Rural Needs, Statewide Answers: Demographics, Health Care Access, and Community Engagement

May 13, 2024
University of Minnesota
Objectives

- Background in Rural Transportation
- Challenges in Rural Access to Healthcare
- Opportunities for Improvement
- Next Steps for the Future
Feonix Background in Rural Transportation Access
Background in Rural Transportation & Healthcare Pilots

- Missouri
- Texas
- Mississippi
- Nevada
- Michigan
- Wisconsin
- South Carolina
- Minnesota
- Tennessee
- Nebraska
Feonix Vision

Mobility solutions for the *health* and *wellbeing* of every person in every community.
Feonix Solution:
Transportation Assistance Hub

Staffing
Community Development Manager
Mobility Navigator
Fundraiser/Sustainability Outreach

Technology
Community Operations Support Center
MaaS Technology
Mobility Wallet

Community Support
Mobility Leadership Circle
Transportation Directory
Transportation Subsidy Library

Capacity
Local Transportation Providers
- Public, Private, & Public Transit
Volunteer Drivers
Transportation Assistance Hubs Enable Mobility for all Social Determinants of Health

- Wellness & Medical Appointments
- Employment
- Groceries
- Social Services Providers
Challenges in Rural Access to Healthcare
Challenges for Rural Healthcare Access

1. Broken Policy Structure
2. Underfunded
3. Limited Transportation Options
1. Broken Policy Structure

- Funding in Programmatic & Contractual Silos
- Medicaid/Medicare Transportation Contract Structure Leaves Gaps for Rural Patients & Healthcare Providers to Fall Through Cracks
- Rural Public Transportation Matching Funds & Regulatory Barriers
Funding in Programmatic & Contractual Silos

- Public Transit
- Medicaid
- Medicare
- Veterans - DAV
- Older Americans Act
- Centers for Independent Living
- + 100 Other Programs
Medicaid/Medicare Transportation Contract Structure Leaves Gaps

- Limited Oversight & Accountability
  - ~3% of Medicaid/Medicare Budget

- Funding Mechanisms & Contract Standards Ineffective
  - Rural Healthcare Systems
  - Rural Transportation Providers
Rural Public Transportation Requires Matching Funds
- 50% Operating / 20% Administrative
  ○ Inequities for Lower Income Cities/Counties

Matching Funds Frequently Provided by City/County Tax Funds which Often Creates Jurisdictional Limits for Service

FTA Equitable Service Requirements Create Near Impossible Standards for Serving Cross County/Large Service Areas
2. Underfunded - Healthcare Providers in Rural Communities

- Fixed Reimbursement Rates
- Medicare/Medicaid Pay Lower Reimbursement Rates - 60-75% of Patients
- Increased Cost of Supplies
- Increased Cost of Labor
2. Underfunded - Transportation Providers

- Reimbursement Rates Rarely Cover Costs
  - Unpaid Deadhead Miles to Pick-up Patient
  - Unpaid No Shows When Patient Cancels
  - Unpaid Wait Time
  - Billing is Complex & Lengthy

- Public Transit Agencies Reimbursement Often Limited to Cost of Bus Pass vs. Actual Cost of Providing Service
## Local County or Tribal Agency-Administered Transportation Personal Mileage Codes, Modifiers and Payment Rates

### Personal mileage codes and payment rates

<table>
<thead>
<tr>
<th>Personal Mileage Code</th>
<th>NEMT Service Description</th>
<th>Service Modifier</th>
<th>Payment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0100 Unassisted Transport Base (Mode 3)</td>
<td>Taxi or equivalent, curb-to-curb</td>
<td>Origination and destination identifier modifier</td>
<td><strong>Base rate:</strong> $12.10 (limit of 2 units per service line) <strong>( \star \star \star \star P )</strong></td>
</tr>
<tr>
<td>S0215 Unassisted Transport Mileage</td>
<td>Taxi or equivalent, curb-to-curb</td>
<td>Origination and destination identifier modifier</td>
<td><strong>Mileage rate:</strong> $1.43 per mile (includes Jan.1, 2024, fuel adjuster)</td>
</tr>
<tr>
<td>T2003 Assisted Transport Base (Mode 4)</td>
<td>Nonemergency transportation; ambulatory; encounter or trip = door-to-door and door-through-door</td>
<td>Origination and destination identifier modifier</td>
<td><strong>Base rate:</strong> $14.30 (limit of 2 units per service line) <strong>( \star \star \star \star P )</strong> RUCA may apply.</td>
</tr>
<tr>
<td>S0215 Assisted Transport Mileage</td>
<td>Nonemergency transportation mileage; ambulatory; encounter or trip = door-to-door and door-through-door</td>
<td>Origination and destination identifier modifier</td>
<td><strong>Mileage rate:</strong> $1.43 per mile (includes Jan. 1, 2024, fuel adjuster)</td>
</tr>
</tbody>
</table>

feonix  
MOBILITY RISING
Basic Transportation Provider Costs

- Driver Wages & Taxes
- Workman’s Comp Insurance
- Vehicle Insurance
- Company Insurance
- Routing & Oversight Technology
- Fuel & Oil
- Training
- Safety Equipment
- Dispatch Coordination
- Billing
- Management Support
- Maintenance & Repairs
- Uniforms
- Car Wash & Cleaning

Actual Cost of Service:
~ $65 - $80/hour

Requires 4+ Trips/Hour, 8 Hours/Day at Medicaid Reimbursement Rates to Cover Expenses

Leads to High Trip Denial Rate for Rural Transportation Requests
3. Limited Rural Transportation Options

- **Medicaid/Medicare Provider** - Requires 3 Days Notice, Limited to Transportation to Approved Healthcare Facilities & Trip Types, 2 Riders/Trip Limit, Must Schedule Separate Appointment to Pick-up Medication if Prescribed

- **Public Transit** - May Require 1-3 Days Notice, Service Limited within City, County, or Region, Limitations for Carrying Bags, Longer Trip Times, Can Be Difficult for Various Physical or Mental Health Conditions (esp. Back Injuries or PTSD)

- **Taxi/Uber/Lyft** - Few and Far Between - Not Enough Demand to Stay in Business & Not Enough of Population that Need a Ride Can Afford Cost of the Trip

- **Veteran Transportation** - Limited to Volunteer Drivers, Not Able to Bring Spouse Unless they Served in Military, Often Requires First/Last Mile Travel, Not Always Accessible and/or Volunteer Has Limited Securement Training
Opportunities for Improvement in Rural Access to Healthcare
Opportunities for Improvement

1. CMS Focus on Patient Centered Practices & Value Based Incentives for Patient Outcomes

2. Enhanced Coordination of Funding with Mobility Wallet Technology

3. Increased Participation for Philanthropy & Corporate Sponsorships for Matching Funds
CMS National Quality Strategy Goals

**Equity**
Advance health equity and whole-person care

**Engagement**
Engage individuals and communities to become partners in their care

**Safety**
Achieve zero preventable harm

**Resiliency**
Enable a responsive and resilient health care system to improve quality

**Outcomes**
Improve quality and health outcomes across the care journey

**Alignment**
Align and coordinate across programs and care settings

**Interoperability**
Accelerate and support the transition to a digital and data-driven health care system

**Scientific Advancement**
Transform health care using science, analytics, and technology
Funding in Programmatic & Contractual Silos
Mobility Wallet for Integrated Access to Transportation Funding & Person Centered User Experience
Food Stamps – Printed in 1997
Food Stamps – Every State Uses EBT Cards in 2024
Increased Participation for Philanthropy & Corporate Sponsorships - Equitable Communities

- Automotive Manufacturers
- Automotive Insurance Companies
- Vehicle Rental Companies
- Transportation Consulting
- Construction
- Freight
- Corporate Sponsorships
- Federal and State Grant Funding
- U.S. Department of Transportation
- Housing and Urban Development (HUD)
- U.S. Health and Human Services
- U.S. Department of Agriculture (USDA)
- AmeriCorps
- 100+ Federal Funding Sources for Transportation
Transportation to Support Health Equity

- Economic Stability
- Neighborhood & Physical Environment
- Education
- Healthy Food
- Community & Social Support
- Healthcare
Possible Next Steps for the Future
Possible Next Steps for the Future

1. Research to Determine Utilization of Medicare/Medicaid Services (NEMT) for Rural Zip Codes & Complaints Filed
   a. Connect with Demographic Information

2. Review Actual Cost of Services with Transit & NEMT Providers in Rural Areas with Business Analyst - Reconsider Rates & Policy

3. Utilization of Mobility Wallet Technology for Leveraging Funding & Transportation Provider Coordination
Objectives

● Background in Rural Transportation ✅
● Challenges in Rural Access to Healthcare ✅
● Opportunities for Improvement ✅
● Next Steps for the Future ✅
Thank you!

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