



Non-Emergency Medical Transportation (NEMT)



Medicaid and CHIP Payment and Access Commission
Kirstin Blom

Overview

- Description of NEMT financing, benefit structure and delivery models
- MSIS analysis of NEMT utilization and spending
- Case studies of NEMT utilization in Indiana and Vermont using state data
- Policy issues relevant to NEMT including program integrity, NEMT waivers, and the role of new technologies

Introduction

- Required benefit designed to remove transportation barriers to accessing care (42 CFR 431.53 and 440.170)
- Transportation barriers prevalent among the aged, disabled, and people with chronic conditions
- Medicaid and CHIP beneficiaries more likely to delay care because of transportation than people with private coverage (4% vs. 1% for kids)

Federal Financing and Benefit Structure

- States can claim reimbursement for NEMT as administrative or medical assistance – different FMAPs apply
- Benefit structure varies by state, generally covers broad range of services
- States may require nominal copayments or limit number of trips

Delivery Models

- Brokerage model – used by 39 states
 - Choose a broker through competitive bidding
 - Can claim NEMT as medical assistance without allowing free choice of providers
- Fee-for-service – states arrange for services directly
- Managed care – NEMT benefit included in managed care contract
- Other – states coordinate with other programs such as local health departments

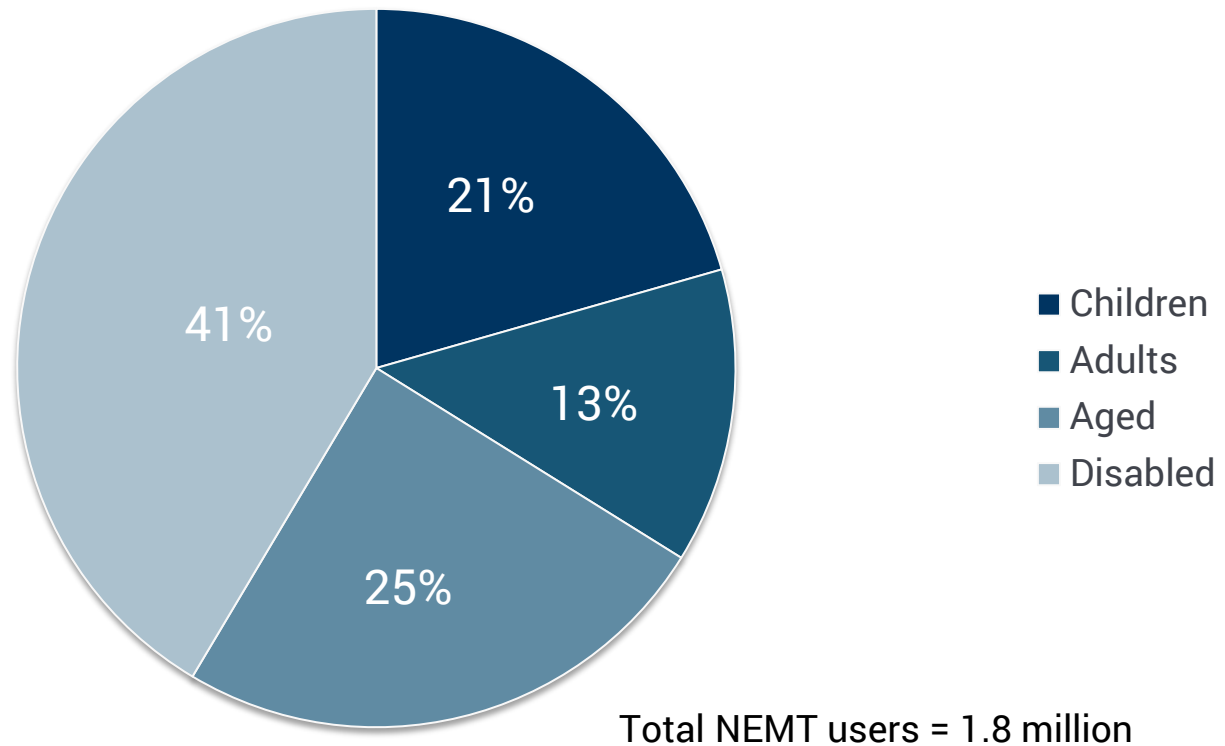
MSIS Analysis – Data and Limitations

- Used CY 2012 MSIS data, limiting spending data to FFS
- Identified NEMT services using selected HCPCS codes related to NEMT
- For states without substantial number of claims using those codes, reviewed other transportation-related claims including state-specific or unknown codes
- In 5 states (Alabama, Mississippi, Nevada, Washington, and Wyoming) no claims under our selection criteria identified as NEMT

Results of MSIS Analysis - NEMT Utilization

- 1.8 million NEMT users in CY 2012
- About two-thirds are disabled or aged
- About 42% dually eligible for Medicare and Medicaid
- New York had the most NEMT users (about 21% of the 1.8 million). Several states, such as Utah, reported fewer than 1% of users

Distribution of Medicaid NEMT Users by Eligibility Group, CY 2012



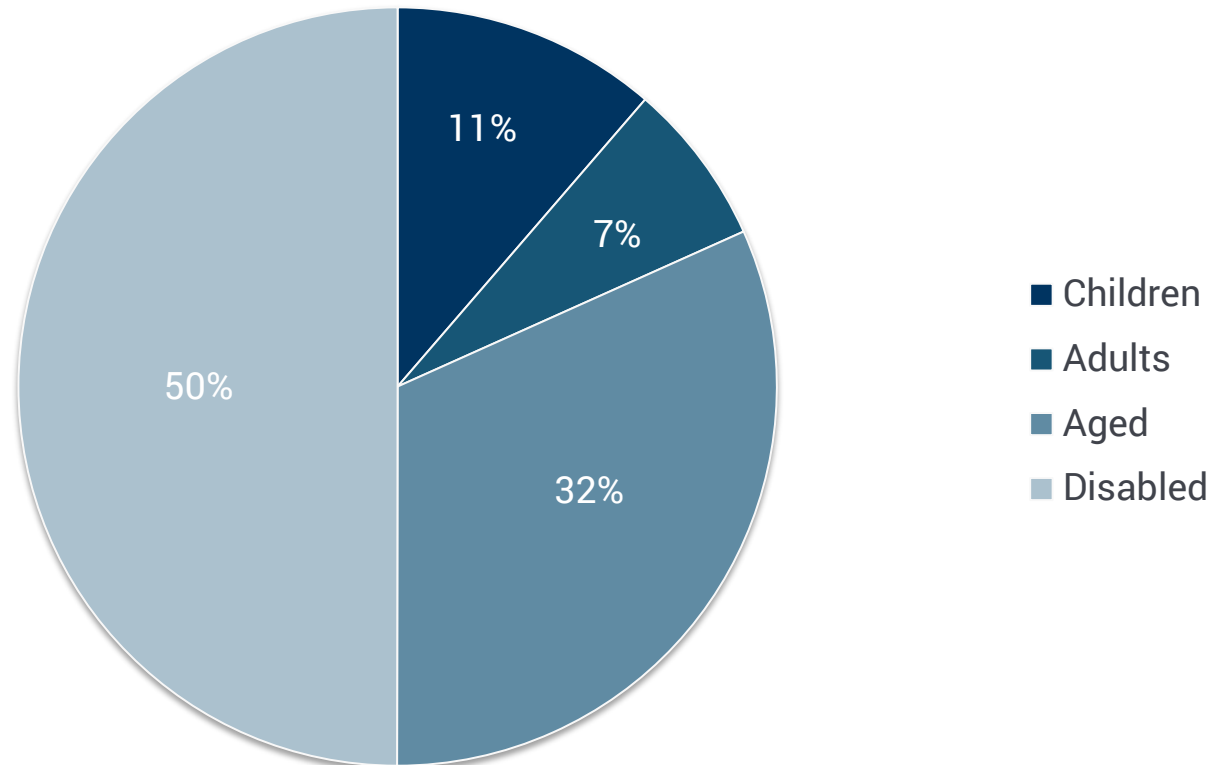
Note: Enrollment in this figure represents individuals ever enrolled in Medicaid during the calendar year. Does not include beneficiaries in Alabama, Mississippi, Nevada, Washington and Wyoming or in the U.S. territories. NEMT is non-emergency medical transportation.

Source: MACPAC analysis of CY 2012 Medicaid Statistical Information System data from CMS.

Results of MSIS Analysis - NEMT FFS Spending

- Medicaid spent about \$745 million (combined federal and state) on NEMT delivered through FFS in CY 2012
- More than 80% of Medicaid FFS spending on NEMT is for disabled and aged
- About 60% of Medicaid FFS spending on NEMT is for dually eligible beneficiaries

Distribution of Medicaid FFS Spending on NEMT by Eligibility Group, CY 2012



Total Medicaid FFS spending on NEMT = \$745 million

Note: Does not include spending in Alabama, Mississippi, Nevada, Washington, and Wyoming. Does not include spending in the U.S. territories. FFS is fee-for-service. NEMT is non-emergency medical transportation.

Source: MACPAC analysis of CY 2012 Medicaid Statistical Information System data from CMS.

December 15, 2016

Case Studies of NEMT Utilization in Indiana and Vermont – Overview

- Contracted with Burns & Associates, Inc. to examine MMIS data for CY 2015 in 2 states
- Indiana's population a mix of urban and rural and Vermont largely rural
- Indiana uses mix of managed care/FFS while Vermont has managed care-like model under global Section 1115 waiver
- Indiana waives NEMT services for new adult group

Case Studies of NEMT Utilization in Indiana and Vermont – Results

- Despite differences between states, Medicaid beneficiaries using NEMT the most (30+ trips in calendar year) were similar
 - Most were disabled or aged (53% in Indiana, 67% in Vermont)
 - Less than 5% were children
 - Behavioral health-related diagnoses were among most common diagnosis codes on claims for services received same day as NEMT trip

Policy Issues

- Program integrity
 - GAO considers NEMT at risk for fraud and abuse.
 - HHS OIG found inadequate oversight and improper payments for trips when claims did not comply with state and federal requirements. In some cases, OIG recommended states submit refunds to the federal government.

Policy Issues, continued

- NEMT waivers
 - Indiana and Iowa waive NEMT for new adult group to align Medicaid with private coverage. Arizona and Kentucky applied for permission to waive NEMT
 - Arkansas waived NEMT for new adult group receiving ESI premium assistance. Requires prior authorization
- New technologies
 - Services such as Lyft and Uber could improve beneficiary experience with shorter wait times and faster service



Non-Emergency Medical Transportation

Medicaid and CHIP Payment and Access Commission
Kirstin Blom