

MTAC Medical Transportation Access Coalition

November 29, 2019

The Honorable Danny Davis (D-IL)
Rural and Underserved Communities Health
Task Force
2159 Rayburn House Office Building
Washington, DC 20515

The Honorable Terri Sewell (D-AL)
Rural and Underserved Communities Health
Task Force
2201 Rayburn House Office Building
Washington, DC 20515

RE: Rural and Underserved Communities Health Task Force Request for Information:

Dear Representatives Danny Davis & Terri Sewell:

The Medical Transportation Access Coalition (MTAC) (www.mtaccoalition.org) 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. The coalition's founding and allied members include a diverse set of transportation brokers and providers, managed care organizations and trade associations, and patient advocacy groups.

This letter responds to the open Request for Information on priority topics that affect health status and outcomes for consideration and discussion. As discussed further below, transportation services are an integral part of the health care industry and we would advocate to maintain and strengthen the transportation benefit within health care.

Information Requests

1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional, systems or factors outside of the health care industry that influence health outcomes within these communities?
 - a. Transportation or access to transportation is a critical need for healthcare consumers in rural areas and underserved areas. Transportation services ensure that patients in rural or underserved areas have meaningful access to healthcare services in order to maintain their treatment schedule or make other medically necessary appointments.

A MTAC-commissioned actuarial study confirms the linkage between transportation and access to care. 977 Medicaid beneficiaries who use non-emergency medical transportation (NEMT) to make their appointments were surveyed in 2018 in three diverse states, Louisiana, Michigan, and New Jersey. The survey found that without access to NEMT, 66.5% of patients receiving treatment for wound care for diabetes, 58.8% of patients receiving treatment for

substance abuse, and 52.8% of dialysis patients would not be able to attend needed medical appointments. On average, patients across all three treatment categories above reported that they would miss approximately 70% of their appointments without NEMT.

Not only do missed medical appointments decrease overall health outcomes but they increase the financial burden on healthcare payers by decreasing the utilization in lower cost medical services and increasing utilization in emergency and inpatient services, especially for those with chronic conditions. Missed medical appointments lessens patient adherence with clinical guidelines and leads to complications often resulting in more expensive medical services. Actuaries projected that transportation saves Medicaid money for people in need of dialysis and diabetes wound care.¹

2. What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?

- a. Since Medicaid's implementation, the program has provided beneficiaries of need with transportation to medically necessary health care services. Because Medicaid is administered by states according to federal requirements, states have the needed flexibility to establish models that work for their specific populations. States deploy several models to manage and finance transportation benefits and no two programs are alike. That being said, states have increasingly chosen to provide transportation services using NEMT-specific brokers and managed care organizations (MCO) that typically subcontract with NEMT brokers. Brokers or MCOs provide transportation in the lowest cost manner that is appropriate for the patient, whether that is a van, taxi, an Uber or Lyft, or a public transportation voucher. In these scenarios, the broker or MCO receives a capitated payment to manage and administer the NEMT benefit in risk-based contracts. This allows states to transfer financial risk and give responsibility to transportation experts who have experience within Medicaid transportation. The broker model has often been used by states to address program integrity concerns.

Other transportation models include state entities where government agencies such as Departments of Health or Transportation provide transportation services by funding providers through an annual contract to reimburse rides on a fee-for-service basis. States can also deliver NEMT on a more local level by partnering with county or municipal ride services and pay these transportation providers on a fee-for-service basis. We have seen innovation within the NEMT space where states such as Arizona and Florida have allowed transportation network companies, such as Uber and Lyft, to be eligible as transportation providers.

¹ <https://mtaccoalition.org/wp-content/uploads/2018/07/NEMT-ROI-Methodology-Paper.pdf>

5. If states or health systems formed regional networks of care, leveraging for example systems of transport or the use of telehealth/telemedicine, what states or entities are these, what approaches did they use to form these networks, what challenges did they overcome, and what challenges persist?

- a. With exceptions for those who are considered medically frail or have other hardships, Iowa and Indiana have waived NEMT for their Medicaid expansion population. There is evidence that this is contributing to beneficiary inability to fully access health benefits. For example, Iowa's independent initial review report found, with statistical significance, that beneficiaries in the expansion population who do not receive NEMT are more likely to have some need for assistance to travel to health visits due to usually or always relying on others for transportation in comparison to Medicaid state plan beneficiaries who received the benefit. More generally, 11% of all NEMT waiver members and 12% of Medicaid members not part of the demonstration report an unmet need for transportation, and 8% of both cohorts report they worried "a great deal" about their ability to pay for the cost of transportation to or from a health care visit.² This is the case despite the voluntary provision of unreimbursed transportation by some MCOs in Iowa. These problems are only increased when dealing with rural communities and access to care.

This unmet need is not unique to Iowa; two other states, Arizona and Arkansas, have reviewed NEMT in recent years and considered the benefit too beneficial to curtail. They also found ways to modernize NEMT (e.g., GPS tracking, member outreach, decreased wait times, case managers) to provide more cost effective and reliable NEMT and in turn, access to care. While states struggle with shrinking budgets and expanded benefits, it is evident that cutting transportation benefits for Medicaid populations only exacerbates the problem and decreased health outcomes.

10. Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?

- a. We recommend strengthening NEMT services to further strengthen patient safety and care quality within health systems. Representative Buddy Carter (R-GA) has introduced H.R. 3935, the Protecting Patients Transportation to Care Act, which recognizes the longstanding history of the Medicaid NEMT benefit and seeks to codify it into Medicaid law. The legislation recognizes what has been longstanding policy under all Republican and Democrat administration since the 1960s and also requires that states implement prior authorization or utilization management processes as part of their NEMT program to receive federal support. This will help guarantee NEMT services are provided only to those beneficiaries with true needs. NEMT is an essential component of our nation's health care

² <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ia/ia-marketplace-choice-plan-ca.pdf>

delivery system. This important piece of legislation will save lives and improve access to care for people who are the most vulnerable among us.

We appreciate your thoughtful consideration of this letter. We have included the cited resources hyperlinked or otherwise referenced throughout. If you have questions, please contact Vincent.giglierano@faegrebd.com

Sincerely,

Vincent Giglierano
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Advisor to Medical Transportation Access Coalition