

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

Presentation to MCO NMDOH
Learning Collaborative

May 30, 2025



Purpose of the Study

The absence of reliable transportation is frequently cited by patients as a barrier to accessing health care.

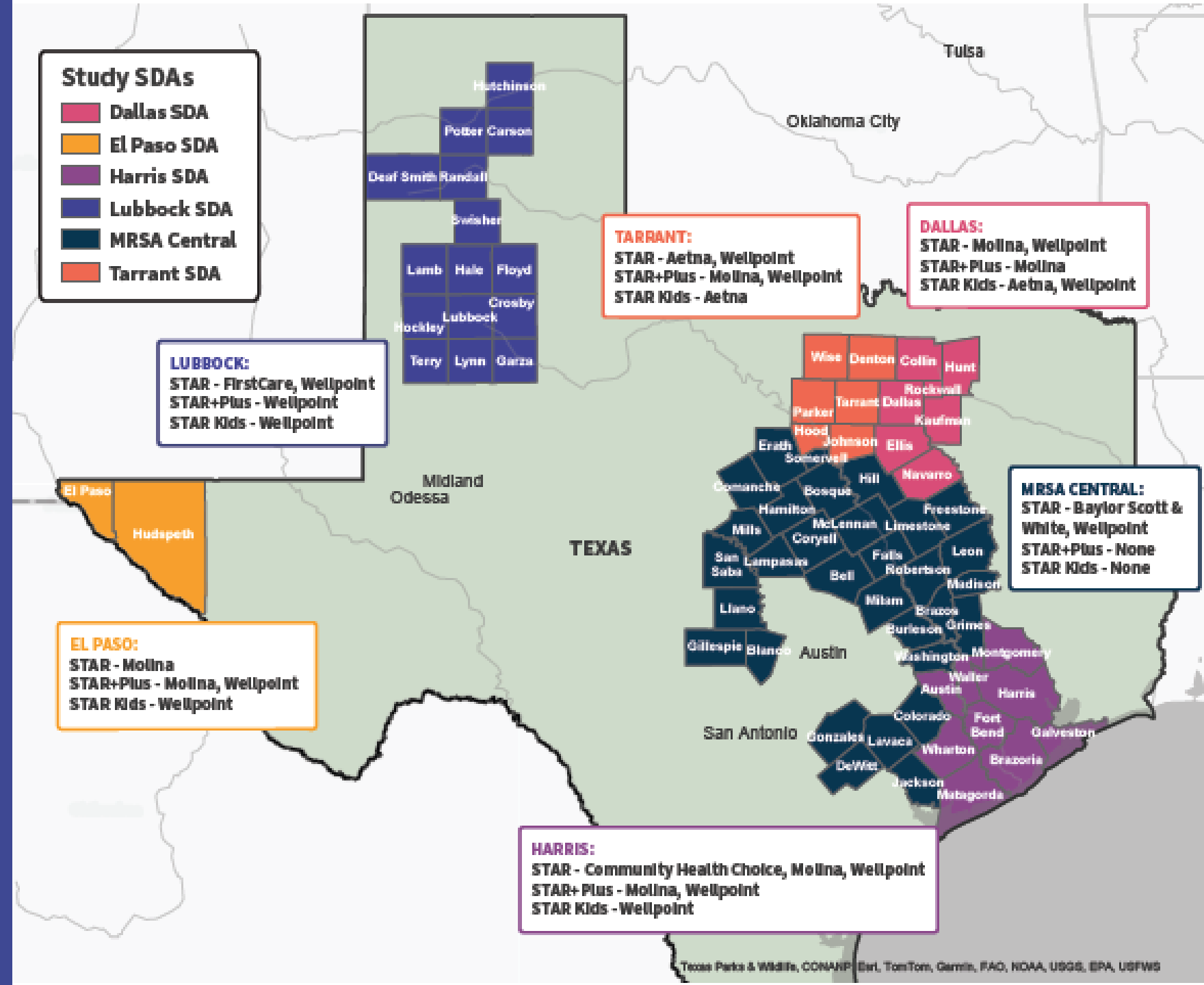
Despite federal Medicaid requirements to provide transportation options to beneficiaries in need, national data shows that utilization of the benefit remains low.

This study was commissioned to describe current levels of utilization in Texas and explore barriers to utilization.

Methodology

The study included an analysis of NEMT trip data and information collected through interviews and focus groups with a broad range of Medicaid stakeholders.

- Trip data provided by MTM/Access2Care included all trips between June 2021 – May 2024
- Qualitative data was collected through Interviews and focus groups with 76 NEMT stakeholders



The state's adoption of the "carve-in" model in 2021 created a new system which is still being refined.

"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."

INTAKE

Member calls their MCO to enroll into the NEMT program.

SCHEDULING

Member calls the 1-800 call center (or uses the app) to schedule, change, or cancel their ride. Approved meals, lodging, and any advance funds are booked and issued.

ASSIGNMENT

The type of ride is assigned to the Medicaid member through an automated analysis of network capacity, cost, and unique health conditions of the member. Transportation providers are assigned using a mostly automated process that assesses distance to pick-up, trip location, hourly vehicle capacity, and cost, among other items.

FULFILLMENT, ADJUDICATION ENCOUNTER, AND BILLING

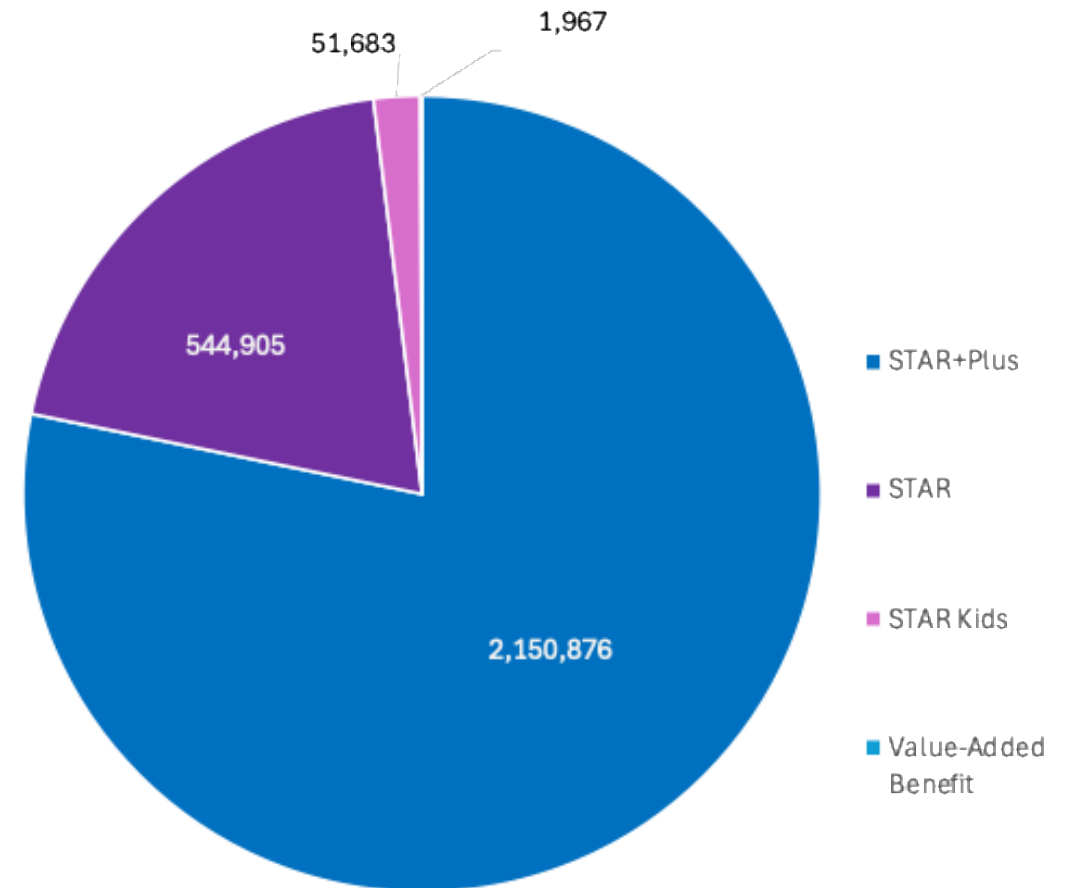
Member is transported, with ongoing network monitoring; claim is processed and billed.



NEMT Utilization Rates in Texas

From June 2021 - May 2024, MTM/A2C provided benefits to over **65,000** beneficiaries who completed over **2.7m** NEMT trips in that time period.

Utilization is driven largely by **Medicaid STAR+PLUS** beneficiaries, whose NEMT trips represented **78%** of all trips in the study period.

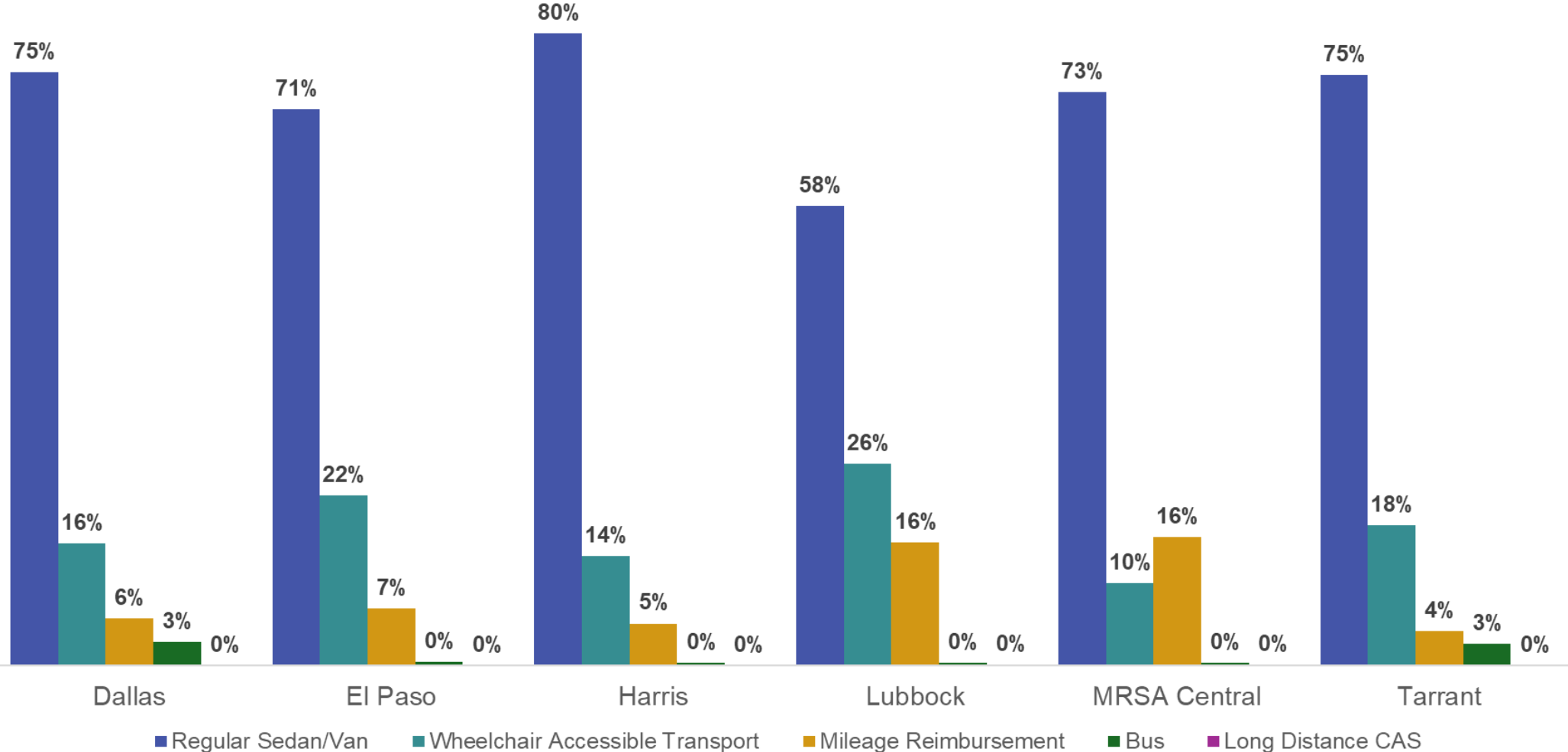


The overall NEMT utilization rate in Texas in FY23 was 23.1 per 1,000 members enrolled. Comparison of the utilization rate by Medicaid plan makes clear the higher level of utilization by STAR+PLUS members.

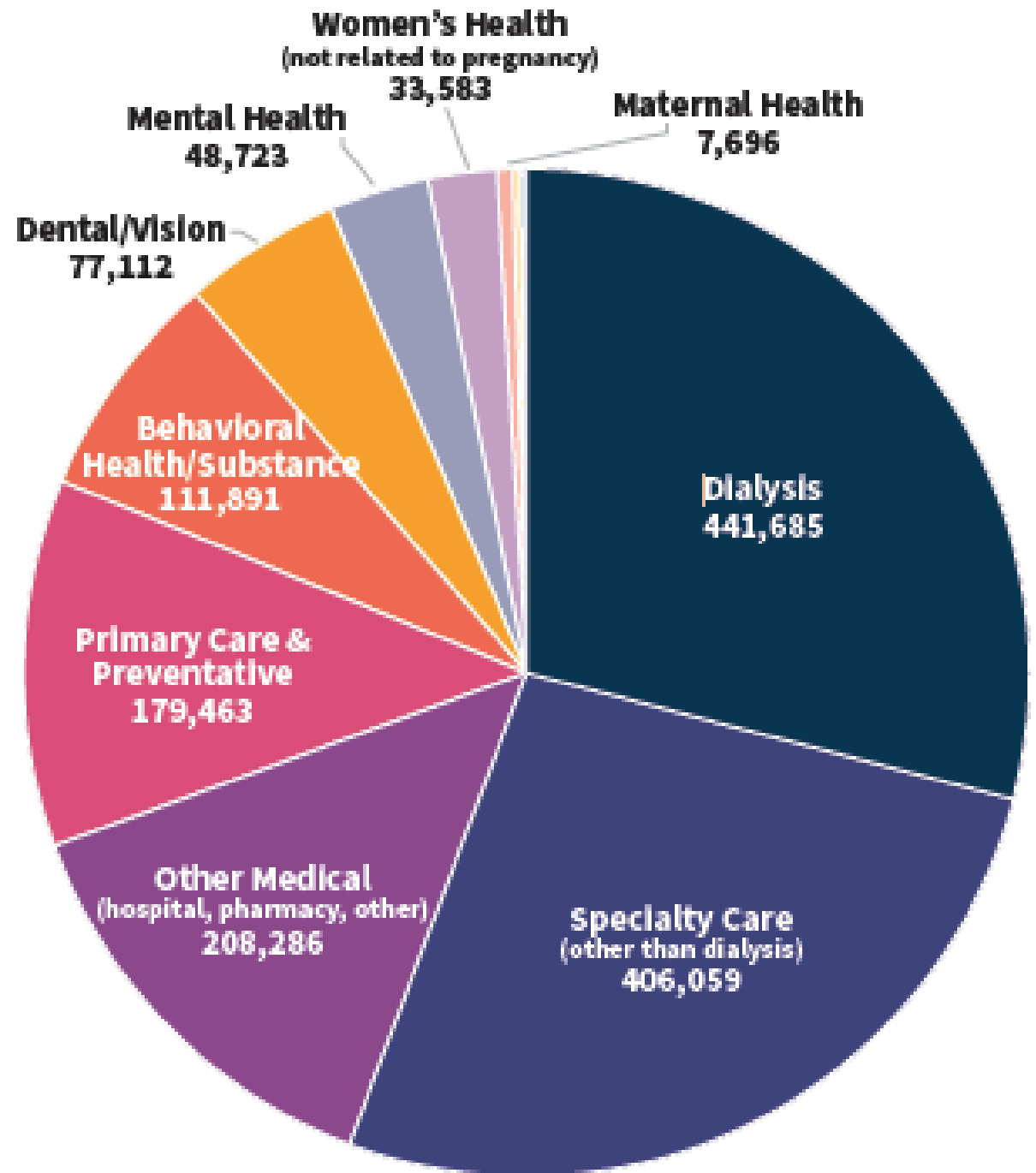
State Fiscal Year	STAR	STAR+PLUS	Other (STAR Kids, etc.)	Overall Utilization Rate
FY22	9.7	111.8	17.6	21.1
FY23	12.0	114.0	23.3	23.1
FY24*	14.8	112.8	26.6	28.8
* State FY24 data includes only 9 months, from Sept 1, 2023 - May 31, 2024				

“High utilizers have realized they have to do things on a repeated basis, sought solutions, and built it into their routine. For less regular people, they may be more likely to seek the service, mess up on the call, or call too late, etc.”~ MCO leader

The most common level of service for completed trips is van/sedan, though the level of service can vary between urban and rural communities



Reflecting the health needs of members with chronic illnesses, the majority (56%) of MTM/A2C's NEMT rides were used to get to dialysis and other specialty care appointments.



Why Utilization is Low: Barriers to Use

Limited Awareness
among Beneficiaries

Alternatives to
NEMT
transportation
supports

Beneficiaries'
hesitancy to use
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

There is broad consensus among NEMT stakeholders that beneficiaries have limited awareness and understanding about the benefit.

“NEMT is the first thing we let our patients know about: we tell them, “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

Alternative transportation options may be reducing participation in the NEMT program

- ❖ **Familiar supports** (from family, friends, neighbors, etc.) give beneficiaries more flexibility for when they need to leave for an appointment and where they can go afterwards
- ❖ **Public transportation** options are familiar and offer some flexibility in when they leave or where they can go after their appointment.
- ❖ **Hospitals and community clinics** sometimes have their own transportation arrangements and staff don't want to navigate two different systems
- ❖ **Nonprofits** that serve unique populations (e.g., substance use, women & children) provide transportation for their clients or provide bus passes

Beneficiary hesitancy to utilize the NEMT system

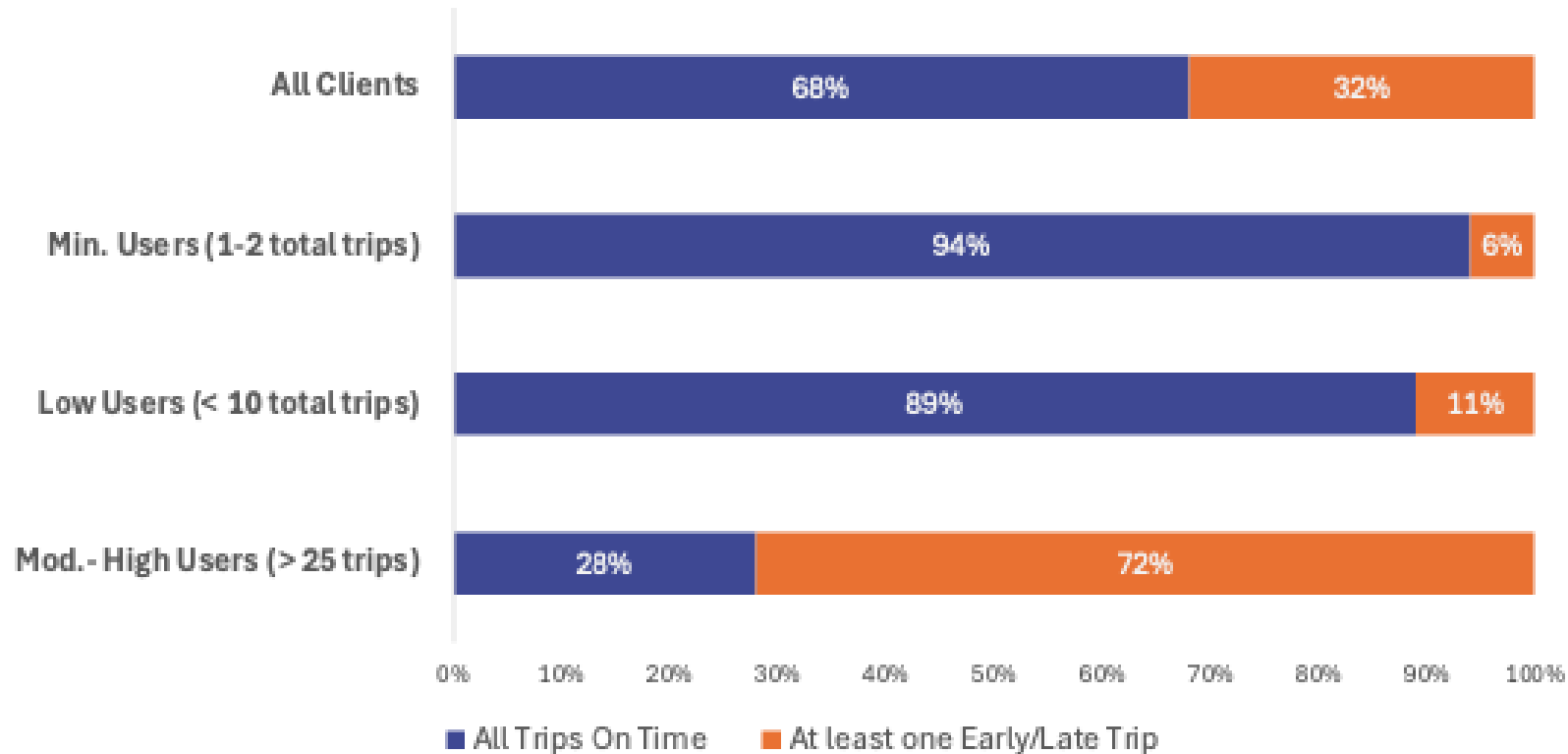
With limited awareness about the benefit, beneficiaries have questions about NEMT requirements and/or concerns about their ability to effectively navigate the enrollment and scheduling system.

Beneficiary constraints to using the NEMT system include:

- Language / cultural / literacy barriers can make beneficiaries worry about their ability to use the enrollment, scheduling system
- Patients with medical conditions or disabilities that limit their verbal skills
- NEMT scheduling requirements and ride confirmation

Beneficiaries' experience with NEMT drivers

While some beneficiaries have positive experiences with their NEMT driver, others described negative experiences that made use of the system unappealing. Timeliness of the ride and the overall trip time was a top concern. Trip data found that 32% of members had at least one late or early trip.



Taking all barriers into consideration

It is possible that issues with using the system, scheduling rides, and poor experiences with drivers are causing some beneficiaries to stop utilizing the NEMT system after an initial trial. Looking at frequency of use, 62% of NEMT users were low utilizers who used the benefit for less than 10 trips.

Frequency of use	Percent (%) of Beneficiaries
1 -2 total trips	30%
3 - 10 total trips	32%
11 - 50 total trips	26%
More than 50 trips	12%

“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

Conclusions & 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. These beneficiaries represented 78% of all NEMT trips in the study period.

Opportunities to increase utilization include:

- Diversify strategies to raise awareness
- Partner with healthcare providers to increase NEMT utilization
- Explore ways to make enrollment and scheduling easier
- Encourage brokers to continue to expand network capacity

Mobile Integrative Health (MIH) Community Paramedicine Program Overview

Mobile Integrative Health Community Paramedicine Program (MIH)

Purpose of Program

- The purpose of this program is to reduce the ED overutilization, prevent unnecessary hospitalization, and address any social determinants of health barriers to reduce costs and improve quality of life.
- Molina Healthcare of Texas has partnered with local paramedic teams to help us with our most high-risk members. They provide face to face visits and assist by helping them identify barriers to care, develop interventions to resolve those barriers, with the goal of improving health and decreasing high utilization. MIH vendors will be focused on helping patients navigate a complex healthcare system, connect them with Molina resources and approved vendors, and receive the most appropriate care in the right time frame.

MIH: Who and What

Who are our contracted vendors?

- Acadian (Harris County, Jefferson County, Dallas area)
- San Antonio Fire Dept/EMS (Bexar area)
- MedStar EMS (Tarrant/Fort Worth)
- Brownsville Fire Dept/EMS (Cameron County and some zip codes in Hidalgo County)
- STEC (South Texas Emergency Care Foundation: Cameron County)
- Schertz EMS (Bexar area)
- Wilson Co. EMS (Bexar area)

What are the LOBs?

- Medicaid (StarPlus, Star and Chip)
- Marketplace
- Medicare

Why would vendors need to call in to member services?

- Needing to identify who is member's PCP
- Needing to inquire on benefits such as vision and dental
- Pharmacy issues
- Transportation
- LTSS related issues such as: inquiring on home mod requests, DME requests, PAS, DAHS, etc.

MIH Referrals

Candidates for MIH program

- Any member that resides in the areas mentioned in previous slide can be referred for MIH intervention if they have 3 or more ED visits, or a combination of ED and IP utilization that would be over 3 visits in the past 6 months

How to refer to MIH program

- Send email to the following box: TXMobileIntegrative@MolinaHealthCare.Com
 - Subject line of email should read as follows (**this is an example only**): **MIH Referral_Harris SDA**
- The following information should be in the email:
 - Mbr Name
 - Mbr DOB
 - Mbr Healthplan ID (starting with 0s)
 - Reason for referral (Dx and utilization hx)
 - Rate Code/Waiver v's Non-waiver (**For SP mbrs**)

High Level Overview

- Data pulled from claims incurred through Dec 2024 and paid through Feb 2025.
- Savings are calculated based on changes in ER visit and IP Med/Surg admit rates.
- Claims include IBNR and pass-through payments.
- All COVID related spend is excluded from analysis.

Active Vendor Summary	
ER Visit Avoided PMPM	-18%
ER Visit Cost Avoided	\$125,262
IP Med/Surg Admit Avoided PMPM	-43%
IP Med/Surg Admit Cost Avoided	\$1,835,335
IP BH Admits PMPM	-15%
Total Claims PMPM	-4%
Net Savings	\$954,801

Total Currently Engaged: 163

Total Ever Graduated: 736

As of April 2025

Common Diagnoses and Needs

- Behavioral Health
- Diabetes
- Hypertension
- Obesity
- CHF
- COPD
- Substance Abuse
- Prescription Needs
- Physician Needs
- SDOH Needs
- Safety Concerns

Common Interventions

- Locate PCP
- Organize Medication
- Assist in Making Appointments
- Remove Safety Hazards
- Facilitate Transportation
- Specialty Referral
- Home Health and Physical Therapy
- DME
- Education on Coverage and Benefits

Vendor Services Offered

- **Chronic Disease Care** – Assisting the Member in understanding their illness and how the vendor and the MIH program can help them with care.
- **Medication Reconciliation** – Teaching the Member the correct way to take their medication.
- **Nutrition and Dietary Support** – Puts the Member in contact with a Nutritionist and Dieticians that are at their disposal.
- **DME and Home Modifications** – MIH vendors conduct a thorough assessment on the Members needs. Assisting with all of them.
- **PCP Collaboration** – MIH Vendors accompany the Member to some of these visits and assist in establishing PCP.
- **Social Network Assessment** – Evaluating the Members support system
- **Medical Assessment** – Evaluating the Members current/past Medical issues
- **Psychosocial Assessment** – Evaluating the Members BH needs as well as Hx of BH.
- **Assessment of Non-Medical Drivers of Health** – Evaluating members' needs for transportation, financial insecurity, food insecurity, and health literacy to assist in meeting those needs.

Questions...

