



## 1 INTRODUCTION

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Many Coloradans struggle to access health care appointments and resources because of unmet transportation needs. According to data from the 2015 Colorado Health Access Survey (CHAS), 124,536, or 11.9% of Medicaid patients, could not secure transportation to travel to the doctor's office. This is in comparison to 64,895, or 2.1%, of commercially insured patients in Colorado who reported transportation as a barrier to accessing care at the doctor's office. Not having reliable transportation is a cost driver in health care. Individuals who are unable to reach their appointments or access resources like prescriptions in a timely fashion tend to rely on the emergency department when their conditions worsen from going unaddressed.

With a clarified policy focus on the structural barriers that can directly impede access to care in the last few years, Center for Health Progress became interested in this issue. We sought to understand how Colorado's current Medicaid NEMT landscape could, if improved, better allow Coloradans to live healthier lives by accessing health services and resources at the right time.

This memo articulates Colorado's current Medicaid NEMT infrastructure, as well as a menu of possible legislative/regulatory and non-legislative/regulatory options Center for Health Progress learned from research and conversations with stakeholders to address the issues.

## 2 OVERVIEW OF MEDICAID NEMT

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Administering NEMT is complex, especially in a state where health systems vary from one region to the next. What works in the metro Denver region generally does not work on the western slope or eastern plains, for many reasons. Transportation in the health system shares this challenge, as reflected in the current Medicaid NEMT structure administered by the Colorado Department of Health Care Policy and Financing (HCPF).

Federal regulations at 42 CFR 431.53 require states to provide non-emergency transportation services for Medicaid patients, and additionally require state Medicaid agencies to include in their state plan how they will meet this federal requirement. The Health First Colorado (Colorado Medicaid) NEMT benefit involves providing the least costly and most appropriate method of transport (e.g., taxi, van, mileage/gas reimbursement, etc.) for patients with no other available mode of transport to travel to and from medically necessary Medicaid appointments and services.

Colorado has a mixed NEMT model, which involves both a brokerage and some fee-for-service. Mixed models are common in states with densely populated urban regions and sparsely populated rural regions. HCPF contracts with Veyo, the transportation broker responsible for coordinating NEMT services for all Medicaid patients in nine counties: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer, and Weld. In these counties, Veyo sub-contracts with transportation providers to meet the NEMT needs of patients, and submits claims directly to HCPF for payment.

For the other 55 counties that do not have Veyo coverage, NEMT services are administered by the county. There are three multi-county collaboratives, each of which partners with a local non-county department of human services agency (e.g., a Regional Council of Governments or community-based agency) to serve as a regional transportation broker. These agencies include: the Northwest Colorado Council on Governments Mountain Ride Resource Center serving Garfield, Eagle, Grand, Jackson, Pitkin, Routt, and Summit Counties, the Northeast Colorado Transit Authority County Express serving Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma Counties, and the San Luis Valley Multi-County Collaborative serving Saguache, Mineral, Rio Grande, Alamosa, Conejos, and Costilla Counties. Here, it is worth noting that counties are occasionally added or removed from the existing collaboratives. In these collaboratives, the partner agency conducts daily administration of NEMT, which involves activities like taking calls, verifying ride eligibility, scheduling rides for patients, as well as mileage reimbursement.

Outside of the 19 counties participating in collaboratives, counties administer NEMT services in partnership with county-level human services departments. In these counties outside of Veyo's service area, the county providers submit claims directly to HCPF.

## 3 NEXT STEPS

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Below are potential actions Center for Health Progress has identified to address some issues related to Medicaid NEMT in Colorado.

### 3.1 LEGISLATIVE & REGULATORY

- A. During the 2016 legislative session, Center for Health Progress actively supported HB16-1097. This bill, which was introduced by HCPF and became effective July of 2016, aims to help address Health First Colorado's NEMT and non-medical transportation (NMT) workforce shortage, as well as save costs in the system at large. This law will do so by changing how interested NEMT and NMT providers could become a contracted provider under the Medicaid NEMT benefit, without changing safety and accessibility requirements. Accomplishing this requires a new category of licensure through the Public Utilities Commission (PUC). Center for Health Progress monitored implementation for this legislation with regard to PUC rule-making and HCPF NMT rule-making (NEMT rules do not require revision to allow for the new permit). The NMT rules became effective January of 2017. HCPF will have an interagency agreement with DORA to fund an inspector dedicated to Medicaid transportation. Effective implementation will be evidenced by interested NEMT and NMT providers having the ability to apply for a Medicaid Transport Certificate and become a provider much more quickly than is currently possible. Center for Health Progress has engaged community partners to ensure that interested transportation providers are able to benefit from the law.
- B. Center for Health Progress engaged HCPF on the issue of Medicaid patients struggling to acquire transportation to fill their prescriptions outside their medical appointments. Currently, HCPF does not reimburse transportation providers for NEMT use in this case. The inability to obtain prescriptions in a timely manner often results in preventable emergency department use and at times, death. During the 2016 legislative session, Center for Health Progress supported SB16-027, legislation introduced by HCPF and effective August of 2016, which should enable easier access to mail-order pharmacy for

maintenance drugs for Health First Colorado patients. Center for Health Progress is working to ensure that the new mail-order pharmacy benefit is working for patients with the launch of the new Pharmacy Benefits Management System. As for the issue of filling prescriptions not being included in the NEMT benefit, Center for Health Progress will likely engage HCPF on this issue if it does not become a covered benefit shortly.

- C. Center for Health Progress followed the Medicaid Provider Rate Review Advisory Committee (MPRRAC) conversations regarding NEMT (one of six service areas to be reviewed in the first year of Medicaid provider rate review) reimbursement, in response to learning about low per diem reimbursement rates for meals (\$17.56) and lodging (\$39.89) for Health First Colorado patients needing to travel extensively to access health care. MPRRAC identified one final recommendation in its report pertaining to NEMT, which entails HCPF surveying NEMT rates in Arizona, Kansas, Montana, New Mexico, North Dakota, Oklahoma, South Dakota, Utah, and Wyoming, and bringing Health First Colorado rates to parity with these states. Center for Health Progress will monitor HCPF's progress toward bringing Colorado NEMT rates to parity with those of surrounding states and then decide on next steps for needed advocacy.

### **3.2 NON-LEGISLATIVE & REGULATORY**

- A. Center for Health Progress will stay up-to-date on local NEMT solutions Regional Care Collaborative Organizations (RCCOs) are implementing. RCCO Region 7 has launched two NEMT pilots as a result of Emergency Department Diversion data informing them that not having a ride is one of the biggest reasons for visiting the emergency department for non-acute health issues. Understanding local NEMT innovations could help inform HCPF's work in long-term NEMT planning.
- B. Center for Health Progress will continue advocating to identify and address non-clinical barriers—such as transportation—to achieving health, in the State Innovation Model, Accountable Care Collaborative Phase II, and other health systems transformation efforts that move Colorado toward value-based payment and whole person health care, with a focus on care coordination that better connects practices and patients to community supports and services.
- C. Center for Health Progress will continue supporting telehealth implementation and expansion in Colorado, to create more pathways to accessing care that do not require transportation.