

Ohio Medicaid NEMT

Rafiat Eshett, Bureau of Health Plan Policy

December 12, 2018



Ohio Medicaid Today

Program information:

- Medicaid is a joint federal-state health insurance program for vulnerable individuals with low-income and limited resources
- Coverage provided to approximately 3 million Ohioans
- Approximately 92% of Ohio's Medicaid population receive benefits through a private managed care plan under contract with ODM
- Approximately 30% of all Ohio births are covered by Medicaid
- Overall annual Medicaid spending is approximately \$28 billion, all funds

Ohio Medicaid Today

What is the “State Plan”

- Description of how Ohio’s Medicaid program is administered, submitted to and approved by the federal entity, Centers for Medicare and Medicaid Services (CMS)
- An agreement with CMS which lists the groups of individuals to be covered, services to be provided (i.e., “state plan services”), methodologies for providers to be reimbursed and the administrative activities that are underway in the state
- Requirements specific for “basic” Medicaid services; differs from requirements of waiver services
- May be “fee for service”, traditional services provided independent of or in conjunction with waiver services or as part of managed care

Ohio Medicaid Today

“Basic” Medicaid State Plan Services

- Behavioral Health
- Chiropractic
- Dental*
- Durable Medical Equipment & Supplies
- Home Health
- Hospice
- Immunizations
- Inpatient Hospital
- Laboratory
- Outpatient Hospital
- Physician Services
- Podiatry
- Other licensed Practitioners
- Pharmacy/Prescriptions**
- Private Duty Nursing
- Radiology
- Advanced Practice Registered Nurses
- Physician Assistants
- Skilled Therapies
- Transportation
- Vision*
- Other Services

*Services subject to consumer co-payments

** Drug benefit provided through Medicare for certain ABD individuals

Policy

42 CFR 431.53 Assurance of transportation

❖ A state plan must:

- Specify that the Medicaid agency will ensure necessary transportation for beneficiaries to and from providers; and
- Describe the methods that the agency will use to meet this requirement.

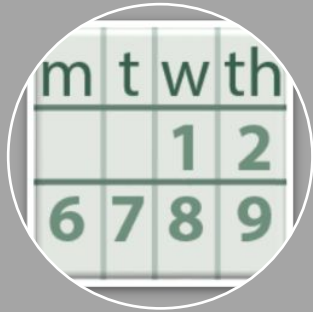


How much do we spend on transportation programs?

Interesting stats

- Ambulance & Wheelchair Van services (MC & FFS) – app. \$135 million
- County-administered NEMT SFY 2018 (88 counties) - app. \$77 million
- NEMT accounts for less than 1% of healthcare spending

NEMT Transformation – Medicaid Perspective



Increased Access for Consumers



More providers



Greater Efficiency – Reduced Waste



Increased Quality Control



Why provide transportation assistance?

Transportation can be inexpensive compared to the high cost of healthcare.

It is more cost-effective to transport a member to preventative care rather than waiting for a serious health condition to arise. Studies have shown that increasing transportation access to medical services results in such significant savings that it justifies increased NEMT spending. By offering the NEMT benefit this can:

- Remove transportation barriers
- Prevent missed medical appointments
- Decrease the impact of chronic disease
- Reduce the cost of hospital services
- Save healthcare \$\$\$



What are the different ways to access NEMT?

CDJFS	Transportation assistance: <ul style="list-style-type: none">• Transportation by contracted vendor• Gas vouchers• Prepaid fares• Prepaid gas cards• Transportation by CDJFS vehicle• Mileage reimbursement• Auxiliary services	Not every CDJFS offers every option. Some CDJFSs offer only incentives such as gas cards. Transit systems, taxi service, and transportation vendors may be unavailable in rural areas.
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Decision Guide for County Departments of Job and Family Services
Medicaid Transportation Assistance

Step	Criterion	Yes	No
1	Program eligibility: Is the individual Medicaid-eligible on the travel date?	Go to step 2.	Refer the individual if possible.
2	Coverage eligibility: Is the activity for which transportation assistance is requested a Medicaid-coverable service?	Go to step 3.	Refer the individual if possible.
3	Assistance eligibility: Does the individual qualify for transportation from a long-term care facility (LTCF), from a hospice provider for travel related to a terminal illness, or from a Medicaid managed care plan (MCP) for travel more than 30 miles from home that is authorized by the MCP?	Refer the individual to the LTCF, hospice provider, or MCP.	Go to step 4.
4	Necessity: Does the individual actually need transportation assistance? Will the individual incur cost, experience undue hardship, or be unsuccessful in obtaining a coverable medical service if no assistance is provided?	Go to step 5.	Refer the individual if possible.
5	Type: Is a particular type of transportation assistance indicated or contraindicated?	Provide assistance as the situation requires. If suitable wheelchair-accessible transportation is requested but unavailable, refer the individual to a wheelchair van provider or MCP as appropriate.	Provide the most cost-effective type of assistance that is appropriate to the individual's circumstances and enables the individual to access coverable services in a timely manner.

NOTES

Step 2 – The term *Medicaid-coverable services* includes a medically necessary activity connected directly with a medical service, even if no payment is made for the activity. Eyeglasses adjustment, for example, is a Medicaid-coverable service, as is postpartum contact with a hospitalized infant for the purpose of bonding or breastfeeding.

Step 3 – A Medicaid managed care plan (MCP) is required to provide transportation to any member who must travel at least 30 miles from home to obtain a coverable service that is not available at a closer location.

Step 4 – When a parent (biological parent, adoptive parent, foster parent) or guardian requests transportation assistance on behalf of a Medicaid-eligible child, the same criterion applies: Will it be unnecessarily difficult for the child to obtain a coverable medical service if no transportation assistance is provided? If the parent or guardian is also Medicaid-eligible or is unable to furnish transportation (e.g., because of a work schedule), then provide necessary transportation assistance for the child.

Prepared by the Ohio Department of Medicaid, Bureau of Health Plan Policy, 10/26/2018



Medicaid Managed Care Plans

MCP	Ambulance and Wheelchair Van services	The individual must obtain ambulance and wheelchair van services through the MCP.
MCP	Travel when the nearest panel provider is 30 miles or more away	The individual must obtain service through the MCP if a closer location is not available;
MCP	Local trips	Some MCPs may offer a limited number of "value-added" trips (e.g., 30/year), but they are not required by their Medicaid provider agreement to do so. The "value-added" trips may be used for medical or non-medical purposes, and individuals may choose not to use them at all.

Other NEMT sources

Long-term care facility	Transportation other than wheelchair van service*	The individual must obtain service through the LTCF (except for Assisted Living facilities)
Federally qualified health center	Travel to or from a FQHC site	This service is offered only by some FQHCs. When it is available, individuals may choose not to use it.
Hospice	Travel related to the terminal illness	The individual must obtain service through the hospice; other options are excluded.
Medicaid School Program provider	Travel to or from the MSP provider for the purpose of obtaining medically necessary services	Transportation must be provided in a vehicle that specifically accommodates an eligible child, and transportation accommodations must be indicated in the eligible child's IEP.
HCBS Waiver Providers	Travel to or from HCBS waiver services (additional transportation beyond state plan services)	Transportation coverage for waiver services

Statewide Stakeholder Forums

- ODM hosted stakeholder forums in July through September 2018, which consisted of in-person and conference call sessions.
- The in-person sessions were targeted at providers, members, and advocates for discussion on the current NEMT system including any barriers or challenges that exist today. Online registration for the forums opened in mid-July when ODM sent email invitations to over 1,500 stakeholders to participate in these sessions. Email invitations were sent to consumers, NEMT providers, consumer advocates, and RFI respondents.



CDJFS updates

- The statewide stakeholder forums were held in 12 counties. In each county, ODM facilitated two sessions – one focused on consumers and advocates and another specifically for providers. In total, these sessions were attended by more than 300 individuals.
- Concurrent with the statewide stakeholder forums, ODM facilitated seven conference calls; six for CDJFS staff and a make-up session for anyone who was unable to attend the in-person sessions. The calls were facilitated by ODM staff and were designed to create an understanding of the NEMT system from the perspective of the CDJFS offices. All 88 counties were invited to participate in a session.

Transportation Assistance

If you're covered by Medicaid and you're having trouble getting to health care services, transportation assistance may be available.

- If you're a member of a managed care plan or MyCare Ohio plan, call the number listed in the table to the right, or contact the Ohio Medicaid Hotline for consumers (1-800-324-8680 or ohiomh.com).
- If you're not a plan member (or you want an option besides what your plan offers), contact the Medicaid Transportation Coordinator at your local county department of job and family services (CDJFS). The main phone number for each CDJFS is included in a list available at jfs.ohio.gov; select County Directory.

If you're not a plan member and you need transportation by wheelchair van, you may contact a provider directly. A searchable directory of Medicaid providers is available at medicaid.ohio.gov; select these options:

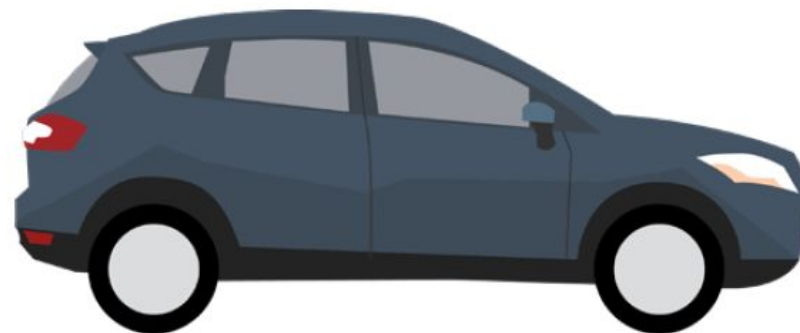
FOR OHIOANS > Already Covered > Your Benefits > Find a Medical Provider

Questions? Contact the Ohio Medicaid Hotline for consumers at 1-800-324-8680 or ohiomh.com.

ODM Bureau of Health Plan Policy, 11/1/2018

Don't cancel. Call!

	Managed Care Plan	MyCare Ohio Plan
Aetna		1-855-364-0974 1-866-799-4395
Buckeye Health Plan	1-866-246-4358 1-866-531-0615	1-866-549-8289 1-866-531-0615
CareSource	1-800-488-0134	1-855-475-3163
Molina Healthcare	1-866-642-9279	1-844-491-4761
Paramount Advantage	1-866-837-9817	
United Healthcare	1-800-895-2017 1-800-269-4190	1-877-542-9236 1-800-269-4190





- *Do you know the difference between education and experience? Education is when you read the fine print; experience is what you get when you don't.*
- *- Pete Seeger*