

Medicaid Transportation

A Resource for Coordination

May 4, 2006

Bill Zieser, Transportation Contract Monitor
Health Care Services Division/Transportation Unit
Department of Medical Assistance Services (804) 371-8855

Pres. Johnson signed the Medicare & Medicaid bill on 7/30/65 at the Truman Library.



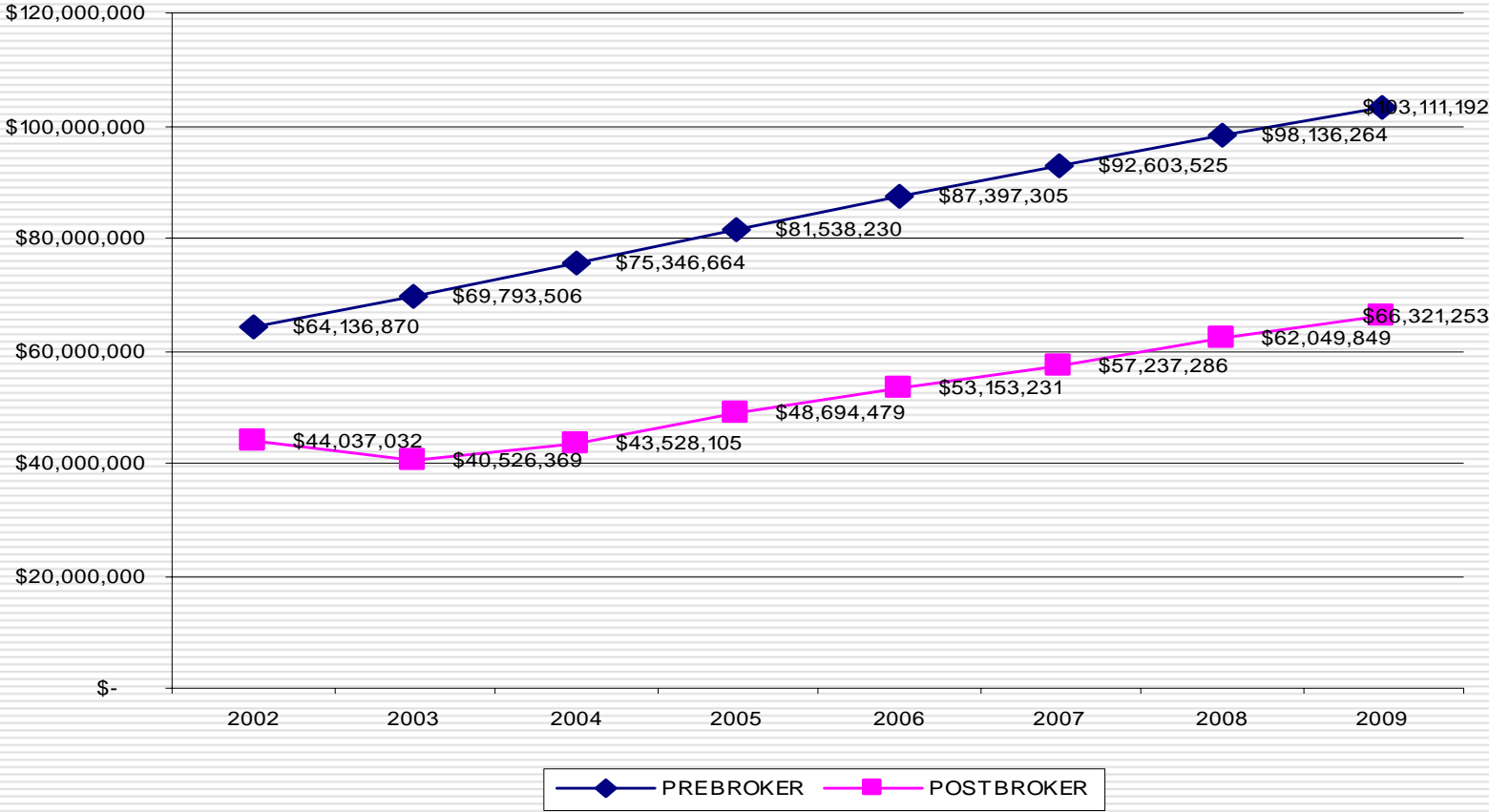
Medicaid Enrollment

- ❑ Enrollment in Fee-for-service (FFS) Medicaid peaked in 1995 at approximately 723,000 enrollees, the year that Managed Care began.
- ❑ FFS recipients include people who are on **home and community-based waivers**, dialysis patients, and others who use transportation frequently.
- ❑ Currently, 63% of Medicaid recipients are in Managed Care and receive transportation from their MCO.
- ❑ FFS recipients chose their own transportation provider until July 2001. Since then, they arrange their trips through the broker, who pays a subcontractor to provide the trip.

Expenditures vs. Enrollment 1985 – 2005



Future Expenditures Trended to 2009: Fee-for-Service vs. Broker



Brokerage

- ❑ DMAS adopted the transportation brokerage model in FY 2002 to control spiraling transportation costs and fraud in the fee-for-service program.
- ❑ The broker pre-authorizes and arranges transportation for FFS Medicaid recipients to receive covered services (e.g., doctor visits, hospital services, outpatient treatment, MH/MR services, etc.)
- ❑ Recipients are transported by the most economical mode for their medical need: taxi, wheelchair van, stretcher van, ambulance, or public transit.
- ❑ **Total Trips: est. 3.5 million trips annually**

Medicaid Passenger Choices

Transportation choices may generally include:

- Human service agencies (CSB, AAA, etc.)
- Fixed-route public transit and “travel training” if necessary.
- Gas reimbursement for a neighbor or family member.
- Volunteer driver recruited by the broker.
- Commercial provider.

Mobility

- ❑ Personal mobility is a crucial need for all individuals so that they can enjoy the many significant aspects of their lives.
- ❑ Mobility permits freedom and independence.
- ❑ It means greater choices for employment, the ability to work outside the home, improved access to medical care, nutrition, child care and other essential services.
- ❑ Mobility allows people to shop, eat out, go to movies, visit friends, and participate in other social and recreational activities.
- ❑ For a growing number of transportation-disadvantaged Americans – those who may be impaired by age, disability or income constraint – mobility can be much more challenging.
- ❑ *Coordinated Human Service Transportation: State Legislative Approaches NCSL, 2005*

Medicaid Transportation Targets...

- People who cannot drive
- People who don't own a car
- People who don't have access to public transportation

... because of a limitation of age, income or disability

Program Improvements

□ Technology

- Broker has access to VAMMIS
- Secure website for downloading trip assignments
- Moving toward a web-based billing.

□ Safety

- Defensive driving, passenger assistance, etc. for transportation providers.
- Vehicles inspected every 6 months
- Better screening of drivers

Program Improvements

Assistance And Service

- Tailored to individual's needs.
- Curb-to-curb, door-to-door or hand-to-hand.
- Faster pick-ups after appointments or hospital discharges.

Communications

- Better notification of delays to family or facility.
- Regional advisory committees

Medicaid Transportation

- ❑ 3.5 million opportunities for coordination.
- ❑ A willing resource for coordinated efforts to increase mobility for all Virginians.
- ❑ Ready to help make Virginia transportation better, accessible and cost-effective.