

ISSUE BRIEF
July 2018

**Non-Emergency
Medical Transportation:**
PAST, PRESENT, AND FUTURE OF A CRITICAL SERVICE

**PART I:
An Introduction to Non-Emergency Medical Transportation**

GO₂ FOUNDATION FOR LUNG CANCER | **CHLPI** | **STONUNIVANT**

ISSUE BRIEF
August 2018

**Non-Emergency
Medical Transportation:**
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**PART II:
CURRENT TRENDS IN NON-EMERGENCY
MEDICAL TRANSPORTATION**

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**PART III:
NON-EMERGENCY MEDICAL TRANSPORTATION
AND 1115 WAIVERS – A TOOLKIT**

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ISSUE BRIEF
April 2018

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**PART IV:
TRANSPORTATION AND THE
BROADER POLICY LANDSCAPE**

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OVERVIEW

- 1. Introduction to NEMT**
- 2. Current trends and challenges in NEMT**
- 3. Current threats to NEMT**
- 4. Innovating to Address Challenges in NEMT**

OVERVIEW

1. Introduction to NEMT



TRANSPORTATION IN MEDICAID - NEMT



President Lyndon Johnson signs the Medicare/Medicaid Bill at the Harry S. Truman Library and Museum in Independence, Missouri. LBJ Library photo by unknown, 34897-22. Taken July 30, 1965.

Legal Landscape

Federal

- **Mandatory** benefit under longstanding regulation

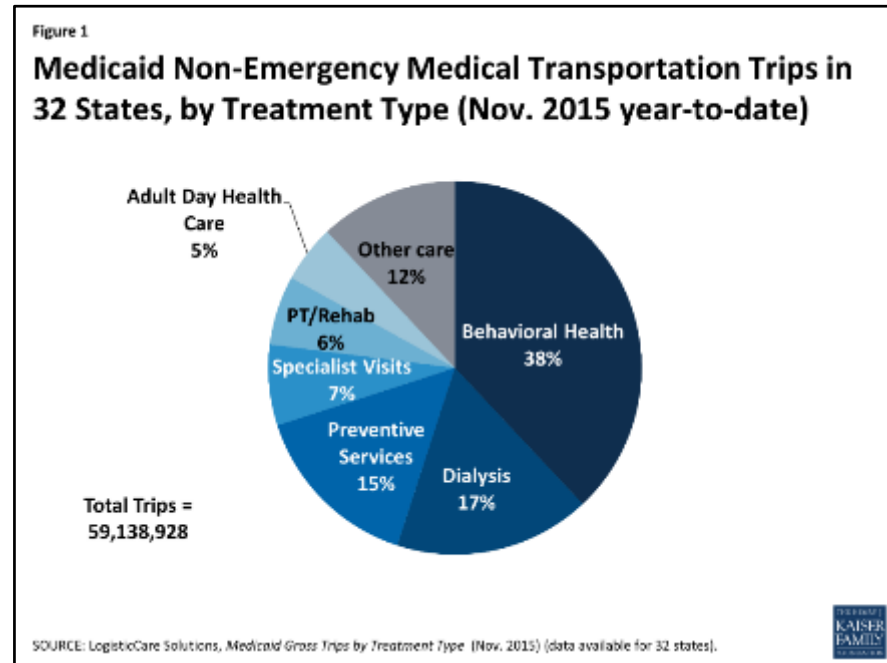
State

- **Administration of NEMT**
 - Limiting
 - Managing

IMPACT OF TRANSPORTATION

Impact on Care

- **Routine** and **preventive** care
- **Chronic conditions**
 - Ongoing management
 - Screening and diagnosis



IMPACT OF TRANSPORTATION

Impact on Cost

- NEMT is a **cost-effective** or **cost-saving** approach to improving patient care
- **Chronic conditions**
 - Preventing late, high-cost interventions
 - Ex: providing NEMT to patients with asthma could result in **cost savings** of **\$333** per patient per year
- **Preventive care**
 - Decreased incidence of high-cost chronic conditions

OVERVIEW

2. Current trends and challenges in NEMT



TRENDS IN NEMT DELIVERY

State models

- **Fee-for-Service:** contract with independent transportation provider to provide NEMT at set reimbursement rate
- **Managed Care:** contract and delegate administration of NEMT to managed care organizations (MCOs)
- **Public Transit:** patients receive voucher or reimbursement for using public transportation to reach appointments
- **Brokerage Model:** contract with private companies or state agencies to manage NEMT services

ONGOING CHALLENGES

Challenges

- **Customer Service**
 - Scheduling
 - Access
 - Driver quality
 - Program restrictions
- **Fraud and Abuse**
 - Data Collection
 - Oversight

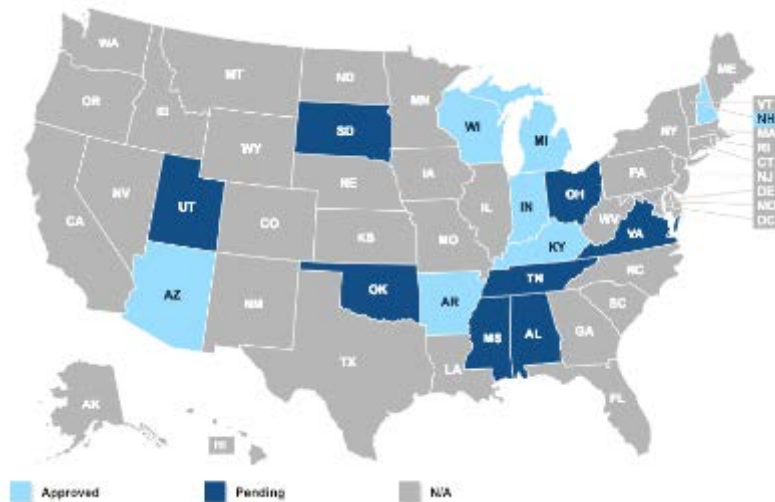


OVERVIEW

3. Current threats to NEMT



SECTION 1115 WAIVER



Source: Kaiser Family Foundation, State Health Facts, Work Requirements, *Approved Section 1115 Medicaid Waivers and Pending Section 1115 Medicaid Waivers*, March 1, 2019.

Historical use

- Expansion of access to Medicaid

Current trends in use

- Restriction of access to Medicaid
 - Work Requirements
 - Lock-outs
 - **NEMT**

MANDATORY TO OPTIONAL BENEFIT

Trump Administration

- Plans to change NEMT from a mandatory to **optional** benefit
 - Proposed Rule originally anticipated **May 2019**
 - Recently pushed back to **December 2021**

The screenshot shows the Reginfo.gov website interface. At the top, there is a navigation bar with the text "OFFICE of INFORMATION and REGULATORY AFFAIRS" and "OFFICE of MANAGEMENT and BUDGET" under the "Executive Order of the President". The Reginfo.gov logo is prominent. On the right, there are links for "U.S. General Services Administration" and "GSA". Below the navigation bar, there are links for "Home", "United Agenda", "Regulatory Review", "Information Collection Review", "FAQs / Resources", and "Contact Us". A search bar is also present.

The main content area is titled "View Rule" and displays information for a specific rule:

- View EO 12866 Meetings** (with links for "Printer-Friendly Version" and "Download RIN Data In XML")
- HHS/CMS** (with **RIN: 0533-A101** and **Publication ID: Spring 2019**)
- Title:** Non-Emergency Medical Transportation in Medicaid (2015-2431-17)
- Abstract:** The proposal will reexamine current regulations under which States are required to secure NEMT for all Medicaid beneficiaries when they have no other means of accessing medical services. The goal of this proposed rule is to provide States with greater flexibility as part of the administration's reform initiatives.
- Agency:** Department of Health and Human Services (HHS)
- Priority:** Other Significant
- HN Status:** Privately published in the United Agenda
- Agency Stage of Making:** Long-term Action
- Major:** No
- Unfunded Mandates:** No
- EO 13771 Designation:** Not subject to, not significant
- CFR Citation:** [42 CFR 438](#)
- Legal Authority:** [42 U.S.C. 1396p\(a\)\(1\)](#)
- Legal Question:** None

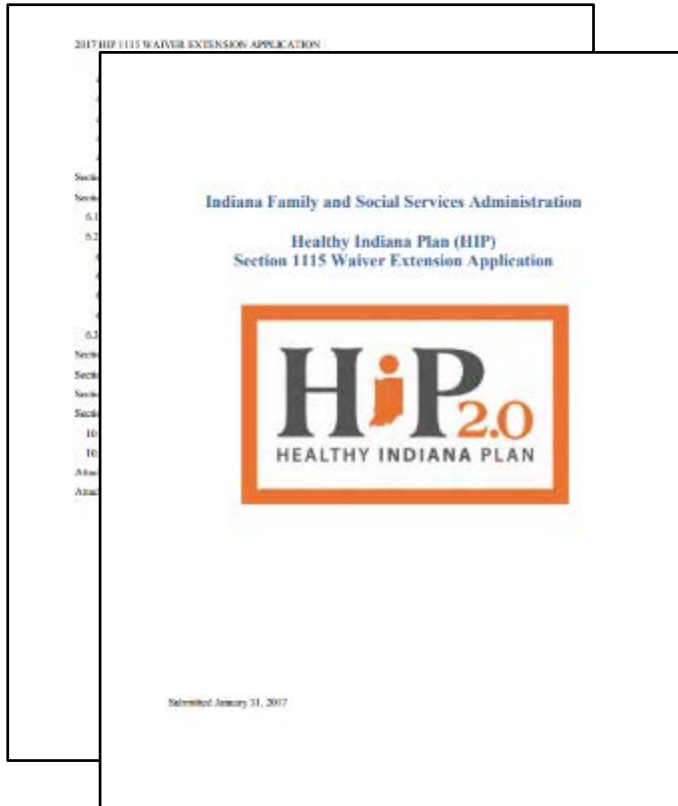
Below the abstract, there is a table with the following structure:

Timeline	Action	Date	FR Cit
	NEMT	12/1/2021	

Additional information at the bottom of the page includes:

- Regulatory Flexibility Analysis Required:** No
- Federalism:** No
- Included in the Regulatory Plan:** No
- HN Data Printed in the FR:** No
- Agency Contact:** [Walter Jones](#), Director, Division of Benefits and Coverage, Department of Health and Human Services
- Government Levels Affected:** Federal, State

OPPORTUNITIES FOR RESPONSE



Public Hearings

- State-level

Written Comments

- State level
- Federal level

OVERVIEW

4. Innovating to Address Challenges



STATE INNOVATIONS

State Innovations

- **Policy approaches**
 - Capitated payment model
 - Contract design
 - Expanding driver networks
- **Transportation Network Companies (TNC)**
- **State Coordinating Councils**



ADDITIONAL OPTIONS

Other Transportation Coverage

- **Medicaid 1115 Waivers**
- **Medicare**
 - **Original:** Ambulance Services, New ET3 Pilot
 - **Medicare Advantage:** Transportation as a Supplemental Benefit
- **Health Care Providers**
 - New flexibility under federal laws

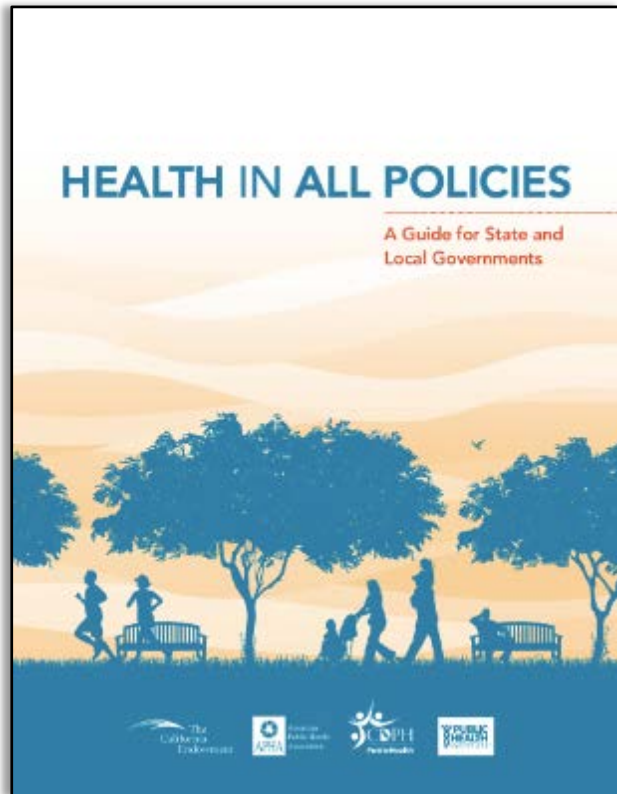
Volunteer Transportation Networks

- **Example:** *A Breath of Hope Lung Foundation*

INNOVATIVE STRATEGIES

Health in All Policies

- Promote health, equity, and sustainability
- Support intersectoral collaboration
- Benefit multiple partners
- Engage stakeholders
- Create structural or procedural change



Source: APHA

INNOVATIVE STRATEGIES

Telehealth

- Communication and information technologies used to support **long-distance health care**
 - Reduce the need for **travel**
 - **Increase capacity** of local care providers
 - **Example:** *University of Hawai'i*



Source: Getty Images

INNOVATIVE STRATEGIES

Community Health Workers (CHWs)

- Trained staff who bridge the communication and cultural gaps common between low-income, **underserved patients** and **clinical staff**
- **Overcoming transportation barriers**
 - Work with patients in their **homes** and **communities**
 - Help patients navigate **health** and **social services**
- **Example:** *Marshall University*

INNOVATIVE STRATEGIES

Mobile Health Clinics

- **Customized vehicles** that travel to communities and provide health care services
 - Social determinants of health
 - Rural or vulnerable populations
- **Example:** *Levine Cancer Institute Mobile Lung Computed Tomography Unit*



Source: The Cancer Letter Inc.