Tricia Beckmann Zoom Audio

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Alright, next I'm really pleased to introduce Trisha Beckman. She's from DC from Faeger drinker. And she can tell you more about that. And she has a plane to catch as well. So we are going to let Trisha just dig in.

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Great, thank you so much. And thanks for the flexibility. I look forward to hopefully staying a little bit to hear more about North Carolina's healthy opportunities pilot, because I think our sessions really parallel together. So I'm going to provide a high level overview of the nonmedical experimentation in transportation in cross the federal government's initiatives, and particularly with state Medicaid agency partners. So I actually represent medical transportation access coalition, we are a multi stakeholder coalition of the folks that you see here, we were founded in 2017, under the sort of the umbrella of some policies that were being implemented, really, in that 10 year prior period, starting with Indiana, that received permission to waive the NEMT service for specific adults in their Medicaid program. And so we we there were some signals that the administration was going to be continuing to provide more flexibility to states to restrict to allow for restrictions of transportation in the empty space. Sometimes coupled with the Medicaid expansion population, they the population of adults that were newly covered under the Affordable Care Act when the when the states could opt into that expansion. And there was even some signals that the administration was interested in issuing a regulation that would actually codify this flexibility for states to say that it's not actually required, because prior to the Consolidated Appropriations Act that Robbie spoke to that codified the the NEMT service into statute, it was just a requirement that existed under federal regulation. So it could accordingly be withdrawn through a regulation. So the A side of our coalition was to codify that NEMT service into statute and now the beside is sort of taking advantage of the codification by seeking ways to expand both NEMT do additional populations, maybe besides the Medicaid program, like in Medicare Advantage, or for commercial commercially insured members, or to also expand services to new destinations, like non medical rides. And we've had we've benefited from CTAA since the onset of the coalition. So thank you for for your partnership. And if you're ever interested in learning more about membership, feel free to contact me. Okay, so what are Medicaid waiver programs? I think Robbie alluded to this a little bit in terms of the state plan. So state plan is essentially a really rough contract drawn between CMS and each state Medicaid program, you have to adhere as a state to your your state plan in order to draw down federal funding federal matching funds for the Medicaid services that you cover. within that broad construct. There are a number of waiver authorities where you can waive the provisions in the statute that you would otherwise be subjected to as a state. And one of those flexibilities is in the form of this section 1115 of the Social Security Act. So you hear that term, potentially in the Medicaid policy space a lot 1115 waivers. So it essentially allows state states to be you know, very flexible in expanding benefits, expanding covered populations, providing services that otherwise are not covered and in all injure the, the, you know, in furtherance of the purpose that doing so will further a purpose of the Medicaid programs to provide health care services for individuals so you can kind of see the connection a little bit you know, if you do need transportation to healthy food, you're better able to manage your the rest of your your life and your health. So where does transportation fit into these 1115 waivers? Well, in the Obama and Trump era, as we really saw, actually, as I, as I spoke to more of the ability of states to restrict the the service. So that was generally the vehicle that lm 15 was was used to do, at least as it relates to transportation. So these are the states that pursued and were approved to pursue 1115 waivers to restrict. And most of those were due to the were in regards to the Medicaid expansion population. But then you had this weird one from Utah that was also aimed at parents, caretakers as well with dependent children, which you wouldn't think would be something that the state of Utah would want to pursue. But nonetheless, that was something that they did. And they often had rare exceptions for individuals who were considered medically frail. So that some of the rationale for this was that you know, it would one not actually diminish access to care if you target it to, you know, so called healthier populations that may not otherwise be covered by Medicaid, and they may not really be that familiar with the NMT benefit to begin with, because who, you know, most people do not think of an insurance program, a health insurance program, to cover transportation. And then the other rationale was that, that Medicaid should really mimic what people get under employer sponsored or commercial insurance that we need, we need to break the dependency on Medicaid and you know, how people be used to not not receiving such benefits. So that was that was the rationale. Now fast forward to this current policy. Under the current CMS in the current administration is there's two full that what we're seeing is we're seeing a sunset actually of 1115 waivers that had restricted NMT. So Oklahoma asked for permission to restrict any empty and did not actually get approved, do that last year. And then we also see expansion and really interesting ways. And very early, really early stages in the actual implementation of these waivers around non medical purposes. So non medical, what does that really mean? We're gonna get to it. So CMS uses this term health related social needs. So we can provide states can provide services to individuals covered by Medicaid to address their health related social needs. And those are their unmet adverse social conditions that contribute to poor health up so they explicitly include and guidance that they issued in 2022, housing, nutrition and case management. So where does transportation fit in? Transportation can be used to access those services, or even outside of the framework of those services potentially. And that's about as far as CMS has gotten in terms of, you know, what, what they foresee as the experimentation around transportation. But so so we want to look, when we look at what's what's potentially where states can go, we kind of can see some tea leaves with what has actually been approved to date in states and we'll get to that in a little bit. And the demonstration populations can be very targeted. And oftentimes states do want to pilot something for specific populations to be able to, you know, study it better and also make sure that they're keeping the expenditures down and being able to manage that as well.

09:04

Okay, so here's the state landscape of health related social needs demonstration. So those waivers that are approved under Section 1115 And as of May 22, so they don't think there's been any approved since then. But as of late May, we saw 21 states so far have received some type of approval for waivers that address health related social deeds. I would say most of them you the probably the most popular. The most popular one is to address nutrition, trip, grocery store, that sort of packet, you know, packages of grocery boxes, or the being able to provide home delivered meals to specific people with chronic conditions, or those who were hospitalized and are recovering at home and and also housing. But there is at least five states now that have received approval to cover transportation. So that's really exciting. And we there's a lot of different variation geographically, you know, we have Washington over here in New York, Massachusetts, Delaware, and even a southern state, North Carolina, that that received approval. I would also note that a lot of states you know, some of these states had actually gotten approval before CMS formalized its guidance in 2022. In California, also was kind of seen as the front runner for for those kinds of pre guidance, states that were able to help CMS form its thinking about what what is permissible in North Carolina was one as well. So we're really excited to hear more about what what they're doing. New York, that I would just point out just one example of one of those states that received permission, they will cover private and public, which, importantly, for this group, public transportation, to transport their members to health related social needs services and case management activities. So you can get a trip to meet your caseworker to tour potential housing for, for your family. And, and they integrate it within their contracted entities, the social care networks that are screening members for different needs, and making referrals to the actual transportation providers, whether there's the those are private or public. Massachusetts got her approval around transportation paired with nutrition, supports, and housing support. So you can get transportation, if you're if you're covered under the waiver to tenancy support or nutrition support needs. And the Massachusetts isn't reinventing the wheel, they're they're really relying on the accountable care organizations, which are basically an at risk health care provider group of health care providers. So in Massachusetts, they're one of the few states that really does not use a managed care organization, a health health insurance company to manage the care. But effectively, the providers are doing the same type of utilization management, medical management work, and being able to act you know, work directly with patients that are covered under those Medicaid programs. So I just went through everything fast because I have to catch a flight. So but if you have any questions, feel free to reach out. And as I said, a lot of these states are not far along in implementation. But we're lucky to have North Carolina who has been doing this for a while so excited to hear more from them. Trisha

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thank you so much.