MTAC Medical Transportation Access Coalition

February 16, 2018

The Honorable Orrin G. Hatch
Chairman
Senate Finance Committee
United States Senate

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
United States Senate

Dear Chairman Hatch and Ranking Member Wyden:

The Medical Transportation Access Coalition (MTAC) writes in response to your request for information dated February 2, 2018, seeking policy recommendations for the Medicare and Medicaid programs that would provide relief from the scourge of the opioid epidemic. Through this letter, we wish to underscore the importance of ensuring beneficiaries that currently have access to non-emergency medical transportation (NEMT) retain this access while also pursuing policies to expand this service to those in need who currently lack it. NEMT is a critical component of the care continuum for beneficiaries being treated for opioid use disorder (OUD) and other substance use disorders (SUDs).

With respect to Medicaid, NEMT has been a critical component of the program since its inception as the government realized that coverage of healthcare services is of little value if people cannot access the services to begin with. Given that about 3.6 million Americans miss or delay non-emergency medical care each year because of transportation problems, according to a 2005 study published by the National Academy of Sciences, NEMT fills a critical gap by providing 104 million trips per year to Medicaid beneficiaries nationwide. One of the most common NEMT destinations is for behavioral health and substance use disorder (SUD) treatment.[1] Indeed, Medicaid beneficiaries are prescribed pain relievers at higher rates than those with other sources of insurance, increasing their risk of OUD, and resulting in a higher rate of OUD population-wide compared to commercially insured individuals.[2]

[1] According to 2015 data from Logisticare, the largest private broker in the U.S. MaryBeth Musumeci and Robin Rudowitz, "Medicaid Non-Emergency Medical Transportation: Overview and Key Issues in Medicaid Expansion Waivers," Kaiser Family Foundation Issue Brief, February 2016, http://files.kff.org/attachment/issue-brief-medicaid-non-emergency-medical-transportation-overview-and-key-issues-in-medicaid-expansion-waivers (date last accessed: February 8, 2018).

[2] Medicaid and Children's Health Insurance Program Payment and Access Commission, "Medicaid and the Opioid Epidemic," June 2017, available at https://www.macpac.gov/wp-content/uploads/2017/06/Medicaid-and-the-Opioid-Epidemic.pdf (last accessed February 7, 2018).

Federal regulations require states to provide NEMT as part of the standard Medicaid benefit package. States have tremendous flexibility today in establishing their NEMT programs, and many rely on brokers or managers like the founders of MTAC to deliver high-quality and efficient transportation services using the most cost-effective means possible. As a result, multiple independent analyses have found that properly managed NEMT services yield a significant return on investment by helping beneficiaries access treatment, take control of their health, and avoid or minimize comorbidities and other challenges that result in hospitalizations and other more intensive – and more expensive - interventions. As just one example of NEMT's role in combatting the opioid epidemic, Ohio included free transportation to prenatal to post-partum women and neonates within its Maternal Opiate Medical Support (MOMS) program as part of a coordinated care effort designed to improve maternal and fetal outcomes and family stability for opiate-dependent pregnant women and their babies.[3]

More should be done to make treatment options for substance use disorder more local for the beneficiary to make adherence easier. In 2015, Wisconsin audited its NEMT program and found that a number of the high cost beneficiaries receiving NEMT were using the service to get to and from SUD treatment at methadone clinics. This was due to the long distances beneficiaries had to travel to reach the clinic.[4]

Given the importance of NEMT as an evidence-based, cost-effective benefit for improving access to treatment, the Committee should be concerned about efforts at the federal and state levels to restrict the benefit. Specifically, in March 2017, while touting the administration's commitment to address the opioid epidemic, former Health and Human Services Secretary Tom Price and CMS Administrator Seema Verma encouraged the adoption of state waivers that would eliminate the benefit for working age, non-pregnant, non-disabled adults. Iowa, Indiana and most recently, Kentucky, have received such waivers. The stated rationale is a desire to align Medicaid with private insurance. However, not only do such policies fail to acknowledge the fundamental differences in socioeconomic status between individuals with Medicaid versus private insurance, they also ignore a growing market trend to deploy transportation (and other social determinants of health) in commercial insurance and Medicare Advantage as a value-based benefit.[5] For instance, Blue Cross Blue Shield Association and Lyft announced a national partnership to provide NEMT to targeted commercially insured members in "transportation deserts."[6]

We encourage the Committee to continue bipartisan efforts to combat the opioid epidemic while protecting the ability of Medicaid beneficiaries to access the care they need. Accordingly,

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[3] In addition, three out of five Medicaid plans provided transportation to 12-step meetings. Some plans also provided transportation for other purposes, including transportation to court for custody hearings or other type of court proceedings, or to probation appointments. *Id.*

[4] Wisconsin Department of Health Services, Non-Emergency Medical Transportation, Report 15-4, May 2015, available at: https://legis.wisconsin.gov/lab/reports/15-4full.pdf (date last accessed: February 16, 2018).

[5] Adelberg, Michael & Simon, Marsha. "Non-Emergency Medical Transportation: Will Reshaping Medicaid Sacrifice An Important Benefit?" *Health Affairs Blog.* Sept. 20, 2017.

[6] *Modern Healthcare,* "Blue Cross and Blue Shield, Lyft team up for patient transportation," May 11, 2017, http://www.modernhealthcare.com/article/20170511/NEWS/170519959 (date last accessed: February 12, 2018)

we urge the Committee to oppose any federal legislative effort to revoke the NEMT benefit which continues to play an important role along the overall care continuum for low-income Americans experiencing opioid use disorder.

Further, as CMS considers state waiver applications that waive NEMT for any subset of the Medicaid beneficiary population, we urge you to request the agency to ensure that states are adequately monitoring and reporting on the waiver's effect on beneficiary access to care, particularly for those experiencing, or potentially at risk for developing, an OUD or SUD. We also ask that you request that CMS take concrete actions to fully and transparently evaluate the impacts of adverse and expensive care episodes, such as hospitalizations, that may be experienced when NEMT is unavailable.

Finally, with respect to Medicare, we are encouraged by the growth of opportunities to integrate transportation for vulnerable beneficiaries with chronic conditions and higher health care needs, as both Medicare Advantage plans and Accountable Care Organizations (ACOs) alike recognize how environmental factors can play an impact on beneficiary quality of care and plan or ACO performance. For example, a proposed rule would permit Medicare Advantage plans to better serve special disease-specific populations like opioid-addicted beneficiaries by offering transportation to appointments as a supplemental benefit.[7] The recently passed Bi-Partisan Budget Act of 2018 takes this laudable mission a step further by broadening the definition of Medicare Advantage supplemental benefits, starting in 2020, for people with chronic illnesses to benefits that "have a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee and may not be limited to being primarily health related benefits." For beneficiaries with Original Medicare, some innovative ACOs have provided NEMT to their attributed patients, and still others wish to obtain the resources and tools needed to provide this service.[8] [9] Accordingly, we recommend that the Committee support efforts to remove relevant financial, statutory, or regulatory barriers for greater beneficiary access to NEMT in the Medicare Advantage and Original Medicare programs.

We appreciate your consideration of this letter. For more information about MTAC or to discuss our views, please check out our website www.mtaccoalition.org or contact us via Nick Manetto, nick.manetto@FaegreBD.com or 202-312-7499.

Sincerely,

Nick Manetto, Principal
Faegre Baker Daniels Consulting, on behalf of Medicare Transportation Access Coalition

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[7] Centers for Medicare and Medicaid Services, Proposed Rule, "Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program" (CMS-4182-P).

[8] Linda Wilson, Robert Wood Johnson Foundation, "Accountable Care Organizations: Testing their Impact," Feb. 10, 2015, https://www.rwjf.org/content/dam/farm/reports/program_results_reports/2015/rwjf417961 (last accessed: February 8, 2018).

[9] Taressa Fraze, Valerie A. Lewis, Hector P. Rodriguez, et al., "Housing, Transportation, and Food: How ACOs Seek to Improve Population Health by Addressing Nonmedical Needs of Patients," *Health Affairs,* Nov. 2016.