

Highlights of Non-Emergency Medical Transportation (NEMT) Research Hub

We encourage all interested stakeholders to utilize the research hub (www.MTACcoalition.org) to best meet your research needs. Here is a sample of findings you may find useful.

1. A previous analysis of National Health Interview Survey data (1999 to 2009) found that 7% of Medicaid beneficiaries reported transportation as a barrier to accessing timely primary care treatment and even 0.6% of those with private coverage reported struggles with similar transportation barriers. No other barrier varied so greatly in prevalence between individuals with commercial insurance and those with Medicaid.ⁱ
2. A first-of-its-kind study published in July 2018 looking at the return on investment (ROI) of NEMT among three Medicaid beneficiary categories – persons receiving dialysis treatments, wound care visits to care for wounds caused by diabetes and substance abuse disorder (SUD) sessions – found that providing NEMT saves state Medicaid program dollars by averting more intensive and more costly healthcare procedures.ⁱⁱ Specifically, the total ROI for all three conditions per 30,000 members (10,000 per condition) per month is \$39,553,373. 58% of nearly 1,000 beneficiaries surveyed reported that they would not be able to make any medical appointments without NEMT. [Click here to read the methodology used to conduct the study.](#)
[Click here to review the claims codes used to identify beneficiaries for the study.](#)
3. One population health company that worked with Medicaid managed care organizations found that within a specific population of high-risk patients, beneficiaries with a transportation barrier had a 63 percent higher risk of readmission. In addition, when transportation barriers were addressed in a timely manner through a comprehensive care plan that included participation by the health care provider, 30-day readmission rates were additionally reduced by 30 percent as compared to rates for patients where transportation needs were not addressed.ⁱⁱⁱ
4. For five preventive conditions examined (including two types of cancer screenings), researchers determined that the provision of increased access to NEMT for the transportation-disadvantaged population is cost-effective for all five conditions, because projected improvements in life expectancy and quality of life are large enough to justify the net cost increases.^{iv}

Sample State-Specific Highlights

Florida

In 2008, the Florida State University College of Business undertook a comprehensive study of the state's transportation programs for its disadvantaged residents. The University found that for every \$1.00 in state spending on medical transportation, the state received back \$11.08, a return of investment of 1,108 percent. The University used what it called "an extremely conservative estimate" that one of every 100 trips prevents a one-day hospital stay to determine this ROI.^v

Missouri

One pilot with the Missouri Rural Health Association (MRHA), called HealthTran, found that for every \$1 invested in transportation, the hospital earned \$7.68 in reimbursement.^{vi}

Oklahoma

A 2014 article in *Social Work in Public Health* studied NEMT use in Oklahoma. This review found that Medicaid beneficiaries with access to NEMT services were more likely to not miss a medical appointment than beneficiaries who did not have access to such services. It also found that "it is important to make transportation services available to the poor and underserved among the chronically ill if they are expected to access available medical care and services."^{vii}

ⁱ MJS & Company, "Medicaid Expansion and Premium Assistance: The Importance of Non-Emergency Medical

Transportation (NEMT) To Coordinated Care for Chronically Ill Patients," available at:

<http://web1.ctaa.org/webmodules/webarticles/articlefiles/NEMTreportfinal.pdf>.

ⁱⁱ Michael Adelberg, Patricia Salber, and Michael Cohen, "Curtailing Medicaid's transportation benefit is 'penny-wise and pound-foolish,'" Stat First Opinion, July 30, 2018, available at:

<https://www.statnews.com/2018/07/30/curtailing-medicaid-transportation-benefit-pennywise-pound-foolish/>.

ⁱⁱⁱ Anita Cattrell, "Lack of Transportation Tied to Readmission Risk, Transportation Found to Reduce Risk," Health Affairs Blog, Dec. 13, 2018, available at:

https://www.healthaffairs.org/doi/10.1377/hblog20181212.36587/full/?utm_source=Newsletter&utm_medium=email&utm_content=ACA+Enrollment%3B+Rural+Philanthropists%3B+Health+Policy+Brief%3A+Cash+Flow+Dynamics%3B+Virtual+Visits+In+A+Large+ACO&utm_campaign=HAT&.

^{iv} Richard Wallace, Paul Hughes-Cromwick and Hillary Mull, "Cost-Effectiveness of Access to Nonemergency Medical Transportation," *Transportation Research Record: Journal of the Transportation Research Board*, Vol 1956, Issue 1, 2006, January 2006, available at:

<https://journals.sagepub.com/doi/10.1177/0361198106195600111>.

^v Dr. J. Joseph Cronin, Jr., et al., *Florida Transportation Disadvantaged Programs Return on Investment Study* (Tallahassee: Florida State University, 2008), 2.

^{vi} Sarah C. Threnhauser, MPA, "Can Uber & Lyft Answer The No-Show Problem?" *Open Minds*, April 7, 2018, available at: <https://www.openminds.com/market-intelligence/executive-briefings/can-uber-lyft-answer-the-no-show-problem/>.

^{vii} Leela V. Thomas & Kenneth R. Wedel (2014) Nonemergency Medical transportation and Health Care Visits among Chronically Ill Urban and Rural Medicaid Beneficiaries, *Social Work in Public Health*, 29:6, 629-639.