MTAC Medical Transportation Access Coalition

NEMT IN NOT-FOR-PROFIT

Safety Net Health Plans

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INTRODUCTION: NEMT IN CONTEXT.

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.

Lack of reliable transportation is a major barrier to necessary medical care, particularly for poor, elderly, and chronically ill people.

Federal Medicaid regulations require states to ensure that Medicaid enrollees with no other means of transportation receive necessary transportation, or non-emergency medical transportation ("NEMT"), to and from medical services. States have flexibility in designing and implementing the NEMT benefit to achieve optimal impact at the lowest possible cost. Common delivery models include paying transportation providers on a fee-for-service basis, contracting with statewide and regional transportation brokers, or providing NEMT through managed care organizations (MCOs). Some states allow the use of public transportation vouchers, while others offer mileage reimbursement to family members or permit the use of transportation network companies such as Uber and Lyft.[1]

Over the last decade, government oversight organizations such as the Department of Health and Human Services Office of the Inspector General have issued reports highlighting NEMT's vulnerability to fraud, waste, and abuse. Some of these reports also document poor customer service, long wait times, and high no-show rates.[2] This, along with a desire to curb the growth in mandatory government spending, has led the Trump administration to consider curtailing the NEMT benefit. The Office of Management and Budget's list of expected federal regulations includes a proposal to "reexamine current regulations under which states are required to assure NEMT for all Medicaid beneficiaries when they have no other means of accessing medical services." If finalized, this regulation would provide states the authority to eliminate the NEMT benefit for certain populations.[3] The Trump administration has delayed the introduction of this proposal from 2019 to 2021.

Despite concerns, the value of the NEMT benefit in addressing one of the primary social determinants of health (SDOH) for Medicaid enrollees – transportation – is increasingly well understood. Recent studies have shown NEMT to be cost-effective for particular chronic diseases. An actuarial analysis commissioned by the Medical Transportation Access Coalition found that "NEMT more than pays for itself as part of a care management

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[1] For the purposes of this paper, we use NEMT as a general term meaning all transportation provided under the Medicaid program. We understand that each state and health plan uses the term NEMT differently depending on the mode of transportation provided and that other types of transportation may fall outside their definition of NEMT.

[2] GAO report (https://www.gao.gov/assets/680/674934.pdf) (https://oig.hhs.gov/oas/reports/region5/51600021.asp)

[3] OMB report (https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=201810&RIN=0938-AT81)

strategy for people with chronic diseases, resulting in a total positive return on investment of over $40 million per month ($480 million annually) per 30,000 Medicaid beneficiaries."[4] The return on investment stems from a high mix of lower-cost primary and preventive care—and a reduction in acute and emergency services. For example, a patient experiencing kidney disease can avoid costly emergency dialysis if they can go to their regular dialysis appointments using NEMT services. Transportation can improve health outcomes and overall wellness, and reduce utilization of more costly health services.[5]

ACAP MEMBER NEMT SURVEY

In preparing this brief, the Association for Community Affiliated Plans (ACAP) partnered with the Medical Transportation Access Coalition, a policy and advocacy coalition focusing on NEMT, to conduct a survey on NEMT as administered by ACAP's 70 member plans. Following the survey, three-member plans were chosen for follow-up interviews to gain further insight into the value of the NEMT benefit from the vantage point of an entity charged with managing the care and costs of Medicaid beneficiaries.

SURVEY FINDINGS

Twenty-one geographically diverse MCOs participated in the survey. The average size for the surveyed plans' Medicaid population is approximately 300,000. On average, each plan provides 300,000 rides annually to 10,400 Medicaid beneficiaries (or about 4% of members). While only a small number of plan members use NEMT, those who require transportation rely on it with some frequency: beneficiaries who access this benefit require a ride, on average, once every two weeks. Of the responding plans, 93 percent provide specialized vehicles to help people with disabilities get to health care appointments.

As discussed above, states have flexibility in determining how to administer the NEMT benefit. Sixty-three percent of survey respondents are from states where MCO contracts include the NEMT benefit; only 13 percent of respondents are in states that reimburse transportation providers directly. Nearly four in ten respondents operate in states that administer the Medicaid NEMT benefit through transportation brokers.

Approximately two-thirds of ACAP plans reported behavioral health (exclusive of substance use disorder (SUD) treatment providers) as the most common NEMT destination, followed by dialysis (58%). Remaining trips are mostly to primary care providers and specialist physicians. Although SUD was not among the top conditions for NEMT use, one MCO observed that the need for transportation to SUD treatment appointments is growing rapidly compared to other services. It was also noted that NEMT users with SUD required rides several times per week (referred to by one plan as "subscription trips")—more often than most other NEMT users.

[4] MTAC Wakely ROI Study (https://mtaccoalition.org/wp-content/uploads/2018/07/NEMT-ROI-Methodology-Paper.pdf)

[5] JAMA report (https://jamanetwork.com/journals/jama/article-abstract/2547765), MTAC ROI Study

MCOs actively look for members who demonstrate signs of needing NEMT (for example, those members with a history of missed appointments). Sixty-four percent of survey respondents stated that they proactively identify Medicaid beneficiaries who would benefit from NEMT.

Survey respondents highlighted several difficulties with administering NEMT, especially among members accessing SUD treatment. Multiple MCOs expressed difficulties with compliance. Rider no-shows and riders attempting to use NEMT for non-medical purposes create delivery challenges. MCOs relayed the difficulty of ensuring that beneficiaries are picked up and dropped off promptly and noted the need to prevent members from using NEMT rides for unauthorized destinations (such as grocery stores). However, some ACAP plans, when permitted by the state, allow members to use NEMT for non-medical purposes as part of broader strategies to address social determinants of health.

Quality assurance efforts related to NEMT are critical, given well-documented challenges with providing this service. A large majority (83%) of surveyed plans conduct quality checks of the NEMT benefit. Fifty-eight percent of respondents conduct satisfaction surveys, and 67 percent monitor grievances that can trigger NEMT provider audits. A few ACAP plans employ "mystery shopping," wherein the MCOs hire an auditor to pose as a plan member, receive a NEMT ride, and then score the NEMT experience per a standard protocol.

States retain the authority to define the scope of the NEMT benefits, such as eligible vehicles, services, and eligible populations. Recently, some Medicaid programs have expanded the allowable uses for NEMT to address Medicaid enrollees' needs related to Social Determinants of Health (SDOH). For example, most states allow "triangular trips" for NEMT, allowing for transportation between the member's home, medical appointment, and the pharmacy. Louisiana permits triangular trips to include a stop at a grocery store, thus permitting the plan to employ NEMT to address a second SDOH—food insecurity. AmeriHealth Caritas also provides transportation to elective services such as "gym and swim" as a value-added benefit to enhance member fitness and community engagement, and is currently studying the effect this has on member health outcomes and driver retention.

More than half of the survey respondents provide coverage to Medicaid enrollees living in rural areas. NEMT provided in rural communities is more costly than in urban or suburban areas because many rural areas have fewer transportation providers, fewer passengers, and require longer rides. Whereas MCOs operating in urban communities can rely at least in part on public transportation, public transportation is rare in rural areas, requiring MCOs to rely on costlier modes of transportation. One MCO interviewed stated that fewer than 5 percent of their Medicaid members in Virginia had access to public transportation; due to safety concerns, this MCO does not require members to use public transportation when they live more than one-quarter mile away from public transportation.

Some states address NEMT shortages by partnering with transportation network companies (TNC) such as Uber or Lyft. Arizona recently passed a state law to allow TNCs to register as NEMT providers, and Florida and Texas may follow suit. Still, MCOs serving rural areas in Louisiana and Virginia indicated that TNC services are limited and do not yet serve as a comprehensive solution.

The Trump administration has suggested it will reinterpret NEMT regulations, allowing states to decide whether to provide it to Medicaid beneficiaries, and three states – Indiana, Iowa, and Kentucky – have received approval for

section 1115 demonstrations to cease offering NEMT for their Medicaid expansion populations. But when asked what they would do should their states stop paying for NEMT, nearly two-thirds of MCOs indicated they would find a way to continue offering transportation to certain members, even without state reimbursement. In fact, some MCOs in Iowa and Indiana now offer NEMT for their Medicaid expansion members despite their states' waivers and lack of payment to plans. This commitment to providing NEMT highlights its importance to Medicaid beneficiaries. AmeriHealth Caritas Louisiana stated that "there are services that we as a plan add as a value-added benefit because they can lead to better health outcomes overall. We would consider offering NEMT on a limited basis as a value-add because it addresses issues that keep people from getting the right care." Priority Partners in Maryland answered that they would find funding to provide transportation services, stating:

> *Everyone in health care industry, especially in dealing with the Medicaid population, recognizes the barriers that SDOH presents, and transportation is one of them. So should the funding stop, we would continue to provide NEMT because at the end of the day it is about getting these members into care and access to quality care so we would have to do whatever it takes, shifting things, to make sure we can assist as best we can with any barriers our members would encounter.*

CONCLUSION

NEMT is a meaningful benefit to Medicaid beneficiaries and provides value to not only members, but also to the MCOs that serve them. An increased emphasis on SDOH in Medicaid underscores the importance of NEMT, which exists to address one of the primary social determinants of health—lack of reliable transportation. This is why the majority of ACAP plans proactively identify which of their members are in need of the benefit. Medicaid allows states to "carve" NEMT into the MCO contract, allowing the plans to administer it in a way that is financially sound and beneficial to their members. ACAP plans are utilizing a variety of tools to ensure that high-quality transportation services are delivered to Medicaid beneficiaries that need them.

Plans are implementing specific oversight improvement strategies to ensure that the benefit is provided appropriately and cost-effectively. These strategies include new cost-effectiveness modes of transportation such as transportation network companies and quality assurance tools including audits and mystery shopping.

NEMT is a difficult benefit to administer: rides can be missed to due traffic conditions and human error; drivers and riders might not get along; there can be shortages of drivers or appropriate vehicles. In a few states, fraudulent NEMT has been a problem. Despite this, most ACAP member plans find value in providing NEMT. While the evidence-based case for NEMT continues to improve, it remains an understudied part of the health care. Only a fourth of ACAP MCOs have attempted to asses the actuarial benefit of NEMT—there are opportunities to better document NEMT's impact.

The Trump administration has expressed interest in giving states further flexibility to restrict or even eliminate the NEMT benefit for certain Medicaid beneficiaries. As mentioned previously, two states—Indiana and Iowa—have waived the NEMT benefit for their Medicaid expansion populations, and a third, Kentucky, was approved to do so (but has been stayed from implementation because of a lawsuit). But eliminating the NEMT benefit would be detrimental to the overall health of America's most vulnerable populations. Beneficiaries who lack access to reliable

transportation will miss medical appointments, experience disruptions in drug therapies, and risk developing complications. MCOs may also be forced to reduce NEMT – potentially leading to increased medical costs. The policy arguments and business case for curtailing NEMT continue to weaken, and the efforts of health plans to administer this benefit wisely only underscores NEMT's fundamental worth.