

# Ensuring Access to Health Care by FQHCs as States Reopen Amid COVID-19

Miku Sodhi, MBBS, MHA

Despite the news of states reopening, coronavirus disease 2019 (COVID-19) has had devastating impacts on the overall economy and population health in ways that will take years or even decades to overcome.<sup>1</sup> Growing numbers of individuals are unemployed, under- or uninsured, or unable to pay for health care. Consequently, the largest safety-net programs for coverage and care, Medicaid and community health centers/federally qualified health centers (FQHCs), have been under enormous and mounting pressure to fulfill their critically important roles in the response to the public health emergency.<sup>2</sup>

Medicaid provides health and long-term care coverage for more than 70 million adults and children, or 1 in 5 Americans. States and the federal government fund the program jointly. Health centers serve as the primary care safety net for more than 29 million adults and children, including 1 in 5 of Medicaid beneficiaries.<sup>3</sup> By mission and mandate, they provide health care and enabling services to individuals regardless of their ability to pay.

Medicaid financing ensures that health centers are able to provide high-quality care to vulnerable populations, including a state's Medicaid enrollees. The Medicaid and health center programs have been partners at the forefront of addressing population health needs for more than 50 years. Although testing and contact tracing during the COVID-19 crisis are helping rural FQHC patients, there are other vital Medicaid services that are both available right now and ripe for enhancement to ensure the accessibility of services during and after the COVID-19 emergency. A primary example is nonemergency medical transportation (NEMT).

## What Is NEMT?

During the COVID-19 emergency, lack of transportation frustratingly reemerged as a barrier to care for low-income Americans. When the pandemic struck, some patients lost their personal vehicles because of financial difficulties. Many others avoided the risks of ridesharing or public transit options, which have been substantially reduced. Finally, technology barriers make the use of telehealth especially challenging. Taken together, health centers were among the many providers to experience a steep decline in patient visits.

## TAKEAWAY POINTS

- ▶ Community health centers provide primary care to 1 in 5 Americans and are vital to patient access as states reopen amid the coronavirus disease 2019 (COVID-19) pandemic.
- ▶ Federally qualified health centers must focus on the special Medicaid benefit of nonemergency medical transportation in the COVID-19 emergency.

Fortunately, the Medicaid program has long recognized lack of transportation as a barrier, which is why state Medicaid agencies are required to ensure necessary transportation to and from providers via NEMT. In addition to providing the benefit, states must describe how they will deliver the NEMT benefit in their Medicaid state plan. Some states choose to deliver NEMT directly, whereas others may deliver the benefits through a broker program or under contract with individuals or entities.

## Ways to Enhance the Medicaid NEMT Benefit

Coverage is complex, and access to care is highly dependent on one's comprehension of the coverage labyrinth. The Medicaid NEMT benefit is often overlooked despite its demonstrable need and proven value.<sup>4</sup> Some practical steps that health centers can take to help ensure the availability of NEMT services, working with their partners at state primary care associations and health center controlled networks, include:

- reviewing the Medicaid state plan to understand how their state makes operational the NEMT assurance requirement,<sup>5</sup>
- obtaining written guidance from the state on how Medicaid beneficiaries can access NEMT,
- sharing up-to-date information about the Medicaid NEMT benefit on their FQHC's website and ensuring that outreach and enabling services staff are equipped with and sharing that information,
- working cooperatively with their state Medicaid agency to resolve NEMT access issues for FQHC users,

- monitoring state proposals to waive NEMT through section 1115 waiver demonstrations and section 1135 COVID-19 emergency state plan amendments,<sup>6</sup> and
- working with their state to determine NEMT flexibilities it would be willing to offer through a section 1115(a) waiver demonstration and/or section 1135 Medicaid Disaster Relief for the COVID-19 National Emergency State Plan Amendment.

### Forging Ahead With Existing Tools and Space for Innovation

As safety-net programs, FQHCs and providers continue to step up to address the mounting challenges before us, but it is critical that we first ensure that existing tools, such as NEMT, are fully maximized. ■

**Author Affiliation:** Shasta Cascade Health Centers, Mount Shasta, CA.

**Source of Funding:** None.

**Author Disclosures:** The author reports no relationship or financial interest with any entity that would pose a conflict of interest with the subject matter of this article.

**Authorship Information:** Concept and design; acquisition of data; drafting of the manuscript; and supervision.

**Address Correspondence to:** Miku Sodhi, MBBS, MHA, Shasta Cascade Health Centers, 1632 Christian Way, Mount Shasta, CA 96067-9202. Email: miku\_sodhi@hotmail.com.

## REFERENCES

1. Health centers on the front lines of COVID-19: \$7.6 billion in lost revenue and devastating impact on patients and staff. National Association of Community Health Centers. April 2020. Accessed June 20, 2020. <https://www.nachc.org/wp-content/uploads/2020/04/Financial-Loss-Fact-Sheet.pdf>
2. National findings on health centers' response to COVID-19. National Association of Community Health Centers. May 2020. Accessed June 20, 2020. <https://www.nachc.org/wp-content/uploads/2020/05/Health-Center-Response-to-COVID-19-Infographic-2pg-5.1.pdf>
3. Community health center chartbook 2020. National Association of Community Health Centers. 2020. Accessed June 20, 2020. <https://www.nachc.org/wp-content/uploads/2020/01/Chartbook-2020-Final.pdf>
4. Cost-benefit analysis of providing non-emergency medical transportation. Transportation Research Board. Updated March 23, 2016. Accessed June 20, 2020. <http://www.trb.org/Publications/Blurbs/156625.aspx>
5. Medicaid state plan amendments. Medicaid.gov. Accessed June 20, 2020. <https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html>
6. Medicaid waiver tracker: approved and pending section 1115 waivers by state. Kaiser Family Foundation. July 13, 2020. Accessed June 20, 2020. <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/>

Visit [ajmc.com/link/88470](https://ajmc.com/link/88470) to download PDF