

# NEMT Coordinators in Minnesota

A Survey of How Minnesota Counties Use  
Coordinators to Deliver  
Non-Emergency Medical Transportation

**Prepared for:**

Minnesota Council on Transportation Access

September 2013

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Minnesota Council on Transportation Access  
St. Paul, Minnesota

This report represents the results of research conducted by the authors and does not necessarily represent the views or policies of the Minnesota Council on Transportation Access and/or the University of Minnesota Humphrey School of Public Affairs. This report does not contain a standard or specified technique.

## About the Council

The Minnesota Council on Transportation Access (MCOTA) serves as a clearinghouse to address transportation coordination topics from a statewide perspective. The Minnesota State Legislature established the group in 2010 (MN Statute 2010 174.285). The group includes member representatives from thirteen agencies. MCOTA's work focuses on increasing capacity to serve unmet transportation needs, improving quality of transit service, improving understanding and access to these services by the public, and achieving more cost-effective service delivery. In addition, fostering communication and cooperation between transportation agencies and social service organizations leads to the creation of new ideas and innovative strategies for transportation coordination and funding.

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## Executive Summary

Under Minnesota's fee-for-service Medical Assistance (MA) program, Minnesota counties are responsible for providing transportation assistance to MA recipients so they can obtain health-care services. This assistance is commonly referred to as non-emergency medical transportation (NEMT). This report surveys and examines how select Minnesota counties utilize transportation coordinators in providing and administering NEMT under the state's fee-for-service MA program. The report focuses on the role of coordinators in delivering the most common type of NEMT service in Minnesota, known as access transportation service.

Transportation coordinators in the NEMT context serve as intermediaries. They are intermediaries among: (i) MA recipients who are entitled to NEMT services; (ii) the county which is obligated to provide NEMT benefits; and (iii) transportation providers who deliver the transportation services. In Minnesota, coordinators can take on a variety of forms and functions, but their most basic role is twofold: (1) connect eligible MA recipients with an appropriate transportation service; and (2) collect the necessary documentation to establish the cost of that service in order to be reimbursed by the state in accordance with Medicaid rules. Accordingly, coordinators can be involved in the intake of transportation requests, establishing program eligibility, determining the appropriate transportation type, contracting with transportation providers, scheduling rides, and handling the reimbursement process.

In the counties surveyed for this report the use of a coordinator generally made the delivery of NEMT more efficient and streamlined than it had been under previous approaches, which generally involved having social service case workers arrange medical transportation for MA recipients. Coordinators have increased efficiency principally by centralizing both transportation expertise and the ride arrangement processes, either internally within the county government or externally with an outside coordinator.

While the use of coordinators appears to have generally improved efficiency, there was a wide diversity of coordination structures among the surveyed counties, as well as a range of per trip coordination costs. This diversity was positive in that it reflected, to some degree, counties choosing a coordinator structure that fit the transportation and organizational resources available in their area. However, the diversity also reflected the generally limited information sharing among counties and the Minnesota Department of Health and Human Services (DHS) about what are the best and most cost-effective operational practices for NEMT coordination. To address this, this study recommends that additional channels be developed for exchanging information among counties and DHS regarding operational best practices for NEMT coordination.

Overall, the current county-based system for delivering NEMT appears to work relatively well in terms of service delivery. The county-based system allows local officials to leverage their knowledge of the local context, including the MA client population, available transportation providers and the health service facilities. The value provided by this local knowledge would

likely be lost to some degree, or at least not utilized as effectively as it is today, if the state were to switch to a regional or state-wide NEMT coordination model.

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## List of Abbreviations

ATS.....	Access Transportation Service
DHS .....	Minnesota Department of Human Services
FFS.....	Fee-For-Service
MA.....	Medical Assistance
MCOTA.....	Minnesota Council on Transportation Access
MCC .....	Metro Counties Consortium
MTM.....	Medical Transportation Management, Inc.
NEMT.....	Non-Emergency Medical Transportation
OLA .....	Office of the Legislative Auditor
RFI .....	Request for Information
STS .....	Special Transportation Service

## Introduction

Within their Medicaid programs states are generally required to provide Medicaid recipients transportation assistance to obtain health-care services.<sup>1</sup> This assistance is commonly referred to as non-emergency medical transportation (NEMT). In Minnesota, NEMT is provided through the state's version of Medicaid, Medical Assistance (MA).

The most common form of NEMT in Minnesota, in terms of usage, is known as access transportation services (ATS).<sup>2</sup> Though overseen by Minnesota's Department of Human Services (DHS), counties have the primary responsibility for delivering ATS to MA recipients under the fee-for-service MA program operated by DHS. The manner in which counties provide ATS and manage the program varies depending upon the differences among the counties (e.g., number of MA recipients; available transportation resources; rural v. urban).

This report documents how seven counties and groups of counties in Minnesota organize the delivery and administration of ATS under the state's fee-for-service MA program, and examines the role transportation coordinators play in delivering and administering ATS. (The report does not cover ATS provided through managed health care plans and does not the NEMT service known as special transportation services.)

The report is divided into six parts:

1. Part I provides a brief background on NEMT.
2. Part II discusses the role transportation coordinators play in providing NEMT.
3. Part III details the study's methodology.
4. Part IV describes how NEMT programs operate in the Minnesota counties examined for this study.
5. Part V provides a discussion of the survey's overall findings, including several identified best practices.
6. Part VI contains several recommendations and suggestions for further research.

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<sup>1</sup> 42 Code of Federal Regulations, § 431.53.

<sup>2</sup> Office of the Legislative Auditor, State of Minnesota, "Evaluation Report: Medical Nonemergency Transportation," February 2011, available at <http://www.auditor.leg.state.mn.us/ped/pedrep/mnet.pdf>, 8.



## Part I. NEMT Background

This Part provides a general primer on NEMT, both nationally and in Minnesota.

### A. The basics of NEMT

NEMT refers to non-emergency transportation services provided to Medicaid recipients so they can obtain covered medical services from health care providers outside their home. The type of NEMT assistance varies among states but generally covers the cost of transportation and other costs associated with travelling to health service providers, such as meals and overnight accommodations.<sup>3</sup>

In Minnesota, the type of transportation services provided is specified in state statutes,<sup>4</sup> state rules,<sup>5</sup> DHS bulletins,<sup>6</sup> and the Minnesota Health Care Programs Provider Manual published by DHS.<sup>7</sup> In general, MA pays for the cost of the most appropriate and cost-effective forms of transportation for recipients to obtain covered medical services. A variety of transportation modes are covered, including public transportation, taxi-cab style rides, and wheel-chair accessible vans.

The purpose of this transportation assistance is to reduce overall medical cost by lowering the barriers for Medicaid recipients to receive routine and preventive health care. Though it represents only a small portion of overall Medicaid spending, NEMT is now generally considered a fundamental part of state Medicaid programs and amounts to one of the largest federally funded transportation programs.<sup>8</sup>

### B. How states organize NEMT

Though states are generally required to provide NEMT for Medicaid recipients, they have considerable flexibility in how they deliver NEMT services. As a result, the manner in which states deliver NEMT services can vary widely across states, from centralized statewide arrangements to local administration models in which local governments are given the flexibility

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<sup>3</sup> The Kaiser Family Foundation, “Medicaid Benefits: Non-Emergency Medical Transportation Services,” available at <http://kff.org/medicaid/state-indicator/non-emergency-medical-transportation-services/>.

<sup>4</sup> Minnesota Statutes, §§ 256B.0625, 256B.04, 256B.0625, 256B.691, 471.38, 471.392, 471.41, 609.455 and 609.465 (2012).

<sup>5</sup> Minnesota Rules, parts 9505.0140 and 9505.0315

<sup>6</sup> See e.g., DHS Bulletin 12-21-08 “Access Services Information” (Oct. 2012) and DHS Bulletin 12-21-09 “DHS Requests Biennial Health Care Access Plans for Calendar Years 2013 and 2014” (Oct. 2012).

<sup>7</sup> DHS “Provider Manual: Access Transportation Services,” available at [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_141019#](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_141019#).

<sup>8</sup> S. Rosenbaum, et al., “Medicaid’s medical transportation assurance: origins, evolution, current trends, and implications for health reform,” Policy Brief George Wash Univ Cent Health Serv Res Policy (2009) Jul:1-24, available at [http://sphhs.gwu.edu/departments/healthpolicy/dhp\\_publications/pub\\_uploads/dhpPublication\\_377A5480-5056-9D20-3DF264AA41CFBDEC.pdf](http://sphhs.gwu.edu/departments/healthpolicy/dhp_publications/pub_uploads/dhpPublication_377A5480-5056-9D20-3DF264AA41CFBDEC.pdf).

to determine how NEMT services are delivered.<sup>9</sup> In recent years, a number of states (e.g., Colorado, New York, South Carolina) have altered the administrative structure of their NEMT program in an effort to reduce expenditures, improve oversight, strengthen recipient access, and increase recipient satisfaction with the services provided.<sup>10</sup>

#### **D. How Minnesota organizes NEMT**

In Minnesota NEMT services are provided through the state's MA program. About two-thirds of MA recipients in Minnesota are enrolled in managed health care plans (Managed MA) and generally receive NEMT through these plans.<sup>11</sup> The balance of recipients are covered by a fee-for-service (FFS) system operated by the Minnesota Department of Human Services (DHS). The focus of this report is on NEMT services provided through DHS's FFS system.

Two categories of NEMT are provided in Minnesota: access transportation services (ATS) and special transportation services (STS). ATS generally involves either curbside-to-curbside or door-to-door service. Under curbside-to-curbside service, MA recipients are responsible for getting themselves to the curbside in front of their pick-up site and from the curbside at their drop-off location. With door-to-door service, the driver provides assistance from the door of the pick-up site to the door of the drop-off location. All MA recipients are eligible for ATS.

STS is a more complete transportation service (referred to as door-through-door) and is reserved for those recipients who are, due to cognitive or physical impairment, unable to use ATS because they require more assistance. The ATS portion of NEMT is administered by county human service agencies, while STS is administered at the state level by DHS. Given its focus on the county-level, this report only examines the ATS type of NEMT.

#### **E. The counties responsibilities for ATS in Minnesota**

The responsibilities of the counties are specified in state rules, DHS bulletins and the Minnesota Health Care Programs Provider Manual published by DHS.<sup>12</sup> In general, the counties must ensure that recipients receive transportation services to enable them to obtain medically necessary health services.<sup>13</sup> Among other things, this involves the county determining whether the MA recipient has access to their own transportation, in which case they (or their driver) are reimbursed for their mileage costs. If the recipient does not have their own transportation, counties must assist them in finding the necessary transportation. To the extent the cost of the

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<sup>9</sup> For an overview see, K. Kuhmerker, et al., "Medicaid Transportation in New York: Background and Options," (2010) United Hospital Fund, available at <http://www.uhfnyc.org/publications/880712>; The Hilltop Institute, "Medicaid Non-Emergency Medical Transportation (NEMT) Study Report," (2008) available at [http://www.hilltopinstitute.org/publication\\_view.cfm?pubID=184&st=tbl\\_Publications](http://www.hilltopinstitute.org/publication_view.cfm?pubID=184&st=tbl_Publications).

<sup>10</sup> K. Kuhmerker, et al., "Medicaid Transportation in New York: Background and Options," (2010) United Hospital Fund, available at <http://www.uhfnyc.org/publications/880712>.

<sup>11</sup> Office of the Legislative Auditor, State of Minnesota, "Evaluation Report: Medical Nonemergency Transportation," February 2011, available at <http://www.auditor.leg.state.mn.us/ped/pedrep/mnet.pdf>, 8.

<sup>12</sup> See references 4-7 supra.

<sup>13</sup> Minnesota Rules, parts 9505.0140.

provided transportation is within the limits set by DHS, the counties are reimbursed by DHS for such costs.

Counties are generally responsible for collecting the documentation establishing the transportation costs incurred and conveying it to DHS for reimbursement. In addition, every two years, counties are required to submit to DHS a plan specifying how MA recipients will receive the necessary transportation services.<sup>14</sup>

#### **F. Status of the NEMT program in Minnesota**

In 2011, the Minnesota Office of the Legislative Auditor (OLA) published a program evaluation report examining NEMT in Minnesota, and in particular the distinction between ATS and STS.<sup>15</sup> In its program evaluation reports the OLA investigates the extent to which state agencies and programs are accomplishing their objectives and utilizing resources efficiently. In its report on NEMT the OLA found, among other things, that the state dividing the NETM program between ATS and STS was duplicative and confusing. In addition, the OLA report noted the lack of data with which to assess the performance of the state's NEMT program and the OLA made recommendations regarding improved data collection for the program.

Based on the OLA's report, the state legislature directed DHS to develop a proposal, by January 1, 2014, to restructure the NEMT program and eliminate the distinction between ATS and STS.<sup>16</sup> In response, DHS issued a request for information (RFI) seeking input on such a proposal.<sup>17</sup> The Minnesota Council on Transportation Access (MCOTA) responded to the RFI recommending, among other things, that the restructured NEMT program be "administered at the local level by a county or if they so choose, a group of counties."<sup>18</sup> Further, MCOTA recommended counties employ NEMT coordinators to implement the restructured NEMT program.

## **Part II. NEMT Coordinators**

This Part provides a general background discussion of NEMT coordinators, both nationally and in Minnesota.

### **A. The role of a NEMT coordinator**

In general terms, NEMT coordinators are intermediaries among two or more of the following: (i) Medicaid recipients, who are entitled to NEMT services; (ii) the state or county agency obligated

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<sup>14</sup> Minnesota Rules, parts 9505.0140.

<sup>15</sup> Office of the Legislative Auditor, State of Minnesota, "Evaluation Report: Medical Nonemergency Transportation," February 2011, available at <http://www.auditor.leg.state.mn.us/ped/pedrep/mnet.pdf>.

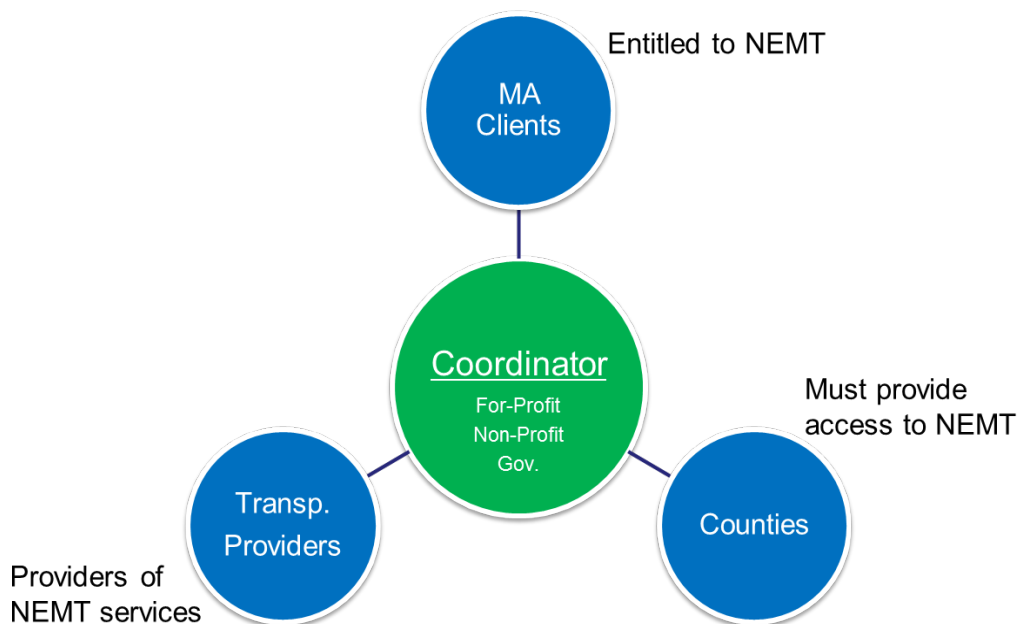
<sup>16</sup> Minn. Stat. 256B.0625, 18e (2013).

<sup>17</sup> Notice of Request for Information on Nonemergency Medical Transportation for Minnesota Health Care Programs, Minnesota State Register, October 1, 2012, p. 485

<sup>18</sup> Minnesota Council on Transportation Access, 2013 Annual Report, available at <http://www.dot.state.mn.us/govrel/reports/2013/mcotareport.pdf>, 21.

to provide the NEMT benefits; and (iii) transportation providers delivering the transportation services (see Figure 1).

**Figure 1. Role of NEMT Coordinators**



Coordinators can take on a variety of forms and functions, but their most basic role is twofold: (1) connect eligible Medicaid recipients with an appropriate transportation service that can get the recipients to their medical providers; and (2) collect the necessary documentation to establish the cost of that service so the cost can be paid for in accordance with Medicaid rules. Therefore, coordinators can be involved in the intake of transportation requests, establishing eligibility, determining the appropriate transportation type, contracting with transportation providers, scheduling rides, and handling the reimbursement process.

### **B. Organizations that serve as NEMT coordinators**

The NEMT coordinator role can be performed by a variety of organization types, including non-profit or for-profit firms, public transportation organizations, or internally by county or state human service agencies. An NEMT coordinator is identified not by who they are, but rather by what they do.

For purposes of this report, if the NEMT coordinator role is performed by an organization outside state or county government that organization will be referred to as an “outside coordinator.” When a state or county employs an outside coordinator, the contract with that organization must comply with certain federal Medicaid regulations.<sup>19</sup> Accordingly, if a county

<sup>19</sup> 42 Code of Federal Regulations, § 440.170

in Minnesota hires an outside coordinator, they must submit the prospective contract to DHS for review.<sup>20</sup>

### C. Terminology: Coordinator v. Broker

In the context of NEMT, the terms “coordinator” and “broker” are often used interchangeably, often with the same intended meaning. This report, however, uses the term “coordinator” and not “broker.” This is because the term “broker” can suggest that one of the organization’s tasks is to obtain bids from transportation providers to identify the lowest cost provider of NEMT services. Such bidding may be one of a NEMT coordinator’s functions, but it is not one typically performed by the coordinators surveyed in Minnesota for this study. For this reason, the term “coordinator” better captures what these organizations generally do in Minnesota, and will thus be used in this report.

### D. The rationale for NEMT coordinators

The literature on NEMT coordinators suggests that their services can reduce overall transportation costs, improve access to transportation for Medicaid recipients, and improve the health of recipients.<sup>21</sup> The reasons cited for this include that NEMT coordinators can: improve oversight of the program and of transportation providers; centralize transportation expertise; move recipients via less costly, but still appropriate forms of transportation; increase economies of scale that can justify the use of advanced scheduling technologies; and make it easier for recipients to arrange rides by streamlining the ride arrangement process. Studies highlight that the cost and quality of benefits seen from NEMT coordinators is often influenced by the incentive structures under which they operate (e.g., compensation under their contract with a government agency).

In Minnesota, the 2011 OLA report on NEMT found that the use of an NEMT coordinator in the Twin Cities metropolitan counties had reduced certain program costs, principally by controlling reimbursable trip miles and increasing the use of lower-cost transportation modes such as public transportation.<sup>22</sup> In addition, NEMT coordinators in Minnesota are often employed by county social service agencies in order to save on staff time and reduce overall costs.

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<sup>20</sup> DHS Bulletin 12-21-09 “DHS Requests Biennial Health Care Access Plans for Calendar Years 2013 and 2014” (Oct. 2012).

<sup>21</sup> For an overview, see e.g., S. Rosenbaum, et al., “Medicaid’s medical transportation assurance: origins, evolution, current trends, and implications for health reform,” Policy Brief George Wash Univ Cent Health Serv Res Policy (2009) July:1-24, available at [http://sphhs.gwu.edu/departments/healthpolicy/dhp\\_publications/pub\\_uploads/dhpPublication\\_377A5480-5056-9D20-3DF264AA41CFBDEC.pdf](http://sphhs.gwu.edu/departments/healthpolicy/dhp_publications/pub_uploads/dhpPublication_377A5480-5056-9D20-3DF264AA41CFBDEC.pdf).

<sup>22</sup> Office of the Legislative Auditor, State of Minnesota, “Evaluation Report: Medical Nonemergency Transportation,” February 2011, available at <http://www.auditor.leg.state.mn.us/ped/pedrep/mnet.pdf>.

The use of a coordinator can also have potential disadvantages.<sup>23</sup> The coordinator's service area may not have enough economies of scale to justify the cost of the coordinator. Outside coordinators need to have their contract performance monitored. Further, if there are frequent changes in what organization is serving as the coordinator this may create extensive transition costs and disruptions in service.

## E. NEMT coordinator practices in other states

About four-fifths of states use some form of NEMT coordinator.<sup>24</sup> Operational practices vary with the coordinator's range of responsibilities and the structure of the state's Medicaid program.<sup>25</sup> For purposes here, there are three key variables for how states employ NEMT coordinators: (1) their geographic scope; (2) whether coordinators have any influence on the rates paid to transportation providers; and (3) how the coordinators are compensated.

1. Geographic scope. Depending on how a state configures the administration of its NEMT program, coordinators may operate on a statewide, regional, or county-level basis. In Minnesota, NEMT coordinators operate on a county scale, or regionally with a group of counties.
2. Influence over provider rates. In some states, the coordinator negotiates the rates paid to transportation providers. In other states, the fee-for-service rates paid to providers are set by the state or a local government agency and the coordinators simply pass those costs through to the state or local agency. In Minnesota, DHS sets the maximum rate at which the state will reimburse providers for ATS services.
3. Coordinator compensation. There are a number of ways in which coordinators' compensation can be structured. Generally, though, there are two major variables: (a) whether the coordinator is incentivized to prefer one mode of transportation over another -- typically to encourage the coordinator to increase the utilization of less expensive forms of transportation; and (b) whether the coordinator's compensation is based on the number of trips arranged, or based on some other factor (e.g., a flat fee per number of clients or for a specified contract period). If the coordinator is paid based on the number of trips, they have less incentive to reduce the overall amount of transportation usage. Accordingly, such a payment structure benefits from having the coordinator operate with a robust front-end screening process for service usage, along with a strong auditing

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<sup>23</sup> The Hilltop Institute, "Medicaid Non-Emergency Medical Transportation (NEMT) Study Report," (2008) available at [http://www.hilltopinstitute.org/publication\\_view.cfm?pubID=184&st=tbl\\_Publications](http://www.hilltopinstitute.org/publication_view.cfm?pubID=184&st=tbl_Publications), 11.

<sup>24</sup> S. Rosenbaum, et al., "Medicaid's medical transportation assurance: origins, evolution, current trends, and implications for health reform," Policy Brief George Wash Univ Cent Health Serv Res Policy (2009) Jul:1-24, available at

[http://sphhs.gwu.edu/departments/healthpolicy/dhp\\_publications/pub\\_uploads/dhpPublication\\_377A5480-5056-9D20-3DF264AA41CFBDEC.pdf](http://sphhs.gwu.edu/departments/healthpolicy/dhp_publications/pub_uploads/dhpPublication_377A5480-5056-9D20-3DF264AA41CFBDEC.pdf).

<sup>25</sup> See e.g., K. Kuhmerker, et al., "Medicaid Transportation in New York: Background and Options," (2010) United Hospital Fund, available at <http://www.uhfnyc.org/publications/880712>; The Hilltop Institute, "Medicaid Non-Emergency Medical Transportation (NEMT) Study Report," (2008) available at [http://www.hilltopinstitute.org/publication\\_view.cfm?pubID=184&st=tbl\\_Publications](http://www.hilltopinstitute.org/publication_view.cfm?pubID=184&st=tbl_Publications).

process to ensure appropriate utilization of services. On the other hand, if the coordinator's compensation is not based on the number of trips (e.g., a flat fee), then the coordinator is incentivized to reduce service usage, though perhaps at the cost of denying service when recipients are entitled to it or by lowering service quality. Under this type of payment system, effective government oversight is needed to ensure the coordinator's service provision is not overly restrictive.

In Minnesota, DHS requires that outside coordinators be paid on a per trip basis.<sup>26</sup>

#### **F. NEMT coordinators are part of larger effort to improve transportation coordination**

The use of coordinators to improve NEMT is part of a larger effort among federal, state and local transportation agencies to improve the efficiency, cost-effectiveness and quality of transportation services provided through social programs and in rural areas. Accordingly, the use of coordinators for NEMT draws upon the experience with transportation coordinators in other contexts, such as paratransit. Further, efforts are being made to integrate NEMT coordinators into the larger transportation systems; one way this is being done is by having the role of NEMT coordinator performed by organizations that also engage in other transportation coordination activities.

### **Part III. Methodology**

For this study, a survey was conducted of how the NEMT program is administered and managed in seven Minnesota counties and groups of counties that jointly administer their NEMT programs. The survey was conducted in June 2013 via phone interviews of county staff and, where applicable, staff at outside coordinators (see Table 1). Interviews averaged 30-minutes, and due to the brevity of this study, discussed only the general organization of a county's NEMT program and its operational format (see Appendix A for the interview question topics). In addition, when interviewees had access to relevant quantitative information, that data was collected.

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<sup>26</sup> DHS Bulletin 12-21-09 "DHS Requests Biennial Health Care Access Plans for Calendar Years 2013 and 2014" (Oct. 2012).

**Table 1. Counties Surveyed and Interviewees**

County/County Group	Interviewees	Interview Date
<b>Metro Consortium</b> <sup>27</sup>	<ul style="list-style-type: none"> <li>• Staff member from Hennepin County</li> <li>• Staff member from MTM, Inc.</li> </ul>	<ul style="list-style-type: none"> <li>• June 7, 2013</li> <li>• June 11, 2013</li> </ul>
<b>Scott/Carver</b>	<ul style="list-style-type: none"> <li>• Staff member from Scott County</li> </ul>	<ul style="list-style-type: none"> <li>• June 4, 2013</li> </ul>
<b>Rice</b>	<ul style="list-style-type: none"> <li>• Staff member from Rice County</li> </ul>	<ul style="list-style-type: none"> <li>• June 10, 2013</li> </ul>
<b>Stearns</b>	<ul style="list-style-type: none"> <li>• Staff members from Stearns County</li> <li>• Staff member from Tri-Cap</li> </ul>	<ul style="list-style-type: none"> <li>• June 4, 2013</li> <li>• June 11, 2013</li> </ul>
<b>Le Sueur</b>	<ul style="list-style-type: none"> <li>• Staff members from Le Sueur County</li> <li>• Staff member from Aging Services for Communities</li> </ul>	<ul style="list-style-type: none"> <li>• June 10, 2013</li> <li>• May 30, 2013</li> </ul>
<b>Kanabec/Mille Lacs</b>	<ul style="list-style-type: none"> <li>• Staff member from Mille Lacs County</li> <li>• Staff member from Kanabec County</li> </ul>	<ul style="list-style-type: none"> <li>• June 3, 2013</li> <li>• June 4, 2013</li> </ul>
<b>Hubbard</b>	<ul style="list-style-type: none"> <li>• Staff member from Hubbard County</li> </ul>	<ul style="list-style-type: none"> <li>• June 3, 2013</li> </ul>

These counties and groups of counties were selected based on suggestions from MCOTA, based on the understanding that these counties utilize a spectrum of coordinator models and have a range, in terms of size, of FFS MA populations (see Table 2).

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<sup>27</sup> The counties represented by the metro consortium are Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Sherburne, and Washington.



**Table 2. Fee-For-Service MA Populations in Survey Counties**

<b>County/Counties</b>	<b>Avg. monthly number of FFS MA clients (2012)</b>	<b>FFS ma clients, per sq. mile (2012)</b>
<b>Metro Consortium</b>	121,350	36
<b>Scott/Carver</b>	4,993	7
<b>Rice</b>	2,891	6
<b>Stearns</b>	6,123	5
<b>Le Sueur</b>	1,044	2
<b>Kanabec/Mille Lacs</b>	2,401	2
<b>Hubbard</b>	1,080	1

(Source: Minnesota Department of Human Services)

The difference among the relative number of FFS MA clients in the metro consortium counties and the outstate counties was a major theme in the survey (see Table 2). In general, the greater number of clients in the metro area, as well as the higher geographic density, was found to support a largely different coordination model than those seen in the outstate counties.

Based on the literature discussing transportation coordinators, along with information collected in the survey, nine basic types of operational functions for NEMT coordinators were identified:

1. Call intake from MA clients
2. Determine eligibility and trip authorization
3. Arrange transportation
4. Maintain ridership database
5. Develop/manage network of transportation providers
6. Document trips for reimbursement
7. Verify and audit trips
8. Generate reporting data
9. Provide NEMT <sup>28</sup>

<sup>28</sup> See e.g., Anthony M. Pagano and Paul Metaxatos, "Organizational Structures for Brokerage of Paratransit Services" National Academy of Sciences, Transportation Research Board *Transportation Research Record 1971: Journal of the Transportation Research Board*, 2006, pp. 83 - 90.

Negotiating transportation provider rates is also a frequent function for coordinators in other states. However, since it appears no NEMT coordinator in Minnesota currently performs this function, it was not included in the above list.

Using the nine tasks identified above, four types of generic coordinator models were developed to provide a structure for the analysis: (i) a full coordinator; (ii) call-center coordinator; (iii) partial coordinator with transportation; and (iv) partial coordinator without transportation<sup>29</sup> (see Table 3).

A full coordinator performs all nine functions listed above. A call-center coordinator provides all of the functions except NEMT. A partial coordinator with transportation provides some combination of the above tasks, including NEMT. A partial coordinator without transportation likewise performs some combination of the tasks, but does not provide NEMT.

**Table 3. Types of Coordinator Models**

Coordinator Model	Functions
Full coordinator	<ul style="list-style-type: none"> <li>All 9 tasks.</li> </ul>
Call-Center Coordinator	<ul style="list-style-type: none"> <li>All 9 tasks, except for providing NEMT.</li> <li>NEMT provided by third parties.</li> </ul>
Partial Coordinator (with transportation)	<ul style="list-style-type: none"> <li>Some sub-set of the 9 identified tasks, <i>including</i> NEMT service.</li> <li>Remaining tasks performed by county.</li> </ul>
Partial Coordinator (without transportation)	<ul style="list-style-type: none"> <li>Some sub-set of the identified tasks, <i>without</i> NEMT service.</li> <li>Remaining tasks performed by county and other third parties.</li> </ul>

A special note must be made about the data collected in this study regarding how much it costs counties to provide coordination services for ATS. Generally, counties are reimbursed by DHS

<sup>29</sup> Some of these classification types were developed by Anthony M. Pagano and Paul Metaxatos, Paul, "Organizational Structures for Brokerage of Paratransit Services" National Academy of Sciences, Transportation Research Board *Transportation Research Record 1971: Journal of the Transportation Research Board*, 2006, pp. 83 - 90.

for half their costs incurred in administering and coordinating ATS. In determining the actual reimbursement amount, DHS considers a number of cost factors and these factors can vary across counties to some degree depending on, among other things, whether coordination services are provided by the county itself or by an outside coordinator employed by the county. Currently, for DHS's purposes or otherwise, there is no consistent method among counties for calculating and reporting the administrative and coordination costs incurred for the ATS program.

The coordination costs reported in this report are the costs provided to the researchers by the respective counties or coordinators during the course of the study. The methodology by which these amounts were originally calculated was neither investigated nor reconciled, since doing so was beyond the scope of this study. Accordingly, the coordination costs reported in this report can only provide a general sense of coordination costs and the variation of those costs across counties, and cannot be used to directly compare coordination costs in one county, relative to another county.

## Part IV. Survey Results

This Part summarizes the survey results for each of the seven counties or groups of counties surveyed.

### A. Metro Consortium of Counties

Eight Twin Cities metropolitan counties have formed a consortium, the Metro Counties Consortium (MCC), to jointly administer their respective NEMT responsibilities.<sup>30</sup> Beginning in 2009 MCC hired Medical Transportation Management, Inc., (MTM), a national for-profit firm based in St. Louis, to coordinate ATS for the eight county area. MTM had a history of coordinating NEMT services in the metro area, having previously coordinated ATS for a number of counties in the Twin Cities area from 2004-2009 under a contract with DHS. Hennepin County manages the current contract with MTM on behalf of the consortium.

MTM is an archetypal call-center coordinator, performing all the identified coordinator functions, except for providing NEMT itself. MA clients contact MTM directly for rides via its 24-hour call number, and then MTM determines eligibility via its computer system (which receives daily updates from DHS regarding clients' MA status). Once eligibility is established, MTM staff run through a protocol to determine the lowest-cost, most appropriate mode of transportation, as prescribed in MTM's contract with MCC.

#### Metro County Consortium

- *Coordinator model:* call-center
- *Coordinator type:* for-profit
- *Transp. providers:* public transportation and commercial providers
- *Coordination charge:* \$5.54 per trip leg
- *Trip legs coordinated (2012):* 918,769
- *Highlights:*
  - Outside coordinator establishes MA eligibility.
  - Coordinator bills DHS directly for reimbursements and is paid directly by DHS, by-passing the counties.

For MA recipients that do not have personal transportation, MTM utilizes either public transportation or its network of private third-party transportation providers. MTM does not use volunteer drivers. MTM reimburses transportation providers at the DHS maximum rate; it does not negotiate rates with providers.

For its service MTM receives a \$5.54 administrative charge per one-way trip. This rate does not depend on the type of ride that is coordinated. The counties pay about one-half of this administrative charge on a pro-rata basis, with the balance paid by DHS through the Medicaid program.

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<sup>30</sup> The counties represented by the metro consortium are Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Sherburne, and Washington.

Unlike the other counties surveyed, MTM submits its reimbursement documentation directly to DHS (not through MCC) every two weeks. DHS then pays MTM directly, and MTM in turn pays the providers. This process streamlines payment to providers and minimizes county staff involvement.

MTM monitors the quality of its service and performance of its providers through a program in which clients are randomly surveyed on a periodic basis. In addition, MTM maintains a toll-free customer service line and has a formal process for handling service concerns. MTM also has systems in place to monitor for fraud and abuse, and to monitor transportation provider service.

## B. Scott and Carver Counties

From 2004 to 2010, Scott and Carver Counties were part of the group of metro counties that had their ATS coordinated by MTM. In 2009, when the legislature shifted responsibility for ATS coordination in the metro area from DHS to the counties, Scott and Carver began investigating whether to coordinate ATS on their own. In February 2010, the two counties dropped out of the MCC to manage ATS themselves. In part, the change was motivated by the fact that Scott and Carver had their own existing joint transportation system, SmartLink, and this system was already relatively well integrated with the counties' human services departments. In addition, Scott and Carver had a history of coordinating ATS, having done so prior to their working with MTM.

MA recipients in Scott and Carver needing ATS transportation call the main SmartLink telephone number. In addition to ATS, this number handles calls requesting dial-a-ride and ADA transportation service. For ATS, the call initiates a process through which SmartLink staff establish MA eligibility and then identify the most appropriate and least costly transportation option. The transportation options include personal transportation, a ride on SmartLink's own transit system (including both fixed routes and dial-a-ride service), commercial providers, and volunteer drivers. If the transportation option selected is a service provided by a commercial provider or volunteer, SmartLink still handles all the coordination activities related to the ride. Accordingly, SmartLink effectively acts as a full-coordinator.

### **Scott & Carver Counties**

- *Coordinator model:* full coordinator
- *Coordinator type:* county government
- *Transp. providers:* public transportation; commercial providers; and volunteer drivers
- *Coordination charge:* ≈ \$2 per trip.
- *Rides coordinated (2012):* ≈ 36,578
- *Highlights:*
  - The coordinator, SmartLink, handles all transportation services in the counties; not just NEMT.
  - Automating as many internal coordination processes as possible has resulted in low coordination costs.

Since taking over ATS coordination, SmartLink has sought to automate as many of the coordination functions as possible. All rides (including self-drive trips) are handled in SmartLink's scheduling software. Further, SmartLink is in the process of integrating new software into its process that will allow it to coordinate rides with outside providers

electronically, as well as have these outside providers bill SmartLink electronically. These efforts at automation have resulted in SmartLink reporting coordination costs of approximately \$2 per trip.

In 2012, SmartLink coordinated over 35,000 ATS rides. Over half of those rides were for clients driving themselves and receiving reimbursement; one-third were delivered by commercial providers; and the balance were provided by SmartLink transit and volunteers. In part, the relative number of rides delivered by commercial providers reflects the difficulty of getting MA clients to call-in their ride requests far enough in advance, to provide sufficient time for SmartLink to schedule them on a dial-a-ride service or with a volunteer driver.

### C. Rice County

Rice County is in the process of transitioning to a new coordination structure for its ATS program. During recent years, county financial workers handled coordinating ATS rides, and transportation was provided through a range of providers including a driver employed by the county. Recently, the county contracted with a local non-profit, Three Rivers Community Action, to provide ATS coordination and transportation services through its transportation program, Hiawathaland Transit.

Contracting with Three Rivers was prompted largely by two motivations: (i) a desire to free county financial workers from the job of coordinating ATS given the increasing number of MA cases in the county; and (ii) the positive experience neighboring Wabasha and Goodhue Counties reported having with Three Rivers serving as their NEMT coordinator.

Under the contract with Three Rivers, the county will retain responsibility for determining MA eligibility. Beyond that, it is expected -- after a transition period -- that Three Rivers will take over all other NEMT coordination responsibilities, including providing transportation.

Through its Hiawathaland Transit program, Three Rivers provides scheduled public transportation, as well as dial-a-ride services. In addition, Three Rivers will develop a network of volunteer drivers for Rice County (currently there are no volunteer drivers used by the county for ATS). Three Rivers will be responsible for selecting the lowest cost mode of appropriate transportation in accordance with DHS's bulletins.

#### Rice County

- *Coordinator model:* partial coordinator with transportation (eligibility determined by county)
- *Coordinator type:* non-profit, county
- *Transp. providers:* public transportation, volunteer
- *Coordination charge:* none (for outside non-profit coordinator).
- *Highlights:*
  - County recently contracted with local non-profit community action program to provide NEMT coordination and transportation.
  - After transition period, it is expected county will only continue to make eligible determinations
  - Non-profit coordinator will not charge the county a coordinator fee.

Notably, Rice County is not paying Three Rivers a fee for its coordination services and does not expect to pay a no-load-miles stipend for the volunteer drivers used by Three Rivers. It is expected that Three Rivers will cover its costs of coordination through its own fundraising mechanisms and increased ridership from MA clients on its transit services.

#### D. Stearns County

In 2008, Stearns County undertook a comprehensive review of its structure for coordinating ATS rides. The review looked at ways to improve the program’s efficiency and cost-effectiveness. At the time, primary responsibility for arranging NEMT was distributed among the county’s social service workers. The result from the review was a new centralized, two-step process for arranging NEMT.

The first step in the new process is that MA recipients call a single county number dedicated to receiving ATS ride requests. In that call, county staff that specialize in ATS perform a standardized “triage” assessment of the ride request: (i) establish eligibility; (ii) determine if the client has access to personal transportation; and (iii) determine if public transportation on St. Cloud’s Metro Bus is an appropriate option. If either personal transportation or Metro Bus is an appropriate option, the county handles the process of personal mileage reimbursement process or providing a transit pass.

<b><u>Stearns County</u></b>
<ul style="list-style-type: none"><li>• <i>Coordinator model:</i> partial Coordinator with transportation (balance of coordination functions performed by county)</li><li>• <i>Coordinator type:</i> non-profit, county</li><li>• <i>Transp. providers:</i> public transportation, commercial providers , and volunteer drivers</li><li>• <i>Coordination charge:</i> flat rate (for outside non-profit coordinator).</li><li>• <i>Highlights:</i><ul style="list-style-type: none"><li>- County coordinates personal mileage trips and some public transportation rides; remaining trips coordinated by non-profit community action program.</li><li>- Outside coordinator provides same coordination service for two neighboring counties.</li></ul></li></ul>

If personal transportation and Metro Bus are not appropriate options, the process goes to a second step. In the second step, the county sends a “ride request” to Tri-Cap. Tri-Cap is a non-profit organization and the designated community action program for Benton, Sherburne and Stearns Counties. Tri-Cap then arranges transportation for the client using its own rural public bus services, taxis, or its network of volunteer drivers. The mode is selected based on the client’s circumstances and the aim of using the least expensive mode.

Tri-Cap is paid a flat administrative fee for its coordination services. Providers and volunteers are reimbursed at the DHS and IRS maximum rates. For volunteer no-load miles, the county pays a stipend to drivers.

Prior to developing this new coordination model, Stearns County had a long-standing relationship with Tri-Cap for a range of transportation services, including Tri-Cap operating the

volunteer driver network for the county for a number of years. This new coordination structure leveraged the existing relationship with Tri-Cap, and county officials report being very satisfied with the performance of the new process and Tri-Cap's involvement in it. Further, Tri-Cap provides the same NEMT service for Benton and Morrystown Counties, and often will arrange rides that may pick-up clients from more than one county.

Under the typology of this study, Tri-Cap is a partial coordinator with transportation. It provides some of the identified coordination services for a portion of the MA clients in Stearns County, specifically: arranging and dispatching transportation, managing a network of providers; managing a rider database; documenting reimbursements; and providing some NEMT services. The balance of coordination functions are performed by the county.

### E. Le Sueur County

As a rural county, Le Sueur County prioritizes the use of volunteer drivers for ATS. Since the early 2000's Le Sueur County has contracted with Aging Services for Communities, a local non-profit organization, to coordinate ATS rides with volunteer drivers. Aging Services for Communities is also responsible for developing and managing the network of volunteer drivers.

Prior to using Aging Services, the county had an inefficient and decentralized system under which county social works arranged all NEMT rides. Under the current system with Aging Services, the MA client first calls the county's human services department. A financial worker establishes the client's eligibility for NEMT and generally whether transportation with a volunteer driver is appropriate (e.g., whether wheelchair assistance is needed). If the use of volunteer driver is appropriate, a ride request is faxed to Aging Services, who then assigns one of their volunteer drivers to the ride. If volunteer transportation is not appropriate, then generally the county will coordinate the trip itself with a local for-profit provider.

Aging Services currently is operating at a loss with respect to its NEMT coordination. The current per trip fee it receives from the county does not cover its cost of coordinating rides. The county and Aging Services are working together to see what steps can be taken to make the coordination process more efficient. In addition, Aging Service is investigating what other sources of funding may be available to support its coordination service.

#### Le Sueur County

- *Coordinator model:* partial coordinator, without transportation
- *Coordinator type:* non-profit; county government
- *Transp. providers:* volunteer drivers and commercial providers
- *Coordination charge:* \$6 per trip (for outside non-profit coordinator).
- *Highlights:*
  - For ATS, county relies principally on a network of volunteer drivers managed by non-profit.



## F. Kanabec and Mille Lacs Counties

In 2009, Kanabec and Mille Lacs Counties entered into a partnership for public transportation, veteran's transportation, and ATS. Under the arrangement, Kanabec County manages these transportation services for the two counties as the fiscal agent for Timber Trails Public Transportation. Mille Lacs County pays for its share of Kanabec County's administrative costs for these programs.

Timber Trails serves as the NEMT coordinator for the two counties. To obtain an ATS ride, MA recipients in either county call Timber Trails. Timber Trails first determines eligibility. Once eligibility is established, the priority is to place clients on Timber Trails' wheelchair equipped, dial-a-ride public transit service. If that is not an appropriate option, transportation is placed through Timber Trails' "Common Carrier Program."

Timber Trails' "Common Carrier Program" is a recent innovative program development. In response to DHS in 2010 no longer providing reimbursement for no-load-miles driven by volunteer drivers, Timber Trails converted its volunteer driver program to a "Common Carrier Program." According to Kanabec county staff, under this new program Timber Trails has its volunteer drivers comply with the more stringent standards statutorily required for Small Vehicle Non-emergency Medical Transportation Service. As a result, Timber Trails obtains reimbursement from DHS for the loaded miles driven by these drivers at DHS's higher common carrier reimbursement rate (i.e., higher than the regular volunteer driver reimbursement rate for loaded miles), since the drivers and their vehicles are now special transportation service (STS) compliant for small vehicle service.

This higher reimbursement rate provides sufficient revenue for Timber Trails to pay its now common carrier drivers an amount that equates to the IRS volunteer mileage rates for both loaded and unloaded miles, but not any higher so as to avoid creating taxable income for the drivers. In addition, according to Kanabec county staff, there is sufficient revenue from using the higher common carrier reimbursement rate to cover the cost of the STS small vehicle compliance process for the drivers and their vehicles. The net result is that, by converting its volunteer drivers to this "Common Carrier Program," Timber Trails created a stronger network of transportation providers than may have otherwise existed, following DHS no longer reimbursing

### **Kanabec and Mille Lacs Counties**

- *Coordinator model:* full Coordinator
- *Coordinator type:* county government
- *Transp. providers:* public transportation, common carrier program
- *Coordination charge:* \$12.05, per trip leg
- *Rides (2012):* 9,937
- *Highlights:*
  - Kanabec County, through Timber Trails Public Transportation, acts as the NEMT coordinator for both counties.
  - Converted volunteer driver program to common carrier program to increase reimbursement rate from DHS.

for volunteer’s “no-load-miles.” In doing so, Timber Trails has also saved money for Kanabec and Mille Lacs Counties.

In terms of monitoring service quality, Timber Trails has a formal process for handling customer service concerns. Clients can communicate their concerns by calling Timber Trails or using a web-based feedback form. Complaints are then reviewed by the transit director. In addition, a database of complaints is used to track patterns of complaints and identify specific sources of problems.

Since Timber Trails both performs the range of coordinator services as well as provides NEMT services either through its public transit or “Common Carrier” programs, it is a full coordinator.

### G. Hubbard County

In Hubbard County all the NEMT coordination functions are performed internally by the county, except some dispatching services are provided by an outside transportation provider. Generally, a single county staff member handles eligibility issues, ride arrangement, and reimbursement processing. The staff member that currently performs this job has years of experience and has gained a wealth of local knowledge, enabling the county’s NEMT program to operate very cost-effectively given the comparatively few ATS rides coordinated in the county (approximately 300 per month).

In addition to NEMT, this same staff position also performs coordination services for all the other public transportation programs within the county (e.g., public transit, Veterans Administration transportation programs, workforce program transportation). This structure has created several advantages for Hubbard County. First, social service clients, regardless of their program, only have to call one number to receive transportation services. Second, it permits the person in this position to develop a rich understanding of the transportation options available within the county and to cross-coordinate rides among programs. Third, this staff person gains a depth of “soft” knowledge about the county’s MA clients, which facilitates utilization control and service quality. Lastly, pooling the coordination of all the

#### **Hubbard County**

- *Coordinator model:* call-center coordinator
- *Coordinator type:* county government
- *Transp. providers:* public transportation, volunteer drivers, health care clinic transit services, and local faith-based organizations
- *Coordination charge:* percentage of county staff time spent on coordinating NEMT rides.
- *Rides (2012):* ≈ 300 per month
- *Highlights:*
  - Coordination performed by a single county staff member, who also coordinates all the county’s transportation services.
  - Structure creates administrative efficiencies, facilitates transportation coordination across multiple programs, and provides a one-stop transportation resource for clients.

county's transportation programs with one person creates administrative efficiencies. Coordinating NEMT accounts for 25% - 30% of the time of the staff person currently holding this position.

For NEMT rides, Hubbard County uses a creative patchwork of providers, including county-run public bus service, dial-a-ride providers, vans run by health clinics, volunteer drivers, and for-profit transportation providers. In addition, as circumstances demand, the county will use the transportation resources provided by local faith-based organizations and resources in other counties. Providers and volunteers are reimbursed at the DHS and IRS maximum rates. For volunteer no-load miles, the county itself funds a stipend to drivers, equivalent to the IRS rate.

## **Part V. Findings and Best Practices**

This Part summarizes the overall findings of the survey with respect to how counties are administering their NEMT programs and employing coordinators (Section A), and describes several best practices identified through the survey (Section B).

### **A. Principal Findings**

#### **Finding 1. Diversity of operational models for NEMT coordinators**

All the surveyed counties employ some type of outside organization or internally centralized process (or some combination of both) that operationally functions as an NEMT coordinator. In some counties, these coordinators only handle NEMT services (e.g., metro consortium). In other counties, the coordinator handles multiple types transportation services (e.g., Hubbard, Scott and Carver, Kanabec and Mille Lacs), including NEMT.

Using the typology of NEMT models developed above in Part III, Table 4 summarizes the models identified in the survey, along with the type of entity or entities performing the primary coordination duties and the main types of transportation providers each county utilizes for ATS.

**Table 4. County Coordination Models**

County/Countries	Coordinator Model	Primary Coordinating Entity/Entities	Primary Transportation Providers
<b>Metro Consortium</b>	Call Center	For-profit	<ul style="list-style-type: none"> <li>• Public Transportation</li> <li>• Private providers</li> </ul>
<b>Scott/Carver</b>	Full-Coordinator	County	<ul style="list-style-type: none"> <li>• Public Transportation</li> <li>• Private providers</li> <li>• Volunteers</li> </ul>
<b>Rice</b>	Partial coordinator, with transportation	County Non-profit	<ul style="list-style-type: none"> <li>• Public Transportation</li> <li>• Volunteers</li> <li>• County Employee</li> </ul>
<b>Stearns</b>	Partial Coordinator, with transportation	County Non-profit	<ul style="list-style-type: none"> <li>• Public Transportation</li> <li>• Volunteers</li> </ul>
<b>Le Sueur</b>	Partial coordinator, without transportation	County Non-profit	<ul style="list-style-type: none"> <li>• Private providers</li> <li>• Volunteers</li> </ul>
<b>Kanabec/Mille Lacs</b>	Full-Coordinator	County	<ul style="list-style-type: none"> <li>• Public Transportation</li> <li>• Volunteers</li> </ul>
<b>Hubbard</b>	Call Center	County	<ul style="list-style-type: none"> <li>• Public Transportation</li> <li>• Private providers</li> <li>• Volunteers</li> </ul>

The coordinator for the Metro Consortium, MTM, is an archetypal, large sophisticated call-center coordinator. It handles all the coordination tasks, except for providing transportation services itself. Relative to the other counties, it handles a substantially larger volume of clients and rides.

Among counties outside the metro consortium, there was a diversity of coordinator models. No individual county or county group had an identical model. The general reasons for this diversity appeared twofold:

1. Counties design their coordination models to leverage the specific organizational capacities and transportation resources within their county and region. For example, Stearns and Rice Counties use their local non-profit community action programs to provide coordination service since these non-profits already offered transportation services. Scott and Carver Counties took advantage of their existing transit and scheduling system, SmartLink.

2. In most outstate counties, the current models for coordinators are heavily influenced by how NEMT coordination has been done in the past; that is, counties generally appear not to have simply created their current NEMT coordinator model from whole cloth, but rather built upon the existing system. The possible exceptions to this are Kanabec and Mille Lacs Counties, whose joint coordination structure under Timber Trails is relatively distinctive from what they have done in the recent past, and Rice County which is transitioning coordination to the local community action program, which had not previously been providing NEMT coordination in the county.

**Finding 2. Varied Processes for developing NEMT coordinator models**

The counties surveyed took a variety of paths to develop their respective coordinator models. Some, rather recently, undertook a relatively formal review process that resulted in significant changes in how they coordinate ATS (e.g., Stearns, Scott and Carver). Other counties have employed the same model for a number of years, incrementally adjusting it as needed over time (e.g., Hubbard County, Le Sueur County). Table 5 summarizes the key steps that resulted in the current coordinator model in each of the respective counties and groups of counties. In general, the recent state-level adjustments in the NEMT program were the most often cited reason for the counties to initiate changes, whether large or small.

**Table 5. Coordinator Development Process**

County/County Group	Process that led to current coordinator model
<b>Metro Consortium</b>	<ul style="list-style-type: none"> <li>• From 2004 to 2009, DHS contracted with a for-profit provider to provide NEMT coordination services for the metro area.</li> <li>• In 2009, the legislature barred DHS from contracting out coordination services for ATS.</li> <li>• In response, the metro counties contracted on their own for ATS coordination with the same for-profit provider formerly used by DHS.</li> </ul>
<b>Scott/Carver</b>	<ul style="list-style-type: none"> <li>• Beginning in 2004, Scott and Carver were among the metro counties that had ATS coordinated as part of the group of metro counties.</li> <li>• In 2009, Scott and Carver began a review to investigate whether they should coordinate ATS separately from the other metro counties.</li> <li>• In 2010, the two counties dropped out of the metro consortium to deliver ATS on their own.</li> </ul>
<b>Rice</b>	<ul style="list-style-type: none"> <li>• In 2013, as part of an effort to reduce the workload on county social works, the county contracted with the local community action program, Three Rivers, to coordinate ATS. This step was also motivated by the positive experience neighboring counties had with Three Rivers as their NEMT coordinator.</li> <li>• The transition to Three Rivers providing coordination services for ATS is currently in process.</li> </ul>
<b>Stearns</b>	<ul style="list-style-type: none"> <li>• In 2009, the county initiated a review of its NEMT coordination process.</li> <li>• Review was prompted in part by DHS decision to no longer permit aggregate billing for ATS reimbursement.</li> <li>• The review resulted in a new, more centralized coordination process.</li> </ul>
<b>Le Sueur</b>	<ul style="list-style-type: none"> <li>• In the early 2000’s, the county contracted with a local non-profit, Aging Services for Communities, to centralize the task of coordinating ATS rides with volunteer drivers and to increase the number of volunteer drivers.</li> <li>• Since hiring Aging Services the process for coordinating all ATS rides, not just those with volunteer drivers, has evolved to increase efficiency and respond to statewide changes in the NEMT program.</li> </ul>
<b>Kanabec/Mille Lacs</b>	<ul style="list-style-type: none"> <li>• In 2009, a partnership between Kanabec and Mille Lacs for ATS arose out of a larger effort between the two counties to cooperate with respect to providing transportation services.</li> <li>• “Common Carrier Program” was developed in response to DHS no longer paying “no-load-miles” for volunteer drivers.</li> </ul>
<b>Hubbard</b>	<ul style="list-style-type: none"> <li>• For a number of years, Hubbard County has relied on a county staff person to coordinate transportation services, including ATS.</li> <li>• The current coordination model is a continuation of this practice, but with changes over time to increase efficiency and respond to statewide changes in the NEMT program.</li> </ul>

### **Finding 3. Cross-county cooperation**

The Minnesota system for delivery of ATS is formally county-based. However, among the surveyed counties, the use of coordinators allows the system to operate effectively as a regional system in many respects. Two types of cross-county cooperation enabled by coordinators were observed:

1. Counties formally jointly administer their NEMT programs. This type of cooperation is most apparent with the metro consortium, but is also present with Scott and Carver as well as Kanabec and Mille Lacs Counties.
2. Counties separately administer their NEMT programs, but share the same outside coordinator. This is the case with Stearns and Rice Counties, which each now use a community action program organization as their outside coordinator which also manages NEMT in neighboring counties. In the case of Stearns, for example, Tri-Cap will coordinate rides that pick-up clients in more than one of the counties they serve.

### **Finding 4. Synergies and conflicts with managed MA**

The formal scope of this study did not include examining how ATS is delivered through Managed MA. However, it became apparent through the survey that in some counties there was considerable overlap in how ATS rides for Managed MA and FFS MA are coordinated.

In several Greater Minnesota counties that employed outside coordinators for their FFS MA program, these same coordinators also have contracts with health plans to provide coordination services for Managed MA clients. This is the case, for example, with Tri-Cap in Stearns County and Aging Services in Le Sueur.

Similarly, in several other outstate counties where the county serves as the coordinator for FFS MA, the county itself has contracts with health plans to coordinate ATS rides for Managed MA clients (e.g., Scott and Carver, Hubbard).

This overlap makes sense since these coordinators generally provide the same service for both MA programs. Further, and of particularly importance for outside coordinators, the overlap provides coordinators with another revenue source, along with greater economies of scale for their coordination activities. In this regard, there are some synergies in these counties with respect to coordinating ATS for both Managed MA and FFS MA. It must be noted, however, that in most of these counties it appeared the overlap was limited in that: (i) the coordination processes under the two programs were not identical, and (ii) the per trip coordination costs were different for the two programs.

While this overlap was observed in some outstate counties, in the metro there is no such overlap. MTM, the for-profit coordinator for the metro consortium, only provides ATS coordination services for FFS MA. The MA health plans coordinate ATS through other channels. This



division can create confusion for MA clients. Clients often switch between FFS and Managed MA, and thus have to confront a different process for arranging their NEMT depending on which MA program they are currently enrolled in. Furthermore, it can also create a different transportation experience for clients. They may be provided a different mode of transportation under FFS MA than they are under Managed MA, given the sometimes different transportation criteria under the two programs.

#### **Finding 5. Reimbursement for volunteer no-load miles**

Until January 2010 DHS reimbursed transportation providers using Medicaid funds for those miles driven with no MA client in the vehicle (i.e., miles driven either to pick-up a MA client or returning from dropping off a MA client). Federal rules prohibit the use of Medicaid funds to pay for such “no-load miles,” and DHS’s previous reimbursement for these miles was due to DHS’s failure to enforce this rule.

As a result of this change, volunteer drivers are no longer reimbursed with Medicaid dollars for the no-load miles they drive. Confirming what was found in the 2011 Legislative Auditor’s report, the survey for this study found that the lack of reimbursement from DHS for no-load miles is a major challenge for outstate counties. Greater Minnesota counties are generally more reliant on volunteer drivers to drive the long distances involved in transporting clients in rural areas.

Under current policy, DHS does not make additional state funding available to pay for volunteers’ no-load miles. As a result, all but one of the surveyed Greater Minnesota counties (Rice County) have stepped in to fill the gap. These counties, out of their own funds, pay volunteers either a no-load mileage reimbursement rate, or a flat stipend to help offset the cost of the no-load miles driven.

Counties paying volunteers for no-load miles has had several consequences. First, the rides provided by volunteers are now a direct cost to these counties, and thus these counties are now incentivized to use alternative modes of transportation when possible. In some cases, this means pushing rides onto public transportation, if it is available. In some counties, it has also encouraged the use of more taxi-style rides, particularly for one-way ATS trips. Second, it has pushed some counties to develop alternative solutions for their volunteer driver program. Most notable on this account is Kanabec and Mille Lacs Counties. These two counties converted their volunteer driver program to their “Common Carrier Program,” in part so that they could seek a higher mileage reimbursement rate from DHS and use the additional funds to cover the cost of paying volunteers for their no-load miles.

#### **Finding 6. Transportation cost containment**

Limiting transportation costs is, at least implicitly if not expressly, one of the objectives of all the surveyed coordinators. The primary method used for controlling these costs is to place rides on the least expensive mode of transportation available. To do so, all the counties appeared to use

some sort of “triage” process by which they establish the least costly transportation mode for each ride request they receive. The hierarchy of transportation modes generally appeared to be the following (from first priority to last priority), subject to the availability of each mode in the respective counties.

- 1) Personal Transportation
- 2) Public Transportation
- 3) Volunteer Drivers
- 4) Commercial Transportation Providers

As mentioned above, it appears that those counties that have both public transportation and volunteer driver programs generally prioritize public transportation, at least in part to have the county avoid the cost of paying for no-load miles.

A secondary method observed for managing cost was placing more than one client on a single vehicle trip, commonly referred to as “multi-loading.” Coordinators mentioned that they generally try to multi-load as much as possible, particularly in the case of group-home type clients. However, in Greater Minnesota counties it is generally difficult to multi-load, given the long distances involved and that appointment schedules and destinations often do not conveniently coincide. Further, for coordinators that use for-profit transportation providers, the coordinators often rely on the providers to schedule the multi-loading since the providers have the direct financial incentive to do so (providers get reimbursed on a per client basis, not a per trip basis). In this regard, it should be noted that it appears that there is no direct cost savings to the Medicaid program for multi-loading in Minnesota, since transportation providers in Minnesota are reimbursed based on the number of clients they transport, not the number of trips they make.

Negotiating the rates charged by transportation providers is a form of cost control used in other states. The technique, referred to as “brokering,” is generally not used in Minnesota. Those counties that reported trying to broker ATS rides found that providers either only bid the DHS maximum reimbursement rates or simply reported that they could not operate below the DHS maximum rates.

As part of the survey, further information was sought on the incentives for coordinators to engage in efforts that contain transportation costs. For outside coordinators (both non-profit and for-profit), they had contractual obligations to use the least costly mode of appropriate transportation (e.g., metro consortium, Stearns County). Of note, however, it appeared that none of the contracts with outside coordinators contained financial incentives to control costs (e.g., compensation was not tied to transportation cost metrics). In addition, non-profit coordinators viewed cost control as part of their organizational mission, not simply a contractual obligation.

For counties that serve as coordinators, their direction to control transportation costs comes from DHS, whose regulatory bulletins specify that the counties are to use the least costly method of transportation. In addition, a number of county coordinators have policies that prioritize public transportation for ATS. In terms of financial incentives, however, it appears the counties only direct financial incentive to control transportation costs is to limit the number of no-load volunteer miles.

### **Finding 7. Coordination cost**

In addition to transportation costs, the other main cost that NEMT coordinators affect is the cost of coordination itself. Unlike with transportation costs, counties have a direct incentive to limit coordination expenses, since they are generally responsible for paying half those costs, with the other half being reimbursed by DHS.

Among the surveyed counties, a wide range of coordination costs were reported, ranging from \$2 per one-way trip to \$12 per one-way trip. In general, it appears that coordination costs trended higher in the Greater Minnesota counties, which was to be expected given the smaller economies of scale. However, as discussed in Part III above, direct cost comparisons across counties cannot be done with the data collected for this report because counties do not necessarily calculate their coordination costs in the same manner. Nevertheless, the variation in reported coordination costs does suggest that there is still room for efficiency gains, in at least some counties.

Rice County was noteworthy on the coordination cost issue. Under its new contract with its outside coordinator, Three Rivers community action program, the county will not pay for any coordination services; rather, Three Rivers will cover the cost of coordination. This model of off-loading coordination costs to a non-profit coordinator was unique among the counties surveyed.

### **Finding 8. Performance monitoring**

In the course of the survey, note was taken of how counties monitored their own performance with respect to MA client satisfaction and transportation utilization.

On the client satisfaction issue, all surveyed counties reported relatively few service complaints and generally high satisfaction among MA clients. However, no counties outside the metro recently undertook any studies to measure the quality of service delivery from the clients' perspective. On the other hand, MTM, the coordinator in the metro, regularly performs a randomized survey to assess client satisfaction.

With respect to the handling of complaints, most counties maintain some sort of database or other system for recording and tracking reported concerns from MA clients. However, outside of the metro, many counties did not have a formal process established for reviewing and handling client complaints. In the metro, MTM has formal procedures in place for managing service complaints, and in turn for addressing problems that may arise with providers.

With respect to utilization monitoring, all counties had some process in place to check for fraud and abuse. However, not all counties appeared to regularly monitor transportation utilization data for purposes of program improvement (e.g., increase efficiency and cost-effectiveness). The metro consortium and Scott and Carver Counties appeared to undertake the most sophisticated approaches to tracking costs and utilization for purpose of improving program performance. For example, the metro consortium tracks year-on-year changes in the usage pattern for different modes of transportation as part of its efforts to increase the utilization of public transportation.

## **B. Best Practices Identified**

The principle intent of this study was not to identify what counties had the best NEMT coordinator model, but rather to document how a number of counties are coordinating NEMT services. Nevertheless, in the course of the survey, several practices appeared to offer clear benefits and appeared to be generally transferable to other counties.

### **1. Coordinator manages multiple transportation programs**

In a number of surveyed counties the NEMT coordinator also coordinated services for multiple transportation programs (e.g., Hubbard, Kanabec and Mille Lacs, Scott and Carver). This arrangement provided two principle benefits. First, it increased the number of rides being coordinated by one organization or office, and thus created greater efficiencies of scale across the transportation programs. This is especially important in rural counties where the low population density of FFS MA clients causes the efficiency scale of NEMT alone to be relatively low. Second, it creates an easier interface for social service clients, providing one contact point for multiple transportation services.

### **2. Formal cross-county cooperation**

A number of surveyed counties formally cooperated by either jointly administering their NEMT program (e.g., the metro consortium, Kanabec and Mille Lacs, Scott and Carver) or sharing the same outside coordinator (e.g., Stearns). With either structure, economies of scale were increased and opportunities to coordinate across county lines were expanded.

### **3. Leveraging technology**

Many of the Greater Minnesota coordinators are still paper-dependent for their coordination activities and record keeping. Ride requests are faxed among counties, outside coordinators and transportation providers, and paper records are used for documenting trips. Some coordinators, however, are using software systems to electronically communicate ride request and document billing (e.g., Scott and Carver). These systems reduce coordination and administration costs, as well as automate data collection that can improve performance analysis capabilities.

### **4. Outside coordinators billing DHS directly**

The coordinator for the metro consortium, MTM, has the ability to bill DHS directly and electronically for reimbursements and the portion of its coordination costs paid by Medicaid. This saves costs by eliminating the need for county staff to process the billing paperwork, and

better leverages the counties' use of an outside coordinator. In the course of the survey, at least one Greater Minnesota county expressed a strong desire for their outside coordinator to be able to bill DHS directly, in order to save county staff time.

### **5. Performance measuring**

Several counties had formalized procedures for collecting and assessing client feedback and transportation usage data. These processes included regular client satisfaction surveys, established processes for handling client concerns, and tracking and analyzing usage patterns of different transportation modes. Having these systems in place assisted these counties in identifying problem areas, as well as opportunities for service improvement through benchmarking and systems analysis. MTM had such systems in place, somewhat unsurprisingly given the scale of its program. But several other counties (e.g., Scott and Carver) also had some similar processes in place for some of these performance issues.

### **6. Managed MA and fee-for-service MA share coordinator**

NEMT through Managed MA and FFS MA generally provide MA clients the same service. Several coordinators have taken advantage of this by providing coordination services for both programs. This increases the economies of scale for coordination, avoids duplication of administrative structures, and broadens the revenue base for outside coordinators. It also provides a more seamless NEMT interface for MA clients, who can often switch between Managed MA and FFS MA.

## **Part VI. Recommendations and Suggestions for Further Research**

Several recommendations arose from the information collected in this study, and several opportunities for further research were identified.

### **A. Recommendations**

While the primary objective of this study was descriptive, the research here led to four basic recommendations.

**Recommendation 1:** The pending statewide NEMT reforms should leverage the rich local knowledge and organizational capacities that have arisen under the county-based system for ATS. In general, the current county-based system for delivering ATS system appears to work relatively well. To the extent the system works well, it does so because it provides counties the flexibility to choose the coordinator model that fits the transportation and organizational resources available in their area. Further, it allows local officials to utilize their knowledge of the local context (i.e., the MA client population, available transportation providers, and the health service facilities) to improve efficiencies and service quality. The value provided by this local knowledge would likely be lost to some degree, or least not utilized as effectively as it is today, if the state were to switch to a regional or state-wide NEMT coordination model. The gains in terms of standardization and uniformity in a regional or state-wide model would likely not offset this loss.

**Recommendation 2:** Increase and regularize the opportunities for information exchanges among counties and DHS regarding operational practices. DHS, through its bulletins and other channels, provides the counties guidance regarding how to structure their NEMT program so that they are in compliance with state statutes and rules. However, it appears the state provides the counties relatively little regular guidance on the “soft” operational aspects of their NEMT programs, which are the type of program aspects mainly discussed in this study. Guidance from the state as to what types of operational practices work better than others would be of considerable value to the counties.

Along these same lines, greater information exchange among the counties themselves regarding NEMT operational practices would be beneficial. Several surveyed counties reported that elements of their current coordination model developed directly from experiences seen in neighboring counties. In some areas of the state, forums for this type of information exchange already exist, both formally and informally. Expansion of these information sharing opportunities across the state would help facilitate the development and promotion of best practices for NEMT delivery.

**Recommendation 3:** Streamline the DHS reimbursement process. It appears the metro consortium coordinator is the only outside coordinator able to bill DHS directly for transportation provider reimbursements. DHS should work to enable outside coordinators from across the state to have this same capability. Facilitating more direct billing from coordinators to DHS would save county staff time for those counties in Greater Minnesota that employ an outside coordinator, allowing them to leverage more fully the use of an outside coordinator. Further, DHS should assess under what circumstances transportation providers themselves should be able to bill DHS directly in order to further streamline the reimbursement process, including for those counties that do not employ an outside coordinator.

**Recommendation 4:** Utilize coordinators to improve statewide data collection for the NEMT program. In its report evaluating the NEMT program, the Minnesota Office of the Legislative Auditor made recommendations regarding the need for DHS to improve its data collection with respect to the NEMT program. Some of the data to be collected under these recommendations (e.g., number of trips provided, cost of trips) DHS will be able to gather via the process by which DHS collects billing information in order to pay reimbursements. However, certain types of non-cost data that the Auditor’s report recommended be collected (e.g., client satisfaction information) will not be available to DHS through the reimbursement process. Coordinators should be utilized to collect this type of non-cost data and transmit it to DHS. Some coordinators already collect this type of non-cost data, but for it to be useful for statewide and cross-county analysis, DHS should standardize the format and methodology for collecting and organizing it.

**Recommendation 5:** Investigate how DHS can provide counties more incentives to control NEMT costs and otherwise innovate. Currently, counties generally only have two direct incentives for controlling NEMT costs: (1) limiting coordination/administration expenses

because they are generally responsible for half those costs; and (2) reducing the amount of no-load volunteer miles, in those counties paying for those miles with county dollars. This study has shown that the counties have responded to these incentives by innovating and altering their coordination practices to control these costs. Beyond these two incentives, though, the counties generally are not responsible for NEMT costs and thus do not have a direct incentive to reduce costs. DHS should examine whether additional incentives could be developed to encourage or prompt counties to innovate further, to increase cost-effectiveness and otherwise improve the quality of their NEMT programs. This does not necessarily mean placing additional financial responsibilities on counties for NEMT services. Rather, it could mean, for example, encouraging counties to reduce transportation costs by creating usage targets or goals for the counties (e.g., reducing the year-on-year percentage of trips using taxi-style transportation).

## **B. Suggestions for Further Research**

This study sought to collect general information about how select counties administer their NEMT programs. In doing so, it pointed to further possible research areas that may help in improving how counties deliver NEMT.

1. **Analysis of variances in cost and transportation-mode usages across counties.** This study suggests that there is variance across counties both in terms of coordination costs and transportation-mode usage (e.g., percentage of rides placed on certain modes). It appears that some of this variance is due to more than simply county demographics and available transportation resources. Data could be collected to assess the other reasons for this variance, in order to identify what practices lower coordination costs and the usage rates of more expensive forms of transportation. Such a study may face some data collection challenges in Greater Minnesota counties, as they may not regularly collect all the necessary data for this analysis.
2. **Investigate NEMT service quality delivery across counties.** This study did not generally examine the quality of NEMT services provided by the counties. To the extent it did, it relied on information from those providing the service, not the recipients of the service. It would be beneficial to understand NEMT from the perspective of MA clients: what obstacles are there to using NEMT; how could service be improved; and how the quality of service varies across counties in order to identify best practices for service delivery. Such a study would involve, among other things, surveying MA clients about their experiences with NEMT.
3. **Investigate opportunities for joint efficiencies between NEMT provided through Managed MA and NEMT provided through FFS MA.** In Minnesota, unlike some other states, NEMT service is provided through both Managed MA and FFS MA. At the county level, this amounts to two programs running side-by-side that generally provide an identical service. Accordingly, there may be opportunities to have

the two programs learn from each other, in terms of service delivery and cost control, and to overlap coordination and administrative functions between the two programs, as there are already in some of the surveyed counties. A study could identify such opportunities by comparing and contrasting how NEMT is delivered in select counties under the two programs.

4. **Investigate methods for DHS to incentivize counties to reduce NEMT costs and improve service delivery.** Building upon Recommendation 4 above, further research should examine what proactive measures DHS can take in structuring the statewide NEMT program to provide counties additional incentives to improve their delivery of NEMT services, both in terms of quality as well as efficiency. Such a study would look at what mechanisms may be available to provide such incentives, as well as what other states have done along these lines.



## Appendix A

### Interview Question Topics

1. What type of organization is the coordinator?
2. How did the current coordinator model develop?
3. What is the coordinator's scope of duties?
4. How is the coordinator paid?
5. What are the transportation provider options?
6. Who develops the transportation provider network and what is the process for doing so?
7. Who sets the transportation provider rates?
8. What are the cost-control incentives and protocols?
9. Who checks recipient eligibility and authorization for trip?
10. Who determines appropriate transportation?
11. Who schedules trip?
12. What is the billing protocol?
13. What is the process for obtaining reimbursement from DHS?
14. Is there a protocol to increase ride sharing?
15. What are the auditing processes for fraud and abuse?
16. What quality control/performance monitoring is there?
17. What is the coordinator's service area?
18. What is the number of eligible MA clients in service area?
19. What is the average number of rides coordinated per year?
20. What is the coordination cost per ride?
21. What is the average amount spent on NEMT per year?

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