

Nonemergency Medical Transportation

**House Health and Human Services
Finance Committee
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Overview

- Nonemergency medical transportation is a federally-mandated Medical Assistance benefit
- 2011 OLA report findings
- 2011 legislative directive to DHS
- Advisory Council recommendations
- Further work

Federally mandated benefit

- Medicaid programs must cover nonemergency transportation so enrollees can access covered services
- States must provide transport to nearest qualified provider
- States must use least expensive type of appropriate transportation
- States have discretion over how to administer

Access transportation

- Access transportation services (ATS) covers transport by bus, taxicab (or other commercial carrier) or private vehicle
- Available to MA enrollees who are ambulatory and many in wheelchairs
- DHS had vendor coordinate services for 11 metro counties; 2009 law ended state contract
- Coordination now by counties . Counties employ a variety of administrative structures, including the use of a vendor among some counties in the Twin Cities metro.

Special transportation

- Special transportation service (STS) accommodates medical condition, excluding ambulance service
- Available to enrollees unable to use common carrier due to physical or mental impairment
- DHS uses contracted vendor to determine STS eligibility by assessing enrollee's level of need and time frame needed
- Enrollee or caregivers arrange individual rides directly with STS providers; providers bill DHS

2011 OLA report findings

- Dual systems are duplicative and confusing
- Key elements of STS administered ad hoc; poor recordkeeping
- STS eligibility criteria narrower than state law
- DHS policy, market forces and ambiguous state law created barriers for some enrollees
- STS assessment forms focused more on physical than mental impairments
- STS eligibility frequently for extremely short periods

2011 legislation

- DHS directed to develop proposal that consolidates ATS and STS into single administrative structure for fee-for-service MA
 - Address issues identified in OLA report
 - Establish advisory council to help
- Report to legislators
- Draft any necessary legislation

2011 legislative specifics

- Propose single administrative structure
- Standardize eligibility, scheduling, billing, etc.; include oversight mechanisms and performance measures; collect, audit and report data
- Consider cost shift if changing agencies' responsibilities
- Allow public input on eligibility policymaking
- Establish complaint system for enrollees
- Develop payment for volunteers' no-load miles
- Maximize use of public transportation

Advisory council members

- Consumer groups, advocates, providers, transportation coordinators, and others
- Representatives from state agencies
- Representatives from county organizations
- Legislators

(See Appendix B for list of members)

Advisory council's work

- Met six times from September - December 2011
- Made recommendations for action
- Recommended further work on a number of issues

Advisory Council's recommendations

Create advisory committee

- Create a permanent, ongoing advisory committee with representation from counties, enrollees, providers, coordinators, legislators, health plans
- Advise department on policy matters; be involved in developing and updating policy manual
- More fully examine issues needing further work
- Work toward building consensus
 - **Proposed action:** 2012 legislation (see Appendix C of report for draft legislation)

Eliminate separate ATS and STS designations

- Distinction is confusing, not useful
 - System should be flexible in how services are delivered to enrollees' whose needs and resources fall on a continuum
 - Strong regulatory structure must be maintained; expand to taxis and other common carriers
- **Proposed action:** 2012 legislation eliminating distinction; 2013 legislation addressing policies

Establish assessment process that meets enrollees' needs

- Match enrollees' needs and resources to most appropriate, least restrictive transportation
- Address mental health issues in determining appropriate type of transportation
- Standardize and align with similar existing processes, e.g. disability determination
- Allow extended eligibility when enrollee's condition is unlikely to change
 - **Proposed action:** Council to develop recommendations and legislation for 2013 session

Establish effective complaint process

- Create single database to track complaints and resolutions
 - Create effective feedback loop for entities that are subject of complaint
 - Build Web page and electronic communication strategy to keep all parties informed of policy changes and other timely information
- **Proposed action:** Council to develop recommendations for 2013 session

Maximize use of public transit

- Encourage enrollees to use less expensive public transportation
 - Pilot use of monthly bus passes when cost effective, drawing from models used in other states and coordinating with existing efforts
 - Examine other successful strategies
- **Proposed action:** DHS working with DOT and Council will review proposal for 2012 legislation

Establish evaluation measures

- Adopt key performance measures to evaluate cost effectiveness and quality
 - DHS collect, audit and report on the data; include more enrollee surveys to evaluate quality
 - Make data on quality and performance available to enrollees and providers
- **Proposed action:** Committee to develop recommendations

**Additional
work needed**

New advisory committee

- Develop proposal for single administrative structure for nonemergency transportation
- Draft legislative proposals for 2013 session
- Follow up on specific issues identified by council as needing more work
 - Develop policy manual
 - Identify appropriate entities to be responsible for various administrative duties
 - Develop policy and funding to pay volunteers' for no-load miles