

Community Transportation ASSOCIATION

June 22, 2015

The Honorable Orrin Hatch and Ron Wyden
Committee on Finance
United State Senate
219 Dirksen Senate Office Building
Washington DC 20510

Dear Chairman Hatch and Ranking Member Wyden,

On behalf of our member public and private transportation providers, the Community Transportation Association of America (CTAA) is pleased to respond to your request for ideas on ways to improve outcomes for Medicare patients with chronic conditions. Many CTAA members provide or manage non-emergency medical transportation (NEMT) for Medicaid beneficiaries to ensure they keep their medical appointments and pickup prescribed drugs in the lowest cost form of transportation including public transportation, taxis and stretcher vans. CTAA recently analyzed which Medicaid beneficiaries use of Medicaid NEMT and the findings should assist your discussions.

The analysis (attached) found that the majority of current Medicaid NEMT services are for regularly scheduled, NEMT trips for individuals requiring transportation to coordinated care for behavioral health services, substance abuse treatment and dialysis services. Thus, the majority of Medicaid NEMT rides are more than a transportation subsidy to low-income patients. The Medicaid NEMT benefit has become an integral part of a coordinated care plan for Medicaid beneficiaries with chronic health care needs.

Medicare has a non-emergency ambulance benefit, but not all beneficiaries need that level of transport. However, there is no alternative transportation benefit provided by the Medicare program. As a result, the use of the Medicare ambulance benefit has increased significantly. The Medicare Payment Advisory Commission (MedPAC) found nearly half of all ambulance claims were for nonemergency transportation (44.1% in 2011) with trips to dialysis facilities leading growth in the benefit (15% in 2011). The Centers for Medicare and Medicaid Services is attempting to address the growth of the Medicare ambulance benefit by requiring prior authorization for ambulance NEMT. However this effort is falling short because lack of NEMT can mean that beneficiaries cannot access live save dialysis.

Therefore, CTAA suggests the Committee consider a limited, Medicare non-emergency transportation benefit. CMS has recognized the importance of transportation to patients with chronic conditions, but without a Medicare NEMT benefit, there is little the agency can do. For instance:

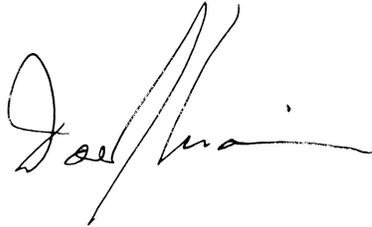
- The ESRD Seamless Care Organization (ESCO) proposal suggests that support services, such as transportation, may improve clinical outcomes and reduce

unnecessary health care utilization. However, CMS will not provide additional payment to the ACOs for transportation.

- As touched on above, the Prior Authorization of Repetitive Scheduled Non-Emergent Ambulance Transport allows ambulance providers to address documentation issues with claims prior to rendering services. Congress recently expanded this demonstration nationwide by 2017. But this initiative does not offer alternatives when an ambulance level of transport is not medically necessary. Many of the Medicare beneficiaries that use the non-emergency ambulance transport are traveling to and from dialysis or cancer care, where missing a treatment can have serious health implications.
- Some Medicare Advantage plans are already offering a limited NEMT benefit as one of their added benefits that are not reimbursed by Medicare.

A Medicare NEMT benefit limited to beneficiaries eligible for Medicare due to ESRD (or alternatively all beneficiaries receiving dialysis) would allow these patients who have no other means of transportation, to access their essential health care services and minimize avoidable hospitalizations. In addition, a key to reducing the costs of care for chronically ill Medicare beneficiaries is to reduce the costs of transport from hospitals to skilled nursing facilities, other hospitals or rehabilitation facilities and avoid re-hospitalizations. By ensuring that recently discharged patients keep their follow-up medical appointments and pick up their prescription medicines. Several health plans and hospitals in California have shown significant savings from “right-sizing” transfer transportation from ambulances to a lower level of transportation.

Sincerely,

A handwritten signature in black ink, appearing to read "Dale Marsico". The signature is fluid and cursive, with a large initial "D" and "M".

Dale Marsico

Attachments

- Medicaid Expansion and Premium Assistance: The Importance of Non-Emergency Medical Transportation (NEMT) To Coordinated Care for Chronically Ill Patients