Medicaid Non-Emergency Medical Transportation for Older Adults: A Critical Benefit at Risk[1]

What is NEMT and why is it important?

Non-emergency medical transportation (NEMT) is a required Medicaid benefit that provides transportation to and from non-emergency health care appointments and services. Currently, NEMT serves over 7 million Medicaid enrollees across the U.S.[2] Many of these enrollees are older adults who use NEMT to access services such as dialysis, substance use disorder/behavioral health care, adult day health care, preventive care, specialist visits, and physical therapy/rehabilitation.[3] Indeed, NEMT is a lifeline for older adults, who, due to cognitive and physical changes, may have a reduced ability to drive or use public transportation. It is critical for low-income older adults who do not have resources to pay for transportation services out-of-pocket. A robust NEMT benefit also helps address health equity issues.

For example, nearly 40% of women older than 75 do not drive, increasing the risk of isolation and gaps in care.[4] Additionally, in Iowa, for example, Black and Hispanic Medicaid enrollees were respectively 83% and 31% more likely than non-Black and non-Hispanic enrollees to have unmet care needs due to lack of transportation.[5]

In addition to older women and seniors of color, NEMT also helps individuals residing in rural areas and individuals who have recently sustained injuries or are recovering from surgery.

Medicaid NEMT has proven to be a cost-effective benefit. Assisting individuals in getting to their routine medical appointments enables them to receive preventive care and adhere to treatment regimens that in turn avoid medical emergencies, hospitalizations, and institutionalization. For older adults who need long-term services and supports, consistent and reliable transportation to and from medical appointments can be the difference between aging in the community and moving into an institution. Medicaid spends less than 1% of its total budget on NEMT,[6] but yields a significant return on investment. Recent data has shown that NEMT has resulted in a specific return on investment for both wound care for diabetics and dialysis.[7]

One Florida study estimated that NEMT trips help to prevent one-day stays in hospitals, resulting in savings of $11 for every $1 spent on transportation.[8]

How is the Medicaid NEMT benefit administered?

Although NEMT is a federally required benefit, each state Medicaid program is given significant discretion in crafting the NEMT benefit for Medicaid beneficiaries. At a minimum, states must (1) ensure necessary transportation to and from providers, (2) use the most appropriate form of transportation, and (3) include coverage for transportation and related expenses necessary to secure medical examination and treatment.[9] The Deficit Reduction Act of 2005 amended the Medicaid statute to permit states to establish broker programs for NEMT without regard to typical Medicaid requirements.[10] Since the DRA, states have become increasingly reliant on the broker model to deliver NEMT.

What is the threat to NEMT?

The Centers for Medicare and Medicaid Services (CMS) has signaled that it will propose a regulation in May 2019[11] to make the mandatory NEMT benefit *optional* for states. States could then choose to amend their Medicaid rules to eliminate the benefit. When states face difficult choices balancing budgets, optional benefits are often the first that are eliminated or reduced. Since transportation is a critical component to accessing health care for low-income older adults, changing the benefit from mandatory to optional would likely have negative—and expensive—consequences for the health of low-income seniors enrolled in Medicaid.

What can I do?

- Talk to your state Medicaid office about the importance of NEMT and the current threat to the benefit.

- Collect stories from consumers who depend on NEMT or who have transportation challenges.

- Talk to your members of Congress about the importance of the NEMT benefit.

- Build relationships with providers in your state who provide services to Medicaid enrollees. Examples include hospitals, dialysis centers, and adult day health centers.

Where Can I Find Out More Information about NEMT?

- Contact Denny Chan at dchan@justiceinaging.org

- Take a look at the Chapter Summary and presentation from the National Center on Law and Elder Rights on NEMT

- Take a look at Community Catalyst's Center for Consumer Engagement in Health Innovation's NEMT Advocacy Guide and web page[12]

- Take a look at Justice in Aging and Community Catalyst's NEMT Brief

Endnotes

1   Content for this factsheet is adapted from Community Catalyst's Center for Consumer Engagement in Health Innovation's NEMT factsheet, available at: https://cc.readytalk.com/cc/download/schedule/1gotf4zqp8s6.

2   Letter from the Congressional Black Caucus to Chairwoman Rosa L. DeLauro and Ranking Member Tom Cole of the House Committee on Appropriations, February 15, 2019.

3   MaryBeth Musumeci, Robin Rudowitz, *Medicaid Non-Emergency Medical Transportation: Overview of Key Issues in Medicaid Expansion Waivers*, Kaiser Family Foundation, February 2016, https://www.kff.org/medicaid/issue-brief/medicaid-non-emergency-medical-transportation-overview-and-key-issues-in-medicaid-expansion-waivers/view/footnotes/#footnote-177328-15.

4   Fay Gordon, *Medicaid Non-Emergency Medical Transportation: An Overlooked Lifeline for Older Adults*, Justice in Aging, October 2016, n. 8, http://www.justiceinaging.org/wp-content/uploads/2016/11/NEMT-Medicaid-Transportation.pdf.

5   Suzanne Bentler, Brooke McInroy, and Peter Damiano, *Non-Emergency Medical Transportation and the Iowa Health and Wellness Plan*, University of Iowa, March 2016, https://ir.uiowa.edu/cgi/viewcontent.cgi?article=1131&context=ppc_health.

6   Transit Cooperative Research Program, *Impact of the Affordable Care Act on Non-Emergency Medical Transportation: Assessment for Transit Agencies*, October 2014, http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_rrd_109.pdf.

7   Medical Transportation Access Coalition, *The Value of Medicaid's Transportation Benefit – Results of a Return on Investment Study*, https://mtaccoalition.org/wp-content/uploads/2018/08/NEMT-ROI-Study-Results-One-Pager.pdf.

8   The Stephen Group, *Volume II: Recommendations to the Arkansas Health Reform Task Force Re: Health Care Reform/Medicaid Consulting Services*, October 2015, https://www.stephengroupinc.com/images/engagements/Final-Report-Volume-II.pdf.

9   42 C.F.R. §§ 431.53; 440.170(a).

10 73 Federal Register 77519, 77520 (December 19, 2008) adding §1902(a)(70) to Social Security Act; 42 C.F.R. 440.170(a)(4), effective January 20, 2009.

11 Office of Management and Budget, *Non-Emergency Medical Transportation in Medicaid - CMS-2481-P*, https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=201810&RIN=0938-AT81.

12 Community Catalyst's Center for Consumer Engagement in Health Innovation, *Non-Emergency Medical Transportation: NEMT at the Crossroads*, https://www.healthinnovation.org/work/building-advocacy-capacity/non-emergency-medical-transportation.