



September 9, 2016

Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD 21244

Submitted electronically at: Medicaid.gov

Re: Healthy Indiana Plan 2.0 - Non-Emergency Medical Transportation (NEMT)

Dear Acting Administrator Slavitt:

Community Catalyst respectfully submits the following comments regarding Indiana's request to extend its Non-Emergency Medical Transportation waiver. We believe that this provision would greatly harm the ability of enrollees to access necessary health services.

Community Catalyst is a national non-profit advocacy organization dedicated to quality affordable health care for all. Since 1998, Community Catalyst has been working to build the consumer and community leadership required to transform the American health system. The Center for Consumer Engagement in Health Innovation focuses on health system transformation and bringing the consumer experience to the forefront of health. The Center works directly with consumer advocates to increase the skills and power they have to establish an effective voice at all levels of the health care system. We collaborate with innovative health plans, hospitals and providers to incorporate the consumer experience into the design of their systems of care. We work with state and federal policymakers to spur change that makes the health system more responsive to consumers.

We appreciate the opportunity to comment on Indiana's waiver extension application. In particular, we are concerned about the state's request to extend its waiver of Non-Emergency Medical Transportation (NEMT) through January 31, 2018. Transportation services are vital to ensuring that consumers are able to access the care they need. Extending Indiana's waiver would not only have negative impacts for Indiana's Medicaid enrollees who are in great need of these services, but would also set an undesirable precedent for cuts to this critically important service in other states.

Transportation Barriers Lead to Delayed or Missed Care for Consumers

Community Catalyst regularly speaks with consumer health advocates in forty states across the country. These advocates are in direct contact with consumers in their state and, accordingly, are able to provide an accurate perspective on the issues consumers face accessing health care on a

daily basis. We routinely hear stories from advocates about how transportation barriers impact consumers' ability to receive the care they need. For example:

- Patients with end-stage renal disease need reliable transportation three times a week to receive life-sustaining dialysis treatments.
- Patients with cancer may need chemotherapy or radiation up to five times a week, meaning regular, accessible transportation is crucial to their successful treatment.
- Diabetic patients need access to regular preventive care. Missing or delaying appointments due to transportation barriers could cause their condition to become more serious and more costly.

A number of studies confirm what Community Catalyst has been hearing from advocates across the country. Transportation barriers often lead to delayed or missed care for patients, particularly those who are elderly, low-income, or have multiple chronic conditions. Estimates show that nearly 3.6 million people miss or delay medical care each year because they lack available or affordable transportation.¹ Approximately 25 percent of lower-income patients have missed or rescheduled their appointments due to lack of transportation² and Medicaid enrollees are disproportionately impacted by transportation barriers. Only six-tenths of one percent of those with private insurance reported that transportation was a barrier to accessing timely primary care treatment, while seven percent of Medicaid beneficiaries did so.³ Because of statistics like these, 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.”⁴

Elderly enrollees and enrollees with disabilities and chronic conditions face even more serious difficulties accessing transportation to health care services due to both financial and physical limitations.⁵ It is incredibly important that elderly enrollees and enrollees with disabilities have consistent access to non-emergency medical transportation. These groups are more likely to have multiple chronic conditions that require frequent treatment and trips to multiple health care providers. Additionally, enrollees with disabilities might have to travel longer distances to access health care providers who can accommodate their physical needs.

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 S. Syed, B. Gerber, and L Sharp *Traveling Towards Disease: Transportation Barriers to Health Care Access*, Journal of Community Health (Oct. 2013). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215>

³ P. Cheung, J. Wiler, and *et al.*, *National study of barriers to timely primary care and emergency department utilization among Medicaid beneficiaries*, Annals of Emergency Medicine (July 2012), Retrieved from [http://www.annemergmed.com/article/S0196-0644\(12\)00125-4/fulltext](http://www.annemergmed.com/article/S0196-0644(12)00125-4/fulltext)

⁴ U.S. Government Accountability Office, *Efforts to Exclude Nonemergency Transportation Not Widespread, but Raise Issues for Expanded Coverage* (Jan 2016). Retrieved from <http://www.gao.gov/assets/680/674674.pdf>

⁵ 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 <http://www.researchgate.net/publication/39967547>

Providing Non-Emergency Medical Transportation is Cost-Effective

In addition to helping consumers access the health care services they need, providing NEMT benefits is also 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.⁶ Additionally, evidence shows that adults who lack transportation to medical care are more likely to have chronic health conditions.⁷ Without adequate transportation, these conditions are likely to go unmanaged and eventually lead to costly emergency care and treatment that could have been prevented. While NEMT makes up less than one percent of total Medicaid expenditures, emergency room visits result in 15 times the cost of routine transportation.⁸ 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.⁹

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.¹⁰ Access to reliable transportation is vital to ensuring that Healthy Indiana Plan members aren't missing scheduled appointments and are seeking important preventive services. There is good evidence to suggest that when expansion populations have access to NEMT services, they utilize and benefit from them. Data from other states that have implemented NEMT for expansion populations show that enrollees are utilizing the benefit in increasing numbers to access vital services. In New Jersey and Nevada, use of the benefit has grown over time as enrollees learn about the benefit and gain a better understanding of how to use Medicaid. Additionally, expansion populations are more likely to use the benefit to access cost-effective preventive services than traditional Medicaid populations.¹¹ Another study from Texas showed that children who utilized Medicaid NEMT benefits accessed Early and Periodic Screening,

⁶ 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.

⁷ 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 <http://www.researchgate.net/publication/39967547>.

⁸ Community Transportation Association. Medicaid NEMT Saves Lives and Money. Retrieved from <http://web1.ctaa.org/webmodules/webarticles/articlefiles/NEMTpaper.pdf>

⁹ 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

¹⁰ 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/in-healthy-indiana-plan-support-20-pa3.pdf>

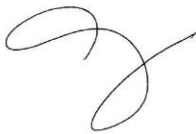
¹¹ M. Musumeci and R. Rudowitz, *Medicaid Non-Emergency Medical Transportation: Overview and Key Issues in Medicaid Expansion Waivers*, The Henry J Kaiser Family Foundation, (February 2016). Retrieved at: <http://kff.org/medicaid/issue-brief/medicaid-non-emergency-medical-transportation-overview-and-key-issues-in-medicaid-expansion-waivers/>

Diagnostic and Treatment (EPSDT) preventive services at a rate of almost one more visit per year.¹²

In summary, we emphasize the importance of NEMT as a cost-effective measure that is critically important to ensuring the health of Medicaid enrollees. We urge CMS not to extend Indiana's NEMT waiver, in order to ensure that enrollees in Indiana have access to this vital benefit.

Thank you for the opportunity to comment on this important provision. Please do not hesitate to contact me at ahwang@communitycatalyst.org should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to be 'AH' or similar initials, written in a cursive style.

Ann Hwang, MD
Director, Center for Consumer Engagement in Health Innovation

¹² S. Borders, *Transportation Barriers to Health Care: Assessing the Texas Medicaid Program*, Dissertation submitted to Texas A&M University Office of Graduate Studies (May 2006), Retrieved from <http://oaktrust.library.tamu.edu/bitstream/handle/1969.1/6016/etd-tamu-2006A-URSC-Borders.pdf?sequence=1&isAllowed=y>.