



**AMERICAN
PUBLIC
TRANSPORTATION
ASSOCIATION**

November 20, 2017

Centers for Medicare & Medicaid Services (CMS)
U. S. Department of Health and Human Services (HHS)
7500 Security Boulevard
Baltimore, MD 21244

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Attn: Request for Information (RFI) Innovation Center New Direction

To Whom It May Concern:

These comments and recommendations are submitted on behalf of the American Public Transportation Association (APTA) regarding the informal Request for Information (RFI) issued by the CMS Innovation Center for input on a new direction to promote patient-centered care and to test market-driven reforms.

About APTA

APTA is a non-profit international trade association of more than 1,500 public and private member organizations, including public transit systems; high-speed intercity passenger rail agencies; planning, design, construction and finance firms; product and service providers; academic institutions; and state associations and departments of transportation.

General Comments

“POTENTIAL MODELS” WHERE TRANSPORTATION SHOULD BE CONSIDERED

The following are suggestions of the most promising opportunities for partnership with the public transportation industry:

(5) Medicare Advantage Innovation Models

Transportation is an integral part of any holistic, patient-centered approach to health care. It should be thought of, not as a side note or asterisk, but weaved throughout each principle as part of a comprehensive solution. This is especially true as the nation's baby boomers age and become more dependent on others for their transportation needs and in areas like behavioral health that require ongoing, regularly-scheduled appointments to maintain successful care.

Currently, Medicare will only cover ambulance trips for patients, but not transportation for routine-based care. Ambulances are costly and often times unnecessary. CMS is encouraged to examine the potential for utilizing public transit and non-emergency medical transportation (NEMT) to cut costs and provide a much-needed service for older adults seeking care.

(6) State-Based and Local Innovation, including Medicaid-focused Models;

The Innovation Center should encourage state and local models aimed at demonstrating the role that Medicaid-supported NEMT plays as a necessary component to meeting guiding principle #3 (beneficiaries, their families, and caregivers taking ownership of their health). In particular models that test and demonstrate the benefits to patients of “transit-centric” approaches to NEMT. The anticipated benefits of transit-centric approaches might include: a) higher quality transportation services, because transit is a government managed service that has quality standards via local, state and federal regulations and is subject to public oversight; b) lower transportation costs for Medicaid, because with appropriate cost allocation, Medicaid can take advantage of the existing local, state and federal investment in transit while still paying its fair share and c) improved patient health, because transit provides the patient with a comprehensive transportation solution (rather than a single trip to a single appointment) and with that additional tool in the patient’s toolbox they are empowered to not only access their health care provider, but pharmacies and social service programs that support health as well as employment and education as key components to maintaining a healthy life. By CMS encouraging and supporting transit-centric models to NEMT they will complement the significant efforts being taken elsewhere in federal government to evolve federally supported transit agencies in into mobility managers and not just service providers.

We would also like to see CMS more fully embrace the critical role that transportation plays in health care. CMS should consider amending guiding principle #3 to include the word “support services” as shown below, with the understanding that transportation is the most critical support service.

Patient-centered care – Empower beneficiaries, their families, and caregivers to take ownership of their health and ensure that they have the flexibility, information and support services to make choices as they seek care and health-related services across the care continuum.

(8) Program Integrity

One of the most important goals at CMS is fostering an affordable, accessible healthcare system that puts patients first.

The Innovation Center reminds us of the principles:

- Choice and competition
- Provider choice and incentives
- Patient centered care
- Small scale testing

With these in mind, several small scale tests building new medical clinics, emergency rooms, and dialysis clinics in transit centers would demonstrate cost effectiveness and improved customer choice.

The Cleveland Healthline is the best example in the nation for transit access to multiple medical facilities. The Dallas DART rail station and TRE station and proposed plans for the Oklahoma City streetcar station at the St. Anthony Hospital complex are examples of well-designed transit accommodations to serve the medical trips. But now is a great time, this is a great opportunity to promote well designed medical facilities to serve transit customers (and open to the public).

It would be a dynamic illustration to open a medium size medical clinic that is at an existing transit center. The important variables to measure would include:

- Reduction in transportation costs for the clinic patients
- Increase in the frequency of preventive examinations
- Increase in the frequency of childhood vaccinations
- Decrease in the incidence of complications from diabetes

If a dialysis clinic at the transit station case study could be created, the useful lesson could be the increase in the number of trips that use transit to the clinic, and need a paratransit trip for the return only.

While we should focus all attention on priority treatment of transit over expensive ambulance trips, the data from these demonstration projects could create efficiencies that are overwhelming in logic for further development.

We appreciate the opportunity to assist the Centers for Medicare & Medicaid Services in this important endeavor. For additional information, please contact Linda Ford, APTA's General Counsel, at (202) 496-4808 or lford@apta.com.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Richard A. White". The signature is fluid and cursive, with the first name "Richard" being the most prominent.

Richard A. White
Acting President & CEO