

# Value-Based Insurance Design (VBID) Model's Health Equity Incubation Program

## Leveraging VBID to Improve Equity in Transportation Access

*September 15, 2022*

*Center for Medicare & Medicaid Innovation (CMMI)*

*Centers for Medicare & Medicaid Services (CMS)*

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PART ONE  
3:00 – 3:05 PM ET

## WELCOME & CMMI'S FOCUS ON IMPROVING EQUITY IN TRANSPORTATION ACCESS



Abigale Sanft  
VBID Model Co-Lead  
CMMI, CMS

# Disclaimer

This presentation is offered only for general informational and educational purposes. As always, the agency's positions on matters may be subject to change. HHS's comments are not offered as and do not constitute legal advice or legal opinions, and no statement made during this presentation will preclude the agency and/or its law enforcement partners from enforcing any and all applicable laws, rules, and regulations.

Medicare Advantage Organizations (MAOs) and Prescription Drug Plan (PDP) Sponsors are responsible for ensuring that their actions fully comply with applicable laws, rules, and regulations, and we encourage you to consult with your own legal counsel to ensure such compliance.

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*Health equity means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.<sup>1</sup>*



<sup>1</sup> See more at <https://www.cms.gov/pillar/health-equity#:~:text=Health%20equity%20means%20the%20attainment,language%2C%20or%20other%20factors%20that>

# Defining Transportation and Associated Barriers

## Defining Transportation

Medical transportation



**AND**

Non-medical transportation



## Types of Transportation Barriers

- Distance to a destination (e.g., to a provider, grocery store, etc.)
- Limited or no public transportation
- Lack of access to a car
- Mobility limitations
- Cost of transportation in time and money
- Many more

# The Effects of Transportation Barriers

## Access to Care

- **5.8 million Americans delayed medical care** because they did not have transportation<sup>1</sup>
  - These Americans are **disproportionately low-income**.<sup>2</sup>
  - Transportation barriers are responsible for **25% or more of missed clinic appointments**<sup>3</sup>

## Negative Health Outcomes

- Americans with unmet transportation needs are **2.6 times more likely to report multiple emergency room visits**.<sup>4</sup>

Sources: 1) Wolfe MK, McDonald NC, Holmes GM. Transportation Barriers to Health Care in the United States: Findings From the National Health Interview Survey, 1997–2017. *Am J Public Health*. 2020. 2) Refer to footnote 1 3) Shekelle PG, Begashaw MM, Mlake-Lye IM, Booth M, Myers B, Renda A. Effect of Interventions for Non-Emergent Medical Transportation: A Systematic Review and Meta-Analysis. *BMC Public Health*. 2022. 4) Insights from McKinsey's Consumer Social Determinants of Health Survey | McKinsey. Accessed September 14, 2022. <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/insights-from-the-mckinsey-2019-consumer-social-determinants-of-health-survey>

# The Voluntary VBID Health Equity Incubation Program

## Program Overview

The **Health Equity Incubation Program** serves as the central pillar of planned learning activities with the goal of:

- Encouraging innovation in most promising focus areas;
- Optimizing design and implementation best practices; and
- Building evidence base for **quality improvement and medical cost savings** related to social needs interventions.
- Inform new directions in MA program

## Sessions and Technical Assistance *(Recordings and slides from prior sessions are posted on the VBID website)*

### Initial VBID Business Case Session

September 2021 – December 2021

Engaged MAOs in “**Health Equity Incubation Sessions**” in the form of webinar and follow-up one-on-ones that focus on **VBID health equity business case**



### Technical Assistance

January 2022 – December 2022

During **Health Equity Incubation Sessions**, the VBID Team will engage MAOs in health equity focused technical assistance (TA) and leverage use cases and case studies tailored to **the most promising focus areas** (e.g., food and nutrition, diabetes, transportation, and housing).



### Learning and Performance Feedback

2023 and onwards

In the longer-term, the VBID Team plans to create a learning network, where plans can tackle common challenges around health equity. An essential part of this learning network will be tailored feedback based on plan data.



## CMMI-VBID TRANSPORTATION PARTNERSHIPS & OPPORTUNITIES

### SPEAKERS



Danielle Nelson  
Senior Program Analyst  
US Department of Transportation



Lori Gerhard  
Director  
Office of Interagency Innovation  
U.S. Administration for Community  
Living



Jennifer Raymond, JD, MBA  
Chief Strategy Officer  
AgeSpan



Sherry Welsh, PhD, LSW  
Senior Project Manager  
Rabbittransit

# CMMI-VBID Transportation Partnerships & Opportunities

*Virtual Webinar*

*September 15, 2022—3:00 pm – 4:30 pm ET*



U.S. Department of Transportation  
**Federal Transit Administration**



**CCAM** Coordinating Council  
on Access and Mobility

# Agenda

- **Welcome and Introductions**
- **Transportation—Federal Programs, Partnerships and Opportunities**
- **Panel Conversation—Partnerships with Community-Based Organizations, Transportation Providers, Health Plans, and Health Systems**
- **Questions and Answers**

# Today's Speakers

- Lori Gerhard, Director, Office of Interagency Innovation, Administration for Community Living, US Department of Health and Human Services
- Danielle Nelson, Senior Program Analyst, Federal Transit Administration, US Department of Transportation
- Community Panelists:
  - Jennifer Raymond, Chief Strategy Office / Director, Healthy Living Center of Excellence, AgeSpan (Massachusetts)
  - Sherry Welsh, Senior Project Manager, Rabbit Transit (Pennsylvania)



# ACL

**Mission** – To make community living a reality for all people, regardless of disability or age.

**Vision** – For all people, regardless of age and disability, to live with dignity, make their own choices, and participate fully in society.

**Impact** – Support networks of disability and aging organizations in all 50 states and in the US territories. Over 20,000 community-based organizations that collectively provide direct services, legal advocacy, and work on systems change for older adults, people with disabilities, and their families.

# The Disability and Aging Networks

- The 20,000 ACL-funded aging and disability organizations **reach into every community** across the nation.
- Staffed by people that live in and **know the community and culture**.
- **Serve a diverse population.**
- **Decades of experience** in helping people access and receive home and community-based services including transportation, housing and housing related services.
- **Partnerships** to streamline access to services for the people we serve.

# ACL Transportation Portfolio

## Help People Find, Obtain, and Use Transportation

- [Assistive Technology Act Programs](#) help people of any age with a short- or long-term disability discover and learn how to use the array of assistive technology (no tech, low tech, high tech) available to increase a person's independence with transportation.
- The [Eldercare Locator](#) and [DIAL](#) helps older adults, persons with disabilities, and caregivers learn about transportation resources. Transportation is the most frequent inquiry to the Eldercare Locator. Over the past 12-months over 32,000 transportation calls were received representing about 10% of total calls. Since inception in June 2021, DIAL has received over 1,100 inquiries related to transportation and mobility options.
- [Centers for Independent Living](#), [State Units on Aging](#), [Area Agencies on Aging](#), and [Aging & Disability Resource Centers](#) help people enroll in publicly funded programs; braid together transportation resources; obtain transportation vouchers and rides; and learn how to use public transit systems through travel training programs.

# ACL Transportation Portfolio

## Increase Availability and Accessibility of Transportation Services

- **Contracts with Health Plans**—Transportation is one of the services commonly offered by Community Based Organizations under contract, along with SDOH assessment, nutrition, care management, and more.
- **Inclusive Community Transportation Planning grant**. Over the past 10 years, this grant has worked with 42 community partnerships of people with disabilities, older adults, and transportation providers to develop and implement solutions to transportation challenges. More information can be found at: <https://transitplanning4all.org/>.
- The **Americans with Disabilities Act Participation Action Research Consortium (ADA-PARC)** publishes maps that assist policy makers, community leaders, transportation developers and state leaders in understanding transportation needs and opportunities for improvement. As a result of these maps, metropolitan leaders in one community decided to invest \$73 million to improve the sidewalks and access to the public transportation.

# Benefit Design

- [Veteran Directed Care Benefit](#) (Modeled after ASPE Cash & Counseling Demonstration ) Standardized framework with self-direction and flexible service budget. Beneficiary determines how to use flexible budget to purchase services and goods to meet their unique needs.
- Benefit design enables customization of benefit for each beneficiary and their unique circumstances/environment.
- Includes:
  - One-time person-centered assessment to discover person’s needs and solutions (from their perspective)
  - On-going support from a person-centered counselor to develop, execute, and modify plan
  - Flexible service budget determined by ADL needs, Behavioral health needs, specialized rehab needs—(see [Veteran Directed Care Fiscal Year 2022 Case Mix Rate Calculator](#) for budget amounts for service areas across the country)
  - Financial Management Service to process payments for goods and services and withhold employer and employee taxes, file appropriate reports with IRS

# Coordinating Council on Access and Mobility



## Target Population



Individuals with Disabilities



Older Adults



Individuals of Low Income



## Coordinated Transportation Improves



Efficiency



Accessibility



Availability

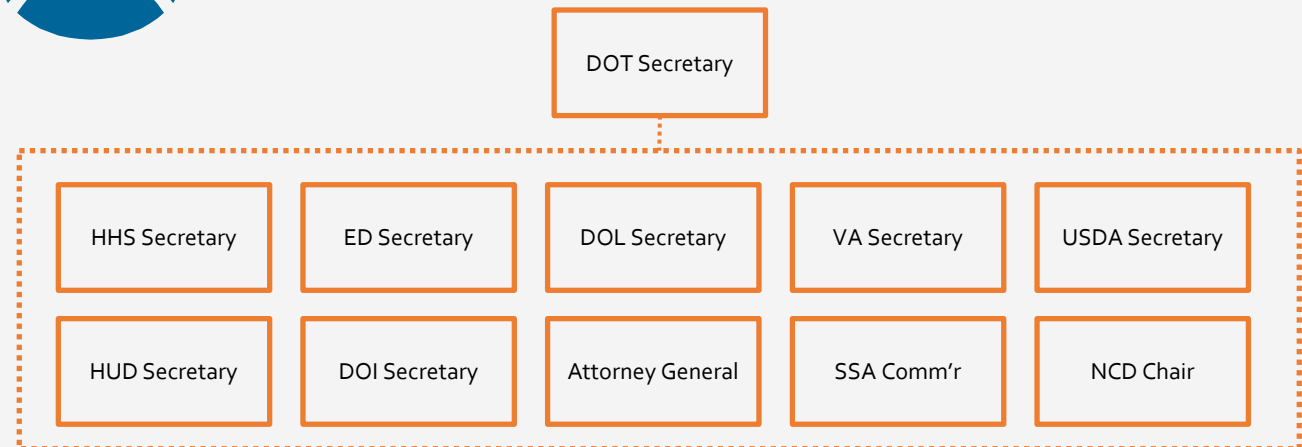


## History

The CCAM is an interagency partnership **established in 2004 by Executive Order 13330** to coordinate the efforts of the Federal agencies that fund human services transportation for CCAM populations. Section 3006(c) of the FAST Act (Pub. L. 114-94) specifically requires the CCAM to improve Federal coordination of transportation services.



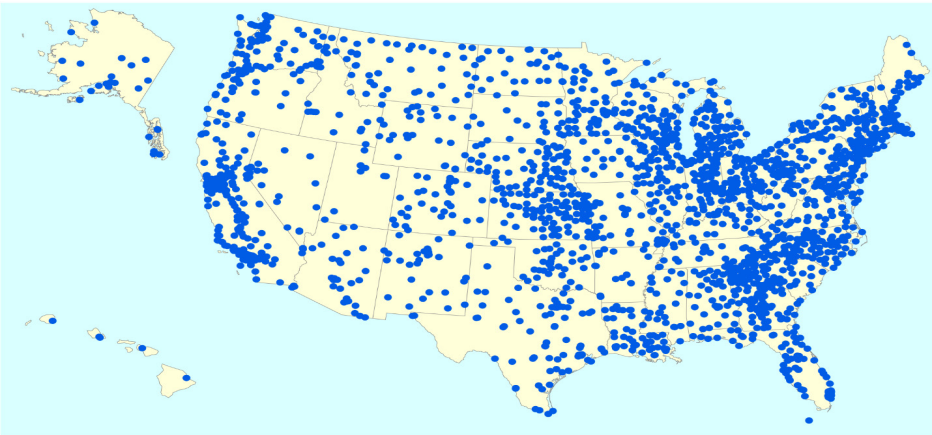
## Organization



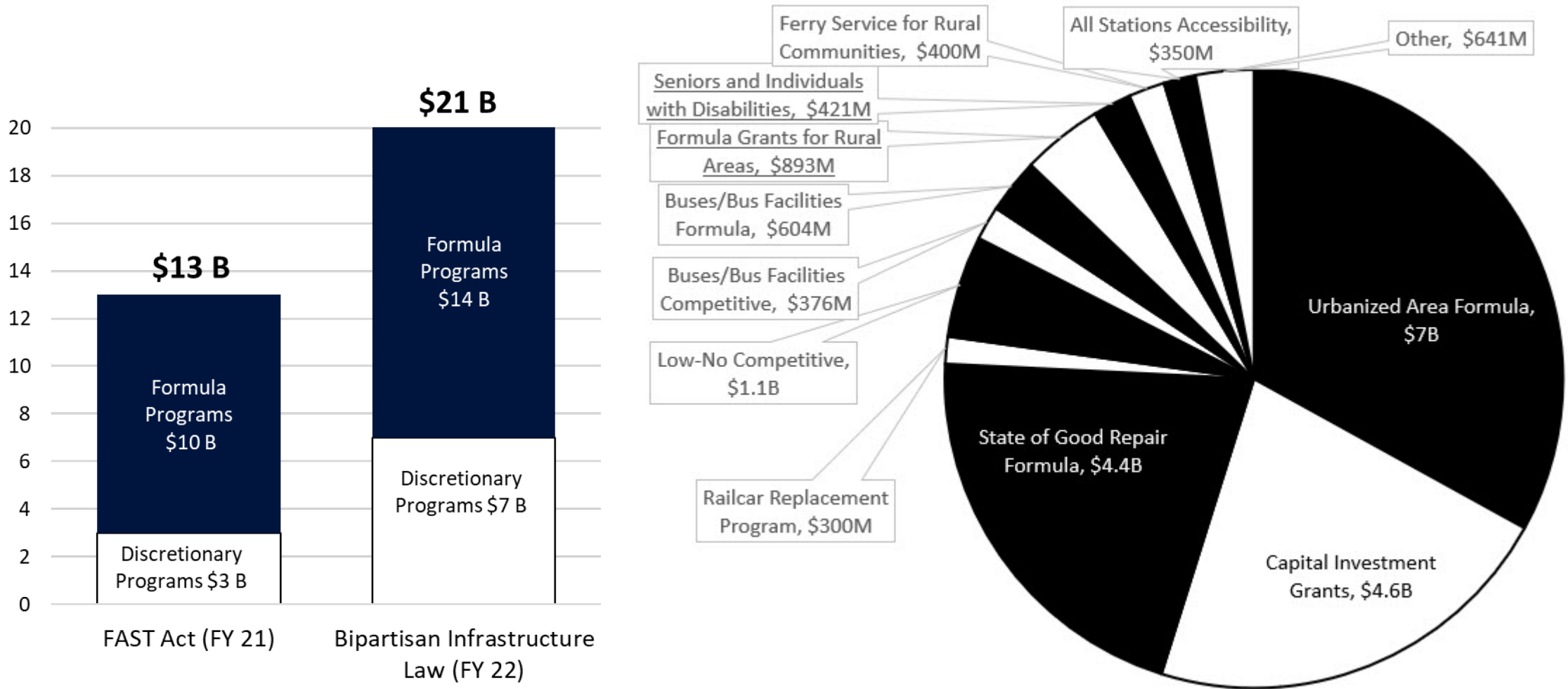


# The Federal Transit Administration's Mission

Improve public transportation for America's communities



# Increased Formula and Competitive Funding



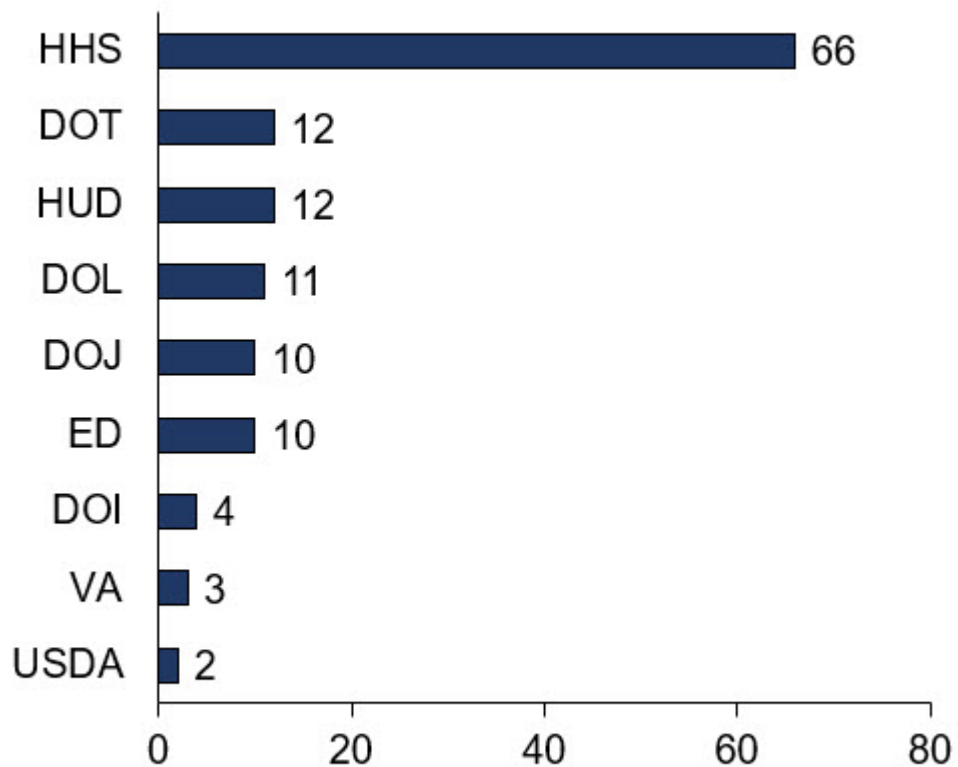
*Note: Total funding shown includes authorized trust fund contract authority, authorized annual appropriations for FY22 and certain advance appropriations for FY22 enacted as a part of the Bipartisan Infrastructure Law. Annual appropriations are subject to Congressional action.*



# CCAM Program Inventory

The [CCAM Program Inventory](#) identifies 130 Federal programs that are able to provide funding for human services transportation for people with disabilities, older adults, and/or individuals of low income.

**Number of Programs by Department**



**Sample of the 130 Programs**



**Department of Health and Human Services programs:**

- Children’s Health Insurance Program (CHIP)
- Centers for Independent Living (CILs)
- Older Americans Act (OAA) programs



**Department of Transportation programs:**

- Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities
- Section 5311 Formula Grants for Rural Areas



**Department of Housing and Urban Development programs:**

- Community Development Block Grants/Entitlement Program
- Supportive Housing for the Elderly



**Department of Labor programs:**

- Job Corps
- WIOA Adult Program



*If an organization receives funding from one of these programs, a portion of the funds may be used for transportation.*

# Innovative Coordinated Access and Mobility (ICAM)

The ICAM pilot program grants provide funding for projects to improve the coordination of non-emergency medical transportation (NEMT) for transportation-disadvantaged populations. FTA deploys the grants in coordination with our CCAM partners. Iterations of the program:

- [Innovative Coordinated Access and Mobility Grants](#) (2021-2022)
- [Mobility for All Pilot Program Grants](#) (2020)
- [Innovative Coordinated Access and Mobility/Human Services Coordinated Research Grants](#) (2018 – 2019)
- [Rides to Wellness Demonstration Grants](#) (2016)



Mass Transportation Authority (MTA) in Flint, MI  
*MTA Rides to Wellness Program*



# Rides to Wellness Demonstration Grants

FTA funded 19 demonstration [projects](#) in 2016 to identify and test promising, replicable transportation healthcare access solutions that support 3 goals:

1. Increased access to care
2. Improved health outcomes
3. Reduced health care costs

For more information about FTA Research and Demonstration Grants, visit the [Rides to Wellness Demonstration Grant Program Evaluation website](#).

## [Key findings:](#)

- Services provided lifeline access to healthcare for those with no other transportation options.
- Projects helped clients support their and their family's health through other activities such as grocery shopping, accessing employment, and taking their children to school.
- Participants were more active and independent, had more control over their lives, experienced less emotional hardship, and were better able to reach their goals.
- Programs raised awareness about the connection between transportation and healthcare and opened the door for partnerships to build upon the projects' ideas and experiences.

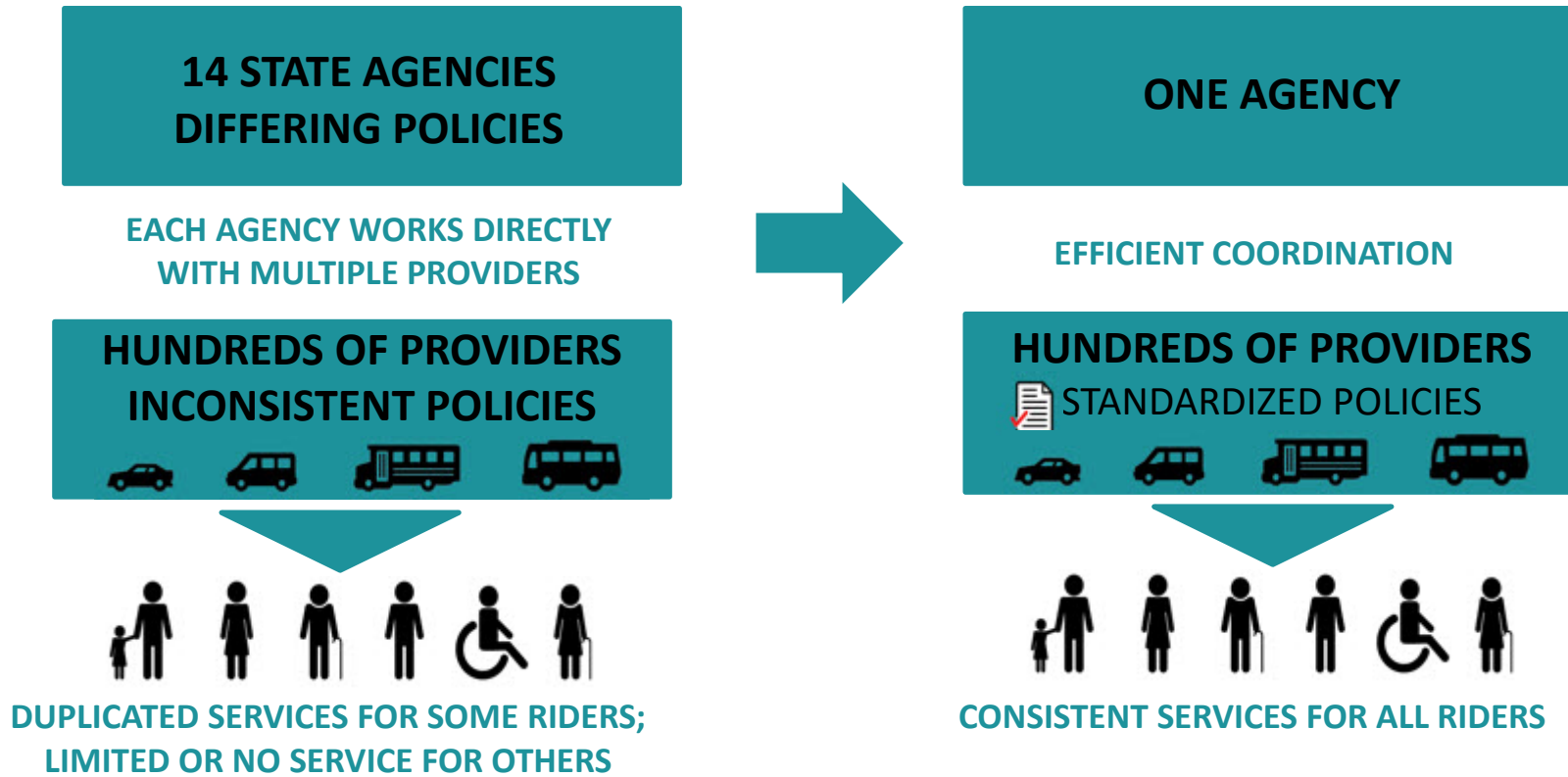




# ICAM Project Highlight: Mobility Ohio



June 2022, FTA [announced](#) \$8.4 million for [17 ICAM projects in 16 states](#). The Ohio Department of Transportation (DOT) will receive \$2,813,123 to partner with six other state agencies to launch a regional transportation resource center in a 4-county area in southeastern Ohio. The center, which will serve as a one-stop hub for trip scheduling and mobility management, will coordinate trips for approximately 40 transit providers, thus facilitating safe and reliable transportation.



# TACL: The Transportation Technical Assistance Coordination Library



<http://transportation-tacl.org>

The Transportation Technical Assistance Coordination Library (TACL) provides a sustainable methodology and platform to access rural and tribal transportation coordination resources across a diverse range of transportation technical assistance centers and the [Federal Transit Administration \(FTA\)](#).

The FTA-funded technical assistance centers participating in this ongoing work with links to their coordination resources are:

- [National Aging and Disability Transportation Center \(NADTC\)](#)
- [National Center for Applied Transit Technology \(N-CATT\)](#)
- [National Center for Mobility Management \(NCMM\)](#)
- [National Rural Transit Assistance Program \(National RTAP\)](#)
- [Shared-Use Mobility Center \(SUMC\)](#)
- [Transit Workforce Center \(TWC\)](#)

# FTA-Funded Technical Assistance Center Community Grants: Incentivizing Partnerships to Improve Social Determinates of Health

**National Rural Transit Assistance Program (National RTAP) [Community Rides Grant Program](#)** offers current recipients and sub-recipients of FTA's Formula Grants for Rural Areas (Section 5311) and Tribal Transit Program the opportunity to apply for grant awards of up to \$100,000 for projects that develop or strengthen transportation partnerships that improve social determinants of health in rural and tribal communities. Projects will improve access to critical needs like healthcare, healthy food, or social services, as well as build the capacity of transit programs. The results of the 19 projects will be shared nationally as promising practices.

**National Aging and Disability Transportation Center (NADTC) [community grants](#)** are designed to support communities to assess their transportation needs and develop and implement innovative new models for increasing the availability of accessible transportation services for older adults and people with disabilities, including making effective use of the FTA Enhanced Mobility of Seniors and Individuals with Disabilities program (Section 5310) funds.

**National Center for Mobility Management (NCMM) [community grants](#)** are designed to support communities to pursue, facilitate, and encourage partnerships between transportation agencies and organizations that provide health-related, social, and community services to low-income individuals and families, with the goal of enhancing transportation options for all through coordination and mobility management practices and strategic partnerships.

# National Center for Mobility Management (NCMM) Regional Liaisons

NCMM staff can help with researching answers to your question, facilitating community meetings, bringing trainings that inform your work, and providing other types of customized technical assistance. Contact information is below:

- [Email Amy Conrick](#), NCMM Director, 202-415-9692 – [Amy Conrick's Biography](#)  
*Areas of expertise:* Innovation and human-centered design, health & transportation, veterans, and jobs and training. Liaison to FTA **Region 8** (CO, MT, ND, SD, UT, WY)
- [Email Enjoli Dixon](#), Project Associate, 708-815-0409 – [Enjoli Dixon's Biography](#)  
*Areas of expertise:* Project management, grant writing, research, community/neighborhood planning, transit planning (route planning and transit facility/stop design), ADA issues, DEI, human centered design, Title VI, program evaluation and performance measurement, housing and transportation, compliance reviews. Liaison to FTA **Region 4** (AL, FL, GA, KY, MS, NC, SC, TN, PR, USVI) and **Region 7** (IA, KS, MO, NE)
- [Email William Reckley](#), Program Associate, 202-415-9682 – [William Reckley's Biography](#)  
*Areas of expertise:* Land use planning, transit-oriented development, housing and transportation, real estate, economic development. Liaison to FTA **Region 2** (NY, NJ) and **Region 3** (DC, DE, MD, PA, VA, WV)
- [Email Judy Shanley](#), NCMM Partner Director, 202-210-1228 – [Judy Shanley's Biography](#)  
*Areas of expertise:* Disability issues, career and workforce development, education and human services organizations, youth transition, shared-use mobility & individuals with disabilities, food & nutrition connections, systems change, program evaluation and performance measurement. Liaison to FTA **Region 1** (CT, MA, ME, NH, RI, VT) and **Region 5** (IL, IN, MI, MN, OH, WI)
- [Email Bill Wagner](#), NCMM Deputy Director, 202-940-6036 – [Bill Wagner's Biography](#)  
*Areas of expertise:* Transportation call center, grant writing, program management, housing for people with disabilities. Liaison to FTA **Region 9** (AZ, CA, NV, HI) and **Region 10** (AK, ID, OR, WA)
- [Email Kirby Wilhelm](#), Program Associate, 202-940-6034 – [Kirby Wilhelm's Biography](#)  
*Areas of expertise:* Active transportation, environmental sustainability & transportation, housing & transportation. Liaison to FTA **Region 6** (AR, LA, NM, OK, TX)

# FTA/ACL Transportation Resource Centers

## Free Technical Assistance (TA) Centers

Technical assistance centers provide a range of services that support the provision and coordination of transportation services and promote the mobility of Americans.



### [National Aging and Disability Transportation Center](#)

mission is to promote the availability and accessibility of transportation options for older adults, people with disabilities, and caregivers.



### [National Center for Mobility Management](#)

mission is to promote customer-centered mobility strategies that advance good health, economic vitality, self-sufficiency, and community.



### [National Rural Transit Assistance Program](#)

mission is to address the training and technical assistance needs of rural and tribal transit operators across the nation, and support state RTAP programs.



# FTA/ACL Transportation Resource Centers



## [National Center for Applied Technology](#)

mission is to translate emerging transportation technologies for states and localities across the United States.



## [Shared-Use Mobility Center](#)

mission is to achieve equitable, affordable, and environmentally sound mobility across the US through the efficient sharing of transportation assets.



## [Transit Planning 4 All](#)

resource center issues demonstration grants to communities of older adults, people with disabilities and transportation providers to engage in inclusive planning and develop technical assistance resources to replicate successful strategies.

# FTA/ACL Transportation Resource Centers



[ADA Participation Action Research Consortium \(PARC\)](#) publishes maps that assist policy makers, community leaders, transportation developers and state leaders in understanding transportation needs and opportunities for improvement.



[AT3](#) is a one-stop connection to information about assistive technology (AT). Every state has an AT program. The state AT program demonstrates AT, provides training on AT, and makes short term loans of AT so people can try the AT prior to making a purchase. There is AT available to assist people with transportation. The AT3 site lists every state AT program.



[Paralysis Resource Center \(PRC\)](#) provides information for traveling with your wheelchair and makes grants to communities to increase access to transportation and technology.

# Contact Information



Lori Gerhard, Director  
Office of Interagency Innovation  
U.S. Administration for Community  
Living  
330 C St. SW, Suite 1312  
Washington, DC 20201  
[Lori.Gerhard@acl.hhs.gov](mailto:Lori.Gerhard@acl.hhs.gov)  
202-795-7348

# Contact Information



Danielle Nelson, Senior Program Analyst  
Office of Program Management, Rural and Targeted Programs  
U.S. Department of Transportation, Federal Transit Administration  
[Danielle.Nelson@dot.gov](mailto:Danielle.Nelson@dot.gov) or [CCAM@dot.gov](mailto:CCAM@dot.gov)  
202-366-2160



# CMMI-VBID TRANSPORTATION PARTNERSHIPS & OPPORTUNITIES

## SPEAKERS



Lori Gerhard  
Director,  
Office of Interagency Innovation  
U.S. Administration for Community  
Living



Jennifer Raymond, JD, MBA  
Chief Strategy Officer,  
AgeSpan



Sherry Welsh, PhD, LSW  
Senior Project Manager,  
Rabbittransit

## BENEFIT DESIGN OPPORTUNITIES, INCLUDING THROUGH THE VBID MODEL



Aaron Tam  
VBID Analyst,  
CMMI, CMS

# MA Options

Category	Options Available Under <u>MA</u> *	Additional Options Available Under <u>VBID</u>
<b>Benefit Targeting</b>	<ul style="list-style-type: none"> <li>• <b>Special Supplemental Benefits for the Chronically Ill (SSBCI):</b> Allows MAOs to provide chronically ill enrollees (as defined in § 422.102(f)(1)(i)(A) using three specific criteria) with both non-primarily and primarily health-related supplemental benefits that have a reasonable expectation of improving or maintaining the health or overall condition of the chronically ill enrollee.               <ul style="list-style-type: none"> <li>❖ While CMS may provide a list of chronic conditions, MA plans may consider other chronic conditions not identified on this list if the chronic condition is life threatening or significantly limits the overall health or function of the enrollee</li> <li>❖ Targeting by low-income subsidy (LIS) or dual status alone is NOT allowed but 422.102(f)(2)(iii) permits MA plans to consider social determinants to help identify chronically ill enrollees whose health or overall function could reasonably be expected to improve or maintained with the SSBCI. <b>MA plans may not use social determinants of health as the sole basis for determining eligibility.</b></li> </ul> </li> <li>• <b>Uniformity Flexibility (UF):</b> Allows MAOs to target enrollees for healthcare services that are medically related to the patient’s health status or disease state (e.g., reduced cost sharing of eye exams for diabetics) if the benefit is offered uniformly to all individuals with the same qualifying condition. Supplemental benefits must be primarily health related (§ 422.100(d)(2)(ii))</li> <li>• <b>NOTE:</b> Part D reductions in cost sharing are <b>not</b> permitted under SSBCI or UF</li> </ul>	<p>Allows MAOs to provide enrollees with LIS/dual status or chronic condition(s) (or both) with:</p> <ul style="list-style-type: none"> <li>• Non-primarily health related supplemental benefits (allowed under SSBCI, but not UF)</li> <li>• Reductions in cost sharing for Part D drugs</li> <li>• New and existing technologies or FDA-approved medical devices as a mandatory supplemental benefit</li> </ul>
<b>Rewards and Incentives (RI) Programs</b>	<ul style="list-style-type: none"> <li>• Part C RI must reflect the cost/value of the health related activity and not the expected benefit</li> <li>• Part D RI only for Real Time Benefit Tool (RTBT)</li> </ul>	<ul style="list-style-type: none"> <li>• RI limit that is tied to the value of the expected impact on enrollee behavior or the expected benefit, within an annual limit</li> <li>• Part D RI outside of RTBT</li> </ul>
<b>Hospice</b>	<ul style="list-style-type: none"> <li>• Available to MA enrollees through Original Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• MA plans participating in the Hospice Benefit Component generally cover ALL of their Medicare benefits, including hospice care. Can also offer transitional concurrent care and hospice supplemental benefits</li> </ul>

\*See 85 FR 33802 and 42 CFR 422.102(f)(1)(i)(B) for other requirements.



# Examples of VBID Interventions Supporting Improved Transportation Access

Model Intervention	Example of VBID Model Intervention
<p><b>Targeted Benefits by Condition, SES, or both</b></p>	<ul style="list-style-type: none"> <li>• <b>Benefits can be proposed to meet a range of clinical care and primarily and non-primarily health-related social needs</b> including <b>supporting</b>:               <ul style="list-style-type: none"> <li>➤ <b>access to care</b> through transportation benefits (for example to physician office visits or pharmacies); and</li> <li>➤ <b>healthy lifestyle</b> such as transportation to a grocery store or a venue with fresh produce.</li> </ul> </li> <li>• These <b>benefits can be offered individually or packaged</b> to create a comprehensive approach for high need enrollees with chronic or serious illness. Benefits may also be conditioned on participation in plan care management activities.</li> </ul>
<p><b>MA and Part D RI Programs</b></p>	<ul style="list-style-type: none"> <li>• Plans may also propose to <b>offer rewards and incentives that are tied to completion of care management activities and goals</b> for targeted enrollees.</li> <li>• An example is adding an amount to a flex spending card that includes coverage for transportation for completing milestones within a care management program.</li> <li>• Enrollees may be <b>more inclined to continue to participate in a care management program</b> if they have access to transportation</li> </ul>



## LEVERAGING VBID FLEXIBILITIES TO IMPROVE CARE, OUTCOMES, AND EQUITY

### SPEAKERS



Aurelia Chaudhury  
VBID Model Co-Lead  
CMMI, CMS  
(Moderator)



Dra. Inés Hernández-Roses,  
DABFM, CHIE, CPC  
Chief Medical Officer,  
MCS Healthcare Holdings, LLC.



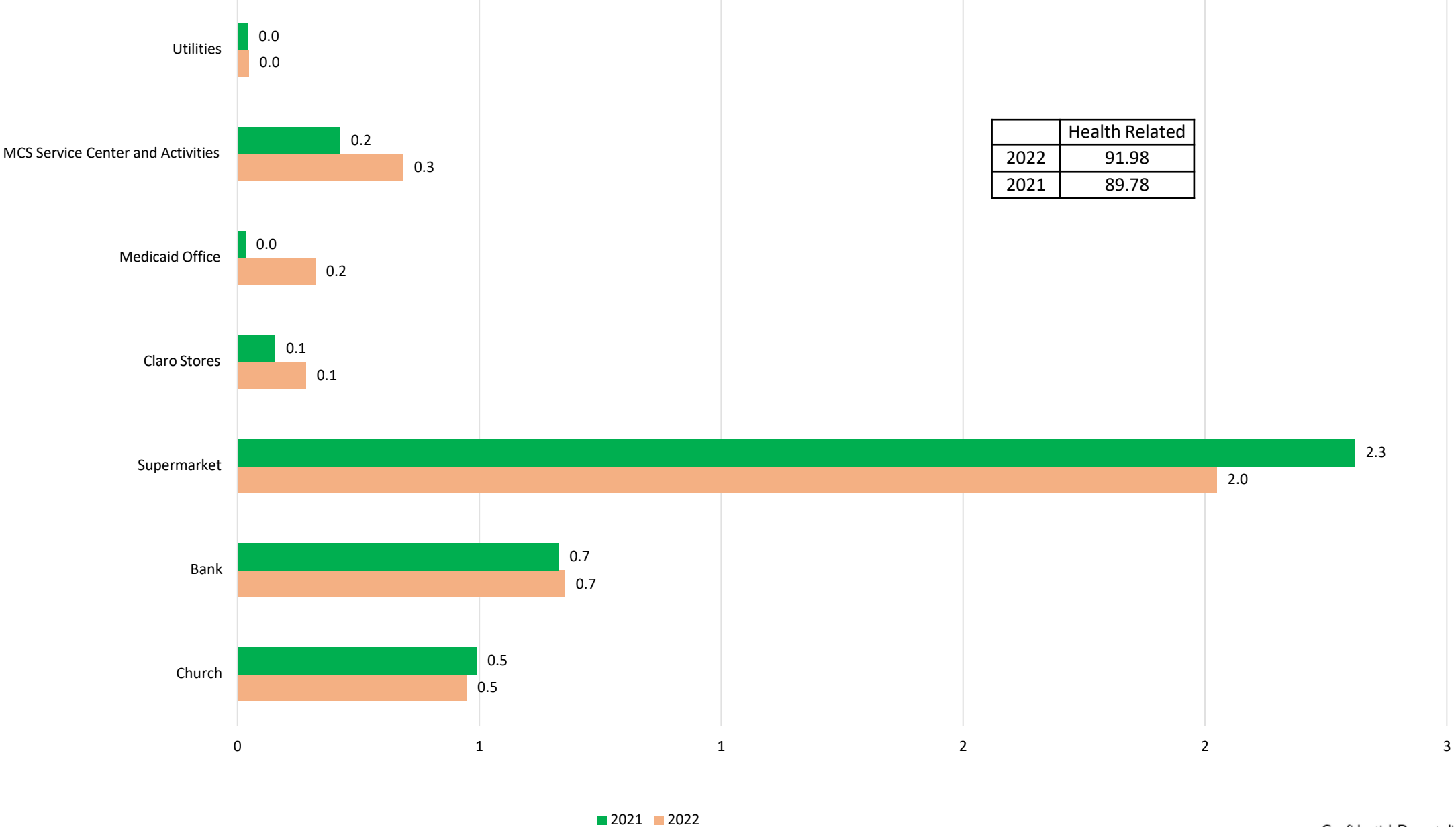
Dr. Alex Billioux, MD  
VP, Social Determinants of Health,  
UnitedHealthcare Government Programs

# Non- Emergency Trips Distribution



**Salud Completa**

### MCS Classicare Non-Emergency Trips Distribution (per thousand members) January - July 2022



	Health Related
2022	91.98
2021	89.78



# Transportation as Social Care

Center for Medicare and Medicaid Innovation

Value Based Insurance Design Webinar

Sept 15, 2022

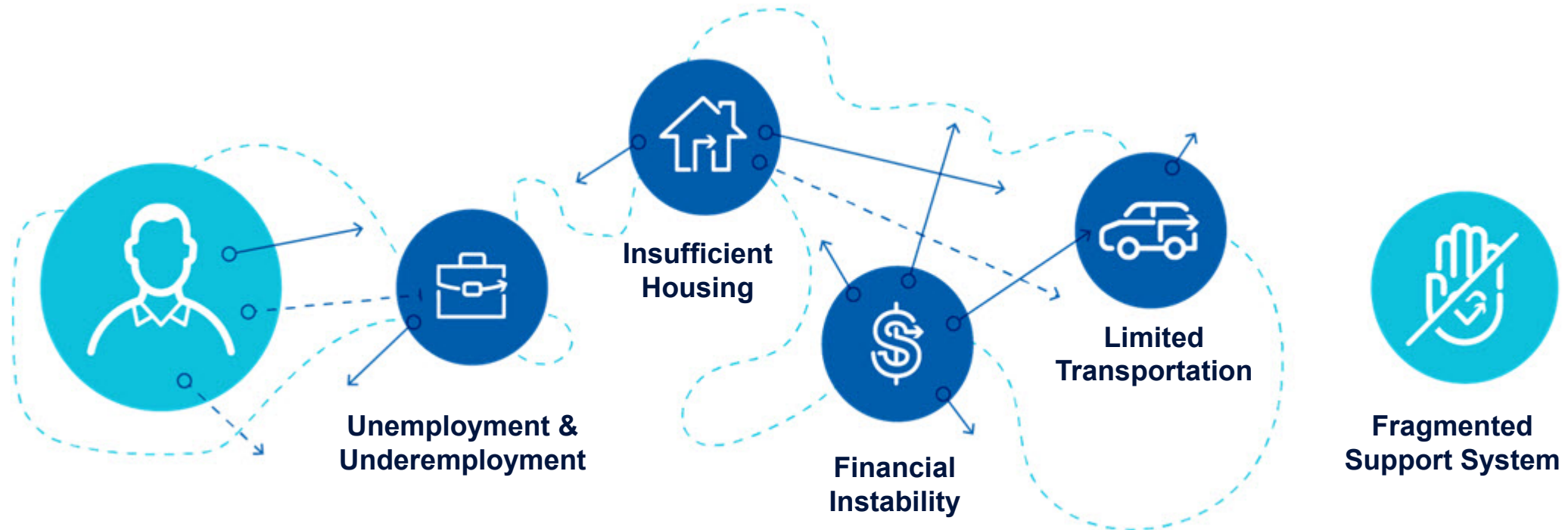


Alexander Billioux, MD, DPhil, FACP

United  
Healthcare

# Providing social care at scale is challenging

- Identifying individuals with social needs and connecting them to resources can be inconsistent and inefficient
- Social care resources and delivery systems are underfunded and fragmented



# UnitedHealthcare's Social Care Approach

Close gaps so everyone has an opportunity to be as healthy as possible



## Understand

individual's barriers to better health through screening



## Connect

people to resources in the community



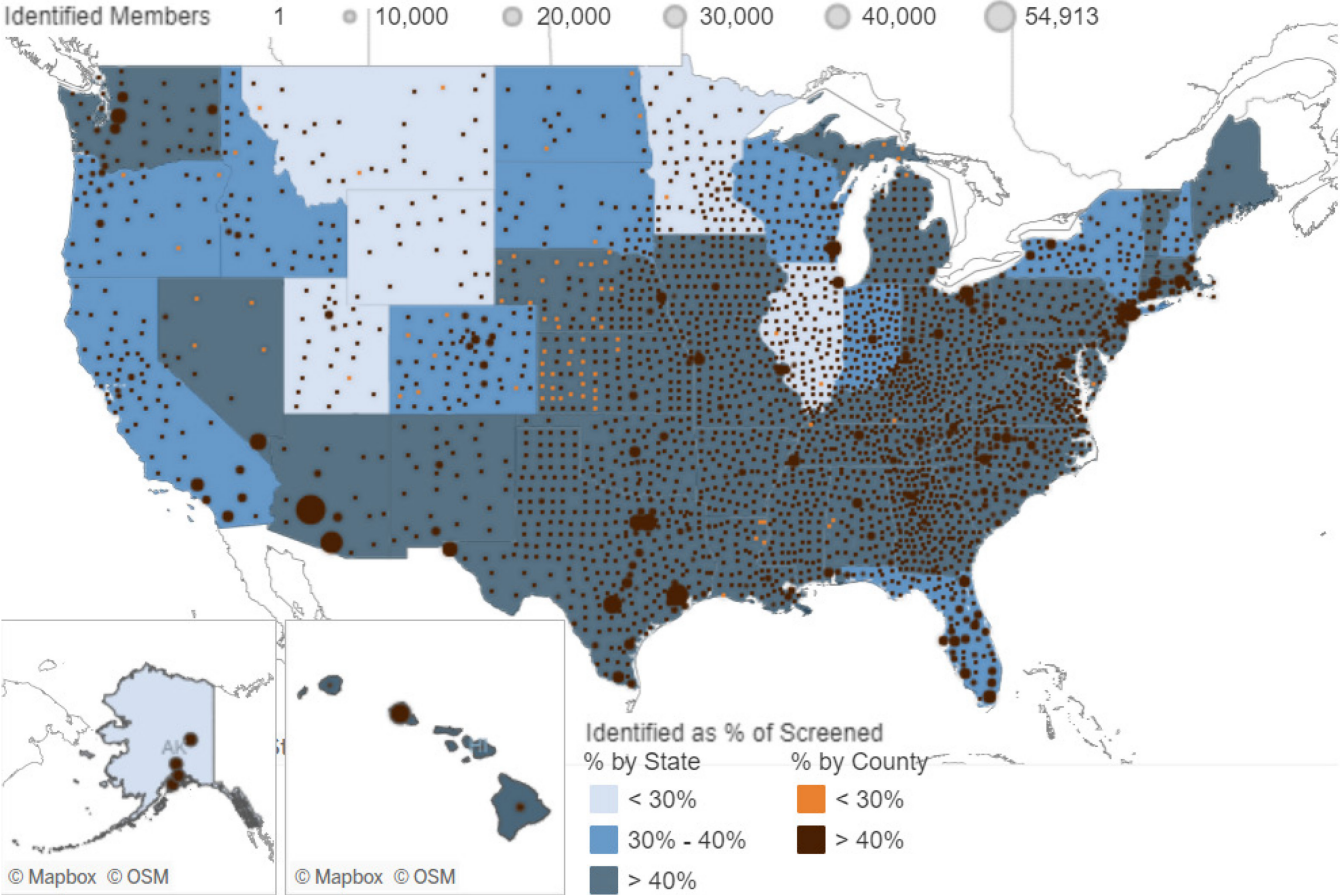
## Expand

community capacity to foster health and promote health equity

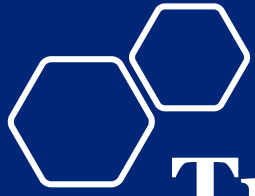


# Our Approach Helps Us Understand Where Our Members Have Needs

Geographic Distribution of Members with Social Needs







# Transportation is a 'superdriver' of health

Even as digital engagement and home delivery expand, being able to move around communities to get to places you live, work, play, worship, and receive care are **key to health**



**5.8 million** people in the U.S. delayed medical care due to lack of transportation

**1 in 4 UHC** members with social needs face transportation barriers

Transportation needs **worsen health disparities**, especially for:

- Low income populations
- Hispanic/Latine populations
- Medicaid/Dual recipients
- Individuals with disabilities



# A transportation benefit unlocks a member's other benefits

UHC members use their transportation benefit to get to primary care appointments, therapy sessions, and the pharmacy...

...but also to make use of their other benefits, like accessing healthy groceries locally and purchasing over-the-counter medications

In 2021, UHC members made over 2.5 million trips through our programs  
and have already made 1.8 million trips through June, 2022 (44% increase)

Going forward, UHC is prioritizing *expanded access, integration* with other benefits/programs, and a *winning member experience*





**Thank you!**

Alexander.Billioux@UHC.com

# Question & Answer

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# Next Steps

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# Next Steps and Future Sessions on the Horizon

**1** Provide feedback on future health equity TA that will be valuable to your organization. Feedback can be submitted through the post-webinar survey and through our VBID Mailbox.

**2** Schedule 1-on-1 with VBID Model Team via [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov) in October 2022 and identify cross-functional members of your team that could benefit from understanding the realm of targeted benefits allowed under the VBID Model (e.g., clinical team)

**3** Participate in upcoming health equity Incubation sessions that will provide a deeper dive into how to best leverage the Model to address Housing (in December 2022).

**Thank you for joining us today!**

Please email us with questions or to discuss your interests at  
[VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov)