

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**NON-EMERGENCY TRANSPORTATION
FOR DIALYSIS PATIENTS**



JUNE GIBBS BROWN
Inspector General

AUGUST 1994
OEI-03-90-02132

OFFICE OF INSPECTOR GENERAL

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services' (HHS) programs as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by three OIG operating components: the Office of Audit Services, the Office of Investigations, and the Office of Evaluation and Inspections. The OIG also informs the Secretary of HHS of program and management problems and recommends courses to correct them.

OFFICE OF AUDIT SERVICES

The OIG's Office of Audit Services (OAS) provides all auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations in order to reduce waste, abuse, and mismanagement and to promote economy and efficiency throughout the Department.

OFFICE OF INVESTIGATIONS

The OIG's Office of Investigations (OI) conducts criminal, civil, and administrative investigations of allegations of wrongdoing in HHS programs or to HHS beneficiaries and of unjust enrichment by providers. The investigative efforts of OI lead to criminal convictions, administrative sanctions, or civil money penalties. The OI also oversees State Medicaid fraud control units which investigate and prosecute fraud and patient abuse in the Medicaid program.

OFFICE OF EVALUATION AND INSPECTIONS

The OIG's Office of Evaluation and Inspections (OEI) conducts short-term management and program evaluations (called inspections) that focus on issues of concern to the Department, the Congress, and the public. The findings and recommendations contained in these inspection reports generate rapid, accurate, and up-to-date information on the efficiency, vulnerability, and effectiveness of departmental programs.

This report was prepared in the Philadelphia regional office under the direction of Joy Quill, Regional Inspector General and Robert A. Vito, Deputy Regional Inspector General. Project staff:

REGION

Nancy J. Molyneaux, Project Leader
Laura M. Shafron, Intern
Myra Reichel, Intern

HEADQUARTERS

Hugh Hetzer, Program Analyst

For additional copies of this report, please contact the Philadelphia Regional Office at (800) 531-9562.

EXECUTIVE SUMMARY

PURPOSE

To identify non-emergency transportation services and sources of financial assistance to cover transportation expenses for patients going to kidney dialysis in a sample of eight cities.

BACKGROUND

In previous work, we found that many dialysis patients do not meet Medicare coverage guidelines for ambulance transportation. As part of its response to our findings, the Health Care Financing Administration (HCFA) has planned research on alternative forms of transportation for dialysis patients. The information in this report is provided to assist HCFA as it pursues that research and formulates policy in this area.

The HCFA explains in the Medicare Carriers Manual that no payment for ambulance transportation may be made in any case in which some means of transportation other than an ambulance could be utilized without endangering the individual's health, whether or not such other transportation is actually available (section 2120.2.A.). The Manual also states that a person receiving outpatient dialysis is not ordinarily ill enough to require an ambulance (section 2120.3.J.). While Medicare does cover transportation services in limited circumstances, transport in a vehicle other than an ambulance is not covered.

Most persons with kidney failure go to dialysis facilities for treatment rather than dialyzing at home. These patients must travel to the facilities an average of three times per week. A small number of these patients use ambulances to go to and from dialysis at a very high cost.

A recent Office of Inspector General report (*Ambulance Transportation for ESRD Beneficiaries: Medical Necessity* OEI-03-90-02130) found that many ambulance transports to dialysis did not meet Medicare's medical necessity guidelines. The study found many of these patients could have been transported safely by other means. However, it was not clear what types of non-emergency transportation were available or whether non-emergency transportation was physically and financially accessible to patients going to dialysis. The HCFA staff asked us to find out what we could about transportation services for dialysis patients.

We obtained information from transportation coordinators in 18 dialysis facilities in eight cities. These respondents identified 37 non-emergency transportation providers and 16 organizations which provide financial assistance for transportation expenses from whom we gathered further information.

FINDINGS

Transportation appears to be available in most of the sampled cities.

Patients use a number of different types of vehicles to travel to dialysis. These include cars, taxis, wheelchair vans, passenger vans, and buses. According to dialysis facility respondents, approximately one-quarter of their patients come to dialysis in privately owned cars.

Transportation seems generally available in most of the sampled cities. Dialysis facility respondents in five of the sampled cities thought that there was enough transportation available for people going to dialysis. Only an estimated 20-22 of the nearly 2000 patients treated at the facilities in our sample occasionally missed treatments due to lack of affordable transportation. Thirty-four out of 37 transportation providers did not have waiting lists for patients who needed transport to dialysis.

Financial assistance for transportation expenses was also generally available.

Financial assistance for transportation expenses comes from a variety of sources. These include Medicaid in all States, and in some places State kidney programs, the American Kidney Fund, Area Agencies on Aging, the American Red Cross, and the National Kidney Foundation.

However, respondents did identify problems in some locations for some patients.

In one of the eight cities in our sample dialysis facility respondents felt there were not enough transportation services at all for people going to dialysis. In two other cities respondents did not think there were enough transportation services for certain people or in certain areas.

Respondents from all sampled cities also identified other barriers to access. Three problems were frequently mentioned: long waiting times, costs for patients not eligible for financial assistance, and lack of physical assistance to patients using the services.

CONCLUSION

Based on this limited review, we draw several preliminary conclusions about non-emergency transportation for dialysis patients. We offer these to HCFA as it conducts a more substantive effort to examine access to transportation for dialysis patients.

First, it does not appear that lack of access to alternative forms of transportation is a central explanation of our data indicating inappropriate use of emergency transportation. In most of the sampled cities, alternative forms of transportation seem generally available.

Second, successful approaches to developing a network of transportation options seem to exist. More in-depth review of the five cities where respondents reported quite favorably about the availability of transportation might provide good lessons for other localities. How did such networks come to exist? How are the problems which were identified in other cities addressed?

Third, some problems might merit further examination: locations where access problems might exist, special access problems for certain populations, and problems of long waiting times and lack of physical assistance that might apply more generally to all dialysis patients. These are areas that HCFA may wish to pursue further in its research planned on this subject. In addition, non-urban populations (who we did not examine) may also merit further examination, since such areas may pose different challenges or represent unique issues.

TABLE OF CONTENTS

	PAGE
EXECUTIVE SUMMARY	
INTRODUCTION	1
FINDINGS	3
Availability of transportation	3
Financial assistance for transportation	3
Problems with transportation services	5
CONCLUSION	7
APPENDICES	
A: Sample of cities	A-1
B: Organizations which provide financial assistance	B-1

INTRODUCTION

PURPOSE

To identify non-emergency transportation services and sources of financial assistance to cover transportation expenses for patients going to kidney dialysis in a sample of eight cities.

BACKGROUND

In previous work, we found that many dialysis patients do not meet Medicare coverage guidelines for ambulance transportation. As part of its response to our findings, the Health Care Financing Administration (HCFA) has planned research on alternative forms of transportation for dialysis patients. The information in this report is provided to assist HCFA as it pursues that research and formulates policy in this area.

The Health Care Financing Administration (HCFA) explains in the Medicare Carriers Manual that no payment for ambulance transportation may be made in any case in which some means of transportation other than an ambulance could be utilized without endangering the individual's health, whether or not such other transportation is actually available (section 2120.2.A.). The Manual also states that a person receiving outpatient dialysis is not ordinarily ill enough to require an ambulance (section 2120.3.J.). While Medicare does cover ambulance transportation services in limited circumstances, transport in a vehicle other than an ambulance is not covered.

Most persons with kidney failure go to dialysis facilities for treatment rather than dialyzing at home. These patients must travel to the facilities an average of three times per week. A small number of these patients use ambulances to go to and from dialysis.

A recent Office of Inspector General (OIG) report (*Ambulance Transportation for ESRD Beneficiaries: Medical Necessity* OEI-03-90-02130) found that many ambulance transports to dialysis did not meet Medicare's medical necessity guidelines. The study found that many of these patients could have been transported safely by other means. However, it was not clear what types of non-emergency transportation were available or whether non-emergency transportation was physically and financially accessible to patients going to dialysis. HCFA staff asked us to find out what we could about transportation services for dialysis patients.

SCOPE AND METHODOLOGY

This report focuses on transportation of patients to and from dialysis treatments in vehicles other than ambulances in a sample of eight cities.

Respondents were selected from the sample of eight carriers and 277 end stage renal disease beneficiaries used for two previous OIG studies (*Ambulance Transportation for*

ESRD Beneficiaries: Medical Necessity OEI-03-90-02130 and *Ambulance Transportation for ESRD Beneficiaries: Payment Practices* OEI-03-90-02131). We chose one city in each of the eight carrier areas where the most sample beneficiaries were dialyzed in 1991. A total of 70 beneficiaries of the 180 who were transported to dialysis by ambulance were dialyzed in these cities (See Appendix A). Six of the sites selected were large metropolitan areas and two were small cities. We did not examine rural areas.

Since transportation arrangements are often coordinated by dialysis facility social workers, we contacted a total of 18 dialysis facilities in the selected cities. We interviewed them to determine what types of non-emergency vehicles were used to transport patients to their facility, the names and addresses of non-emergency transportation providers, and whether financial assistance was available for transportation expenses.

We then contacted 37 non-emergency transport providers identified by dialysis facility respondents to determine what types of non-emergency transportation they offer, what physical assistance they provide to non-emergency patients, and the cost to patients for transportation.

Finally, we contacted 16 organizations and agencies which provide financial assistance for dialysis patients' transportation expenses. Respondents included representatives from private kidney organizations, Area Agencies on Aging, State Medicaid agencies, and State kidney programs.

FINDINGS

TRANSPORTATION APPEARS TO BE AVAILABLE IN MOST OF THE SAMPLED CITIES.

Patients use a number of different types of vehicles to travel to dialysis. These include cars, taxis, wheelchair vans, passenger vans, and buses. According to dialysis facility respondents, approximately one-quarter of their patients come to dialysis in privately owned cars. Another 30 percent come in wheelchair vans. Most of the remainder come by taxis, public buses, or buses with wheelchair lifts. Only a very small percentage come to dialysis in ambulances.

Based on responses from dialysis facility staff, availability of transportation services does not appear to be a problem in most of the cities covered by our review. Dialysis facility respondents in five of the sampled cities (Detroit, MI, Fremont, CA, Miami Beach, FL, New York City, NY, and Pittsburgh, PA) thought that there was enough transportation available for people going to dialysis. Limited problems were reported in two communities (Elizabethtown, KY and Brighton, MA), and a general unavailability was reported in one city (Houston, TX).

Only an estimated 20-22 of the nearly 2000 patients treated at the facilities in our sample occasionally missed treatments due to lack of affordable transportation. Thirty-four out of 37 transportation providers did not have waiting lists for patients who needed transport to dialysis.

FINANCIAL ASSISTANCE WAS ALSO GENERALLY AVAILABLE TO PATIENTS GOING TO DIALYSIS.

Financial assistance for transportation expenses comes from a variety of sources such as Medicaid, Area Agencies on Aging, State Kidney Programs, the American Kidney Fund, the National Kidney Fund, and the American Red Cross. A range of organizations or agencies offers financial assistance¹ for transportation expenses in each city in our sample. See Appendix B for a breakdown of resources by city.

Medicaid

Transportation services are covered for Medicaid-eligible dialysis patients. Medicaid regulations state that all Medicaid agencies "will ensure necessary transportation for recipients to and from providers" (42 CFR 431.53). Medicaid rarely pays for ambulance service but will cover other vehicles such as wheelchair vans, taxis, and in some cases privately owned cars. Medicaid was cited by 25 of 37 transportation providers as the

¹We included the provision of free or discounted services as a form of financial assistance in describing some organizations.

primary source of financial assistance. All of the dialysis facility respondents also indicated Medicaid as a source of financial assistance for transportation expenses.

Americans with Disabilities Act

Some dialysis patients who qualify as "transportation disabled" would be eligible for transportation services under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101-12213). Regulations implementing the Americans with Disabilities Act (ADA) require that "each public entity operating a fixed route system shall provide paratransit or other special service to individuals with disabilities that is comparable to the level of service provided to individuals without disabilities who use the fixed route system" (49 CFR 37.121).

While the ADA does not directly provide financial assistance to disabled patients going to dialysis, it does stipulate that fares for paratransit service "shall not exceed twice the fare that would be charged to an individual paying full fare...on the entity's fixed route system" (49 CFR 37.131). This would limit costs for disabled dialysis patients to no more than a few dollars each way.

Area Agencies on Aging

Area Agencies on Aging can be another source of financial assistance. In half the cities we selected there were transportation services specifically for the elderly. Two of these providers serve persons who are 60 or older. One provides services to those who are 62 or older and handicapped. The fourth only serves persons 65 or older.

State Kidney Programs

Two State kidney programs cover some transportation expenses for dialysis patients in the sampled cities. One program will provide up to \$350 per month to cover both transportation and drug expenses. Another State program contracts with other organizations to coordinate transportation services. These organizations must also provide matching funds for transportation. Both State kidney programs require co-payments which are determined by the patient's income. In one program, nearly 84 percent of dialysis patients had incomes below the level required for co-payments in 1993.

American Kidney Fund

The American Kidney Fund will provide up to three \$200 grants per year to cover expenses related to a patients' kidney condition including transportation costs. However, they do not provide financial assistance for transportation services on a routine basis. Patients must apply for a grant each time they need assistance. Patients' needs for financial assistance is determined on a case by case basis.

National Kidney Foundation

Local chapters of the National Kidney Foundation (NKF) are another source of financial assistance in some areas. Branches of the NKF in three of the eight cities selected provide financial assistance for transportation expenses. The NKF reimburses for taxis, paratransit (wheelchair van), mileage for personal auto use, and gives emergency funds for special one-time situations.

Patients must not be eligible for funding from any other source, such as Medicaid, in order to receive financial assistance from NKF. The level of funding varies in each area. For example, the NKF in one area will provide a patient who is not eligible for Medicaid with \$50 a month for transportation expenses. Other NKF offices do not set limits on monthly funding.

American Red Cross

In two cities, the American Red Cross provides not money but free transportation to dialysis patients. In one city, however, services are limited to patients referred by a social worker at a facility the Red Cross serves. In both cities, the patient had to be unable to afford any other means of transportation in order to qualify for Red Cross services.

Dialysis Facilities

In some cases, dialysis facilities will pay for a patient's transportation. However, this is only on a sporadic, emergency basis. None of the dialysis facilities we contacted provided financial assistance for transportation expenses on a regular basis. Even the emergency financial assistance facilities give may come from another source such as the American Kidney Fund.

HOWEVER, RESPONDENTS DID IDENTIFY PROBLEMS IN SOME LOCATIONS FOR SOME PATIENTS.

As mentioned earlier, dialysis facility staff in three cities said there were not enough transportation services for dialysis patients. In two cities, the problems reported were limited: one said there needed to be more transportation for those not eligible for Medicaid or elderly services and another said only particular counties were affected. In one city, dialysis facility respondents said there were not enough transportation services at all for people going to dialysis.

Respondents from all sampled cities did identify other barriers to access. Three problems were frequently mentioned: long waiting times, costs for patients not eligible for financial assistance, and lack of physical assistance to patients using the services.

Long waiting times was the problem mentioned most often. According to dialysis facility social workers, patients often must wait a long time to be dropped off at the facility and then again later to be picked up after treatment. If a patient is late for her or his scheduled dialysis treatment it sometimes means that treatment will be shortened. This can lead to other medical complications.

Cost was the second most common problem mentioned by dialysis facility social workers. Patients out of pocket costs for transportation vary. In many cases, a person eligible for Medicaid pays nothing. In other cases, dialysis patients pay between .75-\$30 each way. For patients travelling to dialysis three times a week, these costs can become prohibitive. Among dialysis facility respondents, most concern was focused on those not eligible for Medicaid but not ill enough to require a Medicare reimbursed ambulance. Over one-third of the transportation providers we contacted require that a patient be Medicaid eligible in order to receive transportation services.

According to some dialysis facility respondents lack of physical assistance on the part of transportation providers was a problem for some patients. Twenty-one of the 37 providers we contacted said they did provide physical assistance on stairs. While some providers would only assist patients on one to seven steps, in New York City some providers will carry patients up and down as many as six flights of stairs. Six providers said they provided curb-to-curb service only.

CONCLUSION

Based on this limited review, we draw several preliminary conclusions about non-emergency transportation for dialysis patients. We offer these to HCFA as it conducts a more substantive effort to examine access to transportation for dialysis patients.

First, it does not appear that lack of access to alternative forms of transportation is a central explanation of our data indicating inappropriate use of emergency transportation. In most of the sampled cities, alternative forms of transportation seem generally available.

Second, successful approaches to developing a network of transportation options seem to exist. More in-depth review of the five cities where respondents reported quite favorably about the availability of transportation might provide good lessons for other localities. How did such networks come to exist? How are the problems which were identified in other cities addressed?

Third, some problems might merit further examination: locations where access problems might exist, special access problems for certain populations, and problems of long waiting times and lack of physical assistance that might apply more generally to all dialysis patients. These are areas that HCFA may wish to pursue further in its research planned on this subject. In addition, non-urban populations (whom we did not examine) may also merit further examination, since such areas may pose different challenges or represent unique issues.

APPENDIX A

SAMPLE OF CITIES

Listed below are the number of beneficiaries, from the sample of 277 used for two previous studies, who were dialyzed in each of the sampled cities. The sites chosen represent the city within each carrier where the most sample beneficiaries were dialyzed. After choosing these cities we then contacted the dialysis facilities in each city where these beneficiaries were dialyzed to find out about non-emergency transportation services used by patients at that facility. We obtained information about transportation from dialysis facility social workers who coordinate transportation arrangements for dialysis patients and from non-emergency transportation providers serving these facilities.

Detroit, MI - 16 beneficiaries

Elizabethtown, KY - 12 beneficiaries

Houston, TX - 11 beneficiaries

Brighton, MA - 9 beneficiaries

New York, NY - 9 beneficiaries

Miami Beach, FL - 6 beneficiaries

Pittsburgh, PA - 4 beneficiaries

Fremont, CA - 3 beneficiaries

APPENDIX B

ORGANIZATIONS WHICH PROVIDE FINANCIAL ASSISTANCE

Organizations Which Provide Financial Assistance For Transportation Expenses in Eight Cities							
	Medic- aid	AKF ¹	NKF ²	AoA ³	Red Cross	ADA ⁴ Para- transit	State kidney prog.
Fremont, CA	X	X				X	
Miami Beach, FL	X	X	X			X	
Elizabeth- town, KY	X	X		X			
Boston, MA	X	X		X		X	
Detroit, MI	X	X		X	X	X	
New York, NY	X	X				X	
Pittsburgh, PA	X	X	X	X		X	X
Houston, TX	X	X	X		X	X	X
TOTAL	8	8	3	4	2	7	2

¹ American Kidney Fund - This organization is located in Baltimore, Maryland but serves patients with kidney disease nationwide.

² National Kidney Foundation

³ Area Agencies on Aging

⁴ Americans with Disabilities Act