



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

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

Health and Human Services

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Table of Contents

Introduction	1
House Bill 1576	2
Background	3
NEMT Services.....	3
House Bill 25 Pilot Design	5
Transportation Network Companies (TNCs)	5
Value-Added Services (VAS)	5
Pilot Operations	5
Conclusion	7
List of Acronyms	8

Introduction

House Bill (H.B.) 25, 86th Legislature, Regular Session, 2019 directs the Health and Human Service Commission (HHSC) to develop and implement a pilot that allows for a managed transportation organization (MTO) that participates in the pilot 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. Currently, a pregnant woman or new mother is not permitted to bring children with her when using NEMT services to attend her medical appointments. For some women, this creates a barrier to accessing needed healthcare while pregnant and after delivery. The pilot aims to determine the extent to which a woman's ability to bring her children with her when using NEMT services to attend her medical appointments increases access to prenatal and postpartum health care services, reduces pregnancy-related complications, and decreases the rate of missed appointments by this population. HHSC must collaborate with the Maternal Mortality and Morbidity Review Committee on the development and implementation of the pilot. The pilot must be implemented in at least one health care region by September 1, 2020, must not result in additional costs to Medicaid or HHSC, and must allow the use of transportation network companies (TNCs). HHSC must evaluate the pilot to determine if it:

- is cost-effective;
- improves the efficiency and quality of services provided under the medical transportation program; and
- is effective 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.

By December 1, 2020, HHSC must submit a report on the implementation of H.B. 25, and by December 1, 2022, an evaluation of the pilot that includes a recommendation for its continuation, expansion, or termination. This report provides an overview of NEMT services, H.B. 25 pilot design, and describes the plan for data collection and evaluation of the pilot.

House Bill 1576

During the 86th legislative session, the Texas Legislature also passed House Bill (H.B.) 1576. H.B. 1576 directs HHSC to require Medicaid managed care organizations (MCOs) to provide NEMT services for their members, including the STAR population, effective September 1, 2020, thereby removing the current managed transportation organization (MTO) service delivery model for managed care members as of that date. The passage of H.B. 1576 potentially conflicts with H.B. 25 because MTOs will no longer serve the relevant population at the time H.B. 25 is implemented. Under state law, if two statutes conflict, the latest in date of enactment prevails, and H.B. 1576 was enacted before H.B. 25¹. However, HHSC recognizes the importance of addressing barriers to maternal health, and after careful analysis made the decision to implement the pilot using the STAR MCOs that will be responsible for administering NEMT services under H.B. 1576.

MTOs remain operational until the full implementation of H.B. 1576 that is scheduled for June 1, 2021. To avoid having to shift from MTOs to MCOs during the H.B. 25 pilot, MCOs will be used for the pilot from its inception.

¹ See Government Code §311.025. The House enacted H.B. 1576 on May 24, 2019, and H.B. 25 on May 22, 2019.

Background

HHSC must ensure that transportation to covered health care services is available for all Medicaid members, which is achieved through the delivery of nonemergency medical transportation (NEMT) services. Texas NEMT services began in 1974. Since 2008, 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. The following is an overview of transportation services available in the Medicaid program.

In accordance with federal regulations, Medicaid reimbursement is only available for NEMT services provided to an individual traveling to a health care service,² with limited exceptions such as a medically necessary attendant or a parent accompanying a child. For some women, these parameters create a barrier to accessing needed healthcare while pregnant and after delivery because they can not travel with their children.

NEMT Services

Demand Response Transportation Services

The most common method of providing NEMT services is demand response transportation services (DRTS). DRTS uses dispatched vehicles in response to requests from clients and is often provided using a shared ride arrangement in which a single vehicle transports multiple clients traveling in the same direction with appointments scheduled within one hour of each other.

Medicaid reimbursement is only available for NEMT services provided to a client traveling to a covered health care service, with limited exceptions. If an individual not traveling to a covered health care service occupies a seat in a shared ride vehicle, the provider is unable to claim the cost of the ride for the person in that seat.

Individual Transportation Participant (ITP)

ITP services are NEMT services through which HHSC reimburses a client or a family member, friend, or neighbor of the client for mileage incurred driving the member to a covered health care service. Individuals who use their personal vehicle to

² 42 CFR 431.53(a); 42 CFR 440.170(a)(3)(i)

transport a client 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 for mileage regardless of the number of passengers. While this does mean a woman could conceivably bring her children with her to her appointments without the provider financial impact of doing so in a shared ride, the June 2021 H.B. 1576 implementation (the transition from MTOs to MCOs, when NEMT services are carved into managed care) would create such a significant change in service delivery mid-pilot, ITP services cannot be considered a viable data source.

Other NEMT Services

In addition to demand response and ITP transportation services provided with a vehicle, the following services are also benefits under NEMT.

- Mass transit includes intercity or intra-city transportation by bus, rail, air, ferry either publicly or privately owned which provides general or special service on a regular or continuing basis.
- Advanced funds are authorized in advance of travel if such funds are necessary upfront for the individual to access services. Advance funds may be used for NEMT services such as meals and lodging, mileage reimbursement for ITPs, the purchase of airline or commercial bus tickets, toll charges, and parking fees.
- Meals and lodging are provided to eligible Medicaid-enrolled individuals from birth through age 20 when health care treatment requires an overnight stay. Lodging services are limited to the overnight stay and do not include any amenities offered by the hotel or motel, such as phone calls, room service, or laundry service.
- Commercial airline services may be authorized when it is the most cost-effective option or when necessary to meet the member’s medical needs.

House Bill 25 Pilot Design

HHSC has designed the pilot to take advantage of transportation-related value-added services (VAS) already provided by some MCOs and the anticipated increase in TNC availability after the implementation of H.B. 1576.

Transportation Network Companies (TNCs)

As noted above, DRTS are often provided using a shared ride arrangement in which a single vehicle transports multiple clients traveling in the same direction. H.B. 1576 introduces a new option for DRTS delivery using TNCs. A TNC is an entity that, for compensation, enables a passenger to prearrange with a driver, exclusively through the entity's digital network, a digitally prearranged ride. Common examples of TNCs include Uber and Lyft. HHSC anticipates that the changes brought about by H.B. 1576 will result in an increased number of TNCs participating in Medicaid and contracting to provide NEMT services. While a trip provided by a TNC is still only reimbursed for the individual travelling to the healthcare service, additional passengers can also travel without taking space in a shared ride that would otherwise be used by a Medicaid client. This provides another option under NEMT services for women who must travel with their children.

Value-Added Services (VAS)

VAS are additional services an MCO may make available to its members beyond those specified in HHSC's contract with the MCOs. VAS may differ across MCOs, and HHSC cannot require an MCO to deliver a VAS. Transportation benefits beyond what are available through NEMT services may be value-added services, if approved by HHSC. Any VAS that an MCO elects to provide must be provided at no additional cost to Medicaid or HHSC. The costs of VAS are not reportable as allowable medical or administrative expenses, and therefore are not factored into the 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 already provide some type of transportation-related VAS.

Pilot Operations

Of the 11 MCOs approved to deliver transportation VAS during state fiscal year 2021, two were approved for VAS consistent with the requirements of H.B. 25. HHSC offered both MCOs the opportunity to participate in the pilot. As of November 2020, one MCO has agreed to participate in the H.B. 25 pilot.

Participating MCOs will report the following to HHSC on a quarterly basis:

- Number of VAS 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
- Mode of transportation (shared ride, TNC, etc.)

The format for data collection will be finalized in December 2020. At that time participating MCO(s) will provide the first reports to HHSC using data from September 1, 2020, to November 30, 2020, and will continue reporting to HHSC on a quarterly basis.

Once MCOs begin administering NEMT in June 2021, MCOs may provide DRTS using TNCs when available, cost-effective, and medically appropriate. Use of TNCs may reduce reliance on VAS, making it appear that utilization has declined. To avoid impacting pilot results, beginning in June 1, 2021, pilot services using a TNC will be tracked through encounter data rather than MCO self-reported VAS data.

HHSC will use the MCO self-reported data and encounter data to monitor member healthcare utilization. More specifically, HHSC will link the transportation data to covered healthcare services during the pilot period to measure access of pre- and post-partum care by mothers who brought children with them when using transportation VAS or, after June 2021, TNC services.

HHSC will also track each member's pregnancy outcomes to assess rates of complications. Using Medicaid ID to track member service utilization, HHSC will monitor pregnancy-related visits associated with complications during pregnancy and after delivery for one year.

With input from the Maternal Mortality and Morbidity Review Committee, HHSC will develop a robust evaluation plan that, once complete, will provide HHSC with the information needed to recommend whether to continue, expand, or terminate the pilot.

COVID-19 Impact

Throughout the pilot, HHSC and the participating MCO(s) will monitor overall NEMT service utilization changes due to the effects of COVID-19 and, if necessary, revisit pilot expectations.

Conclusion

H.B. 25 will be implemented by at least one MCO through VAS and using services delivered by a TNC. An evaluation plan developed by HHSC, with the input of the Maternal Mortality and Morbidity Review Committee, will examine the pilot's impact on:

- cost-effectiveness;
- efficiency and quality of NEMT services; and
- 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.

Results of the pilot required by H.B. 25 will be evaluated and reported in December 2022, including a recommendation whether to continue, expand, or terminate the pilot, per the legislation's directive.

HHSC will take into consideration the impact on the pilot of other transportation-related activities taking place during the same period. In the final evaluation of the pilot, HHSC will note any unanticipated impacts to the changing NEMT landscape in managed care, and any ongoing impacts of the COVID-19 public health emergency on utilization.

List of Acronyms

Acronym	Full Name
HHSC	Health and Human Services Commission
ITP	individual transportation participant
MCO	managed care organization
MTO	managed transportation organization
NEMT	nonemergency medical transportation
TNC	transportation network companies
VAS	value-added services