

## **NRC Colloquium: What Health Care Reforms Means for Coordinated Transportation, Washington, D.C., July 22, 2010**

**Medicare and Senior Transportation, Jane Hardin, Coordinator, Senior Transportation Programs, CTAA**

---

**One in five older Americans do not drive.** Compared to older drivers, older non-drivers make 15% fewer trips to the doctor.

**Source:** *Aging in America: Stranded Without Options* by Linda Bailey, Surface Transportation Policy Project (2004) **NOTE:** These facts are based on 2001 National Household Transportation Survey. AARP is now updating the Report based on 2009 NHTS and these statistics still hold or are perhaps a little higher.

**Medicare does not cover non-emergency medical transportation** with a slight exception for Part C/Medicare Advantage Programs. The absence of Medicare coverage for non-emergency medical transportation affects virtually every aspect of medical care for older persons.

- **The limits of Medicaid**, program for low-income persons of all ages. Many low-income older persons are dual-eligibles -- eligible for both Medicaid and Medicare benefits. The income guidelines for Medicaid based on the national poverty guidelines, are so low, however, that hundreds of thousands of older Americans who are too poor to pay for medical care are excluded from Medicaid insurance coverage.
- **Medicare Advantage/Part C -- the slight exception.**

**NOTE:** Part C is a means of delivering benefits, it not an additional Medicare benefit. The recent health reform legislation has cut back but not eliminated Part C. Medicare Advantage Plans provided by private insurance companies often include non-emergency medical transportation and display it prominently in their advertising.

**Consumer Advice:** In choosing a Medicare Advantage plan, choose the plan that best meets your medical needs. Then, look closely at what transportation services are offered, and its eligibility requirements. Frequently, these transportation benefits are very narrow with limiting eligibility requirements.

- **Long Distance Medical Trips -- a Huge Unmet Need.** Dialysis Treatment Centers and medical specialists, e.g., cardiologists, oncologists, are frequently located across county lines and state lines, many miles from where older persons live.

**Rural and Urban Issue:** Although long-distance travel is a more acute problem in rural areas, it is also an urban issue. For instance, in Washington, D.C., a not uncommon

ongoing transportation need is for trips to medical specialists at Johns Hopkins University in Baltimore, Maryland for older persons with progressive diseases like leukemia and multiple sclerosis.

### **Examples of community transportation providers meeting need for long-distance transportation**

- **St. Johns County Council on Aging**, St. Augustine, Florida. St. Johns COA in partnership with the Jacksonville Transportation Authority provides regular numerous trips to Jacksonville, Florida. Commuters are the primary target audience since approximately 40 per cent of St. Johns residents work in Jacksonville, but the buses also serve older residents of St. Johns, many of whom are still driving their own cars, but who no longer drive on the Interstate. They use the Jacksonville bus service to reach medical specialists in Jacksonville.

**Western Community Action**, Marshall, Minnesota. Western Community Action has a rideshare program that uses volunteer drivers to take residents of its multi-county rural service area located in the Southwestern corner of the State to medical appointments in Minneapolis, Rochester, or across the state lines to Sioux Falls, South Dakota as well as Iowa and communities in between. These are long-distance trips that take from two-to-four hours. Ride requests are scheduled utilizing computer software through a central dispatch office. Without ridesharing and volunteer drivers, the cost of transportation would be prohibitive for many older rural residents or residents of any age needing medical transportation.

- **Cape Cod Regional Transportation Authority**, the B Bus. Cape Cod is sparsely populated after summer residents leave, and a significant number of the permanent residents are older persons. Most still drive their own cars, but no longer drive on the Interstate. The B Bus, which has operated since the mid-1980s, provides transportation service so that these older permanent residents can visit medical specialists located in metropolitan areas.
- **Laughlin, Nevada, Silver Ride, Southern Nevada Transit Coalition** Medicaid funds cover only approximately half of the cost of providing long-distance trips for dialysis treatment for Medicaid recipients. The transit provider raises money for the other half of dialysis transportation and senior transportation by holding an Annual Wine-Tasting and Silent Auction, an event for which community volunteers and staff work all year so that it will be a success.

### **Medicare will get you there, but it won't bring you home**

- Medicare does fund emergency ambulance service so it will cover a patient at a nursing home or assisted living facility or an older person living independently who has emergency need for a hospital. After a person's condition is diagnosed

and treated, the person is no longer an emergency so the person is responsible for arranging for and paying the return trip.

The effect of Medicare not providing return trip home has been particularly hard on low-income older persons without a support network to help them. Since the person is no longer a patient after hospital discharge, social service staff at hospitals sometime refuse to provide assistance in arranging return trips because they reason the person, no longer a hospital patient, is no longer eligible for hospital social services. Residents of rural nursing homes have also experienced difficulty and hardship in arranging return trips. The nursing home is not responsible for arranging the return trip so the older person's family is responsible. Often, the family vehicles are inappropriate transportation for frail older persons who are likely to have mobility problems, who may be unable to sit up and may be attached to oxygen tanks or IV drips. In one instance about which I heard, a frail older person went home as the third passenger in a pickup truck, the only vehicle the family had.

### **Resources for Medicare Information**

**Consumer Information:** Every state has a State Health Insurance Program (SHIP). Local social service resource directories, local and state government websites are good resources for contact information. AARP (Ms. Medicare) and the National Council on Aging (NCOA) websites have excellent consumer information. CMS (Center for Medicare and Medicaid Services) is also a good resource.

**Information about Medicare's Non-Coverage of Non-Emergency Medical Transportation:** Jon Burkhardt, Westat, has done research on the expense to Medicare of the overuse of ambulances for which Medicare does cover, and the potential savings of providing for non-emergency transportation. (*The Gathering Storm*, CTAA Magazine, Winter 2003). GAO and the Center for Disease Control (CDC) have also done reports on the issue of the cost of ambulance transportation to Medicare.

---