

# **Non-Emergency Medical Transportation: Emerging Research and Trends**

**March 27, 2014**

# Windows Research

**“What is Past is Prologue.”**

Our goal for this session is to look at new research conducted by Simon and Company on NEMT and to place it in the context of today's operating environment for mobility providers.

# Setting the Stage

# Patients as Creators

The Non-Emergency Medical Transportation benefit in Medicaid was created by... patient litigation.

*Smith v. Vowel*

*(US District Court, Western District of Texas, June 27, 1974)*

Available at:  
[www.ctaa.org](http://www.ctaa.org)

# Key Concepts in this Litigation

- 🌐 Providing health coverage in Medicaid includes a guarantee of access to that health care.
- 🌐 One patient — many needs.
- 🌐 Access can take many forms — from buses, to vans, to taxis, to family members, friends or neighbors.

# About those patients:

-  The patients in the litigation had ongoing needs for treatment that required ongoing transportation.
-  The court made note of the need of not just one-time access to health services for the patients, but continuing access.
-  A patient could not be expected to manage transportation themselves and that “skilled intermediaries” in the transportation field would be necessary.

# The state shall...

- 🌐 The Court required the state to develop a transportation program for their Medicaid patients.
- 🌐 The absence of non-emergency medical transportation in a state's Medicaid plan and program is *“preposterous.”*
- 🌐 When the state raised the issue of costs, the courts said, “the deprivation of medically necessary transportation is a kind of false economy that only results, in the end, in higher medical costs.”

# Then and Now

- 🌐 The world in 1974 was a different place — especially in health care and in Medicaid.
- 🌐 Extremely limited Medicaid coverage for people outside institutional settings.
- 🌐 Most health care was provided on an inpatient basis.
- 🌐 Treatments that are common today for many life threatening illnesses did not then exist.
- 🌐 And then there is Medicaid's role in the Affordable Care Act.

# A Word About Our Researcher: Dr. Marsha Simon

- A PhD from MIT
- A key Congressional health care staffer for Senator Ted Kennedy and for Senator Tom Harkin
- A leader in Children's Health
- A government relations specialist
- A health care advocate

*(And most importantly, a former CTAA staffer)*

# The Research

**“Medicaid Expansion and Premium Assistance: *The Importance of Non-Emergency Medical Transportation (NEMT) to Coordinate Care for Chronically Ill Patients.*”**

Spring 2014

(Available in its entirety at: [www.ctaa.org](http://www.ctaa.org))

# The View from 60,000 Feet Can Be Revealing...



# A note on sources...

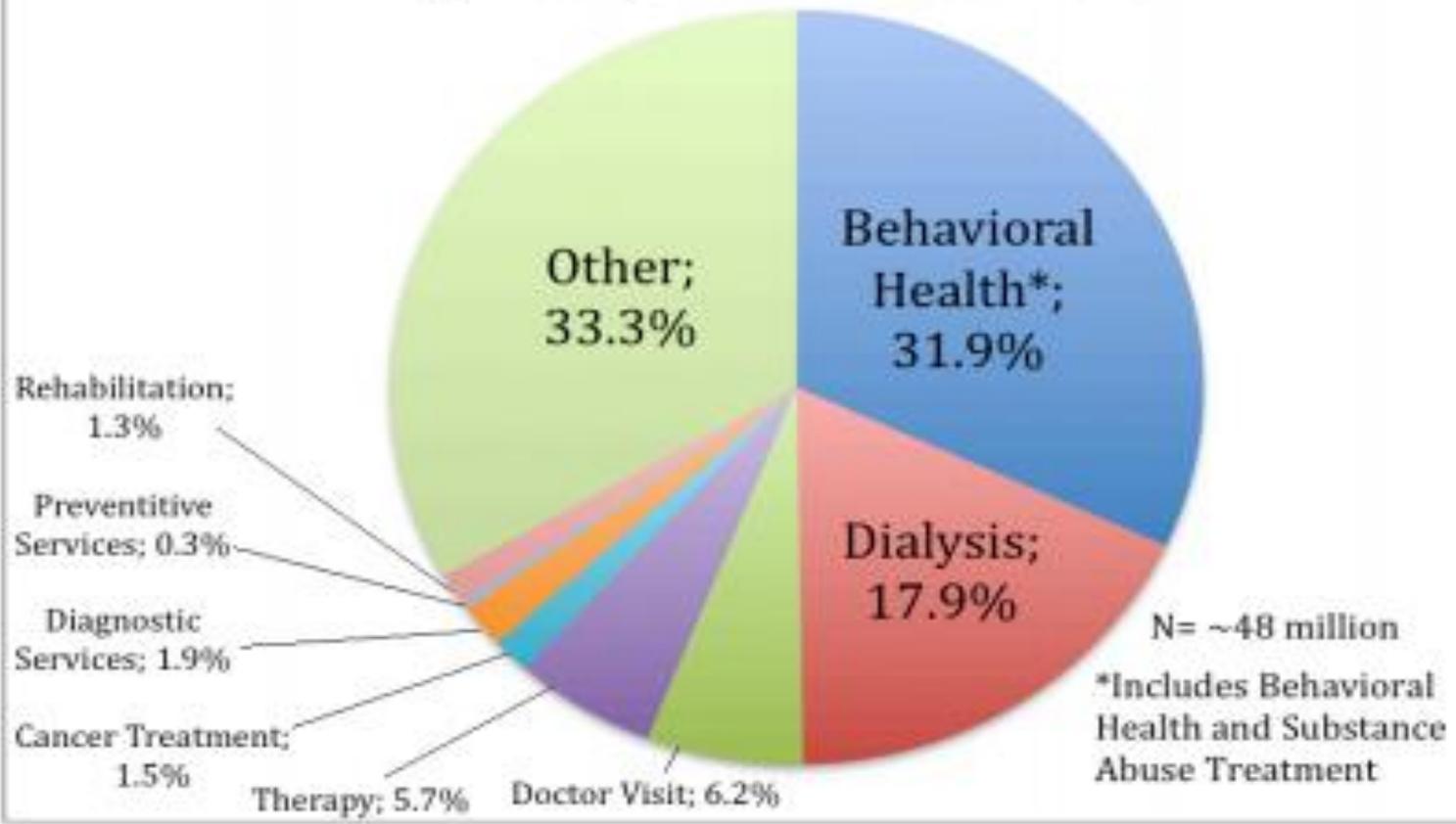
*The paper includes a number of references concerning data sources and information that are detailed in numerous footnotes throughout the document, but the research benefited from the support provided by Logisticare LLC, who provided critical information on destinations and services for NEMT patients.*

# Current NEMT Patients

A word cloud containing the following terms: Behavioral, medical, Dialysis, health, Medicaid, Services, NEMT, medically ill, frail, and disorders. The words are arranged in a circular pattern and are rendered in various colors including red, yellow, purple, blue, and green.

# In Building a Case for Expanding the NEMT Benefit the Research Tells Us About Today

## Destinations of Brokered NEMT Rides January - November 2013



# The 60\40 Split

60% of NEMT trips are for ongoing service:

Behavioral Health	32%
Dialysis	18%
Cancer Treatment	1.5%
Rehabilitation	1.3%
Other Therapy	5.7%

# Behavioral Health & NEMT

- What's behind the rise in behavioral health?
- The increased use of Medicaid to insure low-income families.
- The increased utilization of medication therapies as recognized treatment for behavioral issues.
- Increased awareness of the linkage between crime, violence and mental illness.

# Dialysis and Medicaid

- Chronic health issues and the need for treatment creates financial crisis for individuals and families
- The Medicaid population reflects the national trend
- Advances in technology sustains patient life
- The expansion of dialysis treatment facilities
- Increased numbers of patients

# Other Treatments

- **Successful advances and outcomes for cancer treatment**
- **Expansion of cancer treatment centers**
- **Decline in in-patient treatment**
- **Increased use of PT and OT as outpatient services following stroke**

# On Expansion

- With or without the Affordable Care Act, Medicaid coverage will expand because of changes in demographics and economic conditions.
- Expanding NEMT utilization will mean an increase in patients who need treatment transportation, not just access.
- Utilization and cost control is built on more outpatient care.
- Technology advances will create new outpatient demands.

# Implications for Transportation Providers

Does today's service design meet current patient demands when:

- Patients are increasingly frail?
- Patients need continuing care on a daily basis?
- Medicaid health providers are decreasing due to falling reimbursement rates for medical services?
- The “spatial” change as health facilities become more urban-centered.

**Mobility Management: we need it now!**

# And Financial Ones

- Does the capitated rate approach work in the current patient environment?
- Will the rate “catch up” to the higher utilization of challenging patients?
- Can the current program be capitalized or recapitalized within the current approaches?

# Where We Go From Here

-  Read both papers and send us your ideas and observations, since no one understands local situations better than local operators.
-  Look for us to focus more on research on cost information based on return on investment, as well as the basics of the current financial paradigms.

# Thanks!

You can contact me at:

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