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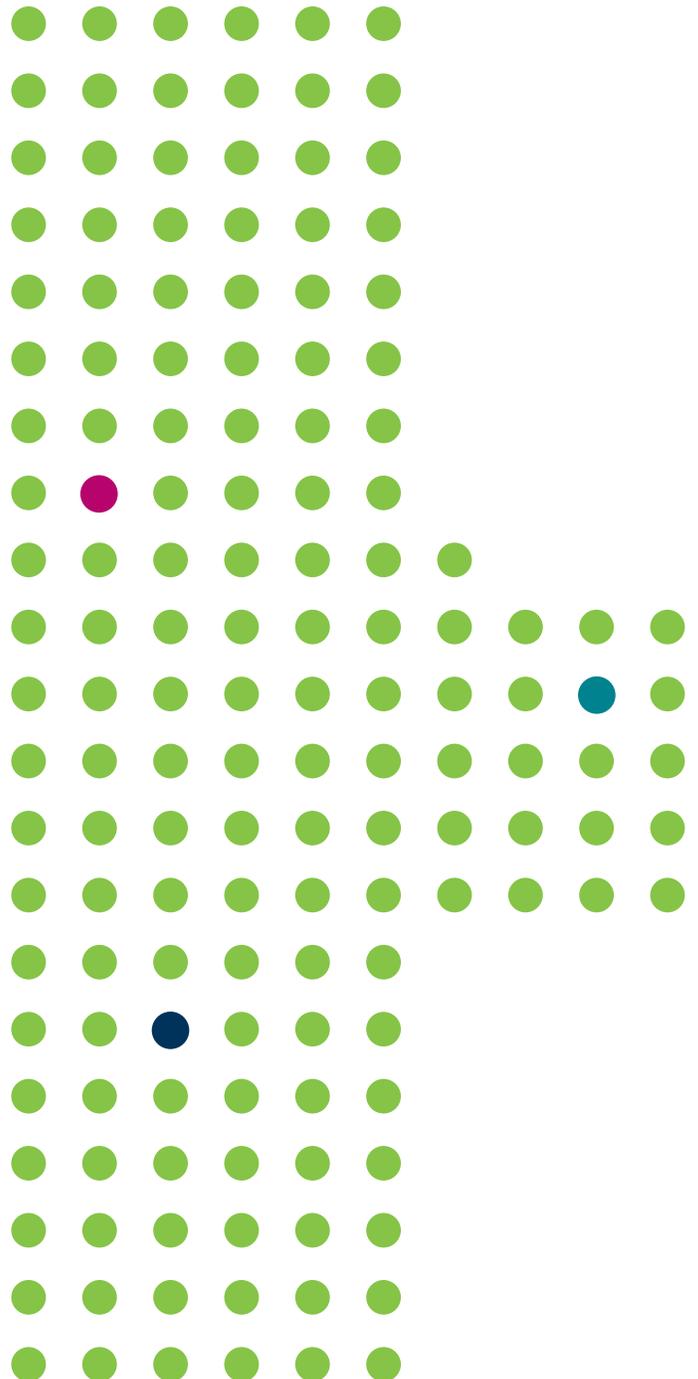
Transportation Issue Brief

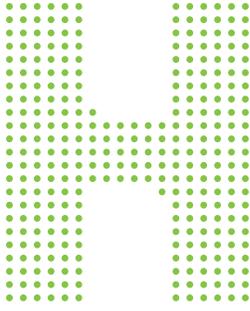
BOLD GOAL,
POPULATION HEALTH STRATEGY
OFFICE OF THE CHIEF MEDICAL OFFICER

The intent of this brief is to increase knowledge and inform our stakeholders of opportunities to address social determinants of health, a core function of Humana's Bold Goal, population health strategy. Our Bold Goal is dedicated to improving the health of the communities we serve 20 percent by 2020 and beyond by addressing the health of the whole person.

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The facts

Why should we care about transportation?

Patients miss appointments and become non-adherent to treatment plans and medication due to the inability to get to appointments, tests and to the pharmacy.

According to the American Hospital Association, as of 2017, medical transportation was the leading cause of patient no-shows, and missed appointments are associated with increased medical care costs for the patient, disruption of patient care and provider-patient relationships, delayed care and increased emergency room visits.¹

Access to transportation is also a barrier to social determinants and health-related social needs, such as accessing healthy foods and employment.

For older adults, transportation is a major determinant in the ability to age in place in the home and to maintain social connections.²

By the numbers

3.6
million

The number of Americans who do not obtain medical care due to transportation barriers³

4%

The percentage of children in the U.S. who miss a healthcare appointment each year due to unavailable transportation⁴

\$150
billion

Annual cost of missed appointments to the healthcare industry⁵

¹Health Research & Educational Trust. (2017, November). Social determinants of health series: Transportation and the role of hospitals. Chicago, IL: Health Research & Educational Trust. Accessed at www.aha.org/transportation

²AARP Foundation. (2012) Framework for Isolation in Adults Over 50. Retrieved from https://www.aarp.org/content/dam/aarp/aarp_foundation/2012_PDFs/AARP-Foundation-Isolation-Framework-Report.pdf?_sm_au_=iHVFQsr0Ft3sZBBk

³Wallace, R., Hughes-Cromwick, P., Mull, H., & Khasnabis, S. (2005). Access to health care and nonemergency medical transportation: Two missing links. Transportation Research Record: Journal of the Transportation Research Board, (1924): 76-84. Retrieved from <http://trrjournalonline.trb.org/doi/abs/10.3141/1924-10>

⁴Grant, R., Gracy, D., Goldsmith, G., Sobelson, M. & Johnson, D. (2014). Transportation barriers to child health care access remain after health reform. JAMA Pediatrics, 168(4): 385-386. Retrieved from <http://jamanetwork.com/journals/jamapediatrics/fullarticle/1819645>

⁵Sviokla, J., Schroeder, B. & Weakland, T. (2010). How behavioral economics can help cure the health care crisis. Harvard Business Review. Retrieved from <https://hbr.org/2010/03/how-behavioral-economics-can-h>

Nonemergency Medical Transportation (NEMT)

NEMT is a required benefit in the Medicaid program to ensure that certain Medicaid beneficiaries have access to transportation to and from medical care. The goal of NEMT is to prevent more expensive interventions, such as inpatient admissions, resulting from missed appointments. States have flexibility in designing and implementing their NEMT benefits.

President Trump's 2019 fiscal year budget includes a reference to using regulatory authorities to make NEMT optional rather than a required Medicaid benefit. No further action has been taken to date. Before any changes would take effect, the U.S. Centers for Medicare & Medicaid Services (CMS) would publish a draft regulation, which would be subject to a public comment period before being finalized.

A majority of states and MA plans use transportation brokers to administer NEMT benefits. Brokers are charged with making sure beneficiaries have access to the most appropriate means of transportation delivered by transportation providers. They include records of safety and help prevent fraud and abuse. They assess a patient's unique transportation needs and connect patients with the appropriate types of transportation, such as an ambulance or a wheelchair accessible van.

The Medical Transportation Access Coalition cites a number of studies that have found that broker-managed NEMT services help effectively manage costs while preventing fraud and abuse in the program, including an estimate by the Congressional Budget Office (CBO) allowing states to use brokers to manage their NEMT benefits for Medicaid would save the federal government \$235 million over 10 years. With this estimate, Congress included this provision in the 2006 Deficit Reduction Act, which was enacted into law.

In addition, the HHS Office of Inspector General (OIG) has identified NEMT brokers as being a "proactive safeguard" that reduce the price of products and services.

Medicare Advantage

MA plans and healthcare providers may provide transportation to beneficiaries via supplemental benefits under Medicare Advantage plans, and this is increasingly common as payment models shift toward value-based reimbursement.⁶ There are regulatory barriers to limit how and when transportation can be offered; however, U.S. Department of Health and Human Services (HHS) Secretary, Alex Azar, has expressed a desire to reduce some of these barriers to improve health outcomes.

CMS

At this time, states and CMS limit transportation benefits to rides directly related to healthcare (i.e. travel to and from doctors' appointments and, for some MA plans, fitness centers including SilverSneakers®). Therefore, members have relied upon community-based organizations, as well as friends and family, for transportation to destinations such as the grocery store, food bank, community center, church, local housing authority, etc.

⁶LaPointe, J. Social Determinants of Health Key to Value-Based Purchasing Success. Jan. 9, 2019. <https://revcycleintelligence.com/news/social-determinants-of-health-key-to-value-based-purchasing-success>



Older Americans Act

Title III B of the Older Americans Act (OAA) provides states and local agencies with flexible funding to provide a wide range of needed supportive services, including transportation. Many of these services are developed and managed by Area Agencies on Aging (AAAs), which are designated in the OAA to be the “on-the-ground” organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities. However, gaps still exist, particularly in rural and suburban communities.

The National Aging and Disability Transportation Center

The National Aging and Disability Transportation Center (NADTC) is a program funded by the Federal Transit Administration (FTA) and administered by Easterseals and the National Association of Area Agencies on Aging (n4a), with guidance from the HHS Administration for Community Living. The goal of NADTC is to promote the availability and accessibility of transportation options for older adults, people with disabilities and caregivers by ensuring that transportation professionals and communities have ready access to information as well as one-on-one assistance to aid them in maximizing existing resources and finding creative solutions for meeting the ever-growing demand for transportation. Funding must be allocated annually by congress for programs related to OAA Title III B, the AAAs and the NADTC. Many of these also rely upon additional funding from state, local and private sources.



NEMT as a benefit

Humana offers NEMT as a benefit on a limited number of MA plans and all Medicaid plans, as required by law. While the number of MA plans offering NEMT is expanding—from 29% of plans in 2018 to 42% in 2019—the number of rides offered varies from plan to plan (for instance, from four rides per year to unlimited rides). Humana uses a broker to provide rides, predominantly Logisticare, which recently merged with Circulation (see below for potential opportunities), and does not currently allow ride-sharing companies, such as Lyft and Uber, to provide rides due to concerns about risk (for example, Lyft does not require drivers to be drug-tested) and compliance with CMS regulations.

ROI

One barrier to expanding NEMT is understanding the ROI of the benefit. Groups within Humana, including Trend Analytics and Forecasting and Research and Publications, are currently conducting an ROI analysis on transportation related to care management. This will inform discussions about extending the benefit and about the value of Medicare Advantage compared to Original Medicare.

Community resources

For health-related social needs, Humana maintains a Community Resource Directory, which recently became available enterprise-wide. It is maintained by a dedicated team to help associates connect members to community organizations that provide services. The Community Resource Directory is also being incorporated into [zoom in](#), a data visualization and heat-mapping tool that Humana has built to identify risks for health-related social needs at the neighborhood level—and the community resources to help address them. With this tool, clinicians and others can find not only transportation services but also resources near a member's home that will lower the barrier if access to transportation is an issue.

Social isolation

Humana has advocated for CMS to expand the MA transportation benefit, including in response to the CY 2019 Advance Notice and Draft Call Letter. Specifically, we asked that NEMT be allowed to be offered to members who are socially isolated to the point where that isolation is a root cause for clinical depression or other behavioral issues. One of the biggest risk factors for social isolation is challenges with, or lack of access to, transportation.

Food insecurity

In addition, Humana called for flexibility for NEMT if transportation is deemed a barrier to accessing healthy food. We know that lack of transportation may also exacerbate food insecurity, as vulnerable seniors may not be able to travel to grocery stores with healthier foods, and instead may have to rely on more easily accessible fast food options that are closer to their homes.

Conclusion



While the ability to move around is important for members, Humana’s strategy of moving more care into the home will also reduce some of the challenges access to transportation pose. In-home care, telemedicine and remote monitoring hold great promise for improving the health of our members, as do efforts to address health-related social needs in the community, such as access to mobile food pantries or farmers markets to help alleviate food insecurity.

As new touchpoints are created, it’s critical that these are leveraged to address health-related social needs as soon as possible. For instance, should CMS not expand the NEMT benefit, there are still opportunities to provide access to agencies that provide food to those in need or register for SNAP and WIC in the physician’s office, to which transportation can be offered. And, as interventions—clinical or otherwise—are implemented, transportation must be considered and addressed in the planning stages in order to achieve the intended impact.

