

DRAFT for public comment

# West Virginia's Healthcare Transport Networks

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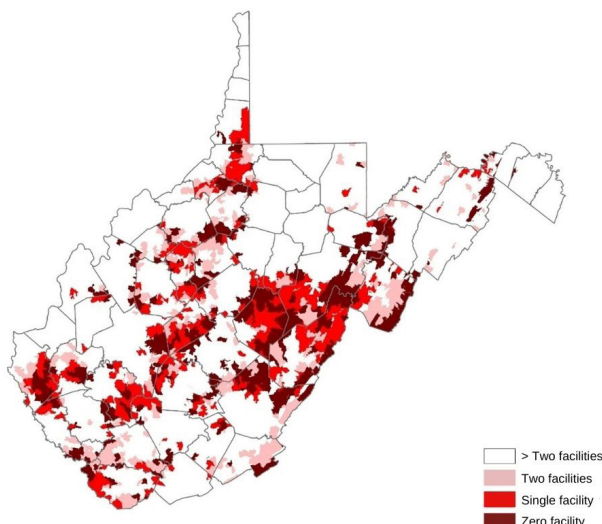
Transportation has been well-established as a [community driver of health](#) linked to numerous [rural health disparities](#). This Science and Technology Note discusses West Virginia's existing non-emergency healthcare transportation systems, including senior centers and faith-based organizations.

## Healthcare Transportation Challenges

There are a number of transportation barriers to healthcare access for West Virginians. For instance, many West Virginians live more than 30-minutes [from the nearest primary care provider](#), and about [9%](#) of West Virginia households do not own a vehicle. Although public transportation is available in some areas, these services do not cover the entire state. Medicaid recipients have access to [Non-Emergency Medical Transportation \(NEMT\)](#) services at no cost, but many individuals in rural areas nonetheless [pay out-of-pocket](#) due to [infrequent service and inconvenient or impractical scheduling](#).

This lack of transportation access may lead West Virginians to [forgo healthcare](#). In McDowell and Wyoming Counties, for example, patients lacking transportation were [more prone](#) to hospitalizations or resorting to emergency care.

## Primary Care Sites and Topography

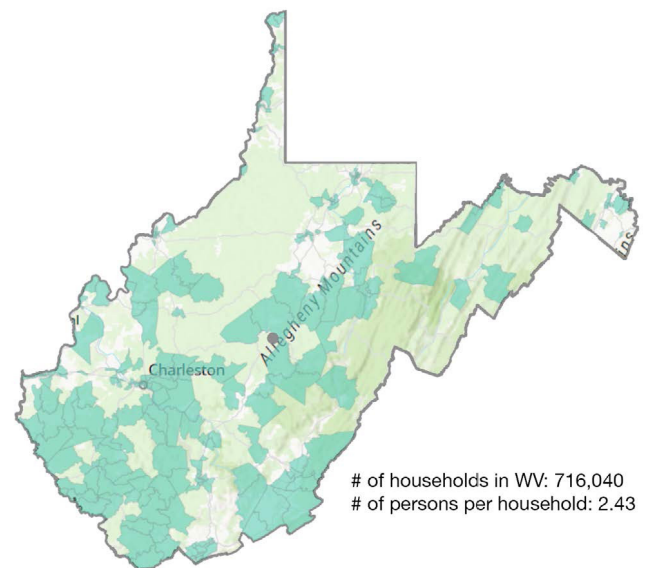


Source: [Springer Link](#)

## Research Highlights

- West Virginia's rugged terrain, healthcare workforce shortages, and sparse public transit exacerbate healthcare access issues, particularly in rural and under-served communities.
- Addressing transportation barriers is crucial to tackling rural health disparities, improving health outcomes, and reducing healthcare costs.
- Illustrative policy options include establishing membership-based pilot programs and non-profit collaboratives to coordinate transportation services; implementing a coordinated fare and schedule system; and modifying West Virginia's existing Medicaid NEMT delivery model to a regional or mixed model.

## Census Tracts Where 100 or More Households Lack Vehicle Access (in Dark Green)



Data Source: [Census ACS 2018-2022](#); image adapted from [US Transportation Insecurity Analysis Tool](#)

## Non-Emergency Care Transportation Options

Despite West Virginia's relatively small population, it has the nation's [6th highest](#) annual NEMT ride days and the [13th highest](#) proportion of beneficiaries who use NEMT services. West Virginia's [Medicaid transportation broker](#), Modivcare, offers free NEMT services, but the policy limits mileage reimbursement to 125 miles or within 30

miles of state borders for medically necessary trips. Additionally, Modivcare, which has an F rating from the [Better Business Bureau](#), has been criticized for reported wait times, failure to fulfill reservations, and staffing shortages.

[County Aging Providers](#) transport [thousands](#) of seniors yearly. Faith-based organizations rely on volunteers covered by a liability insurance policy but still face challenges relating to distance, geography, and volunteer availability.

## Potential Benefits to West Virginia's Rural Communities Access to Healthcare Transport

Enhancing the reliability of transportation, one of the seven [Vital Conditions for Health and Well Being](#), has the potential to improve the health outcomes of West Virginians and reduce healthcare costs for patients, providers, and taxpayers. In one study, the use of Medicaid NEMT resulted in [an average monthly savings](#) of \$1,300 per person by avoiding Medicaid costs associated with more intensive or more frequent use of healthcare services.

### Illustrative Healthcare Transportation Policy Options

| Illustrative Policy Options   | Challenges and Opportunities   |
|---|--|
| Fund non-profit collaboratives to <a href="#">coordinate transportation services</a>                | <ul style="list-style-type: none"> <li>Faith-based organizations and other non-profits could benefit from utilization of the same <a href="#">rider/driver scheduling systems</a> enabling inter-agency referrals and sharing of drivers.</li> <li>Seniors, disabled persons, and rural transportation agency grantees (<a href="#">5310/5311</a>) also experience challenges like staffing/volunteer shortages.</li> </ul>  |
| Implement a <a href="#">coordinated fare and schedule system</a> in existing public transit systems | <ul style="list-style-type: none"> <li>A coordinated fare and schedule system for existing transit seamlessly integrates various modes of public transportation through unified scheduling, integrated ticketing, coordinated routes, real-time information, and harmonized fare structures.</li> <li>These systems can enhance efficiency, convenience, and connectivity for users by providing more <a href="#">access to services and more efficient use of limited financial, infrastructure, and staffing resources</a>.</li> </ul> |
| Modify West Virginia Medicaid's <a href="#">NEMT service delivery model</a>                         | <ul style="list-style-type: none"> <li>Use of brokerage models yields an <a href="#">increased matching funds percentage</a> from Centers for Medicare &amp; Medicaid Services.</li> <li>Brokerage and managed care models <a href="#">result in inefficiencies and increased costs for public transit agencies</a> as NEMT trips are shifted to paratransit services.</li> </ul>  |

The initiatives in this table represent innovative and collaborative approaches to addressing transportation in rural settings. Each has demonstrated promising health and financial outcomes.

### West Virginia Medical Transportation Services Compared to Other Appalachian States

| Initiative  | Goal   | Outcomes   |
|---|--|--|
| West Virginia Medicaid's statewide broker <a href="#">NEMT service delivery model</a>   | <a href="#">Modivcare</a> aims to provide innovative, technology-driven solutions for Medicaid beneficiary transportation  | <ul style="list-style-type: none"> <li>Reduced no-show rates</li> <li>Reduced patients arriving late to appointments</li> <li><a href="#">Reduced 30-day readmission rate</a></li> </ul>   |
| Taylor Regional Hospital's <a href="#">hospitality van service</a> (Kentucky)           | 14 sponsor entities, including businesses and community organizations, contribute \$80 monthly to Taylor Regional Hospital to provide transportation services                | <ul style="list-style-type: none"> <li>Reached residents in four counties that lacked taxi and public transit services</li> <li>Increased appointment utilization for routine follow-ups, dialysis, and cancer treatments</li> <li>Transports 1,100 unique patients each year</li> </ul> |
| Blount County, Tennessee's <a href="#">SMiles (Senior Miles) Transportation Program</a> | Provide seniors with increased freedom and enhanced quality of life through a membership-based program that costs riders \$49 per year                                       | <ul style="list-style-type: none"> <li>Provided over 41,500 trips to medical appointments, grocery stores, and social events since 2013</li> <li><a href="#">Saved over \$500,000 using volunteer drivers</a></li> </ul>   |
| <a href="#">A Missouri Health Foundation pilot program</a>                              | Use mobility coordinators from a third-party company with local knowledge to educate riders, coordinate transportation services, and train staff on transportation screening | <ul style="list-style-type: none"> <li>Yielded a \$7.68 return on investment for every dollar spent</li> <li>Reduced the number of no-shows</li> </ul>   |

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