



Medicaid Transformation: NEMT

NC Association of County Commissioners
Health & Human Services Subcommittee
January 15, 2020

NEMT – Status

Item	Status/Update
1. Beneficiary Experience	<ul style="list-style-type: none"> Working with the health plans and their transportation brokers to simplify the member experience for receiving transportation assistance by calling their Health Plan’s Member Services Line. Health Plan Reference Guide for Transition Period. Health Plan proactive outreach for high need and frequent NEMT users during transition.
2. Policy Guidance	<ul style="list-style-type: none"> Medicaid Direct (FFS) Policy Remains the Same under MA-3550/2910 Established new Medicaid Managed Care Policy using current NEMT policy as the base and incorporated specific scenarios related to Managed Care PHP NEMT Policy and Contracts in review based on updated Medicaid Managed Care NEMT Policy.
3. Encounters	<ul style="list-style-type: none"> File Layout and Business Rules Finalized; development underway. E2E testing scheduled to be complete prior to MCL – ETA end of January.
4. Provider Enrollment	<ul style="list-style-type: none"> No change to the provider enrollment and credentialing process. To provide NEMT services to Medicaid Managed Care Members, the NEMT provider must be enrolled through NC Tracks and contracted with the health plan/transportation broker.
5. NEMT History Tracker	<ul style="list-style-type: none"> The DSS will provide beneficiary utilization information to the PHPs. PHPs will reach out to identified high need and frequent NEMT members to schedule trips in advance of transition.
6. NEMT Provider Report	<ul style="list-style-type: none"> DSS identified NEMT providers they contract with to help facilitate Managed Care contracting The PHPs began reporting NEMT Provider Contracting reports to the state the week of October 11. These are submitted weekly until MCL and quarterly thereafter.
7. Contracting and NEMT Rates	<ul style="list-style-type: none"> Monitoring NEMT provider network to ensure coverage adequacy statewide. Collecting current DSS contracted NEMT rates. DHB will provide health plans and their designated transportation brokers summarized information to facilitate contract negotiation.

NEMT Support Materials: County Playbook

NEMT Material is posted in the County Playbook under Readiness:

<https://medicaid.ncdhhs.gov/counties/county-playbook-medicaid-managed-care/county-playbook-readiness>

- Fact Sheet 4: Non-Emergency Medical Transportation
 - NEMT Overview
- NEMT Part 2
 - NEMT under Managed Care: DSS and health plan responsibilities, accessing NEMT, and policy guidance
- NEMT User Case Scenarios
 - Provides scenarios to demonstrate how NEMT process will work under managed care

Fact Sheet 4

NC Medicaid 2 of 2 20191013 v4.0

NEMT Part 2

NC Medicaid 2 of 2 20191113 v4.0

NEMT User Case Scenarios

NC Medicaid 2 of 2 20191113 v4.0

NEMT Policy: Medicaid Direct vs. Medicaid Managed Care

Category	Medicaid Direct NEMT Policy (DMA-2910/3550)	Medicaid Managed Care NEMT Policy
30 Mile Radius	NEMT provided only to and from the nearest Medicaid provider. Exemption form required trip exceeds 30-miles.	Member can choose any provider in PHP network; excludes 30-mile exemption. However for out-of-state and bordering state providers, Prior Authorization is needed above initial assessment.
No Show/ Conduct Policy	NEMT services can be suspended (with exemptions) on the third beneficiary no show or for exhibiting inappropriate behavior during trips.	Up to the discretion of the PHP if they want to enforce the No-Show or Conduct policy, but it cannot be more restrictive than current policy.
Procedure Codes	Limited to 6 procedure codes which has low visibility into NEMT activity	Expanding to 49 procedure codes to allow for high visibility into NEMT activity.
Credential	In order to provide NEMT services for Medicaid Direct beneficiaries, provider (in-state only) must be contracted with the Local County DSS and should enrolled in NC Tracks.	In order to provide NEMT services for Medicaid Managed Care members, providers (in-state or bordering state) must be enrolled in NC Tracks and contracted with the health plan/transportation broker.
Forms	Multiple DMA forms required along the NEMT process regarding assessment, notice of decision, etc	Formal assessment process initiated for NEMT eligibility and trip requests. Changes in level of service will trigger formal appeals and grievance process regarding NEMT decisions.
Reports	<ul style="list-style-type: none"> • Submitted to the State: Trip Payment Authorization • Submitted on Demand: Self Auditing, Trip Documentation 	<ul style="list-style-type: none"> • Submitted to the State: NEMT Encounters, NEMT Provider Contracting Report, NEMT Utilization Report • Submitted on Demand: Self Auditing

NEMT Fact Sheet Part II
 Outlines key responsibilities of the DSS and the Health Plans and details of certain scenarios that could happen under Medicaid Managed Care.

NEMT Contracting Status

Statewide Status

Managed Care

Unique Providers Signed **136**

Medicaid Direct

Unique Providers Signed **105**

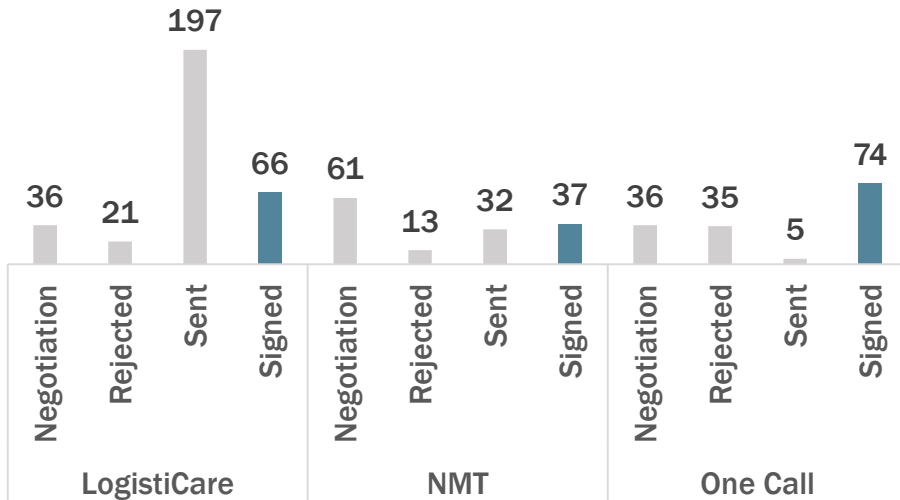
Counties Served

91 counties served by NEMT providers that have signed contracts with a transportation broker. Counties with no Managed Care NEMT coverage currently include:

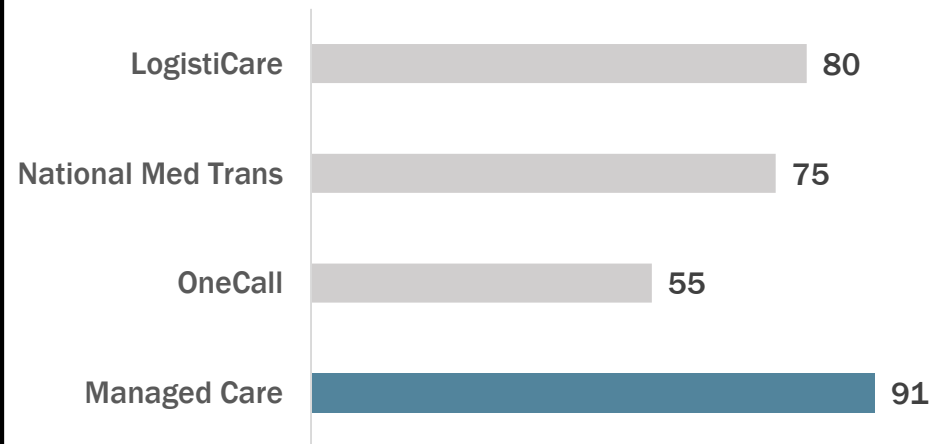
- Alexander
- Alleghany
- Ashe
- Avery
- Catawba
- Cherokee
- Clay
- Swain
- Watauga

Currently there is only 1 signed contract with a Public Transit Provider.

Contract Status by Broker



Counties Served by Broker



Appendix

Member NEMT Experience

Medicaid Direct Process

1. At application Medicaid beneficiaries receive NEMT rights and responsibilities from Local County DSS.
2. Medicaid Direct beneficiaries call their Local County DSS for transportation assistance.

Managed Care Process

1. At application Medicaid beneficiaries receive NEMT rights and responsibilities from Local County DSS.
2. Medicaid Managed Care members call their enrolled PHP for transportation assistance.

Managed Care Transportation Assistance

1. Member receives Member Handbook with information on how to arrange transportation assistance and the change in calling their health plan instead of the Local County DSS.
2. Member Can Call Member Services Line, use mobile app, or use website
3. PHP/Vendor performs transportation assessment to determine mean and mode of transportation
4. PHP notifies member of trip details
5. Transportation takes place
5. Reimbursement process takes place if necessary

Working Together

- **NEMT Provider Report**
 - The DSS identified NEMT providers they utilize, and this was shared with the PHP/brokers to begin their contracting.
 - PHPs/Vendors started submitting weekly NEMT Provider contracting reports in October 2019
- **NEMT History Tracker**
 - The DSS will identify high need and frequent NEMT users and provide information around their beneficiary's trip history so the PHPs can begin reaching out to those high need members during the transition to Managed Care.



Note: Member can initiate appeals process based on determination of means and mode of transportation.

NEMT Member Communications

NC Medicaid members will be notified of changes to their transportation assistance in the form of materials delivered to them, word of mouth from the Local County DSS, and proactive outreach from their health plan/transportation broker.

Materials



- Member Handbook to be delivered after Auto-Assignment
 - Transportation assistance directions included in member handbook
 - Member Handbook NEMT Insert
 - Inform member that can contact their health plan for transportation assistance scheduled on or after MCL
- PHP Reference Guide
 - Distribute to stakeholders after auto-assignment to spread the word of transition of care including verbiage around NEMT

DSS



- The Local County DSS has been and will continue to be instructed to refer Medicaid Managed Care members who need transportation scheduled after MCL to reach out to their health plan

PHP Outreach



- The health plans will be reaching out to members after PHP auto-enrollment and prior to MCL who have been identified by the DSS as high need and frequent NEMT users

NEMT Provider Report

As part of the NEMT transition for Managed Care members, we asked the Local County DSS to identify providers they currently contract with. The state compared this with the NEMT providers in NC Tracks to provide to the health plans to ensure relationships were established for Managed Care.

- A spreadsheet with all current Medicaid-enrolled NEMT providers from July 2019 was sent to all 100 counties and information was received in August 2019 and shared with the health plans.
- Below is a sample of the spreadsheet, which includes 1) County, 2) County NEMT Contact, 3) contract indicator (Y/N), and 4) applicable comments.

County:								
County NEMT Contact:								
Contract With (Y/N)	County NEMT Provider is Located In	Provider County Code	Provider Name	Provider Phone Number	NPI	Provider Atypical NPI	Comments (if necessary)	
	Alamance	001	ALAMANCE CO TRANSPORTATION AUTH	3362220565	~	40333274		
	Alamance	001	BURLINGTON AL HOLDINGS I LLC	8282617304	1003160441			
	Alamance	001	GOLDEN EAGLE TAXI CORPORATION	3362270550	~	40337707		
	Alexander	002	TAYLORSVILLE HOUSE	8286358989	1215923347			
	Alleghany	003	ALLEGHANY COUNTY DSS	3363728747	~	40341864		
	Anson	004	CAROLINA COMMUNITY TRANSIT LLC	9802296965	~	40354346		
	Anson	004	COUNTY OF ANSON	7046942596	~	40337352		
	Anson	004	JFC MERIDIAN OPCO - WADESBORO	7049949050	1720462856			
	Ashe	005	ASHE COUNTY TRANSPORTATION AUTHORIT	3368462000	~	40337721		

NEMT History Tracker

Purpose: The NEMT History Tracker will be used to inform the health plans of beneficiaries who might need special attention regarding NEMT during the transition to Managed Care and to help plan their upcoming trips in preparation for MCL.

Timeline:

- The State will distribute the NEMT History Tracker template to all 100 counties ~4 weeks prior to auto-enrollment.
- Counties are asked to fill out beneficiary information using the state provided template.
- OST will collect the completed NEMT history tracker from the counties via ZixMail 2 weeks after request was made and the state will compile.
- After auto-enrollment members will be matched to their enrolled health plan and the information will be distributed to the health plans accordingly.
- The health plans will reach out to identified members prior to MCL.

NEMT History Tracker - Criteria

Below is the criteria for beneficiaries who should be added to the tracker.

High Need User Criteria

Beneficiaries with a Managed Care Status of Mandatory or Exempt and qualify for one or more of the situations below:

1

High Need

- have special needs/require special considerations (at the discretion of the DSS)

2

Frequent User

- multiple/recurring appointments - 4 or more trips per month (e.g. NEMT for treatments such as dialysis/cancer treatment)

3

Private Reimbursement

- those who use NEMT but whose information will not be in NC Tracks claims data.

NEMT History Tracker - Sample

Include the following information for each beneficiary:

Member Information

- First and last name
- Medicaid ID
- DOB



Health Plan

- If available in NC FAST

Trip Information

- High Need indicator
- Frequent beneficiary indicator
- Private reimbursement indicator
- Mode of transport
- Trip purpose
- Transportation provider name and NPI#
- Special notes or instructions
- Pick up and drop off address

Last Name	First Name	Member ID	DOB	Health Plan (if already assigned)	High Need?	Frequent User?	Private Reimbursement?	Frequency (if applicable)
Doe	John	XXXXXXXXXX	1/1/1965	Health Plan A	Yes	YES	NO	Weekly

Mode of Transport	Trip Purpose	Transportation Provider Name	Transportation Provider NPI#	Pick Up Address	Pick Up City	Drop Off Address	Drop Off City	Special Instructions/Notes
Bus	Dialysis	County Bus System	XXXXXXX	100 Main Street	Raleigh, NC	200 Hospital Drive	Chapel Hill	Wheelchair Accessible

The DSS must use the template provided by the state.