
Addressing Barriers to Well-Child Visits and Preventive Care: Promising Approaches to Transportation Challenges for Medicaid and Children's Health Insurance Program (CHIP)

June 16, 2025

Susan Ruiz, Centers for Medicare & Medicaid Services

Laura Armistead, Mathematica

Kirsten Coulombe, Nevada Department of Health and Human Services

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Kate Layman, Texas Health and Human Services Commission



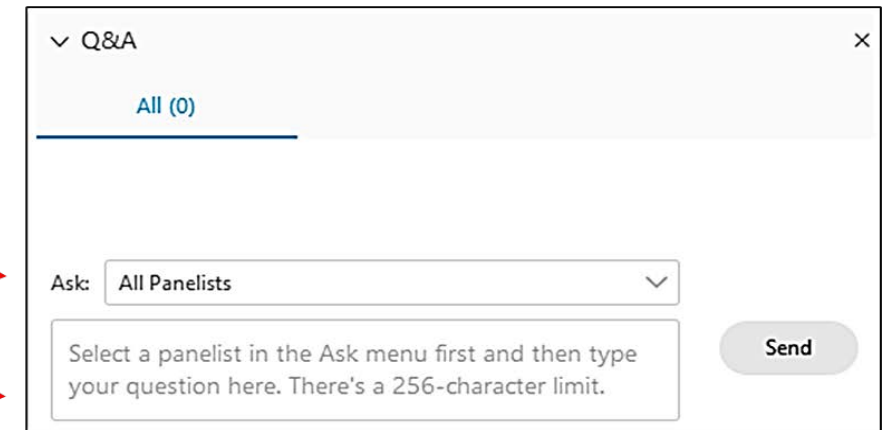
Technical Instructions

Welcome to the Centers for Medicare & Medicaid Services (CMS) Improving Early Childhood Preventive Care webinar series!

- All participants are muted upon entry.
- To enable **closed captioning**, click on the “CC” icon in the lower-left corner of the screen or click “Ctrl, Shift, A” on your keyboard.
- There will be a **Questions and Discussion session** at the end of the webinar.
- A **survey will pop up** at the end of the webinar; please complete this survey before leaving the meeting.
- A **recording of the meeting and slides** will be available after the webinar on Medicaid.gov.

How to Submit a Question

- Use the Q&A function to submit questions or comments.
 - To submit a question or comment, click the Q&A window and select “All Panelists” in the “Ask” menu
 - Type your question in the text box and click “Send”
 - Note: Only the presentation team will be able to see your questions and comments
- For technical questions, select “Host” in the “Ask” menu



Q&A

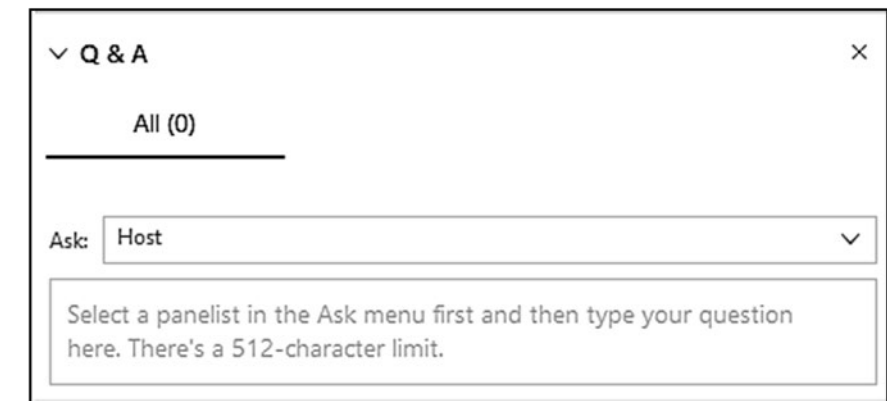
All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.

Send

Two red arrows point from the text 'select "All Panelists" in the "Ask" menu' and 'Type your question in the text box' to the 'Ask' dropdown menu and the text input box, respectively.



Q & A

All (0)

Ask: Host

Select a panelist in the Ask menu first and then type your question here. There's a 512-character limit.

A red arrow points from the text 'select "Host" in the "Ask" menu' to the 'Ask' dropdown menu.

Objectives

- **Review the Medicaid Non-Emergency Medical Transportation (NEMT) benefit and common state delivery models**
- **Share NEMT resources for states**
- **Explore state approaches for overcoming transportation challenges and promoting well-child care**

Agenda

Topic	Speaker
Overview of the Medicaid and CHIP NEMT Benefit	Laura Armistead, Mathematica
Nevada NEMT for Children	Kirsten Coulombe, Nevada Department of Health and Human Services
TennCare NEMT Benefit	Tammy Mihm, Tennessee Division of TennCare
Well-Child Visits and Preventative Care: Medical Transportation in Texas	Kate Layman, Texas Health and Human Services Commission
Questions and Discussion	Laura Armistead, Mathematica
Upcoming Events and Opportunities	Laura Armistead, Mathematica

Overview of the Medicaid and CHIP NEMT Benefit

Laura Armistead, Mathematica

Transportation Challenges Undermine Child Preventive Health

- **Transportation is critical for ensuring children receive timely, necessary preventive healthcare, including well-child visits.**
- **In the most recently reported data (2018), 2.5 million Medicaid and CHIP beneficiaries under age 65 reported delaying care due to a lack of transportation.**
 - 39% of these individuals were children ages 0 to 18.¹
- **Transportation barriers are linked to increased use of emergency departments and hospitalizations.²⁻⁵**

Sources:

¹[2021/06/Chapter-5-Mandated-Report-on-Non-Emergency-Medical-Transportation.pdf](https://www.hhs.gov/medicaid/transportation/2021/06/chapter-5-mandated-report-on-non-emergency-medical-transportation.pdf).

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC7204444/>.

³ <https://doi.org/10.1186/s12889-022-14149-x>.

⁴ [https://www.annemergmed.com/article/S0196-0644\(12\)00125-4/fulltext](https://www.annemergmed.com/article/S0196-0644(12)00125-4/fulltext).

⁵ https://www.mckinsey.com/industries/healthcare/our-insights/insights-from-the-mckinsey-2019-consumer-social-determinants-of-health-survey#.

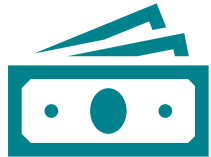
Common Transportation-Related Barriers



No car or driver's license



Need for a specialty vehicle



Inability to afford transportation costs



Limited access to public transit



Household car unavailable at appointment time



Difficulty transporting children with complex needs and medical equipment

Source: MACPAC "Chapter 5: Mandated Report on Non-Emergency Medical Transportation." June 2021. <https://www.macpac.gov/wp-content/uploads/2021/06/Chapter-5-Mandated-Report-on-Non-Emergency-Medical-Transportation.pdf>.

Overview of the Medicaid and CHIP NEMT Benefit

- The Medicaid and CHIP NEMT benefit helps ensure beneficiaries can get to and from medical appointments when they have no other means of transportation.¹
- States must also comply with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) transportation requirements, including informing families of available services and ensuring transportation for caregivers accompanying eligible children.²
- NEMT can be delivered through state, regional, or county-level models, depending on the state's structure and population needs.

Sources:

¹<https://www.medicaid.gov/federal-policy-guidance/downloads/smd23006.pdf>.

² <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>.



Examples of NEMT Transportation Options

NEMT services can be offered through a range of transportation options, tailored to the diverse needs of beneficiaries.

These include:



Taxis



Vans



Personal vehicles



Ambulances



Public transit



Ride share

Transportation Network Companies (TNCs)

TNCs, also known as ride share organizations, are app-based entities that connect passengers with drivers using personal vehicles. State Medicaid and CHIP programs and their NEMT administrators, such as managed care plans or brokers, may contract with TNCs to augment their NEMT provider network, often using them as a flexible or backup option.

Common State Medicaid and CHIP NEMT Delivery Models

In-House Management



State Medicaid and CHIP program directly manages and pays for NEMT services.

Statewide or Regional Broker



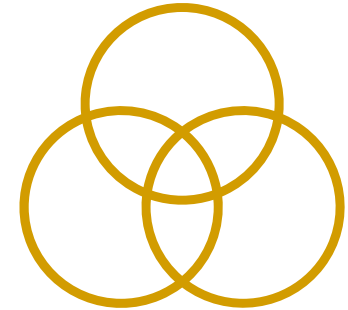
State Medicaid and CHIP program contracts with one or more third-party brokers to provide NEMT services.

Managed Care



NEMT included in managed care plan (MCP) contracts. MCPs are responsible for administering NEMT services either directly or through a broker.

Mixed



Combination of NEMT delivery models. For example, in-house management for enrollees receiving long-term services and supports, and managed care for all other beneficiaries.

Source: <https://www.ncsl.org/health/nonemergency-medical-transportation-nemt>.

Medicaid and CHIP NEMT Resources

These resources provide policy guidance, best practices, and contracting considerations to support state Medicaid programs in strengthening NEMT services.

- [State Medicaid Director \(SMD\) Letter # 23-006: Assurance of Transportation: Medicaid Transportation Coverage Guide \(2023\)](#)
- [State Health Official \(SHO\) Letter #24-005: Best Practices for Adhering to EPSDT Requirements \(2024\)](#)
 - See Section ii. Providing Required EPSDT Support Services: Scheduling Assistance and Transportation
- [MACPAC: Mandated Report on Non-Emergency Medical Transportation \(2021\)](#)
- [Health Management Associates \(HMA\): State Medicaid Non-Emergency Medical Transportation Contracts \(2025\)](#)

Joe Lombardo
Governor



Richard Whitley
Director

Nevada NEMT for Children

Division of Health Care Financing and Policy

Kirsten Coulombe, Social Services Chief III

June 16, 2025

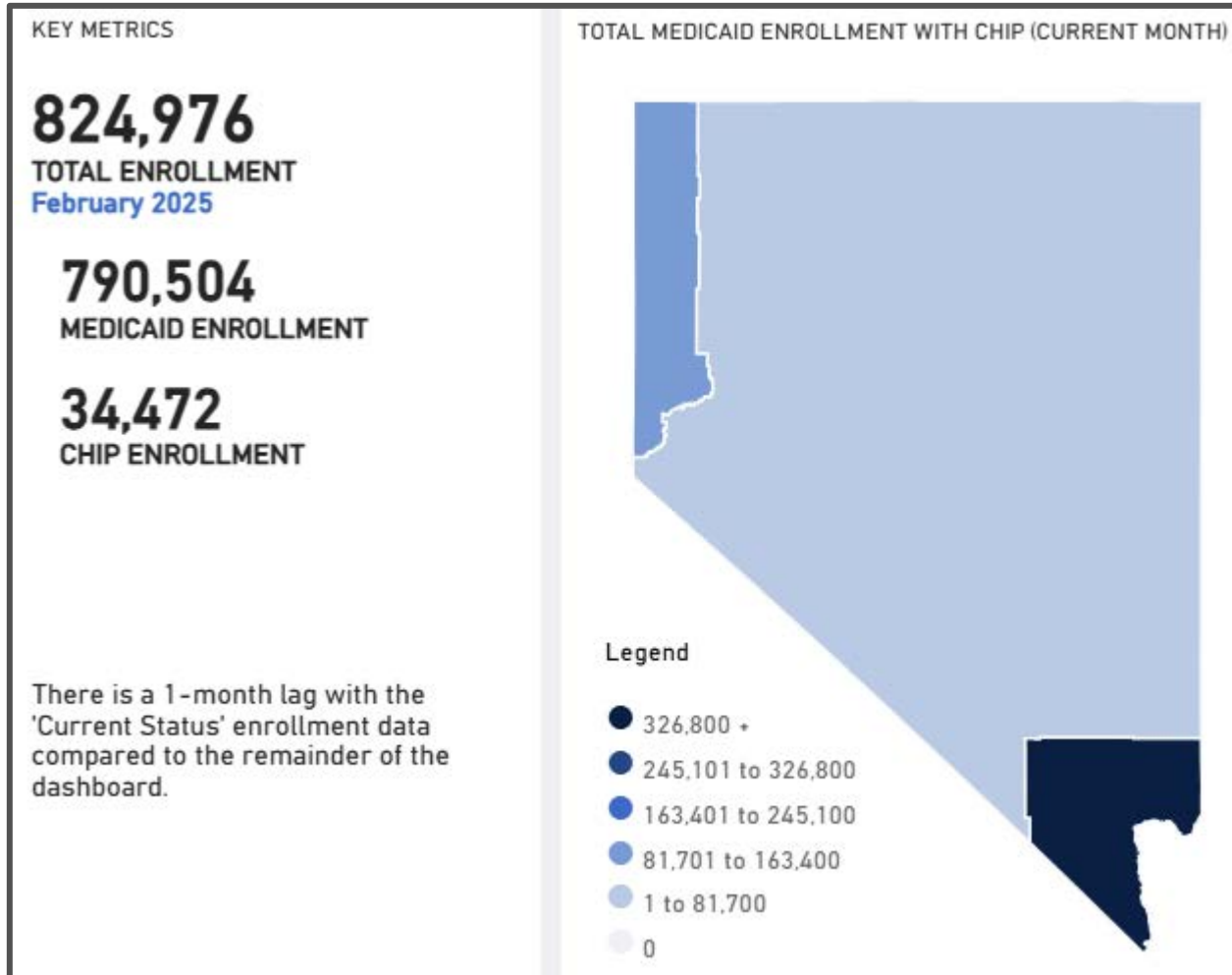


Department of Health and Human Services

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Nevada NEMT Background



NEMT is provided to eligible Nevada Medicaid recipients to obtain medically necessary covered services.

- Currently a single statewide broker for both fee for service (FFS) and managed care organizations (MCO).
- Beginning January 1, 2026:
 - Single Broker – statewide FFS and MCO (urban only)
 - MCO Oversight – rural members only



Nevada NEMT Overview

- Transportation options include:



Fixed Route Bus Passes



Paratransit (door-to-door)



Ground Ambulance/Stretcher



Taxi and Transportation Network Companies (curb-to-curb)



Community Volunteer Drivers



Gas Mileage Reimbursement

- Available for recipients **without** transportation, and must be the **least expensive** mode.
- **Prior authorization** through NEMT Broker and three days in advance for local/non-urgent trips.
- **Same Day** availability for hospital discharges, urgent care clinics, and pharmacies.
- Scheduling through:
 1. **Customer Service Center** – 800 Number
 2. [**MTM Link**](#) – platform to schedule, view, and manage trips from a mobile device or computer
 3. **Community Partners Line** – for facility staff only



Nevada NEMT Challenges

- **RURAL AREAS**

- 15 of 17 counties are rural/frontier and all healthcare shortage designation.
- Little to no public transit or TNCs.
- Long distances between towns and authorization procedures not flexible for rural areas.
- Finding providers for return trips home after hospitalization in urban areas.

- **PREGNANT WOMEN**

- Missed appointments due to reliance on fixed-route bus.

- **ATTENDANTS FOR MINORS**

- Children under 18 require a parent or guardian.
- Parents not always available or have other children with no childcare.
- Partial Hospitalization Program (PHP) can be a difficult service to transport because of attendant needed.



Nevada Actions to Improve NEMT

- **SCHEDULING**

- Created separate Community Partners Line for facilities and providers for:
 - Scheduling inpatient facility discharges and transfers to other medical facilities
 - Coordinating trips such as dialysis and trips for high-risk pregnancies
 - Liaising with tribal entities
- Added TNCs for ambulatory recipients to respond to same-day appointment needs.

- **RURAL AREAS**

- Created a rural-specific policy to reduce burden and improve efficiencies.
 - Removed long-distance verification requirements since 90 percent of rural counties met the minimum 100-mile distance
 - Removed 14-day out-of-state notification requirement when appointment is in a bordering state catchment area



Nevada Actions to Improve NEMT

- **PREGNANT WOMEN**

- Women considered to have a high-risk pregnancy or are past their eighth month of pregnancy allowed to bypass the fixed bus assessment option and authorized a higher mode of transport.

- **CHILDREN**

- Adding CHIP back to NEMT effective January 1, 2026, to increase access to services.
- Created exceptions for Child Welfare agencies to reduce burden and offset state general fund.
 - Allow gas mileage reimbursement for state agency
 - Offer meal reimbursement for children and state when traveling over 100 miles
 - Dedicated NEMT Broker staff to work directly with Child Welfare agencies
- NEMT Broker offered sole-source contract with PHP provider to address empty trip issues.



Lessons Learned

- Engage public early in procurement process through after-hours townhalls.
- Be flexible when it comes to transportation options specific to children, including those with intellectual disabilities.
- Engage child welfare agencies to see where NEMT can fit into existing transportation infrastructures.

NEXT STEPS

- Evaluating coverage for long wait times and unloaded mileage in rural areas to address provider shortage.
- Monitoring new MCO NEMT coverage in 2026 to evaluate potential future expansion in other areas.



Contact Information

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<https://dhcfp.nv.gov/Pgms/BLU/Transportation/>

TennCare NEMT Benefit

Managed Care Operations / Office of Compliance Management

Tammy Mihm, Director of Compliance Oversight and NEMT

Background

- TennCare introduced NEMT as a benefit in 2008, providing crucial access to healthcare services for eligible individuals.
- This benefit is managed through three primary managed care organizations (MCOs): BlueCare, United Healthcare, and Wellpoint. The NEMT benefit is included in the capitation payment made by TennCare to the MCOs.
- NEMT services are facilitated by two brokers, Tennessee Carriers and Verida, who coordinate transportation efforts in partnership with the MCOs to ensure efficient service delivery.
- Each broker provides coverage statewide for their MCO and are paid through a capitated payment structure.

NEMT Utilization

Member Demographic	2022	2023	2024
Under age 21	124,339	146,251	154,507
Age 21 and over	1,300,042	1,304,502	1,254,370
Total NEMT transports	1,424,381	1,450,753	1,408,877

- The total number of trips has remained relatively stable from year to year for members age 21 and over.
- Trips taken by those under age 21 have shown the most significant increase, suggesting that targeted efforts toward this group have been effective.
 - Examples of these efforts include transporting beneficiaries to town halls discussing NEMT benefits and providing car seats through local agency partnerships.

Standardized Reporting for Key NEMT Metrics

- Pick-Up and Delivery
- NEMT Provider Complaints
- NEMT Member Complaints
- Pre- and Post-Validation
- Vehicle Inspection
- Member No-Show
- Utilization
- Incident and Accident
- Call Center Staffing
- Call Center Metrics
- Prompt Pay
- Claim Status
- Claims Payment Accuracy
- Driver Roster
- Driver Drug and Alcohol Testing

Monthly Strategy Sessions

- In 2023, TennCare held several initial “brainstorming sessions” which included MCOs, brokers, and TennCare where improvement opportunities were identified.
- TennCare facilitates monthly strategy sessions for NEMT, bringing together TennCare leadership, MCOs, and their NEMT brokers. A call for agenda items is issued by TennCare.
- These meetings focus on standardizing terminology and improving reporting practices to enhance coordination and efficiency within the program.
- To ensure accountability and long-term success, workgroups were established and assigned specific initiatives to enhance NEMT services.

Date/Time

November 1, 2023

Noon-4 p.m. CST

Attendee's

TennCare: Tammy Mihm, Emmaliz Aguilar, Michele Napier

MCO: Angela Fleming/BlueCare, Chris Fox/United, Misti Webb/Amerigroup, Karissa Tillotson/Amerigroup

NEMT Broker: John Fink/Verida, Ken Miller/Verida, Carey Rodgers/Verida, Candy DeBord/TN Carriers, Martha Kendall/TN Carriers, Kelly Blakely/TN Carriers, Yolanda Malone/TN Carriers, Brent Phiscator/TN Carriers

Topics for Discussion

- **MCO and Broker Introduction and Updates (if any)**
- **Determine any outstanding questions (if any) for the pick-up delivery changes to take place on January 1, 2024**
 - Finalize and agree upon definitions related to this report to this that will be added to the data dictionary.
 - Template discussion
- **Introduce the next report for discussion and review.**
 - NEMT Complaint Reporting
 - ProCredex Complaint Pilot Items for discussion
 - Complaint Categories and Sub-Categories
 - Complaint Resolutions (Define)
- **Hospital Discharge**
 - Top Facilities (3) for Complaints.
 - Top Facilities (3) that performs well in this area.
 - Discuss next steps in educating Discharge teams (2024 plan

Monthly Strategy Session Workgroups

- By concentrating on these key areas, the workgroups aim to develop effective solutions that support operational efficiency and enhance member experiences.
- Each workgroup includes representation from each perspective: TennCare, MCO, and broker.
- These smaller teams focus on conducting necessary research for each initiative and presenting their findings to the larger group during the monthly sessions.
- Through these meetings, we have collaborated to identify key issues and develop proactive solutions.



Addressing member no-shows



Improving awareness and accessibility of mileage reimbursement



Expanding educational outreach efforts

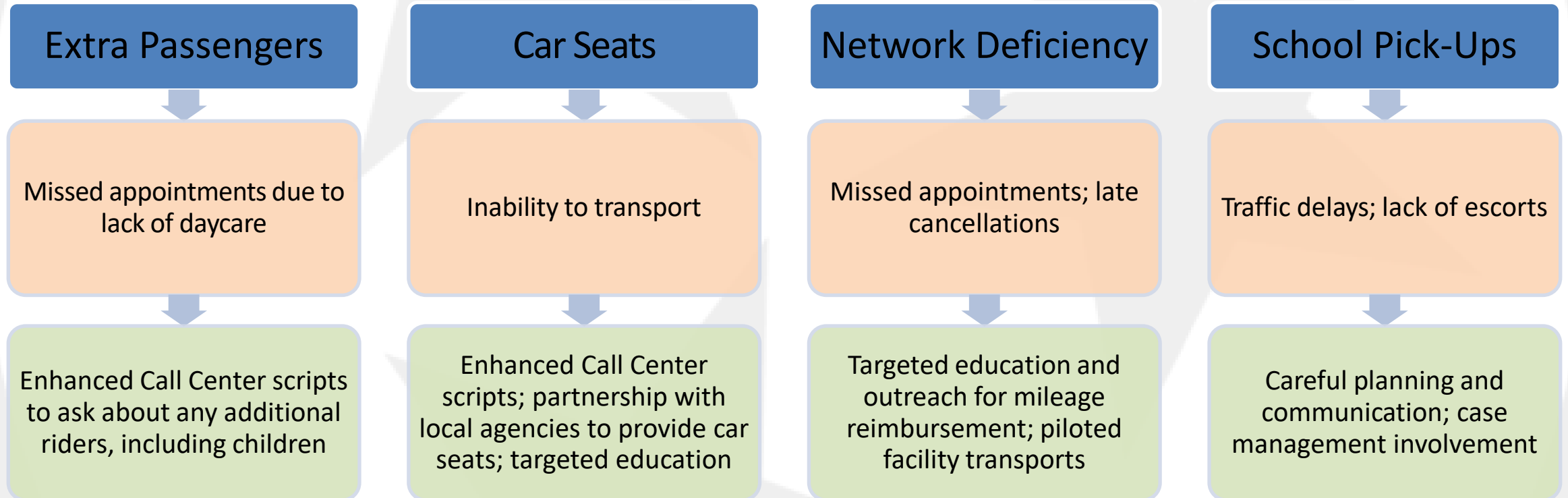


Streamlining hospital discharge transportation



Optimizing facility transport coordination

NEMT Challenges and Solutions





TEXAS
Health and Human
Services

Well-Child Visits and Preventative Care: Medical Transportation in Texas

**Kate Layman, Director, Program Policy
Texas Health and Human Services Commission
June 16, 2025**

Background

- Medicaid in Texas serves children and their caretakers, pregnant women, people over age 65, and people with disabilities.
- STAR Kids integrates the delivery of acute care, behavioral health, and LTSS benefits for children and young adults age 20 and younger with disabilities.
- Children enrolled in STAR and STAR Kids receive services through managed care organizations (MCOs) under contract with the Texas Health and Human Services Commission (HHSC).



Texas NEMT Overview

Managed Care

- Texas requires Medicaid MCOs to provide all NEMT services for Medicaid managed care members.
- Texas has 16 MCOs.

Fee-for-Service

- For Medicaid beneficiaries not enrolled in managed care, NEMT is delivered through a fee-for-service (FFS) model.
- 1,923 beneficiaries use FFS NEMT services.



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Health and Human
Services

Legislative Initiatives

House Bill (H.B.) 25, 86th Legislature, Regular Session, 2019

- Directed HHSC to develop and implement a pilot program that provided NEMT services to pregnant women and new mothers enrolled in the STAR Medicaid managed care program and their children.
- Aimed to reduce missed appointments, improve maternal health outcomes, and enhance overall healthcare access, including access to well-child visits, for both mothers and children.



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Legislative Initiatives

H.B. 25, 86th Legislature, Regular Session, 2019 (cont.)

- HHSC analyzed cost impact, use of transportation services, and quality of services through member feedback.
- Pilot was impacted by the COVID-19 pandemic, which contributed to an insufficient sample size to fully evaluate the pilot.
- HHSC recommended terminating the pilot while continuing to monitor transportation-related barriers to accessing prenatal and postpartum care.



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Legislative Initiatives

H.B. 1576, 86th Legislature, Regular Session, 2019

- Added transportation network companies (TNCs) to deliver NEMT services in addition to more traditional transportation providers.
- Greater flexibility in requesting transportation services for certain trips requested within less than 48 hours.
- “Carved in” NEMT services for Medicaid managed care members.



Oversight to Improve Access

- HHSC monitors individual complaints to ensure sufficient resolution.
- For managed care NEMT, the external quality review organization conducts member satisfaction surveys.
- HHSC conducts MCO operational reviews every two years.
 - Reviews consist of a site visit and HHSC desk reviews of policies and procedures.



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Oversight to Improve Access

Direct provider performance oversight

- Percent of all accepted trips that were ultimately completed.
- Percent of trips in which the member was picked up at home and dropped off at their appointment within the HHSC-required timeframe.
- Percent of trips in which the member was picked up after their appointment and dropped off at home within the HHSC-required timeframe.



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NEMT Challenges

- Repeated “no shows”, when the person is not where they are supposed to be picked up can lead to frustration for NEMT providers, and risk discontinuation of their participation in the program.
- Lack of beneficiary awareness of NEMT services.
- Few providers in certain areas.



Lessons Learned

- Offering a range of NEMT service options and provider types helps to ensure that the diverse transportation needs of individuals are effectively met.
- Ensuring individuals are aware of the transportation options available to them helps them get to their needed health care services.





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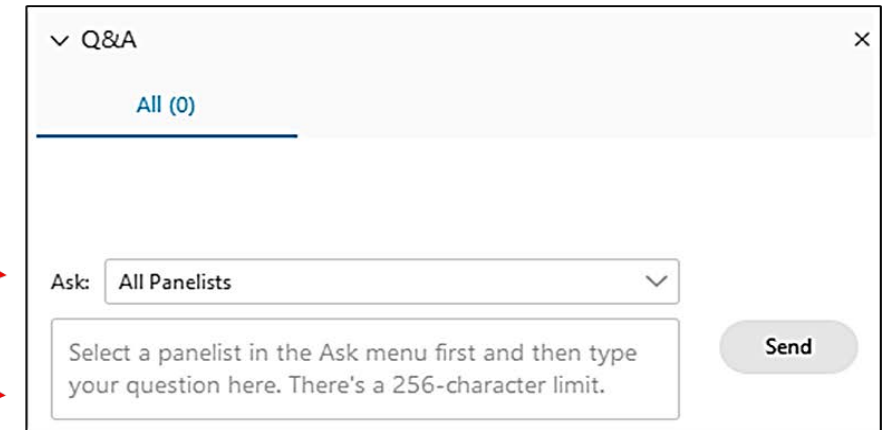
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Questions and Discussion

Laura Armistead, Mathematica

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CMS QI Resources and Upcoming Opportunities

Laura Armistead, Mathematica

Improving Early Childhood Preventive Care Affinity Group



Improving Early Childhood Preventive Care Affinity Group Expression of Interest

The Center for Medicaid and CHIP Services (CMCS) Quality Improvement (QI) program provides state Medicaid and CHIP agencies and their QI partners with the information and expert support to improve care and health outcomes.

CMCS-sponsored affinity groups allow state Medicaid and CHIP agencies and their partners to work and learn alongside other state teams. QI advisors, subject matter experts, and state team peers provide guidance and support through group workshops and one-on-one meetings, including QI tools to identify, implement, and test data-driven interventions to achieve improvement.

Please use this form to indicate your interest in the affinity group. This form should be filled out by the project lead or project manager and completed by June 30, 2025.

START

- Beginning in late Summer 2025, CMS will convene an affinity group focused on improving the utilization of preventive services in early childhood.
- State Medicaid or CHIP staff interested in joining the affinity group must complete an [EOI form](#) by **June 30, 2025**.



CMS Well-Child Care Quality Improvement (QI) Resources

- QI TA resources on improving well-child are available on Medicaid.gov.
- Resources include:
 - Webinar materials
 - Affinity group EOI form
 - State highlights from the 2023 Improving Infant Well-Child Visits affinity group
 - Video on how to get started with a QI project
 - Example Driver diagram and measurement strategy
- CMS also summarized best practices for adhering to EPSDT requirements in the State Health Official (SHO) letter #24-005 available at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>.

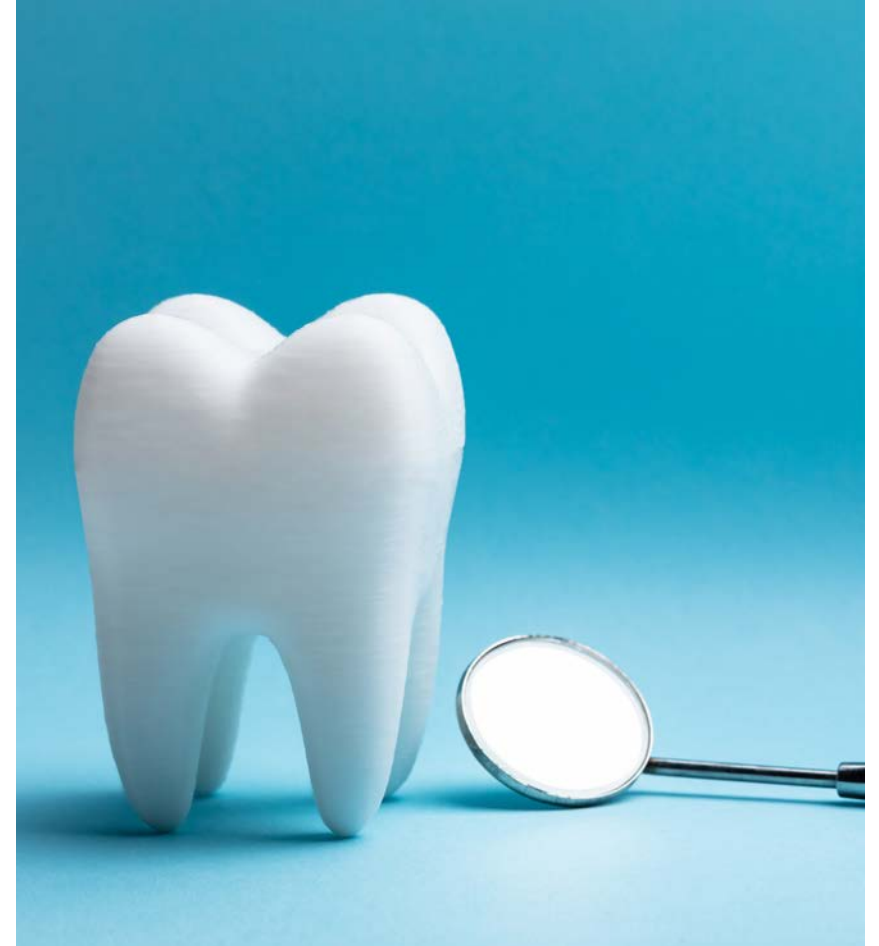


<https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/well-child-care/index.html>.

Upcoming CMS QI Opportunity

CMS is pleased to announce an additional upcoming QI opportunity.

- **Promoting Children's Preventive Dental Visits**
 - Webinar series will launch in late summer/fall 2025.
 - Affinity group will begin in late 2025.
- *More information coming soon!*



Thank you for participating!



- Please **complete the survey** as you exit the webinar.



- If you have any **questions**, email MedicaidCHIPQI@cms.hhs.gov.