

## PEOPLE-CENTERED TRANSPORTATION COALITION

- The bill contains a fiscal note analysis and assumptions that fail to make the case that addressing urgent care is so urgent that it cannot wait to be part of a comprehensive set of NEMT proposals contained in one bill, and reflecting ample stakeholder input, coming out of the Health Care Policy & Financing (HCPF) Transportation Services Benefits Collaborative (Collaborative) process. The bill makes one stop-gap change to state statute (adding 25.5-5-324) whereas there is a need for a comprehensive review of NEMT in state statute and rule, a process that is already underway with HCPF and stakeholders.
- The bill states as its goal to “implement an efficient and cost-effective method for meeting urgent transportation needs within the existing nonemergency medical transportation benefit under the medical assistance program.” If Colorado wants to be the national leader in the provision of the NEMT benefit, then this goal needs to be more inclusive and reflective of the entire NEMT community – the health care providers, the transportation service providers, and especially the people who utilize and rely upon the NEMT benefit. A better goal to reflect the entire NEMT community might be stated as to “implement an effective and efficient method for meeting urgent transportation needs to ensure quality and person-centered outcomes.”
- The bill misses an opportunity to clarify important definitions that define and control the transportation benefit, which are already part of the federal guidance from the Centers for Medicare and Medicaid Services (CMS), which should be harmonized with all state statutes describing the medical assistance program, and which should control how Colorado delivers all aspects of its transportation benefit. These important terms include: person-centered, quality, external quality review, outcomes, access, network adequacy, Limited English Proficient, as well as urgent and urgent care. (An expanded list of these terms, with CMS definitions, is at the end of these written comments.)
- The bill needs to emphasize that health care providers, not HCPF or Veyo, need to be empowered to make reimbursable determinations of urgent NEMT needs.
- The bill needs to require that outcome metrics be established by HCPF with stakeholder input for the next broker (or other model) contract. Currently, there are no required or produced outcome metrics concerning NEMT, and all that is publicly reported are output metrics that are not independently verified.
- The bill presents an opportunity to create an Independent Board, which would be comprised of recipients of NEMT services, health care providers, and transportation service providers, which would oversee periodic quantitative and qualitative outcome data and surveys, and which would oversee an appeals and

review process related to recipients of NEMT services, health care providers, and transportation service providers.

- The bill presumes a future status (statewide brokerage by Veyo), when present problems with the broker model are still under review by HCPF's Collaborative process. The bill creates a no-bid contractual relationship between HCPF and Veyo, for services that extend beyond the termination of the current broker contract (SFY 2019-20), at the very time when HCPF is developing a new RFP for broker services. This calls into question the integrity and transparency of HCPF's RFP and Collaborative processes.
- The bill creates a new FTE at HCPF, which has complained that the reason it has not provided adequate oversight of Veyo on its own, and has instead relied upon data provided by Veyo, is that HCPF has not had adequate personnel for this task. The bill should direct HCPF to use this FTE not just to "implement the urgent transportation services voucher program", but also to develop independently verified data concerning the performance of Veyo in all aspects of its contract implementation.
- The bill fails to demonstrate any due diligence to determine the most efficient and effective NEMT urgent care in other Medicaid markets. HCPF has a stated value (presumably shared by the Legislature) to "ensure covered services are evidence-based and guided by best practices". However, nothing in the bill demonstrates this value.
- The bill contains a good analysis of the assumed need for urgent care and the utilization of urgent care services. ("The analysis assumes that 13 percent of current services are scheduled within 48 hours, and can be considered urgent. Further, it is assumed that creating the voucher program and expanding the service area will increase program utilization for urgent transportation by 5 percent, primarily from increased urgent access utilization in county-administered programs.") However, the same fiscal note lacks any analysis of the best method for delivering on-demand transportation services, or for the assumption by HCPF that the best solution to the urgent care problem is to dedicate more funds to the very broker that has a questioned record for meeting non-urgent needs.

## NEMT Definitions Controlled by CMS

- **Access** - As used in part 438 subpart E and pertaining to external quality review, the timely use of services to achieve optimal outcomes, as evidenced by MCPs successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under 42 CFR §438.68 (Network adequacy standards) and §438.206 (Availability of services). [42 CFR 438.320]
- **Non-Emergency Medical Transportation PAHP (NEMT PAHP)**: An entity that provides only NEMT services to enrollees under contract with the state, and on the basis of prepaid capitation payments, or other payment arrangements that do not use state plan payment rates. [42 CFR 438.9(a)]
- **Provider** - Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the state in which it delivers the services. [42 CFR 438.2]
- **Quality** - As used in part 438 subpart E and pertaining to external quality review, the degree to which an MCO, PIHP, PAHP, or PCCM entity (described in 42 CFR 438.310(c)(2)) increases the likelihood of desired outcomes of its enrollees through: (1) Its structural and operational characteristics. (2) The provision of services that are consistent with current professional, evidenced-based-knowledge. (3) Interventions for performance improvement. [42 CFR 438.320]
- **External quality review** - As used in part 438 subpart E, the analysis and evaluation by an external quality review organization (EQRO), of aggregated information on quality, timeliness, and access to the health care services that an MCO, PIHP, PAHP, or PCCM entity (described in 42 CFR 438.310(c)(2)), or their contractors furnish to Medicaid beneficiaries. [42 CFR 438.320]
- **Limited English proficient (LEP)** - Potential enrollees and enrollees who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be Limited English Proficient (LEP) and may be eligible to receive language assistance for a particular type of service, benefit, or encounter. [42 CFR 438.10(a)]
- **Outcomes** - As used in part 438 subpart E, changes in patient health, functional status, satisfaction or goal achievement that result from health care or supportive services. [42 CFR 438.320]
- **Person-centered planning process** - A process led by the individual, where possible, and includes the individual's representative in a participatory role, as needed and as defined by the individual, unless state law confers decision-making authority to the legal representative. In addition to being led by the individual receiving services and supports, the person-centered planning process:

- o Includes people chosen by the individual;
- o Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions;
- o Is timely and occurs at times and locations of convenience to the individual;
- o Reflects cultural considerations of the individual and is conducted by providing information in plain language and in a manner that is accessible Section IV: Glossary of Terms 134 to individuals with disabilities and persons who are limited English proficient, consistent with 42 CFR 435.905(b);
- o Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants;
- o Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the state demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, the state must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS. Individuals must be provided with a clear and accessible alternative dispute resolution process;
- o Offers informed choices to the individual regarding the services and supports they receive and from whom;
- o Includes a method for the individual to request updates to the plan as needed;
- o Records the alternative home and community-based settings that were considered by the individual. [42 CFR 441.301(c)(1)]

\*\*\*\* Other useful terms from CMS <https://www.medicaid.gov/medicaid/managed-care/downloads/mce-checklist-state-user-guide.pdf> , starting page 126

# PEOPLE CENTERED TRANSPORTATION COALITION

## About:

The People Centered Transportation Coalition (PCTC) began informal meetings in 2016 to advocate for HB-1097, which is intended to improve the bottleneck that some drivers were experiencing in getting approved by the Public Utilities Commission to be a driver for Non-Emergent Medical Transportation (NEMT). In 2017 the PCTC became formalized, and has worked extensively on strategic planning efforts to more systemically improve NEMT in Colorado. Using our Theory of Change process, the PCTC identified three broad strategies to work through as this coalition, in order to achieve our vision. In response to constant unrest over current NEMT service issues, the PCTC has grown to over 30 members in the last year. The PCTC has focused on preparing its recommendations for changes in the State rules and contract(s) that control the delivery of NEMT in Colorado, in order to engage in multiple processes to improve the NEMT system and experience.

## Collective Goal and Vision:

By 2025, 100% of Coloradans on Medicaid have access to and choice of quality and sustainable Non-Emergent Medical Transportation (NEMT) that meets their needs.

## Mission:

The mission of the People Centered Transportation Coalition is to advance advocacy, policy, and accountability in order to improve the NEMT benefit in Colorado in a way that ensures equitable and people-centered access to NEMT.

## Theory of Change Strategies and Goals for Changed Conditions:

1. All Coloradans on Medicaid are covered by a quality NEMT benefit.
2. All Coloradans on Medicaid are fully equipped to access the NEMT benefit.
3. The NEMT workforce in Colorado is fully capable of meeting the needs of all Coloradans on Medicaid.

## Executive Committee:

Chris Lyttle	Paul Stein
Rich McLean	Jason Brabson
Jamie Lewis	Meghan Prentiss

## Meetings:

Our meetings are on the second Monday of the month from 2pm - 4pm at the Center for Health Progress. Ask a Steering Committee Member for access to our Google Drive with supporting documents, articles, and more.

**PCTC Participating Organizations:**

All Cities Taxi
Amblicab (Colorado Springs)
Asia Pacific Development Center
Aurora Health Access
Aurora Mental Health Center
Center for Health Progress
Children's Hospital Colorado
Clinica
Colorado Access
Colorado African Organization
Colorado Cross-Disability Coalition
Community Enterprise Development Services
Community Health Partnership
Denver Health
Denver Regional Mobility and Access Council
Disabled Resources Services
Fresenius Medical Care
Heart and Soul Paratransit
Metro-Community Provider Network
Mile High Health Alliance
North Colorado Health Alliance
Northern Colorado Medical Transportation Action Coalition
Northwest Colorado Council of Governments
Regional Transportation District
Salud
Together Colorado
Tri-County Health Department