



Final Briefing:

Strategies to Address Transportation-Related Barriers to Health Care

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Study Purpose

- Describe transportation barriers to health care in Virginia, the factors that contribute to those barriers, and the populations impacted
- Evaluate interventions and programs that address transportation barriers to health care in Virginia
- Identify strategies Virginia could implement to address transportation barriers
- Recommend policy options to reduce transportation barriers to health care for patients in Virginia

Major Study Questions

- What types of transportation barriers to health care exist and how do they manifest in Virginia?
- Which populations are most impacted by lack of access to adequate transportation to health care?
- How effective are current health care transportation programs that receive state funding?
- What policy levers exist at the state level to address transportation barriers to health care?

Findings in brief

- The Virginia NEMT Program has improved in recent years, but data collection could be enhanced
- Fixed funding hinders expansion of transportation services for Section 5310 program recipients
- Transportation services in Virginia are siloed, limiting access and making coordination across programs difficult
- Rural areas of Virginia need additional transportation options and resources

NOTE: NEMT = Non-Emergency Medical Transportation

Agenda

Brief Background Overview

Medicaid Non-Emergency Transportation (NEMT)

Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310 Program)

Regional Coordination of Transportation Services

Rural Transportation

Transportation is a key component of accessing health care

- Lack of access to transportation can lead to poor health outcomes for patients
- In 2020, approximately 6 percent of households in Virginia did not have a vehicle available to them
- Services such as telehealth can alleviate the need for transportation for some health services but not all

Availability of transportation does not mean it is truly accessible

Dimensions of Access	Definition	Application to Transportation
Approachability	How well health care services can be identified and reached	Patient awareness of transportation programs
Acceptability	Extent to which individuals accept aspects of health care services	Patient willingness to use available transportation services
Availability and Accommodations	Health care services can be reached in a timely manner	Transportation service area reaches necessary destinations
Affordability	Extent to which people have resources and time to spend on health care services	Patient can afford to use transportation services
Appropriateness	Alignment between the health care services provided and the patients' needs	Transportation is a good fit for individuals with unique medical and other needs

Certain patient populations experience higher transportation burden

- Individuals requiring frequent engagement with health care providers
- Individuals with low income or limited resources
- Individuals who face longer travel distances to access health care services

Two state-funded programs serve those with high transportation burden

- Medicaid Non-Emergency Transportation (NEMT) Program
- Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) Program

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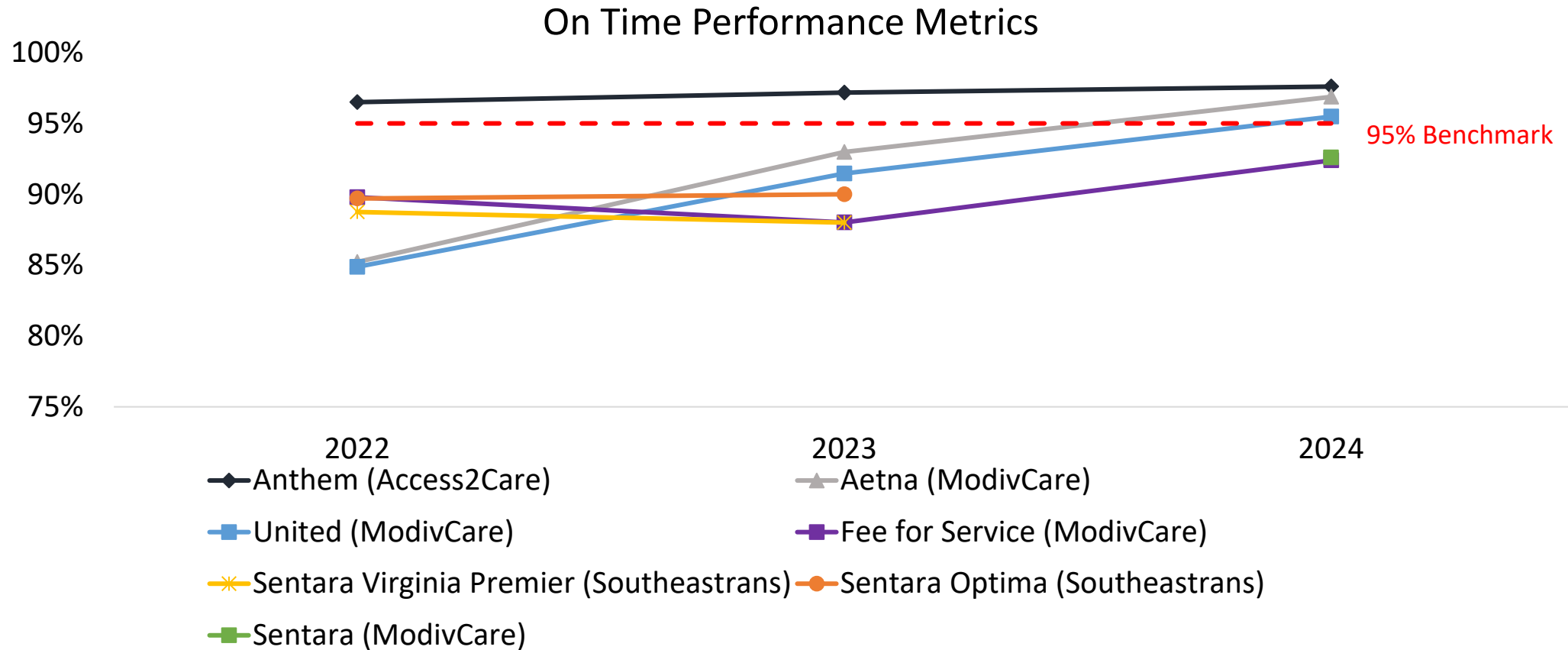
Rural Transportation

Federal law assures medical transportation for Medicaid enrollees

- NEMT brokers coordinate member trip requests with NEMT providers who transport Medicaid enrollees to health care services
- DMAS selected a mixed model to deliver NEMT services
 - ModivCare serves as the state-wide transportation broker for the Fee-for-Service (FFS) program
 - Each MCO selects its own broker for transportation services

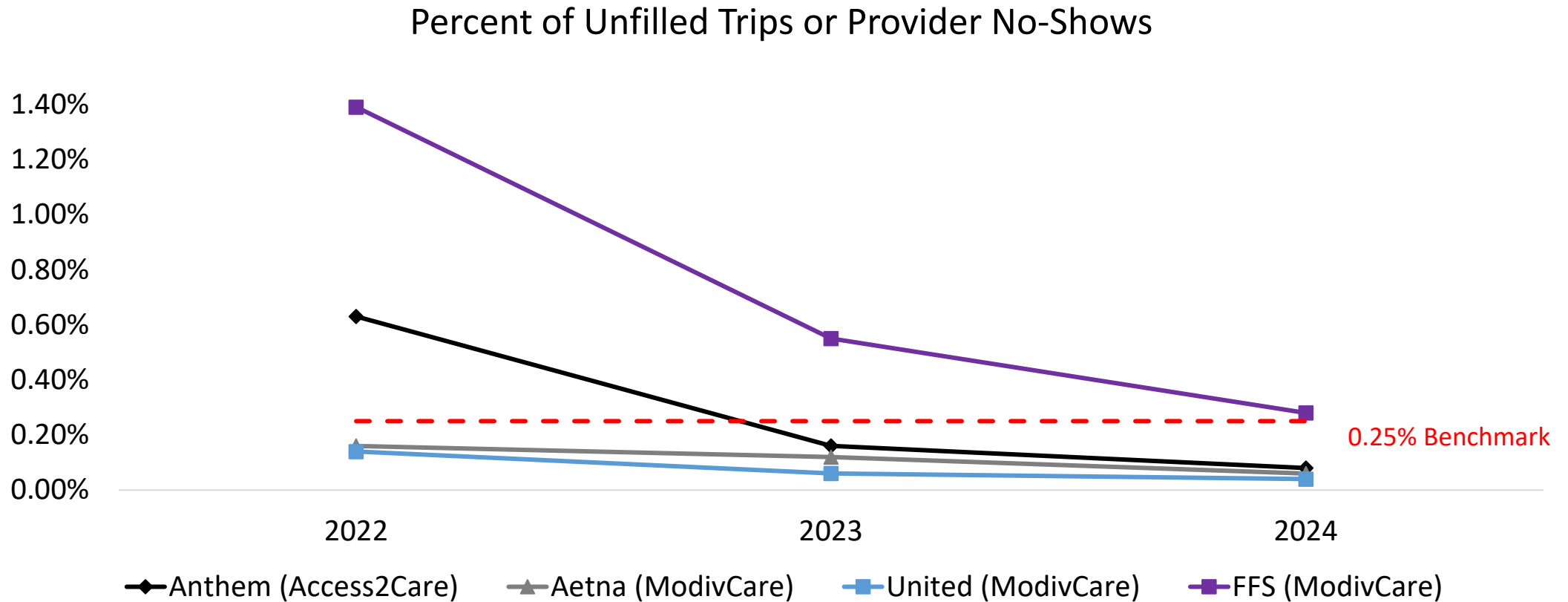
DMAS = Department of Medical Assistance Services; MCO = Managed Care Organization; FFS = Fee-for-Service

NEMT transportation brokers have improved on time performance



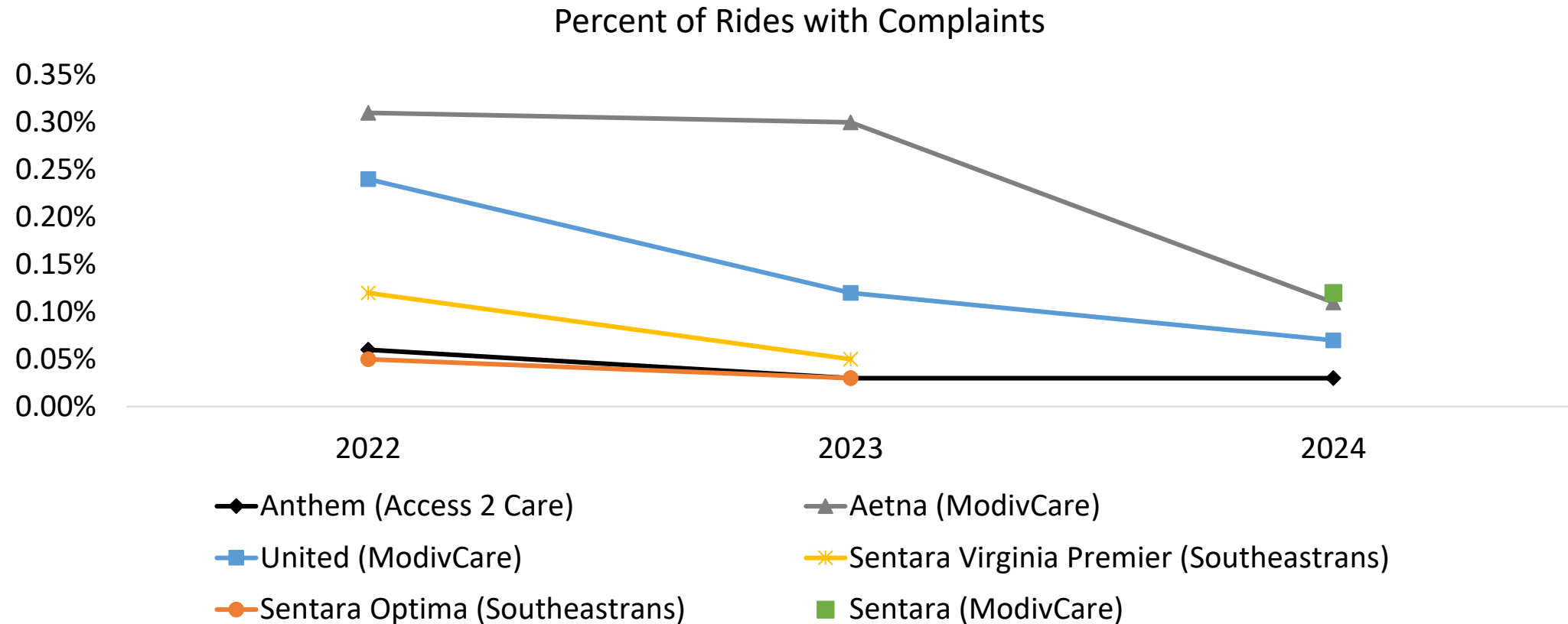
SOURCE: JCHC Analysis of DMAS and MCO Data

NEMT brokers have improved performance related to unfilled trips



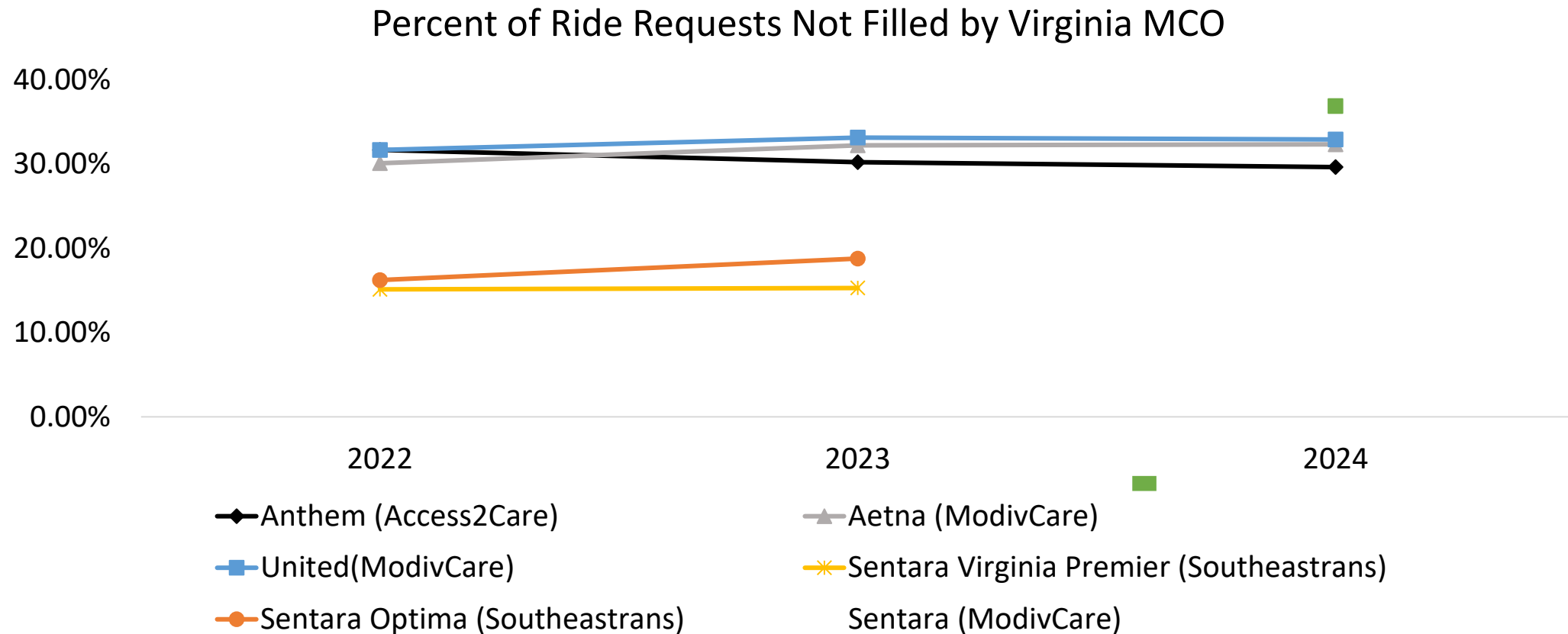
SOURCE: JCHC Analysis of DMAS and MCO Data

Client complaints about NEMT services are low



SOURCE: JCHC Analysis of DMAS and MCO Data

MCOs report a significant number of unfilled ride requests



SOURCE: JCHC Analysis of DMAS and MCO Data

DMAS does not outline standards for NEMT brokers in MCO contracts

- DMAS collects performance data for the FFS NEMT program on several metrics
- DMAS does not specify performance metrics for MCOs to include in contracts with transportation brokers
- As a result, Virginia's Medicaid MCOs are tracking and collecting performance metric data differently

Policy Option 1

The JCHC could direct DMAS to amend contracts with Medicaid MCOs to require the MCOs to adopt performance metrics for NEMT brokers consistent with performance metrics implemented for the FFS NEMT program and to report annually to DMAS regarding the performance of the NEMT brokers on such metrics.

Prior authorization may be a barrier to accessing NEMT services

- Prior authorization requirements for trips over a certain length create an additional administrative barrier for Medicaid patients
- Neither federal nor state regulations impose mileage limitations or prior authorization requirements on NEMT trips for eligible Medicaid members
- Some states have made mileage limitations more clear by defining the mileage amount that triggers a prior authorization requirement

Policy Option 2

The JCHC could direct DMAS to develop guidance for Medicaid MCOs regarding NEMT mileage prior authorization requirements. DMAS should develop a recommended mileage amount under which prior authorization is not allowable.

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Medicaid Non-Emergency Transportation (NEMT)

**Enhanced Mobility of Seniors and Individuals with
Disabilities (Section 5310 Program)**

Regional Coordination of Transportation Services

Rural Transportation

Section 5310 program enhances the mobility of seniors and individuals with disabilities

- FTA Section 5310 Program provides funds for:
 - Capital projects to replace or expand vehicle fleets
 - Mobility management projects to coordinate transportation
 - Operating projects to provide transportation
 - Other capital projects to support programs serving the eligible populations
- In Virginia, DRPT manages the 5310 Program

DRPT = Department of Rail and Public Transit; FTA = Federal Transit Administration

Section 5310 Program funds increased between FY25 and FY26

Project Type	Awardees	Federal Funding	State Funding	Total Project Cost
FY25	34 recipients, 50 projects	\$7,655,501	\$1,376,884	\$10,350,864
FY26	35 recipients, 52 projects	\$11,622,901	\$2,402,002	\$15,752,435

Fixed funding amounts hinder expansion of transportation services

- Rising capital costs and costs of program operations without an increase in funding makes it difficult to expand services
- Fixed federal funding and limited state funding for transportation services limit resources available to Section 5310 Program recipients

Increased state funding would permit flexible implementation consistent with state needs

- \$1.5M from the CMTF is used for paratransit programs
- Increased state funding through the CMTF would give DRPT the flexibility to choose where and what types of human service transportation projects should be funded in Virginia, consistent with state needs

NOTE: CMTF = Commonwealth Mass Transit Fund

Policy Option 3

The JCHC could introduce a budget amendment to increase the portion of the CMTF dedicated to supporting human service transportation programs to 0.0045% of the total amount included in the Commonwealth Mass Transit Fund.

Braiding federal funds is an opportunity to meet local match requirements

- Federal rules allow program recipients to use funds from other federal programs to meet matching requirements
- Section 5310 Program recipients expressed difficulty managing transportation funding from multiple sources
- Lack of capacity to manage multiple funding streams is particularly problematic when grant recipients do not have sufficient state or local funds to meet local match requirements for federal transportation grants

Policy Option 4

The JCHC could introduce a budget amendment to add \$500,000 per year to the CMTF for DRPT to provide technical assistance on program financial management to Section 5310 Program recipients, including guidance on braiding of federal funds and how to establish themselves as NEMT providers.

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Transportation services in Virginia are siloed and require more coordination

- The complexity of the siloed transportation system makes it difficult for patients to find and enroll in appropriate services
- Coordinated transportation occurs when multiple transportation agencies work together to deliver transportation services

Transportation coordination can occur at the agency level

Regional Transportation Hubs are coordinated initiatives between transit agencies that share resources to increase capacity of:

- agencies to provide trips,
- the availability of transportation options for riders, and
- the efficiency of regional transportation services

Transportation coordination can occur at the individual level

- Mobility management programs work with individual clients to:
 - provide information about transportation options in their area, and
 - coordinate transportation that is most appropriate for the client's needs
- Mobility management is particularly useful for patients who may be unaware of transportation services in their area or unsure of how to access those services

Policy Option 5

The JCHC could introduce a budget amendment to provide up to \$8 million per year for the DRPT to establish a competitive grant program for private, non-profit organizations and state or local government agencies to plan, establish, and sustain mobility management services or regional transportation hubs that include mobility management services. The budget amendment should require DRPT to report annually by November 1 to the Senate Finance Committee, House Appropriation Committee, and the JCHC regarding the grant program.

Implementation Considerations

Type of Hub	Amount	Number of Funded Hubs
Mobility Management	\$2 Million	10
Mobility Management	\$3 Million	15
Mobility Management	\$4 Million	20 (Statewide Coverage)
Regional Hub	\$4 Million	10
Regional Hub	\$6 Million	15
Regional Hub	\$8 Million	20 (Statewide Coverage)

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Rural areas of Virginia need additional transportation options and resources

- National estimates indicate that rural residents live an average of 10.5 miles from the nearest hospital, compared to 4.4 miles in urban areas
- Stakeholders also report that when public transportation is available in rural areas, it may not serve the entire population

Microtransit could increase transportation in rural areas

- Microtransit is a demand response transportation service that optimizes its route as riders request rides to provide the most efficient route for picking up and dropping off passengers
- Microtransit is a model of transportation that blends aspects of traditional fixed-route and demand response transit services
- Microtransit is particularly effective in rural areas and has been successfully implemented in rural areas of Virginia

A microtransit grant program for rural areas of Virginia could expand services

- Current grant programs for microtransit are short-term, one-time funds
- A state-funded, long-term, sustainable grant program could assist transit agencies with start-up funding as well as funding to build sustainability for microtransit
- A grant program focused exclusively on rural areas of Virginia could also assist in filling federal funding gaps

Policy Option 6

The JCHC could introduce a budget amendment to provide up to \$5 million per year to the DRPT to establish a competitive grant program to provide funding to localities to plan, establish, and sustain microtransit services in rural areas of Virginia. The budget amendment should require DRPT to report annually by November 1 to the Senate Finance Committee, House Appropriation Committee, and the JCHC regarding the grant program.

Implementation Considerations

Amount	Number of Funded Microtransit Programs
\$2.5 Million	6-10
\$5 Million	12-20

Opportunity for public comment

- Submit written public comments by close of business on Friday, November 7th

Email: jchcpubliccomments@jchc.virginia.gov

Mail: 411 E. Franklin Street, Suite 505
Richmond, VA 23219

NOTE: All public comments are subject to FOIA and must be released upon request.

Questions/Discussion