

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

1a. What strategic priority does this program address?

Provide access to NEMT services to MHD participants.

1b. What does this program do?

The purpose of the NEMT program is to ensure transportation services to MO HealthNet participants who do not otherwise have access to appropriate transportation to and from scheduled MO HealthNet covered services.

The Missouri NEMT Program is structured to utilize and build on the existing transportation network in the state. The federally-approved method used by Missouri to structure the NEMT Program allows the state to have one statewide transportation broker to coordinate the transportation providers. The broker determines which transportation provider will be assigned to each MO HealthNet participant.

NEMT services are defined as a ride, or reimbursement for a ride, and ancillary services provided so that a MO HealthNet participant with no other means of transportation resources can receive MO HealthNet covered services from a medical service provider. By definition, NEMT does not include transportation provided on an emergency basis, such as trips to the emergency room in life-threatening situations, unloaded miles, or transportation provider wait times.

The NEMT broker must ensure that NEMT services are available 24 hours per day, seven (7) days per week, when medically necessary. The broker provides NEMT services to MO HealthNet covered services that do not include transportation. In addition, the broker arranges NEMT services for one parent/guardian to accompany children under the age of 21, if requested. The broker also arranges NEMT services for an attendant, if appropriate, to accompany children under the age of 21. If the participant is under the age of 17, a parent/guardian must ride with them.

In addition to authorizing the transportation services, the broker authorizes and arranges the least expensive and most appropriate ancillary services.

Ancillary services are only authorized if:

- The medical appointment requires an overnight stay; and
- Volunteer, community, or other ancillary services are *not* available without a fee/charge to the participant.

One parent/guardian is allowed ancillary services when a MO HealthNet eligible child is inpatient in a hospital setting and meets the following criteria:

- The hospital does not provide ancillary services without a cost to the participant's parent/guardian; and
- The hospital is more than 120 miles from the participant's residence; or
- The hospitalization is related to a MO HealthNet-covered transplant service.

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Reimbursement Methodology

NEMT services are reimbursed in the Fee-for-Service (FFS) and Managed Care settings. For Managed Care participants, NEMT services are reimbursed by MO HealthNet through the actuarially-sound capitated rate paid to the Managed Care Organizations (MCOs) and are not reimbursed under this line. *See Managed Care program description for more information*. As of November 2004, the service is provided to FFS participants as a direct state plan service. The state contracts with a statewide broker and pays monthly capitation payments for each NEMT FFS participant based on which of the four regions of the state in which the participant resides.

Where appropriate and possible, the MHD enters into cooperative agreements to provide matching MO HealthNet funds for state and local general revenue already being used to transport MO HealthNet enrolled participants to medical services. Participants are required to use public entity transportation when available. When they do so, the payments are made to public entities on a per-trip basis. By working with existing governmental entities and established transportation providers, NEMT is provided in a cost-effective manner and governmental agencies are able to meet the needs of their constituency.

The MHD works with state and local agencies to provide federal matching funds for general revenue used for NEMT services including:

- The Children's Division for children in state care and custody
- School-Based NEMT Services
- Bi-State Development Agency
- Kansas City Area Transit Authority (KCATA)/Ride KC Connection
- Columbia Transit
- City Utilities of Springfield
- Nevada City Hospital
- City of Jefferson/Jefftran

SFY	NEMT Rate History	
	MHD Rate	DMH and MHD Rate*
2022	\$13.30	\$3.43
2021	\$12.59	\$3.22
2020	\$12.49	\$2.93
2019	\$11.65	\$2.74

*Combined Weighted Average Rate History Based on FTE

In SFY19 the Department of Mental Health's (DMH) NEMT budget appropriation was transferred to MHD.

SFY	NEMT Actuarial Rate History		
	MHD	DMH	Combined
2022	5.60%	19.70%	6.40%
2021	10.00%	7.10%	9.53%
2020	5.30%	2.20%	5.10%
2019	2.40%	13.60%	3.00%

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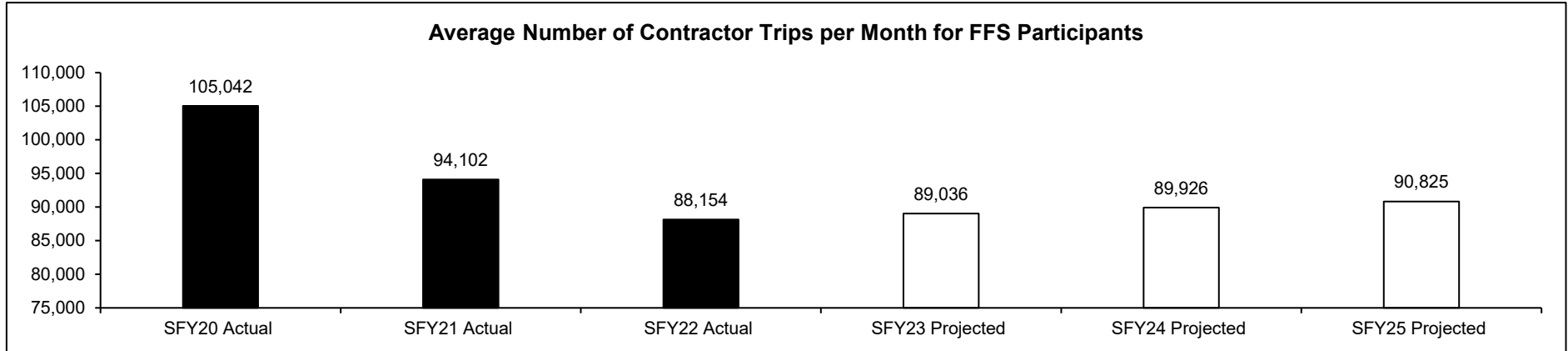
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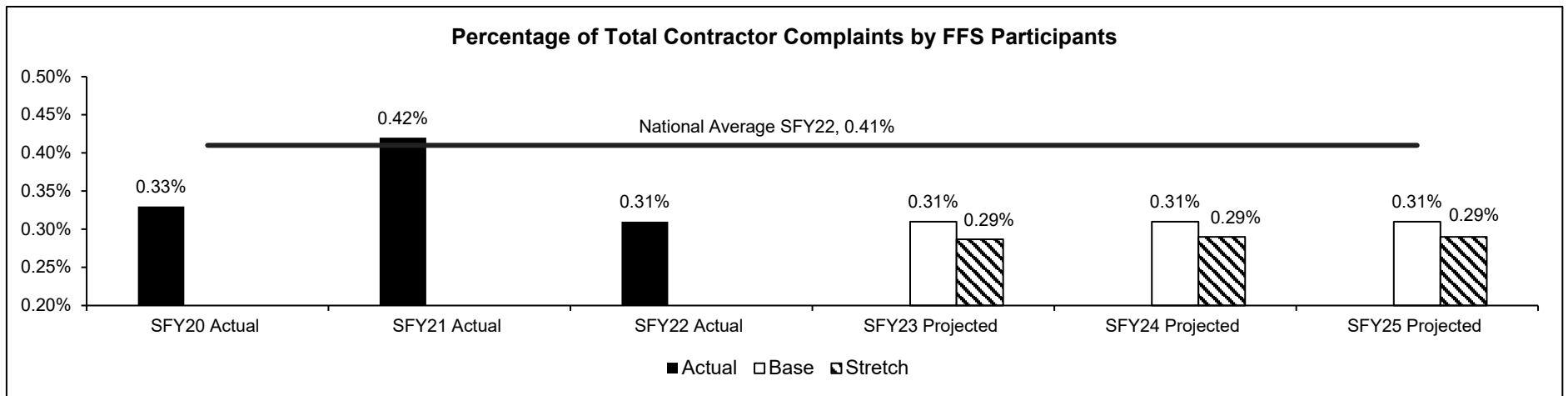
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2a. Provide an activity measure(s) for the program.



Note: Lower average number of trips in SFY21 and SFY22 is due to COVID-19.

2b. Provide a measure(s) of the program's quality.



Note: Percentage is based off of the total number of contractor complaints by FFS participants versus the total number of trips.

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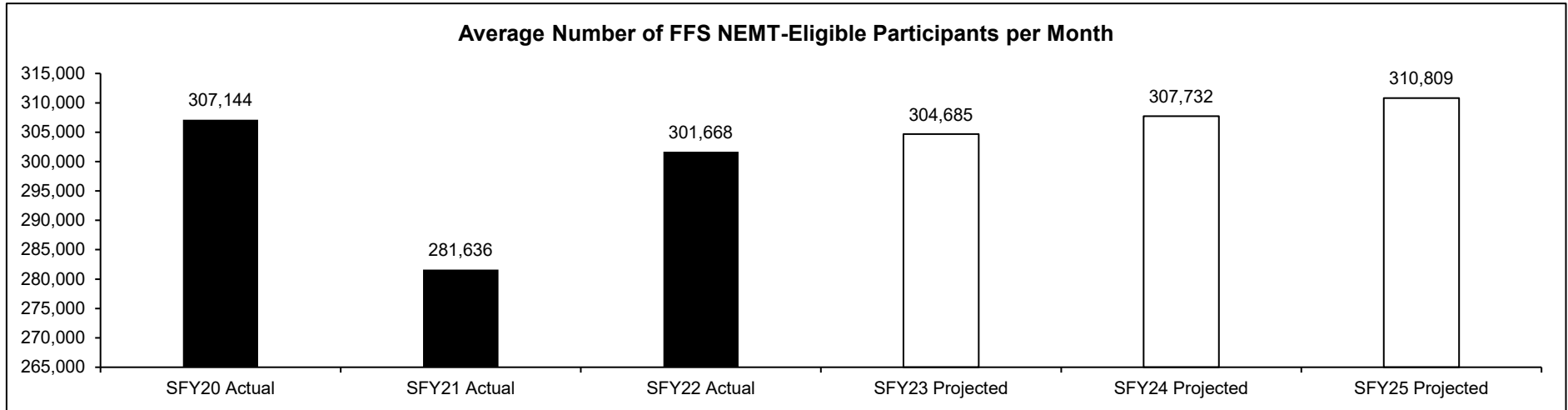
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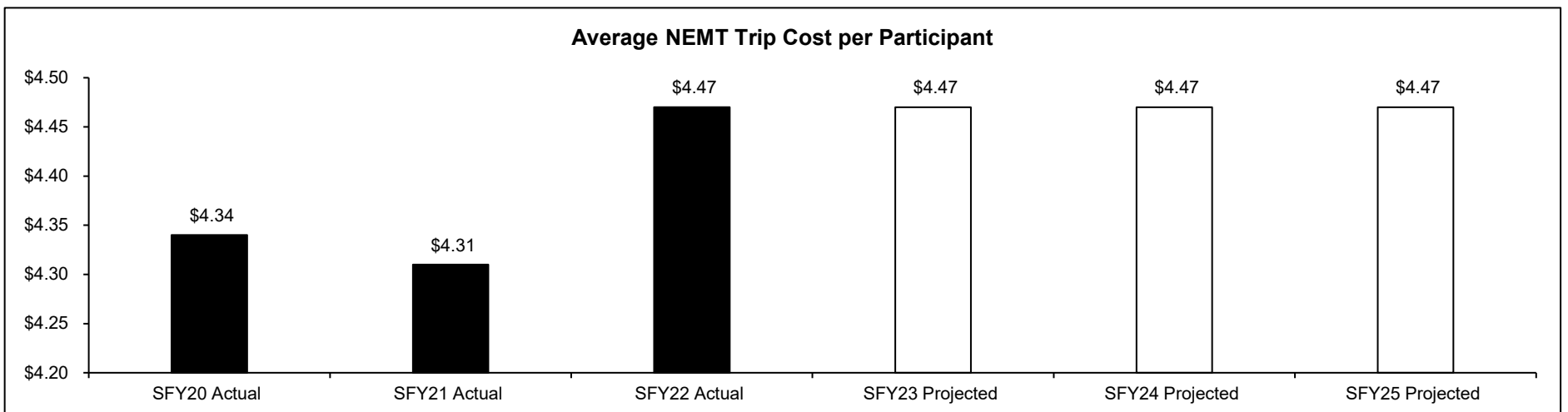
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2c. Provide a measure(s) of the program's impact.



2d. Provide a measure(s) of the program's efficiency.



Note: Increase in SFY22 is due to an administrative cost increase. Transportation insurance coverage rates increased, driving up costs.

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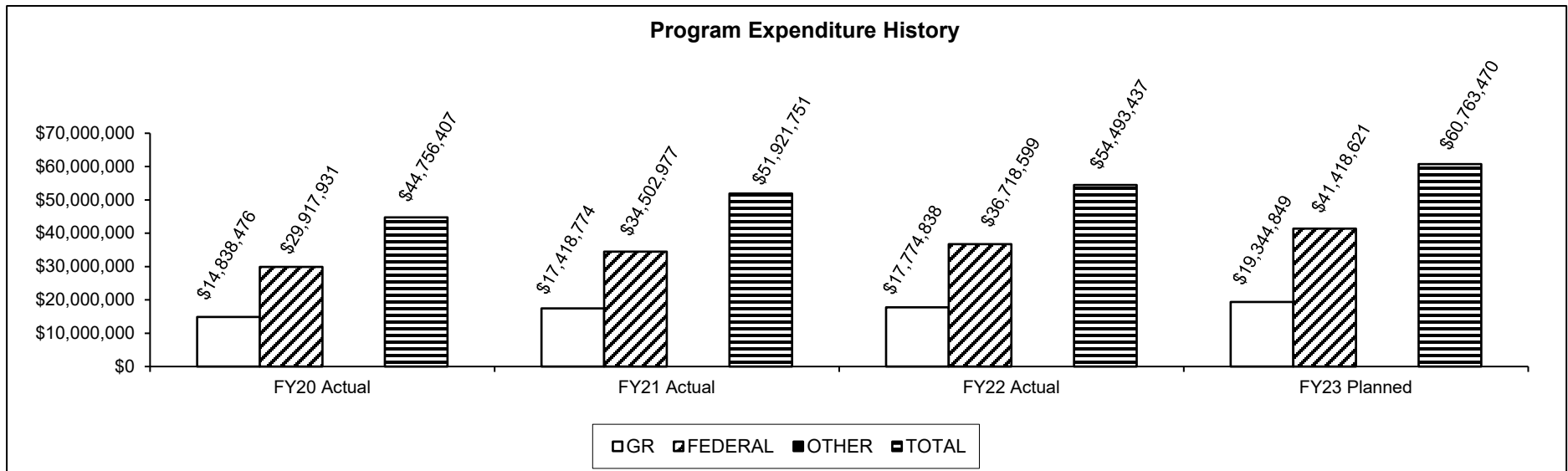
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo. Federal regulation: 42 CFR 431.53 and 440.170.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, state Medicaid programs must assure availability of medically necessary transportation.