



Kansas RTAP Fact Sheet

A Service of The University of Kansas Transportation Center for Rural Transit Providers

The Birth of a Brokerage

By Christy Lane, MTM Program Director—Kansas

Learn how Kansas has transitioned to a new way of providing non-emergency medical transportation, statewide.



Establishing a statewide Medicaid Transportation Broker in Kansas took many years to implement: 12 years in fact. Discussion about the topic started in 1996, in response to a Kansas Trans Reporter article that described initiatives by two states to improve Medicaid transportation service and

improve costs. Last year we became Kansas's statewide transportation broker. We at MTM are excited that the State of Kansas and its managed care providers have transitioned toward improving its non-emergency medical transportation (NEMT) services and lowering transportation costs to the State through the use of brokers. This article will explain MTM's duties as a statewide Medicaid transportation broker, what our successes and challenges have been during the first year, and the advantages to you of being a transportation provider contracted with MTM.

What spurred the transition?

The Kansas Health Policy Authority (KHPA), the State's Medicaid Agency, has faced some significant challenges in administering the NEMT program. In 2008, KHPA completed a review of its Medicaid programs and services including NEMT. Its report titled 2008 Medicaid Transformation details some of those challenges, including:

- Increased transportation expenditures for the elderly and disabled populations anticipated in the near future;
- Increased documentation requirements by the federal government; and
- Fluctuations in fuel costs for transportation providers are not linked to reimbursement rates.

That report recommended that KHPA outsource the

management and provision of statewide transportation services to a broker.

Before 2007, there was no medical transportation broker of any kind in Kansas. That changed in 2007 when two Medicaid Managed Care Organizations for children's services—Children's Mercy Family Health Partners and UniCare—contracted with transportation brokers for the needs of their clients participating in CHIP (Children's Health Insurance Program)—see sidebar on page 3. However, the rest of the Medicaid-eligible population did not have access to a broker for their transportation needs until 2009, when the KHPA contracted with MTM to become a statewide transportation broker.

Steps in setting up the brokerage

KHPA first needed approval from the U.S. Department of Health and Human Services, Center for Medicaid Services (CMS), before issuing a Request for Proposal (RFP) for a Kansas Medicaid transportation broker. The federal government provides approximately 60 percent of the cost for Medicaid services and the State of Kansas provides 40 percent. The KHPA received approval from CMS in early 2009 and issued a RFP shortly thereafter. Last summer, MTM was awarded a three-year contract with two, one-year extensions.

MTM has a fully capitated contract with KHPA and is paid a "per Medicaid member per month" (PMPM) rate. The contract with KHPA is risk based, which means MTM takes on a higher financial risk because it pays for the transportation costs and must find efficiencies and ways to create cost savings by eliminating fraud and abuse and ensuring the appropriate mode is assigned for each trip. The other type of contract is a fee for service contract, where the broker has low risk because they are not responsible for the transportation costs.

Getting the brokerage underway was daunting. MTM and KHPA had just 90 days to prepare for the

implementation of the brokerage for approximately 120,000 eligible Medicaid members. On November 1, 2009, the brokerage went live and MTM started taking calls and providing trips. A new Medicaid transportation brokerage was born.

What are the duties of MTM as Kansas's statewide Medicaid Transportation Broker?

MTM arranges transportation for Medicaid eligible individuals to services covered by Medicaid and provided by a Medicaid enrolled provider. The contract with KHPA does not include transportation to Home and Community Based Services such as day programs for persons with developmental disabilities and adult day care for the frail elderly. Below is a summary of MTM's primary duties:

Arrange rides through a Customer Service Center.

- Offer routine scheduling of trips at least 48 hours in advance, available Monday through Friday, 8 am to 5 pm. (MTM schedules each ride with the provider in the area that offers the lowest-cost ride to the requested destination.)
- Offer urgent/next day scheduling, available 24 hours a day/ 7 days a week.
- Provide a Call Center number: 1-888-240-6497.

Contract with and verify credentials of transportation providers.

- Require vehicle inspections, insurance, and driver motor vehicle and KBI background checks
- Maintain a network of transportation providers to ensure trips can be provide throughout the state

Monitor service quality.

- Maintain a formal grievance process and grievance hotline: 1-866-436-0457
- Track on-time performance
- Reduce fraud, waste and abuse
- Verify service provided, through a driver's manifest
- Verify attendance of passengers at medical appointments

Provide care management services to major Medicaid providers.

- Serve as a single point of contact for facilities and sole-source providers such Community Mental Health Centers and Community Developmentally Disabled Organizations
- Ensure medically appropriate transportation for special needs groups

MTM requirements for transportation providers

Insurance items

Certificate of Liability:

1. Auto liability policy ~ \$300,000 combined single limit
2. General liability policy ~ \$300,000
3. Workers Comp, and if not applicable, a letter with a copy of the state law and why you are exempt.

MTM must be listed as a Certificate holder and as additionally insured on all three policies.

Driver's information needed

1. Legible copy of driver's license.
2. Criminal background check (KBI) –statewide within the last 12 months and updated yearly.
3. Motor Vehicle Report (MVR) – performed in KS, within the last 12 months and updated yearly.
4. Drug test – If submitted to Kansas Medical Assistance Program (KMAP) prior, those results can be submitted; Kansas Department of Transportation providers that are in that pool are exempt.
5. Any other certificates such as for CPR or defensive driving.

- Set recurring trips
- Prior-authorize trips of 50 or more miles, out-of-state trips, and those that require meals and lodging
- Assign appropriate mode based the level of need verified by a Health Care Professional

What successes have been achieved in this first year?

There have been several successes so far. Chief among them is this: More people are accessing needed health care than before the contract, especially in rural areas with few transportation providers. Also, Medicaid members are being transported by drivers who have had background checks and in vehicles that have been inspected. When Medicaid members call to schedule a ride, customer service representatives set up trips for persons eligible for Medicaid-covered services to Medicaid providers.

What challenges has MTM faced?

Communication. Communication has been the greatest challenge of implementing the brokerage in Kansas.

Sources

- 2008 Medicaid Transformation. Kansas Health Policy Authority. January 2009. http://www.khpa.ks.gov/medicaid_transformation/download/2008/KHPA_2008_Medicaid_Transformation.pdf
- Weaver, Pat and Ron Straight. January 1996. Innovative Medicaid Transportation Programs Rely on Partnership: A Look at What They've Done. Kansas Trans Reporter.

Good communication with members, transportation providers, medical providers, case management agencies, and other partners who serve Medicaid beneficiaries was extremely critical during the implementation. Because the initial start-up time was extremely compressed, 90 days, we admittedly did not have time to develop the best communication plan. We have reviewed lessons learned, and going forward, will continually emphasize the need for effective written and verbal communication with all of our customers and partners. We have made progress in explaining our service to Medicaid beneficiaries so that they know what to expect when they call MTM, how the service is provided, and what to do when there are issues.

MTM is also building solid partnerships with medical and transportation providers. During mid-July we completed our second tour of Kansas, offering workshops for medical providers and care management agencies in eight locations. On July 27th, we held our first Provider Advisory Committee meeting. Committee members provided feedback on areas in which MTM has improved or could continue to improve.

Long-distance trips. Another big challenge has been providing services to the entire state. While Kansas is not as big a state as, say, Texas or California, the lack of specialized medical providers and dialysis clinics in rural areas makes it difficult to provide transportation due to the length and expense of the trips. For example, we have provided many trips from Garden City to Kansas City where many of the state's closest specialists are located. That's 375 miles or six and a half hours, one way. MTM is paid at the same capitated rate for members who take long-distance trips as those whose trips are 10 or fewer miles.

Along with a lack of Medicaid medical service providers in rural areas, there is also a lack of medical transportation providers in those areas. In an urban area, transportation providers are abundant, there are more transportation-dependant individuals who use medical transportation, and most commercial medical transportation providers serve Medicaid riders as well as private-pay customers.

In contrast, in rural areas like Northwest and Southwest Kansas, there are not enough Medicaid trips to support commercial medical transportation providers. General public transportation and human service transportation providers like senior centers are sometimes reluctant or unable to provide trips outside of their counties. One reason may be because the local governments that provide the match do not pay for transportation to other counties and lose sales tax revenue for goods and services. However, the medical care their residents need is available often only outside of their county at a regional health center or in Wichita, Kansas City or Denver. It is MTM's duty to provide transportation so Medicaid beneficiaries can access the health care they need, and we are trying to bridge the gap.

Medicaid Transit in Kansas: A Closer Look

Three years ago, two Medicaid Managed Care Organizations were awarded contracts to administer the Kansas Children's Health Insurance Program (CHIP). Children who are younger than 21 who live in the Eastern two-thirds of the Kansas have the option to select either Children's Mercy Family Health Partners (CMFHP) or UniCare as their Managed Care Organization. Children enrolled in CHIP and that live in the Western third of Kansas are automatically assigned to UniCare.

Both CMFHP and UniCare act as the gateway for all of the health care services for their plan-members, and they currently contract with NEMT brokers to arrange transportation services. MTM is the transportation broker for CHFHP and LogistiCare is the transportation broker for UniCare. The remainder of the Medicaid population in Kansas is eligible for fee-for-service care through the State's traditional Medicaid plan and these individuals have the opportunity to use MTM as their transportation broker.

MTM is already seeing success. More people are accessing needed health care than before the Kansas Medicaid brokerage was established, especially in rural areas.

WANTED: Regional, rural transportation providers

While there are plenty of local rural transportation providers in Kansas, MTM seeks to partner with agencies that want to provide regional medical transportation. MTM is prohibited by federal and state rules from providing this service directly—it must be contracted-out. This is why we are looking for providers that can transport members to regional health care centers in Kansas and bordering states.

Specifically, right now we are looking for providers in Northwest Kansas to transport passengers to McCook, Nebraska and also to Hays, Kansas, which have the closest dialysis clinics in that region. We have contacted all of the Kansas Department of Transportation providers in that area and still have not found one that is able to provide regional service. Under our contract, we serve this area of the state but it requires our current providers to travel long distances to provide the trips. Finding a closer provider to the service population would be much more cost effective. In the future, MTM hopes to work with regional transportation agencies in all areas of Kansas as they are developed.

What are the advantages to you of being an MTM transportation provider?

- Additional revenue including Medicaid revenue used to match FTA grants
- Increased ridership
- Decreased insurance premiums
- Online resources for credentialing
- Guaranteed payment for trips provided, no recoupments
- Direct deposit, paid every two weeks

What are the disadvantages of being an MTM transportation provider?

- Possibly some additional paperwork steps if you are not already recording pick up/drop off times, for example.
- Normal fax-related expenses unless you can receive trips assignments electronically.

Climb on board

Clearly there are many advantages to participating as an MTM transportation provider, and just a few minor disadvantages. Setting up the contract will take a little extra time, but the benefits to your agency and individuals who need medical transportation are well worth it.

We at MTM have developed a Web resource for transportation providers and medical providers and partners that schedule trips for patients. Go to: <http://mtm-inc.net/kansas/>.

I encourage you to use our Web site as a resource and contact our staff with any questions. We are very excited to have the Medicaid Transportation Brokerage contract in Kansas and are here to serve you.

Below is my contact information if you have any



How does MTM assign transportation modes for Medicaid trips?

Public transit is assigned:

- If the Medicaid member lives within 3/4 of a mile of a fixed bus route and is physically and mentally able to do so.
- If a member states an inability ride the bus, the Care Manager will request and verify the member's level of need through the member's physician or other health care professional.

An ambulatory/sedan vehicle is assigned:

- If the member can transfer from a wheelchair to vehicle seat and the wheelchair fits in the trunk. This category includes sedans, cabs, vans and minibuses without wheelchair lifts.

A wheelchair lift-equipped vehicle is assigned:

- If the member uses a wheelchair and he or she cannot transfer from the wheelchair to the sedan.

A stretcher vehicle is assigned:

- If the member must lay prone during transport, but does not require medical attention/monitoring.

questions or concerns. Do not hesitate to contact me. Christy Lane, MTM, Inc., Program Director, Kansas, (888) 561-8747 ext. 5557, clane@mtm-inc.net.

If you have questions about becoming an NEMT transportation provider, contact Dana Tuepker, MTM, Inc., Network Management Representative, (888) 561-8747 ext. 5030, dtuepker@mtm-inc.net.

We look forward to working with you as we continue to improve access to medical transportation for Medicaid recipients in Kansas.

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