Transit Manager Peer Roundtable: Healthcare Transportation Focus Summary

September 10, 2024

There were 41 participants This roundtable focused on strategies for providing public transit trips to medical appointments and contracted service with hospitals, which benefits the patients and healthcare providers, and brings in useful contract revenue for your transit system. The roundtable included discussions on reducing costs for high-cost NEMT trips in transit agencies and the importance of partnerships and communication in coordinating transportation services.

Presentations

Danielle Nelson, Senior Program Analyst, Federal Transit Administration (FTA), shared the highlights from the Coordinating Council on Access and Mobility (CCAM) program, including updates to the 2019 CCAM Program Inventory and the Federal Fund Braiding Guide by the summer of 2025. There will be a searchable database combining the program inventory and the Federal Fund braiding guide. She introduced the new CCAM Multisector Partner Directory, which helps CCAM Members and partners find and coordinate with stakeholders from across various sectors. There will be a new CCAM Technical Assistance (TA) Center forming soon, which will provide community grants to improve multi-sector coordination and public transit coordination. She also highlighted the inclusion of mobility management as an eligible expense and the possibility of Federal Fund Braiding to fund mobility management positions. National RTAP and other FTA TA centers will help organize networking events with other national partners to share work and engage them in transportation. She discussed the sunset of the current National Center for Mobility Management (NCMM) in January 2025 and explained how the resources will transition to the new CCAM TA Center. Transit agencies will be able to utilize the upcoming cost allocation model from the CCAM TA Center to accurately determine and assign costs for transportation services.

Robbie Sarles, President and Founder, RLS & Associates, Inc., gave an update on new developments since the webinar National RTAP held in February 2024 on the Updated Medicaid Transportation Guidance. She emphasized the importance of understanding the model, philosophy, and key players in each state's Medicaid program for meaningful dialogue

and progress. FTA and CMS will publish a joint fact sheet on Medicaid non-emergency medical transportation coordination guidance for State DOTs and State Medicaid agencies. The point of the fact sheet is to assist State DOTs and transit agencies to review and understand the new CMS guidance on NEMT services and to identify coordination opportunities. Robbie discussed the results of a survey conducted by the National Center for Mobility Management (NCMM), Texas Transportation Institute, and RLS & Associates, which revealed that current rates for paratransit and dial-a-ride services are not covering costs. She said that the upcoming availability of the new Cost Allocation Model (CAM) through the soon to launch CCAM Technical Assistance Center, will help determine costs and assign them correctly to transportation services. Robbie emphasized the importance of understanding the cost model, philosophy, and key players in each state's Medicaid program for meaningful dialogue and progress. Transit agencies should engage with State Medicaid Directors and understand their pain points to propose transportation solutions. For example:Transit agencies should explore partnerships with hospitals and medical facilities to reduce no-show rates and increase transportation efficiency. She suggested that by offering solutions to others' problems, one can gain the effective audiences and build successful partnerships. Jonnie Kusek, Director of Transportation, Open Plains Transit, agreed, highlighting the importance of collaboration and offering support rather than imposing solutions. Roundtable participants also discussed the challenges of getting the right audience and the importance of mapping common issues to find solutions. To reduce costs for high-cost trips and persons with chronic illness in transit agencies, Robbie suggested maximizing efficiency and matching service providers to client needs. Robin Phillips, Executive Director, National RTAP, emphasized considering broader social determinants of transportation needs, not just medical appointments. A suggestion was made that medical facilities could group patients' transit needs more efficiently to reduce costs.

Rochelle Cotey, Michigan Transportation Connection, gave a presentation on her organization's medical transportation initiatives. Rochelle discussed her organization's mission to provide transportation to medical appointments in rural Michigan, their successful engagement with public transportation providers, and the importance of partnerships with hospitals and other organizations. She also mentioned that they have received grants from various sources, including FTA, and are in the process of procuring hybrid EV vehicles for public transportation providers. Rochelle shared her experience of coordinating transportation services across 11 counties in Michigan, emphasizing the importance of partnerships and communication. She made numerous phone calls to connect with various stakeholders, including transit systems and hospitals. Rochelle also noted that hospitals were eager to partner due to the potential to reduce their high no-show rates. Robin expressed her appreciation for Rochelle's work and emphasized the importance of partnerships. Robin asked about Rochelle's approach to finding the right people to collaborate with, to which Rochelle responded that it involved making many phone calls and leveraging existing connections. Jonnie offered to help Rochelle with any extra vehicles she might need for her work.

John Andoh, Transit Manager, City of Burlington, NC, discussed the implementation of his agency's Medicaid transportation. He detailed the application process, which involved filling out an application, paying a fee, and taking an exam to ensure compliance with Medicaid transportation provisions. The State of North Carolina approved their application, and they had to negotiate with Medicaid providers and transportation brokers to be part of their systems of operators. The transit agency plans to charge their fully allocated rate for their paratransit program. The goal is to bring additional revenues to support overall transit operations and increase passenger trips, which could lead to more federal funding. John also clarified that they are a public transit agency and not available 24/7, and they only want to assign clients that live within their service area and can use their paratransit program during its operating hours. Robin discussed the importance of understanding how revenue is received from partnerships, emphasizing that contracts for services are crucial for using the revenue as match. She also highlighted the need to update the system management plans to include partnerships for non-emergency medical transportation. John explained that their current system includes partnerships with various jurisdictions and the use of interlocal agreements. Robin praised their approach, noting the local buy-in and engagement it fosters.

Questions and Answers

Q: What healthcare partnership do you most want to develop? (icebreaker question)

A: Participants wanted to develop partnerships with managed care organizations, substance abuse recovery organizations, out-of-county medical facilities, large medical facilities, local hospitals, and medical facilities on Tribal lands.

Q: How can transit help Medicaid reduce the cost of their high-cost beneficiaries (SUD, etc.)?

A: Medical facilities can group patients transit needs to be more efficient and reduce costs. They can initiate the conversation at the appointment, and they could group their clients as they would if they were providing their own transportation. One agency has 5x NEMT contracts, but a challenge they face is convincing passengers to call the broker to schedule the trip when their public fares are so low that the individual simply doesn't want to bother involving the broker and would rather just pay the fare. Yet, they rely on the Medicaid revenue to keep fares low, so it's a Catch-22.

Q: What are your successes, challenges, or questions with providing Medicaid transportation and/or working with your State DOT or Medicaid office on the CMS Updated Transportation Guidance?

A: For states new to intentional collaboration on NEMT, Laura Corff, Transit Director, Cimarron Public Transit System, would recommend all 5311 and 5310 subrecipients in the state meet with the broker together to ensure the same rates and move forward together. In Oklahoma, they did this with Medicaid. Recently, their transit program was contacted by a new Medicare broker to the state, and she invited several colleagues to meet with the broker to be sure they were all treated the same. The ability to import trips into your scheduling software saves time. Agencies can share rides in the largest communities. For very rural areas, they offer reduced fares for those flexible and interested in coordinating trips out of town. Jill Stedem, Administrative Director, OATS Transit, works with several different Medicaid brokers. It is difficult and time-consuming with so many, and each has a different portal, plus each has their own method on how they bill them.

Q: With the price of vehicles skyrocketing over the past few years, we're looking for grant opportunities to fund the local match for vehicles, as our local community foundations have limitations and are no longer enough. Curious if anyone has suggestions?

A: In National RTAP eNews, we regularly announce grants as they become available, We also have a Funding Topic Guide. Our Transit Manager's Toolkit also gives grant information. Ty Piontek, Operations Manager, Clinton Area Transit System, has had good luck with fully allocated plus 15-20% administration funding.

Q: How are other agencies handling funding sustainability and getting local support/funders to understand the importance of transit?

A: This is a common issue. Educating the public about the importance of funding to support the local program is helpful. Often, Medicaid members call at the last minute because the broker required 72 hours' notice. Laura works with the broker and the member, and if they are able to provide the trip even with short notice, they have had some success getting these trips scheduled with the broker.

Q: How can small transit agencies convince their local governing boards to make a long-term transportation plan and set aside cost savings or revenue for future maintenance and equipment replacement?

A: One transit agency is seeing an increase in providing transportation for Medicare Advantage Members. Their program has continuous issues maintaining their lifts, and a large percentage of riders with disabilities need a lift.