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But thank you, everybody and your patience and your tolerance. Just so you know, I've spent 40 years in the industry trying to figure out how to be in two or three places at the same time, have not quite tried to figure it out. And I have another presentation at the opposite side of the building and a half an hour. So that's why I appreciate Nicolle, your graciousness by letting me jump ahead here. And I will attempt to make my comments as as as quick as possible. I also want to tell you that what we are going to be talking about is the new update from CMS. And there actually is another presentation that we're doing as part of the expo tomorrow morning. So this is just enough to get your attention perhaps. And if you really want to learn more about it, that's like a 90 minute session. So we can really get into the meat and potatoes a little bit tomorrow, and particularly get into what, uh, how the industry has begun to respond to this guidance. That being said, I'm sure there's Okay, so we're going to talk about what has happened as of late. So we're going to be talking about any empty, and not only NMT, but specifically the new guidance that came out from the Centers for Medicaid, or Medicare and Medicaid. And what that really means for all of us, I've attempted to try to target my comments specifically to the mobility management audience that's here. Because I think that there is a lot of us of opportunity that this new guidance provides for those of us that are in the room. But before we get started with that, we really have to go back and remind ourselves about what Medicaid transportation is all about. And so I think that the only way to start that is by reminding everybody that transportation is an essential function of the Medicaid program. It is vital, it is critical. And it is a requirement. So every beneficiary of Medicaid is to be given access to that health care. And that means transportation, the Consolidated Appropriations Act, added a statutory requirement that said that every state has to come up with a state plan. And that that state plan must include a description of the method that they're going to use to ensure that necessary transportation is provided. And so there's, you know, a big takeaway from that comment, and or that last point, and that is, every state has significant latitude on what they do, and how they do it, to respond and how they comply with that transportation insurance. That is unbelievable flexibility. But for many of us in the room, it's also some challenging challenges, because the solution for one state is not necessarily the solution for another. And it makes it sometimes a little difficult, especially when we're trying to draw conclusions and to draw, you know, learn from each other and, and transfer knowledge. It's very difficult to do that when every state does Medicaid in any empty services differently. Okay. The CEA, section 209, obligated CMS to do three things. First of all, they needed to convene a series of meetings to obtain feedback and to facilitate discussion about what was happening with any empty in the country. And they did that they did a very good job of that that focus really occurred at the end of last year, in that like August, September, October timeframe. Many of you guys probably did participate in some of those discussions. They were listening sessions, so they weren't interactive, necessarily. There wasn't really a dialogue, but they were listening sessions. And so they were very well attended and I think CMS got an earful. To be honest. They heard a lot. And I do want to emphasize that last phrase, they heard, they did hear, they listened and they did hear. The second thing that they had to do is to assess an update CMS guidance that they had, over the years issued to states specifically for non emergency medical transportation. Prior to this, the closest thing to a comprehensive guidance really went back dated back to almost 1996. In a letter directed to state Medicaid directors. And so, since 1996, there was a lot of different movement, a lot of different interpretations, a lot of different things that were going on. And so essentially, this act called on CMS, to put it all together, update it, make it make all make sense. And to make sure that it was out there. That's the guidance that we're going to talk about here very briefly today. The other thing that they needed to do was to submit a report to Congress on any empty that was based on the analysis of a nationwide data set. In other words, Congress was saying to CMS, okay, you know, what, we don't think we have a complete picture of what's really going on here with when it comes to any empty, like, how many trips do we provide? How much money do we spend a lots of fairly basic questions. And so congressman, what we need you to do is to go do a nationwide assessment, and then come back with those numbers. And so they, it was the last of the three steps, they were able to kind of do it. That report, they looked at the data from 2018 2021. And they actually published a report on June 20 2023. So if you are looking for a lot of great data on the CMT program, one would think that this is where you should look. But don't hold your breath. Because essentially, the major conclusion that came out of this, which is a conclusion that probably many of you have already drawn, is that there is no great source of information, because every state does it differently. And so we can't there, it was an impossible task, CMS was given an impossible task because of the way that their programs are run, and all the different states and the way data is collected or not collected. And so there is a report, it's got some information to it. But almost every data point that is in that report, kinda does have a little footnote that says, Well, this is only part represents part of the story. But it is out there. So before I go into the specifics of of, of what that guidance says that maybe is relevant to the folks here is I do want to give a little backstory about why this guidance and what came out was really is really important. Okay. And so I think it's important that we all look and are reminded of how diverse, complicated and challenging the provision of any empty services has been for decades. And part of it is because Medicaid is provided in many different ways throughout for different states. But also, even within an individual state, it's possible that the model may have changed once or twice or three times. So it's been very much a moving target. Back in the day, when we first started with this, it was a fee for service model, essentially, people purchase services. And so it was pretty straightforward back in the day, but then what happened is, is then we saw an emergence of the brokerage model, and the brokerage model, sometimes were statewide brokers, sometimes they were local brokers, sometimes they were regional brokers, sometimes they were, you know, obviously, usually a private for profit brokers with a few other hybrid types of things put in there. But now what we're seeing is a major shift to managed care organizations, and any and T services being provided through that. And so in some states, you actually have a combination of multiple different things. And so it's it's making it a little pretty difficult. Another thing that is interesting is when we're talking about NMT, we aren't talking about just one type of service provider, we're kind of looking at the whole universe. We're looking at public transportation agencies, we're looking at nonprofit organizations, we're looking at private for profit organizations. And then sometimes as we, you know, lovingly call the little mom and pops the little one or two person, one or two vehicle organizations that are providing service. All of that complicates things as well. And you know, that coupled with the different state Medicaid models means that oftentimes there are just oodles and gobs of different

09:59

formulas Asians of what any empty service looks like. But also, I want to spend just a few minutes on this, because, you know, when we're talking about mobility management, we're talking about coordination. And we're looking at all the efforts that the Coordinating Council on access mobility, seek hammer doing, you know, it really is about how we're trying to all work together to meet the transportation and the mobility needs of our folks. Right. And so but they're so you kind of think it's just makes common sense. Why are we talking about this? Now? Why is this such a big deal, this new guidance? And, and, and, you know, what? It just seems like it's such common sense, why have we been struggling for so long. So I think it's important that we understand, again, some of the background, this is the biggest one of the biggest takeaways, and I'm going to tell you, I was one of the people who it I think, I don't know how many times I had to get a hit over the head. And I'm still getting hit over the head with this fact. And that is, we use the same words, but we are not talking the same language. When it comes to transportation, any transportation, public transportation, even mobility management, all the different people in this room, we all use the same words. But sometimes we're not speaking the same language. And I think that has been one of the issues that has plagued all of these efforts for years. And so one of the challenges that I'm going to make right now to all of the folks in this room, is as you work within your communities, and as you work in with your, either your brokers or your whoever your NMT providers are, or whether you're you know, have county based JFS 's that are providing transportation or, or your you know, whatever is going on your MCOs, whatever that is, I'm going to challenge you to to learn the other people's language, learn the other folks is language, so that when you're talking to them, it's you're not just speaking your language, but you're speaking theirs. And I think that's a major suggestion, and one that I really would hope that you could embrace. The second part about all of this is people come to the table with preconceived notions about what transportation is, what public transportation is, what mobility management is, everybody comes with a preconceived notion of what that is. I think historically, some of our friends at CMS didn't understand the complete picture of what public transportation was, for example, they thought that we're talking about big fixed route buses and big cities and rail lines, they had no idea of what rural transportation was what demand responsive transportation was, they have no idea. And I think because of that the lots of decisions were made over the over decades, based on perhaps a not a incomplete picture of the transportation network that was really out there. That was already out there. And so one of the things that I think that we need to do is to be better at absolutely communicating what that network is, how it works, what we're all about. And so that's your second challenge, is you have to inform and educate and educate and educate and educate everybody about what your transportation what the transportation network is in your communities and how it operates, how it functions. The third thing that I just kind of want to point out, and this is something that I see those of us in the transportation industry kind of struggle with a little bit is that we don't understand why it seems like sometimes, people in the transportation industry care more about getting people to their doctor's appointments than some times it seems like the Medicaid folks do. And I don't know whether that's probably the probably a bias statement for me. But I know that sometimes that's the biggest issue where, you know, any empty providers are trying to get the person trying to get the trip done, and trying to do it most efficiently, or the fastest or the cheapest. But in doing so, sometimes they've missed the point that we've got a person here who is needing a service. And so oftentimes there's a philosophical misalignment that I have observed with that and it's something that that we in the transportation industry, just Don't get and don't understand. The other issue is, is that we know because of the dollar amount and because of all of because it's Medicaid in NMT is essentially an insurance program, there's this whole concern about fraud and mistrust. And so we need to understand that that's first and foremost, what whoever you're having a dialogue with in your local communities, you have to have that always in the forefront, that that is something that you have to be willing to understand and explain and work through. So because that has been an history and historical issue that we have been challenged with over the years. And then one of the other things that goes along with that, when we're talking about mobility management, we're talking about coordination, we're talking about working all these things together. The other big factor is that there has not been up to this point, a vetted cost allocation method that our CMS colleagues felt comfortable with. And, and the way that transportation professionals look at scheduling and dispatching is different than what CMS has wanted to do and to fund. So I think that these are some critical backstories. With this in mind, now, what I want to do is explained to you what the CMS guidance does, as far as addressing many of these things, because I do think that the CMS guidance does attempt to address all of those issues. And this is where you have the opportunity, you have great opportunity, everybody in this room to make a difference. Okay, so I want to point out that the the guidance came out in a letter to from CMS to state Medicaid directors that came out in September 28 of 2023. And essentially, what it did is it wanted to provide an overview of CMS requirements, policies and guidance about how that transportation assurance was to be met, recognizing that transportation is a mandatory service, it called the state every single state to fully operationalize, to monitor and to improve the way that they meet that transportation insurance. In other words, when I read this, I think the message is pretty clear that CMS is saying, you know, guys, I know we're working hard, I know we're doing our best. But we need to do better. This, this guidance called on the state's to do better. This is an opportunity. Again, it was authored by the Centers for Medicare and Medicaid or CMS, I refer to that a lot. I want you guys to all understand that this was no small effort. In fact, this was a Herculean effort, a lot of what is in this guidance went against decades of, of, of viewing, coordination of viewing partnerships of viewing, especially public transportation, in one way, and basically this guidance basically opened it up and went in and changed course, changed direction, a little bit on how all that was thought of. And so that's one of the reasons why this guidance is so exciting. And one of the ways reasons why I think it's a great opportunity for all of you in this room, is because I think it's signaled a change in thought, a change in the mindset. And so it was a Herculean effort, all of the folks that are there that have been working with C cam, not only CMS, but Mary instock and her group and Danielle, I mean, the effort that they put into this is amazing. And I'm telling you, you can see it all the way through this guidance. What it did, and you're gonna see I kind of emphasize the word state flexibility. That's huge. This guidance very clearly said, We, there's a lot of flexibility in

19:27

what you can do and we encourage you to do it. We encourage you to to be innovative, we encourage you to come together to try to figure out the solutions here. And guess what, CMS is going to allow that up to this point. And prior to this point, every time somebody wanted to do something new, what would happen? They would basically point their fingers. The State Medicaid Director says whatever oftentimes would point to CMS and said, We can't do that because CMS will not allow us to do that. or they'd say, Well, we're afraid to do it. Because if we do something innovative, and then later on CMS doesn't agree with that they might want to come back and have us pay back or something, or there might be some penalty for all of that. Well, I think what this directive said to the state Medicaid directors is you have flexibility. You have flexibility to meet the needs to meet that transportation assurance. And so it clarified some existing interpretations, it explained some new ones, and encouraged the best practices, okay, guys, everybody in the room. It encouraged best practices, where did the best practices come from? All of you guys, it's a great opportunity. It encourages states, the MCOs managed care organizations and transportation providers to work collaboratively to ensure that beneficiaries are educated and informed. That's what mobility management is part of it isn't it is educating folks trying to figure out and help people figure out how to navigate the system that's out there. And in this case, the Indian tea world to attempt to, you know, get the most out of those services. And so it was called out as one of the goals here. Just want to also say something else, when you guys are dealing in there, your mobility management world, and when you're going out to communities, and whoever it is, you're talking to broker, MCO, State Medicaid Director, other folks, whoever it is, you need to be armed with the right lingo and the right language. One of the things that I think that came out of this guidance that was most important is we've always had the term least costly, most appropriate. But that term has always been there. But this guidance gave more importance and significance to the most appropriate, because historically, it's all been about the least costly, right? It's always been about the least costly in the brokerage model, you know, the least costly means that broker makes more money. And so it's really interesting, if you get into this, you're going to see that basically what they're saying is the least costly, if it doesn't provide the trip, and it doesn't provide the service or if it in of itself discourages that person. And therefore they're not getting their their, to their medical appointments. least costly, doesn't mean it's not working. And I think when you look at the history, historically, over the last several decades, the focus on least costly is hasn't worked. And so this emphasis on most appropriate, I think, is really critical. So when you can also be out there talking in your communities, be armed with that term, least costly, but most appropriate with the emphasis on most appropriate. Because if you're not giving that person the right kind of trip, they're not going to go. And if they don't go, they're not going to get that medical appointment, and it's not going to be a good outcome. So focus on that you must consider quality and making sure that you have the right that the train driver the right type of vehicle. And guess what guys, sometimes I think what we are finding is that the public transit systems or those transit systems that are locally based, are the most appropriate because they're the ones who know the community. They're the ones who know, the passengers. They're the ones who know the Medicaid beneficiaries and the Medicaid beneficiaries, know them and trust them, and so they're more likely to take the trip. Okay. This is another point that I think is is also an opportunity for everybody in the room. State Medicaid agencies are encouraged to explore partnerships with state D O T agencies, to better serve the Medicaid population. How much clearer does it get than that? I mean, isn't that as straightforward of a sentence as you're ever going to find? It's clear now, I want to make sure everybody understands that the guidance is just guidance. It's not a requirement. It's just guidance. Medicaid directors may choose to do this or they may choose not to. But the point is, is we now have this language to help the dialogue at the local level at the state level. We've got something to work with that we never had before. CMS is telling state Medicaid directors that they are encouraged to explore partnerships with state do T's, yay rah guys, this should be applauded. Marianne, your staff should be applauded. And you should be applauded. Yeah, rah. It's not going to be a change overnight, Medicaid directors are not going to be clamoring to come out to do this. But you know what, we're already starting to see some movement. We're starting to see state do T's do some cool things. And we're going to talk about those more tomorrow. So encourage you to be there. But it's like really exciting. The other thing that this guidance does is it allows for trip sharing, back when if you guys were trying to coordinate trips and trying to do different things, oftentimes, if you were trying to do things with the NMT world, you'd hit a brick wall, because you can't trip share, because we don't want to cross subsidize, or maybe pay for an extra mile of, you know, somebody else's trip and all this stuff, right? And they were all no matter how much sense it made, no matter how efficient it was, no matter how great it was, No, we really can't do that the practical reality is this, no, we can't do that. This guidance comes straight out and says no, if we allow for trips, sharing, yeah, we want to make sure that we're paying our fair share, and that other agencies are paying their fair share. But you can do it, what you need to do is to make sure that you are using a basic cost model that reflects basic cost principles that CMS is good with. Okay. And if you do that, then it's okay. And so in here, they basically referenced cost models multiple times. And so there are lots of opportunities in that realm as well. And you as mold mobility managers are going to be part of that equation. We've been talking about the new model that's coming out, I think there was already a discussion about the new C camp Technical Assistance Center, can I say this? Okay. There's already been discussion of that, there's going to be the new C camp Technical Assistance Center, that is going to house that model. And we're expecting, it's going to be out very soon, you know, it'll be out. As soon as that gets up and running, that is going to be part of it. The reason why that's important is because CMS was at the table when that model was created and vetted. We're not gonna say endorse, but they were at the table, and therefore it is going to be out there. So that is what this is referring to, that's least one of these things, okay. There's some other points in there that I encourage all of you to read, for example, one of the things is that providers, it actually says that we can't pay providers, so little money that they in fact, can't perform. And therefore it impacts the ability to have service providers. Okay. In other words, some of the situations now they paid the service providers so little, that it impacts the whole system's ability to provide trips. So it's basically saying you cannot pay your providers a decent rate. I mean, that's what this is saying. And that you have the flexibility to explore different payment methods, okay. Again, states afforded a flexibilities for coverage of weight times long distance trips, all of those things. And it also recognizes, even though we've known it for years, it's taken a long time. And that's one of the issues that Medicaid, I think had, or CMS had so much difficulty embracing coordination and in the whole public transportation is that they did not understand or appreciate fundraising. And so, but this guidance very clearly says, fun Braiding is acceptable, you know, in other words, we can independent on what your states are no different states will do this differently. But it does recognize the possibility of fundraising. So my last three minutes what are your opportunities? I think you now have this has opened the door to discussion.

29:20

I think it's a great opportunity, it's opened the door for discussion. And mobility managers should be part of the dialogue. And if the doors not open, kick it down and get to the table and be part of that discussion. Know, the different model in your system, your whatever your state is, understand it and it is complex. Understand it, understand the model, understand the philosophy of what's going on in your state. Understand who the players are, who the power brokers are, and in your local state and also your community so that you know how to leverage and how to make them how to you know how to help them understand what you do and what you bring to the table to find what you bring to the table, how you can. And this is another thing, it's not about how they're going to help us. It's all about how we're going to help them. So when you go to the table, and you understand their needs, their problems, their crisis, their challenges, you come to the table with solutions for them. And that's where the dialogue starts. Understanding that you bring something that no one else brings in that you know your communities better than anybody else. And then establish those viable sustainable partnerships. Okay, and guess what? I absolutely did it on time. So, again, longer session tomorrow come to it, we're gonna get into more more more good stuff, but this is just a little bit overview and hopefully a challenge to all of you guys to make a difference.