UTC Project Information	
Project Title	Medicaid's Non-Emergency Transportation: The Critical Role of Mobility Services in Accessing Behavioral and Preventative Care
University	Washington State University
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Funding Source(s) and Amounts Provided (by each agency or organization)	University of Washington PacTrans \$40,000 Washington State University \$ 40,000
Total Project Cost	\$ 80,000
Agency ID or Contract Number	69A3551747110
Start and End Dates	August 16, 2019-August 15, 2021
Brief Description of Research Project	Medicaid's non-emergency medical transportation (NEMT) facilitates free or low-cost transportation to and from medical appointments for enrollees who experience transportation barriers. The state of Washington incorporated performance incentives and overhauled the data collection system in 2011 for its NEMT program. This research examines cost-savings from the 2011 system update and changes to NEMT utilization. Administrative claims data from 2010 through 2013, prior to the Affordable Care Act's Medicaid expansion in the state of Washington, are analyzed. Differences in costs and utilizations between metropolitan and non-metropolitan beneficiaries and between children and adult beneficiaries are calculated. The study finds that inclusion of performance incentives and data collection system update was associated with a 1.3-percentage point increase in NEMT users from 2010 to 2013, with greater increase in demand among children under fourteen years of age and among metropolitan beneficiaries. At the same time, there were substantial cost savings in both metropolitan and non-metropolitan areas, with no significant reduction in number of rides. Average cost of NEMT rides per day decreased from \$88 to \$21 in metropolitan areas and from \$45 to \$29 in non-metropolitan areas in the state of Washington. Among children, NEMT use for access to preventative care, such as, routine health exam and influenza immunizations, increased since 2011. Among adults, NEMT was frequently used to access behavioral health services and care for chronic conditions. In non-metropolitan areas, use of NEMT for prenatal care increased since 2011.

Describe Implementation of Research Outcomes (or why not implemented) Place Any Photos Here	Research outcomes will be shared with Washington Department of Health who administer Medicaid and Medicaid's non-emergency medical transportation.
Impacts/Benefits of Implementation (actual, or anticipated) Web Links	Anticipated benefits are: (1) cost savings to public-insured insurance programs through reducing transportation barriers in using preventative health care, and (2) long-run improvement in health of Medicaid enrollees who need and access non-emergency medical transportation.
Reports Project Website	http://ses.wsu.edu/extension/health_economics/