Overview of GAO work on Nonemergency Medical Transportation

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GAO’s Mission & Work

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  • Requests from committee chairmen or ranking members
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  • *Adjudication*—resolving bid protests and providing legal opinions

• GAO is known for providing timely analyses that are professional, objective, fact-based, nonpartisan, fair, and balanced.
GAO Reports on Nonemergency Medical Transportation


- *Nonemergency Medical Transportation: Updated Medicaid Guidance Could Help States* (GAO-16-238)
Transportation Disadvantaged Populations: Nonemergency Medical Transportation Not Well Coordinated, and Additional Federal Leadership Needed (GAO-15-110)

- Various programs can fund NEMT services; total spending unknown
- 42 Programs in 6 federal agencies may fund NEMT:
  - Health and Human Services (HHS) – 21 programs
  - Education – 7 programs
  - Housing and Urban Development – 6 programs
  - Transportation – 4 programs
  - Veterans Affairs (VA) – 3 programs
  - Agriculture - 1 program
- Only HHS provided spending information:
  - Centers for Medicare and Medicaid Services (CMS): at least $1.3 billion in FY 2012
  - Other HHS programs: over $51 million
Federal Agencies Have Taken Action to Coordinate Transportation Planning but Actions May Not Lead to Increased NEMT Coordination

- **FTA** provided guidance for Enhanced Mobility of Senior and Individuals with Disabilities program
- **HHS's** Administration for Community Living selected 17 demonstration projects to foster planning efforts in local communities.
- **VA** established Veterans Transportation Service to fund VA medical centers to acquire vehicles, hire mobility manager and purchase routing/scheduling software.
- However, NEMT coordination may not increase
  - Certain FTA programs have coordinated service requirements
  - But human service agencies do not.
Fragmentation, Overlap, and Potential for Duplication of NEMT Services

- **Fragmentation**: 6 federal agencies administer 42 different programs that may fund NEMT.

- **Overlap**: Programs providing NEMT have similar goals, target potentially similar beneficiaries.
  - Both Medicaid and VA:
    - help beneficiaries access medical services,
    - serve potentially similar beneficiaries, and
    - engage in similar activities.

- **Potential for duplication**: Two or more programs provide same services to same beneficiaries.
States and Localities Facilitate Coordination but Two Federal Programs in Selected States Did Not Participate

- State/Regional coordination efforts
  - Cost and ride sharing
  - One call/one-click centers
- Medicaid and VA do not coordinate with other agencies' NEMT programs.
  - Federal Medicaid and VA requirements allow NEMT funding to be used only for eligible beneficiaries.
  - Cost or ride sharing increase risk of spending funds on individuals who do not qualify.
  - State Medicaid agencies using transportation brokers contract for NEMT services, not coordination.
Nonemergency Medical Transportation: Updated Medicaid Guidance Could Help States (GAO-16-238)

- NEMT is provided using a variety of transportation modes
  - Ambulance
  - Wheelchair and standard vans
  - Taxis and limousines
  - Public Transportation
  - Volunteer drivers
  - Personal vehicles
- States establish their own provider enrollment processes
- States use varying models: fee-for-service, managed care, and transportation brokers
CMS Uses a Range of Activities to Oversee Medicaid NEMT but Some Guidance is Outdated or Otherwise Limited

- States responsible for daily oversight of NEMT
- CMS monitors NEMT
  - Reviews, approves state Medicaid plans
  - Issues guidance
  - Conducts program integrity activities
  - Provides technical assistance, clarifies guidance
- Some outdated CMS guidance
  - Legislative and other changes have affected Medicaid and states’ NEMT programs
Challenges and How States Addressed Them

- Challenge: Containing Costs
  - Contributing Factors:
    - Traveling long distances,
    - Need for specialized vehicles
    - Reaching rural locations

- State actions
  - Implement payment mechanisms such as including NEMT in capitated payments to health plans or setting fixed reimbursement fees;
  - Coordinate with providers and beneficiaries; and
  - Implement policies such as standard limits on travel to see a physician
Challenges and How States Addressed Them

- Challenge: Maintaining program integrity
- Vulnerabilities to fraud, waste and abuse
  - Improper payments
  - Obtaining sufficient information when enrolling providers
  - Verifying beneficiary eligibility
- State actions
  - Review claims
  - Suspend NEMT providers
  - Update and clarify requirements
  - Review protocols
Challenges and How States Addressed Them

- Challenge: Contracting with and overseeing health plans and transportation brokers
  - Broker: Underestimated needed resources and thus unable to comply with contractual requirements.
  - State: Lacked sufficient information to develop metrics

- State actions
  - Monitor vendor compliance
  - Review NEMT data
  - Identify compliance issues
Challenges and How States Addressed Them

- Challenge: Ensuring access
- Factors affecting supply of providers
  - Geographic location
  - Specialty providers
  - Provider requirements limiting number of providers
  - Beneficiary and provider "no shows"
- State Actions
  - Broaden NEMT provider networks
  - Reviewed state provider networks
  - Used probationary periods or suspensions
  - Coordinate with health plans
Related GAO Products

- **Transportation Disadvantaged Populations**: Coordination Efforts are Underway, but Challenges Continue. GAO-14-154T. Washington, D.C.: November 6, 2013.
GAO on the Web
Web site: http://www.gao.gov/

Congressional Relations
Katherine Siggerud, Managing Director, siggerudk@gao.gov
441 G Street, NW, Room 7125, Washington, DC 20548

Public Affairs
Chuck Young, Managing Director, youngc1@gao.gov
441 G Street, NW, Room 7149, Washington, DC 20548

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