

**Pilot Program for
Providing Medical
Transportation to Pregnant
Women and New Mothers -
Pilot Results**

**As Required by
House Bill 25, 86th Legislature
Regular Session, 2019**

**Texas Health and Human Services
December 2022**



TEXAS
Health and Human
Services

Table of Contents

Introduction	3
Background	5
House Bill 1576 Impact.....	5
NEMT Services	5
Pilot Design	7
Pilot Results	9
Cost Impact.....	9
Member and MCO Feedback	9
Use of NEMT Services.....	9
Conclusion	12
List of Acronyms	13

Introduction

House Bill (H.B.) 25, 86th Legislature, Regular Session, 2019 requires the Texas Health and Human Services Commission (HHSC) to develop and implement a pilot that allows a managed transportation organization (MTO) to arrange and provide nonemergency medical transportation (NEMT) services to pregnant women and new mothers enrolled in the STAR Medicaid managed care program and their children. A pregnant woman or new mother (also referred to as “member” throughout the report) is not permitted to bring children with her when using certain NEMT services to attend her medical appointments. This includes the most common NEMT service, demand response transportation services (DRTS). For some women, this creates a barrier to accessing needed health care while pregnant and after delivery.

The pilot aims to determine the extent to which a member’s ability to bring her children with her when using DRTS increased access to prenatal and postpartum health care services, reduced pregnancy-related complications, and decreased the rate of missed appointments by this population. H.B. 25 requires HHSC to collaborate with the Maternal Mortality and Morbidity Review Committee on the development and implementation of the pilot. H.B. 25 also requires the pilot be implemented in at least one NEMT health care region by September 1, 2020, not result in additional costs to Medicaid or HHSC, and allow the use of transportation network companies (TNCs). HHSC previously submitted a [status report](#) in December 2020 about the implementation of the H.B. 25 pilot.

H.B. 25 directs HHSC to evaluate the pilot on the basis of:

- Cost-effectiveness;
- Whether it improved the efficiency and quality of services provided under the medical transportation program; and
- The pilot’s effectiveness in:
 - ▶ Increasing access to prenatal and postpartum health care services;
 - ▶ Reducing pregnancy-related complications; and
 - ▶ Decreasing the rate of missed appointments for covered health care services by women enrolled in the STAR Medicaid managed care program.

HHSC was unable to evaluate the components of the pilot as outlined above. The basis of the evaluation used the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) methodology, which

recommends a minimum sample size of 30 individuals to evaluate effectiveness of care. The sample size for pilot transportation services was insufficient to support a comprehensive analysis. This report also discusses two additional barriers affecting the outcome of the pilot:

- The increased access to transportation network companies (TNCs) created by passage of H.B. 1576, 86th Legislature, Regular Session, 2019.
- The impact of the novel coronavirus (COVID-19) public health emergency (PHE) on the use of NEMT services during the pilot period.

In spite of these challenges, HHSC was able to complete an analysis of the following aspects of the pilot using the most meaningful and available information: HHSC cost impact, use of transportation services, and quality of services through member feedback. This report provides additional information about the barriers encountered during the pilot, an analysis of the pilot, and a determination if HHSC plans to continue, expand, or terminate the pilot.

Background

House Bill 1576 Impact

During the 86th Legislature, Regular Session, 2019, both H.B. 25 and H.B. 1576 impacted the delivery of transportation services in managed care. H.B. 1576 directs HHSC to require Medicaid managed care organizations (MCOs) to provide NEMT services for their members, including the STAR population which includes pregnant women, effective September 1, 2020. This requirement removed the MTO service delivery model for managed care members. Implementation of H.B. 1576 occurred June 1, 2021. While the implementation date was not yet known when the pilot for H.B. 25 was being designed, it was known that MTOs would no longer be serving the population for the H.B. 25 pilot beginning at some point during the pilot's operation. Also, H.B. 1576 increased the availability of TNCs. TNCs offer a transportation option for the H.B. 25 pilot population which allows multiple passengers to travel together even if only one of the passengers is traveling to a covered health care service.

Under Texas Government Code §311.025 (Irreconcilable Statutes and Amendments), if two statutes conflict, the latest in date of enactment prevails. H.B. 1576 was enacted after H.B. 25; however, HHSC recognizes the importance of addressing barriers to maternal health. HHSC implemented the pilot using the STAR MCOs that ultimately became responsible for administering NEMT services under H.B. 1576. MTOs remained operational until the full implementation of H.B. 1576 on June 1, 2021. To avoid shifting management of pilot transportation services from MTOs to MCOs during the H.B. 25 pilot, MCOs were used for the pilot from inception.

NEMT Services

HHSC covers transportation to covered health care services for all Medicaid members through the delivery of NEMT services. NEMT services began in Texas in 1974 under the Medical Transportation Program (MTP) and HHSC has provided administration and oversight of NEMT services delivered to Medicaid beneficiaries, Children with Special Health Care Needs (CSHCN), and users of the Transportation for Indigent Cancer Patients (TICP) program since 2008. In accordance with federal regulations, Medicaid reimbursement is available for NEMT services for members

traveling to and from a health care service.¹ There are limited exceptions, such as a medically necessary attendant or a parent accompanying a child. For some women, this limitation can create a barrier to accessing needed health care services while pregnant and after delivery when using certain types of NEMT services with their children. The pilot was intended to evaluate this barrier.

The most common method of providing NEMT services is DRTS. DRTS uses dispatched vehicles in response to requests from Medicaid members and is often provided using a shared ride arrangement in which a single vehicle transports multiple members traveling in the same direction with covered health care appointments scheduled within one hour of each other. If an individual not traveling to a covered health care service occupies a seat in a shared ride vehicle, the transportation provider is unable to claim the cost of the ride for the person in that seat.

A TNC is a DRTS provider that enables a passenger or, when used as part of MTP or Medicaid managed care, the MCO or another third party, to prearrange a ride through a digital network. Common examples of TNCs include Uber and Lyft. While a trip provided by a TNC is still only reimbursable through Medicaid for the member travelling to the health care service, additional passengers can also travel without taking space in a shared ride that would otherwise be used by a Medicaid member.

Individual transportation participant (ITP) services are NEMT services through which HHSC reimburses a member or a family member, friend, or neighbor of the member for mileage incurred driving the member to a covered health care service. Individuals who use their personal vehicle to transport a member to a covered health care services are referred to as "ITPs." There are two types of ITPs, ITP-Self and ITP-Other. ITP-Self includes individuals who are reimbursed for transporting themselves or their family members. ITP-Other includes individuals who are reimbursed for transporting non-family members such as neighbors or friends. ITP services are reimbursed based on mileage regardless of the number of passengers.

Table 1 below outlines the different types of NEMT services available to Medicaid members and policies related to multiple passengers.

¹ 42 Code of Federal Regulations (CFR) 431.53(a)

Table 1. Types of NEMT Services

NEMT Service	Policy Regarding Multiple Passengers
Non-TNC DRTS	If a pregnant or postpartum woman brings her children on a ride to a health care service, the provider is unable to claim the cost of the ride for the person(s) in the child(ren)'s seat.
TNC DRTS	Pregnant and postpartum women could bring their children on a ride to a health care service and the ride is reimbursed at the same rate as if the women had traveled alone.
ITP	Reimbursement is based on mileage regardless of the number of passengers. Pregnant and postpartum women could bring their children on a ride to a health care service and the ride is reimbursed at the same rate as if the women had traveled alone.

Pilot Design

To meet the requirements of the pilot, HHSC designed the pilot to use transportation-related value-added services (VAS) already provided by certain MCOs, and the anticipated increase in TNC availability after the implementation of H.B. 1576. The use of ITP was unexpected but achieved the pilot purpose of providing the relevant services at no cost to the state.

Value-Added Services

VAS are additional services an MCO may make available to its members beyond those specified in HHSC's contract with the MCO. VAS may differ across MCOs, and HHSC cannot require an MCO to offer a VAS. Transportation benefits beyond what are available through NEMT services may be VAS, if approved by HHSC. Any VAS that an MCO elects to provide must be provided at no additional cost to HHSC. The costs of VAS are not factored into the managed care rate setting process. In addition, the MCO must not pass on the cost of the VAS to members or providers. Transportation VAS can be delivered using any provider type, including TNCs. Multiple MCOs provided some type of transportation-related VAS prior to the pilot.

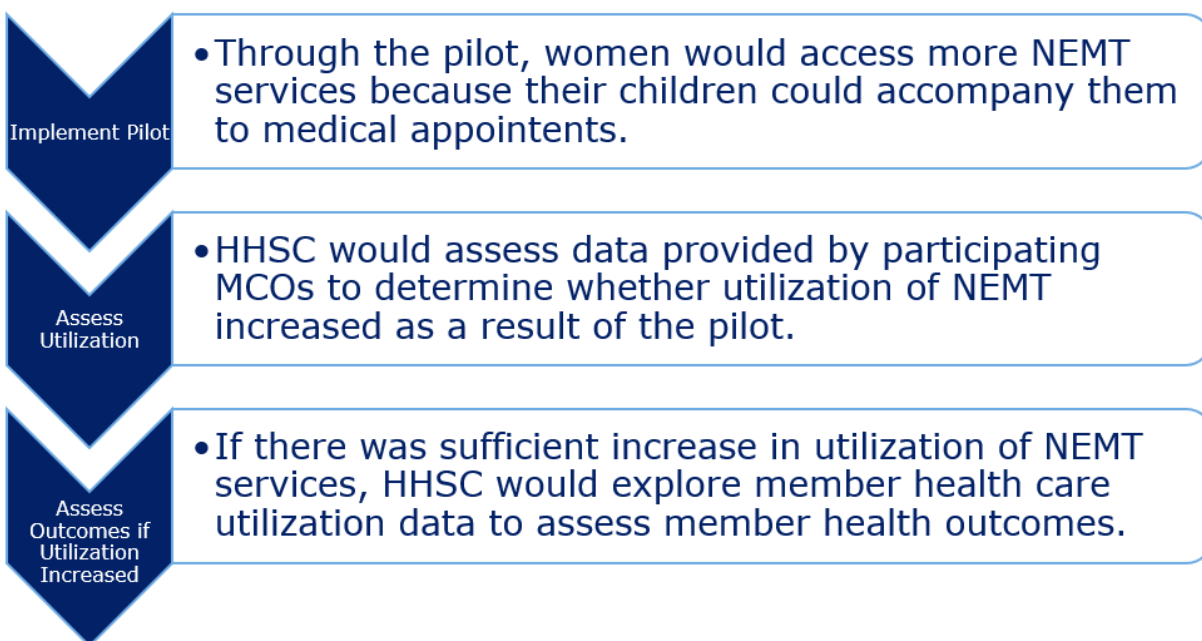
Methodology

HHSC approved 11 MCOs to deliver transportation VAS during state fiscal year 2021. Two of the approved MCOs delivered VAS in a manner consistent with the requirements of H.B. 25. Specifically, these two MCOs offered VAS, either through transportation services similar to DRTS (delivered by TNC or non-TNC providers) or other transportation services, while allowing the passengers' children to accompany them without causing a negative financial impact to the transportation provider.

HHSC offered both MCOs the opportunity to participate in the pilot and both accepted.

To evaluate the impact of the pilot, HHSC developed a methodology relying on the assumption the pilot would need to increase use of NEMT services. As previously stated, the pilot would need sufficient number of individuals using NEMT services to evaluate outcomes (including increased access to prenatal and postpartum health care services, reduction in pregnancy-related complications, and a decrease in the rate of missed appointments for covered health care services). If NEMT services were observed for a minimum number (30) of members each quarter, then HHSC would be better able to explore whether there was a relationship between increased NEMT services usage and member health outcomes. Figure 1 below shows the logic model of the evaluation and the data sources HHSC planned to use for each aspect of the evaluation.

Figure 1. Pilot Evaluation Logic Model



Pilot Results

Cost Impact

The pilot MCOs used VAS to fulfill the pilot requirements. Any VAS that an MCO elects to provide must be provided at no additional cost to HHSC. As stated above, the costs of VAS are not factored into the rate setting process. Therefore, the pilot resulted in no cost to HHSC, as required by H.B. 25.

Member and MCO Feedback

Both MCOs participating in the pilot reported members liked the option of bringing their children with them to appointments. One MCO noted allowing a pregnant woman enrolled in STAR to bring another child with her improved the quality and efficiency of NEMT services. The MCO stated that by allowing the member to bring another child it created a cost saving opportunity on daycare services the women would need for that day. It was also reported that the pilot removed barriers which previously impacted members and helped to increase access to care and appointment rates.

As stated previously, implementation of H.B. 1576 impacted the H.B. 25 pilot. Pilot members likely also benefited from increased use of TNCs related to H.B. 1576 in addition to the pilot. It is hard to discern which change most impacted quality and efficiency of services.

Use of NEMT Services

To assess NEMT service usage, the two MCOs participating in the pilot reported the following information to HHSC on a quarterly basis:

- Number of trips taken by a pregnant or post-partum member enrolled in STAR and at least one child;
- Medicaid ID of primary passenger (i.e., the mother);
- Dates of trips;
- Number of children accompanying the primary passenger; and
- Mode of transportation (shared ride, TNC, etc.).

If pilot transportation services usage reached the minimum 30 individuals needed, HHSC planned to link the transportation data to health care utilization data for the members who accessed an NEMT service with their child(ren). HHSC shared this operational plan with the Maternal Mortality and Morbidity Review Committee during a meeting of the Committee on March 4, 2022.

As seen in table 2 below, MCO 1 saw more than 30 unique members in only four of the eight quarters. The increase in members' usage beginning in quarter four of state fiscal year 2021 coincides with implementation of H.B. 1576. While an assumption that this implementation was the cause of the increase is supported by the rates of TNC utilization compared to other types of transportation, it is also the same period of time as when the COVID-19 vaccine became more widely available. This could have contributed to an increase in the use of NEMT in general.

Table 2. MCO 1 Use of Transportation at No Cost to HHSC

Fiscal Year Quarter	Total Trips	TNC Use	ITP Use	Non-TNC DRTS(VAS)	Unique Members
SFY 2021 Q1	10	10	0	0	2
SFY 2021 Q2	0	0	0	0	0
SFY 2021 Q3	0	0	0	0	0
SFY 2021 Q4	431	319	20	112	35
SFY 2022 Q1	171	143	0	28	32
SFY 2022 Q2	113	106	0	7	32
SFY 2022 Q3	211	206	0	5	39
SFY 2022 Q4 ²	93	88	0	5	21
Totals	1029	872	20	157	n/a³

In comparison, as seen in table 3 below, MCO 2 saw lower overall member usage and less TNC use. In all quarters, MCO 2 saw 10 or fewer unique members. Unlike MCO 1, MCO 2 did not experience increased use after the implementation of H.B. 1576. However, the low member sample size during this period for MCO 2 hinders a clear result.

Table 3. MCO 2 Use of Transportation at No Cost to HHSC

Fiscal Year Quarter	Total Trips	TNC Use	ITP Use	Non-TNC DRTS(VAS)	Unique Members
SFY 2021 Q1	0	0	0	0	0
SFY 2021 Q2	1	1	0	0	1
SFY 2021 Q3	9	9	0	0	2
SFY 2021 Q4	28	0	20	8	10

² Quarter 4, SFY 2022 includes data for the month of June only.

³ The count of members using services is unduplicated in each quarter but not across the eight quarters of the pilot.

Fiscal Year Quarter	Total Trips	TNC Use	ITP Use	Non-TNC DRTS(VAS)	Unique Members
SFY 2022 Q1	16	0	10	6	4
SFY 2022 Q2	41	0	20	21	8
SFY 2022 Q3	23	0	10	13	6
SFY 2022 Q4 ⁴	12	0	5	8	4
Totals	130	10	65	56	n/a⁵

Overall, there were no discernible usage trends. Rates of member NEMT usage went up and down in each quarter, exceeding 30 members in only one quarter. While rates were lower for MCO 2, there was also an increase in the number of trips and number of members in the fourth quarter of state fiscal year 2021. As with MCO 1, the impact on these results is unclear due to the COVID-19 PHE and the implementation of H.B. 1576.

⁴ Quarter 4, FY 2022 includes data for the month of June only.

⁵ The count of members using services is unduplicated in each quarter but not across the 8 quarters of the pilot.

Conclusion

H.B. 25 requires HHSC to implement and evaluate a pilot to allow an MTO to arrange and provide NEMT services to pregnant women and new mothers enrolled in the STAR Medicaid managed care program and their children. The pilot was impacted by the implementation of H.B. 1576 and the COVID-19 PHE. These factors contributed to an insufficient sample size to fully evaluate the H.B. 25 pilot.

Without a sufficient sample size of NEMT services, HHSC is unable to fully assess whether the pilot impacted rates of prenatal and postpartum health care utilization, pregnancy-related complications, or missed appointments for covered health care services. However, HHSC adjusted the pilot to use MCOs and gathered feedback from the pilot participants. From feedback of the two MCOs participating in the pilot, members reported the use of TNCs reduced barriers to accessing needed healthcare while pregnant and after delivery. TNCs also allow transportation providers to cover the cost of children passengers without additional expense.

Also, it is possible that transportation barriers this pilot sought to evaluate are mitigated by the increased availability of TNCs resulting from H.B. 1576.

Due to the factors mentioned above, the pilot does not evaluate changes in maternal health or the behaviors of women pre- and post- pregnancy that took place during the pilot period. HHSC recognizes transportation can be a significant barrier to health care for pregnant and post-partum women. However, the implementation of H.B. 1576 and the impact of the PHE prevent HHSC from concluding if this pilot had any significant impact on the issue. Due to the implementation of H.B. 1576, including the use of TNCs, HHSC recommends terminating the H.B. 25 pilot while continuing to monitor the transportation-related barriers to prenatal and post-partum care through the ongoing monitoring of the impact of H.B. 1576.

List of Acronyms

Acronym	Full Name
CSHCN	Children with Special Health Care Needs
COVID-19	Novel Coronavirus
DRTS	Demand Response Transportation Services
H.B.	House Bill
HHSC	Health and Human Services Commission
ITP	Individual Transportation Participant
MCO	Managed Care Organization
MTO	Managed Transportation Organization
NEMT	Nonemergency Medical Transportation
PHE	Public Health Emergency
TICP	Transportation for Indigent Cancer Patients
TNC	Transportation Network Company
VAS	Value-Added Services