

Position Statement

For 2022 Session

Preserve local needs for Nonemergency Medical Transportation (NEMT)

Proposal

Issue:	<p>The Blue Ribbon Commission on Health and Human Services proposed implementation of a uniform NEMT program. This would return NEMT to the State as a single administrator to coordinate the transportation system. Through a uniform NEMT program, a single administrator pays a per member, per month fee and contracts with the drivers, negotiates the rates, and coordinates the rides for the members. The Commission reported that administrative oversight would lower costs, yield savings of greater than \$10 million and improve program integrity.</p> <p>Administration of NEMT requires the ability to respond expediently to trip requests and manage the complexity of provider billing. Some counties and other NEMT networks have made considerable investments in computer systems that are designed for NEMT administration which have increased efficiencies, realized cost savings, and improved provider oversight and audit capabilities.</p> <p>Moving to a single administrator approach could result in a massive overhaul of the program, potentially diminishing the ability to meet and preserve regional and local needs, and negatively impacting access to, or effectively eliminating, a volunteer driver network. Currently there are proven, successful models across the state that should be studied and carefully considered prior to any changes.</p>
Implementation Strategy:	<p>Counties recognize the benefit of statewide consistency and appreciate any effort towards streamlining systems. Any reform must focus on the needs of the children and adults who rely on NEMT. Any change to NEMT administration should be well-vetted and clearly delineate State vs. County responsibility, including a precise definition of single administrator. Regional needs must be considered and preserved. Any solution must also be able to support a volunteer driver network.</p>

Systemic Priority Alignment (highlight all that apply and explain why)

- **Equity**
- **Integrated Services**
- **Fiscal Framework**

From the GARE Toolkit (See www.racialequityalliance.org): What are the racial equity impacts of this particular decision? Who will benefit from or be burdened by it? Are there strategies to mitigate unintended consequences?

Comments:

The Blue Ribbon Commission's final report indicates the equity review raised a number of recommendations and questions for consideration during the implementation process:

- Incorporate cultural competency training that includes language considerations.
- The strategy indicates that the development of a more standardized approach to NEMT services is needed to enhance program integrity, how will the strategy promote equitable outcomes to those who receive Minnesota Care and Medical Assistance who utilize NEMT?
- Will those who receive rides be impacted by the change and if so how?
- Will the changes promote geographic access?
- What are the possible unintended consequences?
- Does this strategy make provisions for accountability?

**Relevant Committee
(highlight all that apply and explain why)**

- **Adult Services**
- **Behavioral Health**
- **Children's Services**
- **Equity**
- **Healthcare**
- **Modernization**
- **Policy**
- **Self-Sufficiency**

Why:

Rationale/Background:

NEMT is a federally mandated benefit that enables Medical Assistance members to access covered health care services using the most cost-effective mode of transportation for nonemergency medical appointments. The federal government requires states to provide NEMT assistance to the nearest qualified provider using the least expensive type of appropriate transportation. Types and levels of transport are determined by medical necessity. Eligible providers must meet specific criteria as defined by MnDOT vehicle and driver requirements, additional driver and attendant training for protected transportation services and Minnesota Health Care Program (MHCP) provider enrollment or local county or tribal agency criteria.

Before 2009, the State managed all components of NEMT services. Currently NEMT is administered in a variety of ways across the State, from the Medical Transportation Management (MTM) model to individual counties or regions contracting directly with transit providers/volunteers.

In response to a previous audit, current NEMT systems made efforts towards improvement including implementation of new software systems, additional checks and balances with billing, etc. Additionally, beginning in July 2022, all contracted providers will be registered with the State and all trips will have provider/driver associated with it, allowing for greater tracking and oversight of the billing process.



Submitted by:

Approved on: