

NEMT for Medicaid Patients

Critical for West Virginia



West Virginians for Affordable Health Care

NEMT is cost-effective

A study of non-emergency medical transportation and health care access found that NEMT benefits are cost-effective or cost-saving for all 12 medical conditions analyzed, such as prenatal care, asthma, heart disease and diabetes.¹

While NEMT makes up less than one percent of total Medicaid expenditures, emergency room visits result in 15 times the cost of routine transportation.²

Another estimate calculates \$11 saved for up to each dollar spent on NEMT if one percent of total medical trips resulted in avoiding an emergency room visit.³

NEMT Benefits Help Medicaid Expansion Populations Access Important Preventive Services

An independent evaluation of Indiana's NEMT waiver found that transportation was identified by the largest proportion of members as the "most common" reason for missing an appointment.⁴

Expansion populations are more likely to use the benefit to access cost-effective preventive services than traditional Medicaid populations.⁵

Transportation Barriers Lead to Delayed or Missed Care for Consumers

Evidence shows that adults who lack transportation to medical care are more likely to have chronic health conditions and without adequate transportation, these conditions are likely to go unmanaged and eventually lead to costly emergency care and treatment that could have been prevented.⁶

A January 2016 report by the United States Government Accountability Office concluded that the NEMT benefit "can be an important safety net for enrollees as research has identified the lack of transportation as affecting Medicaid enrollees' access to services."⁷

¹ P. Hughes-Cromwick and R. Wallace, et al., *Cost-Benefit Analysis of Providing Non-Emergency Medical Transportation*, Transit Cooperative Research Program (Oct. 2005), Retrieved from http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_webdoc_29.pdf.

² Community Transportation Association, *Medicaid NEMT Saves Lives and Money*. Retrieved from <http://web1.ctaa.org/webmodules/webarticles/articlefiles/NEMTpaper.pdf>

³ J. Cronin, *Florida Transportation Disadvantaged Programs Return on Investment Study*, Florida State University and Marking Institute (2008) Retrieved from http://tmi.cob.fsu.edu/roi_final_report_0308.pdf

⁴ The Lewin Group, *Indiana HIP 2.0: Evaluation of Non-Emergency Medical Transportation (NEMT) Waiver* (March 2016), Available at: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/downloads/in/healthy-indiana-plan-2/in-healthy-indiana-plan-support-20-interim-evl-rpt-07062016.pdf>

⁵ M. Musumeci and R. Rudowitz, *Medicaid Non-Emergency Medical Transportation: Overview and Key Issues in Medicaid Expansion Waivers*, The Henry J Kaiser Family Foundation, (February 2016). Retrieved at: <https://www.kff.org/medicaid/issue-brief/medicaid-non-emergency-medical-transportation-overview-and-key-issues-in-medicaid-expansion-waivers/>

⁶ R Wallace, P. Hughes-Cromwick, et al, *Access to Health Care and Nonemergency Medical Transportation: Two Missing Links*, Transportation Research Record: Journal of the Transportation Research Board (Dec 2004) retrieved from https://www.researchgate.net/publication/39967547_Access_to_Health_Care_and_Nonemergency_Medical_Transportation_Two_Missing_Links

⁷ U.S. Government Accountability Office, *Efforts to Exclude Nonemergency Transportation Not Widespread, but Raise Issues for Expanded Coverage* (Jan 2016). Retrieved from <https://www.gao.gov/assets/680/674674.pdf>