



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



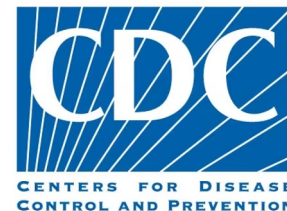
TOYOTA



National Institutes
of Health

CENTENE[®]
Corporation

Ford
Philanthropy



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

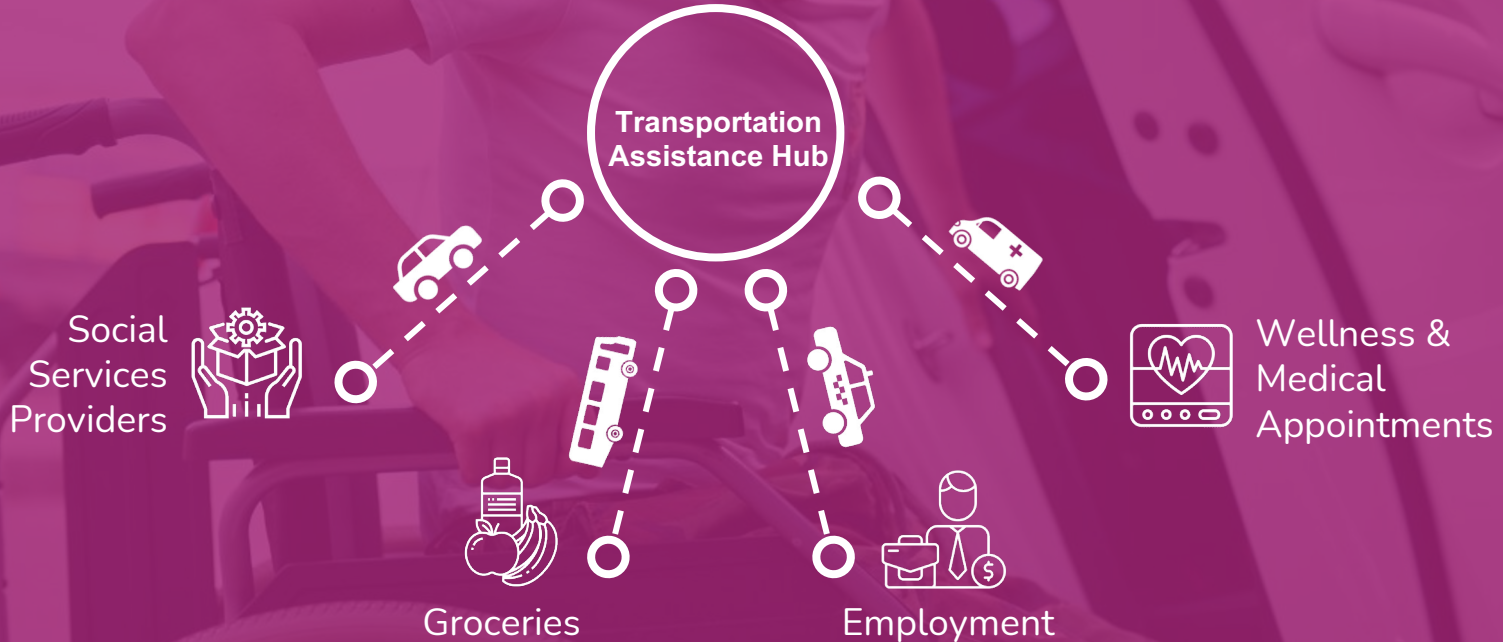
Mobility Leadership Circle
Transportation Directory
Transportation Subsidy Library



Capacity

Local Transportation Providers
- Public, Private, & Public Transit
Volunteer Drivers

Transportation Assistance Hubs Enable Mobility for all Social Determinants of Health



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

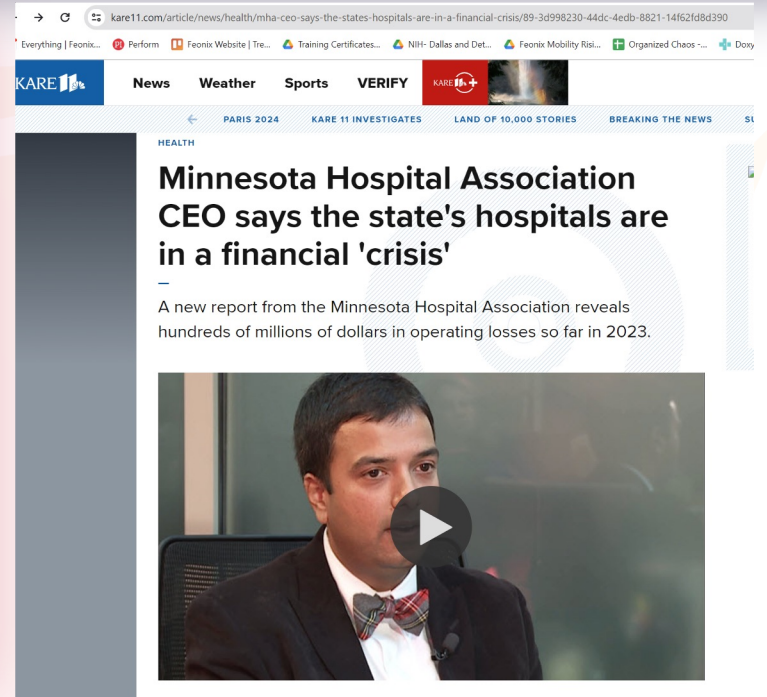


Rural Public Transportation Matching Fund & Regulatory Barriers

- 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

Personal Mileage Code	NEMT Service Description	Service Modifier	Payment Rate
A0100 Unassisted Transport Base (Mode 3) ***R	Taxi or equivalent, curb-to-curb	Origination and destination identifier modifier	Base rate: \$12.10 (limit of 2 units per service line) ****P
S0215 Unassisted Transport Mileage The transport claims must have a paid base service line to reimburse the mileage service line charges. ***R	Taxi or equivalent, curb-to-curb	Origination and destination identifier modifier	Mileage rate: \$1.43 per mile (includes Jan.1, 2024, fuel adjuster) *Per mile: \$1.47 April 1, 2024, rate including quarterly fuel adjustment. ****P RUCA may apply.
T2003 Assisted Transport Base (Mode 4) ***R	Nonemergency transportation; ambulatory; encounter or trip = door-to-door and door-through-door	Origination and destination identifier modifier	Base rate: \$14.30 (limit of 2 units per service line) ****P RUCA may apply.
S0215 Assisted Transport Mileage The transport claims must have a paid base service line to reimburse the mileage service line charges. ***R	Nonemergency transportation mileage; ambulatory; encounter or trip = door-to-door and door-through-door	Origination and destination identifier modifier	Mileage rate: \$1.43 per mile (includes Jan. 1, 2024, fuel adjuster) * Per mile: \$1.47 April 1, 2024, rate including quarterly fuel adjustment. ****P

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



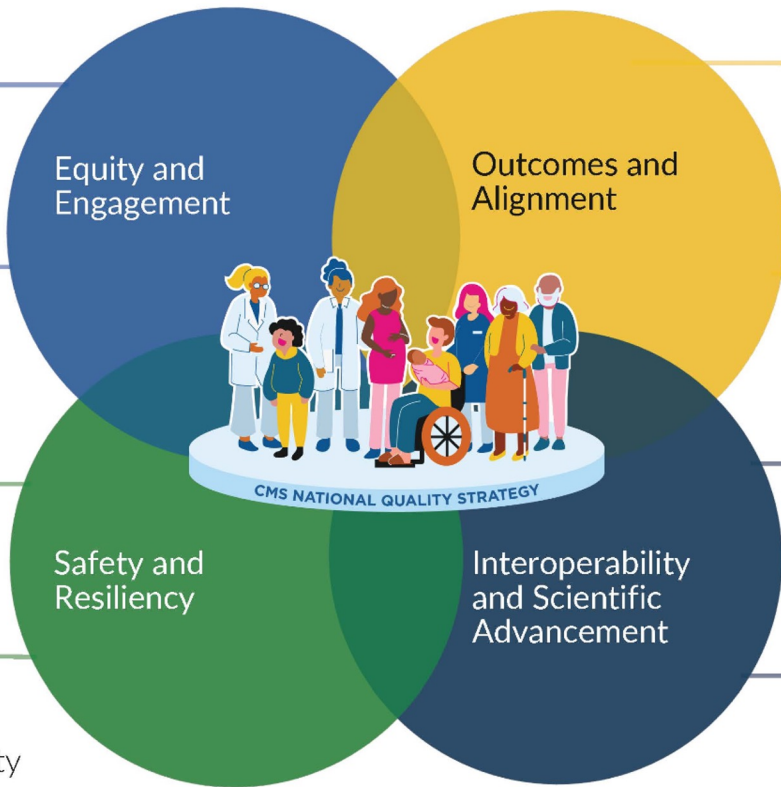
Safety

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

Public
Transit

Medi

Older
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Mobility Wallet for Integrated Access to Transportation Funding & Person Centered User Experience

Public Transit

Medicaid

Medicare

TANF/
SNAP

Older Americans Act

Vocational Rehabilitation

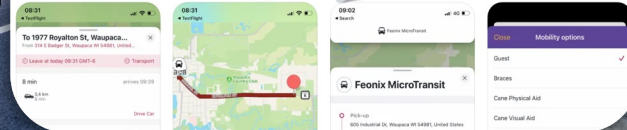
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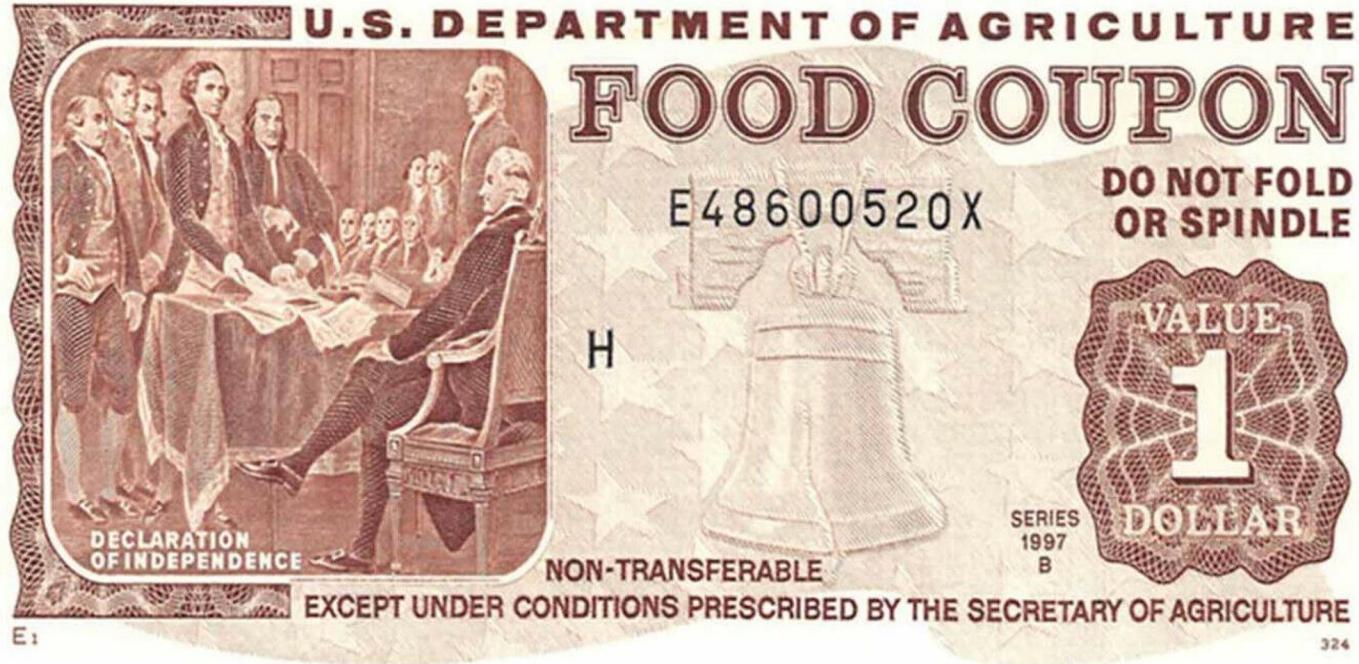
Catch a Ride TM
Phoenix - Mobility Rising
Free



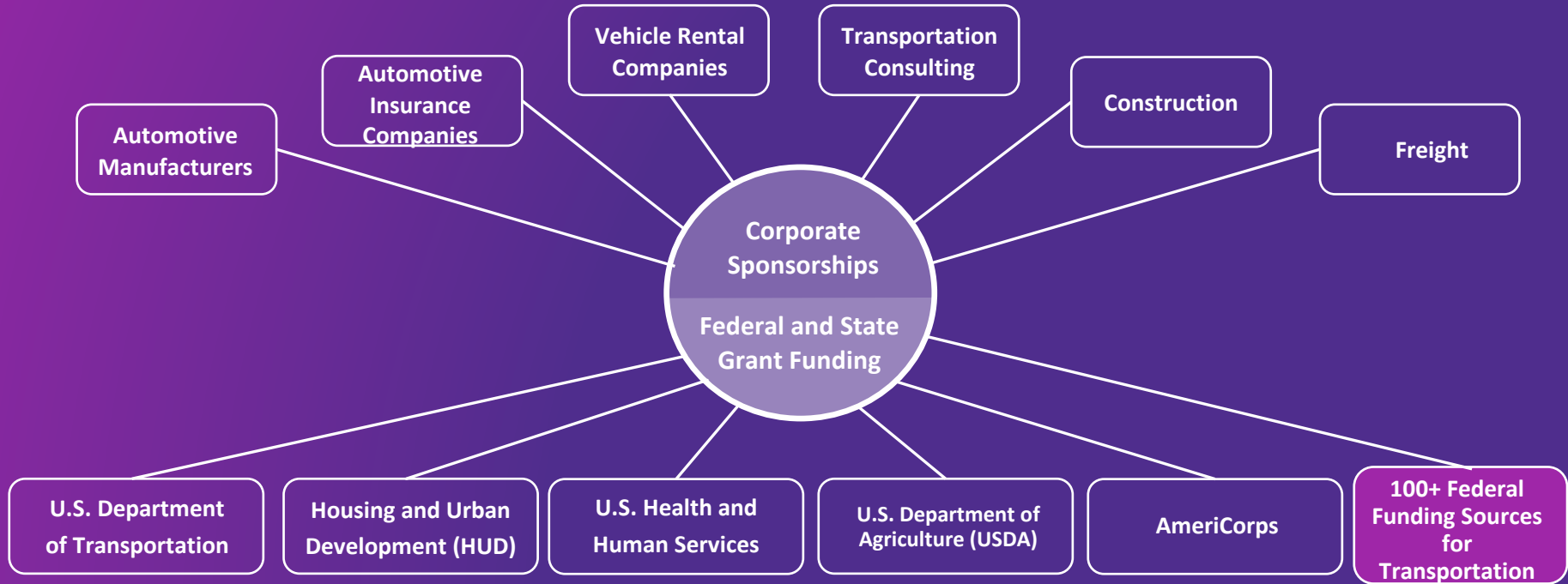
iPhone Screenshots



Food Stamps – Printed in 1997



Increased Participation for Philanthropy & Corporate Sponsorships - Equitable Communities



Transportation to Support Health Equity

A photograph of three business professionals in a modern office setting. A man in a blue shirt is standing and gesturing with his hand raised, while a woman in a black dress and another woman in a light-colored dress stand around a table with documents.

**Economic
Stability**

A photograph of a white van parked on a paved road next to a grassy area with trees in the background.

**Neighborhood
& Physical
Environment**

A photograph of a young girl with dark hair tied back, sitting at a yellow desk in a classroom, looking towards the camera.

Education

A close-up photograph of a young child's face, looking directly at the camera with a serious expression.

**Healthy
Food**

A photograph of several people's hands clasped together in a supportive gesture, symbolizing community and social support.

**Community
& Social
Support**

A photograph of a healthcare professional in a blue uniform examining a young child's head, with another person standing behind the child.





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

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Thank you!

Valerie Lefler

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