Medicaid Non-emergency transportation: National Survey 2002-2003

National Consortium on the Coordination of Human Services Transportation

Report prepared by:

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Report background

The National Consortium on the Coordination of Human Services Transportation is an association of non-profit organizations representing both transit and human services. The consortium conducts research and provides educational activities related to coordinating human services and mobility services. The consortium members are:

- AARP;
- American Association of State Highway and Transportation Officials;
- American Public Human Services Association;
- American Public Transportation Association;
- American Public Works Association;
- American Red Cross;
- Association of Metropolitan Planning Organizations;
- Children’s Health Fund;
- Community Transportation Association of America;
- Easter Seals Project Action;
- National Association of Area Agencies on Aging;
- National Governor’s Association;
- National Conference of State Legislators;
- Taxicab, Limousine, and Paratransit Association; and
- United Jewish Communities.

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Special thanks to the state Medicaid directors and their non-emergency transportation staff for providing the survey information. Special thanks also to Nichole Goldsmith (CTAA) for her comments on an earlier draft of this report.
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Executive Summary

State Medicaid programs are required to provide necessary transportation to and from medical providers. States have used funding and service delivery options to construct an array of non-emergency medical transportation (NEMT) programs that meet state’s diverse needs in terms of geography, transportation infrastructure, targeted population, and available funding.

A survey of the District of Columbia and the fifty states has resulted in current information on NEMT funding and service delivery models. The single most compelling finding is the range and diversity of NEMT program construction, and the pace of NEMT program evolution. NEMT program design is rapidly evolving in an effort to increase access to an ever-growing and more diverse Medicaid population, to find more cost effective ways to deliver services, and to increase quality and safety measures. States are increasingly looking to managed and capitated models to achieve these outcomes.

Cost-efficacy in program design is an ongoing quest in the current fiscal milieu. Designing and operating NEMT programs to maximize federal funding is a primary consideration in many states’ consideration of cost-effective program designs. States may claim NEMT costs as optional medical services at the Federal Medical Assistance Program (FMAP) match rate, as administrative services at the 50% federal match rate, or as both. To this end, almost half of the survey respondents construct NEMT programs using only FMAP match rates, i.e., maximum federal match rates.

States use transportation waivers to achieve even greater flexibility in terms of program design while maximizing federal funding. Most states use waivers to achieve FMAP match rates for brokered service delivery systems.

Coordination between state Medicaid agencies and state transit agencies has resulted in use of transit pass programs in more than half of the survey respondents. Transit pass programs allow states to maximize use of existing cost-effective transportation infrastructures while increasing overall mobility of Medicaid riders.
Survey Methodology

Attachment 1 is the survey that was sent to the states and the District of Columbia in late 2002. All 51 states and the District of Columbia responded, although not every respondent completed every survey question. In 2003, survey information was validated and updated.

Requirement to Provide Access

While Title XIX of the Social Security Act does not include specific mention of non-emergency medical transportation, federal regulation and the body of case law that have evolved from language in the Act clearly mandate that every state Medicaid program include provisions for necessary transportation of Medicaid recipients to and from providers of medical services. Federal regulations require that each state plan specify the methods that the states will employ to provide such access.

Language in the Act does specify that the state plan for medical assistance must provide methods of administration found by the secretary to be necessary for the proper and efficient operation of the plan. Consequently, states must provide the necessary transportation via the least expensive mode. In making a determination of the least expensive mode of travel, the state must first consider the existence of transportation available at no cost to the Medicaid consumer.

More than half of the states report that non-emergency medical transportation expenditures represent less than 1% of total Medicaid expenditures. For a service that comprises a small portion of Medicaid expenditures, states are required to expend substantial resources to determine the least expensive mode of travel appropriate to the needs and abilities of the Medicaid traveler. Some states indicated in the survey that all or almost all non-emergency medical transportation is prior approved, a level of administrative attention usually devoted only to more costly medical services. Thus, states are increasingly looking at outside help to administer and deliver non-emergency medical transportation services. In response to ongoing Medicaid budget shortages, 30 of the 51 survey respondents reported having recently implemented or being in the process of implementing cost-containment measures in their non-emergency medical transportation programs.

Two Options for Funding

States can classify non-emergency medical transportation service delivery models as either an administrative service expense or as an optional medical service expense, which consequently determines the federal reimbursement rate. Administrative expenses are

2 42 CFR Ch. IV section 431.53
3 Section 1902(a)(4)(A) of the Social Security Act
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reimbursed at 50%; medical services reimbursements are determined by a yearly per-capita income calculation which can fall anywhere from 50% to 83%. The federal government’s share of a state’s expenditures for Medicaid medical services is called the federal Medical assistance percentage (FMAP). Overall, the federal government finances about 57% of all Medicaid costs annually.4

To qualify as an optional medical service, and thus for funding at the FMAP rate, non-emergency medical transportation services must meet certain criteria, such as recipient freedom of choice in selecting providers, open participation by all providers who meet agency requirements, and provision of the same level of service across the state and to clients with similar needs.

States Funding NEMT at the Federal Medical Assistance Percentage (FMAP) Rate

Almost half (25 of the 51 respondents or 49%) report funding NEMT at the federal Medical Assistance Percentage (FMAP) match rate only. These states are Alaska, Arizona, Arkansas, California, Colorado, the District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Nebraska, Nevada, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, and West Virginia.

Any non-emergency medical transportation (NEMT) service delivery model that does not meet all of the requirements of provision as an optional medical service would be funded at the 50% administrative match rate. Under this funding option, states have greater flexibility in terms of service delivery providers, recipient freedom of choice of providers, and statewideness of the service delivery mode. Brokered service delivery models would be funded at the administrative match rate, unless the state has a waiver.

States Funding NEMT as Administrative Services Only

More than a quarter of the states (14 of the 51 respondents, or 27%) report funding NEMT as an administrative service only. These states are Alabama, Connecticut, Delaware, Massachusetts, Maryland, Missouri, Mississippi, New Hampshire, Oklahoma, Pennsylvania, Virginia, Vermont, Washington, and Wyoming.

Five of the 14 states that use administrative match only have 50.00% FMAP rates for 2002 and 2003, making potential for federal match rates the same regardless of whether the program is operated as an administrative or as a medical service. Two of the fourteen have either just gotten a transportation waiver approved and are planning to transition to medical service match rate for their NEMT program (Mississippi), or are planning to work toward submission of a waiver to do so (Oklahoma).

4 Federal Medical Assistance Percentage (FMAP) for Medicaid, Christine Devere, CRS Report for Congress, updated October 3, 2002
States That Fund NEMT as both Administrative and Medical Services

States may also opt to use a combination of funding types in their NEMT program design. Twelve (12) states (24%) of the 51 total respondents (Iowa, Michigan, Minnesota, Montana, New Jersey, New Mexico, New York, North Carolina, Ohio, Rhode Island, Utah, and Wisconsin) report using both medical services and administrative funding in their NEMT program design.
Table 1: States methods of funding non-emergency medical transportation and state FMAP

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<thead>
<tr>
<th>State</th>
<th>2002 FMAP</th>
<th>2003 FMAP</th>
<th>NEMT funded as administrative service only</th>
<th>NEMT funded as medical service only</th>
<th>NEMT funded as both administrative and medical service</th>
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* Mississippi plans to switch NEMT to medical services match rate pursuant to approval of a section 1915(b) transportation waiver.
“Best of Both Worlds”: Maximum flexibility and highest federal match rates

NEMT service delivery models that restrict recipient freedom of choice, restrict participation by service providers, or allow for provision of services that are not statewide are classified as administrative services instead of optional medical services, and consequently are funded at the 50% federal match rate. As evidenced by the number of states using administrative funding only, many states are satisfied with the greater flexibility accorded by this funding choice and the cost-efficacy of the service delivery systems that can be constructed without the constraints associated with NEMT as an optional medical service. For states with long-standing FMAP rates at or close to 50%, decisions on service delivery models are made based on considerations other than federal match rates, since federal match rate is the same regardless whether the state’s NEMT program is operated as an administrative service or as an optional medical service.

The secretary of the federal Department of Health and Human Service has authority to waive recipient freedom of choice Medicaid requirements, via waivers. Eight (8) state currently have separate NEMT waivers. These waivers, typically section 1915(b) “recipient freedom of choice” waivers, allow states to implement brokered, capitated, and managed arrangements for provision of NEMT services, while allowing the state to receive the federal matching funding for these services at the FMAP rates. Separate transportation waivers in some states also waive “statewideness” provisions, to allow regional variations in NEMT construction and administration. In addition, states may include NEMT services in managed care waivers, which allow states to provide NEMT services under capitated, managed care arrangements at FMAP match rates.

Delaware, as a state with a long-standing FMAP rate of 50%, opted to transition to a brokered system via a state plan amendment shifting the program from an optional medical service to an administrative service, without any loss of federal funding. New York, another state with a long-standing 50% federal match rate, has used flexibility accorded to the state via a transportation waiver to construct local NEMT models that use alternative methods of arranging and coordinating necessary transports while decreasing expenditures.

Other states, interested in implementation of brokerages or other managed NEMT service delivery models, and concerned about optimizing federal funding, have sought and obtained federal waivers that allow the state to implement brokered or managed NEMT models and retain FMAP funding.

Arkansas, Florida, Georgia, Kentucky, Mississippi, New York (in some localities), Oregon (in some localities), and Utah currently operate some or all of their NEMT under a separate transportation waiver. Oklahoma is working toward submission of a waiver to gain FMAP funding for their NEMT brokerage. Table 3 on states includes information on states with 1915(b) freedom of choice waivers.

1 Medicaid Non-emergency Transportation: Three Case Studies, Gail Stefl and Mark Newsom, October 2003. To view this report on-line, see www.nasmd.org/Medicaid%20NEMT%20Case%20Studies.pdf
2 Ibid.
Risk-based Capitated Contracts

State contracts for capitated risk-based provision of NEMT is currently employed in two major service delivery models: inclusion of NEMT in managed care contacts, and contracts with transportation brokers. States may use either or both such mechanisms to construct a variety of models.

Table 2: States with Medicaid managed care carve-ins

<table>
<thead>
<tr>
<th>State with NEMT managed care carve-ins</th>
<th>States with NEMT included in the capitation</th>
<th>States that set NEMT rates separately</th>
<th>States with combination reimbursement methods or regional variation</th>
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<td>Nebraska</td>
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<td>(only wheelchair van transport included in capitations)</td>
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<tr>
<td>Wisconsin</td>
<td>X</td>
<td>X</td>
<td>(only wheelchair van transport is included in capitations)</td>
</tr>
</tbody>
</table>

Of the 51 respondents to the national survey, 22 states and the District of Columbia have NEMT services included in Medicaid manage care contracts. This represents 45% of the survey respondents, and includes Arizona, California, Connecticut, the District of Columbia, Florida (at the plan’s option), Hawaii, Illinois, Indiana (for some modes of transportation), Kansas, Kentucky (in one locality), Michigan, Minnesota, Missouri, Nebraska (in one mode), New Jersey (for wheelchair vans), New Mexico, New York (in some localities), Ohio (for some modes), Oklahoma, Rhode Island, Tennessee, Virginia, and Wisconsin (for one mode).

Of the 23 respondents mentioned above, 20 (or 87%) have NEMT included in the capitation. These respondents are Arizona, California, Connecticut, The District of Columbia, Hawaii, Illinois, Indianaan (for some modes), Kansas, Kentucky (in one locality in FY 2002), Michigan, Minnesota (for some modes), Missouri, Nebraska (in one mode).
plan), New Mexico, New York (in some localities), Ohio (for some modes), Oklahoma, Tennessee, Virginia, Wisconsin (for one mode).

Of the 23 respondents with NEMT included in managed care contracts, 3 states (or 13%) have reimbursement methodologies other than inclusion in the capitation. In Florida, if an HMO opts to cover NEMT, services are capitated via a separate rate. Rhode Island makes flat payments for NEMT services to managed care plans. New Jersey carves out (or excludes) all transportation modes other than wheelchair vans. Wheelchair vans providers contract with New Jersey managed care plans.

**Transportation Brokerages**

Nonemergency medical transportation brokerages provide coordinated systems for provision of non-emergency medical transportation. Broker models may be risk-based, capitated arrangements, with provider accreditation, enrollment, and monitoring. States report that one force toward adoption of brokered models is increased focus of resources on determination of the least expensive appropriate mode of transportation for each trip. States perceive focused compliance with existing state regulations regarding use of the least expensive mode of travel for each trip to be a significant source of savings to the state. States also reported the benefits of capitated arrangements in terms of cost containment resulting from a fixed cost for each recipient, thus holding constant factors of utilization and cost of services. In addition, states saw brokered systems as a way to delegate monitoring of fraud and inappropriate use of services.

**Characteristics of Brokers**

Although there is wide variation is what states call brokered systems, there are certain commonalities. Brokers typically provide a single point of contact for recipients, eligibility verification, determination of the least expensive appropriate mode of travel, trip scheduling and dispatching, and cost and trip reporting. Some brokerage systems also enroll and reimburse providers, oversee quality assurance, and coordinate with state transit agencies and other human services agencies. Brokers may or may not operate under risk-based capitated contracts.

Twenty- one (21) states (or 41% of the survey respondents) report use of transportation brokers in some capacity. Since brokered systems reduce recipient’s freedom of choice of providers, states would be required to match broker expenses at the 50% federal administrative match rate, unless the state has a section 1915(b) freedom of choice transportation waiver.

Among the 21 states that claim the use of some type of brokered system, there is huge variation in the system design, including scope of duties and payment methodologies, as well as in the populations served.
Table 3 summarizes states with some type of brokered system, a thumbnail description of the brokered system, website addresses for brokered states with section 1915(b) freedom of choice transportation waivers, and state contacts.

Broker models include states that carve NEMT out of managed care and administer all NEMT through one statewide capitated broker. States with this model are Delaware, Nevada, and Utah.

Missouri contracts with a statewide broker to provide NEMT for all non-managed care populations. The same broker is subcontracted to provide NEMT by all of the Medicaid managed care organizations.

Oklahoma and Virginia have a statewide capitated broker that provides NEMT for all of the non-managed care Medicaid population.

Arkansas, Connecticut, Florida, Georgia, Kentucky, and Washington use regional capitated brokers with statewide broker coverage.

- **Arkansas** uses a regional capitated brokered system via a section 1915(b) freedom of choice transportation waiver. The transportation brokers provide both direct and administrative services.

- **Connecticut** has two regional brokers who provide statewide coverage to non managed care populations. NEMT is included in the Connecticut managed care contracts. # of the 4 Connecticut managed care organizations subcontract out for provision of NEMT to brokers.

- **Florida** uses regional brokers to provide statewide direct and administrative NEMT services. Brokers are reimbursed a fee plus provider cost.

- **Georgia** has NEMT carved out of managed care, with 2 regional capitated brokers providing statewide NEMT.

- **Kentucky** carves NEMT out of managed care, and NEMT is delivered statewide by regional capitated brokers. Until 2003, NEMT was included in managed care in Region 6.

- **Washington** carves NEMT out of manage care and coordinates NEMT through 9 brokers that serve all 13 regions of the state.

Brokered models are used in some areas of states where NEMT administration is regionally delegated (Colorado, Maryland, New York, Oregon, Pennsylvania). In these states, local administrative entities can opt to administer or to contract out the NEMT administration to other entities such as brokers.
A number of states administer NEMT with a state agency (other than the single state Medicaid agency) acting as a broker.

- The Massachusetts Regional Transit Authorities provide brokered NEMT services in their regional service area.

- The Rhode Island Public Transit Authority subcontracts with Medicaid managed care organizations to coordinate NEMT.

- The Vermont Public Transportation Association (VTPA), an umbrella agency, provides administrative services for all Medicaid populations, while nine regional VPTA brokers provide direct transportation services.

Montana contracts with a statewide broker for provision of administrative functions only, with NEMT providers enrolled and reimbursed on a fee-for-service basis.
<table>
<thead>
<tr>
<th>State</th>
<th>Brokerage description</th>
<th>Section 1915(b) transportation waiver</th>
<th>State contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>Regional capitated brokers with statewide coverage.</td>
<td>X</td>
<td>Floyd Sparks&lt;br&gt;Telephone: ((501) 682-8349</td>
</tr>
<tr>
<td>Colorado</td>
<td>County-managed, with some counties brokering.</td>
<td></td>
<td>Brian Chadwick&lt;br&gt;Telephone: (303) 866-5571</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Non-managed care population under two regional brokers with statewide coverage. NEMT carved into managed care, with 3 of the 4 MCOs brokering NEMT.</td>
<td></td>
<td>David Parella&lt;br&gt;Telephone: (860) 424-5116&lt;br&gt;Email: <a href="mailto:David.Parella@po.state.ct.us">David.Parella@po.state.ct.us</a></td>
</tr>
<tr>
<td>Delaware</td>
<td>NEMT carved out of managed care, and all Medicaid populations served by capitated statewide brokerage.</td>
<td></td>
<td>Joyce Pinkett&lt;br&gt;Telephone: (302) 255-9616&lt;br&gt;Email: <a href="mailto:Jpinkett@state.de.us">Jpinkett@state.de.us</a></td>
</tr>
<tr>
<td>Florida</td>
<td>Regional brokers provide statewide direct and administrative NEMT. Brokers reimbursed fee plus provider cost.</td>
<td>X <a href="http://www.cms.hhs.gov/medicaid/1915b/fl1915bnet.asp">http://www.cms.hhs.gov/medicaid/1915b/fl1915bnet.asp</a></td>
<td>John Austin&lt;br&gt;Telephone: (850) 922-7305&lt;br&gt;Email: <a href="mailto:Austinj@fdhc.state.fl.us">Austinj@fdhc.state.fl.us</a></td>
</tr>
<tr>
<td>Georgia</td>
<td>NEMT carved out of managed care, with 2 regional capitated brokers providing statewide service.</td>
<td>X <a href="http://www.cms.hhs.gov/medicaid/1915b/ga1915bnet.asp">http://www.cms.hhs.gov/medicaid/1915b/ga1915bnet.asp</a></td>
<td>Janine Gardner&lt;br&gt;Telephone: (404) 651-6917&lt;br&gt;Email: <a href="mailto:jgardner@dch.state.ga.us">jgardner@dch.state.ga.us</a></td>
</tr>
<tr>
<td>Kentucky</td>
<td>NEMT carved out of managed care, and NEMT provided to all Medicaid populations under regional brokerages with statewide coverage.</td>
<td>X <a href="http://www.cms.hhs.gov/medicaid/1915b/ky1915bnemtp.asp">http://www.cms.hhs.gov/medicaid/1915b/ky1915bnemtp.asp</a></td>
<td>Cindy Stoops&lt;br&gt;Telephone: (502) 564-4923&lt;br&gt;Email: <a href="mailto:Cindy.Stoops@mail.state.ky.us">Cindy.Stoops@mail.state.ky.us</a></td>
</tr>
<tr>
<td>Maryland</td>
<td>Locally administered NEMT, with some localities subcontracting out for direct and administrative functions.</td>
<td></td>
<td>Judy Zeller&lt;br&gt;Telephone: (410) 767-2862&lt;br&gt;Email: <a href="mailto:zellerj@dhmh.state.md.us">zellerj@dhmh.state.md.us</a></td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Regional Transit Authorities provide brokered NEMT services in their service area.</td>
<td></td>
<td>Perry Fong&lt;br&gt;Telephone: (617) 210-5324&lt;br&gt;Email: <a href="mailto:pfong@nt.dma.state.ma.us">pfong@nt.dma.state.ma.us</a></td>
</tr>
<tr>
<td>Missouri</td>
<td>Statewide broker provides NEMT for all non-managed care populations. Same broker is also subcontracted in all Medicaid MCOs.</td>
<td></td>
<td>Amy Kessel, Sandra Levels&lt;br&gt;Telephone: (573) 751-6926</td>
</tr>
<tr>
<td>Montana</td>
<td>Statewide broker performs administrative functions only, with providers enrolled and reimbursed on a fee-for-service basis.</td>
<td></td>
<td>Denise King&lt;br&gt;Telephone: (406) 444-4189&lt;br&gt;Email: <a href="mailto:Dking@state.mt.us">Dking@state.mt.us</a></td>
</tr>
<tr>
<td>Nevada</td>
<td>Recent contract with statewide capitated broker.</td>
<td></td>
<td>Traci Battisti&lt;br&gt;Telephone: (775) 684-3696&lt;br&gt;Email:</td>
</tr>
<tr>
<td>State</td>
<td>Regionally administered, with some regions using transportation waivers and brokered systems.</td>
<td>X (In some localities) <a href="http://www.cms.hhs.gov/medicaid/1915b/ky1915bnemtp.asp">http://www.cms.hhs.gov/medicaid/1915b/ky1915bnemtp.asp</a></td>
<td><a href="mailto:tbattist@dhcfp.state.nv.us">tbattist@dhcfp.state.nv.us</a></td>
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</tbody>
</table>
| Nevada     | Regionally administered, with some regions using transportation waivers and brokered systems. | X (In some localities) [http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp](http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp) | John Hardwick  
Phone: (518) 473-1171  
JLH12@health.state.ny.us |
| New York   | Regionally administered, with some regions using transportation waivers and brokered systems. | X (In some localities) [http://www.cms.hhs.gov/medicaid/1915b/ky1915bnemtp.asp](http://www.cms.hhs.gov/medicaid/1915b/ky1915bnemtp.asp) | tbattist@dhcfp.state.nv.us |
| Oklahoma   | Regionally administered, with some regions using transportation waivers and brokered systems. | X (In some localities) [http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp](http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp) | tbattist@dhcfp.state.nv.us |
| Oregon     | Regionally administered, with some regions using transportation waivers and brokered systems. | X (In some localities) [http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp](http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp) | tbattist@dhcfp.state.nv.us |
| Pennsylvania | Regionally administered, with some regions using transportation waivers and brokered systems. | X (In some localities) [http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp](http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp) | tbattist@dhcfp.state.nv.us |
| Rhode Island | Regionally administered, with some regions using transportation waivers and brokered systems. | X (In some localities) [http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp](http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp) | tbattist@dhcfp.state.nv.us |
| Utah       | Regionally administered, with some regions using transportation waivers and brokered systems. | X (In some localities) [http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp](http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp) | tbattist@dhcfp.state.nv.us |
| Vermont    | Regionally administered, with some regions using transportation waivers and brokered systems. | X (In some localities) [http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp](http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp) | tbattist@dhcfp.state.nv.us |
| Virginia   | Regionally administered, with some regions using transportation waivers and brokered systems. | X (In some localities) [http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp](http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp) | tbattist@dhcfp.state.nv.us |
| Washington | Regionally administered, with some regions using transportation waivers and brokered systems. | X (In some localities) [http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp](http://www.cms.hhs.gov/medicaid/1915b/or1915bnemtp.asp) | tbattist@dhcfp.state.nv.us |

Fee-for-service

Coverage of NEMT as an optional medical service requires that the state meet all Medicaid regulatory requirements, and that the Medicaid program make direct payments to providers subsequent to provision of the service. Regulatory requirements include allowing all eligible providers to participate, recipient freedom of choice of providers, availability of the same level of service in all areas of the state, and provision of the same level of service to all clients with similar needs. 41 states report using a fee-for-service component in their NEMT program design (see table 4).
While thirty-nine (39) of the 51 survey respondents (or 76%) report use of fee-for-service delivery models, 14 of the states (or 27%) report using fee-for-service delivery models with in-house management as the only NEMT service delivery model. The other 73% of the survey respondents report use of brokered or managed care models, or in other words, outside agencies to help administer the program.

**In-house Management**

Thirty-three (33) states report using in-house management for NEMT programs (see table 4). Some of these states allow localities some or total authority to construct service delivery models that meet the unique needs of the locality. Under delegated administrative authority, some localities administer the NEMT programs and some choose to delegate administration to other private or government agencies.

**New York** is a quintessential example of a state with locally constructed NEMT models. NEMT services are administered by local Departments of Social Services. Each county is a local administrative entity, except for New York City (NYC), which is a single administrative entity but comprises the five NYC boroughs. Managed care organizations in NYC include NEMT in the managed care benefit package. NEMT is included in managed care in some of the administrative entities outside of NYC, and excluded from others (i.e., “carved out”). In some of the administrative districts with NEMT carved out of managed care, NEMT is included in the state’s non-emergency transportation waiver, via one of five innovative service delivery models. In other administrative districts, NEMT is coordinated by the local Department of Social Services, some of which use in-house administered fee-for-service NEMT models.

In **Alabama** in-house administration model, NEMT is administered by regional transportation coordinators, who set regional reimbursement rates, and issue vouchers to clients who in turn pay transportation providers.

In **Maine**, where NEMT is carved out of managed care, each local catchment area designates a full service transportation provider to coordinate NEMT services and pay providers.
Table 4: State use of NEMT Service Delivery Models

<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid managed care carve-in</th>
<th>Fee-for-service delivery model</th>
<th>Separate transportation waiver</th>
<th>In-house management</th>
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<tbody>
<tr>
<td>Alabama</td>
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<td>X</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>23</td>
<td>41</td>
<td>8</td>
<td>33</td>
</tr>
</tbody>
</table>
**Coordination with State Transit Authorities**

One of the significant outcomes of coordination between state Medicaid agencies and state transit agencies is use of transit pass programs in NEMT program construction. Benefits of Medicaid transit pass programs include fiscal economies to the state and increased overall mobility for Medicaid program participants.

States have the option to implement transit pass programs. In order to comply with federal requirements to use the least expensive appropriate method of transportation, the state must first determine whether fixed route transportation services are appropriate to the individual’s needs and personal situation. In making this determination, states are advised to look at the individual’s medical condition, as well as direct route availability, distance/length of the trip, and the medical appointment scheduling.

If the first criterion is met (i.e., public transit is an appropriate mode of travel for this individual for travel to a specified medical provider), then the state must determine whether the cost of fixed route transit is less than the cost of transportation by other modes of travel. State NEMT models may incorporate matrices to expedite determination of the least expensive mode of travel\(^1\).

The state must next determine if purchase of a transit pass is the most cost-effective method of purchasing public transit for the individual. If the cost of the pass is less than the cost of the individual trips, the state may purchase a pass.

Lastly, the state must determine if other federal, state, or local programs could be used to purchase the pass. In this step, the state determines if other programs or funding sources are available, and will substantially benefit from purchase of the pass. If the pass will be used to regularly access other publicly funded program services, the state must allocate the cost of the pass between or among the funding entities.

Twenty-eight (28) of the 51 survey respondents (or 55%) report having transit pass programs. These states are Arkansas, Arizona (in some managed care plans), Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Kentucky, Louisiana, Maine, Massachusetts, Maryland, Minnesota, Nebraska, Nevada, New Jersey, New York, Ohio (in some counties), Oregon, Pennsylvania, Rhode Island, Texas, Utah, Vermont, Virginia, and Washington (at the option of the broker).

Of the 28 states reporting transit pass programs, Florida, Idaho, Illinois, Nebraska, and New Jersey report coordination with other programs or agencies for purposes of cost allocation between or among agencies and/or programs.

---

\(^1\) For a description of Utah’s matrix, see *Medicaid Non-emergency Transportation: Three Case Studies*, Gail Stefl and Mark Newsom, October 2003. To view this report on-line, see [http://www.nasmd.org/Medicaid%20NEMT%20Case%20Studies.pdf](http://www.nasmd.org/Medicaid%20NEMT%20Case%20Studies.pdf)
Attachment One: Survey Instrument

2002 Non-Emergency Medical Transportation Survey

Instructions:

Please complete the 2002 Non-Emergency Medical Transportation (NEMT) Survey by November 22, 2002, and return it to:

Mike Cheek  
APHSA  
810 First Street, NE  
Suite 500  
Washington, DC 20002

Or fax it to (202) 289-6555, to the attention of Mike Cheek and labeled at NEMT Survey response. Answer each question to the best of your abilities; instructions are included for each question. If you require more space for questions that necessitate a narrative response, please attach the response that includes a notation of the relevant question. If you would prefer to complete this survey electronically or you have other questions, email Mike Cheek at mcheek@aphsa.org or contact him by phone at (202) 682-0100, extension 270.
Contact Information:

State Medicaid agency  
Mailing Address  
City: ____________________________ State ___________ Zip ___________  
Telephone __________ Fax __________ Internet __________  
Contact person ______________________ Title ________________________  

General:  
Total unduplicated statewide Medicaid recipients ________________ for preceding fiscal year.  
Non-emergency transportation:

1. In this state, medically-necessary transportation costs are treated as: (check one)  
   a. ___ Medical service expenses          b. ___ Administrative Costs  

2. Under Medicaid managed care, transportation is: (check one)  
   a. ___ Included in the capitation rate of each health plan  
   b. ___ Reimbursed on a fee-for-service basis directly to transportation providers  
   c. ___ Coordinated through a brokerage arrangement  
   d. ___ Combination or Other (please describe below)  

   ______________________________________________________________________  
   ______________________________________________________________________  

3. Estimated annual state and federal combined expenditures for non-emergency Medicaid transportation total $________________ for preceding fiscal year. That's the equivalent of: (check one)  
   a. ___ Less than 1% of total program cost  
   b. ___ Between 1% & 2% of total program cost  
   c. ___ Between 2% & 3% of program costs  
   d. ___ Over 3% of total program cost
4. Estimated number of non-emergency medical trips provided to Medicaid recipients in the preceding fiscal year:
   a. ______ One-way Trips
   b. ______ Two-way Trips
   c. ______ Other

5. In preceding fiscal year, percentage of Medicaid recipients utilizing non-emergency transportation services: (check one)
   a. ___ Less than 10% of recipients
   b. ___ Between 10% and 15% of recipients
   c. ___ Over 15% of recipients
   d. ___ Don't know

6. In the preceding fiscal year, breakdown of non-emergency medical trips by provider: (by percent)
   a. ___ Public Transit
   b. ___ Para-transit Van
   c. ___ Taxi
   d. ___ Volunteer Drivers
   e. ___ Mileage Reimbursement
   f. ___ Ambulance or Medical Coach
   g. ___ Other

7. In the preceding fiscal year, breakdown of non-emergency medical transportation costs by provider: (by percent)
   a. ___ Public Transit
   b. ___ Para-transit Van
   c. ___ Taxi
   d. ___ Volunteer Drivers
   e. ___ Mileage Reimbursement
   f. ___ Ambulance or Medical Coach
   g. ___ Other

Models for Provision:

Models for provision of non-emergency transportation provided in your state Medicaid program: Please complete all that apply in 8-13.

8. Covered under Managed Care contract with a health plan.
   ___ Yes; or
   ___ No

National Consortium on the Coordination of Human Services Transportation 18
a. If yes, are nonemergency transportation costs “passed through” the managed care plan, based on the services provided, i.e., plan is reimbursed for services actually used?; 
____ Yes or;
____ No

b. If yes, are nonemergency transportation services one of the services included in the monthly premium paid to the plan? 
____ Yes or;
____ No

c. If yes, is the non-emergency transportation services rate setting separate from all other managed care services? 
____ Yes or;
____ No

If yes, what is the per member, per month (PMPM) payment for non-emergency medical transportation services, averaged among the contractors? ____________________________________

9. **Fee-for-service** (without or with minimal “gatekeeper” function by the state) 
____ Yes or;
____ No

a. If yes to fee-for-service, are services prior approved for all services?; or
____ Yes; or
____ No

b. Or, if yes to fee-for-service, are prior approved for selected services? 
____ Yes; or
____ No

If yes to 9.b., please list selected services that require prior approval: 
____________________________________________________________
____________________________________________________________

c. If yes to fee-for-service, are services retrospectively reviewed? 
____ Yes; or
____ No

d. Other (please explain) 
____________________________________________________________
____________________________________________________________
10. Who can be a transportation provider?
   
   a. ___ Any licensed company;
   b. ___ Limited to certain contractors

   Please indicate what agency or entity licenses transportation providers:
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

11. *Separate Transportation waiver* (Section 1915(b)) or managed care model waivers permit states to limit Medicaid freedom of choice and allow states to establish prepaid transportation plans or brokerages while receiving the Medicaid services match rate. Does your state have such waivers?
   
   ___ Yes; or
   ___ No

   If *yes*, please describe:
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

   If *yes*, please list contact information for responsible staff:
   _________________________________________________________________
   _________________________________________________________________

12. Who manages the services for the beneficiary (complete all that apply)?
   
   a. ___ **In-house Management** (state staff directly assume the role of gatekeepers via monitoring provider billing and recipient use of services)

   If *yes*, briefly describe:
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
b. ____ broker;

13. Transportation Brokerages (contracted entities that serve as “gatekeepers” to control costs and utilization of services, and to oversee quality)?
   ____ Yes; or
   ____ No

a. If yes, to Transportation Brokerages (check one);
   1. ____ The broker provide administrative services only; or
   2. ____ The broker provides both direct transportation services and administrative services.

b. If yes, to transportation brokerages, are brokers reimbursed via:
   1. ____ Capitated contract; or
   2. ____ Fee plus provider cost; or
   3. ____ Other (please explain below)

   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

c. Does the broker also serve as the transportation coordinator for other state agencies such as state Agency for Aging Services or the state TANF agency, etc.?
   ____ Yes; or
   ____ No

   If yes, please list participating agencies:
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

 d. Since your state has begun using a transportation brokerage(s), what have been the notable benefits (i.e., expanded transportation services, expanded coverage range, cost savings, etc.)? Please provide details:

   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
If your state has in-house reports or analyses on the development or operation of your brokerage(s), please attach copies to your completed survey.

e. Is the brokerage arrangement statewide?
   ____ Yes; or
   ____ No

If no, please list regions of the state covered and/or multiple brokerage coverage regions:

____________________________________________________________
____________________________________________________________
____________________________________________________________

14. Does your state have capacity for collection of transportation data beyond the normal capacity of the MMIS system?
   ____ Yes; or
   ____ No

a. If yes, is the information stored via (check one):

   ____ Expanded MMIS capacity; or
   ____ Separate transportation data system; or
   ____ Other (please explain below)

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

b. Please describe or attach a list of non-emergency transportation data reporting requirements under managed care contract:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

15. Does your state use transit passes?
   ____ Yes; or
   ____ No

a. If yes, does the state Medicaid program coordinate with other agencies/programs, such as TANF, for purchase of transit passes?
Yes; or
No

b. If yes, please describe agencies/programs involved and basics of coordination agreement or attach an explanatory document:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

c. If yes, what entity is responsible for issuing such passes (i.e., in-house program staff, managed care entity, brokerage entity, etc.)?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

16. Does your state have other innovative methods of providing non-emergency transportation, or ways of dealing with non-emergency transportation issue, that you would like to share with other states? If so, please provide brief description.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

17. Has your state recently implemented, or is your state currently considering, cost containment strategies or changing non-emergency transportation services in response to state budget concerns (i.e., co-pays, limited choice, more prior authorization, etc.)? If so, please describe:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
18. Has your state experienced problems with recipient or provider fraud or inappropriate billing/use of services, or under-use of services in a capitated arrangement?

___ Yes; or
___ No

Please explain, including resolution or outcome:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Thank you for completing the NEMT Survey. If you have questions regarding completion, please contact Mike Cheek, Project Director, at 202/682-0100 x. 270.

Please fax the completed document to (202) 289-6555, attention Mike Cheek, or mail the completed survey to:

APHSA
810 First Street, NE, Suite 500
Washington, DC 20002
Voice: (202) 682-0100
Attachment 2: Individual State Information

Alabama

State population: 4,464,356

Unduplicated Medicaid count for fiscal year 2002: 802,215

NEMT funding: Administrative match rate only

2002 FMAP: 70.45%
2003 FMAP: 70.60%

Program description:
Alabama has a unique “recipient-driven” non-emergency transportation program. Vouchers are issued directly to recipients who pay transportation providers. Consequently, the NEMT program is funded at a 50% federal administrative match rate. Maximum reimbursement rates are set regionally by local in-house non-emergency transportation coordinators, located in offices across the state.

Combined state and federal NEMT expenditures in fiscal year 2002: $6,261,896.23, which represents less than 1% of total program cost

Number of NEMT trips covered by Medicaid in calendar year 2001: Between 360,000 and 400,000

Number of unduplicated Medicaid recipients who used NEMT during calendar year 2001: 20,000, which represents 2.5% of unduplicated Medicaid recipients (Less than 10% of recipients)

Trips by provider in preceding fiscal year:

- Less than 1% by public transit
- 39% by paratransit van
- Less than 1% by taxi
- Less than 1% by volunteer drivers
- 25% Mileage reimbursement
- 25% ambulance or medical coach
- Less than 1% other

<table>
<thead>
<tr>
<th>Service Delivery Model</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fee-for-service</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Transportation data capability: via a separate non-emergency transportation information system.

Transit pass program: None

Fraud or inappropriate use: N/A

Contact information:

Arnita L. Howard, Division Director
Alabama Medicaid Agency
501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36104-5624

Telephone: (334) 242-0758
Fax: (334) 353-5448
E-mail: ahoward@medicaid.state.al.us

Alaska

State Population: 643,786

Unduplicated Medicaid count for fiscal year 2002: 124,924

NEMT funding: Medical services match rate (FMAP)

2002 FMAP: 53.01%
2003 FMAP: 58.27%

Program description: Alaska Medicaid is a fee-for-service program with no managed care. NEMT is provided on a fee-for-service basis with in-house management.

Combined state and federal NEMT expenditures in the fiscal year 2002: $17,600,000, which represents between 2-3% of total Medicaid expenditures.

NEMT trips provided in the preceding fiscal year: 134,059

Percentage of recipients using NEMT in fiscal year 2002: between 10-15%
Trips by provider in fiscal year 2002:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paratransit van</td>
<td>2%</td>
</tr>
<tr>
<td>Taxi</td>
<td>5%</td>
</tr>
<tr>
<td>Ground ambulance</td>
<td>2%</td>
</tr>
<tr>
<td>Other (primarily commercial airline)</td>
<td>93%</td>
</tr>
</tbody>
</table>

Costs by provider in fiscal year 2002:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paratransit van</td>
<td>1%</td>
</tr>
<tr>
<td>Taxi</td>
<td>5%</td>
</tr>
<tr>
<td>Ground ambulance</td>
<td>2%</td>
</tr>
<tr>
<td>Other (primarily commercial airline)</td>
<td>93%</td>
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</table>

<table>
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<th>No</th>
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<tbody>
<tr>
<td>Medicaid managed care</td>
<td>X All services are prior approved. Any</td>
<td>X</td>
</tr>
<tr>
<td>carve-in</td>
<td>licensed transportation company can</td>
<td></td>
</tr>
<tr>
<td></td>
<td>participate.</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separate transportation</td>
<td>X Fiscal agent is contracted to do</td>
<td></td>
</tr>
<tr>
<td>waiver</td>
<td>prior approvals based on state guidelines.</td>
<td></td>
</tr>
<tr>
<td>In-house management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Data collection capacity- via MMIS

Transit pass program- None

Cost containment initiatives
Alaska is considering use of a broker.

Contact information:

Teri Keklak, Health Program and Policy Manager
Alaska Department of Health and Social Services
Division of Medical Assistance
4501 Business Park Blvd, Suite 24
Anchorage, Alaska 99503-7167

Telephone: (907) 334-2400
Fax: (907) 561-1684
E-mail: Teri_Keklak@health.state.ak.us

Arizona

State population: 5,307,331

Unduplicated Medicaid count for the fiscal year 2002: 850,000

NEMT funding: Medical services match rate

2002 FMAP: 64.98%
2003 FMAP: 67.25%

Program description: Under Medicaid managed care, NEMT is included in the capitation rate of each health plan.

<table>
<thead>
<tr>
<th>Service Delivery Model</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
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<td></td>
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<tr>
<td>Fee-for-service</td>
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<td>X</td>
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<tr>
<td>Separate transportation waiver</td>
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<td>X</td>
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<tr>
<td>In-house management</td>
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<td>X</td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Transit pass program: up to the individual health plan

Contact information

C. J. Hindman
Chief Medical Officer, Assistant Deputy Director
AHCCCS
801 E. Jefferson St.
Phoenix, Arizona 85034

Telephone (602) 417-4240
Fax (602) 252-6536

Arkansas

State population: 2,692,090

Unduplicated Medicaid count for fiscal year 2002: 582,379

2002 FMAP: 72.64%
2003 FMAP: 74.28%

**NEMT funding:** Medical Services match rate.

**Program description:**
Arkansas uses a broker system for NEMT with a capitated rate. Arkansas has a 1915(b)(4) waiver, which allows the state to restrict Medicaid beneficiaries’ choice to obtain non-emergency transportation services only from specified brokers, except for those beneficiaries living in nursing homes, Qualified Medicare Beneficiaries, and children eligible for services through the ARKids First program. Most importantly, the waiver allows the state to claim non-emergency transportation as an optional medical service, and match the cost of the services at the FMAP rate (74.28% for 2003). The transportation brokerages provide both direct transportation services as well as administrative services. Brokers are reimbursed via capitated contract. Brokers are regional, and brokers do not serve as coordinator for other agencies.

To find out more about Arkansas regional non-emergency transportation brokers, see [http://www.afmc.org/HTML/programs/mmcs/mmcsbrokers.asp](http://www.afmc.org/HTML/programs/mmcs/mmcsbrokers.asp)

**Combined state and federal NEMT in fiscal year 2002:** $6,261,896.23, which represents less than 1% of total program costs

**Number of NEMT trips provided in fiscal year 2002:** 242,945 two-way trips

**Percentage of Medicaid recipients using NEMT in fiscal year 2002:** less than 10%

<table>
<thead>
<tr>
<th>Service Delivery Model</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
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<td>X</td>
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<tr>
<td>Fee-for-service</td>
<td>X</td>
<td></td>
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<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>To find out more about Arkansas’ waiver, see <a href="http://www.cms.hhs.gov/medicaid/1915b/ar1915bnetwp.asp">http://www.cms.hhs.gov/medicaid/1915b/ar1915bnetwp.asp</a></td>
</tr>
<tr>
<td>In-house management</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Perceived advantages of brokerage system:** cost savings and reduction in provider fraud.
Data collection capability has capacity for data collection beyond MMIS system. State contracts with the Medicaid Managed Care entity to collect data regarding recipient quality of care.

Transit Pass program: The broker administers the program. The Medicaid program does not coordinate with other agencies on the purchase of transit passes.

Cost containment: N/A

Fraud and misuse issues: N/A

Contact Information:

Floyd Sparks
Arkansas Division of Medical Services
P.O. Box 1437, Slot S414
Little Rock, Arkansas 72204

Telephone: (501) 682-8349
Fax: (501) 682-8350

Email: floyd.sparks@medicaid.state.ar.us

California

State population: 35,591,000

Unduplicated Medicaid count for fiscal year 2002: 6,720,540

NEMT funding: Medical services match rate

2002 FMAP: 51.40%
2003 FMAP: 50.00%

Program description:
Under Medicaid managed care, NEMT is included in the capitation rate for each health plan. Fee-for-service component is managed in-house.

Estimated federal-state expenditures for fee-for-service van transports in fiscal year 2002: $95,285,000, which represents less than 1% of total program costs.

<table>
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<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X NEMT is included in the monthly capitation rate</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X All services are prior approved. If there wasn’t</td>
<td></td>
</tr>
</tbody>
</table>
Medicaid Non-emergency transportation: National Survey 2002-2003

Separate transportation waiver | X
---|---
In-house management | X Heath plans (for managed care) and Department of Human Services staff (for fee-for-service) review prior approval requests.
Transportation brokerages | X

Data collection: via MMIS

Transit pass program: No

Cost containment: N/A

Fraud and abuse: N/A

Contact information:

Mary Lamar-Wiley, Acting Branch Chief
California Medicaid Agency
714 P. Street, Room 1640
Sacramento, California 95814

Telephone: (916) 657-1460
Fax: (916) 657-0957

Internet: www.Medi-cal.ca.gov

Colorado

State population: 4,417,714

Unduplicated Medicaid recipients for fiscal year 2002: 312,929

NEMT funding: medical services match rate.

2002 FMAP: 50.00%
2003 FMAP: 50.00%

Program description: NEMT is carved out of managed care, and is managed by counties in Colorado. Some counties have made brokered arrangements for service delivery. In
some counties, brokers provide both direct and administrative services. Brokers negotiate contracts to maximize reimbursement, which is capped at the Medicaid allowable rate.

**Combined state and federal expenditures on NEMT in fiscal year 2002:**
$10,543,658.64, which represents less than 1% of total program costs.

**Number of one-way trips provided during fiscal year 2002:** 368,935

**Percentage of Medicaid recipients using NEMT services in fiscal year 2002:** less than 10%.

**Trips by provider type in fiscal year 2002:**

- .06% by public transit
- 25.55% by paratransit van
- 51.38% by taxi
- 5.4% by volunteer drivers
- 14.4% by mileage reimbursement
- .58% by ambulance or medical coach
- 2.63% other

<table>
<thead>
<tr>
<th>Service delivery model</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X NEMT services are prior approved, with retrospective reviews as well. Any licensed provider may participate.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
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<td>X</td>
</tr>
<tr>
<td>In-house management</td>
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<td>X</td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Data collection capabilities:** by MMIS system only.

**Transit pass program:** none

**Fraud or program misuse:** N/A

**Contact information:**

Brian Chadwick, Transportation Administrator
Colorado Department of Health Care Policy and Financing  
1575 Sherman St.  
5th Floor  
Denver, Colorado 80203  
Telephone: (303) 866-5571

Connecticut

State population: 3,425,074

Unduplicated Medicaid recipients for fiscal year 2002: 410,000

NEMT funding: administrative match rate

2002 FMAP: 50.00%  
2003 FMAP: 50.00%

Program description:  
NEMT is included in the capitation rate for each health plan (two of the MCOs subcontract with Logisticare, one subcontracts with Coordinated Transportation Solutions, and one uses an in-house operation). Fee-for-service population is under two regional brokers, Logisticare and Dyntec. The state also pays for non-emergency ambulance services that are authorized by the brokers on a fee-for-service basis directly to the ambulance providers.

Number of trips provided to Medicaid recipients in fiscal year 2002: 649,345 one-way trips

Percentage of Medicaid recipients using NEMT services in fiscal year 2002: over 15% of recipients used NEMT services.

Trips by provider type in fiscal year 2002:

21% public transport  
57% taxi  
22% ambulance or medical coach

<table>
<thead>
<tr>
<th>Service Delivery Model</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X Cost of NEMT is included in the capitated rate</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X All NEMT services prior approved.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### In-house management

| Transportation brokerages   | X Contracted brokers provide both direct and administrative services. |

### Perceived advantages of brokerage system:  
Service hours expanded, more appropriate utilization as evidenced by trips diverted from 911, and reduction in fraud and abuse.

### Data collection capabilities:  
Via receipt of encounter data from managed care organizations.

### Transit pass program:  
Administered by the contracted brokers.

### Contact information:

David Parella  
Director  
Connecticut Medicaid  
25 Sigourney Street  
Hartford, Connecticut  
06106  
Telephone: (860) 424-5116  
Fax: (860) 424-5114  
E-mail: David.Parella@po.state.ct.us

### Delaware

State population: 796,165

Unduplicated Medicaid recipients for fiscal year 2002: 148,142

NEMT funding: Administrative service match rate

2002 FMAP: 50.00%
2003 FMAP: 50.00%

Program description:
NEMT is carved out of managed care and provided through a separate transportation brokerage contract. The statewide capitated contractor, Logisticare, coordinates non-emergency transportation for all Medicaid beneficiaries.

For a more detailed discussion of Delaware’s NEMT program, see [www.nasmd.org/Medicaid%20NEMT%20Case%20Studies.pdf](http://www.nasmd.org/Medicaid%20NEMT%20Case%20Studies.pdf)
Combined state and federal expenditures for NEMT in fiscal year 2002: $8,500,000, which represents between 1-2% of total Medicaid expenditures

Number of NEMT trips provided in fiscal year 2002: 544,000 one-way trips

Number of recipients using NEMT in fiscal year 2002: between 10-15% of Medicaid recipients

Trips by provider in fiscal year 2002:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paratransit van</td>
<td>15%</td>
</tr>
<tr>
<td>Taxi</td>
<td>.05%</td>
</tr>
<tr>
<td>Ambulance or medical coach</td>
<td>84%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service delivery model</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>In-house management</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerage</td>
<td>X Broker provides administrative services under a capitated contract</td>
<td></td>
</tr>
</tbody>
</table>

Data collection capabilities: via encounter data reporting

Transit pass program: Transit passes issued by broker

Contact information:

Joyce Pinkett, Administrator
Delaware Division of Social Services
P.O. Box 906
New Castle, Delaware 19720

Telephone: (302) 255-9616
Fax: (302) 255-4425

E-mail: Jpinkett@state.de.us
District of Columbia

Population: 571,822

Unduplicated Medicaid count for fiscal year 2002: 123,000

NEMT funding: medical services match rate

2002 FMAP: 70.00%
2003 FMAP: 70.00%

Program description:
Under Medicaid managed care, NEMT is included in the capitation rate for each health plan. NEMT for fee-for-service population is managed in-house.

Combined state and federal NEMT expenditures for fiscal year 2002: $16,000,000, which represents less than 1% of total program costs.

NEMT trips by provider in fiscal year 2002:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public transit</td>
<td>10%</td>
</tr>
<tr>
<td>Paratransit van</td>
<td>60%</td>
</tr>
<tr>
<td>Taxi</td>
<td>30%</td>
</tr>
<tr>
<td>Volunteer drivers</td>
<td></td>
</tr>
<tr>
<td>Mileage reimbursement</td>
<td></td>
</tr>
<tr>
<td>Ambulance or medical coach</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

NEMT costs by provider in fiscal year 2002:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public transit</td>
<td>5%</td>
</tr>
<tr>
<td>Paratransit van</td>
<td>70%</td>
</tr>
<tr>
<td>Taxi</td>
<td>20%</td>
</tr>
<tr>
<td>Volunteer drivers</td>
<td></td>
</tr>
<tr>
<td>Mileage reimbursement</td>
<td></td>
</tr>
<tr>
<td>Ambulance or medical coach</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Service delivery models</td>
<td>Yes</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Medicaid managed care carve -in</td>
<td>X NEMT services are included in the capitation rate</td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X All services are prior approved and subject to retrospective review. Any licensed company can participate.</td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td></td>
</tr>
<tr>
<td>In-house management</td>
<td>X In-house staff review claims and utilization.</td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td></td>
</tr>
</tbody>
</table>

Data collection capabilities: via MMIS

Transit pass program: No

Innovation: Bus tokens and taxicab vouchers used. Facilities and providers issue the vouchers and in turn bill the Medicaid program.

Cost containment: DC is currently considering the use of brokerages for coordination of NEMT

Fraud and abuse- trends are indicative of inappropriate billing- investigations in process

Contact information:

Andre Taylor  
Department of Health, Medical Assistance Division  
825 North Capitol Street  
Washington, DC 20002  
Telephone: (202) 698-2026  
Email: Antaylor@DChealth.com

Calvin Kearney, Chief, Program Operations  
Department of Health, Medical Assistance Administration  
825 North Capitol Street, Suite 5135  
Washington, DC 20002

Telephone: (202) 442-9050  
Fax: (202) 442-4790
Florida

State population: 16,713,149

Unduplicated Medicaid count for individuals eligible for NEMT for fiscal year 2001-2002: 1,959,538

NEMT funding: medical services match rate

2002 FMAP: 56.43%
2003 FMAP: 58.83%

Program description:
Under Medicaid managed care, NEMT is carved out (i.e., reimbursed on a fee-for-service basis directly to transportation providers), except when provided as an optional service by a Medicaid HMO. If covered by the HMO, NEMT services are capitated via a separate rate based on age, district of residence, gender, and type of eligibility. For non-managed care recipients, Florida has a “Coordinated Non-emergency Transportation Waiver” which allows the state to restrict NET services to those authorized by the local community transportation coordinator.

Combined state and federal NEMT expenditures in fiscal year 2002: $69,097,582, which represents between 1-2% of total Medicaid costs.

NEMT trips in fiscal year 2002:

632,634 one-way trips
1,442,685 two-way trips

Percentage of Medicaid recipients using NEMT services in fiscal year 2002: between 10-15%

Trips by provider in fiscal year 2002:

Public transit 31.16%
Taxi 4.61%
Non-emergency wheelchair and stretcher van 17.28%
Private transport (not statewide, some counties only) .50%
Non-profit transport 16.17%
Multi-load private transport 30.29%

Costs by provider for fiscal year 2002:

Pubic transit and paratransit combined: 31.40%
Taxi: 5.34%
Non-emergency wheelchair and stretcher van: 20.66%
Private transport is .23%
Non-profit transport 13.90%
Multi-load private transport 28.48%

<table>
<thead>
<tr>
<th>Service Delivery Model</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X. Transportation rate setting is separate from other medical services and varies based on age, district of residence, gender, and type of eligibility.</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Prior approval required for wheelchair and stretcher van services. Any licensed company can participate in the program. Licensure by the Department of Highway Safety and Motor Vehicles and the Department of Transportation.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td>X NEMT administered with a 1915(b) (4) freedom of choice waiver</td>
<td>To find out more about Florida’s waiver, see <a href="http://www.cms.hhs.gov/medicaid/1915b/fl1915bfcnet.asp">http://www.cms.hhs.gov/medicaid/1915b/fl1915bfcnet.asp</a></td>
</tr>
<tr>
<td>In-house management</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X Brokers provide statewide direct transportation and administrative services. Brokers are reimbursed via fee plus provider costs. Broker also provides services for Department of Children and Families, Department of Elder Affairs, Department of Education, Commission for the Transportation Disadvantaged, and Agency for Health Care Administration, Department of Veteran’s Affairs, and Department of Transportation.</td>
<td></td>
</tr>
</tbody>
</table>

Data collection capabilities:
Data collection is done via encounter data collection, compiled in a yearly summary by county. Monthly complaint information is also compiled.

Transit Pass program:
The state coordinates with Department of Children and Families, Department of Elder Affairs, Department of Education, Commission for the Transportation Disadvantaged, Agency for Health Care Administration, Department of Veteran’s Affairs, and Department of Transportation.
The Community Transportation Coordinator, broker or provider is responsible for bus pass coordination.
**Cost Containment:**
The Agency for Health Care Administration is currently working on standardization of rates via regional capitated brokerage systems, uniform rate equations under fee-for-service rate setting, standard screening methodologies for determining the most efficient cost effective mode of transportation, and uniform monitoring procedures.

**Fraud and Misuse:**
NEMT spending has increased 29%, with an average growth rate of 7.2% per year, following FY 1998, while the actual number of NEMT users has decreased by an average of 1.5% per year (total number of Medicaid beneficiaries has increased at a rate of 9.7 percent per year.

With cost and reimbursement rate variance among the 67 counties with significant differences in enrollment, rate-setting methodologies, and availability of transportation modes, billings between counties are not comparable.

Use of 49 Community Transportation Coordinators/brokers, procured under the Commission for the Transportation Disadvantaged (TD Commission), has not had a demonstrable effect on cost control or fraud reduction. The 49 brokers currently provide direct transportation as well as gate-keeping functions, with no statewide uniform screening tool for determination of the least-expensive appropriate mode of transportation.

**Contact Information**
John Austin, Medical/Health Care Program Analyst
Agency for Health Care Administration
2727 Mahan Drive, MS-20
Tallahassee, Florida 32308

Telephone: (850) 922-7305
Fax: (850) 922-7303
E-mail: Austinj@fdhc.state.fl.us

**Georgia**

State population: 8,560,310

Unduplicated Medicaid recipients for fiscal year 2002: 1,000,000

NEMT funding: Medical services match rate

2002 FMAP: 59.00%
2003 FMAP: 59.60%
**Program description:**
NEMT is carved out of managed care and is coordinated through a brokerage arrangement. Logisticare is the broker for four regions of the state; Southeastrans, Inc. is the broker for the Atlanta region. Since Georgia has an approved 1915(b)(4) freedom-of-choice waiver, Georgia is able to match NEMT expenditures at the medical services match rate.

**NEMT expenditures** represent between 2-3% of total Medicaid costs.

**NEMT trips provided in fiscal year 2002:** 2,883,626 one-way trips were provided, 47,944 two-way trips, and 18,521 “other”.

**Percentage of Medicaid recipients using NEMT services in fiscal year 2002:** over 15% of recipients

**Trips by provider type in fiscal year 2002:**

<table>
<thead>
<tr>
<th>Transportation type</th>
<th>“Broker A”</th>
<th>“Broker B”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public transit</td>
<td>34.50%</td>
<td>2.29%</td>
</tr>
<tr>
<td>Paratransit van</td>
<td>64.63%</td>
<td>76.31%</td>
</tr>
<tr>
<td>Taxi</td>
<td>.75%</td>
<td>.47%</td>
</tr>
<tr>
<td>Volunteer drivers</td>
<td>0%</td>
<td>.86%</td>
</tr>
<tr>
<td>Mileage reimbursement</td>
<td>0%</td>
<td>1.43%</td>
</tr>
<tr>
<td>Ambulance or medical coach</td>
<td>.13%</td>
<td>18.63%</td>
</tr>
</tbody>
</table>

**Cost by provider type in fiscal year 2002:**

<table>
<thead>
<tr>
<th>Provider type</th>
<th>“Broker A”</th>
<th>“Broker B”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public transit</td>
<td>8.46%</td>
<td>1.38%</td>
</tr>
<tr>
<td>Paratransit van</td>
<td>87.47%</td>
<td>60.36%</td>
</tr>
<tr>
<td>Taxi</td>
<td>3.06%</td>
<td>.66%</td>
</tr>
<tr>
<td>Volunteer drivers</td>
<td>0%</td>
<td>1.98%</td>
</tr>
<tr>
<td>Mileage reimbursement</td>
<td>0%</td>
<td>.86%</td>
</tr>
<tr>
<td>Ambulance or medical coach</td>
<td>1.02%</td>
<td>34.76%</td>
</tr>
</tbody>
</table>
### Service delivery model

<table>
<thead>
<tr>
<th>Medicaid managed care carve-in</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee-for-service</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td>X 1915(b)(4) freedom of choice waiver</td>
<td></td>
</tr>
<tr>
<td>To find out more about Georgia’s waiver, see <a href="http://www.cms.hhs.gov/medicaid/1915b/ga1915bnet.asp">http://www.cms.hhs.gov/medicaid/1915b/ga1915bnet.asp</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-house management</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X Provision of NEMT is under a capitated brokerage arrangement.</td>
<td></td>
</tr>
</tbody>
</table>

**Perceived advantages of brokerage arrangement:** Expanded services and cost savings of more than $30 million per year.

**Data collection capabilities:** via encounter data by the contractors.

**Transit passes program:** administered by the brokers.

**Contact information:**

Janine Gardner, Contract Manager  
Georgia Department of Community Health  
2 Peachtree St. N.W.  
35th Floor  
Atlanta, Georgia 30303-3159

Telephone: (404) 651-6917  
Fax: (404) 657-0223  
E-mail: jgardner@dch.state.ga.us

**Hawaii**

**State population:** 1,244,898

**Unduplicated Medicaid count for fiscal year 2002:** 170,000 (35,000 in fee-for-service and 135,000 in managed care)

**NEMT funding:** medical services match rate

**2002 FMAP:** 56.34%
2003 FMAP: 58.77%

Program description:
NEMT is included in the state’s managed care program, and included in the capitation rate for each health plan. Non-managed care population receive NEMT on a fee-for-service basis.

Total federal-state expenditure in fiscal year 2002: about $1 million, which represents between 1-2% of the total Medicaid expenditures.

Number of NEMT trips provided in fiscal year 2002: About 4,000 one-way and 30,000 two-way NEMT trips

Trips and costs by provider in fiscal year 2002:
Paratransit van 75%
Mileage reimbursement 25%
(Taxis not included in tabulation as payment mechanism differs)

<table>
<thead>
<tr>
<th>Service delivery model</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Prior approval is based on request from a physician, and is subject to both prior and retrospective review. Handivan services are excepted from the prior approval process, and are paid via the claims payment system.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>In-house management</td>
<td>X In-house management components include authorization of services, rate setting, and retrospective review.</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Data collection capabilities:
via MMIS

Transit pass program:
The transit pass (bus pass) program and handivan services coupon program are administered by the managed care plans, and in-house staff for fee-for-service.

**Fraud and abuse**
Hawaii has experienced some fraud and inappropriate use issues with providers on the fee-for-service side and with recipients on the managed care side.

**Contact information:**
Lynette Hambro, MD
Medical Director
Med-Quest Division
P.O. Box 700190
Kapolei, Hawaii 96709-0190

Telephone: (808) 692-8106
Fax: (808) 692-8131

**Idaho**

**State population:** 1,341.131

**Average monthly unduplicated number of Medicaid recipients for fiscal year 2002:** 141,954

**NEMT funding:** Medical services match rate

**2002 FMAP:** 71.02%
**2003 FMAP:** 70.96%

**Program description**
NEMT is administered as a fee-for-service program. Medicaid beneficiaries are enrolled as Medicaid providers and reimbursed via the MMIS system for mileage reimbursements. This allows the state to get the medical service match rate for mileage reimbursements.

**Estimated total state-federal cost for NEMT program in fiscal year 2002:** $9.5 million, which represents between 1-2% of total Medicaid program costs.

**Percentage of Medicaid recipients who used NEMT in fiscal year 2002:** Less than 10%
<table>
<thead>
<tr>
<th>Service Delivery Model</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X Most services are prior approved, except for volunteer mileage reimbursement for less than 21 miles per day.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Commercial transport, ancillary travel expenses, and airline travel requires prior approval.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retrospective review is also done on NEMT services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any license provider may participate in the program.</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Most services are prior approved, except for volunteer mileage reimbursement for less than 21 miles per day.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Commercial transport, ancillary travel expenses, and airline travel requires prior approval.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retrospective review is also done on NEMT services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any license provider may participate in the program.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td>X Prior authorizations and retrospective reviews are done by in-house staff</td>
<td>X</td>
</tr>
<tr>
<td>In-house management</td>
<td>X Prior authorizations and retrospective reviews are done by in-house staff</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Data collection capacity:** MMIS system.

**Transit pass program:** coordinates with other agencies/programs for cost allocation.

**Fraud or inappropriate use:** some issues at time of survey

**Contact information:**

Lynne Denne  
Program Supervisor- Transportation  
Idaho Division of Medicaid  
P.O. Box 83720  
Boise, Idaho 83720-0036

Telephone (208) 334-0625  
Fax: (208) 364-1811  
Email: Dennel@IDHW.state.id.us
Illinois

State population: 12,600,620

Unduplicated Medicaid recipients for fiscal year 2002: 1,433,534

NEMT funding: medical services match rate.

2002 FMAP: 50.00%
2003 FMAP: 50.00%

Program description:
Under Medicaid managed care, NEMT is included in the capitation rate. Non-managed care recipients receive NEMT on a fee-for-service basis.

Combined federal-state NEMT expenditures in fiscal year 2002: $63,655,177

Number of NEMT trips provided in fiscal year 2002: 1,449,290 one-way trips

Number of Medicaid recipients using NEMT in fiscal year 2002: 96,048 Medicaid recipients, which represents less than 10% of recipients.

<table>
<thead>
<tr>
<th>Service delivery model</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Prior approval required for all NEMT with the exception of residents of long-term care facilities. Services are subject to retrospective review as well. Any licensed company can participate. Transportation providers are licensed by the Secretary of State.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>In-house management</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Data collection capabilities:
Illinois has a separate transportation data system. Managed care providers submit encounter data and annual reports.

Transit pass program:
The Illinois Department of Public Aid contracts with Mass Transit companies and routes funding through the Department of Human Services which distribute fare cards in covered areas. Passes are distributed by Department of Human Services local offices.

Cost containment under consideration:
Effective in June of 2001, the Medicaid program shifted prior approval process from DHS employees to Dyntek Services, Inc. in Cook County and 51 downstate counties.

Fraud and abuse:
Illinois sees provider fraud and abuse as pervasive and extensive. As a result of a recent OIG audit, prior approval responsibility was shifted to an independent contractor

Contact information:
Yvonne Roth-Zumstein or Pat Law
Contract Manager
Illinois Department of Public Aid
201 Springfield, Illinois 62763
Telephone: (217) 524-7478
Fax: (217) 524-7535
Internet: www.state.il.us/dpa/

Indiana

State population: 6,159,068

Total unduplicated Medicaid recipients for fiscal year 2002: 856,201

NEMT funding: Medical services match rate

2002 FMAP: 62.04%
2003 FMAP: 61.97%

Program description
Under Medicaid managed care, transportation is included in the capitation rate for each plan, for some modes of transportation, as well as reimbursed on a fee-for-service basis directly to transportation providers for other modes of transportation.
Combined federal-state NEMT expenditures in fiscal year 2002: $18,202,075, which represents less than 1% of total Medicaid program expenditures.

Number of NEMT trips in fiscal year 2002: 1,365,973 one-way trips

Percentage of Medicaid recipients using NEMT services in fiscal year 2002: Less than 10%

Trips by provider in fiscal year 2002:
- Public transit
- Paratransit van: 62%
- Taxi: 6.4%
- Volunteer drivers
- Mileage reimbursement: 20%
- Ambulance or medical coach: 5.7%
- Other: 5.9%

Costs by provider in fiscal year 2002:
- Public transit: .1%
- Paratransit van: 45.5%
- Taxi: 3.9%
- Volunteer drivers
- Mileage reimbursement: 10.6%
- Ambulance or Medical Coach: 7.9%
- Other: 32%

<table>
<thead>
<tr>
<th>Service Delivery Model</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X Costs are both included in the monthly capitation as well as “passed through” and paid separately</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Recipients that have used more than 20 one-way trips in a rolling year need prior authorization for every trip, with the exception of nursing home recipients, transfers between facilities, and renal dialysis services. Services are also subject to retrospective review. Provider participation is limited based on eligibility criteria specific to the provider type.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>In-house management</td>
<td>X State staff and certain contracted entities perform provider billing and recipient use monitoring.</td>
<td></td>
</tr>
</tbody>
</table>
Transportation brokerages: X

Data collection capabilities: MMIS system

Transit pass program: no

Cost containment: state exploring options

Fraud and abuse: N/A

Contact information:
Amanda Mizell, Policy Analyst
Office of Medicaid Policy and Planning
402 W. Washington St., Room W382, Mail Stop 07
Indianapolis, Indiana 46204-2739

Telephone: (317) 233-4455
Fax: (317) 232-7382
Internet: www.Indianamedicaid.com

Iowa

State population: 2,936,760

Unduplicated average monthly eligibles for fiscal year 2002: 237,563

NEMT funding: covered at both administrative and medical services match rates.

2002 FMAP: 62.86%
2003 FMAP: 63.50%

Program description:
NEMT is carved out of managed care. Nonemergency transportation services are covered as both administrative costs and as medical services costs. In many instances, Medicaid clients pay for bus, van, or mileage costs, and then get reimbursed at county offices. This reimbursement would be at the administrative match rate. Some non-emergency transportation providers bill Medicaid via the MMIS system, and the state receives the medical services match rate (FMAP) for these expenditures.

Estimated total state and federal expenditures for fiscal year 2002: $3,423,399, which represents less than 1% of total Medicaid program costs.
<table>
<thead>
<tr>
<th>Service Delivery Model</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>In-house management</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Data collection capabilities:** via MMIS system.

**Cost containment:** reimbursement for mileage reimbursement was reduced from $.29 to $.20 per mile effective 12-1-02.

**Contact information:**

Sue Stairs  
Program Manager  
Iowa Department of Human Services  
1305 E. Walnut  
Des Moines, Iowa 50319

Telephone: (515) 281-5233  
Fax: (515) 281-8512  
E-mail: sstairs@dhs.state.ia.us

**Kansas**

**State Population:** 2,715,884

**NEMT funding:** medical service match rate.

**2002 FMAP:** 60.20%  
**2003 FMAP:** 60.15%

**Program description:**

Under the Kansas managed care program, NEMT services are included in the capitation rate (“carved in”). MCOs enroll providers, coordinate travel, and pay providers for services rendered.
Kansas provides both “commercial NEMT” and “non-commercial NEMT” services. Commercial services are available under the fee-for-service and managed care programs. There are two levels of commercial providers reimbursement: “level one” for ambulatory consumers, and “level two” for non-ambulatory consumers. Level one reimbursement is at a lesser cost than level two. All “level two” (non-ambulatory) services are subject to prior authorization by the fiscal agent. For “level one” transports, the provider must submit documentation by completing a “NMET form”, that gives specific information about the trip.

Noncommercial transportation consists of privately enrolled individuals who transport consumers (usually family members). Enrolling these individuals as Medicaid providers and reimbursing them via the MMIS system allows the state to draw medical services match rate for this service component. The reimbursement is at a flat rate of 22 cents per mile. All non-commercial transportation must be prior authorized by the Medicaid fiscal agent.

The two-tiered reimbursement levels and increased level of prior authorizations have been recently implemented in an effort to contain escalating NEMT costs.

**Combined state-federal expenditures for fiscal year 2002:** $7.3 million, which represents less than 1% of total Medicaid program costs.

**Number of NEMT trips provided in fiscal year 2002:** Kansas estimates that the state provided 1.1 million one-way trips

**Percentage of Medicaid recipients using NEMT in fiscal year 2002:** less than 10%

<table>
<thead>
<tr>
<th>Service Delivery Model</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X All non-commercial NEMT requires prior approval, with retrospective review as well. Any licensed company can provide NEMT services. The city governments license transportation providers.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>In-house management</td>
<td>X Medicaid fiscal agent provides monitoring of provider billing and monitoring of recipient use.</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Data collection capabilities: via the MMIS system.

Fraud and inappropriate use: Providers or recipients suspected or fraud or program misuse are referred to the Office of the Attorney General and the US Department of Justice, and decertified.

Contact information:

Candy Cunningham
Program Manager
Department of Social and Rehabilitation Services
915 SW Harrison Ave.
Room 651 South
Topeka, Kansas 66612-1570

Telephone: (785) 291-3226
Fax: (785) 296-4813
Email: CSC@srskansas.org

Kentucky

State population: 4,092,891

NEMT funding: medical services match rate

Total state and federal expenditures for NEMT in fiscal year 2002: $63,735,482, which represents between 1-2% of the total Medicaid program costs.

2002 FMAP: 69.94%
2003 FMAP: 69.89%

Program description
NEMT is claimed as a medical service expenditure under a brokered system. Kentucky has a freedom -of-choice (section 1915(b)(4)) waiver for Medicaid non-emergency transportation.

The state is divided into multiple-county transportation regions. Region-specific brokerages provide services to managed-care and fee-for-service beneficiaries via capitated rates.

Note: NEMT services were included in capitation rates for managed care plans in region 6 of the state in FY 2002, and in FY 2003 NEMT was carved out and is now coordinated through a brokerage arrangement
To find out more about Kentucky’s waiver, see [http://www.cms.hhs.gov/medicaid/1915b/ky1915bnemtp.asp](http://www.cms.hhs.gov/medicaid/1915b/ky1915bnemtp.asp)

To find out more about Kentucky’s non-emergency transportation program and brokers, [http://www.cms.hhs.gov/medicaid/1915b/ky1915bnemtp.asp](http://www.cms.hhs.gov/medicaid/1915b/ky1915bnemtp.asp)

<table>
<thead>
<tr>
<th>Service Delivery Model</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X In one region of the state serving approximately 127,000 recipients</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Non-emergency stretcher services are provided under fee-for-service. The Kentucky Transportation Cabinet licenses transportation providers.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td>X Kentucky operates under a 1915(b)(4) waiver to contract with the Kentucky Transportation Cabinet to manage the daily operation of NEMT program.</td>
<td></td>
</tr>
<tr>
<td>In-house management</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X The transportation broker provides both direct and administrative services, and is reimbursed via a capitated contract. The broker also serves as transportation coordinator for state Vocational Rehabilitation agencies.</td>
<td></td>
</tr>
</tbody>
</table>

**Perceived advantages of brokerage system:** an expanded transportation system statewide, and a slow-down in NEMT cost increases.

**Data collection capabilities:** enhanced by monthly data reports and encounter data reporting by the broker.

**Transit pass program:** administered by the broker, who determines the most appropriate least expensive mode of travel, and purchases and distributes transit passes.

**Fraud and inappropriate use:** historically includes indictment of some fee-for-service providers in Region 6.
Contact information:

Cindy Stoops  
Branch Manager  
Kentucky Department for Medicaid Services  
275 E. Main Street, 6 E.C.  
Frankfort, Kentucky 40621

Telephone: (502) 564-4923  
E-mail: Cindy.Stoops@mail.state.Ky.us

Louisiana

State population: 4,482,646

Unduplicated Medicaid recipients for fiscal year 2002: 506,935

NEMT funding: medical services match rate

2002 FMAP: 70.30%  
2003 FMAP: 71.28%

Program description:
NEMT is carved out of managed care and is reimbursed on a fee-for-service basis directly to the transportation provider. Louisiana has in-house management, with a contractor to authorize and dispatch NEMT services statewide. Louisiana has an innovative approach to NEMT via their “Friends and Family Program”. Individuals can enroll and transport up to three (3) Medicaid-eligible friends or family members to and from a medical appointment for a flat rate of $7.50 per ride. Individuals who provide this service are signed up as Medicaid service providers and reimbursed through the Medicaid Management Information System (MMIS), thus allowing the state to fund these services at the higher medical service match rate (71.28% for FY 2003).

Total state and federal expenditure on NEMT for fiscal year 2002: $7,218,591, which represents more than 3% of total Medicaid program costs.

Louisiana estimates the 98% of the trips covered are two-way, and 2% are one-way.

Percentage of Medicaid recipients who received NEMT in fiscal year 2002: Less than 10%
### Service Delivery Model

<table>
<thead>
<tr>
<th>Model</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X All NEMT services are prior approved. Any licensed transportation company can participate in NEMT program.</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Louisiana Medicaid has a contract with Medical Dispatch to authorize and dispatch services for NEMT statewide.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>In-house management</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

**Data collection capabilities:** via the MMIS.

**Transit pass program:** Transit passes are used. Louisiana has a contract with Public Transit and Van Services

**Contact information:**

Gail Williams, Program Manager  
Department of Health and Hospitals  
BHSF  
Program Operations  
P.O.Box 91030  
Baton Rouge, Louisiana 70821

Telephone: (225) 342-1417  
Fax: (225) 342-1411

**Maine**

**State population:** 1,294,464

**Unduplicated Medicaid recipients for fiscal year 2002:** 211,322

**NEMT funding:** medical services match rate

**2002 FMAP:** 66.58%  
**2003 FMAP:** 66.22%
**Combined state and federal expenditures for fiscal year 2002:** $16,100,000, which represents between 1-2% of total Medicaid expenditures.

**Program description:**
NEMT is carved out of managed care. In each regional catchment area, a full service transportation provider is designated by the Maine Department of Transportation or the Department of Human Services to coordinate NEMT services and pay providers. For more information on Maine NEMT regulations, see [http://www.state.me.us/sos/cec/rcn/apa/10/ch101.htm](http://www.state.me.us/sos/cec/rcn/apa/10/ch101.htm)

**Estimated number of trips in fiscal year 2002:** 920,000 one-way trips
   430,000 two-way trips

**Percentage of Medicaid recipients using NEMT service is fiscal year 2002:** Less than 10%.

**Trips by provider in fiscal year 2002:**

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Public transit</td>
<td></td>
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<tr>
<td>Paratransit van</td>
<td></td>
</tr>
<tr>
<td>Taxi</td>
<td>1%</td>
</tr>
<tr>
<td>Volunteer drivers</td>
<td>42%</td>
</tr>
<tr>
<td>Mileage reimbursement</td>
<td>53%</td>
</tr>
<tr>
<td>Ambulance or Medical coach</td>
<td></td>
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<tr>
<td>Other</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Service Delivery Models**

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<th>Yes</th>
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<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X All services prior approved, by providers for in-state trips and by Medicaid agency for out-of-state trips. Services also subject to retrospective review</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>In-house management</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Data collection capabilities:** via MMIS system
**Transit pass program:** Providers issue bus passes where appropriate and cost-effective

**Cost containment initiative:** N/A

**Fraud and abuse:** N/A

**Contact information:**

Marianne Ringel, Director, Policy and Provider Services  
“Maine Care” Bureau of Medical Services  
11 State House Station  
Augusta, Maine 04333

Email: Marianne.Ringel@Maine.gov  
Telephone: (207) 287-3828  
Fax: (207) 287-9369

**Maryland**

**State population:** 5,458,137

**NEMT funding type:** administrative match rate

**2002 FMAP:** 50.00%  
**2003 FMAP:** 50.00%

**Program description**

NEMT carved out of Medicaid managed care. Grants are given to each administrative subdivision (23 counties plus the city of Baltimore) for all NEMT coordination. Local contractors (Health Department offices) provide eligibility verification, screening, transportation arrangement, and reimbursement of transportation providers. Some administrative subdivisions subcontract out for direct and administrative functions.

<table>
<thead>
<tr>
<th>Service delivery models</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Medicaid managed care carve in</td>
<td></td>
<td>X</td>
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<tr>
<td>Fee-for-service</td>
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<td>X</td>
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<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>In-house management</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X Local health departments are grantees for provision of NEMT. Some local health departments subcontract out the functions. Brokers in one or several localities also serve as transportation coordinator for other state agencies.</td>
<td></td>
</tr>
</tbody>
</table>
Data collection: Local grantees report in a variety of electronic and hard copy formats.

Transit pass program: No

Innovations: Under the state’s IDEA program, schools access Medicaid funding for transport of students to health care appointments.

Cost containment: N/A

Fraud and abuse: 1993 conversion to grant program for NEMT has resolved previous fraud and abuse problems.

Contact:

Judy Zeller, Transportation Policy Specialist
Maryland Medical Assistance Division
201 W. Preston St.
Baltimore, Maryland 21201

Telephone: (410) 767-2862
Fax: (410) 333-5052

E-mail: zellerj@DHMH.state.md.us

Massachusetts

State population: 6,427,801

Unduplicated Medicaid count for fiscal year 2002: 20,000

NEMT funding: administrative match rate

2002 FMAP: 50.00%
2003 FMAP: 50.00%

Program description:
NEMT services are carved out of managed care and coordinated through a brokerage arrangement, with Regional Transit Authorities coordinating NEMT services in their area.

Estimated total state and federal expenditures for NEMT in fiscal year 2002: $39 million, which represents between 1-2% of total Medicaid program costs.
Number of NEMT trips provided in fiscal year 2002: An estimated 3.9 million one-way trips.

Percentage of Medicaid recipients using NEMT in fiscal year 2002: Between 10-15%

Trips by provider in fiscal year 2002: 35% of trips are provided by paratransit van, and 65% of trips by taxi.

Costs by provider in fiscal year 2002: 40% of NEMT was reimbursed to paratransit vans and 60% to taxis.

<table>
<thead>
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<th>Service Delivery Model</th>
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<th>No</th>
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<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Services are all prior approved. Any licensed transportation company can be a NEMT provider.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>In-house management</td>
<td>X State-contract staff review all written requests for NEMT by medical professionals.</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X State contract staff review all requests for NEMT. Requests must be in writing from a medical professional. The broker provides only administrative services, and the contractor is reimbursed a per-trip rate for the administrative costs and subcontractor (vendor) costs. The broker also coordinates NEMT for the state Department of Mental Retardation and Department of Public Health Early Intervention Program.</td>
<td></td>
</tr>
</tbody>
</table>

Perceived advantages of brokered system: better coordination of trips through shared rides and cost savings.

Transportation data capabilities: via the MMIS.
Transit pass program: The state transit pass program issues transit passes to recipients who request them. Massachusetts also runs a pilot program with transit pass issuance by the local regional transit authorities.

Cost containment: In response to recent state budget concerns, the state is considering implementation of copayments for certain types of NEMT services.

Contact information:

Perry Fong, Transportation Manager
MassHealth
600 Washington Street
Boston, Massachusetts 02111

Telephone: (617) 210-5324
Fax: (617) 210-5835

E-mail: pfong@nt.dma.state.ma.us

Michigan

State population: 10,050,446

Average monthly unduplicated Medicaid recipients for preceding fiscal years:
FY01 1,114,736
FY02 1,212,286

NEMT funding: both administrative and medical services match rates.

2002 FMAP: 56.36%
2003 FMAP: 55.42%

Program description:
NEMT is carved into managed care (and covered at the medical services match rate). NEMT services are also covered as administrative costs for fee-for service populations and for transportation to services that are carved out of managed care plans (such as dental and eye care services).

NEMT is included in managed care capitation rates. The MCOs may subcontract out the NEMT or may administer in-house.

NEMT for fee-for-service (which includes fee-for-service populations are well as services that are carved out of managed care) is administered by local offices of the Michigan Department of Family Independence (FIA). The local FIA offices may choose
to administer NEMT services in-house and may also opt to subcontract the services. The FIA local offices serve as the point of contact for individuals needing NEMT services, verify eligibility, determine the least expensive appropriate mode of travel, to include mileage reimbursement and per diem for consumers with personal vehicles and volunteer drivers, transit tokens, and commercial van and taxi transports. Each local FIA is reimbursed on a monthly basis for the actual cost of the transport services. To find out more about Michigan fee-for-service NEMT, see [http://www.mfia.state.mi.us/olmweb/ex/pam/825.pdf](http://www.mfia.state.mi.us/olmweb/ex/pam/825.pdf)

**Estimated total state and federal NEMT expenditures for preceding fiscal years:**
- FY 01 $6,571,100
- FY02 $8,166,910

These expenditures represent less than 1% of total Medicaid program costs for the preceding fiscal years.

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<tr>
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<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X The NEMT is included in managed care capitations.</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Some NEMT services are prior approved. Any licensed transportation provider can participate.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>In-house management</td>
<td>X State case workers administer prior approvals</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Data collection capabilities:** MMIS system.

**Contact information:**

James MacPherson  
Transportation Specialist  
Michigan Department of Community Health  
400 S. Pine  
Lansing, Michigan 48909

Telephone: (517) 335-5130  
Fax: (517) 335-5136

E-mail: MacPherson@michigan.gov
Minnesota

State population: 5,019,720

Number of average monthly unduplicated Medicaid eligibles for fiscal year 2002: 373,000

NEMT funding: at both medical services and administrative match rate.

2002 FMAP: 50.00%
2003 FMAP: 50.00%

Program description
Under Medicaid managed care, some NEMT services are included in the capitation and some are carved out and paid by counties. Many NEMT services are paid through the county, and subsequently the county submits Medicaid billings for these expenditures.

Estimated combined state and federal expenditures on NEMT in fiscal year 2002: $36 million, which represents between 1-2% of total Medicaid program costs.

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<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X NEMT services are included in the capitation rate.</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Out of local trade area requests for common carrier are prior approved. NEMT claims are also subject to retrospective review. Any licensed transportation company can participate.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>In-house management</td>
<td>X State staff prior approve special transportation for those who cannot safely access common carriers via a certificate of need form.</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Data collection capabilities: via the state MMIS system, and via encounter data for managed care services.

Transit pass program: is administered by the counties.
Cost containment: In response to current state budget concerns, the state is considering increased requirements for prior approval.

Fraud and inappropriate use: The state Medicaid Surveillance Unit investigators and Primary Care Review Board act on NEMT fraud and misuse referrals.

Contact information:

John Kowalczyk, Policy Consultant  
State of Minnesota- Department of Human Services  
444 Lafayette Road  
Saint Paul, Minnesota 55155

Telephone: (651) 247-5611  
Fax: (651) 282-9919  
E-mail: John.Kowalczyk@state.mn.us

Mississippi

State population: 2,871,782

Unduplicated Medicaid recipients in preceding fiscal year: 27,229

NEMT funding: administrative match rate. Note: Freedom-of-choice 1915(b) transportation waiver was approved in April 2003, which will allow Mississippi to claim FMAP for NEMT program.

2002 FAMP: 76.09%  
2003 FMAP: 76.62%

Program description:  
Mississippi has no Medicaid managed care. NEMT coordinators are located in Medicaid regional offices throughout the state. Local coordinators approve and coordinate transports.

In April 2003, Mississippi had a 1915(b) freedom of choice transportation waiver approved by CMS.

Combined state and federal expenditures for fiscal year 2002: $24,952,251, which represents less than 1% of total Medicaid expenditures

Number of NEMT trips provided in fiscal year 2002: 917,728 one-way trips
Percentage of Medicaid recipients using NEMT services in fiscal year 2002: Less than 10%

NEMT trips by provider in fiscal year 2002:
Volunteer drivers 19%
Other 81%

NEMT costs by provider in fiscal year 2002:
Volunteer driver 13%
Ambulance or medical coach 87%

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<th>Service delivery models</th>
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<tr>
<td>Medicaid managed care carve-in</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X All services are prior approved, and are subject to retrospective review.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>In-house management</td>
<td>X NEMT coordinators are located in Medicaid regional offices throughout the state. Local coordinators approve and coordinate transports. Coordinators submit claims for individual providers and assign prior approval numbers for group providers for electronic billing.</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td></td>
<td>X</td>
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</tbody>
</table>

Data collection: NEMT services have a separate data base. Information is accessed via management decision software.

Transit pass program: No current program. Mississippi plans to implement a program in FY 2003.

Cost containment initiatives:
- Mississippi has a 1915(b) waiver submitted to CMS, to request medical services match rate
- Mississippi is planning a transit pass program,
• Mississippi is working with other human services agencies to establish a statewide coordinated transportation system to include coordinated purchase of NEMT services,
• Mississippi is planning to review of data from other agencies to determine if a Medicaid recipient requesting NEMT services has a registered vehicle.

**Fraud and abuse:** Mississippi has found cases of individual providers “padding” mileage claims. The state has also found a limited number of instances where group providers billed for transports without documentation of the transport.

**Contact information:**

Jan Larsen, Director, Bureau of Compliance and Financial Review
Mississippi Division of Medicaid
239 North Lamar Street
Robert E. Lee Building- Suite 801
Jackson, Mississippi 39047

Telephone: (601) 987-3902
Fax: (601) 987-3911

E-mail: cfjgl@medicaid.state.ms.us

**Missouri**

**State population:** 61.23%

**Unduplicated Medicaid recipients for fiscal year 2002:** 860,000

**2002 FMAP:** 61.06%
**2003 FMAP:** 61.23%

**NEMT funding:** administrative match rate.

**Program description:**
The NEMT broker, Medical Transportation Management (MTM), Inc., is contracted to coordinate services for fee-for-service populations, and is subcontracted by all Medicaid managed care organizations.

Under Medicaid managed care, NEMT is included in the capitation rate. Effective January 2003, the NEMT portion of the capitation payment is separately identified during the federal matching process, and is matched at the 50% administrative match rate, by CMS direction. Prior to January 2003, NEMT was included with other medical services and matched at the FMAP rate.
Use of brokers was part of a lawsuit settlement.

**Estimated total state and federal expenditures for NEMT in fiscal year 2002**: $30 million, which represents less than 1% of the total Medicaid costs. The $30 million represents only fee-for-service expenditures.

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<th>No</th>
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<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X NEMT is included in the capitation rates.</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X</td>
<td></td>
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<tr>
<td>Separate transportation waiver</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>In-house management</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X Broker provides administrative services, with reimbursement rates varying by trip type.</td>
<td></td>
</tr>
</tbody>
</table>

**Data collection capabilities**: via MMIS system.

**Cost containment**: cost saving strategies are being evaluated, with movement toward copayments being a favored strategy.

**Contact information**:

Amy Kessel  
Sandra Levels  
Missouri Medicaid Program  
P.O. Box 6500  
Jefferson City, Missouri 65102  

Telephone: (573-751-6926)

**Montana**

**State population**: 909,453  

**Unduplicated Medicaid recipients in fiscal year 2002**: 104,476  

**NEMT funding**: both administrative and medical services match rates.

**2002 FMAP**: 72.83%  
**2003 FMAP**: 72.96%
Program description:
NEMT is carved out of managed care and reimbursed on a fee-for-services basis directly to transportation providers. The broker is paid on a yearly contract basis to coordinate the services. Non-emergency transportation providers are paid on a fee-for-service basis, with medical services match rate. Beneficiaries are reimbursed directly for mileage and associated per diem costs, at the administrative match rate.

Total state and federal expenditures for NEMT in fiscal year 2002: $1,533,256, which represents less than 1% of total Medicaid expenditures.

Number of NEMT trips in fiscal year 2002: 46,445 one-way trips

Percentage of Medicaid recipients who used NEMT in fiscal year 2002: Less than 10%

Trips by provider in fiscal year 2002:
Paratransit van 23%
Taxi 21%
Mileage reimbursement 56%

Costs by provider in fiscal year 2002:
Paratransit van 7%
Taxi 27%
Mileage reimbursement 65%

<table>
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<tr>
<th>Service delivery model</th>
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<tr>
<td>Medicaid managed-care carve-in</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X All services prior approved and subject to retrospective review. Any licensed transportation company may participate. Licensing agency is the Public Service Commission.</td>
<td></td>
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<tr>
<td>Separate transportation waiver</td>
<td>X</td>
<td></td>
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<tr>
<td>In-house management</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X The broker provides administrative services on a statewide basis, not direct transportation services, on a contract basis. Transportation providers are enrolled and reimbursed on a fee-for-service basis. The broker is Mountain Pacific Quality Health Foundation, and can be reached at 1-800-4060443-4020.</td>
<td></td>
</tr>
</tbody>
</table>
**Perceived advantages of brokered system:** Cost savings, utilization review, and client education.

**Data collection capabilities:** Montana has a separate transportation data system.

**Transit pass program:** N/A

**Cost Containment:** Montana recently reduced the mileage reimbursement rate

**Fraud and inappropriate use:**
N/A

**Contact information:**
Denise King, Program Officer
Montana Medicaid
P.O. Box 202951
Helena, Montana 59620-2951

Telephone: (406) 444-4189
Fax: (406) 444-1861
E-mail: Dking@state.mt.us

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**Nebraska**

**State population:** 1,729,180

**Unduplicated Medicaid recipients for fiscal year 2002:** 256,205

**NEMT funding:** medical services match rate.

**2002 FMAP:** 59.55%
**2003 FMAP:** 59.52%

**Program description:**
Under the Medicaid managed care program, reimbursement methodologies vary. In one plan, NEMT is included in the capitation, in the other it is carved-out and paid as fee-for-service.

**Total combined state and federal expenditures for NEMT in fiscal year 2002:** $4,689,480, which represents less than 1% of total Medicaid costs.

**Number of trips in fiscal year 2002:** 466,532 one-ways trips, 2,923 two-way trips, and 10,174 trips via mileage reimbursement.
**Percentage of Medicaid recipients who received NEMT services in fiscal year 2002:**
Less than 10%

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</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X NEMT included in the capitation in one plan and carved out in the other</td>
<td></td>
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<tr>
<td>Fee-for-service</td>
<td>X Prior approval for all NEMT services, as well as retrospective review. The Nebraska Public Service Commission licenses transportation companies.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
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<tr>
<td>In-house management</td>
<td>X For non-managed care NEMT, state staff authorize and review NEMT billings prior to payment.</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Data collection capabilities:** via the MMIS for managed care. The automated Medicaid eligibility system also pays NEMT claims.

**Transit pass program:**
In house state staff administers the transit pass program. Local offices in Lincoln and Omaha purchase transit passes, and issue them to recipients if the number of trips required in a month equals or exceeds the cost of the pass. Those who don’t meet the threshold test are issued individual tickets. Transit pass program is coordinated with Social Services block grant program, TANF, and child welfare programs/agencies. Case managers authorize bus trips for clients on the automated eligibility system, and the agency fiscal unit will purchase monthly pass if cost-effective, and allocate the cost between or among programs based on authorized use.

**Cost containment:** In response to state budget considerations, the state is considering reductions in payments to certified carriers.

**Contact information:**
Marcia Alber
Transportation and Respite Network Program Coordinator
Nebraska Health and Human Services
301 Centennial Mall South
Nevada

State population: 2,206,022

NEMT funding: medical services match rate

2002 FMAP: 50.00%
2003 FMAP: 52.39%

Program description:
Under Medicaid managed care, NEMT services are carved out and reimbursed directly to providers.

In 2003, Nevada contracted with Logisticare for statewide brokerage services. Contract will begin on October 1, 2003. Even though Nevada will be converting NEMT services to the administrative services match rate of 50%, the state is looking forward to cost savings as well as better utilization data.

Combined state and federal expenditure on NEMT for fiscal year 2002: $2.2 million, which represents less than 1% of total Medicaid costs.

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<td>Medicaid managed care carve-in</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X All NEMT services prior approved. Any company licensed by the Transportation Services Authority may participate.</td>
<td></td>
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<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>In-house management</td>
<td>X State staff in district offices provider prior authorization for NEMT.</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X Effective October 1, 2003, statewide brokerage contract with Logisticare begins.</td>
<td></td>
</tr>
</tbody>
</table>
Transit pass program: administered by state staff.

Contact information:

Tracie Battisti
Telephone: (775) 684-3696
Email: tbattist@dhcfp.state.nv.us

New Hampshire

State population: 1,275,056

Unduplicated Medicaid recipients for fiscal year 2002: 82,463

NEMT funding: administrative match rate.

2002 FMAP: 50.00%
2003 FMAP: 50.00%

Program description:
NEMT is carved out of managed care and is reimbursed on a fee-for-service basis. Use of the administrative service match rate allows the state greater flexibility in determining the least expensive appropriate mode of travel for each trip.

Combined state and federal NEMT expenditure for fiscal year 2002: $3,588,008, which represents less than 1% of total Medicaid costs.

Estimated number of NEMT trips in fiscal year 2002: 48,071 two-way trips

Estimated percentage of Medicaid recipients who received NEMT services in 2002: over 15%

NEMT services by provider in fiscal year 2002: estimated to be 67% paratransit (wheelchair) vans, and 19% ambulance or medical coach.
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<td>Medicaid managed care carve-in</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Services are retrospectively reviewed.</td>
<td></td>
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<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
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<tr>
<td>In-house management</td>
<td>X</td>
<td></td>
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<tr>
<td>Transportation brokerages</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Data collection capabilities:** via MMIS.

**Cost containment:** The state is currently considering methods for further cost-efficiencies.

**Fraud and inappropriate use:** experiences include one Wheelchair van provider that was fined and barred from further Medicaid participation. Other remedies include refusal of payments, and referral to Medicaid Fraud Unit for investigation and possible prosecution.

**Contact information:**

John Disko, Senior Management Analyst  
New Hampshire Department of Health and Human Services  
Office of Planning and Medicaid  
129 Pleasant Street  
Concord, New Hampshire 03301-3857

Telephone: (603) 271-8361  
Fax: (603) 271-8431  
E-mail: Jdisko@dhhs.state.nh.us

**New Jersey**

**State population:** 8,590,300

**Unduplicated Medicaid recipients in fiscal year 2002:** 940,000

**NEMT funding:** both medical services and administrative match rates.

Mobility Assistance Vehicles (Wheelchair vans), clinic transportation, and lower-mode transport in two counties, Essex and Hudson, are claimed at medical services match rate.
Administrative services match rate is used for provision of lower-mode transport via 19 county boards of social services.

**2002 FMAP:** 50.00%  **2003 FMAP:** 50.00%

**Program description**
NEMT is carved out of managed care and is covered on a fee-for-service basis. Wheelchair van providers must enter into contractual relationships with the managed care organizations.

**Total estimated federal-state NEMT expenditure for fiscal year 2002:** $87 million, which represents less than 1% of total program costs.

**Estimated number of one-way trips provided in fiscal year 2002:** 900,000.

**Percentage of Medicaid recipients who received NEMT services in fiscal year 2002:** Less than 10%

**NEMT costs by provider for fiscal year 2002 are estimated as follows:**
- Public transit 5%
- Paratransit 5%
- Taxi 15%
- Mileage reimbursement 3%
- Ambulance or medical coach 50%
- Others (ambulance) 13%
- Clinics 9%

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<td>Medicaid managed care carve-in</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Some NEMT requires prior approval, NEMT claims subject to retrospective review. New Jersey State Department of Health and Senior Services licenses mobility assistance vehicles.</td>
<td>X</td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>In-house management</td>
<td>X N.J. Office of Utilization Management oversees NEMT. Office of Program Integrity Administration investigates complaints, and conducts pre-and post-service reviews of providers and beneficiaries, and investigates allegations of fraud and abuse. Surveillance and Utilization Review System conducts post-payment reviews, and scans for overutilization. The Division of Criminal Justice investigates fraud and abuse.</td>
<td>X</td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Data collection capabilities: via the MMIS.

Transit pass program
The NEMT transit pass program is administered by county boards of social service. Via an interdivisional agreement, county boards in 19 counties arrange and/or provide lower modes of transportation.

In two counties, Essex and Hudson, Medicaid recipients may obtain monthly bus passes or individual bus tickets from the Medical Assistance Customer Centers (MACCs). The MSCCs submit claims for the passes or tickets through the New Jersey Medicaid Management Information System (MMIS) and payment is made directly to the New Jersey transit authority.

Mobility Access Vehicles (Wheelchair Van) Moratorium
In November of 1998, the Medicaid program imposed a moratorium on new applications for mobility access vehicle services. The moratorium is still in effect. No access problems have been reported. The Medicaid program has thus gained control over provider enrollment process for this mode of transport that was previously perceived by the program to be out of control.

Cost Containment Strategies
In 2001, the Medicaid agencies fiscal agent, Unisys Corporation, assumed the prior authorization responsibility for mobility access vehicles (wheelchair vans) and livery service in Essex and Hudson counties. Prior to this change, the Medical Assistance Customer Service Centers were responsible for these prior approval processes. This change has resulted in more consistent decisions and faster turn-around. It is anticipated that cost saving will be realized by more consistent decisions.

Fraud and Abuse
The Medicaid agency actively pursues any allegations of provider and recipient fraud and abuse. In addition, on-site spot checks, using videotapes, have proven successful in verifying incidents where drivers failed to provide riders with required assistance, supervision, and escort.

Contact information:
Edward Vaccaro, Assistant Director
Office of Utilization Management
Department of Medical Assistance and Human Services
P. O. Box 712
Trenton, New Jersey 08625-0712

Eamail: Edward.Vaccaro@dhs.state.nj.us
Telephone: (609) 588-2721
Fax: (609) 588-3583
New Mexico

State population: 1,855,059

Average monthly unduplicated Medicaid recipients for calendar year 2002: 463,237

NEMT funding: at both medical service and administrative match rates.

2002 FMAP: 73.04%
2003 FMAP: 74.56%

Program description:
Under Medicaid managed care, non-emergency medical transportation (NEMT) services are included in the capitation rates. Non-managed care recipients receive NEMT services on a fee-for-service basis.

Combined state and federal NEMT expenditures in calendar year 2002: $8,204,459 for the fee-for-service (non-managed care) component.

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<td>Medicaid managed care carve-in</td>
<td>X NEMT included in capitation</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Some services prior approved, paid claims are subject to retrospective review. Any licensed transportation company may participate.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td>X</td>
<td></td>
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<tr>
<td>In-house management</td>
<td>X Prior approval contracted to utilization review entity. Retrospective reviews on managed care encounter data and paid claims.</td>
<td></td>
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<tr>
<td>Transportation brokerages</td>
<td>X</td>
<td></td>
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</tbody>
</table>

Data collection capabilities:
Data collection and reporting is via the MMIS and managed care encounter reports.

Contact information

Martin Rosenblatt, Chief, Quality Assurance Bureau
New Mexico Medicaid Assistance Division  
P.O. Box 2348  
Santa Fe, New Mexico 87505  
Telephone: (505) 827-3161  
Fax: (505) 827-3195  
E-mail: Martin.Rosenblatt@state.nm.us  

New York  

State population: 19,157,532  

Unduplicated Medicaid recipients in fiscal year 2002: 3,032,807  

NEMT funding types: both medical services and administrative expenses.  

Program description:  
58 local departments of social services (LDSSs) are responsible for administration of NEMT. Some LDSSs have NMET carved in to managed care, some have separate transportation waivers, and some have fee-for-service with in-house management.  

For a more detailed discussion of New York’s NEMT program, see http://www.nasmd.org/Medicaid%20NEMT%20Case%20Studies.pdf  

Total state and federal expenditures for NEMT in fiscal year 2002: $204,926,457 (this includes only claims paid via MMIS), which represents less than 1 % of total Medicaid costs.  

Percentage of Medicaid recipients receiving NEMT services in fiscal year 2002: estimated between 10-15%.  

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<td>Medicaid managed care carve-in</td>
<td>X in some LDSSs</td>
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<tr>
<td>Fee-for-service</td>
<td>X in some LDSSs.</td>
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<tr>
<td>Separate transportation waiver</td>
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<td>In-house management</td>
<td>X in some LDSSs</td>
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<tr>
<td>Transportation brokerages</td>
<td>X in some LDSSs</td>
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</tbody>
</table>
Perceived advantages of brokerages:
Expertise at scheduling and delivering transportation services, cost-savings as the least expensive appropriate mode of travel is used, and flexibility to deploy transportation staff to other critical geographical areas.

Data collection capabilities:
Data collection has been a challenge for New York, due to the variety of service delivery models. New York has been working on enhancing data collection capabilities and plans to have new data reporting systems in place soon that will enable the state administration to get a better picture of statewide utilization and cost.

Transit Passe:
Transit pass programs are administered by the districts. An innovation to issue passes and bill the Medicaid program electronically is currently in process.

Fraud and abuse:
The program has experienced problems with capitated providers paying too much for certain services, resulting in issues with cash flow and tracking as well as issues with subcontracted provider relations.

Contact information
John Hardwick, Management Specialist IV
New York Department of Health
Bureau of Program Guidance
99 Washington Ave.
Suite 606
Albany, New York 12210
Telephone: (518) 473-1171
Fax: (518) 473-5508
E-mail: JLH12@health.state.ny.us

North Carolina

State population: 8,320,146

Unduplicated Medicaid eligibles for fiscal year 2002: 1,031,483

NEMT funding: medical services and administrative match rates.

2002 FMAP: 61.46%
2003 FMAP: 62.56%
Program description:
NEMT is carved out of managed care and may be administered on a fee-for-service basis or through contractual arrangement, depending on what is most cost-effective. Transportation is administered the same way for all recipients in a community, regardless of whether they are on managed care or not.

Combined state and federal NEMT expenditures for fiscal year 2002: $17,835,000, which represents less than 1% of total Medicaid expenditures.

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<tr>
<td>Medicaid managed care carve-in</td>
<td>X Services are subject to retrospective review. Any licensed transportation provider may participate. Licensure is through the North Carolina Division of Transportation.</td>
<td>X</td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Services are coordinated by staff at 100 county offices of Social Services.</td>
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<tr>
<td>Separate transportation waiver</td>
<td>X</td>
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<tr>
<td>In-house management</td>
<td>X Services are coordinated by staff at 100 county offices of Social Services.</td>
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<tr>
<td>Transportation brokerages</td>
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</table>

Data collection capabilities:
via the MMIS system.

Contact information:
Jon York  
Field Staff Supervisor  
North Carolina Medicaid Agency  
2512 Mail Service Center  
Raleigh, North Carolina 27699-2512

Telephone: (919) 857-4019  
Fax: (919) 715-8548  
Email: Jon.York@ncmail.net

Internet: www.dhhs.state.nc.us.clma/
North Dakota

State population: 634,110

Unduplicated Medicaid recipients in fiscal year 2002: 72,495

NEMT funding: medical services match rate.

2002 FMAP: 69.87%
2003 FMAP: 68.36%

Program description:
NEMT is carved out of managed care and is reimbursed on a fee-for-service basis. All services are coordinated by state and county office staff.

Total state and federal expenditures for NEMT in fiscal year 2002: $1.2 million, which represents less than 1% of total program costs.

Number of NEMT trips provided in fiscal year 2002: 56,227

Percentage of Medicaid recipients receiving NEMT service in fiscal year 2002: Less than 10%.

NEMT trips by provider in fiscal year 2002:
- Public transit: .5%
- Paratransit van: 16.4%
- Taxi: 66%
- Mileage reimbursement: 17%

NEMT costs by provider in fiscal year 2002:
- Public transit: .94%
- Taxi: 56.7%
- Volunteer drivers: 12.3%
- Mileage reimbursement: 30.1%
Service Delivery Model | Yes | No
--- | --- | ---
Medicaid managed care carve-in |  | X
Fee-for-service | X Out of state travel is subject to prior approval. Any licensed transportation company may participate. Licensure of transportation providers is done by the Department of Transportation. | 
Separate transportation waiver |  | X
In-house management | X State and county staff provide management | 
Transportation brokerages |  | X

Data collection capabilities:
via the MMIS system.

Fraud and inappropriate use:
North Dakota has had very limited occurrences of recipients using NEMT services by not attending medical appointments.

Contact information:

Erik Elkins
Administrator, Claims Processing
600 E. Boulevards Ave. Dept. 325
Bismarck, North Dakota 58505

Telephone: (701) 328-4011
Fax: (701) 328-1544

Ohio

State population: 11,421,267

Unduplicated Medicaid recipients in fiscal year 2002: 1,409,705

NEMT funding: both administrative and medical services match rate.

2002 FMAP: 58.78%
2003 FMAP: 58.83%
Program description:
Under Medicaid managed care, ambulance and ambulance services are included in the capitation rate. For non-managed care and non-ambulatory recipients, NEMT is administered by central office Medicaid staff, who coordinate services and administer provider networks.

For non-managed care ambulatory recipients, NEMT is administered by the local Department of Job and Family Services staff, who coordinate services and administer provider networks. The in-house administered component is called “Enhanced Medicaid Transportation”.

Total state and federal NEMT expenditures in fiscal year 2002:
$14,921,178 for Enhanced Medicaid Transportation (non-managed care ambulatory recipients)
$380,303 for Medicaid At-Risk Pregnancy Transportation

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<td>X.</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Local department staff construct provider networks for ambulatory recipients</td>
<td></td>
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<tr>
<td>Separate transportation waiver</td>
<td>X</td>
<td></td>
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<tr>
<td>In-house management</td>
<td>X Local county staff administer provider networks</td>
<td></td>
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<tr>
<td>Transportation brokerages</td>
<td>X</td>
<td></td>
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</tbody>
</table>

Data collection capabilities:
Via MMIS

Transit pass program: Some counties administer transit pass programs.

Contact information
Mary Sartain, Medicaid Health System Administrator
Ohio Department of Job and Family Service
30 E. Broad St., 27th Floor
Columbus, Ohio 43215

Telephone: (614) 466-6420
Fax: (614) 466-2908
E-mail: sartam@odjfs.state.oh.us
Oklahoma

State population: 3,493,714

Unduplicated Medicaid recipients in fiscal year 2002: 480,373

NEMT funding: administrative match rate.

2002 FMAP: 70.43%
2003 FMAP: 70.56%

Program description:
Oklahoma has two forms of managed care: a fully capitated HMO product that includes NEMT in the capitation rate and a Primary Care Case Management (PCCM) model where medical transportation is coordinated through a broker.

Oklahoma was in the process of issuing an RFP for a risk-based contract at the time of survey completion. Oklahoma contracted in 2003 with Logisticare.

Oklahoma is beginning work toward a section 1915(b) freedom of choice waiver to shift funding from administrative match to medical services (FMAP) rate.

Estimated total state and federal expenditures for fiscal year 2002: $16,000,000, which represents less than 1% of the total Medicaid costs.

Estimated percentage of Medicaid recipients receiving NEMT service in fiscal year 2002: over 15%

Estimated trips by provider for fiscal year 2002:
Public transit 50%
Paratransit van 10%
Taxi 15%
Volunteer drivers 5%
Mileage reimbursement 15%
Ambulance or medical coach 5%

Estimated costs by provider for fiscal year 2002:
Public transit 25%
Paratransit van 30%
Taxi 18%
Volunteer drivers 3%
Mileage reimbursement 19%
Ambulance or medical coach 6%
### Service Delivery Model

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<td>Fee-for-service</td>
<td>X Any licensed company may participate.</td>
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<td>Separate transportation waiver</td>
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<td>X</td>
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<tr>
<td>In-house management</td>
<td>X</td>
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</tr>
<tr>
<td>Transportation brokerages</td>
<td>X Brokers provide direct and management services under a capitated contract</td>
<td></td>
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</tbody>
</table>

**Data collection capabilities:** via the MMIS system.

**Contact information**

Kevin Rupe, Director of Professional Services  
Oklahoma Health Care Authority  
4545 Lincoln Blvd, Suite 124  
Oklahoma City, Oklahoma 73105

Telephone: (405) 522-7498  
Fax: (405) 530-3282  
E-mail: rupek@ohca.state.ok.us

**Oregon**

**State Population:** 3,521,515

**Unduplicated Medicaid recipients in fiscal year 2002:** 365,000

**NEMT funding:** medical services match rate

**2002 FMAP:** 59.20%  
**2003 FMAP:** 60.16%

**Program description:**  
NEMT is carved out of Medicaid managed care, and is provided as either fee-for-service reimbursements, under brokerages, or as a combination. State has 1915(b) freedom-of-choice waiver for brokerages in 16 of 36 counties.

**Estimated combined state and federal expenditures for NEMT in fiscal year 2002:** $18,000,000, which represents between 1-2% of the total Medicaid costs.
Estimated number of NEMT trips provided in fiscal year 2002: 1,000,000 one-way trips.

Estimated percentage of Medicaid recipients that received NEMT services in fiscal year 2002: between 10-15%.

Estimated trips by provider in fiscal year 2002:
- Public transit 40%
- Paratransit van 10%
- Taxi 20%
- Volunteer drivers 20%
- Mileage reimbursement 10%

Estimated costs by provider in fiscal year 2002:
- Public transit 4%
- Paratransit Van 21%
- Taxi 60%
- Volunteer drivers 7%
- Mileage reimbursement 8%

<table>
<thead>
<tr>
<th>Service Delivery Model</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X All service subject to prior approval and retrospective review. All licensed companies may participate. Licensure of transportation companies is by state and local governments.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td>X State has 1915(b) freedom-of-choice waiver for brokerages in 16 of 36 counties.</td>
<td></td>
</tr>
<tr>
<td>In-house management</td>
<td>X In counties without brokerages, state staff provide NEMT management.</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X Brokers provide both direct and administrative services. Broker reimbursement is via flat fee per ride, calculated based on 100% cost reimbursement for direct and indirect costs.</td>
<td></td>
</tr>
</tbody>
</table>

Perceived advantages of brokerages: higher standards for safety and delivery of services, better accountability and reporting, and increased community participation in provision of transportation services.
Data Collection capabilities:
Oregon has enhanced data collection capacities via a separate transportation data system and brokerage data bases.

Transit Passes:
State uses transit passes

Contact information:
Larry Daimler, Program Manager
Department of Human Services Office of Medical Assistance Programs
500 Summer St. N E.- E35
Salem, Oregon 97301-1077

Telephone: (503) 945-6493
Fax: (503) 373-7689
E-mail: larry.g.Daimler@state.or.us

Pennsylvania
State population: 12,335,091

Unduplicated Medicaid count for fiscal year 2002: 1,567,438

NEMT funding: administrative match rate.

2002 FMAP: 54.65%
2003 FMAP: 54.69%

Program description:
The Pennsylvania NEMT program is administered by the Department of Public Welfare’s Office of Social Programs, Division of County-Based programs. Grants or allocations are given to the local county, who selects the local county agency to administer NEMT for that county. The designated agency either provides the NEMT services directly, or subcontracts with another entity to do so. The contracted entity (broker) provides both administrative and direct transportation services. Brokers are reimbursed for services delivered plus administrative expenses.

In 66 out of 67 counties in the state, funding is provided to the county which in turn designates the local entity that will administer the program for that county, as described above. The entity then either provides the transportation services or subcontracts with another agency to do so. In the other county, which encompasses Philadelphia, services are provided through a grant between the Commonwealth and a private grantee (Wheels for Wellness, Inc.).
Brokers for NEMT also serve as coordinators for other state agencies to include the Department of Aging, Department of Transportation, and the Department of Public Welfare’s Office of Income Maintenance.

**Combined state and federal expenditure on NEMT in fiscal year 2002:** $61,002,000, which is the equivalent of less than 1% of total program costs

**Number of NEMT trips in fiscal year 2002:** 5,650,000 one-way trips were provided to Medicaid recipients.

**Percentage of recipients using NEMT in fiscal year 2002:** less than 10%.

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<td>X</td>
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<td>Separate transportation waiver</td>
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<td>X</td>
</tr>
<tr>
<td>In-house management</td>
<td></td>
<td>X</td>
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<tr>
<td>Transportation brokerages</td>
<td>X Services are administered by the state office of Social Programs. In 66 out of 67 counties in the state, funding is provided to each county which in turn designates the local agency that will administer the program for that county. The agency then either provides the transportation services or subcontracts with another agency to do so. In the remaining county, services are provided through a grant between the Commonwealth and a private grantee.</td>
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</tbody>
</table>

**Perceived advantages of brokerages** are seen as cost saving, until such time as mandatory managed care is implemented.

**Transportation data capabilities:** NEMT data collection is not via the MMIS. Excel spreadsheets are used and maintained in a Excel workbook.
Transit pass program: not coordinated with other agencies.

Cost containment: currently under development.

Fraud and abuse/misuse: not an issue with the brokered system.

Contact Information:

J. Micheal Noel, Program Manager, Medical Assistance Transportation program
Office of Medical Assistance Programs
P. O. Box 2675
Harrisburg, Pennsylvania
17105-2675

Email: janoel@state.pa.us
Telephone: (717) 772-2922
Fax: (717) 772-2093

Internet: [http://www.dpw.state.pa.us/omap/omapcontact.asp](http://www.dpw.state.pa.us/omap/omapcontact.asp)

Rhode Island

State population: 1,069,725

Unduplicated Medicaid recipients in fiscal year 2002: 197,000

NEMT funding: both medical services and administrative match rates.

2002 FMAP: 52.45%
2003 FMAP: 55.40%

Program description:
Under Medicaid managed care, NEMT services are provider via a broker. MCOs subcontract with Rhode Island Public Transit Authority, who coordinates all NEMT. For the fee-for-service population, the Medicaid fiscal agent does prior approvals and scheduling.

Estimated total state and federal NEMT expenditures for fiscal year 2002: $5.1 million, which represents less than 1% of total Medicaid costs.

Number of trips in fiscal year 2002:

11,654 (adult) one-way trips
16,844 two-way trips
15,000 monthly bus passes

**Trips by provider (for adults) in fiscal year 2002:**

Public transit 93%  
Paratransit van 1%  
Taxi 4%  
Ambulance of medical coach 2%

**Costs by provider in fiscal year 2002:**

Public transit 78%  
Paratransit van 1%  
Taxi 11%  
Ambulance or medical coach 10%

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<th>Service Delivery Models</th>
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<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X MCOs subcontract with Rhode Island Public Transit Authority, who coordinates all NEMT.</td>
<td></td>
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<tr>
<td>Fee-for-service</td>
<td>X Routine trips and taxis are subject to prior approval, services also subject to retrospective review.</td>
<td></td>
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<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>In-house management</td>
<td>X For fee-for-service component, Medicaid fiscal agent does prior approval and scheduling.</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X yes, statewide, via managed care. Brokers provide both direct transportation and administrative services. Capitated for bus passes. Ambulances, taxis and paratransit providers have set rates. Broker also coordinates travel for agency of Elderly Affairs.</td>
<td></td>
</tr>
</tbody>
</table>
Perceived advantages of brokerage:
Rhode Island see advantages of brokerage arrangement as expansion of transportation services, cost containment, and increased access to medical providers on the part of Medicaid recipients.

Data Collection Capabilities:
Rhode Island has data collection capabilities beyond the MMIS system for adults. Managed Care broker submits monthly utilization/billing reports.

Transit Pass program:
Rhode Island has a transit pass program, but does not coordinate it with other programs/agencies.

Rhode Island has implemented a new transit pass distribution system for managed care members, whereby members are able to obtain passes at the supermarket.

Contact information
Frank Spinelli, Administrator
Rhode Island Department of Human Services
600 New London Avenue
Cranston, Rhode Island 02920

Telephone: (401) 462-1869
Fax: (401) 462-6339
E-mail: Fspinell@dhs.ri.gov

South Carolina

State population: 4,107,183

Unduplicated Medicaid recipients for fiscal year 2002: 816,112

NEMT funding: medical services match rate

2002 FMAP: 69.34%
2003 FMAP: 69.81%

Program description:
NEMT is carved out of managed care and is reimbursed on a fee-for-service basis directly to transportation providers.

Total combined state and federal expenditures for fiscal year 2002: $37,455,000, which represents between 1-2% of total Medicaid expenditures.
**Number of NEMT trips provided in fiscal year 2002:** 1,785,000 one-way trips

**Estimate percentage of Medicaid recipients using NEMT services in fiscal year 2002:** 10-15%.

**Trips by provider in fiscal year 2002:**
Paratransit van 92%
Mileage reimbursement 4%
Ambulance or medical coach 4%

**Costs by provider in fiscal year 2002:**
Paratransit van 58%
Mileage reimbursement 6%
Ambulance or medical coach 36%

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<td>X</td>
<td></td>
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<tr>
<td>Fee-for-service</td>
<td>X All NEMT services are prior approved and are also subject to retrospective review</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>In-house management</td>
<td>X State monitors contracted transportation providers. State monitors components of the NEMT program to include fiscal accountability, program integrity, and vehicle safety.</td>
<td></td>
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<tr>
<td>Transportation brokerages</td>
<td>X</td>
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</table>

**Data collection capabilities:**
South Carolina has a separate transportation data system.

**Transit pass program:**
N/A

**Innovations**
South Carolina lists its vehicle leasing, quality assurance survey, statewide compliance monitoring, global transportation data base, and consolidation of its transportation programs as innovations.

**Fraud and abuse:**
N/A
Contact information:

Karen Wright, Program Information Coordinator  
Department of Health and Human Services  
P.O. Box 8206  
1801 Main Street  
Columbia, South Carolina 29202-8206  

Telephone: (803) 898-2586  
Fax: (803) 255-8220  

E-mail: wrightk@.dhhs.state.sc.us

South Dakota

State population: 761,063

Unduplicated Medicaid count for fiscal year 2002: 88,724

NEMT funding: medical service match rate

2002 FMAP: 65.93%  
2003 FMAP: 65.29%

Program description:
NEMT is carved out of managed care and is reimbursed directly to transportation providers on a fee-for-service basis. Medicaid agency manages Wheelchair Transportation program. Other transportation programs are administered by the Adult Services and Aging Department.

Combined state and federal NEMT expenditures in fiscal year 2002: $1,701,929, which represents between 1-2% of total Medicaid costs.

Estimated number of NEMT trips provided in fiscal year 2002: 6,817 one-way trips, and 15,932 one-way Wheelchair van trips.

Estimated percentage of Medicaid recipients receiving NEMT services in fiscal year 2002: less than 10%. 
<table>
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<tr>
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<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X Services are subject to retrospective review. Any licensed transportation company can participate. Licensure by the Depart of Health- Licensure and Certification.</td>
<td></td>
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<tr>
<td>Separate Transportation waiver</td>
<td>X</td>
<td></td>
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<tr>
<td>In-house management</td>
<td>X Medicaid agency manages Wheelchair Transportation program. Other transportation programs administered by the Adult Services and Aging Department.</td>
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<td>Transportation brokerages</td>
<td>X</td>
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</table>

**Data collection capabilities:** via the MMIS.

**Transit Pass program:** No

**Contact Information:**

Randy Hanson, Payment Control Officer  
Department of Social Services, Office of Medical Services  
700 Governor’s Drive  
Pierre, South Dakota 57501

Telephone: (605) 773-3495  
Fax: (605) 773-5246

E-mail: randy.hanson@state.sd.us
Tennessee

State population: 5,797,289

Unduplicated Medicaid count for fiscal year 2002: 1,415,480

NEMT funding: medical services match rate

2002 FMAP: 63.64%
2003 FMAP: 64.59%

Program description:
Under Medicaid managed care, NEMT services are included in the capitation rate for each health plan.

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<td>Medicaid managed care carve-in</td>
<td>X NEMT included in the capitation for each health plan</td>
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<td>Fee-for-service</td>
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<td>In-house management</td>
<td>X</td>
<td></td>
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<tr>
<td>Transportation brokerages</td>
<td>X</td>
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</tbody>
</table>

Data collection:
Via the MMIS

Transit pass program:
No

Fraud and abuse
N/A

Contact information

TennCare Bureau
729 Church St.
Nashville, Tennessee 37247-6501

Telephone: (615) 741-0192
Fax: (615) 741-0881
Texas

State population: 21,779,893

Unduplicated Medicaid recipients for fiscal year 2002: 3,208,000

NEMT funding: medical services match rate

2002 FMAP: 60.17%
2003 FMAP: 59.99%

Program description:
NEMT is carved out of managed care and is reimbursed on a fee-for-service basis directly to providers. There are 10 regional public health offices that coordinate NEMT services. There is a single toll-free number that Medicaid recipients call, which is automatically routed to the appropriate regional coordinators.

State legislation has recently been passed that mandates a contractual relationship between the Texas Health and Human Services and Transportation Departments. Effective January 1, 2004, the Texas Department of Transportation will take over responsibility for operation of the NEMT program, with continued oversight by the Medicaid agency. The legislative language also allows for contractual relationships with public and private transportation brokers for provision of public transportation services, if projected to be cost-effective. Interagency work groups will look at options for possible further program modifications.

Total combined state and federal NEMT expenditures for fiscal year 2002:
$57,520,272, which represents less than 1% of total Medicaid costs.

Number of NEMT trips provided in fiscal year 2002: 3,453,182 one-way trips

Estimated percentage of Medicaid recipients who received NEMT services in fiscal year 2002: less than 10%

Trips by provider in fiscal year 2002:

- Public transit: 1%
- Paratransit van: 23%
- Taxi: 48%
- Mileage reimbursement: 26%
- Other: 2%
### Service Delivery Models

<table>
<thead>
<tr>
<th>Model</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X All services are prior approved, and are subject to retrospective review. Transportation providers are selected via an RFP process. Also, individuals may transport Medicaid recipients after certain screening requirements.</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X In-house staff receives NEMT requests via toll-free calls, verifies eligibility, authorizes trips, processes and pays claims, and performs quality control functions.</td>
<td></td>
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<tr>
<td>Separate transportation waiver</td>
<td>X</td>
<td></td>
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<tr>
<td>In-house management</td>
<td>X</td>
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<tr>
<td>Transportation brokerages</td>
<td>X</td>
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</table>

### Data collection capabilities:
Texas administers a transportation data system separate from the MMIS

### Transit pass program:
Texas Medicaid agency purchases transit passes from public transit agencies, when feasible.

### Contact information:

Don Henderson, Director of Community Transportation Services  
Texas Health and Human Services Commission  
P.O. Box 13247  
Austin, Texas 78711-3247

Telephone: (512) 424-6581  
Fax: (512) 424-6591  
E-mail: Don.Henderson@hhsc.state.tx.us
Utah

State population: 2,316,256

Unduplicated Medicaid recipients in fiscal year 2002: 248,991

NEMT funding types: medical services and administrative match rate.

2002 FMAP: 70.00%
2003 FMAP: 71.24%

Program description: Utah’s managed care carves out (excludes) NEMT. A statewide broker, PickMeUp Medical Transportation Incorporated, provides both administrative and direct transportation services, under a capitated contract. Utah has section1915(b)(4) waiver which allows the state to restrict freedom of choice of providers under a brokered system while continuing to receive the medical services federal match rate. The state continues to administer bus passes and individual mileage reimbursement, separate from the brokered system and matched at the 50% federal administrative match rate.

For a more detailed description of Utah’s NEMT, see http://www.nasmd.org/Medicaid%20NEMT%20Case%20Studies.pdf

Total state and federal expenditures for NEMT for fiscal year 2002: $2,532,346, which represents less than 1% of total Medicaid costs.

Number of trips provided in fiscal year 2002: 773,792 one way trips

Estimated percentage of Medicaid recipients who received NEMT services in fiscal year 2002: less than 10%

Trips by provider in the fiscal year 2002:

Public transit 86.3%
Paratransit 3.4%
Taxi 3.7%
Volunteer drivers 1%
Mileage reimbursement 6.8%

Cost by provider in fiscal year 2002:

Public transit 20.2%
Paratransit van 26.1%
Taxi 31.8%
Volunteer drivers 1%
Mileage reimbursement 20.8%
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<td>Fee-for-service</td>
<td></td>
<td>X</td>
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<tr>
<td>Separate transportation waiver</td>
<td>X With freedom of choice waiver, state contracted for state-wide brokerage service. Public transportation is excluded.</td>
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<tr>
<td>In-house management</td>
<td></td>
<td>X</td>
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<tr>
<td>Transportation brokerages</td>
<td>X the broker provides both administrative and direct transportation services, under a capitated statewide contract.</td>
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</table>

**Perceived advantages of brokerage:** greater focus on determinations of medical necessity and determination of the least expensive appropriate mode of travel, and consequent cost savings.

**Data collection capabilities:** via encounter data reporting every quarter by the contracted broker. Complaint logs are submitted quarterly as well.

**Contact information:**

Don Hawley, Program Manager  
Utah Department of Health  
P.O. Box 142102  
Salt Lake City, Utah 84114-3102

Telephone: (801) 538-6483  
E-mail: Dhawley@utah.gov

**Vermont**

**State population:** 616,592

**Unduplicated Medicaid eligibles for fiscal year 2002:** 136,100

**NEMT funding types:** administrative match rate

**2002 FMAP:** 63.06%  
**2003 FMAP:** 62.41%
Program description:
The state operates its own managed care plan. NEMT is excluded from, or carved out of, managed care. Vermont Public Transportation Association (VPTA) acts as broker, with state oversight. VPTA coordinates NEMT for all Medicaid recipients. Nine (9) regional VPTA brokers provide transportation services, with reimbursement at prevailing community rates. The brokers also coordinate NEMT services for Developmental/Mental Health Services agency, and Agency for Aging and Disabilities. An umbrella agency, the Vermont Public Transportation Association, provides administrative services for all Medicaid recipients, while brokers provide direct transportation services. Vermont funds the brokered NEMT program at the administrative (50%) match rate.

Estimated total state and federal NEMT expenditures in fiscal year 2002: $3.5 million, which represents less than 1% of total Medicaid costs.

Estimated number of NEMT trips provided in fiscal year 2002: 380,000 one-way trips

Estimated trips by provider type in fiscal year 2002:

Public transit 38%
Paratransit van 6%
Taxi 19%
Volunteer drivers 27%
Mileage reimbursement 4%
Other 6%

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<td>Transportation brokerages</td>
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</table>

Perceived advantages of brokered systems: expanded services, expanded coverage/accessibility, administrative efficiency, and cost savings.

Data collection capabilities:
via the MMIS.
Transit pass program: bus passes issued by the urban broker.

Contact information:

Nancy Claremont  
Deputy Director  
Office of Vermont Health Access  
103 South Main St.  
Waterbury, Vermont 05671-1201  

Telephone: (802) 241-2156  

Email: NancyCl@wpgate1.ahs.state.vt.us

Virginia

State population: 7,293,542

Unduplicated Medicaid recipients in fiscal year 2002: 681,200  
Unduplicated Medicaid recipients in fiscal year 2003: 725,798

NEMT funding: administrative match rate

2002 FMAP: 51.45%  
2003 FMAP: 50.53%

Program description
Under Medicaid managed care, NEMT is carved in and included in the capitation rate for each health plan. Managed care entities typically subcontract for NEMT services (i.e., out of the five MCOs, one subcontracts with Logisticare, three subcontract with MTM, and one administers NEMT in-house). A statewide broker, Logisticare, coordinates services for all non-managed care recipients, including fee-for-service and Primary Care Coordinated Network (PCCN) populations.

The total state and federal NEMT expenditures for fiscal year 2002: $38,123,317, which represents between 1-2% of total Medicaid costs.

The total state and federal NEMT expenditures for fiscal year 2003: $40,523,439, which represents between 1-2% of total Medicaid costs.

Estimated number of NEMT trips provided in fiscal year 2002: 129,435 one-way, and 1,261,570 two-way trips.

Estimated number of NEMT trips provided in fiscal year 2003: 2,800,000
Percentage of Medicaid recipients who received NEMT services in fiscal year 2002: over 15%

Percentage of Medicaid recipients who received NEMT services in fiscal year 2003: over 15%

Trips by provider in fiscal year 2002:
Paratransit van 17%
Taxi 81%
Ambulance or medical coach 2%

Trips by provider in fiscal year 2003:
Paratransit van 17%
Taxi 80%
Ambulance 4%

Trips by cost in fiscal year 2002:
Paratransit van 26%
Taxi 56%
Ambulance or medical coach 18%

Trips by cost in 2003:
Paratransit van 26%
Taxi 51%
Ambulance 23%

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<td>X NEMT included in the capitation.</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Air and out-of-state transportation by prior approval, subject to retrospective review. All other provider contracts are made between the provider and the broker. All trips require pre-authorization by the broker.</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
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<tr>
<td>In-house management</td>
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<td>X</td>
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<tr>
<td>Transportation brokerages</td>
<td>X Statewide managed care broker provides administrative (not direct) services.</td>
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</tbody>
</table>
Perceived advantage of brokerages:
Virginia sees cost-savings, reduced incidence of fraud, and expanded coverage as advantages of brokered services.

Data collection:
MMIS data collection.

Transit pass program:
Virginia uses transit passes, issued by the broker.

Cost containment:
Virginia revised its State Plan Amendment to allow use of stretcher vans, affecting approximately 40% of stretcher trips. Upon full implementation, saving are estimated at over $2 million annually.

Fraud and abuse:
A high incidence of fraud and spiraling NEMT costs prompted the implementation of a brokered system.

Contact information:
Robert Knox
Transportation Supervisor
Virginia Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

Telephone: (804) 371-8854
Fax: (804) 371-4981
E-mail: Rknox@dmas.state.va.us

Washington

State population: 6,098,300

Unduplicated Medicaid eligibles in fiscal year 2002: 1,021,930

NEMT funding: administrative match rate.

2002 FMAP: 50.37%
2003 FMAP: 50.00%

Program description:
NEMT is carved out of Medicaid managed care, and NEMT services are coordinated through a brokerage arrangement. The brokered arrangement is statewide, with 9 broker agencies serving 13 separate regions. The state’s transportation coordination model “Special Needs Coordinated Transportation”, incorporates coordination with the state Department of Transportation. Brokers enroll transportation providers, and provide administrative and some direct transportation services (statewide, less than 2.5% of trips are provided by the broker). Brokers are reimbursed a fee plus provider cost for services.

To find out more about Washington’s NEMT program, see [http://fortress.wa.gov/dshs/maa/Transportation/index.html](http://fortress.wa.gov/dshs/maa/Transportation/index.html)

To find out more about Washington’s regional brokers, see [http://fortress.wa.gov/dshs/maa/Transportation/phone.html](http://fortress.wa.gov/dshs/maa/Transportation/phone.html)

**Estimated total state and federal NEMT expenditures in fiscal year 2002:**
$42,465,110 which represents between 1-2% of total Medicaid costs.

**Estimated number of NEMT trips provided in fiscal year 2002:** 2,828,538 trips

**Estimated percentage of Medicaid recipients who received NEMT services in fiscal year 2002:** 5%

<table>
<thead>
<tr>
<th>Service delivery models</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid managed care carve-in</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X All NEMT services are prior approved and are subject to pre-and post-payment reviews</td>
<td></td>
</tr>
<tr>
<td>Separate transportation waiver</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>In-house management</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerages</td>
<td>X Brokers enroll transportation providers, and provide administrative and some direct transportation services (statewide, less than 2.5% of trips are provided by the broker). Brokers are reimbursed a fee plus provider cost for services.</td>
<td></td>
</tr>
</tbody>
</table>

**Coordination with Other programs/agencies**
NEMT contract with Medicaid agency also includes provision of services for the Mental Health Division, the Kidney Disease Program, and the Disability Determination Unit (for
Social Security eligibility determinations). Other agencies use the same broker but have separate contracts (Area Agencies on Aging, and Temporary Assistance for Needy Families).

**Perceived advantages of brokerage system:**
Since implementation of the brokered arrangement, the cost per trip has decreased (from $38 per trip in 1988 dollars to current cost of $18 per trip). Prior to the brokered arrangement, there was no review and no central coordination. Under the brokered arrangement, all client travel statewide is coordinated.

**Data reporting capabilities:**
In addition to the MMIS, the state uses Excel spreadsheets to analyze summary data.

**Transit passes program:**
Transit pass programs may be administered by the brokers at their option.

**Cost Savings with broker arrangement:**
The state realized $2 million in savings in the last year. Under the state’s Universal Cost Containment Initiatives (UCCI), the brokers were successful in reducing conflicts of interest realizing savings of $1.2 million, realizing unique client saving of $.4 million, and increased use of public transit systems for a savings of $.8 million.

**Fraud and inappropriate use:**
To address fraud and misuse issues, the state has increased emphasis on recipient review and provider billings. State has also increase state staff from 2 to 4 program managers to allow increased monitoring of broker activities and billings.

**Contact information:**
Tom Gray, Section Manager  
Medical Assistance Administration  
Department of Social and Health Services  
P.O. Box 45534  
Olympia, Washington 98504-5534

Telephone: (360) 725-1314  
Fax: (360) 664-0261  
E-mail: GrayTr@DSHS.wa.gov

Internet information:

West Virginia

State population: 1,801,873

Unduplicated Medicaid recipients for fiscal year 2002: 362,176

NEMT funding: medical services match rate.

2002 FMAP: 75.27%
2003 FMAP: 75.04%

Program description:
NEMT is carved out of Medicaid managed care and is reimbursed on a fee-for-service basis directly to transportation providers.

Total state and federal NEMT expenditures for fiscal year 2002: $14,895,342, which represents less than 1% of total Medicaid costs.

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<td>Medicaid managed care carve-in</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>X Prior approvals required for out-of-state travel, services also subject to retrospective review. Any licensed transportation company can participate. Licensing by the WV Office of Emergency Medical Services, and the WV Public Service Commission.</td>
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<tr>
<td>Separate transportation waiver</td>
<td></td>
<td>X</td>
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<tr>
<td>In-house management</td>
<td>X Retrospective reviews performed by Office of Surveillance and Utilization Review</td>
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</tr>
<tr>
<td>Transportation brokerages</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Data collection capabilities:
Only van transport services are entered into the MMIS system.

Transit pass program:
No
**Cost Containment:**
West Virginia is looking at several possible ways to contain costs for NEMT, including contracts with brokers.

**Fraud and inappropriate use:**
West Virginia is experiencing problems with provider over-billing.

**Contact information**

Jim Shedd, Program Manager, Policy Unit  
West Virginia Bureau for Medical Services  
350 Capitol Street, Room 251  
Charleston, West Virginia 25301

Telephone: (304) 558-1700  
Fax: (304) 558-1542  
Internet: www.wvdhhr.org

**Wisconsin**

**State population:** 5,441,196

**Unduplicated Medicaid count for the fiscal year 2002:** 709,707

**NEMT funding:** both medical service and administrative service match rates

**2002 FMAP:** 58.57%  
**2003 FMAP:** 58.43%

**Program description:**
Under Medicaid managed care, capitation rates include only human service vehicles that are specially equipped or modified to accommodate wheelchairs. All other modes of non-emergency transportation are carved out of (excluded from) managed care.

Local Human Services county offices and tribes coordinate and pay for modes of transportation other than SMVs on a contractual basis. These administrative entities are reimbursed for the cost of the transportation as well as administrative expenses. The state receives 50% federal administrative match rate for this portion of the NEMT program. The state draws medical services (FMAP) match rate for capitations, which include SMVs, as well as for SMVs paid on a fee-for-service basis (ie. for managed-care exempt individuals).
Combined state and federal expenditures for NEMT in fiscal year 2002: $29,924,606 (fee-for-service only, does not include managed care expenditures), which represents less than 1% of the total program costs.

Estimated number of NEMT trips provided in fiscal year 2002: 1 million one-way trips (which includes only fee-for-service trips)

Estimated percentage of Medicaid recipients who received NEMT services in fiscal year 2002: less than 10%

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<tr>
<td>Medicaid managed care</td>
<td>X (managed care capitation includes only SMVs-human services vehicles that are specially equipped or modified to accommodate wheelchairs)</td>
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<tr>
<td>carve-in</td>
<td></td>
<td></td>
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<tr>
<td>Fee-for-service</td>
<td>X Common carriers are covered as fee-for-service only. SMV trips of more than 40 miles in urban settings and over 70 miles in rural settings require prior approval. SMV vehicles must meet Department of Transportation rules, and pass DOT vehicle inspections.</td>
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<td></td>
<td>X</td>
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</table>

Data collection capacity:
Data collection is via encounter reporting by managed care contractors.

Transit pass program:
No

Fraud and inappropriate use:
Wisconsin has experienced mostly provider fraud. In fiscal year 2002, Wisconsin audited 47 transportation providers, 9 of which resulted in referrals to the Medicaid Fraud Control Unit. As corrective action, Wisconsin will conduct pre-certification surveys that will include on-site review of applicants, as well as increased provider training and education.
Contact information:

Eileen McRae, Program and Planning Analyst
Wisconsin Medicaid
1 W. Wilson Street, P.O. Box 309
Madison, Wisconsin 53701-0309

Telephone: (608) 266-8922
Fax: (608) 266-1096
Email: Mcraeje@dhfs.state.wi.us

Wyoming

State population: 498,703

Unduplicated Medicaid recipients for fiscal year 2002: 50,438

NEMT funding: administrative match rate

2002 FMAP: 61.97%
2003 FMAP: 61.32%

Program description:
Wyoming has a fee-for-service Medicaid program, with no managed care. NEMT is administered in-house.

Until mid-2003, local Department of Family Services had been coordinating and scheduling NEMT services. In mid-2003, Department of Family Services ceased to provide coordination and scheduling services. As of October 2003, Wyoming will be reimbursing clients directly for NEMT services from a centralized location subsequent to the travel (with the exception of air travel, which will be prior authorized and provided by a contracted travel agency).

Total state and federal NEMT expenditures for 2002 fiscal year: $360,192.48, which represents less than 1% of total Medicaid costs.

Total state and federal NEMT expenditures for 2003 fiscal year: $504,717

Number of Medicaid recipients who received NEMT services in fiscal year 2002:
about 980 recipients have used NEMT services, which represents less than 10% of Medicaid recipients.

In fiscal year 2003, 10,434 NEMT services were provided to 2,016 unduplicated recipients.
Trips by provider in fiscal year 2002: 771 recipients were reimbursed for mileage, and 452 recipients used an ambulance or medical coach.

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<td>X Prior approval required for all NEMT services. Services also subject to retrospective review. Any licensed company may participate.</td>
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<td>Separate transportation waiver</td>
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<td>X</td>
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<tr>
<td>In-house management</td>
<td>X Department of Family Services, and Public Health Nurses may distribute mileage reimbursement</td>
<td></td>
</tr>
<tr>
<td>Transportation brokerage</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Data Collection capabilities: via the MMIS.

Transit Pass Program: No

Cost Containment: Wyoming has recently rewritten Medicaid transportation policy to require documentation supporting all requests for NEMT services.

Contact information:

Michelle McDonnell, Practitioner Services Manager
Cheyenne, Wyoming 82002

Email: mmcdon@state.wy.us
Telephone: (307) 777-7531
Fax: (307) 777.6964

Internet: www.wyequalitycare@acs-inc.com