State Plan](#)). Although, generally, eligibility doesn't change mid-month for most individuals, this can occur. Therefore, eligibility should be checked on the date of service to ensure coverage. For eligibility questions, please email [Medicaid.Eligibility@state.co.us](mailto:Medicaid.Eligibility@state.co.us).

## Item 28

The People Centered Transportation Coalition reiterated the suggestions in Item 27 above, and provided further feedback, in a letter dated January 12, 2018. Comments can be found in full [here](#).

Further feedback included a list of terms that should be defined in both the NEMT rule and RFP.

- Of the list of terms included, only the term “access” appears in rule. The Department plans to include the following definition of the term within the third draft of the NEMT revised rule.
  - Access means the ability to make use of.
- Of the list of terms included, six appear in the existing NEMT broker contract; they are listed below. To the extent that the Department uses the same terms in the new NEMT RFP and/or contract, it will define each term. Note: Department staff believe that the term “satisfaction survey” is sufficiently explained in section 12.1.3.3 of the existing NEMT broker contract.
  - Planning process
  - Appropriate transportation
  - Quality
  - Outcomes
  - Satisfaction Survey
  - Grievance
- If stakeholders have specific suggested definitions for consideration, the Department requests stakeholders provide them by 9/30/18.



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- Of the list of terms included, 13 do not appear in rule or in the existing NEMT broker contract; they are listed below. If stakeholders suggest their inclusion within the new NEMT RFP and/or contract, please suggest the context in which these terms should be included. To the extent that the Department uses these terms in the new NEMT RFP and/or contract, it will define each term if not sufficiently explained in the section(s) in which they appear.
  - Patient centered
  - Person centered
  - Adequate network
  - Alternative transportation
  - Independent board
  - Periodic survey
  - Responsive
  - Grievance and appeal system
  - External quality review
  - Public report
  - Adequate notice
  - Informed client
  - Limited English proficient (LEP)



## Item 29

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Several stakeholders had questions about NEMT funding. Questions included:

What portion of each county's County Administration Budget Line Item does the State budget to be spent on NEMT services.

Do the nine counties within the current NEMT broker contract (e.g. the nine counties that do not presently coordinate NEMT services) receive reduced funding within their County Administration Budget Lines?

Does the current NEMT broker contract "charge" the nine counties in which the service is provided? And, if so, does the Department contract with each of those nine counties and is the rate based on client usage?

How does the total funding allotted to all counties that administer their own NEMT services compare to the projected cost of a statewide (e.g. 64 county) NEMT broker service model?

- The amount of county administration allocation dollars available differs across counties and is based on a workload study formula. The proposed final allocations are approved annually by voting members of the Finance Sub-Policy Advisory Committee (PAC) and PAC committees. The formula is based on county workload and other factors.
- The State does not utilize county administration allocations to fund NEMT administration in the current nine-county broker area. In addition, the Department does not have data regarding the percentage of each county's administration allocation that is utilized for NEMT administration expenditures for the remaining 55 counties not covered by the broker.
- The Department does not track, in total dollars, county-specific incurred administrative costs related to NEMT and has not prepared an estimate of the costs of a statewide broker service model.



## Item 30

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If the counties retain the right to manage NEMT, will there be an escalation process for sudden patient needs? Specifically, discharge from the hospital?

- County Departments of Human Services are able to establish policies and procedures to administer NEMT, within federal and state guidelines. The ability to develop an escalation process resides with each county.
- On May 30, 2018, [House Bill 18-1321](#) passed, which enables the Department to create a statewide transportation benefit for clients with urgent transportation needs. Urgent transportation needs include discharge from inpatient, emergency services, and other urgent, but nonemergency services (see Item 27 response above for more information).
- As a result of the feedback above, and in anticipation of the creation of a new urgent transportation benefit, the Department also included the following question to potential NEMT contractors within the Request for Information (RFI) published on July 2, 2018 (see Item 26 response above for more information on the RFI), and is currently working through vendor responses, which should help the Department assess additional language to include within the RFP.
  - RFI RESPONSE 8. *Please Provide details of methods used to ensure Members are able to access urgent NEMT services. The Department defines urgent as less than forty-eight (48) hours' notice.*

## Item 31

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Children's Hospital Colorado provided the following comment, after the 1/8/2018 Transportation Services Benefits Collaborative meeting.

We are, broadly speaking, supportive of on-demand (also called "Lyft-like") transportation options available to address urgent transportation needs, which often go unmet in the current contract. The balance will be between expanded capacity offered by on-demand options, and the need for credentialing and quality controls.

- The Department appreciates the feedback and would be interested in specific information that would be most important to include to address concerns with credentialing and quality controls.



## Item 32

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On 3/5/2018, the Department held a second Benefits Collaborative meeting to continue discussion regarding possible content for inclusion in the new NEMT broker contract RFP. Feedback and questions received *not* previously recorded in the items above included the following:

Why is the Department planning to continue the NEMT brokerage model, given that past brokers have each had issues? And why is the Department considering expanding the model beyond the nine counties that the model currently serves?

Support for the Department's plans to request, within the RFP, that potential vendors 1) provide a quote to administer NEMT outside of the current nine county NEMT brokerage area and 2) affirm that they can: call clients prior to the trip to verify the trip; follow up with clients who did not show up for their trip; meet processing timeframes for mileage reimbursement; and coordinate statewide all air, train, and out-of-state transportation requests.

The Department should ascertain, through the RFP, how potential vendors will administer/ensure training, inspect vehicles, and/or conduct resolutions, if managing NEMT across the state.

The Department should ascertain, through the RFP, if potential vendors can work with an independent oversight board, should one be created, to assist the Department to adequately monitor administration of the brokerage model.

Prior to authoring the RFP, the Department should pursue authoring a Request for Information (RFI) that identifies problems and asks potential vendors to submit the solutions they can offer. Writing an RFP without an RFI may result in the Department: missing out on creative solutions to include within the RFP; making requests of bidders that they cannot meet; and unintentionally reducing the limited pool of potential bidders. Several stakeholders voiced that they recognized, and accepted, issuance of an RFI would delay authorship of the RFP.

The broker should open up their transportation provider network to a wider array of providers than are currently able to participate under the Veyo contract.



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- The Department is not advocating for a statewide NEMT brokerage model, but is open to exploring the option. Nor is the Department advocating to maintain the current nine-county brokerage model. Were the nine counties currently serviced by the NEMT brokerage model interested in administering NEMT services themselves, the Department would evaluate that option. However, counties in the brokerage model have expressed that they do not want to administer the benefit directly. Furthermore, other counties, not presently part of the brokerage model, have expressed interest in opting into the model. In the meeting, staff from Chaffee, Baca, Crowley, Pitkin, and Eagle counties expressed interest in this option. Reasons counties cite for wanting to maintain or move to a brokerage model include tight administrative budgets, difficulty of logistical coordination, and lack of transportation options in rural areas.
- From an administrative standpoint, the brokerage model allows the Department to require and enforce provider standards; the Department is unable, for example, to monitor and enforce quality standards in the counties that administer their own benefit
- The Department thanks stakeholders for sharing their insights and support for planned RFP content and will pursue including the questions above within the RFP.
- If the Department chooses to expand the current brokerage area, we will ensure the contractor has the ability to maintain satellite offices to administer/monitor training and ensure quality across large geographic regions.
- The Department is currently working to implement [HB18-1321](#), which will require a separate, urgent transportation, vendor to conduct training and ensure quality statewide (see responses in Items 27 and 31 for more information). The lessons learned from this implementation will also inform how the Department authors future NEMT broker contracts to ensure proper oversight and quality assurance.
- The Department included language within the RFI exploring if and how potential vendors can work with an independent oversight board, should one be created. Refer to Item 27 to view draft RFI language.
- At the suggestion of stakeholders and with stakeholder input, the Department published a [Request for Information \(RFI\)](#) on July 2, 2018, which included several questions specific to feedback received (see Item responses 4, 24 and 26 above for examples). The RFI (2019000001) is available on the [Colorado Vendor Self Service \(VSS\) website](#); search “NEMT”. The opportunity to respond to the RFI closed on August 2, 2018. The Department received responses from four vendors. Those responses are currently being reviewed and used to inform the writing of the RFP.



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- There are costs to transportation provider companies (e.g., insurance, vehicle maintenance, drivers, vehicle payments) when part of a broker network. To ensure that transportation provider companies new to the network are assigned enough rides to offset those costs, the current NEMT broker, Veyo, only brings new companies into the network when they establish a need for additional providers.
- The Department asked stakeholders, including independent transportation providers, to provide any suggestions regarding how (or if), moving forward, we should limit the volume of rides that a company can provide, in order to accommodate other providers in the network. The Department also asked interested providers to suggest what a reasonable ratio of monthly rides may be to sustain their business model. To date, the Department has not received suggestions.
- The Department is open to writing an appeals process for independent transportation providers who wish to join the broker's transportation network into the future broker contract and invites suggestions regarding the criteria upon which an appeal should be evaluated.



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## Item 33

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In the 3/5/2018 meeting, stakeholders also expressed disparate points of view on whether the Department should propose an on-demand/Lyft-like NEMT transportation model.

One stakeholder pointed to the Uber Health model as a potentially workable model and Denver Health staff stated they have used the Lyft model with some success.

Several other stakeholders stated that a move to this model would be a move in the wrong direction, as the service is less specialized, less regulated, less reliable at pick-up, can increase potential for client harm, and can be difficult to access for Medicaid clients without a smart phone.

Several other stakeholders stated that a combination of the current model and an on-demand model (perhaps run by the state or a non-profit agency, rather than a commercial entity) may be the best solution, for example, to address urgent transportation needs.

- The Department thanks stakeholders for sharing their insights. At this time, the Department does not plan to pursue creation of an on-demand option. Instead, the Department is focused on designing the initial parameters of the urgent transportation benefit, as specified in [HB18-1321](#), for target implementation in January 1, 2019. See Item responses 22, 27, 30, and 31 for more information.



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## Item 34

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In the 3/5/2018 meeting a representative of the Person Centered Transportation Coalition also revisited, and expanded upon, the perceived needs that inform the coalition's suggestion to establish an independent advisory board (refer to Item 27 for original request). Specifically, such a board could:

- review provider requests to join the broker network, thereby removing the perception of discrimination or bias when a provider is denied access to the broker network;
  - review client complaints when a ride is denied;
  - address provider conduct and cross-cultural issues/complaints
  - review broker reporting on trip times, no-shows, and compliance issues to ensure accuracy and accountability.
- The Department thanks stakeholders for sharing their insights and will use the above to further inform questions/requirements for inclusion in the next NEMT broker RFP/contract.



## Item 35

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After the 3/5/2018 Transportation Services Benefits Collaborative meeting, All Points Transit provided the following comment and question:

**Comment:** The Multiple Loading section of the first draft of the [NEMT revised rule](#), shared with stakeholders on 1/8/2018, states *“If multiple clients are transported in a single vehicle, no client shall be in the vehicle for more than thirty minutes longer than if the client were transported alone.”* In our rural / frontier service area, we do currently provide trips that could conflict with this rule.

For example, for many people on the west end of Montrose County (Nucla / Naturita), our medical shuttle is the only option to get to Montrose or Grand Junction for medical appointments. We combine rides with individuals in communities along the highway, on the way in to Montrose or up to Grand Junction. This includes stopping over in the Telluride area, which would be more than 15 minutes off the highway headed into Montrose in either direction, resulting in more than 30 minutes total for others on board.

**Question:** Montrose County offers a curb to curb flex program. Established bus stops and routes can be "flexed" off route on-demand or on a pre-scheduled basis. If the curb to curb flex bus is pre-scheduled to go off route to a person's home address and then again off route to the address of a medical office, can we bill Medicaid under "mobility van" for this trip? Is this service reimbursable under current and / or draft rules?

- In Section 8.014.3.E. of the second draft of the [NEMT revised rule](#), it states that the content within said section, including 8.014.3.D. Multiple Loading, does not apply to bus or rail systems. The above example appears to fall into this category.
- Last year, the Department introduced billing modifiers for procedure code A0110, which allow for provider reimbursement of bus tickets, including paratransit services. Modifiers are included in the [NEMT Billing Manual](#). For bus services, the Department pays the actual cost of the tickets and providers are no longer required to provide a receipt or bill (this information still needs to be documented and maintained for audit purposes).



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## Item 35

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On 5/24/2018, the Department sent out an update to Benefits Collaborative participants, informing them that materials had been posted to the [Benefits Collaborative Meeting Schedule webpage](#), including a [draft RFI](#). The Department authored the RFI at the suggestion of stakeholders and with stakeholder feedback in mind, and was designed to assess contractor capabilities prior to authoring a formal RFP. The Department solicited further feedback on the [draft RFI](#) prior to publishing a final version and received the following feedback from staff in Grand and Jackson Counties.

The [draft RFI](#), as written, does not convey a desire or willingness to truly address the issues in the 55 counties not currently part of the NEMT brokerage model. For example, it states "*The geographic area covered in the nine front-range counties includes metropolitan, rural, plains and mountain locations,*" so it appears the RFI isn't asking someone to explain how they overcome obstacles outside of the current nine county brokerage region.

- In the [final RFI](#), published on July 2, 2018, the Department rectified the concern by adding the following questions, which should help the Department assess the feasibility of contracting a statewide broker or allowing counties to opt-in to a brokerage model.
  - *RFI RESPONSE 6: If a county would like the broker to expand its service area, provide details on how the Vendor would work with counties outside of the Broker's service area.*
  - *RFI RESPONSE 7: Provide details on how the vendor overcomes obstacles to providing NEMT in regions that are primarily rural and/or mountainous, including ensuring network capacity, timeliness of providers, and communication when cell phone service is unavailable.*