TEXAS' NON-EMERGENCY MEDICAL TRANSPORTATION BENEFIT

Utilization and Barriers to Use

March 2025

Texas' Non-Emergency Transportation Medical Benefit: Utilization and Barriers to Use

"It is important to recognize that the population being served by the NEMT program - low income patients who have complex medical needs and limited literacy capacity - are fragile and need extra care and support to navigate the many steps of the Non-Emergency Medical Transportation system."

– Nonprofit paratransit service provider

Executive Summary

Timely, consistent access to care is recognized as a key driver of health. Patients who can obtain preventive care, attend scheduled medical appointments, comply with treatment plans, and access other contributors to health - such as fresh, nutritious food - have better health outcomes.

However, many patients do not have access to convenient, reliable transportation. This includes having no or limited access to a vehicle; inadequate public transportation infrastructure; time and distance to needed services; and transportation costs.[1] Unfortunately, without reliable transportation, many people requiring health care will delay seeking it: A 2023 study found that one in five U.S. adults who don't have access to a vehicle or public transit forgo needed medical attention.[2] Other studies have determined that among those who delayed care, patients who are poor and suffering from chronic conditions experience disproportionately negative impacts on their health.[3]

The federal Medicaid program has long recognized the critical role of transportation to improving access to healthcare through the Non-Emergency Medical Transportation (NEMT) benefit. The NEMT benefit today, which is administered in Texas by state-contracted Medicaid Managed Care Organizations (MCOs) that contract with transportation brokers to deliver the service, is a medical assistance service in its own right, offering Medicaid beneficiaries significantly enhanced access to transportation to non-emergency doctor's appointments, pharmacies, and other medical services through various transportation methods. Modes of transportation offered by NEMT include vans and wheelchair vans, mass transit, individual mileage reimbursement, and commercial airlines.

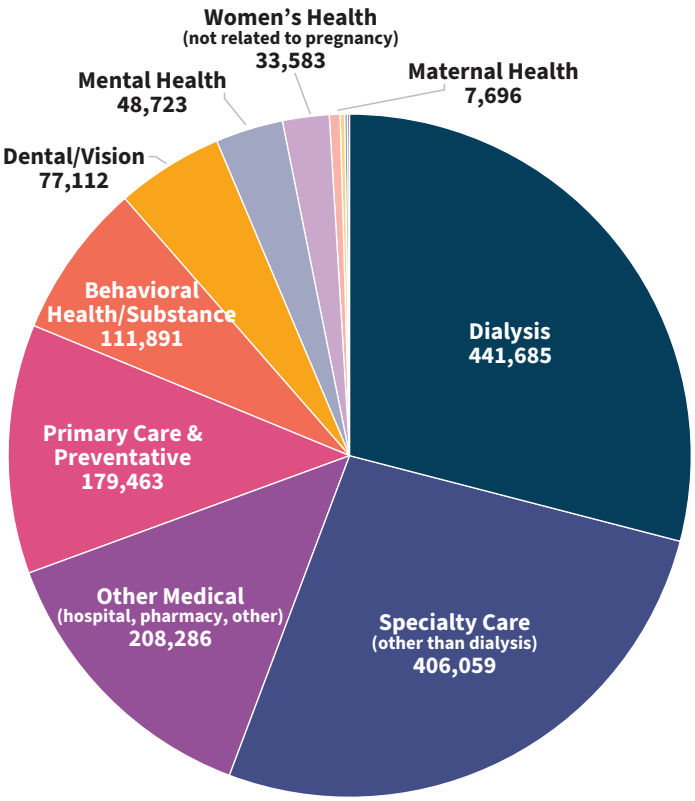
Despite the fact that access to transportation is often cited as a barrier to care, utilization of the available NEMT benefit is low. A recent national study found that only 4-5% of Medicaid beneficiaries use NEMT services each year.[4] Based on an analysis of NEMT trip data described in the study findings reported here, in Texas, 2.3% of Medicaid beneficiaries utilized the NEMT services in state fiscal year (FY) 2023 - the most recent year for which a full year of NEMT trip data is available.[5]

Overall, utilization of NEMT benefits within the study area is low, as only about 23 of every 1,000 people enrolled in Medicaid utilized the benefit in FY23. While lower than the national sample, the Texas utilization rate has been increasing slowly each year since the start of the new "carve-in" model implemented in 2021. It is possible that the utilization rate will continue to increase as MCOs strengthen their NEMT programs and stakeholders align their efforts with the carve-in model.

Consistent with national studies, utilization of the NEMT benefit in Texas over the past several years has been driven primarily by Medicaid STAR+PLUS beneficiaries: adults with disabilities, people aged 65 or older, and women with breast or cervical cancer. NEMT trips by Medicaid STAR+PLUS beneficiaries represented 78% of all NEMT trips from June 2021 through May 2024.

Given that the NEMT benefit is used mainly by Medicaid members with chronic illnesses, it is no surprise that the majority (56%) of NEMT rides were used to get to dialysis and other specialty care appointments. Other than for these purposes, 26% of trips were used to get to general medical services that include primary and preventative care (12%), pharmacy (8%), and hospital and general medical care (6%).

ALL TRIP DESTINATIONS FROM JUNE 2021 THROUGH MAY 2024



"High utilizers have realized they have to do things on a repeated basis, so they sought solutions and built [the NEMT scheduling process] into their routine. For less [frequent users], they may be more likely to mess up on the [NEMT] call or call too late."
–MCO NEMT Program Leader

Why is Utilization Low? Barriers to Use

"The first experience [using the NEMT benefit] is really important. If the first experience is bad, it is hard to get the beneficiary to use it again. Once they know an easier option is available, it's hard to get them to go back to a cheaper or more complicated option."
– FQHC CHW navigator

To understand Medicaid members' experience in using the NEMT benefit, interviews and focus groups were held with different stakeholders, including staff leaders of MCO NEMT programs, Medicaid beneficiaries, community health workers (CHWs) who work with Medicaid beneficiaries, transportation providers, and healthcare providers including staff in hospitals, community health centers, and representatives of private physician organizations in Texas.

Findings from the interviews and focus groups found that some beneficiaries were aware of the NEMT benefit, had used it, and expressed appreciation for the service. For these beneficiaries, securing a ride to their medical appointments when they had no other option often made them feel relieved and assured, reduced their stress and blood pressure levels, and helped them adhere to their prescriptions and treatment plans.

However, among the others interviewed, a number of barriers or challenges related to the NEMT benefit were noted:

- ***Limited awareness about the benefit among beneficiaries***
  There is broad consensus among NEMT stakeholders that beneficiaries lack awareness of the benefit. Although MCOs educate every member about NEMT upon enrollment and may provide periodic reminders during the membership period, it appears that these efforts are not consistently effective. More often, beneficiaries might be generally aware of the transportation benefit but do not know enough about how to use it, leaving them hesitant or unprepared to use the system.

- ***Alternative transportation options***
  There are several alternative transportation supports available to Medicaid beneficiaries that may be reducing participation in the NEMT program. While these options are not paid for by Medicaid and the member may bear the cost of the transport, they can be easier to use. These alternatives include: using already familiar services and supports (such as family and friends) that the

beneficiary can arrange and pay for on their own, public transportation that they can arrange and pay for on their own, transportation programs offered by their healthcare providers, and transportation supports offered by nonprofit organizations that serve unique populations.

- ***Beneficiaries' hesitancy to utilize the NEMT system***
  Health and transportation service providers indicated that some patients hesitate to use the NEMT benefit because of concerns about how to navigate the NEMT enrollment and scheduling system. The primary source of reluctance was due to digital literacy constraints, language barriers, or uncertainty about ride requirements.

- ***Beneficiaries' experience with drivers***
  The NEMT driver can be a powerful influence on a beneficiary's perceptions of the NEMT benefit. While some beneficiaries have positive experiences with their NEMT driver - so much so that they will ask to be assigned that driver every time - others described negative experiences that made use of the NEMT system unappealing. Among those citing a bad driver experience, the most frequent criticism was the timeliness of the ride and the overall time required for a health appointment trip.

  A review of trip data found that 32% of members served between June 2021 and May 2024 experienced at least one trip that arrived too early or too late for their pick-up appointment. Although there are requirements about NEMT drivers' timely arrival and drop off,[6] in practice drivers are often multi-loading (taking more than one beneficiary on a single trip) or trying to maximize the number of trips in a day, which extends travel time for beneficiaries.

Overall, the analysis of trip data found that in FY23, 62% of NEMT users were low utilizers who used the NEMT benefit for 10 trips or less. This includes the 30% who used the benefit only once or twice. Based on what was learned in the interviews and focus groups with beneficiaries and CHWs, it is possible that hesitancy in using the system and scheduling rides combined with poor experiences with drivers is causing some beneficiaries to stop utilizing the NEMT system after an initial trial.

Conclusions and Recommendations

Findings from this study suggest a number of opportunities to increase NEMT utilization in the state.

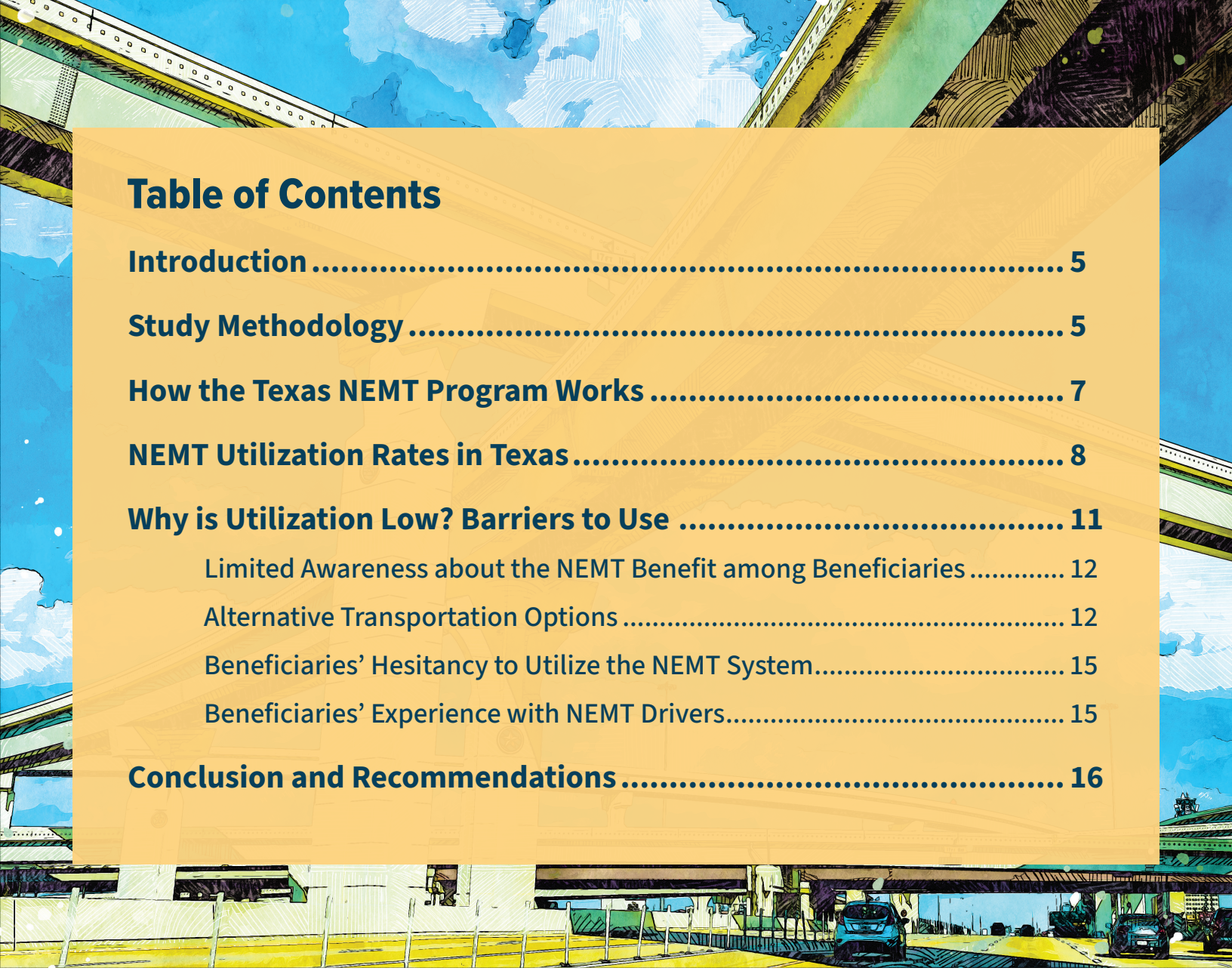
MCOs can

- Identify opportunities to increase awareness among members about the NEMT benefit, including texting strategies, a public education campaign, and the development of member-facing materials that describe the benefit and system processes in plain language.
- Explore ways of making enrollment and ride scheduling more accessible to people with language and literacy barriers, both through the call center and proprietary ride apps.
- Partner with healthcare providers (hospitals, community clinics, and private providers) to increase NEMT utilization. Recognizing the success some healthcare providers have had by providing patients with navigation supports, consider what steps can be taken at the time of scheduling a medical appointment to help Medicaid beneficiaries enroll in the NEMT system and learn to schedule rides.
- Evaluate the potential benefit of a single 1-800 number to make it easier for beneficiaries and their advocates to navigate the different MCO systems.
- Continue to expand network capacity to ensure timeliness of rides.
- As plans for Value-Added Services (VAS) are being developed, work to incorporate the benefit into the NEMT trip so that beneficiaries can utilize the VAS benefit at the same time as the NEMT benefit to diminish time spent scheduling rides.

Texas Health and Human Services Commission can

- Relax Texas' more strict regulations regarding enrollment requirements for Individual Transportation Participants (ITPs) seeking to secure mileage reimbursements.[7]
- Explore removing the cap on members that can be transported in the ITP-Other category. This approach could help keep costs lower and support network adequacy during peak demand.

> "We expect our transportation utilization to get better because now it is being arranged through a CHW, which is face-to-face and the CHW can speak to people on their level. It's about the personal interaction."
> – Hospital stakeholder



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TEXAS' NON-EMERGENCY MEDICAL TRANSPORTATION BENEFIT

Utilization and Barriers to Use

Introduction

The absence of reliable transportation is frequently cited by patients as a barrier to accessing health care. Issues relating to accessing reliable transportation can include no/limited access to a vehicle; inadequate public transportation infrastructure; time and distance to needed services; and transportation costs.[8] Unfortunately, without reliable transportation, many people requiring health care will delay seeking it: A 2023 study found that one in five U.S. adults who don't have access to a vehicle or public transit forgo needed medical attention.[9] Other studies have determined that among those who delayed care, patients who are poor and suffering from chronic conditions experience disproportionately negative impacts on their health.[10]

The federal Medicaid program has long recognized the critical role of transportation in increasing access to healthcare through the Non-Emergency Medical Transportation (NEMT) benefit.[11] In 1965, when Medicaid was signed into law, states were required to provide transportation options to Medicaid beneficiaries to get to and from medical service providers. In 1974, in response to a class action lawsuit, states became directly responsible for providing patients with transportation to/from medical appointments, making it compulsory for state agencies to ensure necessary transportation for beneficiaries.[12] In 2020, Congress clarified the statutory requirement for "assurance of transportation" by adding the requirement for states to add NEMT to the Social Security Act through the Consolidated Appropriations Act of 2021 (P.L. 116-260).[13] While states are required to articulate how they will provide the transportation benefit,[14] they have latitude around eligibility and the models for delivery and reimbursement.

Initially a basic element of the Medicaid program, NEMT today has become a medical assistance service in its own right,[15] offering beneficiaries significantly enhanced access to non-emergency doctor's appointments, pharmacies, and other medical services through various transportation methods.[16] State Medicaid agencies also have the option to address other non-medical drivers of health (NMDOH) by offering beneficiaries transportation services to additional locations such as WIC and Social Security offices, health classes, and/or places of employment, referred to as Value-Added Services (VAS), at their own expense.[17] As of 2024, 14 of the 16 Medicaid Managed Care Organizations (MCOs) operating in Texas offer transportation to VAS locations. (See Appendix I for a chart of MCOs and the transportation Value Added Services they offer.)

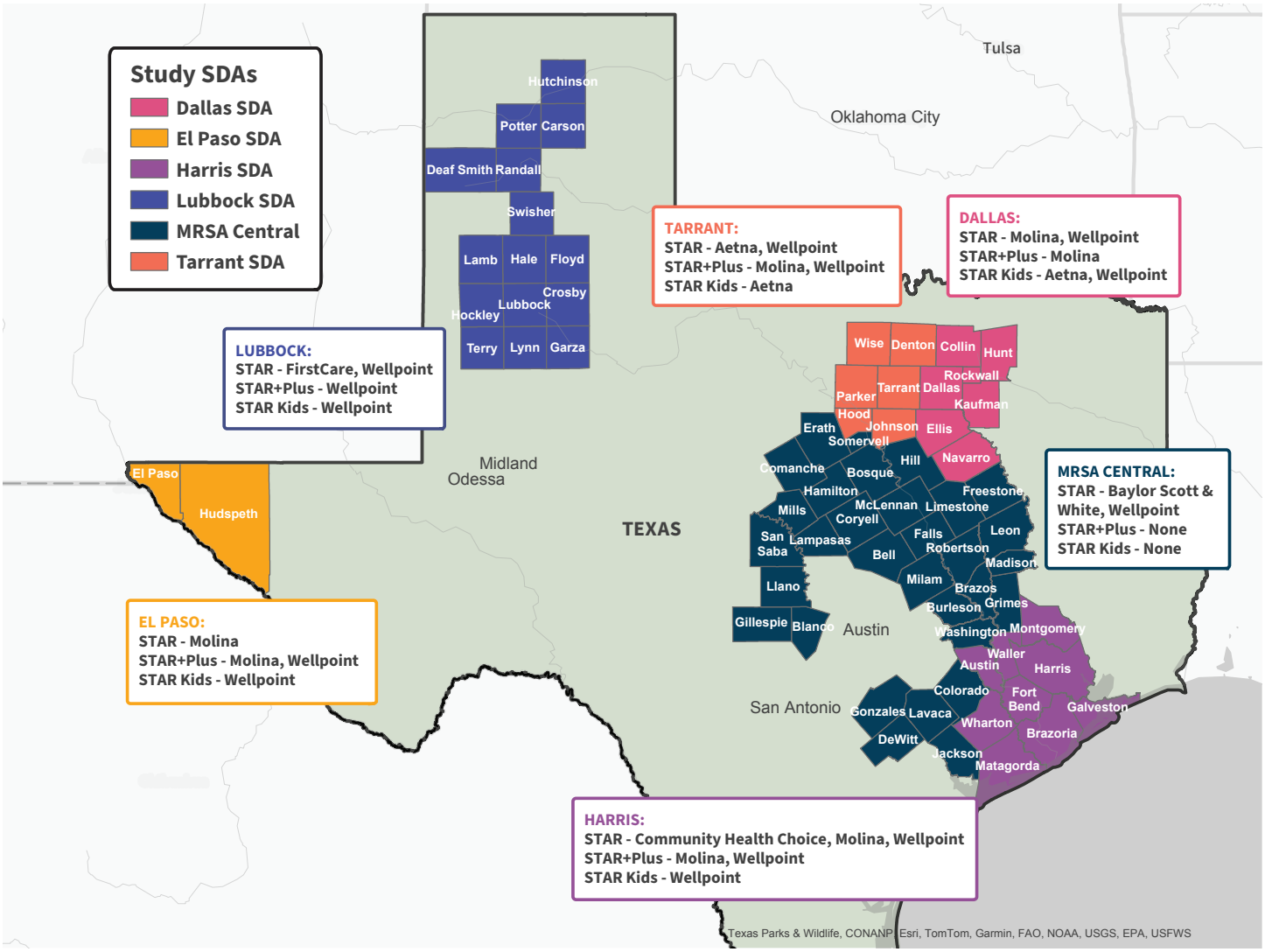
Although Medicaid beneficiaries cite access to transportation as a barrier to care,[18] utilization of the NEMT benefit is low. A recent national study found that only 4-5% of Medicaid beneficiaries use NEMT services each year.[19] The study described in this report was commissioned to understand current levels of NEMT utilization in Texas and identify barriers Texas Medicaid members face in accessing the benefit.

Study Methodology

The purpose of the study emerged from work being conducted by the Texas MCO NMDOH Learning Collaborative. Accordingly, the study was guided by participants of the Learning Collaborative, including Laurie Vanhoose, principal of Treaty Oak Strategies and facilitator of the MCO NMDOH Learning Collaborative, and Shao-Chee Sim, Executive Vice President of Health Policy, Research, and Strategic Partnerships at Episcopal Health Foundation. Additionally, representatives from MTM,[20] the nation's largest privately-held transportation broker that operates NEMT services for 10 of the 16 Texas Medicaid MCOs, supported the research.

The study included an analysis of NEMT utilization data and findings from interviews and focus groups that sought to understand the experience of various stakeholders with the NEMT program. To achieve a representative sample of the NEMT experience and utilization across the state, the study focused on six NEMT Service Delivery Areas (SDAs) that encompass a mix of urban, suburban and rural communities including Dallas, El Paso, Harris, Lubbock, MRSA Central and Tarrant (collectively, the Study Area), see Figure 1.

FIGURE 1: SERVICE AREAS INCLUDED IN THE STUDY – MAY 2024



For the analysis of NEMT utilization, MTM/Access2Care provided data on all NEMT trips taken in the Study Area between June 2021 and May 2024.[21] This encompassed trips provided by six MCOs that serve Medicaid members in the Study Area: Aetna, Community Health Choice, FirstCare, Molina, Baylor Scott and White, and Wellpoint. Although the data presented in this report reflects only trips provided by these MCOs in the Study Area, given the volume of trip data, the MCOs selected for inclusion, and the mix of Medicaid programs and plans included, the findings are generalizable to the state.

To enable comparisons to state Medicaid enrollment data and to calculate a utilization rate, the data was analyzed based on the state fiscal year (FY), which runs from September 1 through August 31. [Note: As the available utilization data does not align exactly with the state fiscal year, the analysis for FY21 and FY24 does not reflect a full year's worth of data. FY21 includes data for only three months (June 1, 2021 through August 31, 2021) and FY24 includes data for nine months (September 1, 2023 through May 31, 2024).] Utilization was calculated by dividing the number of unique members served with NEMT services by the total number of Medicaid enrollees and presented as a rate (unique members served per 1,000 individuals enrolled). The utilization rate was calculated by state fiscal year, by MCO, by Medicaid Plan/Program, and by SDA, and comparison analyses were conducted to identify differences between groups.

One goal for this study was to understand NEMT use among pregnant women. However it was not possible to effectively identify pregnant women due to limited descriptive and demographic information about users of NEMT in the data set. The only demographic information provided was the member's age. Therefore, identification of specific high-risk populations (e.g., pregnant women and individuals with disabilities) required the use of selected trip reasons as a proxy for identifying these populations. This approach has significant shortcomings. The process for scheduling a trip and data collection relies heavily on beneficiaries self-reporting the trip reason when they request a ride. For example, if a beneficiary does not self-disclose that the trip is for a prenatal appointment, the trip may be logged as a primary care visit and would not serve to correctly identify the patient as a pregnant woman. Additional description of the data analysis is available in Appendix 2.

For the qualitative data collection, a total of 76 NEMT stakeholders participated in interviews and focus groups, including:

- Managed Care Organizations. The study team met with directors of the respective NEMT programs at five of the six MCOs that serve the Study Area: Aetna, Community Health Choice, FirstCare, Molina, and Baylor Scott and White. Together these MCOs offered a representative mix of Medicaid STAR and STAR+PLUS plans.
- Medicaid beneficiaries and community health workers that support Medicaid beneficiaries. The interviews and focus groups explored the experience of adults using the NEMT benefit, in particular, pregnant women and individuals with disabilities. A total of 28 Medicaid beneficiaries and 11 CHWs within the six Medicaid SDAs were engaged in the study.[22] It should be noted that interviews with CHWs were highly informative, as these staff members were often responsible for helping beneficiaries to access transportation supports. Their feedback was clearly targeted to the NEMT benefit, and they were able to identify issues representative of the experience of many beneficiaries.
- Healthcare providers. Twenty-two (22) healthcare providers in the Study Area were interviewed, encompassing Federally Qualified Health Centers (FQHCs), hospitals, hospital clinics, private physicians, and health-related nonprofits.
- Private and public transportation providers. Four transportation providers and one transportation broker serving the Study Area participated.
- Leaders of NEMT programs in five states – Arizona, Florida, North Carolina, Tennessee and Virginia – were interviewed.

How the Texas NEMT Program Works

Generally, states use one of three delivery models to provide the NEMT service, including (1) administrating the benefit directly "in-house", (2) carving the benefit into managed care arrangements (referred to as "carve-in"), or (3) contracting with a transportation broker on either a fee-for-service or a capitated basis.[23] Prior to state legislation passing in 2021, Texas provided NEMT services by contracting with regional transportation brokers. In 2021, the state adopted the "carve-in" model, which moved responsibility for the administration and coordination of the NEMT benefit into managed care, whereby state-contracted Medicaid MCOs contract with transportation brokers to deliver the service. The change was meant to strengthen continuity of care, reduce administrative burden at Texas Health and Human Services Commission (HHSC), increase NEMT utilization, lower costs, and incentivize good performance.[24]

Based on feedback from the interviews with NEMT stakeholders, the carve-in was perceived as being implemented relatively quickly, and the transition caused some confusion, frustration, and administrative burden for Medicaid members, transportation providers, and healthcare providers. For example, frequent NEMT users had grown accustomed to working with local regional providers, and the change resulted in some having to find a new transportation service and adjust to new enrollment and scheduling processes. Transportation providers - such as the local drivers who contract with the transportation brokers - had to navigate new contracts and requirements for each transportation broker, which made participation unfeasible for some smaller companies and rural transportation agencies.

These challenges mirror pain points in the carve-in transition undertaken in peer states. For example, some Florida members lost the ability to use familiar, trusted drivers; in North Carolina, where county offices had been a one-stop-shop for transportation, members had to adjust to a national company call center. Over time, Medicaid agencies in both states have made efforts to ensure that member engagement remains strong and that feedback loops include local stakeholder voices.

> In Texas, the various stakeholder groups are adjusting to the carve-in, and MCOs and their transportation brokers are working to strengthen NEMT operations and implement strong member communication campaigns.

Under the carve-in model, the contracted transportation brokers create systems for trip intake, scheduling, assignment and fulfillment that balance service quality and cost efficiency, while staying compliant with HHSC requirements outlined in the Uniform Medicaid Managed Care Contract and the Uniform Medicaid Managed Care Manual. While specific operational processes may vary from broker to broker, the process for securing an NEMT ride and the core requirements that MCOs must follow are as follows:

- Medicaid health plans are required to educate new members about their benefits. During this process, the MCO provides information about covered services included in the new member packet, including how to access the NEMT benefit. Often Medicaid beneficiaries are provided with a 1-800 number (and potentially, access to an app) that they can use to enroll and to schedule NEMT rides.

- When the beneficiary calls the 1-800 number (or uses the app) to schedule a ride, eligibility for the ride will be verified. If they are eligible, the trip will be scheduled. Texas' NEMT program requires that transportation be scheduled at least 48 hours in advance of the health appointment for which the ride is needed. Rides can be scheduled with less than a 48-hour notice if they involve obtaining pharmacy services and prescription drugs, receipt of urgent care, or a hospital discharge.

- Modes of transportation covered by NEMT include vans and wheelchair vans, mass transit, individual mileage reimbursement and commercial airlines. When assigning the mode of transportation to a ride, the MCO must follow HHSC rules which mandate consideration of factors such as cost-effectiveness, distance from the pickup address to the nearest transit stop, weather, and issues related to the health, age, and/or condition of the beneficiary. Public transportation is the mandatory mode if both the member's home and the destination are within ¼ mile of a bus stop. Mileage reimbursement is the mandatory mode if the member has a car that they can drive themselves or someone who can drive them. When assigning other modes of transportation, considerations include the trip drivers' distance to the pickup point, vehicle capacity, and zip code coverage.

  MCOs and their brokers are expected to maintain an adequate network of transportation providers. To support development of a strong network, recent policy changes have expanded the availability of drivers. For example, in 2019, a bill was passed that allowed rideshare companies such as Uber and Lyft (called Transportation Network Companies (TNCs)) to be added to NEMT transportation networks and be reimbursed for NEMT rides by Medicaid.[25] Unlike other NEMT transportation providers that must meet requirements on how to maintain trip logs, verify trips, train drivers, conduct regular vehicle inspection, and more,[26] TNCs operate under the more relaxed standards of the Texas Department of Licensing and Regulation. As a result, rideshare drivers interact with NEMT-related rides much as they would regular rides.

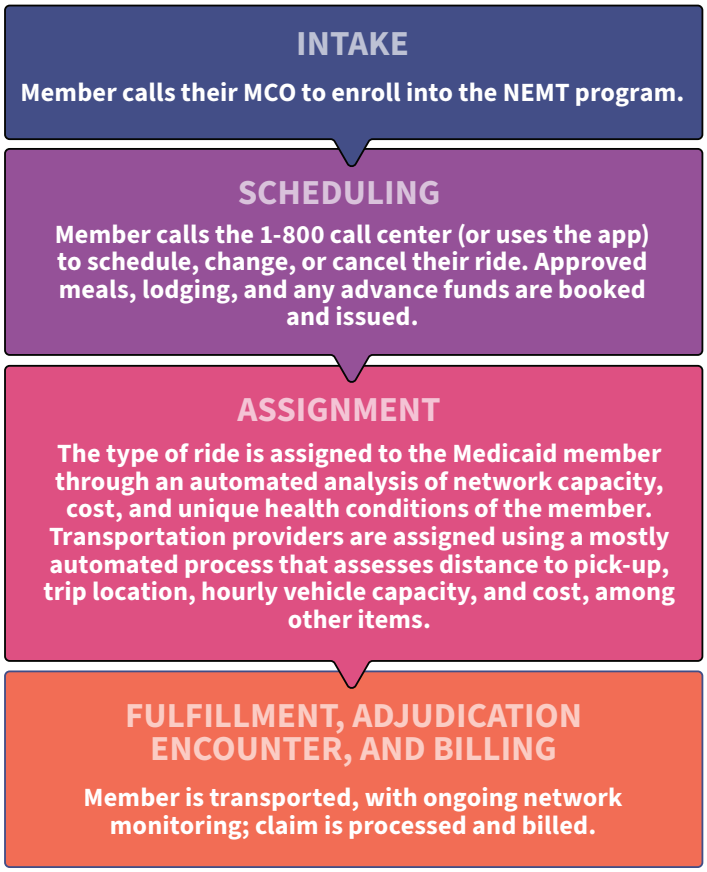
- One day (24 hours) in advance of the ride, the transporation broker is to call the Medicaid beneficiary to confirm the ride.

- At the appointed time, the NEMT driver will pick up and transport the beneficiary to their destination.

- Upon the conclusion of the trip, the driver will submit trip data to the broker to process their claim.

HHSC regulations include other requirements to assure quality services. For example, there are limits on how early or late members can be picked up and dropped off to appointments. When transportation is more than 30 minutes late, MCOs or their brokers are required to arrange a backup ride. Figure 2 below illustrates the steps Medicaid beneficiaries use to access MTM/Access2Care's NEMT program.

FIGURE 2. PROCESS ACCESSING MTM/ACCESS2CARE NEMT SERVICES



"Some Medicaid members are intimidated by the sign-up process or don't trust the benefit; they think there may be a surprise cost at the end."
– MCO NEMT Program Staff

NEMT Utilization Rates in Texas

From June 2021 through May 2024, MTM/Access2Care provided NEMT benefits to over 65,000 Medicaid members in the Study Area. These members completed over 2.7 million NEMT trips during that time period.[27]

FROM JUNE 2021 TO MAY 2024
MTM/A2C*

Serviced 65,409 unique Medicaid members with NEMT services

Provided 2,749,431 total trips through the NEMT benefit

*Includes only selected MCOs and SDAs in this study

In FY2023, the most recent year for which a full year of data is available, 36,643 members utilized the NEMT benefit, resulting in a utilization rate of 23.1 members served per 1,000 Medicaid beneficiaries enrolled.[28] Consistent with findings from national studies of NEMT utilization, utilization in Texas over the past several years has been driven primarily by Medicaid STAR+PLUS beneficiaries (adults with disabilities, people aged 65 or older, and women with breast or cervical cancer), whose NEMT trips represented 78% of all NEMT trips in this period. (See Figure 3.)

A comparison of the utilization rate by Medicaid plan makes clear the higher level of utilization by STAR+PLUS members. As evidenced in Figure 4, in FY23 STAR+PLUS members used NEMT services at a rate of 114.0 members served per 1,000 Medicaid members enrolled, compared to a utilization rate by Medicaid STAR members of only 12.0 members served per 1,000 Medicaid members enrolled. While the utilization rate is low, it has increased modestly each year since the start of the carve-in in 2021. It is possible that the utilization rate will continue to grow as stakeholders align their efforts with the carve-in model and MCOs strengthen their NEMT programs.

Utilization rates vary by MCO, but this comparison is not informative as the rates are more reflective of the Medicaid programs that MCOs are contracted to administer and the products they offer. As illustrated in Figure 5, Molina and Wellpoint, the two MCOs that offer STAR+PLUS products in the Study Area, have much higher utilization rates than the

FIGURE 3:
COMPLETED TRIPS BETWEEN JUNE 2021 – MAY 2024, BY TYPE OF MEDICAID PROGRAM BENEFICIARY

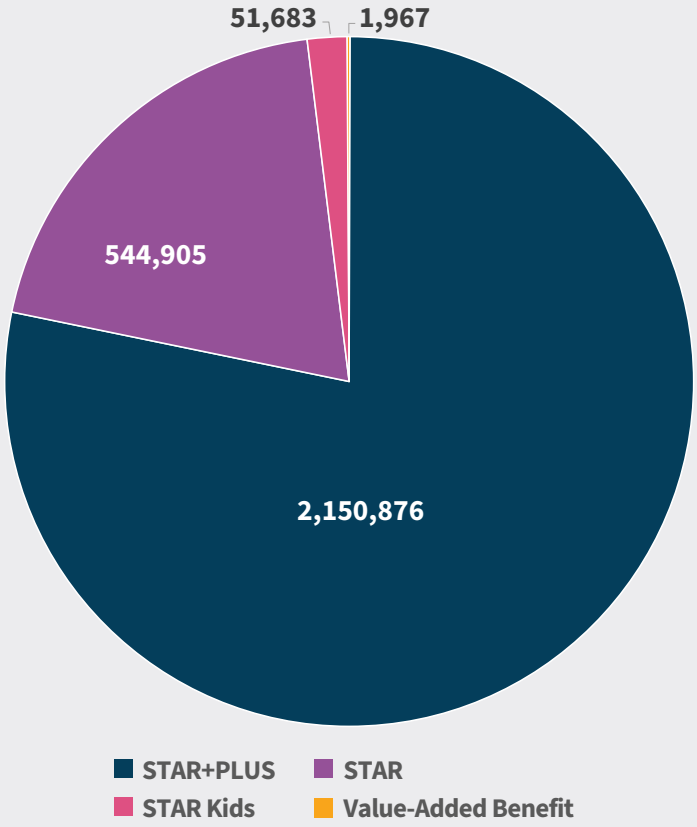


FIGURE 4: UTILIZATION RATE BY MEDICAID PLAN

Medicaid Plan	FY22	FY23	FY24
	Members Served per 1,000 Enrolled		
STAR+PLUS	111.8	114.0	112.8
STAR	9.7	12.0	14.8
Other (STAR Kids, etc.)	17.6	23.3	26.6
Overall Utilization Rate	21.1	23.1	28.8

*State FY24 data includes only 9 months, from Sept. 1, 2023, to May 31, 2024

other MCOs. Molina's utilization rate significantly outpaces Wellpoint's only because their STAR+PLUS members comprise a larger share of their overall Medicaid membership; STAR+Plus members represent 47% of Molina's Medicaid enrollment compared to 11% of Wellpoint's Medicaid membership within the Study Area. Among the MCOs that only offer the STAR product, the variation in rate (from ~8.5 to 14.0 served per 1,000 enrolled in FY23) is minimal.

Finally, the review of usage data by SDA suggests that trip utilization is higher in denser urban areas.[29] Across all SDAs, the most common mode of transportation for completed trips is van/sedan. Bus use is low, likely for two key reasons: (1) public transportation is generally less available outside of larger cities, and (2) in areas with public transportation, public transit is the mandatory mode of transportation only if the beneficiary lives in a location and is going to a destination that are both within ¼ mile of a bus stop. In more rural SDAs, such as Lubbock and MRSA Central, mileage reimbursement is more common than in other SDAs, as there are fewer transportation options to complete the trip in a timely manner.

> "CARTS - our local rural transportation program - is a big resource, but it doesn't serve all the counties where we serve patients."
>
> – Rural Healthcare Provider

FIGURE 5: NEMT UTILIZATION RATE BY MANAGED CARE ORGANIZATION

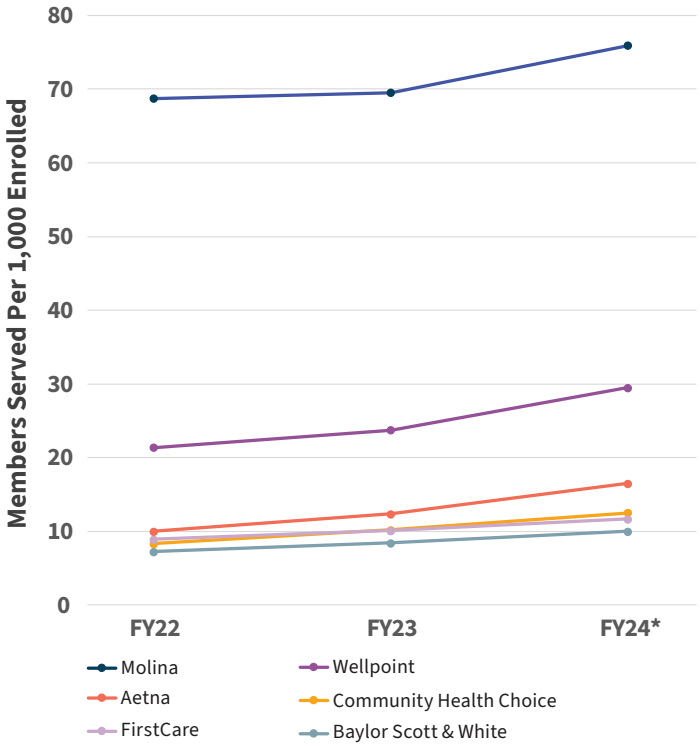
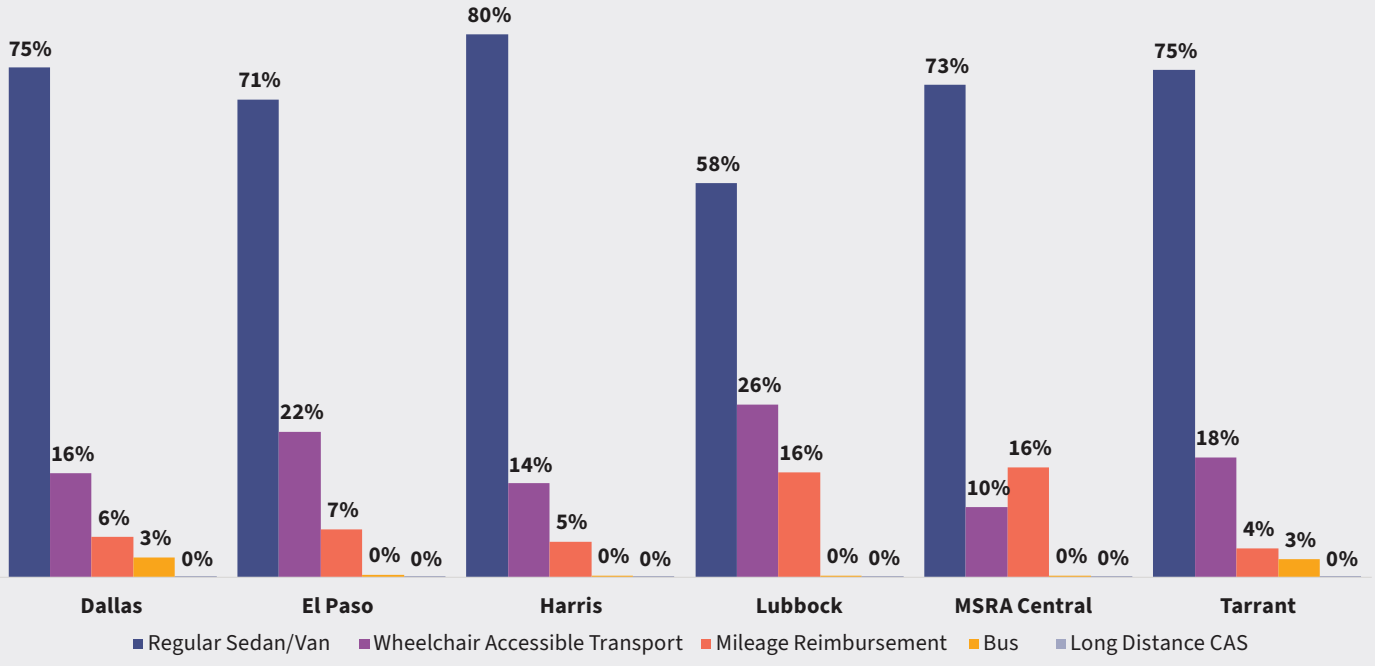
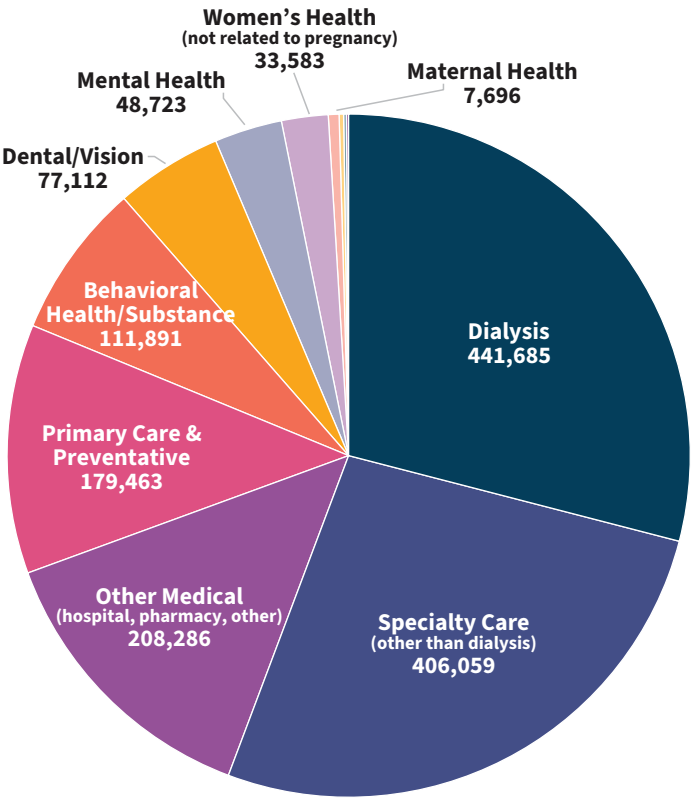


FIGURE 6: LEVEL OF SERVICE FOR COMPLETED TRIPS, BY SDA



Reflecting the health needs of members with chronic illnesses, and consistent with national research on the uses of NEMT, the majority of MTM/Access2Care's NEMT rides (56%) are used to get to dialysis and other specialty care appointments. (See Figure 7.) Other than for these purposes, some 26% of trips were requested to get to medical services that include primary and preventative care (12%), pharmacy (8%), and hospital and general medical care (6%).

FIGURE 7: ALL TRIP DESTINATIONS[30] FROM JUNE 2021 THROUGH MAY 2024



Finally, utilization of NEMT transportation trips for non-medical needs and purposes related to Value-Added Services were not common. These trips accounted for just over 2,000 trips (<1% of all trips) from June 2021 through May 2024, perhaps because many MCOs are still developing their VAS programs. However, based on this dataset, there is some evidence that utilization of NEMT for non-medical purposes - such as trips to social service agencies, gyms/health clubs, or healthy foods - are increasing. In FY22, there were 386 total trips for non-medical services; in FY24 (not a complete year of data), there were 461 trips for non-medical services, an increase of 19% from FY22.

Why is Utilization Low? Barriers to Use

To understand Medicaid members' experience in using the NEMT benefit, interviews and focus groups were held with different stakeholders, including staff leaders of MCO NEMT programs, Medicaid beneficiaries, CHWs who work with Medicaid beneficiaries, transportation providers, healthcare providers including staff in hospitals and community health centers, and representatives of private physician organizations in Texas. While healthcare providers do not have a specific role in implementing the NEMT program, they have an interest in ensuring that patients attend appointments and comply with treatment plans, and some have established programs or processes to assist patients with transportation needs. Therefore, this study sought to include their perspective in understanding their experience with the NEMT benefit.

Through the interviews and focus groups, some beneficiaries reported that they were aware of the NEMT benefit, had used it, and expressed appreciation for the service. For these beneficiaries, securing a ride to their medical appointments when they had no other option often made them feel relieved and assured, reduced their stress and blood pressure levels, and helped them adhere to their prescriptions and treatment plans.

However, the vast majority of comments focused on barriers or challenges related to the NEMT benefit. For this reason, this section highlights how these stakeholders perceive NEMT services and the key barriers they identified to using them. Barriers and challenges fell into four categories, each of which is described in more detail below:

- Limited awareness about the benefit among beneficiaries
- Alternative transportation options
- Beneficiaries' hesitancy to utilize the NEMT system
- Beneficiaries' experience with drivers

> "We would like to see the process of using NEMT be more accessible and client-facing. Our people are fragile and need humans to be able to talk to. They need a special touch."
> – CHW focus group

Limited awareness about the NEMT benefit among beneficiaries

> "NEMT is the first thing we let our patients know about; if you have Medicaid, contact your MCO. But the [members] get this thick packet of information about everything included in their plan [from their MCO] and throw it away because some of them do not have high literacy. We need navigators on the clinic side and on the Medicaid plan side to help people access the benefit."
>
> – FQHC CHW navigator

There is broad consensus among NEMT stakeholders that beneficiaries lack awareness of the benefit. Although MCOs educate every member about NEMT upon enrollment and may provide periodic reminders during the membership period, it appears that these efforts are not consistently effective. Beneficiaries may be informed of all plan benefits in one interaction, and the transportation benefit may not be salient at that time.

More often, beneficiaries might be generally aware of the transportation benefit but do not know enough about how to use it, leaving them hesitant or unprepared.

Most MCOs interviewed for this study noted that they are expanding their communications and outreach strategies with members to increase awareness, including the use of text messaging, which has shown promising results in pilot efforts. However, some stakeholders question the impact of one-to-one member communications and have advocated for larger, general public service campaigns that can increase messaging more consistently to more people.

Some healthcare providers who have identified transportation as a need among a significant portion of their patient base have increased awareness of the NEMT benefit by assigning CHWs to assist beneficiaries with their transportation needs. Some CHWs will even help enroll the member into the NEMT system and set up the first ride. CHWs report that once some members gain experience scheduling a ride, they are able to independently arrange future rides; beneficiaries who use a phone app report ease in scheduling a trip. However, CHWs noted that there are many members with low literacy levels, limited language capacities and/or limited access to computers/phones who need ongoing support to schedule rides.

Alternative transportation options

> "Of all the Non-Medical Drivers of Health, addressing transit needs is most complicated. Transit has a lot of resources but it's hard to determine which one is available for a particular patient."
>
> – CHW focus group

Alternative transportation supports available to Medicaid beneficiaries may be reducing participation in the NEMT program. While these options are not paid for by Medicaid and the member may bear the cost of the transport, they can be easier for the member to use. These alternatives include using already familiar services/support, public transportation, hospital or community health center transportation programs, or transportation supports offered by nonprofit organizations serving unique populations.

- ***Familiar services and supports that the beneficiary can arrange and pay for on their own***
  Fundamentally, most patients want to have control over their transportation arrangements. They want flexibility as to when they need to leave for an appointment and where they can go afterward. As a result, patients will seek out the most familiar and convenient ride available to them. Interviews with beneficiaries and CHWs for this study found that most prefer to secure a ride from a friend or family member. If a beneficiary is unsuccessful getting a friend or family member to drive them, many will schedule their ride through their own Uber or Lyft account. Although the NEMT program can cover the costs of both these transportation modes through mileage reimbursement for an Individual Transportation Participant (ITP) or a sedan ride, many beneficiaries have limited awareness of those aspects of the NEMT benefit or worry they will have less control of the ride when it is scheduled through NEMT. Paying for the gas of a friend or for an on-demand ride service can be expensive for the member, but both are familiar, within the member's control, and easy to use.

- ***Public transportation that they can arrange and pay for on their own***
  Some beneficiaries who live in communities with public transportation systems (including urban as well as rural transportation districts) reported using and paying for public transportation on their own to get to their

appointment. Despite potential challenges of navigating schedules and routes, and the sometimes unreliability of public transit, this mode of transportation is familiar to many beneficiaries who use the bus system to get to other places in their daily lives, including other social services. Public transit also offers patients some flexibility as to when members leave for an appointment and where they can go after an appointment. In rural areas, rural transportation districts like the HOP in central Texas and SPARTAN in the Lubbock region are very affordable and often have an on-demand service to reach more remote residents. However, many rural public transportation systems have geographical boundaries that limit utility if members need to travel beyond the district's lines to attend medical appointments.

- ***Hospital / clinic transportation programs***
  Healthcare providers who want to ensure that patients attend appointments and comply with treatment plans are in a unique position to encourage NEMT use by asking patients about their transportation needs at the time of scheduling an appointment. Indeed, in Arizona, the NEMT program leveraged healthcare providers to spread awareness by informing their patients that the NEMT benefit was available and found FQHCs to be especially effective in promoting the benefit, particularly in rural or remote areas.[31]

  However, as hospitals and community health centers are becoming more aware of their patients' transportation needs due to NMDOH screening, some are developing their own transportation support programs, recognizing that uninsured patients - not Medicaid patients - represent the larger share of their patient base. These alternative transportation programs could be limiting NEMT use, as it can be inefficient for provider staff to navigate two different systems – one for uninsured patients and one for Medicaid patients. As a result, some healthcare providers are serving Medicaid patients with their own transportation provider and paying for the service with their own funds—often, grant funds secured for transportation supports.

  Private physicians who serve Medicaid recipients do not appear to be involved with patient transportation issues. Most do not have enough staff to support their patients with transportation needs; statewide, nearly 70% of private providers have fewer than 10 staff. Engaging private physicians on this topic is likely to require providing an efficient turn-key system that allows seamless assistance for patients with transportation needs.[32]

- ***Nonprofits serving unique populations***
  Finally, nonprofits that serve unique populations needing more structured transportation supports will provide transportation for their clients. For example, organizations that serve people recovering from substance use want more oversight and control over where their clients go, so they will provide transportation to health appointments, grocery stores, and employment opportunities. Similarly, organizations that serve vulnerable populations, such as individuals with intellectual or certain physical disabilities, will provide transportation directly to their clients to ensure their safety. More generally, there are other nonprofits and churches that are screening for NMDOH and provide free bus tickets or other transportation supports to their clients, many of whom are Medicaid beneficiaries who use these services for travel to health appointments.

Beneficiaries' hesitancy to utilize the NEMT system

> "With limited awareness about the benefit, members have questions and concerns about NEMT requirements - who can travel with them, kids and car seats, finding facilities with multiple addresses - that keep them from using the service."
>
> – Hospital provider offering transportation supports

Health and transportation service providers indicated that some patients hesitate to use the NEMT benefit because of concerns about navigating the enrollment and scheduling system due to limited literacy or uncertainty about ride requirements.

Beneficiaries with limited literacy (including digital literacy) and cultural barriers are most likely to be reluctant to use the NEMT system. They lack confidence in their ability to complete the enrollment process or schedule a ride correctly, and as a result they worry that they will get the wrong ride, miss an appointment, or be subject to surprise costs. In focus groups, CHWs noted that some of these beneficiaries feel a sense of stigma for having a language barrier and might avoid the system for this reason.

Additionally, beneficiaries with limited verbal communications abilities due to serious medical conditions and/or intellectual disabilities are hesitant to use the NEMT benefit. While these members can get assistance to schedule a ride, their verbal limitations create a sense of vulnerability when communicating with NEMT drivers. While current Medicaid regulations require that rides be tailored to the patient's condition, some members have had negative experiences with drivers who

were not sufficiently trained to handle medical complexities, discouraging those members from trying the NEMT system again.

Questions and concerns about ride requirements also make beneficiaries reluctant to use the NEMT system. Some beneficiaries view having to schedule rides in advance as a barrier. Some members, especially those with infrequent medical appointments, forget about the two-day advance scheduling requirement and miss the window for using the NEMT benefit. Others reported that they actually needed to schedule the ride much further in advance to be sure of securing a ride. Additionally, many were unaware of urgent same-day transportation services and thought they needed to arrange other transportation supports in urgent situations. MCOs have Service Coordinators who can provide assistance with some of these issues, though most members are not aware of this.

Beneficiaries' experience with NEMT drivers

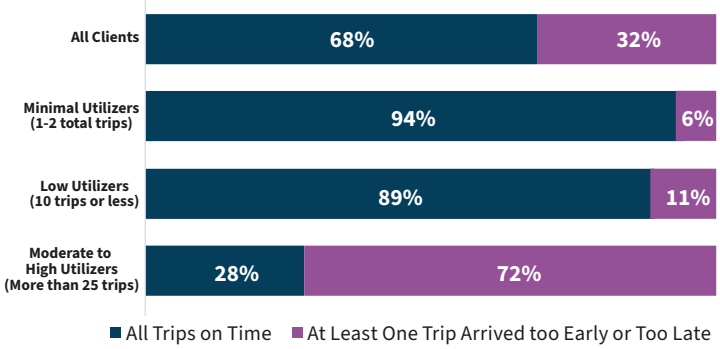
> "When using the NEMT ride, you have to think about childcare because of how the service works. The driver picks you up early [for the appointment]; then you have to wait a long time to get picked up [for the return trip]."
>
> – Medicaid beneficiary

The NEMT driver can be a powerful influence on a beneficiary's perceptions of the NEMT benefit. While some beneficiaries have positive experiences with their NEMT driver - so much so that they will ask to be assigned that driver every time - others described negative experiences that made use of the system unappealing.

Among those citing a bad driver experience, the most frequent criticism was the timeliness of the ride and the overall time required for a health appointment trip, including the pick-up, the medical appointment itself, the wait for the return ride,[33] and the return trip. When an NEMT driver arrives early for the pick-up and/or takes a long time on the return, beneficiaries viewed using the NEMT system as demanding a lot of time in their day. Although there are requirements about NEMT drivers' timely arrival and drop off,[34] in practice drivers are often multi-loading (taking more than one beneficiary on a single trip) or trying to maximize the number of trips in a day, which extends travel time for beneficiaries.

A review of trip data found that between June 2021 and May 2024, 32% of members experienced at least one late or early trip.[35] Given their high volume of usage, moderate to high utilizers were more likely to experience at least one trip that was early or late, as 72% had at least one trip affected by an early or late pick-up. (See Figure 8.)

Figure 8: Timeliness of Rides: Percent of Clients with a Trip that Arrived Too Early* or Too Late**



*More than an hour before the appointed pick-up time
**More than an hour after the appointed pick-up time

Other issues noted with NEMT drivers included:

- Drivers not showing up for the pick-up, causing the beneficiary to miss their appointment.
- Drivers who are rude or do not speak the same language as the beneficiary, which creates anxiety for the member.
- Drivers who drove too fast.

It is important to note that every transportation broker has requirements in place to monitor driver performance, collect member complaints, and conduct quality assurance activities. Depending on the type and frequency of complaints, MCOs will ensure that transportation providers receive targeted coaching, performance improvement plans, and corrective actions plans, or, if necessary, termination.

The analysis of trip data found that in FY23, 62% of NEMT users were low utilizers who used the NEMT benefit for 10 trips or less. This includes the 30% who only used the benefit once or twice. (See Figure 9.) Based on what was learned in the interviews and focus groups with beneficiaries and CHWs, it is possible that issues with using the system and scheduling rides, combined with poor experiences with drivers, is causing some beneficiaries to stop utilizing the NEMT system after an initial trial.

**Figure 9:
Frequency of Use: Percentage of Clients that are Minimal, Low, Moderate, and High Utilizers of NEMT Services in FY23**

Frequency	TOTAL
1 - 2 Total Trips	30%
3 - 10 Total Trips	32%
11 - 50 Total Trips	26%
More than 50 Trips	12%

Conclusion and Recommendations

With an overall utilization rate of 23.1 clients served per 1,000 Medicaid beneficiaries enrolled, NEMT utilization in Texas is low. Consistent with national trends, NEMT utilization in Texas is driven by Medicaid beneficiaries who are adults with disabilities, people aged 65 or older, and women with breast or cervical cancer. Analysis of MTM/Access2Care trip data in the Study Area demonstrates that trips made by STAR+PLUS beneficiaries represented 78% of all NEMT trips in this period. The majority of rides were used to get to dialysis and other specialty care appointments. While most MCOs now offer transportation to VAS locations, these services are relatively new, and utilization levels are low.

Several barriers to NEMT utilization were identified through interviews and focus groups with various NEMT stakeholders. These include limited awareness about the benefit among beneficiaries; the existence of alternative transportation supports not covered by Medicaid that might be reducing NEMT participation; beneficiaries' hesitancy to utilize the NEMT system; and beneficiaries' experience with NEMT drivers.

While utilization has increased slowly over the past couple of years, findings from this study suggest a number of opportunities to increase NEMT utilization in the state.

MCOs can

- Identify opportunities to increase awareness among members about the NEMT benefit, including texting strategies, a public education campaign, and the development of member-facing materials that describe the benefit and system processes in plain language.
- Explore ways of making enrollment and ride scheduling more accessible to people with language and literacy barriers, both through the call center and proprietary ride apps.
- Partner with healthcare providers (hospitals, community clinics and private providers) to increase NEMT utilization. Recognizing the success some healthcare providers have had by providing patients with navigation supports, consider what steps can be taken during medical appointment scheduling to help Medicaid beneficiaries enroll in the NEMT system and learn to schedule rides.
- Evaluate the potential benefit of a single 1-800 number to make it easier for beneficiaries and their advocates to navigate the different MCO systems.
- Continue to expand network capacity to ensure timeliness of rides.
- As plans for Value-Added Services are being developed, work to incorporate the benefit into the NEMT trip so that beneficiaries can utilize the VAS benefit at the same time as the NEMT benefit to diminish time in scheduling rides.

Texas Health and Human Services Commission can

- Relax Texas' more strict regulations regarding enrollment requirements for Individual Transportation Participants (ITPs) for those wanting to access mileage reimbursement.
- Explore removing the cap on members that can be transported in the ITP-Other category. This approach could help keep costs lower and support network adequacy during peak demand.

> "We need more communication between MCOs and healthcare providers. We now have a marketing team that is focusing on NEMT, and as part of their work they are educating healthcare and dental partners about the benefit."
>
> – MCO NEMT Program Leader

Appendix 1: MCO Transportation Value-Added Benefits as of May 2024

Plan	NEMT Subcontractor	Additional Family Members or Children for Certain Rides	Ride to WIC	Health Classes	Grocery Store	Member Advisory Group Meetings	Events	Food Pantry or Food Bank	Social Security Administration Office	Only Bus Passes Mentioned
Community First Health Plans	MTM	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Aetna Better Health	MTM/A2C	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes
Cook Children's Health Plan	MTM/A2C	Yes	Yes	Yes	Yes	No	Yes	No	No	No
FirstCare STAR	MTM/A2C	No	Yes	Yes	Yes	Yes	No	No	No	No
RightCare from Scott and White Health Plan	MTM/A2C	No	Yes	Yes	Yes	Yes	No	No	No	No
Blue Cross and Blue Shield of Texas	ModivCare	Yes	Yes	Yes	No	No	Yes	No	No	No
Dell Children's Health Plan	MTM/A2C	Yes	Yes	No	Yes	No	No	Yes	No	No
Driscoll Health Plan	SafeRide Health	No	No	Yes	Yes	No	Yes	No	Yes	No
Parkland Community Health Plan	MTM/A2C	No	Yes	No	Yes	No	No	Yes	No	No
Wellpoint	MTM/A2C	Yes	Yes	No	No	Yes	No	No	No	No
Community Health Choice	MTM/A2C	No	Yes	No	No	No	No	Yes	No	No
Texas Children's Health Plan	MTM	No	No	Yes	No	No	Yes	No	No	No
El Paso Health	MTM/A2C	No	No	Yes	No	Yes	No	No	No	No
Superior HealthPlan	SafeRide Health	No	No	No	No	Yes	No	No	Yes	No
Molina Healthcare of Texas	MTM/A2C	No	No	No	No	No	No	No	No	No
UnitedHealthcare Community Plan	MTM	No	No	No	No	No	No	No	No	No

Source: HHSC STAR Comparison Chart Accessed May 2024

Appendix 2: Data Analysis Methodology and Limitations

To better understand utilization of the NEMT benefit within the Study Area and to gather information about beneficiary experience, the research team requested trip data from MTM/Access2Care, the state contracted NEMT transportation broker for the selected SDAs. In keeping with the HHSC requirement that MCOs, their transportation brokers, and transportation providers have data use agreements in place to safeguard confidential information, MTM/Access2Care provided trip data to the research team in accordance with their data use agreements and data privacy requirements.[36]

To ensure data were not excluded inadvertently due to differences in data entry practices among MCOs, the data request was intentionally broad and did not limit data on the basis of Medicaid program/plan or type of trip. The data request criteria are summarized in the table below:

DATA REQUEST CRITERIA	
Timeframe: June 2021 through May 2024	
INCLUDE ALL TRIPS	
Completed Trips	Outgoing Trips
	Return Trips
	Additional Leg
Canceled Trips	Outgoing Trips
	Return Trips
	Additional Leg
INCLUDE SELECTED MCOS	
Aetna	All programs offered within service area (Medicaid – STAR & STAR Kids)
Baylor Scott & White (RightCare)	All programs offered within service area (Medicaid – STAR)
Community Health Choice	All programs offered within service area (Medicaid – STAR & STAR Kids)
FirstCare	All programs offered within service area (Medicaid – STAR)
Molina	All programs offered within service area (Medicaid – STAR & STAR+PLUS)
Wellpoint	All programs offered within service area (Medicaid – STAR, STAR+PLUS, and STAR Kids)
INCLUDE TRIPS ORIGINATING IN SELECTED SERVICE DELIVERY AREAS (SDAS)	
Dallas	El Paso
Harris	Lubbock
MRSA Central	Tarrant

The data set included all information needed to describe each trip at the individual trip level, including date and time of the trip; location of pickup and drop-off; type of provider; level of service provided (van, bus pass, mileage reimbursement, etc.); reason for the trip request; ride disposition; and whether the trip was on time. Importantly, each member was assigned a de-identified dummy ID that was included with each trip, to capture the number of unique members in the data set and facilitate relevant utilization analysis.

To streamline the analysis and ensure alignment with Medicaid enrollment data from the state, trips were organized according to the state fiscal year (September 1 through August 31). Additionally, as data were available at the individual level, trip data were aggregated by client ID to develop a data snapshot of each member's utilization and experience in using NEMT throughout the study period. Cancelled trips were removed from the data set to be analyzed separately. Data were cleaned and organized using Stata and exported for analysis in Excel.

Utilization was calculated by dividing the number of unique members served by the total Medicaid enrollees and presented as a rate (unique individuals served per 1,000 individuals enrolled). The utilization rate was calculated by state fiscal year, by MCO, by Medicaid Plan/Program and by SDA; comparison analyses were conducted to identify differences between groups. As with all calculations in this analysis, the trip data and the Medicaid enrollment data were limited to include only the selected MCOs and the selected SDAs listed above.

Endnotes

1 Wolfe, Mary K et al. "Transportation Barriers to Health Care in the United States: Findings From the National Health Interview Survey, 1997-2017." American Journal of Public Health vol. 110,6

2 Smith, LB et al. "More than One in Five Adults with Limited Public Access Forgo Health Care Because of Transportation Barriers." Robert Wood Johnson Foundation. April 26, 2023

3 Wolfe, Mary K et al. "Transportation Barriers to Health Care in the United States: Findings From the National Health Interview Survey, 1997-2017." American Journal of Public Health vol. 110,6:815-822

4 "Expanded Report to Congress: Non-Emergency Medical Transportation in Medicaid, 2018-2021." US Department of Health and Human Services

5 Specifically, in state FY2023, 36,643 Medicaid members utilized the NEMT benefit, resulting in a utilization rate of 23.1 members served per 1,000 Medicaid beneficiaries enrolled. Data is based on a large sample of NEMT rides provided by MTM/Access2Care, one of the largest transportation brokers in Texas that operates NEMT services for 10 of the 16 Texas Medicaid Managed Care Organizations, in six diverse service delivery areas.

6 Texas requires that the member be dropped off to their appointment no later than 15 minutes before the appointment time but no earlier than 60 minutes before the appointment time.

7 The current ITP application and requirements for documentation are a barrier to individuals seeking to use this option. Considerations could include replacing the ITP application with an attestation outlining the driver's ability to participate in the program, for example, collecting the social security number of the member or the parent/guardian of the member, ensuring current auto insurance and a valid state driver license, etc.

8 Wolfe, Mary K et al. "Transportation Barriers to Health Care in the United States: Findings From the National Health Interview Survey, 1997-2017." American Journal of Public Health vol. 110,6

9 Smith, LB et al. "More than One in Five Adults with Limited Public Access Forgo Health Care Because of Transportation Barriers." Robert Wood Johnson Foundation. April 26, 2023

10 Wolfe, Mary K et al. "Transportation Barriers to Health Care in the United States: Findings From the National Health Interview Survey, 1997-2017." American Journal of Public Health vol. 110,6:815-822

11 Varghese, Nygel. "A Detailed History of the NEMT Industry." March 2024.

12 The Consolidated Appropriations Act of 2021, "Report to Congress on Medicaid and CHIP." Chapter 5: Medicaid and CHIP Payment and Access Commission (2021)

13 "Report to Congress on Medicaid and CHIP." Chapter 5: Medicaid and CHIP Payment and Access Commission (2021) (P.L. 116-260)

14 42 C.F.R. § 431.53

15 Rosenbaum, Sara J., et al. "Medicaid's Medical Transportation Assurance: Origins, Evolution, Current Trends, And Implications For Health Reform." (2009).

16 Musumeci, MaryBeth, and Robin Rudowitz. "Medicaid Non-Emergency Medical Transportation: Overview And Key Issues In Medicaid Expansion Waivers." Retrieved on February 20 (2016): 2019.

17 Centers for Medicare & Medicaid Services. "SHO# 21-001 RE: Opportunities in Medicaid and CHIP to address social determinants of health (SDOH)." (2021)

18 "Engaging Medicaid Members: Identifying the Non-Medical Needs of Pregnant Members", Episcopal Health Foundation, 2024.

19 "Expanded Report to Congress: Non-Emergency Medical Transportation in Medicaid, 2018-2021." US Department of Health and Human Services

20 Formerly known as Access2Care, which was acquired by MTM in late 2024.

21 In keeping with HHSC requirements, MTM/Access2Care provided trip data to the research team in accordance with their data use agreements and data privacy requirements.

22 Gaining access to Medicaid beneficiaries for the study proved a challenge as many organizations that serve Medicaid beneficiaries require months-long research approval processes or were reluctant to negotiate patient privacy issues. Additionally, when researchers were able to meet directly with Medicaid beneficiaries, the beneficiary was not always certain of the source of their transportation support; it was not always clear if their experience related to an NEMT ride or a ride they

secured from another provider.

23 Health Management Associates. “Medicaid NEMT: Trends, Challenges, and Innovations.” August 2021. p6

24 Silow-Carroll, Sharon, et al. “Medicaid’s Non-Emergency Medical Transportation Benefit.” (2021)

25 Texas House Bill 1576. Regular Session. 86th Legislature. (2019)

26 HHSC Uniform Managed Care Manual 16.4.

27 Trips include outgoing trips, return trips, and additional legs.

28 Utilization was calculated by dividing the number of unique members served by the total Medicaid enrollees for selected MCOs and within selected SDAs and presented as a rate (unique individuals served per 1,000 individuals enrolled).

29 Note that this data set does not include rides provided by other MCOs that serve rural areas.

30 In the data set, return trips are assigned the same trip reason as the outgoing trip. To avoid duplication, this analysis includes only outgoing trips, additional legs, and return trips without a corresponding outgoing trip (i.e., the rider only requested a return trip).

31 From interview with leader knowledgeable of Arizona NEMT program

32 Interview with Helen Kent, HKD Health Policy

33 A vast majority of return trips are “will-call” returns, as the members typically do not know when they will be done with their appointment. For will call returns, the member contacts the broker or transportation provider directly to request their return ride home. Texas requires that the driver pick up the member within 60 minutes of their request.

34 Texas requires that the member be dropped off to their appointment no later than 15 minutes before the appointment time but no earlier than 60 minutes before the appointment time.

35 Because outgoing trips are the only trips for which timeliness is tracked and coded in MTM/Access2Care’s data system, this analysis only includes clients with at least one outgoing trip.

36 HHSC Uniform Managed Care Manual 16.4. Nonemergency Medical Transportation (NEMT) Services Handbook. Version 2.0.1.