

## Frequently Asked Questions

### What is non-emergency medical transportation?

Non-emergency medical transportation (NEMT) is a mandatory Medicaid benefit that ensures people without access to transportation can travel to necessary health care appointments. NEMT was codified into Section 1902(a)(4) of the Social Security Act by the [Consolidated Appropriations Act, 2021 \(P.L. 116-260\)](#), signed by President Trump on December 27, 2020. This action solidified NEMT's status as a mandatory benefit and provided additional program integrity tools for states, as well as additional transparency and guidance about the benefit. NEMT helps manage the health of these beneficiaries and prevents them from requiring far more expensive forms of care that would likely result if they missed their appointments.

### Which beneficiaries rely on NEMT the most, and for what services?

[Research by MACPAC shows](#) that only about 4-5% of Medicaid beneficiaries use NEMT annually. NEMT is incredibly important for the small percentage of beneficiaries who use it. [The most frequent users](#) of NEMT include beneficiaries with disabilities, dual-eligible beneficiaries, and beneficiaries with certain chronic conditions such as end-stage renal disease (ESRD), intellectual or developmental disabilities, and behavioral health conditions. Additionally, beneficiaries living in rural areas use NEMT more than those in urban areas. Among the most common appointments are dialysis services, treatment services for patients with substance use disorder, visits with primary care physicians or specialists, and chemotherapy or other recurring infusion treatments.

### How much does NEMT cost?

NEMT is a relatively small component of the Medicaid program. In 2018, MACPAC [estimated](#) state and federal spending on NEMT was \$2.6 billion--[less than](#) 1% of Medicaid spending that year--or an average cost of about \$40 per full-year-equivalent (FYE) enrollee. And evidence from MTAC and others shows that NEMT pays for itself because it helps beneficiaries keep appointments, stay adherent to their treatment plans, and avoid costly hospitalizations.

### What safeguards protect NEMT from fraud, waste, and abuse?

According to congressionally required guidance from CMS, States must provide the [least costly but most appropriate method of transportation](#) to eligible beneficiaries. States often [manage program integrity concerns](#) by using broker models, which place the primary responsibility for monitoring and addressing fraud and abuse on Medicaid managed care plans and brokers incentivized to manage the benefit appropriately through capitated payments. Other important measures include proper screening and credentialing for NEMT providers, and the adoption of GPS and live tracking for rides and utilization. States, plans, and brokers continue to innovate with the use of technology tools to curb fraud, waste, and abuse.

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### How would federal Medicaid cuts affect access to NEMT overall?

Medicaid cuts force States to make tough choices about their programs. With less funding, States must reduce spending by either cutting eligibility, cutting benefits, cutting provider payment rates, or some combination thereof. NEMT programs are no exception. Each of these scenarios would result in harmful effects:

- Cutting eligibility: States could be forced to reduce the number of people who would have access to NEMT, a lifesaving and cost savings benefit.
- Cutting benefits: States can still restrict the amount, scope, duration of mandatory benefits like NEMT, and they can impose burdensome hurdles like prior authorization or ride limits, which would hit patients with frequent medical needs in particular (like people in need of dialysis, chemotherapy, or substance use disorder treatment)
- Cutting payment: Cutting provider/driver rates will reduce access to NEMT and lead to longer wait times, especially for people in rural areas—exacerbating NEMT workforce challenges.

### How would Medicaid work requirements affect access to NEMT?

Work requirements could have a harmful effect on access to care for some of the Medicaid beneficiaries who rely on NEMT the most. For example, an individual with ESRD in need of dialysis three times per week, or frequent treatment for opioid use disorder, may not be able to remain employed due to their health conditions, and not all work requirement proposals have clearly delineated exemptions for people with serious health conditions that render them unable to work. In fact, NEMT itself supports employment by allowing beneficiaries to attend appointments and services they need to remain as healthy as possible and continue working, and by allowing [caregivers](#) to continue to work rather than having to take time off to transport loved ones to appointments.

### Why is it so important to preserve NEMT?

Reliable transportation prevents missed appointments, reduces costly emergency department visits and hospitalizations, and improves health care provider efficiency. In 2017, according to a national survey, 5.8 million Americans [delayed](#) medical care due to transportation barriers, driving up costs and worsening health outcomes. NEMT ensures that Medicaid beneficiaries can get to appointments, stay healthy, and remain employed. NEMT is a critical service that should remain in the Medicaid program nationwide, across all eligibility groups.