

Recent Research on Non-Emergency Medical Transportation

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About Faegre Drinker

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In that capacity, Faegre Drinker staffs the Medical Transportation Access Coalition (MTAC)

Note: The content of this presentation is intended for information only and is not to be considered legal advice.



About MTAC

The Medical Transportation Access Coalition (MTAC) was formed in 2017 to educate federal and state policymakers and other stakeholders about the benefits of medical transportation and the need for policies that support continued access to these services



Overview of NEMT



Background on NEMT

- NEMT is a mandatory Medicaid benefit created to help beneficiaries access medically necessary services
 - Deeply rooted in Medicaid since the program's founding
- Initially described in regulation as an administrative requirement, added to statute through the Consolidated Appropriations Act of 2021 (P.L. 116-260)
 - Efforts to loosen NEMT requirements via administrative action during the Trump administration
- States have flexibility to administer their NEMT programs within broad federal parameters
- Within Medicaid, NEMT is generally available to all full-benefit enrollees, and can only be used to access medical and pharmacy services
 - Beneficiaries receiving Medicaid home- and community-based services (HCBS) may receive additional transportation benefits (including non-medical)
 - Managed care plans, providers, etc. may also offer additional transportation

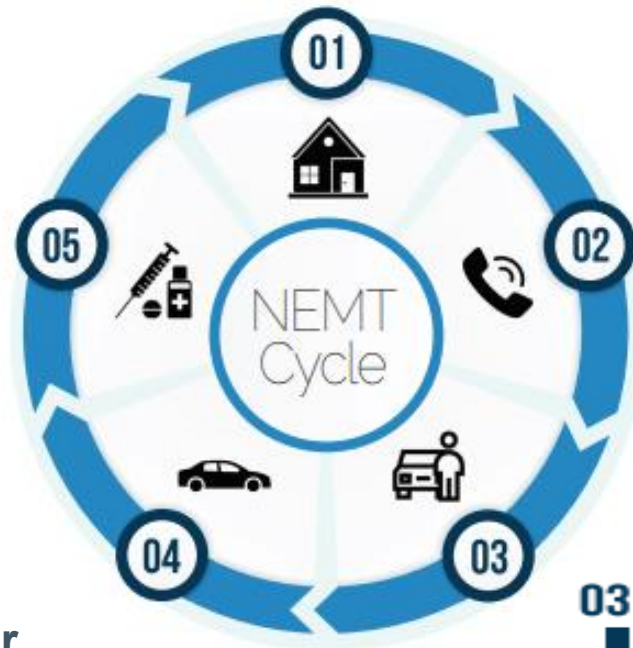


01 Medicaid beneficiary requests a ride

Lacking transportation, Medicaid beneficiary (or caretaker) requests a ride to a medical appointment

02 MCO/Broker confirms eligibility and assigns transport

- Confirms eligibility of beneficiary and validates medical needs.
- Matches beneficiary to most appropriate transit mode
- Maintains qualified network of transit providers
- Coordinates rides and ensures trips are to eligible site
- Assures ride quality and prevents fraud and abuse
- In a few cases, state or county performs these steps (rather than MCO or broker)



05 Additional transportation for prescriptions or medical equipment

If medically necessary, pick up prescription drugs or medical equipment at pharmacy or other provider to foster treatment adherence

04 Ride to health care provider

NEMT rides can be for any Medicaid covered service but are most commonly used for behavioral health, dialysis, or preventive health services

03 Transportation provider dispatched

- Responsible for transporting beneficiary to and from medical appointment
- Drivers and equipment certified by brokers
- Specially trained drivers for higher-acuity beneficiaries

Note: This infographic describes the most common Medicaid NEMT delivery cycle. But there are many variations on this cycle across different Medicaid programs.

How Do Transportation Benefits Work in Other Health Coverage Programs?

Medicare

- Traditional Medicare covers non-emergency transportation in limited circumstances
- Over the last several years, Medicare Advantage plans have increasingly offered transportation benefits to members through uniform flexibility and Special Supplemental Benefits for the Chronically Ill (SSBCI)
 - E.g., 2,648 MA plans are offering supplemental transportation benefits in 2022, compared with 957 in 2018
- Unlike in Medicaid, MA plans are not required to offer these benefits, and they are permitted to target the benefits to certain groups of enrollees

Other Programs

- Some commercial plans, and other risk-bearing entities (e.g., accountable care organizations (ACOs)) also provide transportation benefits

2021 MACPAC Report

Mandated Report on Non-Emergency Medical Transportation



Study Overview

- Senate Appropriations Committee report language for fiscal year (FY) 2020 directed MACPAC to “...examine, to the extent data are available, the benefits of NEMT from State Medicaid programs on Medicaid beneficiaries, including beneficiaries with chronic diseases including ESRD, substance abuse disorders, pregnant mothers, and patients living in remote, rural areas, and to examine the benefits of improving local coordination of NEMT with public transportation and other Federally assisted transportation services...”
- Directed the U.S. Department of Health and Human Services (HHS) to take no regulatory action on availability of NEMT until completion of MACPAC study
- NEMT codified in statute prior to completion of MACPAC study
- Study conducted over 18 months, comprised of multiple qualitative elements (environmental scan, structured interviews, beneficiary focus groups), analysis of survey and administrative data)
- Final report, “[Mandated Report on Non- Emergency Medical Transportation](#)” published June 2021
 - Accompanied by separate report summarizing findings from beneficiary focus groups, “[Understanding the Value of the Medicaid Non-Emergency Medical Transportation Benefit](#)”



Transportation Barriers among Medicaid Beneficiaries

- Examined National Health Interview Survey data for 2018
- 2.5 million beneficiaries (5.2 percent) reported delaying care due to transportation in 2018
- Almost all (98 percent) had basic action difficulty or complex activity limitations; about three-quarters diagnosed with chronic conditions
- Black, non-Hispanic Medicaid beneficiaries were significantly more likely to report delaying care than white, non-Hispanic beneficiaries
- Beneficiaries with incomes <100% FPL were significantly more likely to report delaying care



Overview of NEMT Use and Spending

- Over 60 million NEMT ride-days in FY 2018 (i.e., days in which a beneficiary had an NEMT ride)
- State and federal NEMT spending was \$2.6 billion, or \$40 per Medicaid enrollee
 - Excludes managed care payments
- 3.2 million beneficiaries (about 4.8 percent of beneficiaries) used NEMT
 - Averaged 19 ride-days
- Share of NEMT users is small, but NEMT is critically important for those beneficiaries
 - Focus group participants said it is essential to maintaining their health
 - Small share may be due to low unmet need for transportation, low awareness of benefit

Characteristics of Beneficiaries Using NEMT, FY 2018

- The most frequent users of NEMT were
 - eligible on the basis of disability or age
 - dually eligible
- Least frequent users were children, pregnant women, and adults age 19 – 64 not eligible on basis of disability
- No notable difference between new adult group and other adults, or urban/rural

Characteristic	Total number of ride-days	Total number of NEMT users	NEMT users as a percentage of FYE	Ride-days per FYE	Ride-days per NEMT user
Overall	61,500,628	3,233,313	4.8%	0.9	19.0
Basis of eligibility					
Children	3,426,029	473,419	1.6	0.1	7.2
Aged	14,642,824	713,242	13.5	2.8	20.5
Disabled	31,889,094	1,308,047	15.3	3.7	24.4
Pregnant women ¹	234,774	25,732	3.0	0.3	9.1
New adult group ²	7,213,327	433,446	3.0	0.5	16.6
Other adults ³	4,094,580	279,428	3.1	0.5	14.7
Dually eligible status					
Dually eligible ⁴	29,887,916	1,240,528	14.9	3.6	24.1
Medicaid only	31,612,712	1,992,785	3.4	0.5	15.9
Urban or rural					
Urban	51,143,758	2,577,265	4.7	0.9	19.8
Rural	10,252,554	649,847	5.6	0.9	15.8

Source: Medicaid and CHIP Payment and Access Commission, 2021

Notes: FYE is full-year equivalent enrollee. ¹Term used in the statute and regulations. ²Includes both newly eligible and not newly eligible adults eligible under Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act.

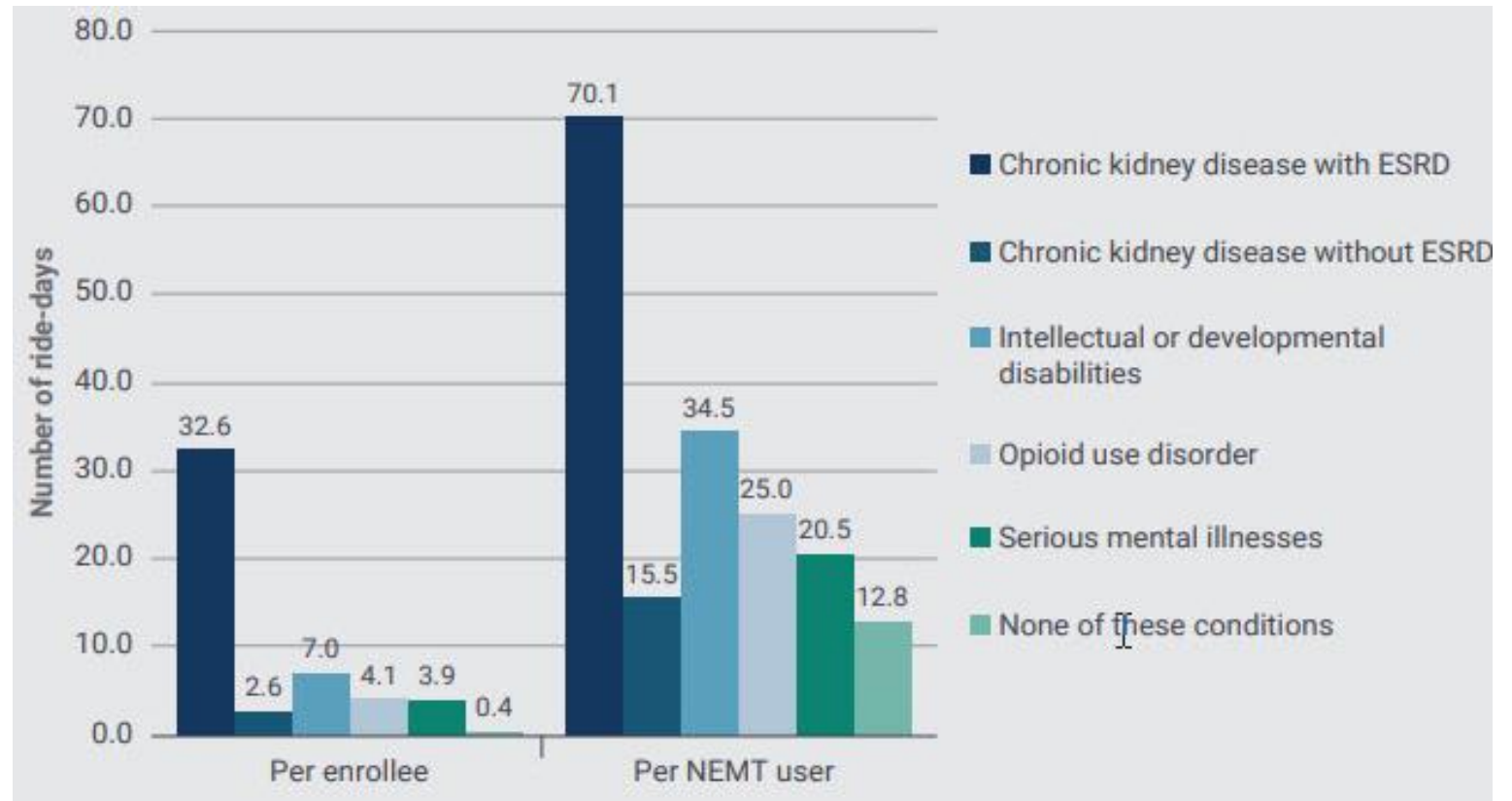
³Includes adults under age 65 who qualify through a pathway other than disability or the new adult group.

⁴Includes only individuals eligible for full Medicaid benefits.



NEMT Use by Selected Diagnoses, FY 2018

- Of the diagnoses examined, beneficiaries with ESRD used NEMT most frequently
- Those with intellectual or developmental disabilities, opioid use disorder, and serious mental illness also used NEMT more frequently than those without any of these conditions



Source: Medicaid and CHIP Payment and Access Commission, 2021

Notes: ESRD is end-stage renal disease. The algorithm used to identify people with opioid use disorder (OUD) within T-MSIS does not include methadone treatment, therefore, estimates for NEMT utilization by diagnoses are likely undercounting beneficiaries with OUD



Other Key Findings (1st of 2)

- **Program integrity:** State Medicaid officials were not particularly concerned about FWA in NEMT (i.e., no more concerned than for other services)
 - New technologies, shift towards brokers and MCOs have strengthened program integrity in NEMT
 - GAO report coming by December 2022; possible updates to CMS guidance
- **Coordination:** Federal policy encourages coordination between transportation programs, but in general, NEMT is not well coordinated
 - Challenges to coordination include different operational considerations and eligibility requirements across programs, strict Medicaid payment policies, lack of engagement between administrators of different programs
 - Despite a general lack of coordination, NEMT and community transportation services are intertwined (see 2020 CTAA/MTAC report: [*The Hidden Risk of Cutting Medicaid NEMT: An Examination of Transportation Service Interdependency at the Community Level*](#))

Other Key Findings (2nd of 2)

- **Transportation network companies (TNCs):** growing use of TNCs in NEMT is generally viewed by stakeholders as a positive development; some concerns related to screening, matching beneficiaries appropriately
- **NEMT program performance:** Performance varies across and within states. For example, beneficiaries report concerns such as late pickups, ill-equipped vehicles, long call center wait times, and policies they view as unworkable or unfair
 - Interviewees noted importance of robust stakeholder engagement mechanisms
- **NEMT program improvement:** States and other entities that administer NEMT benefits are working to improve program administration, program integrity, and beneficiary experience
 - e.g., through wider use of advanced GPS tracking, more sophisticated scheduling/dispatching methods, NEMT driver trainings, meeting special needs of beneficiaries

Role of NEMT

- Extremely important for beneficiary health
 - Also important for beneficiaries and their families to have functional, productive lives
- Evidence that NEMT produces cost savings to states and the federal government
 - Studies identifying ROI, increased coverage in Medicare Advantage and other payers
- Likely to continue to play an important role in ensuring access to care despite initial drop-off in volume after pandemic onset and increased availability of telehealth



Discussion

- Limitations include lack of generalizability, anonymous and non-representative nature of survey
- Even so, two study components represent most complete analyses to date on the specific research questions
- Diversity of permissible sites for non-medical transportation suggests that a good deal of trial and error is occurring among organizations seeking to meet the SDOH needs of the beneficiaries they serve
- Consensus or best practices may develop over time
- If non-medical transportation improves the health and well-being of Americans, policymakers should consider the case for financing comprehensive, appropriate transportation based on medical and social needs



MTAC Socioeconomic Data Study Results

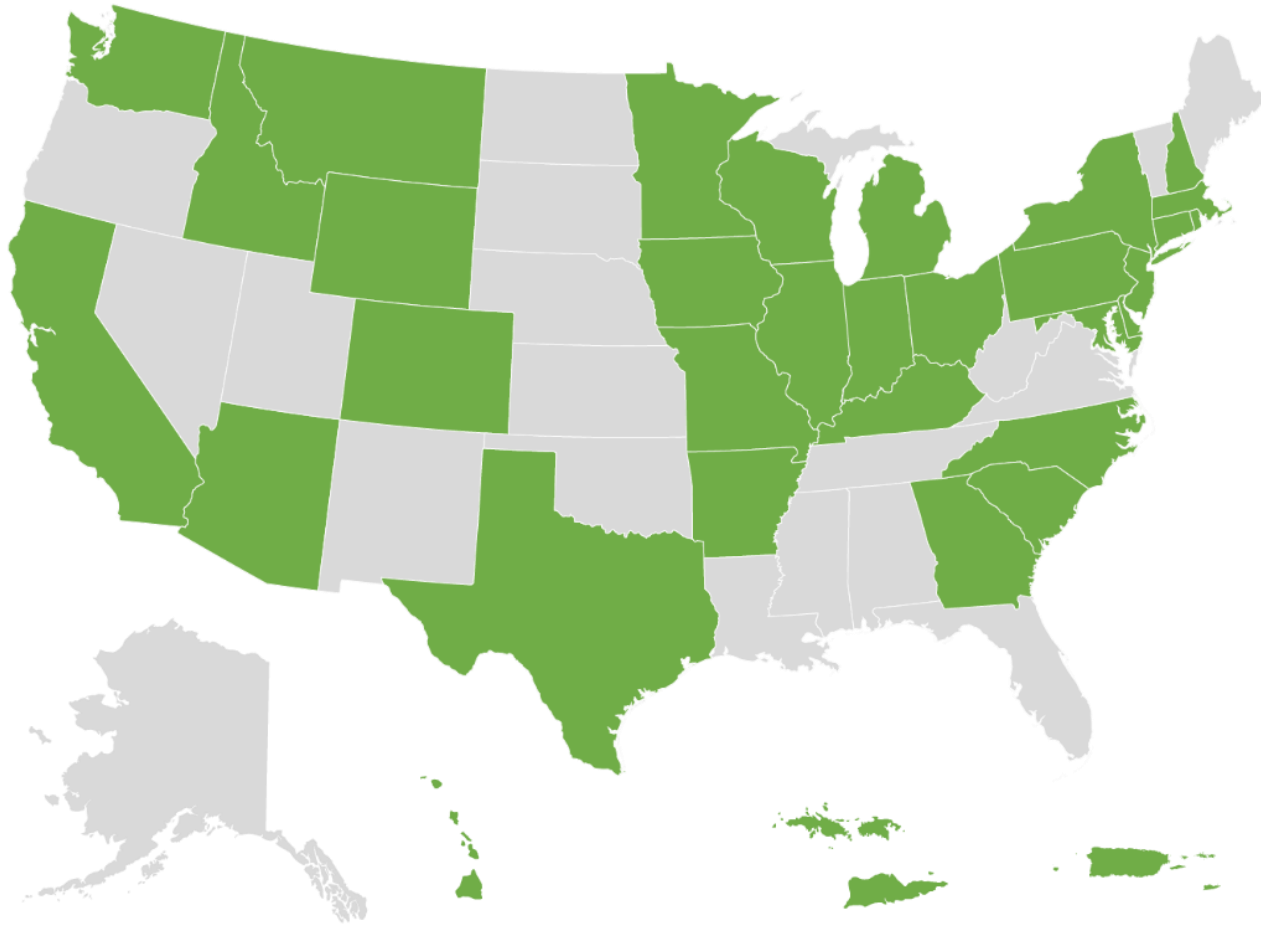


Purpose

- Builds on prior studies (MACPAC + CMS) to better understand the role NEMT plays for beneficiaries of different races and ethnicities
- NEMT has been identified as an important facilitator of access for Medicaid beneficiaries
- No studies to date have examined NEMT's role in access to care for beneficiaries of different races and ethnicities
- Documenting the extent to which NEMT serves beneficiaries of different racial and ethnic groups is an important step to understanding this role



Approach



- MTAC partnered with the National Opinion Research Center (NORC) to examine 2019 Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF)
- Used data from 32 states and the District of Columbia; other states excluded due to various data quality (DQ) issues

NEMT Utilization at a Glance

Findings align with those from other studies

- Minor differences due to differences in methodology and data year
- Detailed methodology and limitations to be published in final report

Across the 32 states and territories included in our analysis, we identified

- 70.2 million Medicaid and CHIP enrollees
- 3.2 million individual NEMT riders (4.6% of enrollees included in the analysis)
- 66 million ride-days
 - 1.2 ride-days per full-year equivalent enrollee (FYE)
 - 20.6 ride-days per NEMT rider

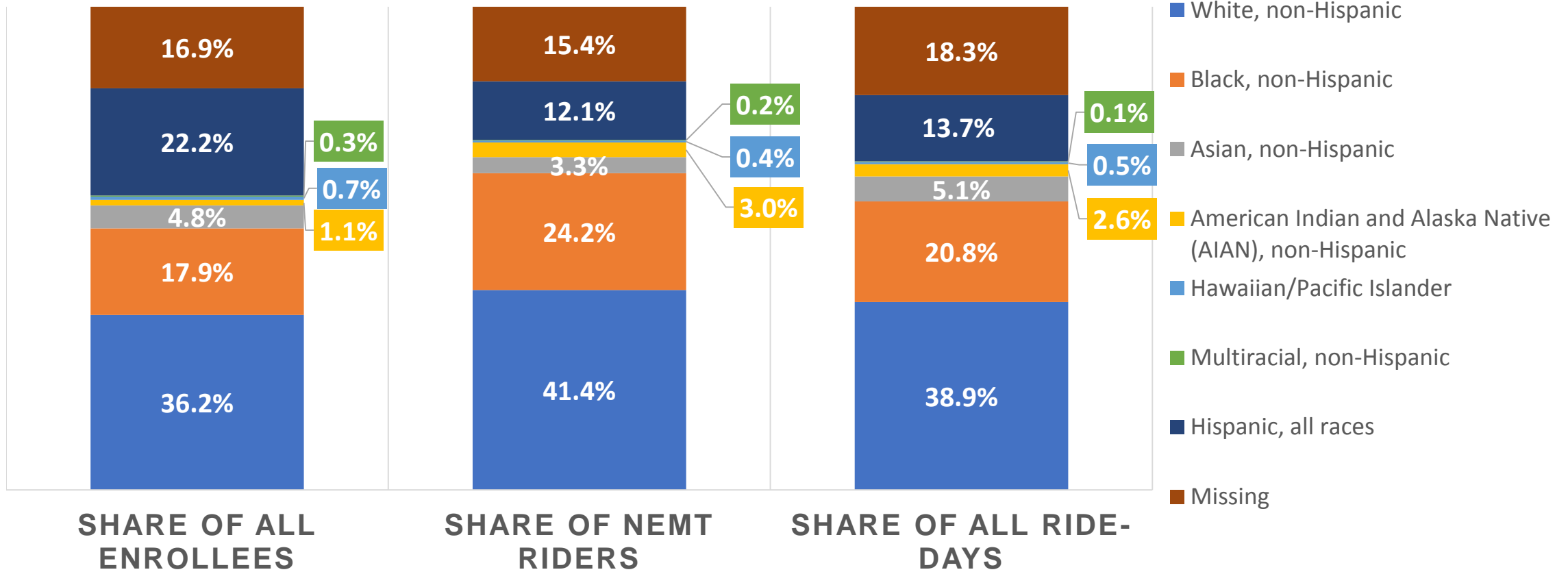


NEMT by Race and Ethnicity

Race/Ethnicity	NEMT Ride-Days	Total Riders	Riders as a Share of Enrollees	Ride-Days Per FYE	Ride-Days Per Rider
Total	65,985,847	3,154,194	4.81%	1.19	20.92
White, non-Hispanic	25,652,347	1,305,442	5.50%	1.27	19.65
Black, non-Hispanic	13,753,513	762,478	6.48%	1.36	18.04
Asian, non-Hispanic	3,395,299	103,716	3.32%	1.26	32.74
American Indian and Alaska Native (AIAN), non-Hispanic	1,692,493	96,027	13.30%	2.73	17.63
Hawaiian/Pacific Islander	298,824	12,804	2.87%	0.80	23.34
Multiracial, non-Hispanic	74,725	5,100	2.98%	0.51	14.65
Hispanic, all races	9,047,057	382,017	2.63%	0.71	23.68
Missing	12,071,589	486,610	4.30%	1.37	24.81



Share of Enrollment Compared to Share of NEMT Use



State Variation

Trends in NEMT use by race and ethnicity are not consistent across states

Example: Overall, White, non-Hispanic enrollees and Black, non-Hispanic enrollees had a similar number of ride-days per rider (19.6 and 18.0), but no discernable patterns across states

- IA: 50.5 ride-days per rider vs. 31.8
- NY: 51.7 vs. 56.7

Example: Overall, AIAN enrollees were most likely to have used NEMT (13.3%) – high share held true in many, but not all states

- IL: AIANs were one of the least likely groups to use NEMT (2.2%) compared to 4.3% across all racial and ethnic groups in the state

Subgroup Analysis: Rurality

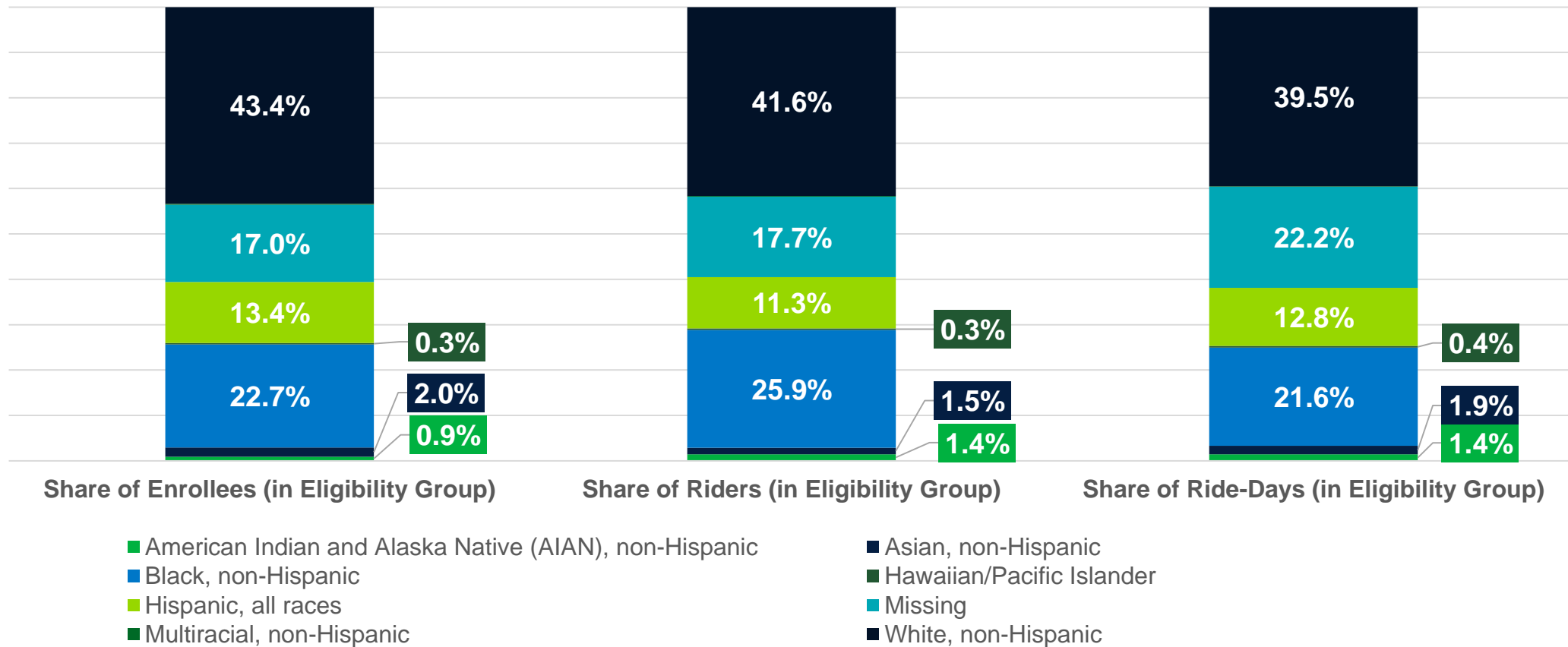
	Riders as a Share of Enrollees		Ride Days per FYE		Ride Days per Rider	
	Rural	Urban	Rural	Urban	Rural	Urban
All	5.7%	4.7%	1.08	1.21	16.30	21.93
American Indian and Alaska Native (AIAN), non-Hispanic	17.5%	9.8%	3.25	2.27	16.17	19.75
Asian, non-Hispanic	3.7%	3.3%	0.56	1.28	12.96	33.41
Black, non-Hispanic	7.7%	6.4%	1.44	1.36	16.42	18.18
Hawaiian/Pacific Islander	5.3%	2.7%	0.67	0.85	11.04	26.59
Hispanic, all races	2.6%	2.0%	0.64	0.72	21.18	23.91
Missing	5.5%	4.3%	1.30	1.38	19.34	25.99
Multiracial, non-Hispanic	4.9%	2.4%	0.59	0.50	10.68	17.04
White, non-Hispanic	5.4%	5.5%	0.97	1.38	15.31	21.12



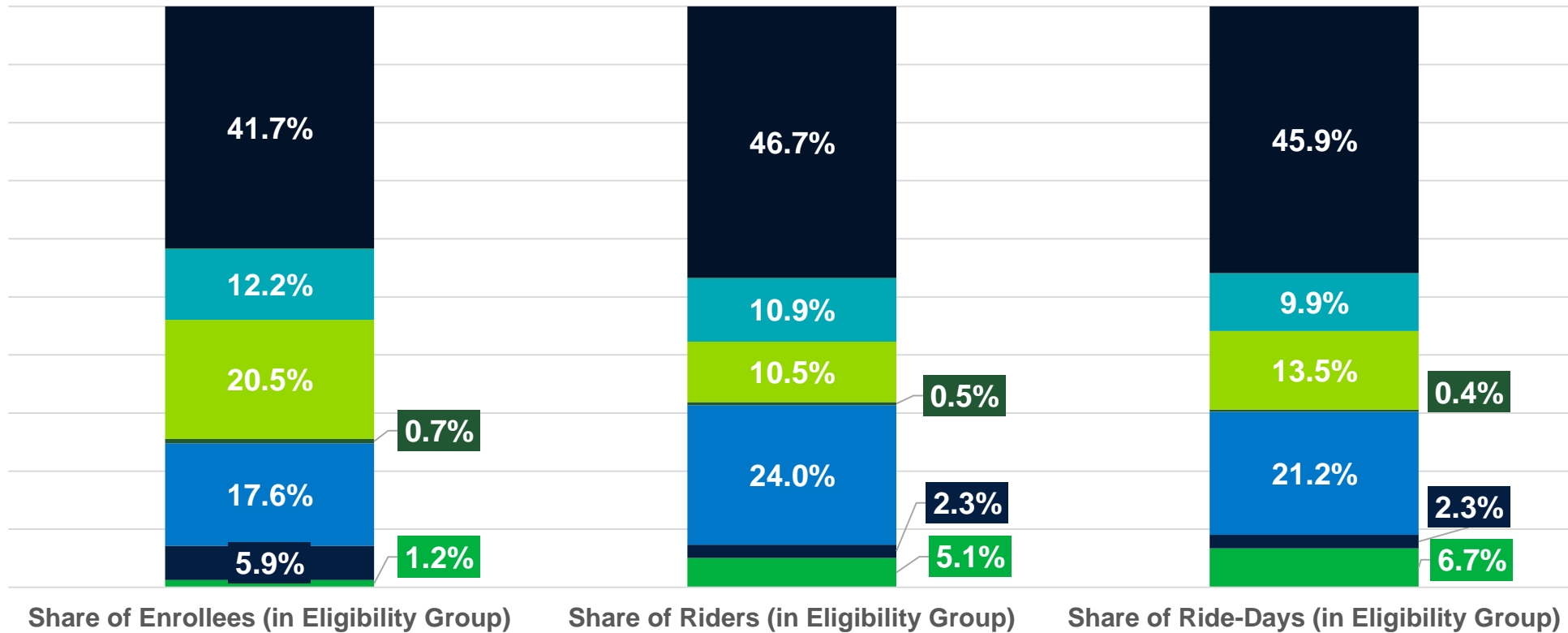
Subgroup Analysis: Eligibility Group

- Some racial and ethnic groups (e.g., white non-Hispanic and Black, non-Hispanic) use NEMT at a disproportionately high rate
- This pattern does not hold true across all eligibility groups
- Among aged and disabled eligibility groups, NEMT use among different race and ethnicity groups was more proportionate to enrollment
- Among children, new adult group, and other adults, NEMT is less proportionate to enrollment

Share of Enrollment Compared to Share of NEMT Use (Eligible on the Basis of Disability)



Share of Enrollment Compared to Share of NEMT Use (New Adult Group)



Additional Key Findings – 1st of 2

NEMT use was higher (in terms of rate of use and frequency of use) among groups that tend to have higher, more complex health needs and a more frequent need for medical care

- Enrollees on the basis of age, disability, and those dually eligible for Medicare and Medicaid
- Enrollees with certain chronic conditions: end-stage renal disease (ESRD), opioid use disorder (OUD), serious mental illness (SMI), intellectual and developmental disabilities (ID/DD)

Across racial and ethnic groups, the enrollee characteristic that drove the most NEMT use was ESRD

- Of those with ESRD, over half (51%) had at least one ride-day
- Rate ranged from 40% (Multiracial enrollees) to 63% among AIAN enrollees

Additional Key Findings – 2nd of 2

There was wide variation by state and subgroup in how beneficiaries of different racial and ethnic groups used NEMT

- E.g., no clear discernable pattern in NEMT use by race/ethnicity present in all or most states
- E.g., NEMT stood out as particularly important for enrollees of certain racial and ethnic groups belonging to certain subgroups
- Emphasizes the importance of examining individual states and subgroups of different beneficiaries to understand patterns or access gaps in NEMT use

In general, the extent to which NEMT served enrollees of each racial group in proportion to their enrollment share was greater for groups with higher, more complex health needs

- E.g., people with ESRD, OUD, eligible on basis of disability, age, dual eligibility
- When NEMT use is less concentrated, NEMT reaches higher share of population, which in turn, results in a ridership that more closely reflects the population

Considerations for NEMT Stakeholders and Policymakers

Considerations for NEMT providers may include:

- What is needed to ensure adequate NEMT provider workforce in underserved areas and communities (e.g., contracts with appropriate incentives?)
- Opportunities to promote diversity within NEMT provider workforce
- Opportunities to consider cultural competence in the way NEMT is provided

Considerations for policymakers may include

- Whether findings indicate need to improve access to NEMT for certain beneficiaries or in certain states
- Whether findings indicate examples of states or groups that have exemplary access to NEMT

Areas for future research may include:

- Qualitative research into why certain states or communities have better access to or higher use of NEMT
- Ways to improve uptake of NEMT among vulnerable populations who may benefit from these services but are currently using NEMT at low rates
- Need for better collection and reporting of race and ethnicity data



Questions?



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