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Transforming Healthcare in Missouri

*Transportation Benefits as a
Driver of Health in Medicaid*



Center for Advancing Health Services,
Policy & Economics Research

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Executive Summary

Since its inception, Medicaid has provided transportation assistance for beneficiaries, including emergency and non-emergency medical transportation (NEMT). NEMT covers a variety of services, such as public transit, taxis, personal vehicles, ambulances, and increasingly, Transportation Network Companies (TNCs) like Uber or Lyft. Unlike private insurance and Medicare, Medicaid covers both emergency and non-emergency transportation. For NEMT eligibility, beneficiaries must have an unmet transportation need, and NEMT can help improve access to care, equity, and reduce health disparities.¹

Before 2021, NEMT was only regulated, as a statutory requirement, but it became codified in the Consolidated Appropriations Act of 2021. States vary in how they implement NEMT, with some opting for waivers or different eligibility standards for specific populations. NEMT is crucial, especially in rural areas, where states may face provider shortages, delayed services, or fraud risks.¹

Technology and innovative models, like TNCs, aim to address some of these challenges by expanding the provider network and improving service efficiency.¹ However, the use of TNCs in rural areas remains limited, as they are more suitable for urban settings. Despite these issues, NEMT remains an essential Medicaid benefit, with ongoing efforts to enhance its reach and effectiveness.¹

The Missouri Rural Health Association's 2023 Needs Assessment reveals a severe rural health crisis, with rural Missourians facing higher mortality rates and a shortage of healthcare providers.² Transportation is a key barrier that prevents many from accessing necessary healthcare services.² This issue is compounded by the closure of rural hospitals, lack of insurance, and the opioid epidemic.² In Missouri, NEMT serves both fee-for-service and managed care MO HealthNet (Medicaid) participants under contracts with MTM Inc., the state's NEMT broker. In 2023 alone, MTM scheduled nearly 2 million rides, illustrating the significant scope of the need.²

With a third of the state's population living in rural areas but only a fifth of healthcare providers practicing there, the shortage of healthcare professionals and transportation options creates significant access issues that likely contribute to health disparities.² Addressing these challenges, including expanding NEMT services, is crucial to improving access to care. Strategic collaborations and enhanced transportation systems can help dismantle these barriers, leading to better health outcomes for rural Missouri. Expanding NEMT services is essential to addressing these systemic challenges and safeguarding the health and well-being of rural communities.²

In September 2024, the Center for Advancing Health Services, Policy & Economics Research (CAHSPER) at Washington University in St. Louis partnered with MTM to bring together diverse stakeholders to discuss challenges and propose policy solutions to improve NEMT in MO HealthNet. The event began with a keynote address from Andrea Barton Reeves, the Commissioner of the Connecticut Department of Social Services, and was followed by a Missouri-focused panel of experts who shared insights on the current NEMT landscape locally.



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Executive Summary (Continued)

Attendees then joined breakout sessions addressing four priority areas for NEMT improvement: enhancing behavioral health support, exploring value-based payment options, addressing rural access barriers, and improving hospital discharge processes. Through structured discussions, stakeholders collaboratively identified gaps, brainstormed policy solutions, and recommended actionable improvements aimed at making NEMT more effective and equitable. Key recommendations included:

- **Increase awareness:** Improve patient and provider awareness of transportation services through targeted communication (i.e. apps, educational resources)
- **Optimize scheduling:** Cap ride numbers per driver to ensure timely service for hospital discharges and reduce scheduling delays
- **Enhance coordination:** Strengthen collaboration between local transportation providers and health care systems to optimize existing resources
- **Streamline complaints:** Simplify and standardize the complaint process to make reporting easier and ensure quicker resolutions
- **Strengthen data infrastructure:** Enhance state-level standards (e.g., require GPS) and improve data infrastructure to increase transparency and coordination across providers
- **Ensure timely service:** Hold providers accountable for punctuality and streamline reimbursement processes to ensure timely payments and service delivery
- **Improve rural transportation:** Focus on enhancing transportation options in rural areas with targeted support and resources
- **Reduce no-shows:** Improve scheduling accuracy, enhance communication, and ensure systems are responsive to cancellations to decrease no-show rates
- **Revise reimbursement policies:** Update reimbursement structures, including gas mileage rates and other relevant fees, to support providers and improve service reliability
- **Value-Based Payment (VBP):** Implement a VBP program with fair base payments and performance bonuses tied to specific challenges, like wheelchair transport, incentivizing quality and accessibility



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Introduction

Non-emergency medical transportation (NEMT) is a service that helps people get to medical appointments, or return home following medical care, when they do not have access to other means of transport. This service is an essential component of Medicaid, as it ensures that beneficiaries who face transportation barriers can access medically necessary care. As a federally mandated Medicaid benefit, NEMT facilitates access to a range of health care services including primary care visits, diagnostic appointments, dialysis center visits, and hospital care. Federal Medicaid regulations require states to provide NEMT for eligible beneficiaries, establishing it as a vital service for preventing delays in or missed access to care. However, state discretion in eligibility criteria and delivery methods - coupled with provider shortages, access disparities in rural areas, and rising health care costs - have created significant challenges to effective program implementation.

In Missouri, NEMT serves both fee-for-service and managed care MO HealthNet (Medicaid) participants under contracts with MTM Inc., the state's NEMT broker. These contracts provide for a range of transportation options, including public transit, rideshares, and specialized vehicles for individuals with disabilities. The scope of the need in Missouri is significant; in 2023 alone, MTM completed nearly 2 million rides (see [Appendix](#) for Missouri MTM data). However, barriers to timely and consistent transportation persist, particularly in rural Missouri, where limited transit infrastructure, long distances to care, and unreliable services – including last-minute cancellations or no-shows – create substantial obstacles. Gaps in scheduling coordination, restricted service areas, and adequate transit options during off-hours exacerbate these issues, leading to missed appointments, delayed care, and worsened health outcomes.

In September 2024, the Center for Advancing Health Services, Policy & Economics Research (CAHSPER) at Washington University in St. Louis hosted the ninth event in its Transforming Healthcare in Missouri series, titled *Transportation Benefits as a Driver of Health in Medicaid*. This event convened a diverse group of participants including WashU faculty, MO HealthNet agency leadership and staff, front-line clinical staff, and key stakeholders from Missouri health care organizations. CAHSPER hosted the event in partnership with MTM, who engaged directly with attendees to address pressing NEMT challenges.

The event began with a keynote presentation from Andrea Barton Reeves, the Commissioner of the Connecticut Department of Social Services. She shared insights into Connecticut's efforts to streamline NEMT services and ensure timely, efficient transportation for Medicaid beneficiaries. The keynote was followed by a local panel discussion that provided perspectives on Missouri's NEMT landscape, emphasizing the critical role transportation plays in health care access for Medicaid recipients.



Introduction (Continued)

Following the panel discussions, each attendee participated in one of four facilitated breakout sessions, each focused on exploring actionable solutions to enhance NEMT services. The breakout groups engaged in in-depth conversations aimed at addressing system gaps. The four breakout session topics included:

- Behavioral Health-Specific Issues
- Rural-Specific Issues and Access to Care
- Hospital Discharge & ER Use: The Impact of NEMT on Patient Flow
- Value-Based Payment (VBP) Policy Options

The event's goal was to foster collaboration across sectors, enabling stakeholders to identify common ground in tackling Missouri's NEMT challenges. Participants engaged in constructive discussions, working together to identify policies, consider barriers, and propose actionable solutions aimed at enhancing NEMT services and supporting Medicaid beneficiaries. The priorities and innovative recommendations discussed during the event will serve as a critical foundation for future policy initiatives aimed at improving health care outcomes for Medicaid beneficiaries across the state.

This white paper provides summaries of the background material, keynote presentation, panel discussion, and breakout group brainstorming to capture the core issues, strategic policy recommendations, and innovative solutions proposed during the event.

Background

History of NEMT in Medicaid Programs

Non-emergency medical transportation (NEMT), a key benefit introduced with Medicaid in 1965 under the Social Security Act, ensures recipients can access transportation to healthcare services. However, from 1974 to 2005, NEMT services were plagued by inconsistency and inefficiency, as states managed them in various ways. Although the 1974 *Smith v. Vowell* case established that states must provide NEMT, there was no uniform approach. States relied on public transportation, contracted providers, or other methods, creating service gaps, especially in rural areas or for individuals with mobility challenges.³ These inefficiencies, compounded by rising demand and constrained resources, underscored the urgent need for reform.³

The Deficit Reduction Act of 2005 addressed these inefficiencies by giving states the option to use transportation brokers, which helped streamline NEMT services and improve access to care.³ In 2009, the Centers for Medicare & Medicaid Services (CMS) issued guidance to clarify and enforce state responsibilities for providing NEMT. The Consolidated Appropriations Act of 2021 further solidified this mandate ensuring that all states include NEMT in their Medicaid programs.³

Background (Continued)

While all state Medicaid programs are required to provide NEMT services, they have flexibility in how they are provided. Most states use third-party brokerage firms with a fixed payment for their services.³ Some other states offer services directly by using fee-for-service reimbursements. The rest of the states use a combination of direct delivery fixed capitated brokerage and public transit voucher programs, depending on the location and the specific needs of the beneficiaries. This includes Missouri.³

What is the Level of Need for NEMT Services?

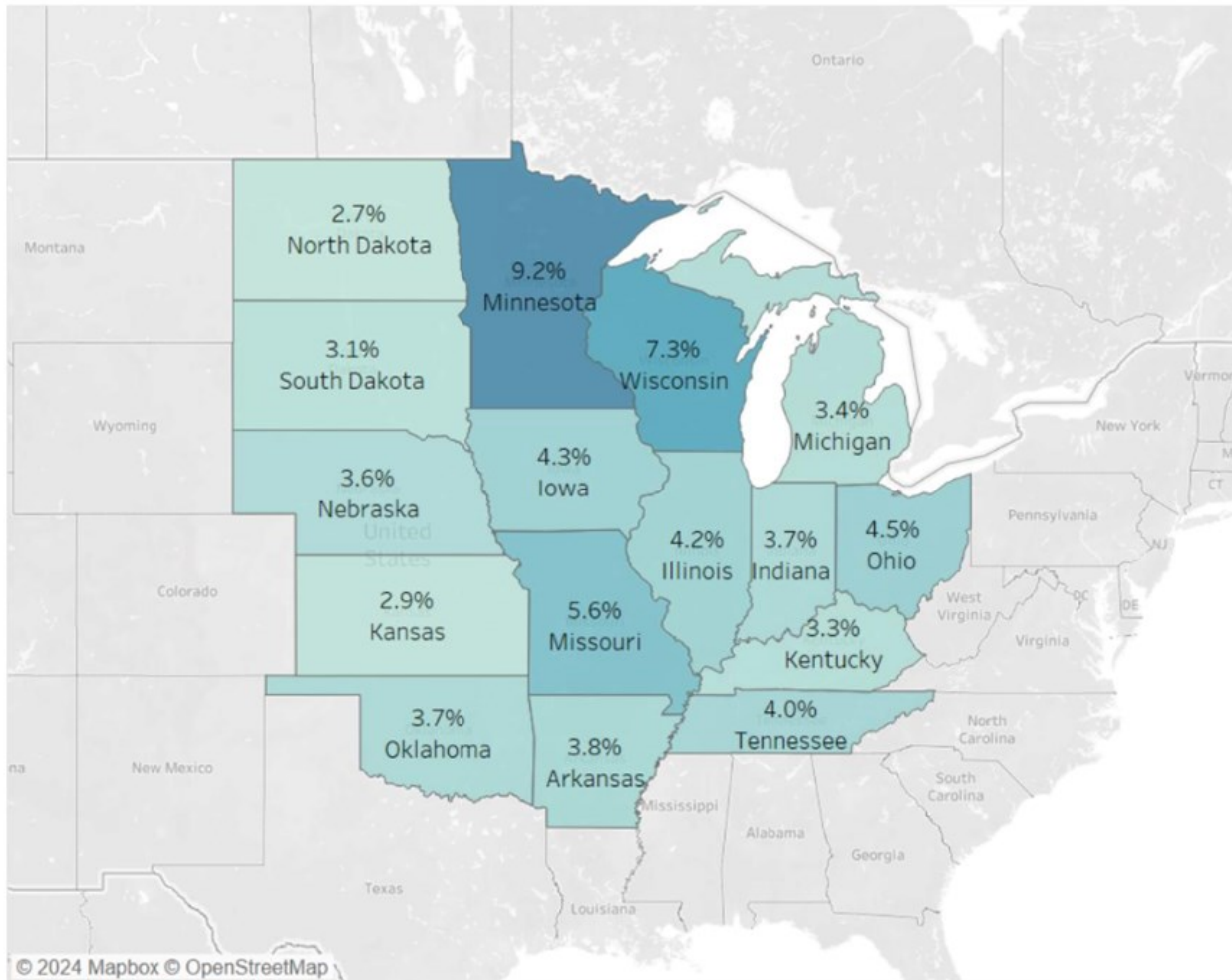
Data ranging from 1997 to 2017 found that nearly 5.8 million people in the U.S. miss or delay their medical appointments each year due to a lack of transportation.⁴ Hispanic people, those living below the poverty threshold, Medicaid recipients, and people with functional limitations were all more likely to report transportation barriers.

Approximately 7% of Medicaid beneficiaries in frontier or remote areas utilized NEMT services in 2021, which is higher than the national average of less than 4% for all Medicaid beneficiaries. Despite the higher usage rate in these rural and remote areas, the frequency of NEMT service use among these beneficiaries is somewhat lower than in urban areas.⁵

There is also variation in utilization of NEMT across states, but it is difficult to know whether this is due to different levels of underlying need or different policy and implementation environments that make NEMT more or less accessible. The map on the next page compares Missouri utilization data in 2021 with that of several other states in the Midwest. Missouri's annual utilization rate of 8,171 ride-days per 10,000 beneficiaries is similar to Iowa's.⁶ However, Missouri's utilization is about twice as high as Kentucky's, and it is far below the utilization in Wisconsin.

Background (Continued)

Midwestern States NEMT Usage Percentage FY - 2021



Source: Centers for Medicare & Medicaid Services. 2021. *Non-Emergency Medical Transportation Report to Congress 2018–2021*.

Figure: The map shows the percentage of Medicaid beneficiaries using NEMT services across Midwestern states, with Missouri having a higher usage rate than all its neighboring states.

Andrea Barton Reeves

Commissioner

Department of Social Services, Connecticut



Andrea Barton Reeves, JD, is the Commissioner of the Connecticut Department of Social Services where she champions equity, accessibility, and dignity in essential services for residents. With over 20 years of experience in human services, she has focused on advocating for vulnerable populations - including individuals with intellectual disabilities during her tenure as Chief Executive Officer of Harc, Inc., and families through her work as an attorney for children. Commissioner Barton Reeves spoke about the challenges of non-emergency medical transportation and emphasized the need for reliable services to ensure health care access for Medicaid participants.

Commissioner Andrea Barton Reeves' presentation was anchored by three critical themes: the vital importance of transportation access, a detailed overview of Connecticut's NEMT services, and ongoing process improvements designed to enhance member experiences in Connecticut.

The Vital Importance of Transportation Access

Commissioner Barton Reeves opened her address by articulating a fundamental truth: "health care can only be accessed if individuals can reach the facilities providing it." She highlighted that transportation barriers can lead to missed appointments, delayed treatments, and poorer health outcomes. This premise set the stage for her argument that NEMT is not merely a health care service; it is a crucial component of the health care system that must be prioritized.

She discussed the diverse demographics of Connecticut, with stark economic and health disparities among its approximately 3.6 million residents. With a median household income of \$91,665 and a poverty rate of 10.3%, Commissioner Barton Reeves highlighted that the state's relatively high-income levels do not equate to uniform access to health care. Many residents, especially those in lower-income brackets or with disabilities, face significant challenges in accessing the care they need. She emphasized that this reality is exacerbated for 63.1% of residents employed in low-wage jobs, for whom accessing health care may be more difficult.

Overview of Connecticut's NEMT Services

In her overview of Connecticut's NEMT services, Commissioner Barton Reeves outlined the program's history. It was established in 1998 to assist Medicaid members in reaching their medical appointments when other transportation means were unavailable. Over time, as demand for transportation services increased and the complexities of managing separate systems became more apparent, the program needed a more coordinated approach. The evolution of the program, now exclusively managed by MTM, underscores the organization's commitment to improving service quality and member satisfaction. This centralized management enhances operational efficiency and integration with the continuum of care for Medicaid recipients in Connecticut.

Commissioner Barton Reeves explained that the NEMT program provides various transportation options including public transit, mileage reimbursements, livery services, and specialized transportation for individuals with unique needs. She highlighted that addressing the geographical diversity of Connecticut is essential because regions have varying access needs based on population density and local infrastructure. This understanding is crucial for tailoring transportation solutions that meet the unique demands of different communities.

Process Improvements and Innovations in Connecticut

Commissioner Barton Reeves then shifted her focus to the continuous improvements being made within the NEMT program in Connecticut, emphasizing the importance of adaptability and responsiveness to member needs. She highlighted several key enhancements that have transformed the NEMT experience for users:

- **Digital Platforms:** The introduction of a member mobile app and an online portal has streamlined trip management, allowing members to easily schedule and track their rides.
- **24/7 Call Center Support:** The establishment of a round-the-clock broker call center ensures that members can access assistance whenever needed. This service includes options for support in multiple languages and accommodations for members with hearing impairments.
- **Member Engagement and Process Improvement:** A commitment to ongoing process improvement has led to active engagement with patients and stakeholders. Commissioner Barton Reeves shared how feedback has driven significant changes, such as waiving the requirement for medical justification for certain trips. This has reduced the burden on health care providers and members alike.
- **Collaborative Partnerships:** She emphasized the importance of collaboration among various stakeholders including health care facilities, transportation providers, and the Department of Social Services. Regular stakeholder meetings allow for open dialogue about challenges and solutions, fostering an environment of continuous improvement.
- **Member-Centric Services:** Commissioner Barton Reeves highlighted specific adjustments made to enhance member experiences. This includes allowing members with recurring medical appointments to schedule rides up to 90 days in advance, and an expansion of coverage for postpartum care - including services for undocumented individuals.

Commissioner Barton Reeves concluded her address by reiterating the need for a holistic approach to addressing transportation challenges. She called for continued collaboration among all stakeholders to enhance the effectiveness of the NEMT program. By fostering partnerships and leveraging data, Connecticut and other states can create a more robust system that not only meets the immediate transportation needs of Medicaid participants but also supports their overall health and well-being.

In summary, Commissioner Barton Reeves' keynote underscored the essential role of NEMT in ensuring equitable access to health care. Her insights provided a roadmap for ongoing improvements, emphasizing that transportation is a vital component of the health care continuum that must be prioritized to achieve better health outcomes for Medicaid beneficiaries.

Jamie Bruce

CEO, United Healthcare



Jamie Bruce is the Chief Executive Officer of UnitedHealthcare Community Plan of Missouri where she oversees the strategic development, growth, and operations of the health plan. She has led efforts in MO HealthNet Managed Care and Dual Special Needs (DSNP) programs in Missouri since joining UnitedHealthcare in 2017 and has been in the Medicaid Managed care industry for the last 22 years across five states. Previously, she served as Chief Operating Officer for Aetna Better Health in Nebraska and Texas, and she held various leadership roles at MDwise over 13 years - including in marketing, business strategy, compliance, and regulatory affairs. Bruce is deeply committed to improving health care access, quality, and delivery in government programs like Medicaid and DSNP.

Jana Cook, a Missouri native, serves as Senior Vice President and Chief Financial Officer at Phelps Health, a prominent regional referral center serving over 200,000 residents across south-central Missouri. With 24 years at Phelps Health, Cook oversees Financial Management and Revenue Cycle functions, ensuring the hospital's financial health. During the COVID-19 pandemic, her focus expanded to address broader organizational challenges and provide critical problem-solving support. Beyond her role at Phelps Health, she is an active volunteer with the Healthcare Financial Management Association, serving as a Past-President of the Greater Heartland Chapter and currently as Regional Executive III for Region 8. Phelps Health is a county-owned, non-tax-supported hospital located in Rolla, Missouri, licensed for 240 beds and guided by a five-member elected board. The organization includes Phelps Health Medical Group, with over 100-plus providers. In addition to the main campus in Rolla, Phelps Health has outpatient locations in Salem, St. James, Vienna, and Waynesville.

Jana Cook

*Senior Vice President &
CFO Phelps Health*



Janelle Donjon

*Manager, Social Services
WashU Medicine*



Janelle Donjon serves as the Manager of Social Services in outpatient oncology at WashU, where she oversees a team of nine social workers across six Siteman Cancer Center locations. With 25 years of experience in both inpatient and outpatient settings at Barnes-Jewish Hospital and WashU, she has been dedicated to addressing barriers to care and providing critical support to cancer patients. As a Wellness Champion in Medical Oncology, Janelle recently organized two successful health screenings in the Center for Advanced Medicine for her workgroup, collaborating with Wellness Coordinator Emily Strong. She strategically managed space limitations by offering screenings on separate days, maximizing participation and enabling employees to learn about their biometric numbers and access well-being resources.

Steve Newman is the Founder and President of 360 Quality Care + Transport Services, a premier non-emergency medical transport (NEMT) company serving St. Louis, Missouri and surrounding areas. Known for its commitment to best-in-class handicap wheelchair transportation, 360 is one of only twelve NEMT companies nationwide with NEMTAC accreditation and is the only certified provider of stretcher services in Eastern Missouri. Under Newman's leadership, 360 Quality Care + Transport Services has built a reputation for quality and reliability, implementing standards such as Priority Medical Transport and hosting comprehensive credentialing for drivers, vehicles, and policies on ProCredEx.

Steve Newman

*Owner, 360 Quality Care and
Transportation Services*



The discussion below is lightly edited and summarized for clarity.

Karen Joynt Maddox, co-Director of the Center for Advancing Health Services, Policy, & Economics Research, moderated the panel. She began:

Can you tell us about the importance of transportation to appropriate medical care for patients and start us at the patient? Why does this matter and what should we all be keeping in mind from the patient perspective?



Janelle Donjon

Janelle Donjon highlighted the need to fully consider the experience of patients and their families in order to provide high-quality care. "I can't overstate the importance of any medical transportation (MT) when it comes to cancer care," **Donjon** emphasized, "and not just the ability for a patient to get a ride, but a timely ride that shows up and brings the patient to their appointment."

In oncology, timely transportation is critical. Patients undergoing chemotherapy, for example, adhere to strict schedules because that is the most effective treatment for them. Missing a ride disrupts this carefully planned schedule, causing the medical team to scramble to get the patient in and reschedule appointments. This disruption cascades beyond the patient, affecting the whole care team and their schedules.

The stress on patients struggling to secure rides is compounded by their illness. "Just the hoops that patients have to go through to get a ride is really taxing when you don't feel good and you're overwhelmed," **Donjon** noted, highlighting how the lack of support and growing financial strain on families worsens the situation. Moreover, the lack of reliable transportation negatively impacts patients' medical records, as they are often labeled as "non-compliant and no-shows," affecting their ongoing care. In sum, reliable MT is essential, not only for the patient but for the functionality of the entire health care system. "It affects everyone on the care team... the whole system."

What about from the hospital's perspective?

Accessing specialty care can mean long waits, 2 – 6 months, making reliable transportation essential to avoid missed appointments. This issue is especially critical in rural areas where transportation options are severely limited: "We don't have Uber, we don't have Lyft... even taxis," **Jana Cook** explained, highlighting the scarcity of drivers and the lack of reliable transport services. In these regions, "capacity building for transportation" is critical, as patients often need to travel further to reach care.

Despite 24 years in health care, **Cook** noted that even seasoned professionals find it challenging to navigate the logistics of care. For patients unfamiliar with the system, every step, from scheduling appointments to understanding bills, presents barriers. Additionally, there is a lack of awareness among both patients and providers about available transportation support. For instance, during a recent meeting, her team discovered added resources like an app, reimbursement options, and educational pamphlets - underscoring a communication gap about these services.



Jana Cook

Panel Discussion (Continued)

The underutilization of non-emergency medical transportation (NEMT) services further highlights this disconnect: only 5.6% of patients use NEMT services, while 15% of Medicaid patients report transportation as a barrier in their social determinants of health screenings. This disparity points to a need for increased awareness and accessibility of these resources to bridge the gap in care access for rural patients.

What is the insurer's perspective on this? What does it mean to health plan members to be able to access transportation and how do you think about the cost effectiveness of the transportation being provided through Medicaid?



“The priority is ensuring that members receive the care they are covered for, but reliable transportation is key to making that happen,” **Jamie Bruce** stated. As one example, a member prepared for a colonoscopy, only for transportation to fail on the day of the procedure. While the team managed to resolve the situation, missed rides are “the worst-case scenarios” that disrupt care and delay treatment.

Transportation needs have expanded beyond medical appointments to address social determinants of health, such as access to groceries or pharmacy visits. One notable example **Bruce** shared was Rebecca, a leukemia patient who had been hospitalized for over 150 days and was homeless. The team ensured she had housing and reliable transportation to appointments, even in winter. Rebecca, grateful for the transportation benefit, shared that the ability to schedule rides via an app gave her a sense of empowerment. She was particularly appreciative of being able to access transportation to essentials, like the grocery store, though some app limitations were quickly addressed by the team.

While transportation costs may appear high due to increased utilization by the sickest members, the real value lies in improving overall member experience and health outcomes. As **Bruce** emphasized, “I want everybody to use transportation”—making it accessible and effective is crucial for both care delivery and member well-being.

From the perspective as a provider of these services, how should we think about quality and how do providers make sure that the services are high quality?



Steve Newman

Transportation services must cater to the unique needs of different patient populations. At 360 Quality Care + Transport Services, **Steve Newman's** focus is on high-quality, reliable wheelchair and stretcher transport for individuals with chronic, acute, or catastrophic conditions, particularly those most vulnerable in terms of social determinants of health. "We built a high-quality, reliable, timely bedside-to-bedside service," **Newman** said, ensuring that every ride is pre-scheduled to guarantee punctuality.

The service avoids "will-call return rides," a common practice in volume-based transportation, and instead prioritizes precise scheduling. For example, if a doctor's appointment is expected to take an hour, the driver is scheduled to pick up the patient after 75 minutes to ensure punctuality. This commitment to reliability is reflected in their near-perfect on-time performance, with the company achieving "almost 99% on-time performance."

360's operational success is supported by technology, including GPS tracking, in-van cameras, and a driver performance metric program. This program monitors safety and rewards drivers for top performance, reinforcing the company's focus on quality service.

Their commitment to high standards is further demonstrated by their national accreditation from the NEMT Accreditation Commission (NEMTAC), making them one of only 12 accredited companies in the nation and the sole accredited provider in Eastern Missouri. Although they are not the least expensive, the emphasis remains on providing dependable, high-quality transportation services. As **Newman** noted, "We want our drivers waiting for our passengers, not the other way around," underscoring the company's dedication to timely and compassionate care.

NEMTAC Background:

The Non-Emergency Medical Transportation Accreditation Commission (NEMTAC) is a non-profit organization that provides national accreditation for non-emergency medical transportation (NEMT) providers across the United States. Accredited by the American National Standards Institute (ANSI), NEMTAC establishes and oversees industry standards designed to improve the safety, quality, and reliability of NEMT services. These standards cover a range of operational areas, including vehicle safety and maintenance, driver training and qualifications, dispatch and scheduling procedures, customer service protocols, and quality improvement processes. In addition to accreditation, NEMTAC offers online education programs and training certifications to support the professional development of individuals working in or entering the NEMT industry. Organizations that obtain NEMTAC accreditation undergo comprehensive evaluations to ensure compliance with these standards, which can enhance operational efficiency and service delivery. This combination of accreditation and professional education aims to standardize practices across the NEMT sector and support its ongoing development.^{6,7}

To follow up on that, how does the relationship between costs and the quality of services provided look from the transportation provider's perspective?

Newman explained that while volume-based ambulatory services are necessary, they present unique challenges, particularly when it comes to the use of independent contractors paid by the ride. This payment structure incentivizes drivers to complete as many rides as possible in a day, often leading to "multi-loading"—transporting several passengers in one vehicle. While this can work in theory, it can result in delays if one passenger is late, disrupting the schedule for others. "The more people you put in the van, one of them is probably going to be running late," he noted, which creates operational difficulties.



Steve Newman

In contrast, 360 prioritizes reliability by capping its drivers at a maximum of six rides per eight-hour shift, allowing sufficient time to accommodate hospital discharges or schedule changes. This structured approach helps keep their operations on track, ensuring punctuality. The difference in operational models is clear: "Only 37% of the rides we do, or the miles that we incur, are paid miles," with over 60% of miles spent "deadheading" to maintain on-time performance. This highlights the significant cost disparity between quality-focused providers and volume-based services.

360's model, based on research and a commitment to the most vulnerable populations, targets a niche group: "the most chronic, the most acute, the most catastrophic, the most in need and the most at risk." This market, constituting roughly 10-15% of the NEMT population, is underserved by traditional volume providers. Rather than relying on a "one-size-fits-all" approach, 360's model focuses on delivering tailored, reliable care for this high-risk group.

What are the patient's needs from a quality perspective? Does what you hear align with your patients' actual needs? Could you also help us understand how your patient population falls into categories of higher versus lower need and how that fits into this broader quality discussion?



Janelle Donjon

Donjon commented that the transportation challenges faced by patients with mobility issues are compounded by a lack of providers willing to assist patients directly. Many individuals, particularly those who are immunocompromised, also want to avoid shared transport due to concerns about exposure. The impact of these issues is profound, as demonstrated by a patient experience she recounted.

A patient, living in North County and requiring transportation from downtown St. Louis location, called in distress after a frustrating incident. "I was three blocks from my house," she explained to **Donjon**, "and they turned around and started heading back to the city of St. Louis." The driver refused to drop her off, even after she pleaded to be let out, forcing her to continue a misguided route that eventually led to her being dropped off on the side of the road. "I bickered with this driver for like 20 minutes," she shared, emphasizing the emotional toll of the situation.

Such incidents underscore the heartbreaking reality of transportation issues that impact vulnerable patients, who often find themselves stranded or unable to access care when they need it most. "They call us in tears to complain," Donjon shared, acknowledging the serious emotional and physical consequences of unreliable service.

The complexities in rural areas extend beyond patient-level needs to include longer distances and more deadhead miles. How does this dynamic impact your work and the issues discussed?

Phelps Health operates its own transportation service with a fleet of seven cars, offering high-quality, reliable transport primarily for non-Medicaid patients. However, **Cook** noted that Medicaid patients, including some hospital employees, often seek to use this service due to its reliability and the relationships they have built with staff. Special accommodation is made for immunocompromised patients, especially those undergoing oncology treatment, where timely attendance is critical.



Jana Cook

One area of discussion within the hospital is quality measurement, particularly how it varies between urban and rural settings. As **Cook** points out, "I think you have different challenges in both of those areas," suggesting a need for more granular analysis below the state level. She also noted the importance of assessing quality across diverse types of transport, such as those for ambulatory visits versus emergency room or inpatient discharges. Missed or delayed discharges can result in patients staying additional, unfunded days in the hospital—an outcome that not only inconveniences patients but also adds a financial burden to the health care system.

What are some of the current quality measures in use by the NEMT payors? Specifically, how do you evaluate these measurements, and are there any key factors or metrics you believe are missing or should be considered when discussing quality and contracting?



Jamie Bruce

United Healthcare (and the other Medicaid plans) contract with MTM as the broker to manage transportation services end-to-end, including scheduling rides, coordinating with providers, and ensuring members reach their destinations. **Bruce** explained that her health plan closely monitors MTM's performance using several metrics, both operational and service based. For example, call center metrics like response times, abandonment rates, and call handling are tracked. Additionally, service quality is measured, such as provider no-shows or instances where members are absent when transportation arrives.

MTM also collects data on the various transportation modes—like gas mileage reimbursement, ambulances, and traditional taxis—which reveals significant differences in usage across urban and rural areas. The team reviews these trends regularly to better understand regional needs and optimize service delivery.

To gauge member satisfaction, MTM conducts surveys after each ride request and provider experience, finding that 94% of members report positive experiences. However, an area for improvement lies in handling complaints. Complaints may not be officially recorded as such unless a member explicitly states, "I want to complain." This process discrepancy suggests an opportunity to improve how complaints and feedback are documented and addressed.

What happens when service failures occur, such as when a provider does not show up or when communication breaks down? How are these issues captured and reported? Is there a formal process for reporting, and do you handle reporting directly?



Jamie Bruce

Bruce noted that a major issue in MTM's patient complaint process for transportation services lies in the gap between staff and patient experiences and the formal recording of complaints. Although staff members frequently report issues like no-shows or unsafe conditions, these incidents are not logged as official complaints. Instead, there is a separate complaint line that both staff and patients are supposed to use, but many are not even aware of it. For those who are aware, the requirement to make yet another call—often after an already lengthy and stressful experience—discourages them from doing so. As a result, “significant concerns go unrecorded, creating the impression that complaints are rare when they are simply underreported.

One example highlights this problem clearly: a patient from a rural area felt unsafe during her transport due to the driver's behavior. When she and her spouse tried to address their concerns, they found there was no other transportation option available for her to return home, effectively leaving her with no choice but to use the same provider. She expressed frustration, feeling financially constrained into accepting an unsafe situation. This case makes it clear that the current complaint system is too complicated and fragmented. This complexity deters both patients and staff from formally reporting grievances, limiting opportunities for meaningful improvements to the service.

Cook added to **Bruce's** response that the process for lodging complaints about transportation services is fraught with challenges and confusion, especially due to its complexity and lack of standardization. One of the key issues is that depending on a patient's insurance type—whether they are on fee-for-service or various managed care plans—the complaint submission process can differ widely, with up to four separate procedures. This complexity, combined with limited awareness about how to properly submit complaints, means that many issues go unreported. For providers and staff, who are focused on coordinating rides, navigating multiple complaint processes feels like an unnecessary burden. They often end up prioritizing immediate patient needs over tackling the complaint system.



Jana Cook

To bridge this gap, Phelps Health recently participated in a small study across six hospitals and their health care partners to track transportation complaints more closely. Early findings showed that only a small percentage of complaints were recorded with MTM or managed care plans, suggesting that the current system vastly underrepresents patient dissatisfaction. This incomplete data obscures the real issues patients face with transportation, making it harder to identify where improvements are needed. The results underscore the urgent need for a unified, simplified complaint process to ensure that all patient experiences—especially the negative ones—are accurately documented and addressed.

What does the process look like when patient complaints come through their managed care plan?



Jamie Bruce

Speaking for UHC, **Bruce** explained that the current approach to handling Medicaid-provided transportation complaints is fragmented and would greatly benefit from streamlined communication between health care providers, members, and MTM. “Right now, members have multiple options for seeking help with transportation issues—they can call either the general call center or MTM directly. Care managers also receive calls from members facing transportation difficulties, particularly in urgent cases when they are stranded. In these situations, the UHC clinical team steps in to contact MTM for a quick resolution, but often these incidents are not logged as formal complaints.”

Bruce has noticed confusion around the number of ways to report complaints, and she questioned why there are multiple contact numbers, suggesting that a single, unified complaint system would be ideal. MTM could manage complaints for all managed care and fee-for-service patients through one streamlined process, eliminating the need for separate channels. “There should be one main MTM contact number for complaints,” she stated, and any additional, unofficial numbers should be phased out to simplify reporting and resolution efforts.

Accurately capturing member feedback is essential to **Bruce** and UHC to ensure no complaints slip through the cracks. “We all share the same goal: to help members access care safely and reliably. Collaborating effectively is key to identifying and fixing gaps in the complaint process. While we have received a list of complaints, discrepancies in the data indicate breakdowns in reporting.” This highlights the need for a unified approach to ensure every issue is properly documented and addressed.

Once a transportation provider receives a complaint, what is the typical response, and what steps are taken to address it? Additionally, what about the opposite scenario when drivers arrive but find no one to pick up? How is feedback sent in these situations to ensure the system operates more efficiently?

Newman responded by explaining that the transportation business faces unique challenges and costs due to no-shows, particularly with Medicaid and some Medicare patients who may have fewer incentives to keep their scheduled rides. For these patients, health setbacks often lead to last-minute cancellations, which creates logistical issues and financial strain. Providers still must reserve vehicles and drivers in advance, but they do not receive reimbursement for trips that do not happen. “To help with this, our company has six dispatchers who confirm each ride, usually the day before, to reduce last-minute cancellations and build a sense of reliability. This extra step reassures patients—especially those with chronic care needs—that they can trust our service.”



The company has also introduced a passenger performance guarantee, an idea borrowed from their private pay model, which offers families \$500 if they fail to get a patient to an essential medical appointment. Since launching this guarantee in January, they have delivered about 25,000 rides and have only needed to pay out the guarantee once. This not only shows their commitment to reliability but also highlights accountability. Internally, some questioned the guarantee’s financial impact, but honoring it when necessary has proven beneficial. By promptly compensating the patient, the company retained the patient as a customer, demonstrating that reliability, accountability, and respect are essential to building loyalty.

“This approach reinforces our commitment to service quality, helping us foster trust and ensuring patient satisfaction overall,” said **Newman**.

The data infrastructure may not be fully optimized to capture all the necessary information. How do different organizations currently track this data?



Donjon described monthly meetings between social work leadership at Barnes Jewish Hospital, WashU, and MTM to address transportation-related issues. MTM has asked their social work teams to collect and track data on these issues, but their team was already stretched thin with extensive tracking responsibilities. “We are constantly monitoring our activities, patient acuity, and other key performance metrics, and adding yet another tracking measure specifically for transportation issues is simply not feasible with current resources and time constraints.”

MTM has also encouraged **Donjon’s** team to document problems in real time and contact them immediately when issues arise. “However, given our workload, it is just not possible for our team to record every complaint or issue as it happens. We simply do not have the capacity to manage that level of detailed, immediate tracking alongside our other responsibilities.”

Cook’s team at Phelps Health started tracking transportation issues for both inpatient and discharge levels by manually entering data into a spreadsheet. While the system is not flawless, it has allowed them to capture at least some records of issues in these areas. They also participated in a six-week MO HealthNet study to track issues online, which provided some additional structure to their tracking efforts.

“However, I recognize that we are likely missing important data from ambulatory office visits, as those issues are not being tracked as closely,” said **Cook**. “This gap results in incomplete data for that part of patient care, which limits our understanding of the full scope of transportation challenges patients face.”



While **Bruce’s** team at United Healthcare depends on MTM for data, they also gather direct feedback from call centers and care managers. This additional insight is crucial, as it helps them pinpoint where service failures are happening, especially with issues like provider and member no-shows—key areas where they need improvement. **Bruce** said, “I understand that health care providers often struggle with limited time for coordinating transportation, and I suggest that roles within MTM and UnitedHealthcare might be better suited to assist with clinical coordination.”



“I commend MTM as a reliable partner, particularly when compared to other transportation organizations we have worked with across various states. MTM’s local accountability and the strength of their partnership within the state stand out.”

However, she noticed that utilization data are often underreported. Many providers have developed their own transportation systems, which are not captured in MTM’s or the state’s reported data. Community-based services, like local ambulance providers or county vehicles transporting members, frequently operate without MTM contracts. This leads to untracked and unpaid services. To address this, **Bruce** highlighted the necessity of solutions that consolidate these independent efforts through contracts, which would more accurately reflect the comprehensive range of transportation services provided to members and ensure appropriate reimbursement.

It seems like there is a significant capacity challenge at play here. If the needs are not clearly understood, how can we ensure the appropriate staffing and funding to effectively meet those needs?



Jamie Bruce

Bruce noted that even though some communities face a shortage of health care providers, there are local providers offering transportation services that are not connected to the broader network. This disconnect underscores a real need for better coordination to make use of these existing resources more effectively.

Securing consistent payment for these transportation services—both from managed care organizations and MTM—is also essential. “I see a major policy opportunity in revisiting and updating the reimbursement structure, which likely has not been revised in years. Adjustments to the fee schedule and enhancements

in mileage reimbursement, including gas mileage, could significantly benefit both providers and patients. These steps would not only support providers more fairly but also improve service reliability for patients who depend on these transportation options,” Bruce commented.

Cook added to this response that Phelps County operates its own ambulance district, and every day they have at least one ambulance and crew dedicated to transporting patients to other facilities without receiving any payment. This places added strain on local ambulance services, as they manage essential transportation needs without reimbursement. This situation contributes to underreporting in the broader transportation system and can lead to gaps in coverage, as these local services are not fully accounted for or supported financially.



Jana Cook



Steve Newman

Despite thorough tracking efforts, **Newman’s** organization, 360 Quality Care + Transport Services, still sees a daily no-show rate of 8-10%, which poses challenges in rural areas like Rolla (where Phelps Health is located). The long travel distances involved in these regions make missed rides even more problematic, both in terms of time and cost. Additionally, “deadhead” mileage—where drivers travel without passengers—further increases operational expenses, especially given the distances covered in these rural areas. These expenses need to be considered.

Newman’s overall solution to the question of appropriate staffing and funding is to pay for performance: “To manage complaints and encourage quality service, we have implemented a driver performance reward program. Drivers can earn rewards based on positive testimonials, but any complaints disqualify them from receiving these incentives. This program helps us track and address issues while promoting a high standard of service among our drivers. “About 40% of our members using gas mileage reimbursement now prefer the app, and the feedback has been positive,” according to **Bruce**. “While not all members have cell phones, the majority do, and they often prioritize having one, making the app a valuable tool for most users. It has been a step in the right direction, and it has improved accessibility and convenience for a substantial portion of our members.”



Janelle Donjon

Donjon commented that, in her view, there are two key areas that need improvement: transportation provider accountability and the timeliness of gas mileage reimbursement. One situation that stands out for her involved a patient whose ride was marked as a no-show by the transportation provider, even though her staff had been with the patient, ensuring they found their vehicle. This clearly pointed to a miscommunication between the provider and her team.

Additionally, rural patients face significant challenges. They often rely on limited local transportation providers and experience considerable delays in receiving their gas mileage reimbursement. **Donjon** noted, “Some patients even sell personal belongings to cover the cost of their trips, expecting to be reimbursed, but they are left waiting for months without any updates. This leads to a lot of frustration and confusion, both for the patients and for the staff trying to assist them.”

From **Bruce’s** perspective, there have been significant improvements in the gas mileage reimbursement process thanks to an app that has replaced outdated forms and mail submission. This change has made the entire process much more efficient, as the app has allowed users to track their reimbursement requests and ensures more direct payments. It also gives better control over scheduling and tracking rides, which has enhanced the overall experience.



Jamie Bruce

Are there efforts to track the reasons behind no-shows? While it's true that Medicaid recipients don't have a financial reason to show up for their rides, their health is their stake, and it would be valuable to collect data on whether they are truly not showing up, or if they were present but marked as no-shows. Identifying the underlying reasons could provide critical insights.



Newman responded that 360 Quality Care + Transport Services has been focusing on "value over volume" and "quality over quantity" in their transportation services. "Most of our no-shows come from non-chronic patients, who account for around 8-10% of missed rides. This emphasizes the need for better access to care and innovative solutions. Over the past few years, we have gathered data that can guide us in improving service delivery, and I am eager to explore ideas based on this information."

Newman further noted that a 2021 guidebook from the Transportation Research Board (TRB) of the National Academy of Science, Engineering, and Medicine, may be a source for innovative solutions, as it advocates for rethinking health care-related transportation, especially when it comes to addressing no-shows and improving rural access. This resonates with transportation providers' challenges and presents an opportunity for meaningful change.

"With Medicare Advantage programs growing by 20% annually, there is a greater emphasis on patient experience within both Medicare and Medicaid services." The non-emergency medical transportation (NEMT) industry, however, has largely remained static over the years. **Newman** believed that this evolving health care landscape had offered a unique opportunity for change, saying, "I appreciate the chance to discuss these issues with others in the field. There is a real need for progress, and I believe we can make it happen."

Bruce added that no-shows are a pervasive issue in health care, impacting appointments across all types of insurance and transportation services. Miscommunication and logistical problems often amplify the no-show rates. One common example is when the driver is provided with an address that differs from where the patient is. This leads to missed connections, and "in door-to-door services, drivers sometimes end up on the wrong side of the building, leaving patients stranded."

In addition to these logistical issues, inpatient behavior and administrative challenges also play a role in no-shows. For instance, when members pre-schedule rides, sometimes days in advance, but their circumstances change—like being admitted to the hospital—there is often no notification to cancel the ride. This results in unnecessary trips that could have been avoided if the system had been more responsive.

She stressed this as a systemic problem that requires a holistic solution, commenting, "We need to address both patient behavior and the operational challenges within the transportation process to improve attendance rates and reduce the impact of no-shows across the health care system. Only by tackling these issues from all angles can we make a real difference."



Newman agreed that the impact of missed appointments is massive, and he cited numbers from the TRB that highlight the scope of the problem. According to the TRB guidebook, no-show rates at hospitals can be as high as 20-50%. In 2017 alone, nearly 4 million people missed 24 million medical appointments due to transportation issues. The cost is staggering. Missed appointments cost the U.S. health care system up to \$150 billion each year, with \$40 billion of that attributed to avoidable downstream expenses.^{8,9}



“This is not just about individual health setbacks,” according to **Newman**. When patients miss their appointments, it creates a ripple effect that burdens the entire health care system financially. “The missed opportunities for care, the added expenses, and the strain on health care resources all contribute to a much larger issue that we need to address. Finding solutions to this problem is critical, not just for the patients, but for the sustainability of the health care system,” he said.



Missed appointments in **Donjon’s** clinic often happen when patients do not arrange transportation in advance, sometimes because they are feeling unwell and assume help will be provided without needing to contact MTM. However, in many of these cases, when her team is notified about a missed ride, they can step in and quickly arrange alternative transportation for the patient. As a result, most patients end up attending their appointments after all, she said. This shows that “despite some initial lapses in advance coordination, the support we provide can help patients still make it to their appointments. It is a reminder of how important it is to stay proactive and responsive to ensure transportation issues do not become barriers to care.”

Breakout Discussions:

Behavioral Health-Specific Issues

During this breakout session, participants examined key components of a high-quality non-emergency medical transportation (NEMT) program specifically designed to support behavioral health patients. The discussion covered the definition of quality in NEMT from various stakeholder perspectives, identified significant barriers to achieving this quality, and brainstormed practical solutions for enhancing NEMT services to better meet the unique needs of behavioral health patients. Key considerations included patient safety, reliable access, communication systems, and tailored training for transportation providers.

What does a high-quality NEMT program mean in this setting?

In the context of behavioral health, a high-quality NEMT program is one that prioritizes reliability and patient-centered care, addressing the unique needs of patients with behavioral health conditions. Critical aspects include:

- **Timely, Reliable Service:** Ensuring that pickups and drop-offs are prompt and consistent is essential, as behavioral health patients are often vulnerable to disruptions. Timely service supports access to both routine and urgent care, minimizing delays that could worsen their health.
- **Effective Communication and PHI Protection:** Establishing secure and clear communication between patients, providers, and transportation services is vital. Communication should be tailored to meet special needs (e.g., behavioral health and language requirements) while ensuring patient health information is protected to foster trust and privacy.
- **Social Determinants of Health (SDOH):** The program must consider broader social determinants such as income, housing, and health care access, expanding transportation services to help individuals overcome these barriers and improve overall well-being, beyond just medical care.
- **Special Needs Training for Drivers:** Drivers should receive training to effectively interact with behavioral health patients, understand social determinants, and respond to individuals in crisis (i.e., de-escalation techniques, responding to overdoses).
- **Medical Response Awareness:** Drivers should be prepared to contact medical services when necessary, especially for behavioral health crises or overdose emergencies.

These components collectively create a high-quality NEMT program that supports behavioral health patients in accessing necessary care while prioritizing their safety, dignity, and privacy.

Various stakeholders in the behavioral health setting may define quality differently. Specifically, the group discussed the following vantage points and their likely priorities:

- **Patients (e.g., postpartum behavioral health patients):** For patients, quality means safe and reliable transport that accommodates practical needs, such as car seats for children; quality means privacy; and quality means accessibility regardless of geographic location. Postpartum patients may also need transport that accommodates young children, making reliable communication with transportation providers essential to managing their care effectively.
- **Behavioral health providers:** Providers look for NEMT programs with smooth, reliable communication with patients and transportation providers. This ensures timely care continuity, which is crucial for behavioral health. Providers also prioritize services that handle crises safely and have drivers trained to understand and de-escalate behavioral health issues.
- **Payers (e.g., Medicaid/insurers):** Quality for payers includes cost-effective transport solutions that reduce no-show rates, improve health outcomes, and reduce maternal deaths. Key measures include reduced maternal mortality, fewer missed appointments, and improved postpartum health outcomes.

Breakout Discussions:

Behavioral Health-Specific Issues (Continued)

- Payers (e.g., Medicaid/insurers): Quality for payers includes cost-effective transport solutions that reduce no-show rates, improve health outcomes, and reduce maternal deaths. Key measures include reduced maternal mortality, fewer missed appointments, and improved postpartum health outcomes.
- Transportation providers: For transportation providers, quality is defined by maintaining a skilled and reliable workforce, ensuring that vehicles are equipped to meet diverse patient needs, from car seats to wheelchair accessibility, and delivering consistent service, even in rural areas. A robust network is essential to manage high demand, along with the inclusion of independent drivers to offer flexibility.

The group enumerated many specific barriers and challenges to achieving this level of quality:

- Technology and privacy: Implementing advanced communication systems to streamline services while protecting patient data can be challenging, both technically and legally.
- Funding and workforce shortages: Expanding driver networks, training staff, and ensuring service quality require significant financial investment, which is often constrained.
- Training consistency: High staff turnover makes it difficult to maintain consistent, behavioral health-specific training across all transportation providers.
- Geographical gaps: Persistent gaps in driver recruitment and rural service accessibility create disparities in care for patients in remote areas.
- Regulatory constraints: Medicaid and insurance limitations make it difficult to offer transportation options outside traditional NEMT systems.
- SDOH and health literacy: Addressing social determinants and varying levels of health literacy, especially for elderly or cognitively impaired patients, requires a multifaceted approach, often overwhelming current systems.
- Cognitive and mobility challenges: Many patients face barriers related to cognitive impairment, disability, or limited health literacy, which complicates their ability to access services, especially those relying on high-tech solutions like smartphone apps.
- Patients with children: Pregnant or postpartum patients, particularly those without social support, need transport options that allow them to bring children along.

Breakout Discussions:

Behavioral Health-Specific Issues (Continued)

Participants of the group generated the following ideas that could be part of the solution to delivering better NEMT services in the behavioral health setting:

- Improved communication systems: Streamlining communication between patients, providers, and transportation services with automated reminders, live status updates, and two-way communication channels can reduce missed appointments and ensure timely pickups.
- Expanding paratransit networks: Increasing paratransit options to accommodate patients with mobility or cognitive impairments would make health care facilities more accessible. These specialized vehicles are often equipped with wheelchair access and are staffed by trained drivers.
- Low-tech solutions for elderly patients: Providing phone-based reminders, community transport options, and other low-tech services can improve accessibility for elderly patients who may not be comfortable with digital tools.
- Increase in case workers: Employing more case workers can provide patients with more personalized assistance, helping to coordinate appointments and manage transportation communication, especially for complex behavioral health needs.
- Workforce expansion for roundtrips: Increasing driver recruitment, particularly for roundtrip routes, can reduce patient wait times and improve consistency in service.
- Behavioral health sensitivity training: Training transportation providers in behavioral health-specific skills, such as crisis management and clear communication, would improve interactions and support for patients with behavioral health needs.
- Community resource integration: Expanding transport options to include community-based resources (e.g., school buses, church vans) or volunteer drivers could improve accessibility, especially in rural areas, by offering timely and flexible transportation outside traditional Medicaid systems.

Breakout Discussions:

Rural-Specific Issues

During this breakout session, participants focused on the unique challenges and potential solutions for providing high-quality NEMT in rural settings. The discussion explored what NEMT would look like in these areas, including essential factors such as communication, reliability, and centralized support systems. Additionally, the group considered the perspectives of various stakeholders, specific barriers faced in rural locations and brainstormed potential improvements to enhance NEMT services. The session concluded with a selection of top ideas for implementation, including performance-based contracts and expanded reimbursement options for rural patients.

To define a high-quality NEMT program in this setting, the group outlined the following key aspects:

- High-quality NEMT in rural settings emphasizes excellent communication between transportation providers, health care providers, and patients, with reliable service as a central goal.
- Straightforward mechanisms for scheduling rides across all three Managed Care Organizations (MCOs) and MO HealthNet are essential.
- Rural-specific needs include customer service staff who are knowledgeable about the rural area being served, ensuring familiarity and responsiveness.

To explore the various stakeholders in this setting and understand what quality means for each, the group noted how quality can be measured from different perspectives:

- Patients: Patients prioritize reliable, easy-to-schedule transportation with clear communication, as well as accessible coverage and reimbursement options.
- Social workers and community health care workers: They seek efficient ride arrangements, reliable communication, and dependable pick-up services for medical appointments.
- Medical providers: Medical providers need consistent communication about transportation issues, such as no-shows, and value the ability to easily schedule and confirm rides.
- Workforce members (including drivers and call center staff): These members benefit from good pay, benefits, and a supportive training and recruitment structure.
- Transportation providers and Missouri's broker (i.e., MTM): Their focus is on workforce availability and morale, financial incentives, and the ability to meet demand across rural areas.
- MO HealthNet and the MCOs: They measure quality by the level of coverage reliability, cost-effectiveness, and patient satisfaction rates associated with NEMT.

Some barriers and challenges to achieving this level of quality include:

- There is often a lack of reliable communication between transport providers, health care providers, and patients, particularly when there are delays or staffing shortages.
- Rural areas face limited transportation availability, with services often only available on specific days, making it difficult to reschedule appointments.
- Limited internet access in rural areas complicates scheduling, confirmation, and notification processes for patients and providers.
- Burdensome gas mileage reimbursement processes can create delays and other hurdles for patients who lack internet access or are unfamiliar with online tools.
- Transportation provider call centers lack consistency in process, resulting in confusion and inefficiency for social workers and other facilitators arranging rides.

Breakout Discussions:

Rural-Specific Issues (Continued)

The group was tasked with brainstorming ideas that could be part of a solution to better NEMT in this setting. They suggested the following:

- Revise Medicaid contracts with transport providers to allow for a county-level, rurality-based approach to network access requirements.
- Streamline gas mileage reimbursement by allowing rural patients to submit all requests through a portal which would use geocoded pickup and drop-off addresses to generate the appropriate amount, regardless of mileage (i.e., eliminate the maximum mileage that can be requested in the MTM app) so that all reimbursements can be issued to a debit card instead of mailing a paper check.
- Encourage community volunteer involvement by expanding gas mileage reimbursement eligibility beyond friends and family members.
- Enhance driver and call center staff recruitment and retention with financial incentives and improved compensation packages in rural areas.
- Establish standby driver systems where possible to account for rural staffing shortages
- Implement a performance-based reward system for transport providers, with objective metrics like GPS timestamps, incentivizing prompt drop-offs to medical appointments and prompt pickups, particularly for hospital discharge patients.
- Embed financial and workforce incentives in state contracts to maintain high-quality services and boost driver recruitment and retention in rural areas.
- Open a centralized call center for Medicaid and the three MCOs using one phone number and standardized instructions to streamline the process for arranging rides.
- Train customer service staff in the specific rural areas they serve to improve familiarity and responsiveness.

Breakout Discussions:

Hospital Discharge and Emergency Room Use

In the context of hospital discharge and Emergency Room (ER) usage, a high-quality NEMT program emphasizes streamlined processes, clear standards, and appropriate accommodations. Such a program would address current inefficiencies by enhancing consistency, responsiveness, and patient-centered care. Achieving these aims would require attention to the following elements:

- Reducing the duration of the authorization process: Shortening the time needed to approve transports is essential to ensure prompt service for patients, especially those awaiting discharge. An efficient authorization process would alleviate delays that currently impact both patients and ER operations.
- Standardizing the rules: Presently, different regulations exist for Medicaid's Fee-for-Service (FFS) participants and for members of MCOs. Aligning these rules would minimize confusion, streamline scheduling, and improve coordination among providers.
- Addressing distance and vehicle limitations: A high-quality NEMT program would provide solutions for patients facing restrictions related to transport distance and vehicle availability, which currently limit access to necessary care.
- Providing psychiatric transport: Ensuring the availability of specialized vehicles and trained staff for psychiatric patient transport is essential to meeting the unique needs of this population, yet this remains a significant gap within the current NEMT structure.

Different stakeholders define NEMT quality from varying perspectives, with unique needs highlighted for each group:

- ER staff: Timely transport is critical to ensure beds are available for new patients, as delays in discharge create bottlenecks.
- Daytime schedulers: Schedulers need clarity and consistency in rules. The varying requirements between MCOs and FFS add an administrative burden, and they also need better vehicle availability.
- Patients: Patients care about ease of scheduling, timeliness, and being treated with respect. Holding a patient's hand or offering empathy during transport is as important as the actual service.
- Payers: Payers are concerned with network adequacy, ensuring enough vehicles and providers are available to meet demand, with accountability being a key issue.
- Nursing homes: Nursing homes rely on NEMT to transport patients back from hospitals promptly upon discharge, reducing avoidable extended hospital stays caused by transportation delays.

The key challenges are summarized below to achieving high-quality NEMT:

- Standardization of processes: The lack of uniform rules across MCOs and FFS structures create inconsistency, particularly in scheduling and eligibility requirements. Without standardized guidelines, schedulers and providers face administrative delays, which impacts the timeliness and reliability of patient transport.
- Third-party decision-making requirements: Because MCOs require MTM to obtain prior approval for EMS transportation services – due to reasons such as trip purpose, mileage restrictions, or other contractual requirements – EMS providers must obtain a specific trip number from MTM. This additional step introduces an extra layer of administrative processing, which can delay response times and postpone the initiation of transport for patients needing immediate care. Streamlining or automating this process for certain situations may help address these delays.

Breakout Discussions:

Hospital Discharge and Emergency Room Use (Continued)

- **Post-ride denials:** In the current system, transportation services can be denied post-ride, meaning providers face the risk of delivering a service that may later go uncompensated. This financial uncertainty can deter providers from accepting new NEMT contracts or expanding their services.
- **Inappropriate usage of services:** Some patients are transported using NEMT, including ambulances, for non-emergency situations due to health care providers inaccurately classifying such cases as requiring ambulance transport. This inappropriate usage further strains resources intended for essential medical transport. The system's lack of clear eligibility guidelines and enforcement exacerbates this issue.
- **Hospital financial burden:** Often, hospitals assume the costs of transportation for patients without coverage, representing an unrecognized expense. This financial responsibility, unaccounted for in Medicaid's budgeting, places a significant burden on hospital resources.
- **Delayed discharge notifications:** NEMT providers often receive discharge notifications too late, hindering their ability to respond promptly. Currently, the system allows for up to three hours to arrange transportation after a request, often resulting in significant delays that contribute to hospital bed shortages and hinder patient flow.

The following recommendations were discussed as potential strategies for improvement:

- **Staging vehicles near hospitals:** Positioning vehicles at or near hospitals would greatly reduce response times, especially for urgent discharges and psychiatric transport. By strategically locating vehicles, the program could better respond to unpredictable demands and reduce wait times.
- **Standardizing rules across payers:** Establishing uniform rules for Medicaid, MCOs, and other payers would bring consistency to the process. This alignment would ease the administrative burden on schedulers and ensure equitable and streamlined service delivery.
- **Testing a pilot for post-authorization:** Transitioning to a post-authorization system—where approval is granted after the ride rather than before—could accelerate response times for urgent cases. A pilot program could assess the efficacy of this approach in reducing delays and improving the flow of care.
- **Implementing quality metrics:** To enhance accountability and transparency, tracking quality metrics such as missed trips, call center response statistics, and timeliness would be invaluable. MTM already reports quality data to Medicaid; increasing the visibility and consistency of these metrics could help identify areas for improvement and build trust with stakeholders.

Breakout Discussions:

Value-Based Payment Policy Options for Transportation Services

During this breakout session, participants discussed policy options for improving Value-Based Payment (VBP) models in transportation services, with a focus on implementing straightforward metrics, addressing specific needs, enhancing data infrastructure, enforcing state standards, and considering rider experience. The discussion centered on creating a more equitable and effective VBP system that incentivizes quality and responsiveness across providers.

Principles of VBP for NEMT include:

- **Simple Metrics for Evaluation**

Participants emphasized the importance of implementing a single, simple measurement metric – such as “rides completed” – to track performance consistently across all stakeholders. This unified metric could serve as a primary accountability measure, ensuring that outcomes are easily monitored without the complexity of multiple, competing metrics. The selected measure would be linked to other measures focused on health care access. For example, holding MCOs accountable for patient outcomes like immunizations or preventive visits can create incentives for them to work closely with transportation services. This encourages MCOs to facilitate reliable ride completion, supporting health care access and patient outcomes.

- **Bonuses to Address Specific Needs**

The group proposed that bonus payments should be introduced to cover specific, unmet needs such as transportation for wheelchair-assisted patients, discharge-related transport, and rural area coverage. These bonuses would target areas inadequately covered under current payment structures, ensuring that providers can address unique challenges without compromising their ability to meet standard care requirements. Additionally, participants suggested that funding for these bonuses should come from separate allocations, i.e. they should be “upside only” incentives, rather than increasing existing payment withholds, enabling providers to pursue these incentives without sacrificing other essential services.

- **Improved Data Infrastructure**

A robust and shared data infrastructure was deemed crucial for identifying issues related to supply, demand, and situational challenges in transportation services. Participants recommended that bonuses be offered to providers who adopt standardized technology platforms or applications, facilitating data sharing and analysis. Enhanced data infrastructure would make it easier for stakeholders to pinpoint specific barriers and adjust strategies accordingly, improving service delivery.

- **State Standards for Transportation Providers**

The group discussed the need for the state’s contractual minimum standards for transportation providers to include new requirements for vehicles to use GPS systems and on-board cameras. Setting these standards at a state level would improve service quality by ensuring greater consistency and transparency, making it easier to meet quality metrics. These standards would also provide a foundation for identifying and addressing specific issues within the current transportation system, thereby enhancing overall reliability and safety.

- **Rider Experience**

Participants highlighted the importance of collecting data on rider experience to monitor provider quality. This data would offer insights into rider satisfaction and could be used as a basis for rewarding high-rated providers and excluding lower-rated providers from preferred networks. By steering patients towards higher-quality providers, this approach aims to improve patient outcomes and overall satisfaction with transportation services.

Specific recommendations included:

- Create a VBP program for NEMT that starts with a fair, realistic base payment that allows for high-quality service delivery.
- Provide extra payments for special populations as outlined in other sections, rather than linking performance to those areas of important service provision.
- Create incentives for meeting particularly high levels of performance on agreed-upon metrics such as proportion of rides completed or meeting a high level of rider experience.
- Create opportunities for the transportation broker to also use value-based payment (i.e. differential payment and bonuses) for its contracted companies and drivers to give them more levers with which to drive high-quality service provision.

In recent years, Missouri has made strides in addressing transportation barriers to health care by expanding its non-emergency medical transportation (NEMT) services under Medicaid. If these services are properly implemented and address key barriers such as reliability, coverage, and awareness, they have the potential to contribute to positive outcomes, including increased appointment attendance and improved treatment adherence, particularly for patients in rural and underserved areas.^{10,11} The NEMT program is an essential component of health care equity, as low-income individuals, especially those with mobility challenges or limited transportation options, can access necessary medical care. Despite these advances, several challenges remain. Unreliable transportation, frequent ride cancellations, and no-shows pose significant barriers to timely access to care, preventing patients from attending essential medical appointments. These challenges are particularly pronounced in rural areas, where limited transit infrastructure and insufficient service availability during off-peak hours exacerbate existing inequities. Additionally, systemic inequities such as persistent provider shortages and rising health care costs further hinder the effective delivery of NEMT services. Panelists highlighted that addressing these challenges will require robust policy interventions, sustained financial investment, and targeted funding to improve service quality and ensure long-term sustainability of NEMT programs.

Event attendees provided numerous examples of specific changes that could improve overall quality, as measured from the varied lenses of patients, medical providers, transportation providers, and other stakeholders. Some of these could potentially be accomplished through amendments to the state's NEMT contract or to its MCO contracts, such as:

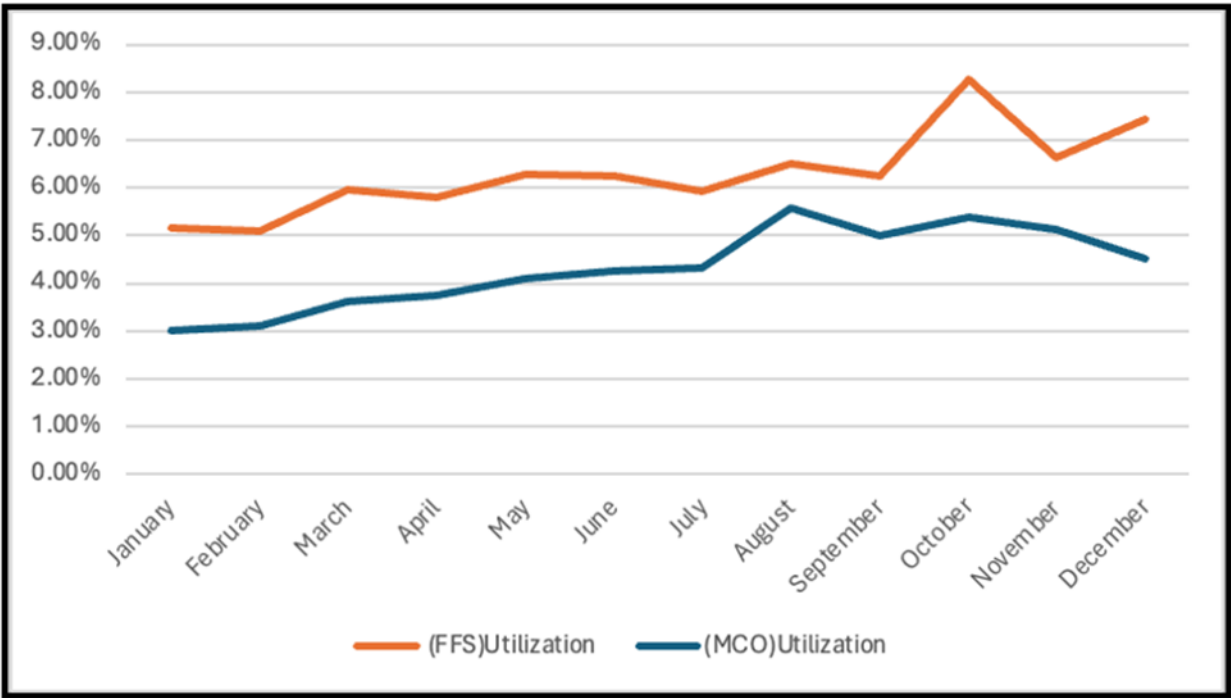
1. Requiring improvements to the existing platform for scheduling and dispatching transport that would streamline user experience and provide real-time updates
2. Creating a streamlined process to ingest complaints
3. Requiring additional training related to special populations

However, fundamental changes to the quality of NEMT services, measured by a true, unbiased performance measure, will likely require new payment strategies. Recognizing that high-quality services – in any industry, for any population – tend to cost more, MO HealthNet should work to design a true value-based payment strategy that rewards performance for NEMT services delivered to their vulnerable populations. Performance standards must further be stratified by geography and by type of patient and need to ensure that as incentives are earned, disparities are narrowing rather than widening. In an environment where MTM and its transportation providers can earn additional payment through achievement of excellent on-time ride completion rates, there would be resources available to fund some of the creative ideas articulated by event attendees. For example, staging vehicles is costly because of the higher percentage of downtime, but this strategy is effective and would contribute to earning incentive dollars. Recruiting and retaining high-quality drivers can be challenging, but incentive dollars can fund programs to help with retention or to pay drivers more for quality work.

Moreover, MO HealthNet and the MCOs should step back to assess the larger VBP picture with respect to NEMT: spending more on quality services may potentially reduce the total cost of care. If this can be demonstrated, it creates a stronger case to continue and expand any VBP efforts the state might initiate in the near term. This would allow Missouri to build on incremental improvements to create transformative change. By addressing the challenges discussed at this event through continued collaboration and innovation, Missouri can create a more sustainable and responsive transportation system that contributes to broader goals of health equity and improved health care access.

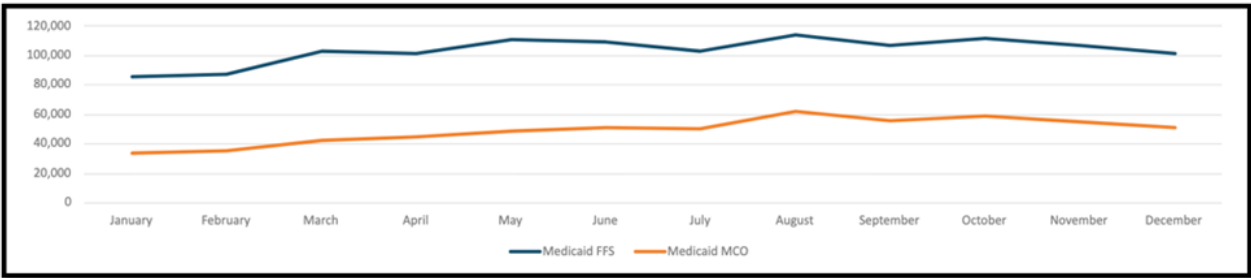
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NEMT Utilization Rates by Month (FFS and MCO) SFY 2023

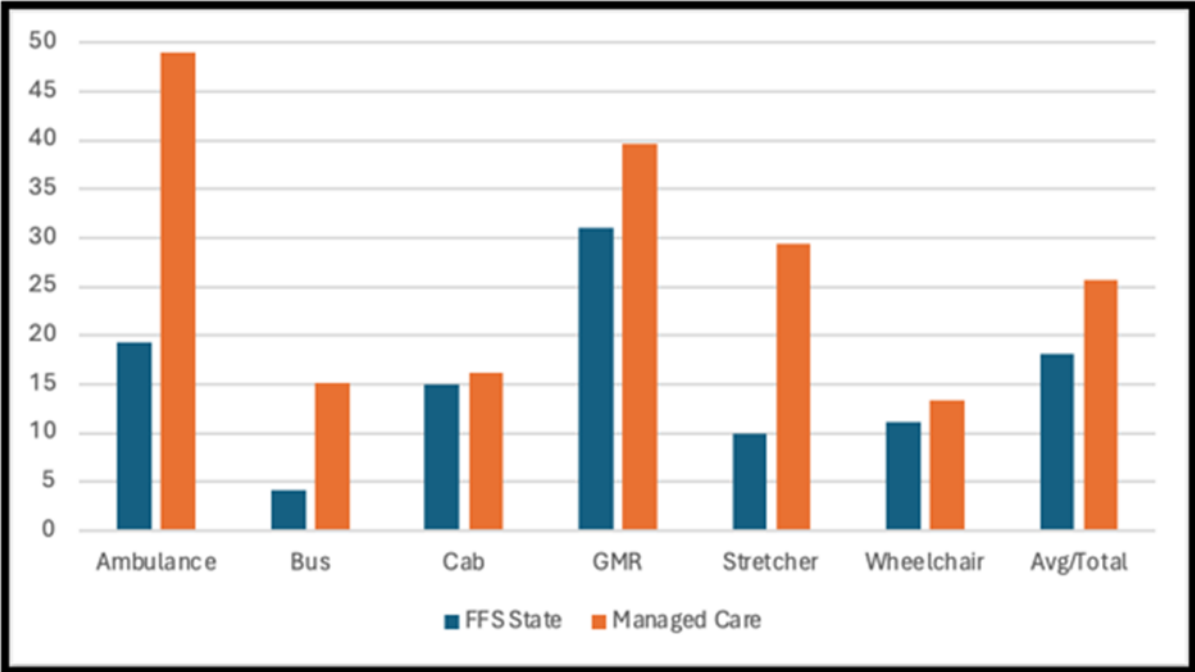


Utilization rates calculated as unique NEMT users in a month divided by eligible enrollees

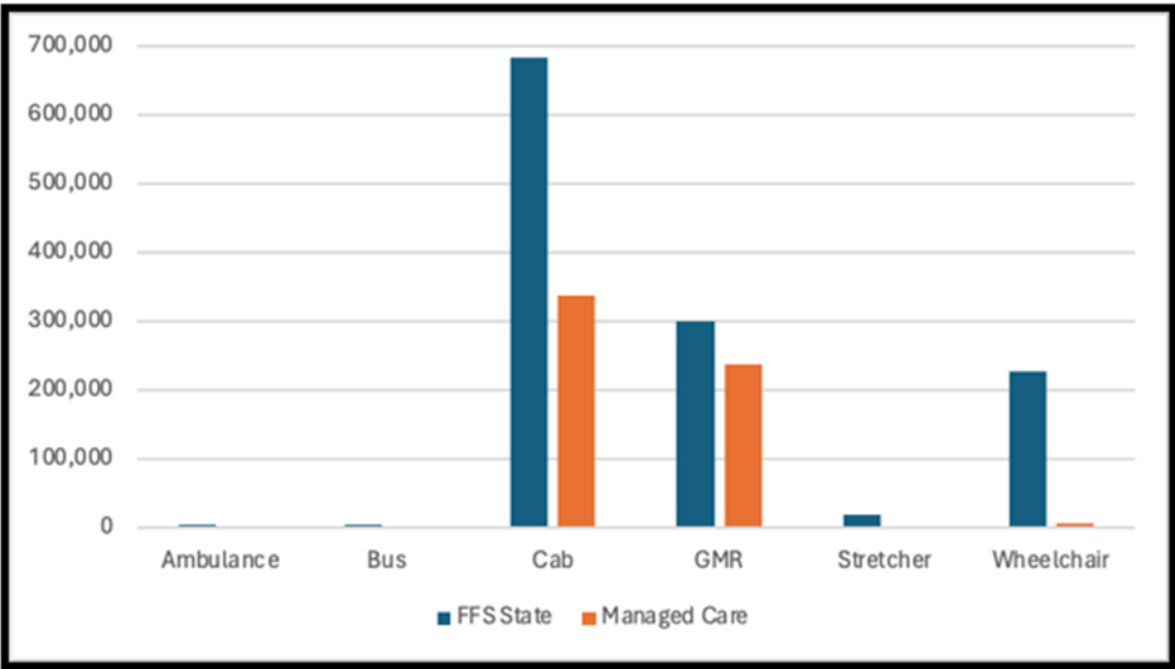
Trips Completed by Months (FFS and MCO), SFY 2023



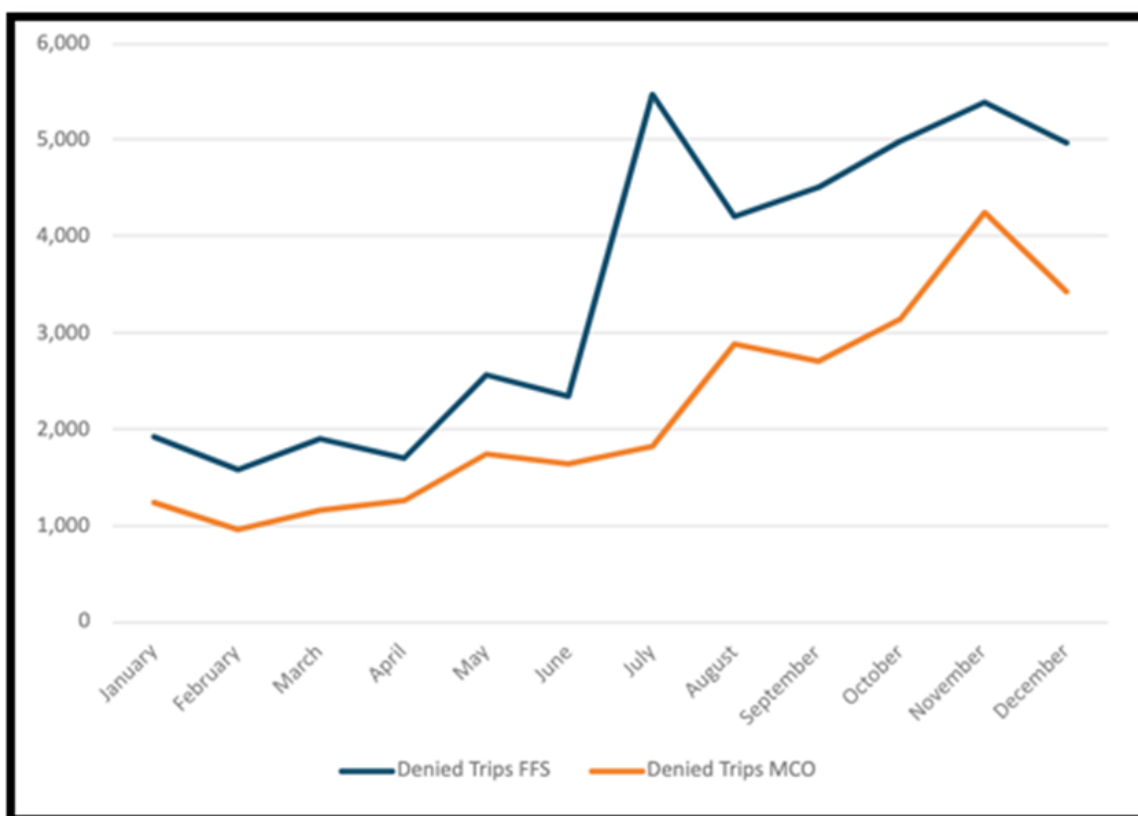
Miles Per Trip (FFS and MCO) SFY 2023



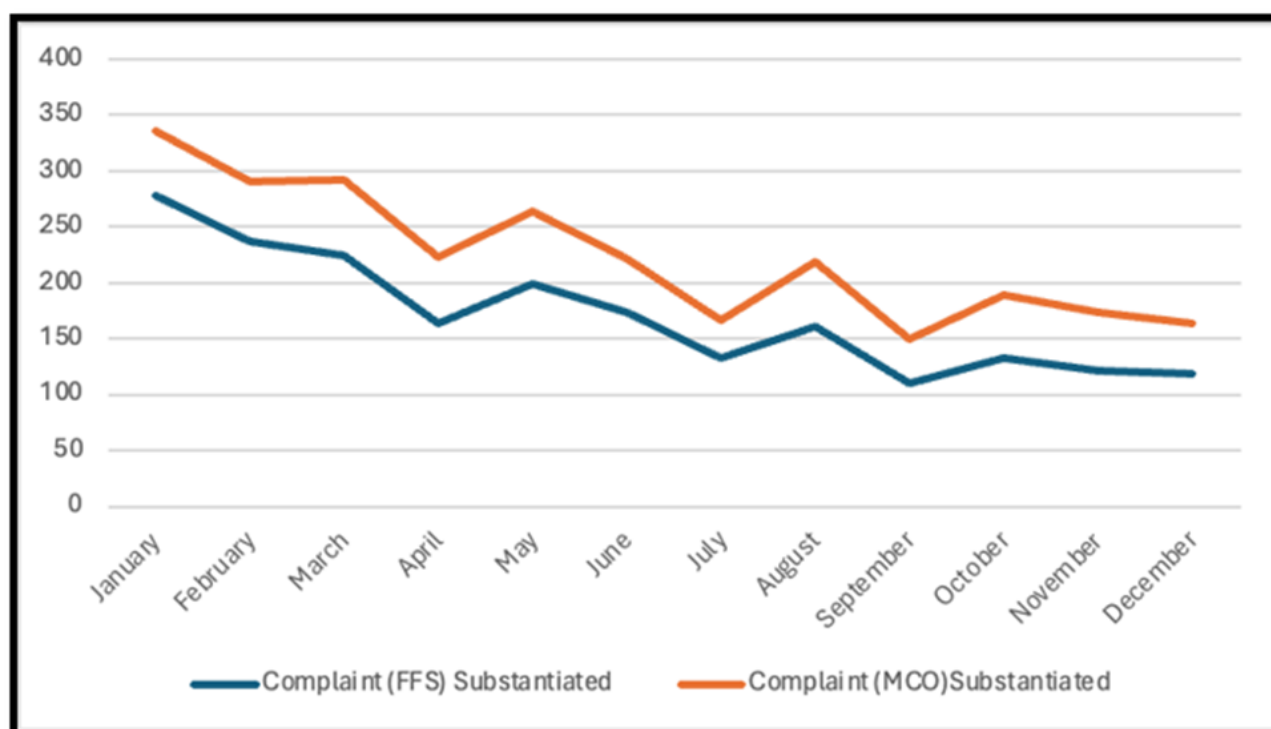
Trips by Mode (FFS and MCO) SFY 2023



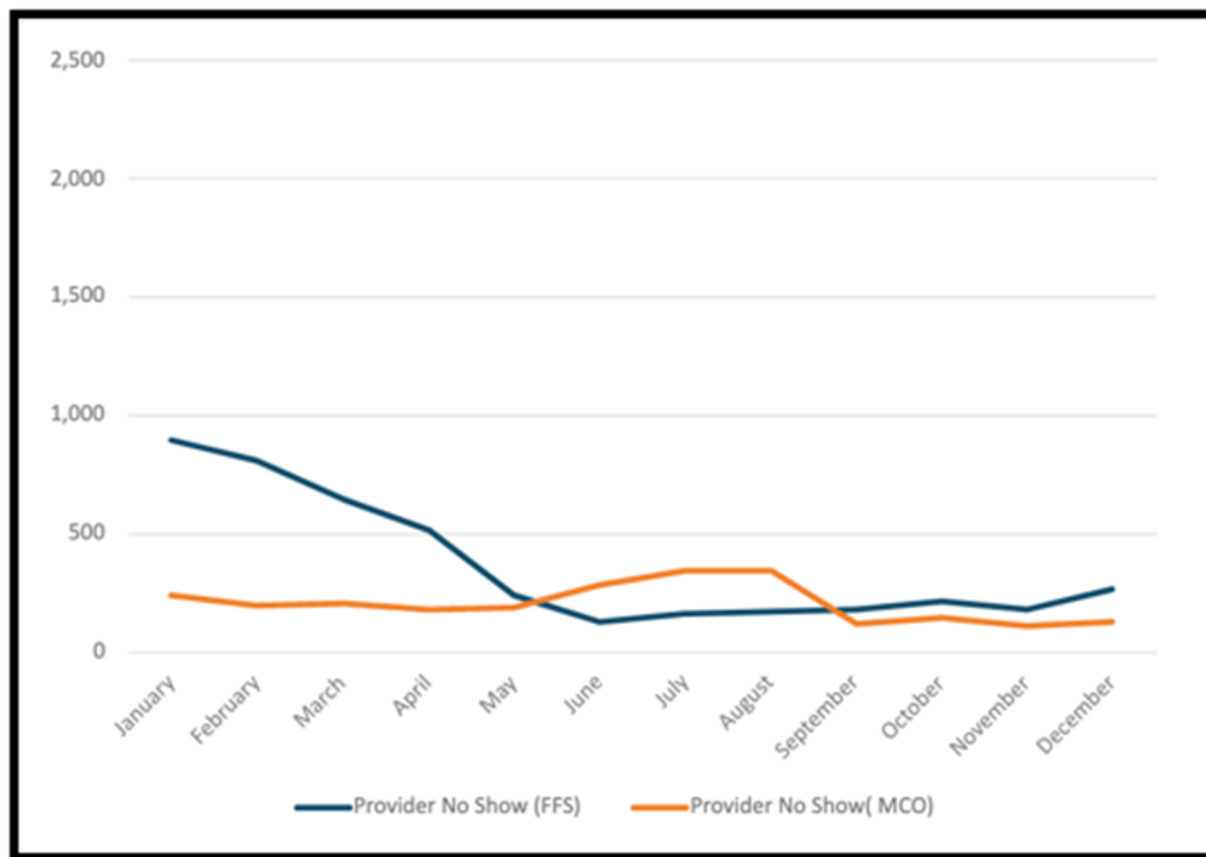
Denied Trips by Month (FFS and MCO), SFY 2023



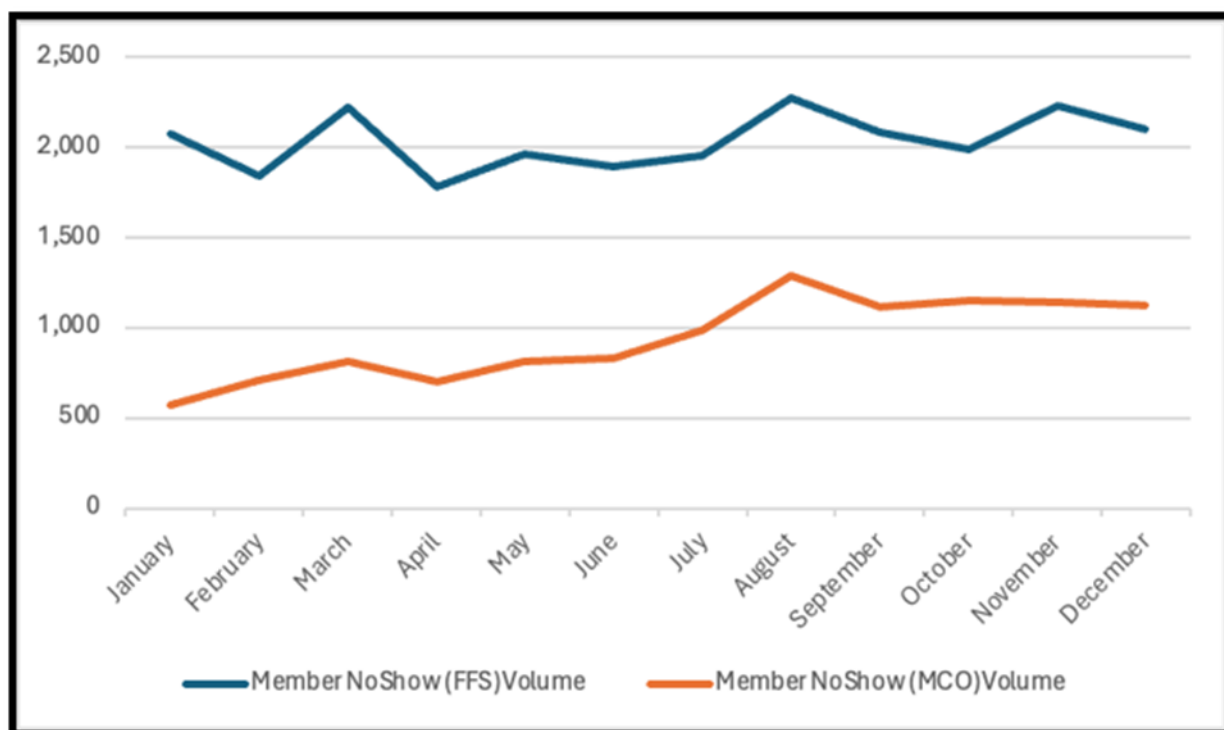
Substantiated Complaints by Month (FFS and MCO), SFY 2023

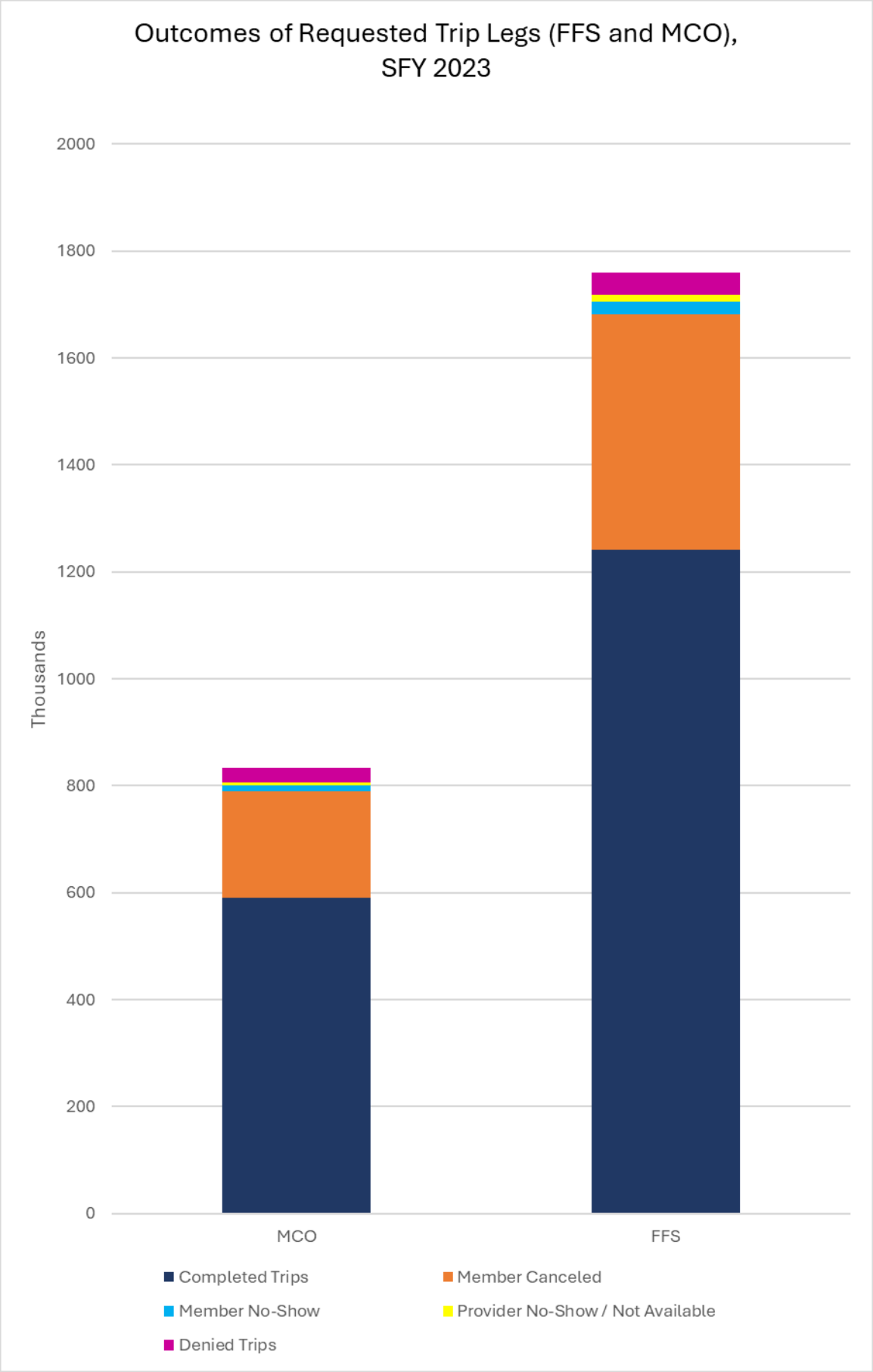


Provider No Show Volume by Month, SFY 2023



Member No-Show Volume by Month, SFY 2023







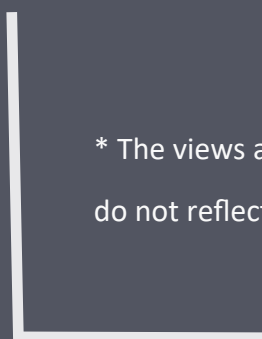
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* The views and opinions expressed in this white paper are those of the authors and do not reflect the official policy or position of WashU.