

Iowa Health and Wellness Plan: NEMT Waiver Amendment

In May of 2013, the Iowa Legislature passed the bi-partisan Iowa Health and Wellness Plan. The Iowa Health and Wellness Plan provides modern access to healthcare for all Iowans while implementing a benefit design intended to address liabilities associated with simply expanding the number of lives in traditional Medicaid coverage. The plan's design seeks to improve outcomes, increase personal responsibility and ultimately lower costs while supporting a population that is often new to full healthcare coverage.

Key goals among legislators that helped enable a bipartisan compromise were: 1) ensure the Health and Wellness population (0-138% of the federal poverty level) had access to high-quality local provider networks and modern benefits that worked to improve health outcomes and 2) help drive overall healthcare system transformation by encouraging a shift to value based provider payments that will align with important developments in the state occurring in both private insurance and Medicare markets. A key piece of the compromise was that the coverage would look more like a commercial benefit than traditional Medicaid and that the design would include a financial stake in coverage for members and an emphasis on healthy behaviors. Simply put, the Iowa Health and Wellness design has met these goals. Members have access to local providers and all Essential Health Benefits. The benefits are based on the state employees' commercial health insurance plan and do not contain the extensive benefits traditionally associated with Medicaid under the State Plan. This commercial approach specifically excluded non-emergency medical transportation (NEMT).

Iowa requests to continue waiving the NEMT service for members under the Iowa Health and Wellness plan who are not medically exempt. Our request is based on the initial experience with the plan and consistent with the negotiated basis of the bi-partisan approach in Iowa. The research available thus far shows lack of NEMT services is not significantly impeding member access to care. In fact, from January to June 2014, 39 percent of Wellness Plan members received at least one service. The numbers of those getting a pro-active wellness exam support the same conclusion: over fourteen percent of Iowa Health and Wellness Plan members completed exams in the first 8 months¹ versus an *annualized* figure of 6.5% for Medicaid overall in calendar year 2013. Detailed results follow to support our request to continue waiver of NEMT services.

Member Input

The member input received through the first six months of the Iowa Health and Wellness Plan shows members do not feel lack of NEMT services is prohibiting access to care.

¹ This number does not include Marketplace Choice plan numbers because the IME is still working with the Qualified Health Plans to exchange the claims data files. For this reason, the IME believes that 14% is below the actual number of members who have completed the wellness exam.

The University of Iowa Public Policy Center (PPC) recently conducted a survey with former IowaCare members who are now members of the Iowa Health and Wellness Plan. The survey asked about a variety of topics and included questions about the transportation needs of the members. In the brief, the PPC indicates that, without more information, they are unable to assess the full impact of the Iowa Health and Wellness Plan on members. However, members' responses to the NEMT questions indicate the majority of members do not feel lack of NEMT services is prohibiting access to their provider. Questions and responses from this brief² are as follows:

When you need to get health care, what is the type of transportation you use most often to get to your visit? (Please choose only one answer)

WP (n=953)	MPC (n=795)	Response options
60%	80%	I drive myself, using my own vehicle
20%	10%	Someone else (such as a friend, neighbor, or family) drives me, using their vehicle
9%	6%	Someone else (such as a friend, neighbor, or family) drives me, using my own vehicle
1%	<1%	I take a taxi cab
7%	2%	I take public transportation (such as a bus or government-provided transit)
4%	1%	Other: _____

In the last 6 months, how often did you need assistance from other sources (such as friends, family, public transportation, etc.) to get to your health care visit?

WP (n=952)	MPC (n=793)	Response options
41%	57%	Never
33%	29%	Sometimes
8%	5%	Usually
18%	8%	Always

In the last 6 months, was there any time when you needed transportation to or from a health care visit but could not get it for any reason?

WP (n=943)	MPC (n=783)	Response options

²The questions and answers in this amendment are copied from the PPC's brief. The entire policy brief is included as Attachment A: Non-emergency Transportation Services for Former IowaCare Enrollees.

20%	10%	Yes
80%	90%	No

In the past 6 months, how much, if at all, have you worried about your ability to pay for the cost of transportation to or from a health care visit?

WP (n=950)	MPC (n=787)	Response options
50%	62%	Not at all
22%	18%	A little
14%	11%	Somewhat
14%	8%	A great deal

Do you think any of the following would keep you from getting a physical exam this year? (Choose all that apply)

WP (n=972)	MPC (n=800)	Response options
15%	15%	I am not sure where to go to get a physical exam
10%	8%	I don't believe I need a physical exam
9%	3%	Getting transportation to my doctor's office is hard
8%	6%	I don't like getting a physical exam
5%	6%	It is hard to get an appointment for a physical exam from my doctor
9%	14%	Other: Including- "Already had a physical exam this year", "Difficulty taking time off from work or family responsibilities" and "Don't have a doctor/difficulty finding a doctor/don't like current doctor"

In addition to the survey results above, Iowa has also monitored member input on this matter through tracking all complaints about the Iowa Health and Wellness Plan made to the Iowa Medicaid Enterprise (IME) Member Services Call Center. During the first six months of the plan, one complaint was made to the Member Services Call Center.³

Since the Iowa Health and Wellness Plan began, the majority of calls received by the Call Center are inquiries, rather than complaints, about services and access to providers. The majority of members are appreciative that they have access to local providers and fulsome benefits.

³ This information is reported in Iowa's quarterly reports on the Iowa Health and Wellness plan and available at: www.dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan/ihawp-fed-docs

Claims Analysis

A review of the claims received from providers serving Iowa Health and Wellness Plan members shows many members have accessed services and are therefore not prevented access to care without NEMT services. The IME analyzed the claims of all Wellness Plan and medically exempt members that were received through June 30, 2014 and found that 39 percent of members received at least one service from a provider.⁴ Additionally, as of August 22, 2014, the IME has 7,252 members on the Iowa Health and Wellness Plan who have completed a health risk assessment, 11,925 members who have completed a wellness exam, and 7,369 members who have received a dental risk assessment.⁵ Members of the Iowa Health and Wellness Plan are able to access their providers without NEMT services.

NEMT Utilization in the Medicaid State Plan

Claims data and member input provide the most information on a benefit design that does not include NEMT. An analysis of NEMT utilization trends among Medicaid State Plan recipients provides some indication of how Iowa Health and Wellness Plan members may be impacted by lack of NEMT services.

NEMT utilization rates are very low, indicating a lack of need for this service among the larger population. In the Medicaid State Plan, all members have access to NEMT services, but only 1.3 percent of the members utilize the service.⁶ Members of the Iowa Health and Wellness Plan who have a medically exempt status receive services in the State Plan, including NEMT. Utilization rates for these members are also extremely low at 2.7 percent in May 2014 and 2.7 percent in June 2014.⁷ Medicaid services that have such low utilization rates cannot be viewed as essential services to the entire Medicaid population.

Additional analysis of NEMT utilization trends between the total State Plan population and the Iowa Health and Wellness Plan members who have a medically exempt status are below.⁸

⁴ The IME is still working with the Qualified Health Plans to pass the claims data file so Marketplace Choice plan members were not included in this analysis.

⁵ As noted above, ten percent of Iowa Health and Wellness Plan members completed exams in the first 7 months versus an *annualized* figure of 6.5% for Medicaid overall in calendar year 2013. Also, as the Dental Wellness plan began on May 1, 2014, dental risk assessment numbers are from May 1, 2014.

⁶ Utilization percentage is based on the average percentage reported by the NEMT vendor for the 2nd quarter of CY2014.

⁷ The IME’s NEMT vendor indicated that they do not have record of Iowa Health and Wellness Plan members who have a medically exempt status using NEMT services prior to May. As such, the IME does not have data prior to May.

⁸ A ‘trip’ is a one-way service. Definitions in the chart are as follows:

- Discharge Trips (All) – total number of hospital discharge trips scheduled for all trip types for the month.
- Discharge Trips (Completed) - net total number of hospital discharge trips scheduled for all trip types less total number of hospital discharge trips canceled during the month.

**Iowa Medicaid
Monthly Trips Summary
2014**

Summary Information	April 'Regular'	May - Exempt	May 'Regular'	June - Exempt	June 'Regular'
Trip Summary	1	5		6	
Members	420,784	4,160	427,575	5,599	414,258
Total Users	5,499	113	5,191	149	5,068
Total Trips Requested	39,338	880	38,191	1,171	36,131
Total Trips Cancelled	8,611	241	7,667	296	7,754
Total Trips Completed	30,727	639	30,524	875	28,377
Discharge Trips (All)	565	18	586	24	548
Discharge Trips (Completed)	470	14	434	18	436
Urgent Care Trips (Completed)	1,724	131	1,608	199	1,587
Percent of Members Utilizing	1.3%	2.7%	1.2%	2.7%	1.2%
Trips per User	7.2	7.8	7.4	7.9	7.1
Total Trips	30,727	639	30,524	875	28,377
Utilization by Vehicle Type	April 'Regular'	May - Exempt	May 'Regular'	June - Exempt	June 'Regular'
Ambulatory	10,546	338	10,324	316	9,496
Wheelchair	2,569	4	2,509	7	2,313
Bus	3,099	150	3,716	395	3,787
Stretcher	11	0	6	0	4
Mileage Reimbursement	14,502	147	13,969	157	12,777
Total Trips by Vehicle Type	30,727	639	30,524	875	28,377

Iowa also analyzed NEMT utilization trends for members of the Medicaid State Plan in the second quarter of CY2014 who 1) traveled more than 30 miles per trip and 2) who accessed more than five trips per month.⁹ The results are detailed below.

- Ambulatory - net total number of Ambulatory trips defined as the member is able to walk to and from the vehicle.
- Wheelchair - net total number of wheelchair trips defined as the member is transported in a manual or electric wheelchair.
- Bus - net total number of bus pass trips defined as the member is transported on a fixed route city bus system.
- Stretcher - net total number of stretcher trips defined as the member is transported secured horizontally on a stretcher from bed to bed.
- Mileage Reimbursement - net total number of mileage reimbursement trips defined as the member drives themselves or is transported by a family member, friend, and volunteer in either the member's vehicle or another vehicle.

⁹ As mentioned above, a 'trip' is one-way. Information reported was received from Iowa's NEMT vendor, TMS Management Group, as part of their monthly reporting to the IME. While members reported a variety of reasons

NEMT Trips of Thirty Miles or More

- Of those NEMT trips that were 30 miles or more, the most frequent member reported reason for utilizing NEMT services is to access mental health services.
- Of those NEMT trips that were 30 miles or more, other top member reported reasons for utilizing NEMT services include to access: dental services, screenings, hospital discharges, lab/x-ray/testing services, and physical/occupational/speech therapy services.

NEMT Utilization Rates - Trips that are 30+ Miles

Member reported reason for service	April Miles	April Trips	Members
Mental Health	20,106	1,246	308
Dialysis	2,972	997	54
Therapies	5,491	728	92
Dental	15,682	501	208
Screenings	15,896	456	189
Lab/X-ray/Testing	8,941	243	109
Hospital Discharge	22,950	211	190
Other Therapies	1,613	76	24
Substance Abuse	525	20	6
Pharmacy	531	13	9
Chiropractor	426	22	7
All Other	146,770	4,087	1,418
Totals	241,903	8,600	2,614

Member reported reason for service	May Miles	May Trips	Members
Mental Health	16,610	1,186	262
Dialysis	2,894	1,056	56
Therapies	6,265	791	100
Dental	17,619	550	218
Screenings	13,634	381	171
Lab/X-ray/Testing	8,151	210	103
Hospital Discharge	21,558	190	175
Other Therapies	1,849	149	30
Substance Abuse	439	54	8
Pharmacy	582	16	10
Chiropractor	557	24	8
All Other	124,862	3,492	1,235

for accessing NEMT services, this analysis contains the most commonly reported reasons. Definitions of all 'reported reason categories' are detailed in Attachment B – NEMT Categories.

Totals	215,050	8,099	2,373
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Member reported reason for service	June Miles	June Trips	Members
Mental Health	16,115	999	256
Dialysis	2,411	873	50
Therapies	7,582	878	114
Dental	13,471	405	178
Screenings	11,149	335	147
Lab/X-ray/Testing	7,224	169	84
Hospital Discharge	20,515	186	164
Other Therapies	2,040	84	23
Substance Abuse	734	153	12
Pharmacy	615	18	11
Chiropractor	366	32	7
All Other	129,140	3,557	1,211
Totals	211,362	7,689	2,257

Five or More NEMT Trips per Member per Month

- Of those members who accessed five or more NEMT trips per month, the most frequent member reported reason for utilizing NEMT services is to access dialysis services.
- Of those members who accessed five or more NEMT trips per month, other top member reported reasons for utilizing NEMT services include access to: mental health services, physical/occupational/speech therapy services, other therapy services, substance abuse services, screenings and chiropractic services.

NEMT Utilization - Five or More Trips per Member per Month

Member reported reason for service	April Trips	Unique Members
Mental Health	1,757	225
Dialysis	6,576	280
Therapies	2,075	129
Dental	0	0
Screenings	108	7
Lab/X-ray/Testing	60	6
Hospital Discharge	21	3
Other Therapies	302	17
Substance Abuse	219	12
Pharmacy	18	1
Chiropractor	222	15

All Other	1,336	69
Total Trips	12,696	764

Member reported reason for service	May Trips	Unique Members
Mental Health	1,498	98
Dialysis	6,787	288
Therapies	2,113	131
Dental	0	0
Screenings	106	4
Lab/X-ray/Testing	50	3
Hospital Discharge	9	1
Other Therapies	476	22
Substance Abuse	304	11
Pharmacy	0	0
Chiropractor	211	14
All Other	1,242	64
Total Trips	12,796	636

Member reported reason for service	June Trips	Unique Members
Mental Health	1,749	102
Dialysis	6,116	268
Therapies	2,018	123
Dental	0	0
Screenings	106	7
Lab/X-ray/Testing	31	3
Hospital Discharge	18	1
Other Therapies	324	17
Substance Abuse	303	11
Pharmacy	0	0
Chiropractor	152	8
All Other	1,091	53
Total Trips	11,908	593

In sum, State Plan member reported NEMT utilization reasons vary, but the main categories are similar among those who travel more than 30 miles and those who travel often. Several of these categories, including mental health services and dialysis services, may enable Iowa Health and Wellness Plan members to receive services in the State Plan through a medically exempt status determination. More information is needed for this analysis.

Alternatives to Medicaid NEMT Services

A variety of resources and options are available to Iowa Health and Wellness Plan members in regards to non-emergency medical transportation.

Regional Transit

According to a report created by the Iowa Department of Public Health, Iowa has sixteen public transit regions that cover all ninety-nine counties.¹⁰ It is stated that most public transit services by Iowa's regional public transit systems are provided on a demand-response, rather than a fixed route basis. This means that a passenger must call in to request each ride. Most also allow "standing reservations" or "subscriptions" that allow a person to request the same ride every weekday (such as for work trips) or on a certain day every week or every other week.

In addition, where available, mobility coordinators are available to help individuals in need of transportation services. The coordinators are available to help individuals identify transportation options, learn to use the options and provide assistance in planning for rides. If a mobility coordinator is not located in the area, a statewide resource may be used.

County-Based Options

Each of Iowa's ninety-nine counties has a local public health department. The county public health departments arrange and provide transportation services, if possible. Each county sets the standards for the services and who can utilize the services. For example, Polk County provides transportation to medical appointments for individuals with disabilities. See the following link for more details: <http://www.polkcountyiowa.gov/cfys/services/adult-services/>

Amendment Process: STCs Require Updated Budget Neutrality Analysis

As Iowa is requesting to continue to waive the NEMT service for the Iowa Health and Wellness Plan 1115 demonstration waivers, there is no impact to the budget neutrality documents already approved by CMS.

Amendment Process: STCs Require Evaluation of the NEMT Waiver

The six months of research Iowa has on the Iowa Health and Wellness Plan members indicates that lack of NEMT services is not prohibiting access to care. Iowa believes further analysis is needed to fully assess the impact of the NEMT waiver. The amendment process detailed in the Special Terms and Conditions of the Wellness plan and the Marketplace Choice plan requires the following:

¹⁰ See Attachment C – Health Care and Public Transit

A detailed description of the amendment including impact on beneficiaries, with sufficient supporting documentation and data supporting the evaluation hypotheses as detailed in the evaluation design.¹¹

On June 4, 2014, CMS has approved Iowa’s Evaluation Design that includes an assessment of the impact of lack of NEMT services on member access to care. As part of the Evaluation process, the State will “submit and draft Interim Evaluation Report 90 days following completion of year two of the demonstration.”¹² Iowa will conduct the NEMT evaluation as part of the formal evaluation process.

Iowa requests that CMS permit continuance of the NEMT waiver for the Iowa Health and Wellness Plan until Iowa’s Interim Evaluation Report that is finalized on June 29, 2016.¹³

Amendment Process: Public Notice

In accordance with the Special Terms and Conditions (STCs), the state held a post award forum on May 21, 2014, to allow the public an opportunity to comment on the progress of the Iowa Health and Wellness Plan, including the NEMT waiver. The state notified the public about the forum through various communications including through:

- The Medical Assistance Advisory Council (MAAC) meeting notices (as the forum was held directly after the MAAC meeting).
- The Weekly Iowa Health and Wellness Plan Updates (email blasts sent to over 700 recipients)
 - Initial notice sent April 25, 2014; reminder notice sent May 8, 2014
 - See email notices at: <http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan/Archives-Weekly-Iowa-Health-and-Wellness-Plan-Updates>.
- Notice provided on the website

At the post award forum, the IME accepted public comments on the Iowa Health and Wellness Plan, several of which were about NEMT. The IME also accepted written comments, which also pertained to NEMT. The post award forum minutes and written comments were included as part of the Wellness plan and Marketplace Choice plan quarterly reports for the second quarter of

¹¹ Centers for Medicare and Medicaid Services Special Terms and Conditions, Iowa Marketplace Choice Plan. STC #7, p. 4. *See also*, Wellness Plan STC #7.

¹² Centers for Medicare and Medicaid Services Special Terms and Conditions, Iowa Marketplace Choice Plan. STC #70, p. 31.

¹³ Per Marketplace Choice Plan STC #79: Interim Evaluation Report. The State is required to submit a draft Interim Evaluation Report 90 days following completion of year two of the demonstration...CMS will provide comments within 60 days of receipt of the draft Interim Evaluation Report. The State shall submit the final Interim Evaluation Report within 30 days after receipt of CMS’ comments. Iowa interprets that this timeframe would mean the Interim Eval. Report will be finalized by June 29, 2016.

CY2014 that are available at: <http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan/ihawp-fed-docs>.

The IME sent Tribal notice on September 4, 2014. Consistent with Iowa's State Plan Amendment on Tribal Consultation Requirements, IME staff called tribal representatives to discuss the amendment and receive comment. IME also sent an email with the NEMT waiver amendment draft. A request to publish public notice was also sent to various newspapers throughout the state of Iowa. Public notice will be posted on or before September 12, 2014; comments may be sent to IME through October 13, 2014. The IME will compile all tribal and public comments received and provide them to CMS.