November 12, 2021

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Dear Secretary Becerra:

The **59 undersigned advocacy organizations** are writing to ask the Department to delay the nationwide expansion of the Center for Medicare and Medicaid Innovation's (CMMI) Repetitive Scheduled Non-Emergent Ambulance Transport (RSNAT) model starting in December 2021 and add a nonemergency medical transportation (NEMT) benefit to the RSNAT model to fill "gaps" when beneficiaries lack other means of transportation.

The RSNAT model is an important program integrity initiative that saves the Medicare Trust Fund money by using prior authorization to deny ambulance services to beneficiaries that do not meet Medicare's qualifying criteria. Without modifications, however, the model has the potential to leave vulnerable Medicare beneficiaries without access to lower cost NEMT to critical services.

Since 2015, there has been a demonstration of the RSNAT model in nine states along the East Coast. In the demonstration, half of Medicare nonemergency ambulance rides are to dialysis or wound care services. While we agree that ambulances are an expensive and inappropriate mode of transport to dialysis and wound care for almost all Medicare patients, RSNAT has highlighted the need for an appropriate transportation alternative for these vulnerable Medicare beneficiaries.

At least half of the Medicare beneficiaries who lost ambulance service in the model are dual-eligibles enrolled in both Medicare and Medicaid. RSNAT has resulted in a shifting of transport service to Medicaid NEMT for full dual eligibles. In fact, data from the demonstration states show increased spending for Medicaid stretcher and wheelchair van transports immediately following the implementation of RSNAT.

However, NEMT is not available to partial dual eligible beneficiaries who make up almost 20% of the target population and who have incomes between 75% and 135% of FPL, or less than $24,000 annually for a two-person household. In the RSNAT evaluation, "beneficiaries stressed that limited incomes and other major financial burdens, including medications and rent, make transportation costs difficult to manage."

We urge CMMI to provide a low-cost NEMT benefit in the RSNAT model prior to its national implementation to fill "gaps" when beneficiaries lack other means of transportation. Under CMMI authority, CMS should test whether this additional service could improve or maintain quality and produce savings for Medicare by improving access to important, lower-cost transportation services. Most NEMT rides cost less than $40, a

fraction of the cost of the ambulance trips they would replace. **Several studies document that NEMT is a net cost-saver to Medicaid for certain beneficiaries, especially those with ESRD.**

In addition, since NEMT is now a statutorily required Medicaid benefit, the infrastructure already exists to deliver it in every state. Almost all state Medicaid NEMT programs have benefits managers or brokers that use prior authorization processes to ensure that NEMT is only provided to individuals who lack transportation to medically necessary services and in the most cost-efficient manner. As a result, Medicaid NEMT is well-suited as a benefit for the population left with no transportation to vital health services due to the RSNAT program.

We greatly appreciate your attention to our concerns. **We strongly urge that HHS address the potential gaps the RSNAT model could create prior to any national expansion from the current nine states.**

Sincerely,

AIDS Action Baltimore
AIDS Alabama
AIDS Alabama South
AIDS Foundation of Chicago
Allies for Independence
American Academy of HIV Medicine
American Association of People with Disabilities
American Association on Health and Disability
American Federation of County and Municipal Employees
American Kidney Fund
American Network of Community Options and Resources
American Public Transportation Association
American Therapeutic Recreation Association
Amida Care
The Arc of the United States
Association of Programs for Rural Independent Living (APRIL)
Autistic Self Advocacy Network
California Dental Association
Center for Autism and Related Disorders
Center for Public Representation
Children's Health Fund
Community Transportation Association of America
Dialysis Patient Citizens
Disability Rights Education and Defense Fund
Easterseals
Equality NC
Families USA
First Focus Campaign for Children

Global Alliance for Behavioral Health and Social Justice
Greater WI Agency on Aging Resources, Inc. (GWAAR)
HIV Dental Alliance
HIV Medicine Association
Hudson Valley Community Services
Lakeshore Foundation
Los Angeles LGBT Center
Lutheran Services in America
Medicare Rights Center
Mental Health America
Michael J. Fox Foundation for Parkinson's Research
National Adult Day Services Association (NADSA)
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association of Area Agencies on Aging (N4A)
National Association of Directors of Developmental Disabilities Services
National Association of Nutrition and Aging Services Programs (NANASP)
National Council on Aging
National Healthcare for the Homeless Council
Nevada Disability Coalition
Pennsylvania Council on Independent Living
Planned Parenthood of California
Schizophrenia and Related Disorders Alliance of America
SKIL Resource Center
The Transportation Alliance
Treatment Action Group
Treatment Communities of America
United Spinal Association
WI Association of Mobility Managers (WAMM)
Wisconsin Aging Advocacy Network (WAAN)
Wyoming Patients Coalition

cc:

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HHS Office of the Secretary