August 4, 2019

Judith Cash, Director of the State Demonstrations Group (SDG)
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Iowa Wellness Plan Extension Request (Project Number 11-W00289/5)

Dear Ms. Cash:

The Community Transportation Association of America (CTAA) – representing more than 3,000 members and affiliates committed to improving mobility options across the nation – hereby submits the following comments in response to the Iowa Wellness Plan (IWP) Extension Request, particularly Iowa’s request to extend the waiver of non-emergency medical transportation (NEMT) included within the IWP demonstration.

Throughout the United States, CTAA and its members dedicate their efforts to ensuring that all Americans, regardless of age, ability, geography or income, have access to safe, affordable and reliable transportation. Our members provide essential services to individuals trying to access health care services, including to seniors, people with disabilities, as well as the general public.

As discussed further below, we specifically ask CMS to not approve the continuation of the NEMT waiver in light of a myriad set of issues plaguing this aspect of the demonstration project: most notably, from the perspective of NEMT providers, NEMT waiver’s adverse effects on continued public transportation for the state and access to care.

Across the health care sector today, medical professionals and administrators are explicitly and emphatically recognizing that transportation access is a key social determinant of health that impacts not only patient outcomes, but also the ability of health care providers to deliver the highest quality of care in the most efficient setting possible. The lack of available transportation is one of the leading barriers to accessing health care in the primary care setting, which often leads to a lack of preventive care, and sometimes a concomitant overuse of emergency services
when health conditions become acute. Given this, payers in both government programs and the private sector are increasingly providing transportation for enrollees as an additional (voluntary) benefit. This is a particularly growing market trend for the most vulnerable plan members, such as enrollees with common chronic conditions or those with no other reliable, safe, and affordable means to obtain care.

In the Medicare Advantage program, CMS has promoted NEMT as a supplemental benefit, and partially due to this, NEMT is being offered in 25% more plans in 2019 than in 2018. ¹ We applaud Secretary Azar’s and the Departments work towards identifying ways to finance transportation services across the different CMS programs to achieve better health outcomes for both beneficiaries and the system as a whole. We ask that CMS seek consistency on this issues by restoring transportation to the IWP population.

We also wish to draw CMS’s attention to a lesser known but important systemic harm caused by this NEMT waiver that has not been considered adequately to date – specifically, Medicaid NEMT co-mingles at the community level with other local transportation services. The co-dependency between NEMT and these other transportation services underscores the need for Medicaid NEMT in assuring reliable transportation infrastructure for all Iowans, including the most acute and those in rural areas.

The coordinated approach to community mobility — one fully supported by recent presidential administrations going back more than 20 years — allows Medicaid to benefit from community-based mobility at a fraction of actual costs. These trips often actually save Medicaid funding by reducing appointment no-shows, hospital readmissions and streamlining patient discharge. With key health care challenges, like diabetes and opioid treatment and recovery, at the forefront of public health officials’ agenda, removing Medicaid NEMT from the coordinated transportation model would have unknown consequences on the community’s health and well-being, by limiting access to SDOH related-destinations and services.

In Iowa, state-reimbursed NEMT is provided by community transportation organizations through three NEMT brokers that contract with MCOs. In practice, Medicaid NEMT riders often fill seats on fixed bus and van routes where they mix with other non-Medicaid reimbursed riders. If NEMT riders were not on these routes, several of the vehicles serving these routes would be financially untenable. Medicaid NEMT generates 30% of these groups’ ridership from Medicaid which accounts for 32% of all revenue.

Further, per Iowa law, community transportation organizations draw upon transportation funds from the state based upon the number of rides provided. This occurs based on a funding formula that allocates funds without making a distinction between type of ride. So, importantly, any loss of NEMT riders, as experienced by the Iowa waiver, not only results in lost funds from

the Medicaid program, but also lessens the ability to draw funds from the state’s Department of Transportation.

The loss of Medicaid NEMT rides reduces the routes, work force, and vehicle fleets that provide non-Medicaid rides for other vulnerable populations such as people with physical disabilities, developmental disabilities, and the elderly. For example, River Bend estimated that it would need to cut its 72-vehicle fleet in half if NEMT funding were no longer available. Simpco suggested it would have to eliminate individual trips and might need to provide only fixed route transportation. Both organizations noted cuts in their services since the waiver was implemented. For example, Simpco experienced 20,000 less rides when Medicaid NEMT benefits were cut. This NEMT waiver therefore creates a dangerous precedent by putting at risk non-medical community transportation services across the state. We are concerned that the impact of the NEMT waiver on important community services outside of Medicaid has apparently not been considered.

We, as a national membership association with 36 members and affiliates in the state of Iowa, oppose the extension of the Iowa Wellness Plan (IWP) waiver because it denies non-emergency medical transportation (NEMT), a mandatory and modern benefit, for the Medicaid expansion population, and it has negative impacts for the wider community as it harms community transit providers and community members in Iowa by reducing routes, work force, and vehicle fleets that provide non-Medicaid rides for other vulnerable populations such as people with physical disabilities, developmental disabilities, and the elderly.

We appreciate your thoughtful consideration of this letter as part of the administrative record. If you have questions, please contact bogren@ctaa.org.

Sincerely,

Scott Bogren
Executive Director
Community Transportation Association of America