

September 8, 2016

The Honorable Sylvia Mathews Burwell
Secretary, U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Burwell,

We appreciate the opportunity to comment on Indiana's proposal to amend its section 1115 demonstration project, the "Healthy Indiana Plan 2.0," by extending its waiver of the non-emergency medical transportation (NEMT) benefit through January 31, 2018.

In its application Indiana states that data demonstrate that the "lack of NEMT services does not significantly obstruct member access to care" (page 1 of the proposal). We believe the available data suggest otherwise. Problems with transportation are the most common reason beneficiaries cite for missing medical appointments, especially for people with the lowest incomes (page 26 of the Lewin evaluation). Further, while Indiana has conducted two evaluations of its NEMT waiver, the more recent evaluation is not posted on Medicaid.gov or the state's own website – thus, it is impossible to verify this claim. For these reasons, we urge CMS to reject Indiana's request to extend its waiver of the NEMT benefit.

Indiana has not published all its evaluation data. When CMS approved the HIP 2.0 Medicaid expansion waiver in January 2015, it granted Indiana a waiver of the NEMT benefit for one year so an evaluation could be conducted to determine whether waiving NEMT created or exacerbated an unmet need for transportation for HIP 2.0 beneficiaries. Indiana was subsequently granted a short-term extension of the NEMT waiver to November 30, 2016 to allow more time for data collection on the impact of the NEMT waiver. While the Lewin Group completed the evaluation in February 2016, it noted that its study had a number of limitations. These limitations included a lack of a comparison group which received the NEMT benefit, a short-time frame under which survey respondents could base their experiences, and a sample size too small to detect differences across populations.

Lewin conducted a second evaluation in order to address these shortcomings, and that study was completed in July 2016. Indiana says the results of both evaluations support the extension of its waiver, but the second evaluation has not been published so there is no way to fully assess whether the results support the state's assertions.

Available data suggest waiving NEMT has had an adverse impact on low-income Hoosiers. Setting aside the limitations of the Lewin Group's February 2016 evaluation noted above, we disagree with Indiana's interpretation that the underlying data suggest waiving NEMT has not adversely affected beneficiaries. Indiana justifies its position by noting that a relatively small number (six percent) of HIP members without access to NEMT missed medical appointments due to transportation difficulties, and that 90 percent of those surveyed used their own car or someone else's car to get to their appointments.

While most beneficiaries can travel to their appointments, the NEMT benefit is intended to ensure that *all* beneficiaries including the most vulnerable can obtain needed care. Studies have shown that people who lack transportation to reach medical appointments are more likely to have chronic health conditions. If these health conditions are left untreated, people may end up sicker and need care in the emergency room or even be hospitalized.¹ Simply put, providing NEMT ensures that people can get the care they need and can help states avoid paying for more expensive care down the road. The fact that six percent of HIP beneficiaries are missing medical appointments due to transportation difficulties is evidence that there is a need for NEMT and that the benefit should not be waived. Moreover, transportation problems were the top-cited reason for missing medical appointments, ahead of the lack of childcare or an inability to get time off work (page 24 of the Lewin evaluation). Although a benefit may not be needed by a majority of Medicaid beneficiaries, this is not a reason to waive the benefit and impede access for those who do need the service in order to obtain care. Indeed, fewer beneficiaries using this benefit may result in reduced costs for the state but is no reason to obstruct access to care for those who require transportation assistance.

The February 2016 Lewin evaluation also finds that transportation is a greater obstacle for people with the lowest incomes. While six percent of all HIP participants without access to NEMT reported transportation difficulties as a reason for missing medical appointments, 10 percent of people with incomes below 25 percent of the poverty line reported it as a reason (page 26 of the Lewin evaluation).

More states desire to waive NEMT. Indiana and Iowa are the two states that have been granted a waiver of the NEMT benefit for their Medicaid expansion populations. CMS granted only short-term waivers to both states to ensure that the impact on beneficiaries could be evaluated. We have previously expressed our opinion that the Iowa waiver of NEMT should not be extended because it has had an adverse impact on some beneficiaries in Iowa. The NEMT waiver in Indiana has also had an adverse impact on some beneficiaries as described above.

Two other states, Arizona and Kentucky, are now also seeking NEMT waivers. NEMT is a critical benefit for many Medicaid beneficiaries, especially those with serious health needs. We believe that granting Indiana a long-term extension of its NEMT waiver would signal to other states that the question of whether waiving NEMT adversely affects beneficiaries is settled, and more states will likely make similar requests.

Thank you for your willingness to consider our comments. If you would like any additional information, please contact Joan Alker (jca25@georgetown.edu) or Judy Solomon (solomon@cbpp.org).

¹ Richard Wallace, et al., "Access to Health Care and Nonemergency Medical Transportation: Two Missing Links," *Transportation Research Record: Journal of the Transportation Research Board*, January 2005, https://www.researchgate.net/publication/39967547_Access_to_Health_Care_and_Nonemergency_Medical_Transportation_Two_Missing_Links.