

Oversight of Transportation Services: Key Considerations for Health Plans

Health plans increasingly will oversee non-emergency transportation services¹ as more states contract for managed long-term services and supports (LTSS). Oversight often refers to preventing fraud and abuse, which requires ensuring that the services being billed are actually provided. Oversight also involves monitoring service quality and ensuring adherence to service plans that support members' goals for independence and living in the community. This brief highlights considerations for non-emergency medical transportation oversight.

Key Considerations

- **Understand challenges in non-emergency medical transportation services (NEMT).** Transportation services present unique oversight challenges. The U.S. Department of Health & Human Services' Office of Inspector General (HHS OIG) identified NEMT as significantly vulnerable to fraud and abuse because the services are provided with minimal supervision in the members' homes and in providers' vehicles. Familiarity with these challenges and methods to overcome them may help your plan implement appropriate solutions. See this [HHS OIG report](#).
- **Review state regulations and contract requirements.** States will have specific regulations and requirements related to Medicaid NEMT. Your state's Medicaid website may detail covered transportation benefits and your health plan's contract with the state will specify your requirements for providing NEMT. In addition to monitoring transportation providers, your health plan may have to ensure the safety and performance of the vehicles used. Check your health plan's contract to verify responsibilities delegated to your health plan by the state.
- **Determine whether the state uses a contracted transportation broker.** Many states ([29 in 2007](#)) use a contracted transportation broker to administer NEMT services. The broker enrolls and pays providers and oversees quality and cost effectiveness. Your oversight responsibilities will depend on whether you are contracting with a broker or with individual providers; your health plan may be required to coordinate with a state-funded broker service.
- **Consider oversight when selecting a NEMT vendor.** Your health plan may be able to work with an NEMT vendor instead of building a NEMT provider network, depending on your state contract. In selecting an NEMT vendor, your health plan should consider their experience, such as the number of state contracts, recipients covered, and number of trips provided; quality, including adequacy of call centers, number of complaints, responsiveness and resolution of identified issues, monitoring of appropriateness of services, and tracking utilization; safety record, including number of reportable

¹ Transportation to medical care is a mandatory Medicaid benefit for all enrollees. Some enrollees may also receive transportation services that help them maintain independence through the LTSS benefits (e.g., transportation to and from the grocery store).

accidents, driver recruitment and orientation, and driving training and certification program; and technology used to deter fraud and abuse.

- **Establish and enforce credentialing and screening procedures.** Credentialing procedures ensure basic oversight, supplemented by screening activities to keep potentially fraudulent providers out of your health plan's network. Though there are no specific credentialing standards for NEMT providers, many health plans conduct background checks on potential providers as a minimum requirement. Your health plan may also want to verify providers' licenses, vehicle inspections, or certifications for operating passenger transportation vehicles. Check your state's rules and contract provisions to determine whether there are additional licensure or training requirements, such as defensive driving, first aid and cardiopulmonary resuscitation, passenger assistance, and special needs assistance. Even if your state has few requirements, you may want to impose stricter ones for your providers. In addition, you will want to screen providers to make sure they are not on the HHS OIG list of excluded providers (search the [HHS OIG database online](#)) or your state's list of excluded providers.
- **Consider methods to monitor service provision.** Electronic visit verification (EVV) systems can ensure that transportation services are scheduled, authorized, and delivered in accordance with your members' care plans. EVV systems use a global positioning system (GPS) or other methods to track the movement of a NEMT provider as well as assist staff in navigation. It can notify your health plan when scheduled services are not provided. EVV, however, is not useful when NEMT is provided via vouchers for public buses or cabs. If your health plan does not use EVV, you may also consider asking certain providers about potential problems with any transportation vendors (e.g., frequently late). Your health plan may also consider unannounced site visits, random follow-up calls with members, or periodic provider re-enrollment.
- **Work with your state to prevent and detect improper billing.** States may operate public fraud and abuse hotlines to report complaints about NEMT providers. Other strategies employed by states include prepayment claims edits to screen for specific inconsistencies, unannounced audits, and analyses of claims data to monitor billing and use trends.
- **Recognize members' quality and safety concerns.** NEMT services may present high-risk situations for your members. Members who require transportation may be chronically ill, frail, or have physical disabilities. These members are particularly vulnerable during travel outside of their normal environments. Your health plan may consider requiring transportation providers to have basic medical supplies or an emergency protocol in place. Additionally, members may have limited mobility, so your health plan will want to ensure that transportation providers have accessible vehicles and that drivers are trained to properly assist members.
- **Consider methods to monitor quality.** The quality of transportation services is often defined by members, based on their feelings of safety and comfort. Your health plan can use data from complaints and member surveys based on specific questions about their experience with NEMT providers and any unmet needs to identify and monitor problematic providers. It may be helpful to develop trend reports, such as driver no shows, language barrier issues, and arrival times, to identify

systematic problems. Your health plan may consider developing corrective action plans and enforcing sanctions to address identified poor performance.

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This brief is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to <https://www.resourcesforintegratedcare.com/>