Understanding the Role of Non-Emergency Medical Transportation for Medicaid Beneficiaries by Race and Ethnicity

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 transportation managers of NEMT, **Modivcare**, **LLC**, **MTM**, **Inc.**, **and Verida**, **Inc.**, the coalition numbers 26+ organizations including leading patient, provider, and health plan organizations.

Background

Racial and ethnic disparities in access to care are well-documented, and several studies have found that certain racial and ethnic groups are more likely to experience transportation-related barriers to care. However, there are no studies to date examining NEMT's role in overcoming racial and ethnic disparities in access, nor are there studies examining whether racial and ethnic disparities exist in access to NEMT itself. Documenting and reporting differences in how beneficiaries of different race and ethnicity use NEMT are important first steps in understanding this role, identifying opportunities to expand access to NEMT, and ultimately informing policy solutions to address inequities in access to care.

Research Approach

MTAC partnered with the National Opinion Research Center (NORC) to examine 2019 data from the Transformed Statistical Information System (T-MSIS) Analytic File (TAF) on NEMT utilization by race and ethnicity. The study also examines several other enrollee characteristics, including state, rurality, age, eligibility, and certain chronic conditions including end-stage renal disease, opioid use disorder, serious mental illness, and intellectual and developmental disabilities. These findings shed further light – more than any other study to date – on how NEMT serves beneficiaries of different races and ethnicities, including those who have similar health needs or share other characteristics.

Key Research Findings

- Consistent with previous studies, we found that NEMT use was concentrated among a small group of enrollees. We identified about 66 million unique Medicaid and CHIP enrollees, 3.2 million of whom (4.6%) had at least one ride-day. These NEMT riders averaged 20.6 ride-days each during the year.
- For all 32 states and territories included in our analysis, we found that overall, American Indian/Alaska Native (AIAN) enrollees used NEMT at the highest rates. However, there was wide variation by state. We did not find discernable patterns in NEMT use by race and ethnicity that were consistent across all or most states.
- Within each racial and ethnic group, NEMT played a particularly important role for enrollees with specific characteristics or health needs. For example, Hispanic enrollees with OUD used NEMT at a high rate compared to other Hispanic subgroups; and Asian enrollees dually eligible for Medicaid and Medicare used NEMT at a high rate compared to most other Asian subgroups.
- NEMT use was not distributed across racial and ethnic groups equally, or in proportion to their
 enrollment. This indicates that NEMT is not serving beneficiaries of different races and ethnicities
 equally and may suggest a need for focused education about NEMT to certain groups. However, in
 high-need groups each racial and ethnic group used a more proportionate share of NEMT (both in
 terms of riders and ride-days), than in groups with lower needs.

NEMT is an access-to-care enabler for a diverse Medicaid population. These findings add further support to the value of achieving reliable T-MSIS data across all states as no state is the same. They underscore the importance of state and local-level efforts to improve access to care through NEMT. They also underscore the value of examining opportunities to improve access to care for vulnerable subgroups.

Future research should focus not only on identifying differences in NEMT use, but also the root causes of these differences, with an eye towards ultimately ensuring that NEMT is available and accessible to all enrollees who might benefit.