

Non-Emergency Medical Transportation and the Iowa Health and Wellness Plan

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Serving more than 100,000 Iowans at or above the Federal Poverty Level (FPL), the Iowa Health and Wellness Plan (IHAWP) was implemented in 2014 to expand health coverage for low income individuals through two separate programs: the Iowa Wellness Plan (IHAWP-WP) and the Iowa Marketplace Choice Plan (IHAWP-MPC). Designed to include a benefit structure more like commercial insurance, the IHAWP does not have all of the extensive benefits traditionally associated with Medicaid; in particular, the program does not include the non-emergency medical transportation (NEMT) benefit.

Consistent transportation access to health care can help enhance medical outcomes and lead to cost-savings. While the Code of Federal Regulations requires states make NEMT available to their Medicaid beneficiaries, the provision of NEMT services and reimbursement methodologies are determined by individual state Medicaid programs. Since the initial year of the IHAWP, a waiver has been approved for the state of Iowa's responsibility to provide NEMT services for IHAWP members. With continuances of the waiver, the state of Iowa sought to review IHAWP member experiences regarding transportation and access to health care.

In the fall of 2015, the University of Iowa Public Policy Center (PPC) fielded a survey to IHAWP members (no NEMT benefit) and Medicaid members (having an NEMT benefit) to determine if IHAWP members experience more unmet NEMT need than those who have the benefit and whether plan type and/or unmet NEMT need have an effect on obtaining particular health care services.

In this study, researchers analyzed survey data and members' associated administrative claims experiences and used statistical modeling to predict the likelihood of healthcare utilization. Key findings are presented in this brief, with the [full report available on the PPC website](#).



30,540

Surveys fielded to IHAWP-WP, IHAWP-MPC, and MSP-FMAP members (10,180 from each program) from October 28, 2015 to January 15, 2016

30% Adjusted response rate

Primary Questions of Interest

- Do IHAWP members without an NEMT benefit experience more unmet need for transportation to health care visits?
- Does plan type (IHAWP or MSP) and/or unmet NEMT need have an effect on getting particular health care services?

Key Findings

- Those who have the NEMT benefit (MSP-FMAP members) experience more unmet NEMT need than those who do not
- Even though they experience less unmet NEMT need, more IHAWP-WP members report usually or always needing assistance from others getting to and from health care visits
- IHAWP-WP members with an unmet NEMT need have 40% lower odds of having a well care visit

3 Distinct Groups within NEMT Evaluation:

	Medicaid State Plan (comparison group)	Iowa Health and Wellness Plans (2 study groups)	
	Family Medical Assistance Program (MSP-FMAP)	Wellness Plan (IHAWP-WP)	Marketplace Choice Plan (IHAWP-MPC)
Income Range	From 0-77% of FPL	Up to and including 100% of FPL	From 101-133% of FPL
Members	Non-employed and employed parents of children in Medicaid eligible families	Adults ages 19-64	Adults ages 19-64
NEMT status	Provides NEMT benefit	Does not provide NEMT benefit	Does not provide NEMT benefit

Results

Data from the 30-question survey and Medicaid administrative claims were used to perform analysis and model factors related to unmet NEMT need and health services utilization. More detailed analysis is available within the [full study](#).

Need and Access to Health Care Services

The need for NEMT is likely to be impacted by the need for routine health care services. Most survey members reported a need for routine care. Of those with a need, MSP-FMAP and IHAWP-WP members reported comparable unmet needs for routine care, with these percentages significantly higher than those reported by IHAWP-MPC members. For those reporting an unmet need for routine care, barriers varied by plan type. For both MSP-FMAP and IHAWP-WP members, lack of transportation was one of the top three reasons cited.

Transportation and Access to Health Care

IHAWP-WP members reported usually or always needing assistance from other sources to get to a health care visit at significantly higher rates (See Figure 1). The most common transportation-related reason for not being able to get to a

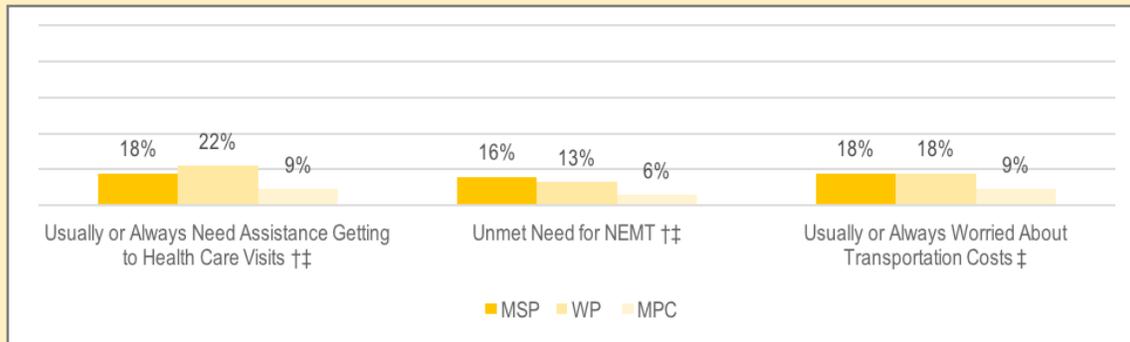
Conclusions

At first glance, the results on health care utilization (particularly with regard to well care visits), coupled with the fact that IHAWP-WP members self-report worse health, may suggest that having an unmet need for NEMT and not having the NEMT benefit leads to members in need of care not being able to obtain it. However, as those with the benefit experienced more unmet NEMT need, without considering the experiences surrounding why this is in more detail, the conclusion could be premature.

In all three plan types, the most common transportation-related reason those with an unmet NEMT need had for not being able to get to a health care visit was that the person who usually takes them to visits was not available.

Further research is needed to be able to fully understand the causes for unmet NEMT need, how to better promote access to NEMT, and how barriers to transportation affect access to needed health care services.

Figure 1. Transportation to Health Care Visits: Need, Unmet Need, and Worry About Costs



IHAWP-WP members reported needing assistance in getting to health care appointments at significantly higher rates. However, MSP-FMAP members reported significantly greater unmet needs for NEMT. Almost 20% of IHAWP-WP and MSP-FMAP members reported experiencing worry about transportation costs.

health care visit in all three plan types (for those reporting an unmet NEMT need) was that the person who usually takes them was not available.

Determining Statistical Odds

Using logistic regression modeling, it was determined that IHAWP-WP members had 21% lower odds and IHAWP-MPC members had 50% lower odds of having unmet NEMT needs compared to MSP-FMAP members. Females, black respondents, those enrolled in their plan longer, and those in poor health had an increased likelihood of having an unmet NEMT need.

Results suggest that the greater likelihood of obtaining a well care visit for those in IHAWP-WP depended on whether or not an individual experienced an unmet NEMT need. IHAWP-WP members with an unmet NEMT need had 40% lower odds of having a well care visit.

About the Public Policy Center

The University of Iowa PPC strives to provide policymakers and the public with information to make our lives and communities thrive in sustainable ways through academic research. Our work spans four areas of policy research: environment, health, politics and policy, and social and education policy.

Research at the PPC is funded primarily by externally supported grants and contracts with government agencies, private foundations, and industry. In FY2015, faculty and research staff at the PPC received 39 grants and contracts totaling more than \$31 million.

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