

## NEMT in Not-for-Profit, Safety Net Health Plans

MTAC (<https://mtaccoalition.org/>) was formed in 2017 to educate federal and state policymakers about the benefits of non-emergency medical transportation (NEMT) and the need for policies that support continued access to transportation. Founded by the leading brokers of NEMT, **LogistiCare Solutions, LLC, MTM, Inc., and Southeastrans, Inc.**, the coalition has quickly gained support and its current membership numbers 25 organizations including leading patient, provider, and health plan organizations.

### Background

The lack of transportation to and from doctor appointments, pharmacies, and other medically necessary treatment creates access barriers for millions of Americans, particularly in the Medicaid program. Patients who miss needed medical appointments have poorer health outcomes and increased emergency department (ED) utilization. Accordingly, state Medicaid programs are required to provide transportation for non-emergency medical services for beneficiaries who lack transportation; this benefit is known as non-emergency medical transportation (NEMT). Under Republican and Democratic Administrations, NEMT has been a continuous and important part of Medicaid since the program's inception.

### Methodology and Summary of Statistics

In partnership with the Association for Community Affiliated Plans (ACAP), a national trade association representing not-for-profit safety net health plans, MTAC and ACAP conducted a survey of 21 ACAP plans regarding the NEMT benefit. The average size for the surveyed plans' Medicaid population was roughly 300,000. On average, these plans provide NEMT to approximately 10,400 Medicaid beneficiaries and provide almost 300,000 rides annually—this shows that while only a relatively small number of patients use NEMT, those who require transportation use it fairly often to access care. The majority of ACAP plans (62.5%) participating in the survey operate in states where NEMT is carved into the state's Medicaid managed care organization (MCO) contracts. Thus, these plans have direct experience in administering the benefit.

### Key Survey Findings

- **Quality Assurance Tools.** A majority (83%) of the surveyed plans conduct quality checks of the NEMT benefit. 58% of responders conduct satisfaction surveys and 67% of responders monitor grievances that can lead to NEMT provider audits. A few ACAP plans mystery shop their NEMT providers. While the value of NEMT is well documented, there have been program integrity concerns and instances of sub-par service which means these quality assurance tools are important to delivering a high-quality NEMT benefit.
- **Common Conditions.** Most (67%) ACAP plans reported that the most common NEMT destination is to behavioral health providers (not including substance use disorder (SUD) treatment providers); dialysis is the second most common destination. The remaining trips are mostly to primary care providers and specialist physicians. Although SUD was not one of the top conditions for NEMT use, one health plan observed that the need for transportation to SUD treatment appointments is growing far more rapidly compared to other services.
- **NEMT Necessity.** When asked what would happen if their state stopped funding NEMT, 64% of health plans answered that they believed the service is so important that they would find a way to continue offering transportation to select enrollees without reimbursement. Illustrating the value of the benefit to beneficiaries and plans alike, this is consistent with the experience in Iowa and Indiana where multiple health plans offer NEMT without reimbursement for expansion population members despite the state having waived coverage.

**The value of NEMT is well-documented. Surveying health plans allows us to better understand the value of the NEMT benefit. Despite program integrity and operational concerns, there is a continued need to address the lack of transportation within the health care sector.**