

## PROJECT DRAFT

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**Headline:** Keeping Members On The Road To Better Health With NEMT

**Copy:** In today's healthcare marketplace, health plans are operating under sustained pressure from rising medical costs, increasing member acuity, and Medicare Advantage reimbursement rates that have not consistently kept pace with utilization trends or the cost to deliver care. As a result, controlling total care costs has become the central priority for MA plans.

As health plans balance benefit design decisions and cost pressures, some have eliminated or curtailed non-emergency medical transportation (NEMT) benefits. However, transportation directly enables access to care, with clear implications for clinical outcomes, member engagement, and total cost of care.

When transportation is inconsistent or unavailable, members may miss or delay scheduled appointments. These gaps in care can lead to downstream effects, including worsening chronic conditions, delayed interventions, and increased use of unnecessary, high-cost services, such as emergency department visits, inpatient admissions, and ambulance transport.

The cost differential is substantial. NEMT averages approximately \$25 per trip.<sup>1</sup> By comparison, emergency department visits typically range from \$700 to \$790, according to the Agency for Healthcare Research and Quality.<sup>2</sup>

At the same time, inpatient admissions can exceed \$16,000 per hospital stay, according to the Medical Expenditure Panel Survey.<sup>3</sup> Of course, there's no guarantee NEMT benefits will prevent a hospitalization, but we know regular preventive care, which can be delayed or missed due to a lack of transportation, has a direct impact on hospital admissions.

The impact is especially clear for those living with chronic conditions. For members requiring ongoing treatment, such as dialysis, missing appointments can increase the risk of complications and hospitalizations. In contrast, addressing transportation barriers improves adherence to

treatment plans. In one analysis, appointment attendance increased from 54% to 68% when transportation barriers were addressed.<sup>4</sup>

Organizations like [Alivi Health](#) are partnering with health plans to connect transportation, specialty benefits, and member engagement solutions through a single, cohesive platform. By linking these services at the outset, plans can reduce fragmentation, increase access, and deliver a more coordinated experience for members while also managing total cost of care.

These effects extend beyond clinical outcomes and cost performance to how members evaluate and choose their health plans. Medicare Advantage members increasingly view transportation as essential, and some report selecting plans based on its availability, according to findings published in the *Journal of General Internal Medicine*.<sup>5</sup> In a competitive environment, benefits that improve access and influence plan selection have a greater impact on enrollment and renewal decisions. Transportation is one of the few benefits that does both.

### Sources

<sup>1</sup>McCarthy, D. et al. (2022a) “Costs of treat-and-release emergency department visits in...,” The Commonwealth Fund. Available at: <https://hcup-us.ahrq.gov/reports/statbriefs/sb311-ED-visit-costs-2021.pdf> (Accessed: 04 May 2026).

<sup>2</sup>Roemer, M. (2024a) “Costs of treat-and-release emergency department visits in...,” Agency for Healthcare Research and Quality. Available at: <https://hcup-us.ahrq.gov/reports/statbriefs/sb311-ED-visit-costs-2021.pdf> (Accessed: 04 May 2026).

<sup>3</sup>MEPS HC-229D: 2021 “Hospital Inpatient Stays May 2023” (no date) MEPS HC-229D. Available at: [https://meps.ahrq.gov/data\\_stats/download\\_data/pufs/h229d/h229ddoc.shtml](https://meps.ahrq.gov/data_stats/download_data/pufs/h229d/h229ddoc.shtml) (Accessed: 04 May 2026).

<sup>4</sup>Shekelle, P.G. et al. (2022) “Effect of interventions for non-emergent medical transportation: A systematic review and meta-analysis” - BMC Public Health, SpringerLink. Available at: <https://link.springer.com/article/10.1186/s12889-022-13149-1> (Accessed: 04 May 2026).

<sup>5</sup>Razon, N., Gottlieb, L.M. and Frazee, T. (2023) “Essential not supplemental: Medicare advantage members' use of Non-Emergency Medical Transportation (NEMT)” - *Journal of General Internal Medicine*, SpringerLink. Available at: <https://link.springer.com/article/10.1007/s11606-023-08321-1> (Accessed: 04 May 2026).