



Addressing Transportation Barriers

A Use Case in Leveraging the
Value-Based Insurance Design
(VBID) Model

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1 Definition and Context

Definition and context for transportation interventions

Transportation barriers, which include a number of factors such as access to transportation, mobility limitations, cognitive impairment, finances, geography and distance to a provider, etc., have impacts on health outcomes.

In 2017 alone, [5.8 million Americans](#) delayed medical care because they did not have transportation, with the odds of delaying medical care due to transportation barriers being greater for individuals with functional limitations or for those living below the poverty line. Additionally, [recent survey](#) findings suggest that Americans with unmet transportation needs are 2.6 times more likely to report multiple emergency room (ER) visits in a given year compared to those with access to transportation. [Research](#) shows that transportation barriers can differ depending on whether an individual resides in a rural or urban geographic setting and based on socioeconomic status.

Targeted medical transportation initiatives have the potential to [increase appropriate outpatient visits and encourage care for chronic health conditions](#) and non-medical transportation has the potential to [reduce food and nutritional insecurity and improve patients' quality of life](#). Yet, [only a small percentage of MA enrollees](#) are in plans with medical and non-medical transportation benefits.

Medicare Advantage Organizations (MAOs) participating in the VBID Model have the potential to expand access to health care and address unmet social needs by offering transportation benefits to their enrollees in a targeted manner, by chronic health condition(s) and/or socioeconomic status.

Transportation benefits discussed in this Use Case are based on the targeting criteria permitted in the VBID Model, which includes a waiver of the MA uniformity requirement and of certain limits on types of supplemental benefits that are not primarily health-related. The discussion here does not constitute approval for benefits, or changes to the MA statute and regulations. Please see the [Calendar Year \(CY\) 2023 Request for Applications \(RFA\)](#) for the VBID Model for further information on Model waiver authority.

2 Investment Rationale

Why address transportation barriers in your enrollee population?

- Transportation barriers are responsible for 25 percent or more of [missed clinic appointments](#).
- Reliable transportation to health care services is essential for [chronic disease management](#) of certain health conditions. [Research](#) shows that patients who are offered free transportation to health care services are more likely to attend the recommended number of appointments to manage their chronic health conditions.
- Transportation can increase [outpatient care utilization](#).
- Missed appointments are a [significant risk factor](#) for all-cause mortality among patients with long-term conditions.
- Facilitates access to care for older, low-income, and non-English speaking populations who have been [less likely](#) to engage with telemedicine during the COVID-19 pandemic.



Pro Tip: Because VBID allows MAOs to more specifically target enrollees, interventions can result in higher return on investment.

See section 6 for more!

3 Laying the Groundwork for a Successful Intervention

How can you lay the groundwork for launching successful interventions?

- ✓ Incorporate considerations of health equity into decision-making.
- ✓ Develop an understanding of patients' health behavior and health literacy.
- ✓ Conduct a risk assessment and evaluate potential challenges enrollees may face such as access to transportation, distance to travel for appointments, cost, availability of technology for accessing ride share options, and language and cultural needs.
- ✓ Develop an understanding of transportation barriers and needs faced by the specific population(s) receiving transportation benefit(s), such as differences in barriers for rural versus urban enrollees.
- ✓ Develop partnerships with essential community providers and other community service partners, such as local or national vendors of transportation services.
- ✓ Develop a screening process using validated tools to detect transportation barriers, such as part of a health risk assessment.
- ✓ Conduct systematic reporting and document improvement in performance data stratified by social risk factors.
- ✓ For MAOs covering dually eligible enrollees, consider barriers that may not be addressed the Medicaid non-emergency transportation benefit.

Additional Resources

National Quality Forum [report](#) on preconditions for equity measurement including transportation access.

4 Potential Target Populations

MAOs participating in VBID are uniquely able to target individuals most at risk for having barriers to transportation.

- Under a combination of programmatic waivers available in the VBID Model and subject to CMS approval, MAOs can offer primarily and non-primarily health related supplemental benefits, such as transportation benefits for medical and/or non- medical transportation, respectively (e.g., gas cards, bus passes, travel and taxi and ride-share vouchers) to members based on the established targeting criteria of [Low-Income Subsidy](#) (LIS) status,* chronic health condition(s), or both. Interventions must have a reasonable expectation of improving or maintaining the health or overall function of the targeted enrollee with regard to the chronic health condition or socioeconomic status of the targeted enrollee population.
- Many of the targeting mechanisms available under VBID (subject to CMS approval) are not available to plans under the Medicare Advantage program.

Enrollees with LIS*

Only Permitted under VBID

LIS* + Chronic health condition

Only Permitted under VBID

Enrollees with Chronic health conditions

Permitted under VBID and the MA Program

*Under the VBID Model, targeting by dual status is permitted in the territories as well.

What populations served by your MAO may face barriers to transportation?

- [Enrollees with chronic health conditions](#)
- [Dually Eligible Beneficiaries](#)
- Enrollees living [below the Federal poverty level](#)
- Enrollees who live in [rural areas, or who are without access to public transportation](#)
- Enrollees with [disabilities](#)

5 Relevant Model Interventions



Flex card for gasoline



Non-emergency medical



Transportation for groceries

Potential Model Interventions to Address Transportation Barriers

Model Intervention*	Description	Examples of VBID Supplemental Benefits that Address Transportation Barriers
VBID Flexibility	<ul style="list-style-type: none"> Allows MAOs participating in the VBID Model the ability to offer supplemental benefits or reductions in cost-sharing subject to CMS approval to enrollees based on one or more chronic health conditions, LIS eligibility, and/or a combination of these statuses. MAOs can further require eligible enrollees to participate in a care management program to receive the benefit. As part of their care management program, MAOs can implement screenings for transportation barriers through a standard screening tool (e.g., Accountable Health Care Communities Health-Related Social Needs Screening Tool) in order to understand the needs of their member population, and to consider concerns around health equity. Grants waivers of the <i>limits</i> on coverage of <i>only</i> primarily health-related items and services to <i>only</i> chronically ill enrollees (who meet the statutory definition) 	<ul style="list-style-type: none"> A flexible card for enrollees with LIS that can be used to cover gas and car repairs. A flexible card for enrollees with LIS that can be used to pay for transportation. Non-medical transportation for enrollees with specified chronic health conditions to access social services. Non-emergency medical transportation for LIS enrollees if they do not live within a certain distance to their providers. Non-medical transportation for enrollees with LIS to locations like community centers as a way to improve outcomes for those facing social isolation. Transportation to a grocery store as a way to improve health outcomes for enrollees with LIS who have transportation barriers causing food or nutritional insecurity. Adding an amount to a flex spending card for the completion of a care management program. Enrollees may be more inclined to participate in a care management program if they have access to transportation benefits. Reduced cost sharing for home physician visits.



Pro Tip: MAOs can use the relevant VBID intervention to complement other VBID interventions like reducing cost sharing for home visits while simultaneously providing medical transportation to help enrollees access the doctors they need to see.

*Interventions must have a reasonable expectation of improving or maintaining the health or overall function of the targeted enrollee with regard to the chronic health condition or socioeconomic status of the targeted enrollee population.

6 Financial Implications

Implication	Details
Cost Savings	<ul style="list-style-type: none"> Ability to decrease missed appointments and unnecessary hospitalizations, such as urgent or emergency care Ability to decrease medical spending Ability to produce a significant return on investment
Bid Adjustment	<ul style="list-style-type: none"> Lower utilization and medical spending estimates can be used to: <ul style="list-style-type: none"> Adjust estimated cost savings in the VBID Model for CMS Adjust bid pricing By lowering bid pricing, MAOs can extend to enrollees (including enrollees with LIS if targeting through the VBID Model) increased supplemental benefits, which can be either primarily health-related or not primarily health-related under the Model, or subject to limitations, under the MA program generally. MAOs can then take other actions that have been shown to increase enrollment, increase enrollee retention, and improve Star ratings – all of these outcomes have a positive financial impact
Beneficiary Impact	<ul style="list-style-type: none"> Transportation benefits have the potential to improve patient satisfaction
Increased Enrollment	<ul style="list-style-type: none"> According to a 2020 McKinsey study, MAOs with an average customer experience measure rating of 4 or more Stars added 2.1 times more net enrollees in 2019 than their less customer-friendly competitors. Since 2015, the highest shares of MA enrollees are in plans that have 4 or more stars.
Star Ratings	<ul style="list-style-type: none"> Utilizing VBID interventions to improve enrollee experience can have a meaningful effect on Star ratings, effecting benchmark rate and rebates. MA and Prescription Drug Plan (PDP) Consumer Assessment of Healthcare Providers and Systems (MA PDP CAHPS) customer experience questions potentially responsive to enhanced benefits under VBID include C22, C24, C25, and C26. See increased enrollment details above for how Star ratings affect enrollment



Pro Tip: MAOs can utilize the relevant VBID interventions that can be used to address transportation barriers to complement other potential VBID interventions, such as a healthy food card for enrollees with LIS and End-Stage Kidney Disease to get transportation to the grocery store, or reduced cost-sharing for relevant medications and get transportation to the pharmacy to fill prescriptions.

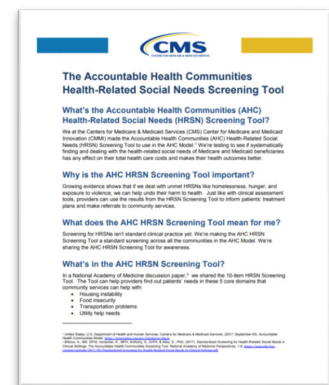
7 Measurement

Transportation interventions are best paired with comprehensive screening for transportation barriers, and their severity, in a MAO's enrollee population. Screenings can be provided to all enrollees or limited to individuals who meet certain relevant criteria (e.g., enrollees with LIS, dual-eligible enrollees, enrollees with chronic health conditions), see high-value providers, or participate in care management programs. The CMMI [Innovation Center Strategy Refresh](#) includes an objective to advance health equity, including addressing social determinants of health such as transportation access. There are a number of established social needs screening tools that include measuring transportation barriers. Such tools include:

Accountable Health Care Communities

The [Accountable Health Communities \(AHC\) Health-Related Social Needs Screening Tool](#) features evidence based questions on social needs, including:

- Within the past 12 month, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (Yes/No)



HealthBegins Upstream Risk Screening Tool

The [HealthBegins Upstream Risk Screening Tool](#) includes the following question on transportation barriers:

- How often is it difficult to get transportation to or from your medical or follow-up appointments? (Does not apply/Never/Sometimes/Often/Always)

PRAPARE

The [Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences \(PRAPARE\)](#) includes the following question on transportation barriers:

- Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (Yes, it has kept me from medical appointments or from getting my medications/Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need/No/ I choose not to answer this question)

North Carolina

The [North Carolina Standardized SDOH Screening Questions](#) includes the following question on transportation barriers:

- Within the past 12 months, has lack of transportation kept you from medical appointments, getting your medicines, non-medical meetings or appointments, work, or from getting things that you need? (Yes/No)

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Use Case: End-to-End View of Improving Health and Health Equity for those with Transportation Barriers

The MAO decides to participate in the VBID Model to capitalize on business opportunities and to advance health equity. In addition to its other strategic objectives, the MAO has made health equity a focus of its business strategy.

The MAO leverages a cross-functional team to analyze internal and external data.

To get a sense of who would benefit most from a VBID-related benefit, the team analyzes: 1) CDC's Social Vulnerability Index (SVI) to identify vulnerable communities in its service areas/market, 2) Disparities Sensitive Measures in its claims data to identify major health disparities in its enrollee population, 3) CAHPS/HEDIS Stratified Reporting to determine the largest disparities by contract and extrapolate findings to VBID PBPs, 4) other data available to the MAO such as health risk assessments, or
5) enrollee engagement data.

The MAO notices in its claims data that there are significant disparities in the number of its enrollees missing appointments, with particularly poor numbers for their enrollees with LIS relative to those enrollees without LIS. The MAO also notices that their enrollees with LIS tend to make up a large share of the MAO's enrollees with End-Stage Renal Disease (ESRD).

The MAO identifies enrollees with ESRD and LIS as a group in its enrollee population facing barriers to transportation.

The MAO utilizes a Health-Related Social Needs framework and identifies transportation barriers as a primary driver of the health disparities in their target population. This information is validated and supported by the MAO's medical team and community partners.

The MAO uses VBID Flexibility for targeting supplemental benefits based on chronic health condition and LIS to offer a transportation benefit that includes free rides to and from treatment centers for enrollees with ESRD and LIS. There is a reasonable expectation that providing this benefit will improve the health or overall function of the targeted enrollees as it gives enrollees a resource that may reduce their number of missed appointments.

In its VBID application, the MAO uses estimated medical savings from [fewer hospital and Emergency Room \(ER\) visits](#) to bid lower than the benchmark rate and uses the difference to pay for rides for enrollees.

Intervention results in improved enrollee outcomes and also positively affects the MAO's bottom line.

The MAO develops an evaluation strategy to assess the effect of these VBID Model supplemental benefits on quality, total cost of care, enrollee satisfaction, and engagement. After one year, the MAO finds that it has increased [the quality of life of its enrollees](#), decreased the number of [missed treatment appointments](#), and decreased [the number of hospital visits](#). CMS also evaluates the use of supplemental benefits under the Model.

The MAO participating in the VBID Model decides to implement this benefit for enrollees in more VBID-participating plans, subject to CMS approval.

For more information on the VBID Model, please visit the VBID Model Webpage at <https://innovation.cms.gov/innovation-models/vbid>.

For questions, comments, or feedback, please reach out to the VBID Model Team at VBID@cms.hhs.gov.