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FY 2020 Houston EMA Ryan White Part A/MAI Service Definition Medical Transportation (Van Based)	
HRSA Service Category Title: RWGA Only	Medical Transportation
Local Service Category Title:	a. Transportation targeted to Urban b. Transportation targeted to Rural
Budget Type: RWGA Only	Hybrid Fee for Service
Budget Requirements or Restrictions: RWGA Only	<ul style="list-style-type: none"> • Units assigned to Urban Transportation must only be used to transport clients whose residence is in Harris County. • Units assigned to Rural Transportation may only be used to transport clients who reside in Houston EMA/HSDA counties <u>other than</u> Harris County. • Mileage reimbursed for transportation is based on the documented distance in miles from a client's Trip Origin to Trip Destination as documented by a standard Internet-based mapping program (i.e. Google Maps, Map Quest, Yahoo Maps) approved by RWGA. Agency must print out and file in the client record a trip plan from the appropriate Internet-based mapping program that clearly delineates the mileage between Point of Origin and Destination (and reverse for round trips). This requirement is subject to audit by the County. • Transportation to employment, employment training, school, or other activities not directly related to a client's treatment of HIV disease is <u>not</u> allowable. Clients may not be transported to entertainment or social events under this contract. • Taxi vouchers must be made available for documented emergency purposes and to transport a client to a disability hearing, emergency shelter or for a documented medical emergency. • Contractor must reserve 7% of the total budget for Taxi Vouchers. • Maximum monthly utilization of taxi vouchers cannot exceed 14% of the total amount of funding reserved for Taxi Vouchers. • Emergencies warranting the use of Taxi Vouchers include: van service is unavailable due to breakdown, scheduling conflicts or inclement weather or other unanticipated event. A spreadsheet listing client's 11-digit code, age, date of service, number of trips, and reason for emergency should be kept on-site and available for review during Site Visits. • Contractor must provide RWGA a copy of the agreement between Contractor and a licensed taxi vendor by March 30, 2015. • All taxi voucher receipts must have the taxi company's name, the driver's name and/or identification number, number of miles driven, destination (to and from), and exact cost of trip. The Contractor will add the client's 11-digit code to the receipt and include all receipts with the monthly Contractor Expense Report (CER).

	<ul style="list-style-type: none"> • A copy of the taxi company’s statement (on company letterhead) must be included with the monthly CER. Supporting documentation of disbursement payments may be requested with the CER.
<p>HRSA Service Category Definition: RWGA Only</p>	<p>Medical transportation services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.</p>
<p>Local Service Category Definition:</p>	<p>a. Urban Transportation: Contractor will develop and implement a medical transportation program that provides essential transportation services to HRSA-defined Core Services through the use of individual employee or contract drivers with vehicles/vans to Ryan White Program-eligible individuals residing in Harris County. Clients residing outside of Harris County are ineligible for Urban transportation services. Exceptions to this requirement require <u>prior</u> written approval from RWGA.</p> <p>b. Rural Transportation: Contractor will develop and implement a medical transportation program that provides essential transportation services to HRSA-defined Core Services through the use of individual employee or contract drivers with vehicles/vans to Ryan White Program-eligible individuals residing in Houston EMA/HSDA counties other than Harris County. Clients residing in Harris County are ineligible for this transportation program. Exceptions to this requirement require <u>prior</u> written approval from RWGA.</p> <p>Essential transportation is defined as transportation to public and private outpatient medical care and physician services, substance abuse and mental health services, pharmacies and other services where eligible clients receive Ryan White-defined Core Services and/or medical and health-related care services, including clinical trials, essential to their well-being.</p> <p>The Contractor shall ensure that the transportation program provides taxi vouchers to eligible clients only in the following cases:</p> <ul style="list-style-type: none"> • To access emergency shelter vouchers or to attend social security disability hearings; • Van service is unavailable due to breakdown or inclement weather; • Client’s medical need requires immediate transport; • Scheduling Conflicts. <p>Contractor must provide clear and specific justification (reason) for the use of taxi vouchers and include the documentation in the client’s file for <u>each</u> incident. RWGA must approve supporting documentation for taxi voucher reimbursements.</p> <p>For clients living in the METRO service area, written certification from the client’s principal medical provider (e.g. medical case manager or physician) is required to access van-based transportation, to be renewed every 180 days. Medical Certifications should be maintained on-site by the provider in a single file (listed alphabetically by 11-digit code) and will be monitored at least annually during a Site Visit. It is the</p>

	<p>Contractor’s responsibility to determine whether a client resides within the METRO service area. Clients who live outside the METRO service area but within Harris County (e.g. Baytown) are not required to provide a written medical certification to access van-based transportation. All clients living in the Metro service area may receive a maximum of 4 non-certified round trips per year (including taxi vouchers). Non-certified trips will be reviewed during the annual Site Visit. Provider must maintain an up-to-date spreadsheet documenting such trips.</p> <p>The Contractor must implement the general transportation program in accordance with the Transportation Standards of Care that include entering all transportation services into the Centralized Patient Care Data Management System (CPCDMS) and providing eligible children with transportation services to Core Services appointments. Only actual mileage (documented per the selected Internet mapping program) transporting eligible clients from Origin to Destination will be reimbursed under this contract. The Contractor must make reasonable effort to ensure that routes are designed in the most efficient manner possible to minimize actual client time in vehicles.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	<p>a. Urban Transportation: HIV/AIDS-infected and Ryan White Part A/B eligible affected individuals residing in Harris County.</p> <p>b. Rural Transportation: HIV/AIDS-infected and Ryan White Part A/B eligible affected individuals residing in Fort Bend, Waller, Walker, Montgomery, Austin, Colorado, Liberty, Chambers and Wharton Counties.</p>
Services to be Provided:	<p>To provide Medical Transportation services to access Ryan White Program defined Core Services for eligible individuals. Transportation will include round trips to single destinations and round trips to multiple destinations. Taxi vouchers will be provided to eligible clients only for identified emergency situations. Caregiver must be allowed to accompany the HIV-infected rider. Eligibility for Transportation Services is determined by the client’s County of residence as documented in the CPCDMS.</p>
Service Unit Definition(s): RWGA Only	<p>One (1) unit of service = one (1) mile driven with an eligible client as passenger. Client cancellations and/or no-shows are <u>not</u> reimbursable.</p>
Financial Eligibility:	<p>Refer to the RWPC’s approved <i>Financial Eligibility for Houston EMA/HSDA Services</i>.</p>
Client Eligibility:	<p>a. Urban Transportation: Only individuals diagnosed with HIV/AIDS and Ryan White Program eligible HIV-affected individuals residing inside Harris County will be eligible for services.</p> <p>b. Rural Transportation: Only individuals diagnosed with HIV/AIDS and Ryan White Program eligible HIV-affected individuals residing in Houston EMA/HSDA Counties other than Harris County are eligible for Rural Transportation services.</p> <p>Documentation of the client’s eligibility in accordance with approved</p>

	<p>Transportation Standards of Care must be obtained by the Contractor prior to providing services. The Contractor must ensure that eligible clients have a signed consent for transportation services, client rights and responsibilities prior to the commencement of services.</p> <p>Affected significant others may accompany an HIV-infected person as medically necessary (minor children may accompany their caregiver as necessary). Ryan White Part A/B eligible affected individuals may utilize the services under this contract for travel to Core Services when the aforementioned criteria are met and the use of the service is directly related to a person with HIV infection. An example of an eligible transportation encounter by an affected individual is transportation to a Professional Counseling appointment.</p>
Agency Requirements	<p>Proposer must be a Certified Medicaid Transportation Provider. Contractor must furnish such documentation to Harris County upon request from Ryan White Grant Administration prior to March 1st annually. Contractor must maintain such certification throughout the term of the contract. Failure to maintain certification as a Medicaid Transportation provider may result in termination of contract.</p> <p>Contractor must provide each client with a written explanation of contractor's scheduling procedures upon initiation of their first transportation service, and annually thereafter. Contractor must provide RWGA with a copy of their scheduling procedures by March 30, 2014, and thereafter within 5 business days of any revisions.</p> <p>Contractor must also have the following equipment dedicated to the general transportation program:</p> <ul style="list-style-type: none"> • A separate phone line from their main number so that clients can access transportation services during the hours of 7:00 a.m. to 10:00 p.m. directly at no cost to the clients. The telephone line must be managed by a live person between the hours of 8:00 a.m. – 5:00 p.m. Telephone calls to an answering machine utilized after 5:00 p.m. must be returned by 9:00 a.m. the following business day. • A fax machine with a dedicated line. • All equipment identified in the Transportation Standards of Care necessary to transport children in vehicles. • Contractor must assure clients eligible for Medicaid transportation are billed to Medicaid. This is subject to audit by the County. <p>The Contractor is responsible for maintaining documentation to evidence that drivers providing services have a valid Texas Driver's License and have completed a State approved "Safe Driving" course. Contractor must maintain documentation of the automobile liability insurance of each vehicle utilized by the program as required by state law. All vehicles must have a current Texas State Inspection. The minimum acceptable limit of automobile liability insurance is \$300,000.00 combined single limit. Agency must maintain detailed records of mileage driven and names of</p>

	individuals provided with transportation, as well as origin and destination of trips. <i>It is the Contractor's responsibility to verify the County in which clients reside in.</i>
Staff Requirements	A picture identification of each driver must be posted in the vehicle utilized to transport clients. Criminal background checks must be performed on all direct service transportation personnel prior to transporting any clients. Drivers must have annual proof of a safe driving record, which shall include history of tickets, DWI/DUI, or other traffic violations. Conviction on more than three (3) moving violations within the past year will disqualify the driver. Conviction of one (1) DWI/DUI within the past three (3) years will disqualify the driver.
Special Requirements: RWGA Only	<p>Individuals who qualify for transportation services through Medicaid are not eligible for these transportation services.</p> <p>Contractor must ensure the following criteria are met for all clients transported by Contractor's transportation program:</p> <p>Transportation Provider must ensure that clients use transportation services for an appropriate purpose through one of the following three methods:</p> <ol style="list-style-type: none"> 1. Follow-up hard copy verification between transportation provider and Destination Agency (DA) program confirming use of eligible service(s), or 2. Client provides receipt documenting use of eligible services at Destination Agency on the date of transportation, or 3. Scheduling of transportation services was made by receiving agency's case manager or transportation coordinator. <p>The verification/receipt form must at a minimum include all elements listed below:</p> <ul style="list-style-type: none"> • Be on Destination Agency letterhead • Date/Time • CPCDMS client code • Name and signature of Destination Agency staff member who attended to client (e.g. case manager, clinician, physician, nurse) • Destination Agency date stamp to ensure DA issued form.

FY 2021 RWPC “How to Best Meet the Need” Decision Process

Step in Process: Council		Date: 06/11/2020
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06/04/2020
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Improvement Committee		Date: 05/19/2020
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup #3		Date: 04/22/2020
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

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**FY 2018 PERFORMANCE MEASURES HIGHLIGHTS
RYAN WHITE GRANT ADMINISTRATION
HARRIS COUNTY PUBLIC HEALTH (HCPH)**

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HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

Follow HCPH on Twitter [@hcptx](#) and like us on [Facebook](#)

Highlights from FY 2018 Performance Measures

Measures in this report are based on the 2018/2019 Houston Ryan White Quality Management Plan, Appendix B. HIV Performance Measures.

Transportation

- Van-Based Transportation:
 - During FY 2018, 491 (64%) clients accessed primary care after utilizing van transportation services.
 - Among van-based transportation clients, 54% clients accessed LPAP services at least once during this time period after utilizing van transportation services.

- Bus Pass Transportation:
 - During FY 2018, 926 (35%) clients accessed primary care after utilizing bus pass services.
 - Among bus pass clients, 22% of clients accessed LPAP services at least once during this time period after utilizing bus pass services.
 - Among bus pass clients, 76% clients accessed any RW or State service after accessing bus pass services.

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Transportation
All Providers

Van-Based Transportation	FY 2017	FY 2018	Change
A minimum of 70% of clients will utilize Parts A/B/C/D primary care services after accessing Van Transportation services	498 (66.2%)	491 (63.7%)	-2.5%
55% of clients will utilize Parts A/B LPAP services after accessing Van Transportation services	388 (51.6%)	417 (54.1%)	2.5%

Bus Pass Transportation	FY 2017	FY 2018	Change
A minimum of 50% of clients will utilize Parts A/B/C/D primary care services after accessing Bus Pass services	809 (33.5%)	926 (34.8%)	1.3%
A minimum of 20% of clients will utilize Parts A/B LPAP services after accessing Bus Pass services	471 (19.5%)	591 (22.2%)	2.7%
A minimum of 85% of clients will utilize any RW Part A/B/C/D or State Services service after accessing Bus Pass services	1,833 (75.8%)	2,013 (75.6%)	-0.2%

What is Non-Emergency Medical Transportation, Patient Access?

PatientEngagementHIT

January 30, 2018 - During patient wellness efforts and chronic care management plans, consistent and reliable patient access to care is essential. Non-emergency medical transportation is a core solution to patient care access among populations facing transportation barriers.

Non-emergency medical transportation is a core Medicaid benefit. But as [Medicaid programs come under question](#) in the current healthcare policy climate, it is difficult to understand how these puzzle pieces fit together.

How does non-emergency medical transportation differ from state to state? And what are other healthcare entities doing to care for this patient need?

Below, *PatientEngagementHIT.com* answers the key questions surrounding non-emergency medical transportation.

What is non-emergency medical transportation?

Non-emergency medical transportation (NEMT) includes transportation services offered to patients and healthcare consumers who face extraordinary barriers getting to their medical appointments.

READ MORE: [BCBS, Lyft Forge Deal for Patient Care Access, Transportation](#)

NEMT is widely known to serve Medicaid beneficiaries. Transportation services were established as required Medicaid benefits when the program was established in 1966, according to a CMS [guide book](#).

Those barriers can include not having a valid driver's license, not having a working vehicle in the household, being unable to travel or wait for services alone, or having a physical, cognitive, mental, or developmental limitation.

NEMT services are usually intended for medical appointments or other forms of non-emergent care.

Emergency care is defined as “any event that puts the health and life of a Medicaid beneficiary at serious risk without immediate treatment,” CMS wrote in the guide book.

“Real emergencies occur when the medical needs of a beneficiary are immediate and due to severe symptoms,” the agency continued. “A life-threatening event such as uncontrolled bleeding, heart attack, an automobile accident, or other serious trauma may cause the symptoms”

READ MORE: [Public Health Org Aims to Meet Social Determinants of Health](#)

NEMT providers are required to offer transportation both to and from the appointment, utilize the most appropriate form of transportation, and include coverage for all expenses associated with transportation.

Why do Medicaid, payers cover NEMT?

Transportation is a core social determinant of health, or factor that impacts patient health that is not linked with disease burden or genetic makeup. The social determinants of health account for about 40 percent of patient health, according to a 2017 AHA [report](#), meaning that supporting patient transportation can have a serious impact on patient wellness.

The AHA report noted that 3.6 million individuals – regardless of payer status – do not access medical care because they do not have transportation to appointments. Four percent of children miss medical appointments for that same reason. Additionally, transportation barriers serve as the third leading cause of missing a medical appointment.

[Missed appointments](#) impact both patient health and healthcare revenue cycle. Patients who miss appointments may see their health and wellness deteriorate. As a result, healthcare costs can increase.

Patients who manage a chronic illness, for example, need to attend their regular check-ins with their providers. These check-ins ensure the patient's condition has not worsened and activate any kind of preventive care necessary to reduce the likelihood of a costly medical event. When a patient cannot attend these appointments, they are at risk of getting sicker and costing more healthcare dollars.

What are Medicaid's NEMT regulations?

READ MORE: [What Providers Should Know to Improve Patient Access to Healthcare](#)

As noted, NEMT has been a core Medicaid benefit since the program's birth. However, this benefit can look different from state to state due to Medicaid's program flexibility.

Prior authorization agreements, for example, can differ across the country.

“Many States require coverage of transportation services to be preauthorized before the beneficiaries receive transportation,” CMS explained in its guide book.

“States preauthorize transportation in a variety of ways,” the agency continued. “For example, one State may expect a physician to authorize the need for beneficiary transportation, another State may only want to know that the beneficiary's location drop-off was to a medical appointment, while a third State may expect the medical facility to phone in the medical transportation request before providing services.”

Some states require patients to pay a copayment for the transportation service. This is usually a nominal fee, ranging from \$0.50 to \$3.50, according to a [Kaiser Family Foundation dataset](#).

State Medicaid programs can also limit their NEMT programs through Medicaid 1115

waivers, according to a 2017 *Health Affairs* [post](#) by Michael Adelberg and Marsha Simon, PhD. Massachusetts recently applied for a [1115 waiver](#) to do away with the “assurance” of NEMT for its Medicaid expansion population, the pair offered as an example.

The state proposed to maintain NEMT for opioid treatment patients, which Adelberg and Simon argued highlighted Massachusetts’ recognition that NEMT is useful for patient adherence to medical treatment.

Going forward, HHS says states can practice more flexibility with their NEMT programs. A March 2017 [letter](#) from HHS Secretary Tom Price, MD, and CMS Administrator Seema Verma says states can apply for certain waivers for Medicaid programs such as NEMT.

“States may also consider creating greater alignment between Medicaid’s design and benefit structure with common features of commercial health insurance, to help working age, nonpregnant, non-disabled adults prepare for private coverage,” the pair wrote to state governors.

Healthcare professionals and state Medicaid policymakers will need to assess community needs to better understand the role NEMT plays in patient health.

What are other NEMT services, solutions?

Non-emergency medical transportation is a key program for more than just state Medicaid programs. The service has also been offered via the VA and some private insurers.

Should states take advantage of the flexibility offered from HHS going forward, hospitals may need to step in to fill this care gap for patients, according to the same 2017 AHA report.

“Although hospitals and health systems traditionally have not focused on transportation issues within their purview of care delivery, there is a growing recognition that improving transportation access and support for patients can help improve health outcomes and lower health costs,” AHA noted.

Hospitals can design their own NEMT programs by looking at their community health needs assessments. This will help hospitals determine what kind of solution best suit their populations.

Ridesharing partnerships have been an excellent source for hospitals and other healthcare providers to assist patients in need. Many hospitals are joining forces with companies such as Uber or Lyft to allow patients to hail a ride through the familiar smartphone interface.

These programs have proven financially effective, [reducing transportation costs](#) for various healthcare entities.

As more healthcare organizations answer the call to address the social determinants of health, they must understand how transportation barriers and NEMT impact patient health. Although Medicaid is a significant NEMT provider, gaps in care may still remain. Healthcare professionals must identify those gaps and determine solutions for filling them.

Lyft Fills Medical Transportation Gaps for One-Third of Riders

PatientEngagementHIT

January 29, 2019 - Using ridesharing service Lyft to get to medical appointments has made patient care access less of a hassle, emphasizing the tool's use as non-emergency medical transportation, according to Lyft's annual [Economic Impact Report](#).

The report, which included survey responses from over 30,000 Lyft passengers, outlined how the rideshare service has impacted the communities in which it is used. Currently, Lyft has been adopted in 95 percent of the US population, the report stated.

Lyft has been a boon not only for individuals getting to work or social engagements, but for patients accessing care, as well. Medical transportation is an important [social determinant of health](#). When patients cannot get transportation to their medical appointments, they often forego care, which can lead to other adverse health impacts.

Rideshare services like Lyft have addressed that issue. Twenty-nine percent of survey respondents said they have used Lyft successfully to get to their medical appointments. Twenty-eight percent of healthcare riders said that without Lyft, they would not be able to make it to their medical appointments at all.

Using Lyft to attend medical appointments can take multiple different forms. First, a patient may call a Lyft using their own smartphone Lyft app, brokering the exchange on their own.

But Lyft has also emerged as a key player in the healthcare market, building community health partnerships with hospitals and health systems across the country. In these cases, a hospital or health system manager can broker the ride on the patient's behalf. Many state Medicaid programs have similar capabilities.

Finally, Lyft has made partnerships with many [non-emergency medical transportation](#) (NEMT) companies. These companies serve as rideshare brokers between patients and providers. If a clinic flags a patient as potentially in need of a ride, that NEMT group will arrange the ride on the patient's and hospital's behalfs.

These arrangements have improved patients' experiences of care, the Lyft report pointed out. About three-quarters of respondents said using Lyft for their medical appointments made care access less of a hassle.

Thirty-six percent of respondents said that after beginning to use Lyft to attend their medical appointments, they went to urgent care less frequently.

This is likely because patients had the transportation means to attend appointments with their primary care or chronic care providers instead of having to mitigate crises in urgent care. This is ultimately less costly for the patient and healthcare industry at

large.

What's more, the use of Lyft has proven effective at making the roads safer, the report acknowledged. Seventy-one percent of riders said they are less likely to drive when impaired by a substance such as drugs or alcohol because Lyft is a transportation option.

Lyft, and other ridesharing apps, have proven effective at addressing driving under the influence as a public health issue.

Separate reports have corroborated this fact. A 2017 working paper out of the University of Kansas [suggested](#) that the public safety benefits of Lyft and Uber have resulted in lower healthcare utilization. Specifically, the decrease in impaired driving may have led to fewer ambulance rides.

Ultimately, these survey results indicate Lyft has an emerging public health good. The service is useful for addressing the social determinants of health and connecting patients with necessary medical transportation. This helps create healthier communities as a lower cost footprint, Lyft said.

Some studies have indicated that rideshare companies have [mixed effectiveness](#) at addressing medical transportation barriers. A 2018 study published in the *Journal of the American Medical Association Internal Medicine* indicated that rideshare programs are not, in fact, effective at reducing patient no-shows or missed appointments.

Additionally, rideshare companies such as Uber and Lyft are not always effective at offering transportation to patients with special transportation needs, including those who use a wheelchair or who have bulky medical equipment.

However, the JAMA study's critics pointed out some study flaws. The researchers primarily looked at patients who already had a relationship with a primary care provider and who had a history of attending their medical appointments.

Lyft and Uber have proven effective at serving patients who otherwise would not attend the doctor. In doing so, these rideshare companies begin to address the fringes of healthcare who in many cases rack up the highest costs.

Uber Health Partners with Non-Emergency Medical Transportation Firm

PatientEngagementHIT

August 16, 2019 - A new [partnership](#) between Uber Health and American Logistics, a non-emergency medical transportation (NEMT) broker, aims to improve patient access to care and support better care management.

This partnership represents a first for Uber Health, which up until this point had mostly joined forces with other community-based organizations, healthcare organizations, and payers to address transportation as a key social determinant of health.

This most recent deal is an expansion of Uber Health and American Logistics services as either party works to boost access to transportation services for a broader scope of patients with various health and equipment needs.

“By partnering with a best-in-class broker like American Logistics, we're looking to deepen how Uber Health can drive value for healthcare providers, payors and improve health outcomes for millions of patients,” said Dan Trigub, head of Uber Health. “American Logistics' unique integration with Uber's world-class API creates a single-platform solution that, coupled with our dedicated team of healthcare professionals, will drive significant value.”

Medical transportation is essential, especially for patients with complex health needs who need to visit their medical providers frequently. When a patient doesn't have a reliable form of transportation, she may not show up for a medical appointment, which can have negative consequences for her personal health and the health of practice finances.

Yet access to NEMT remains elusive for millions of patients, with a 2017 American Hospital Association [report](#) revealing that 3.6 million individuals miss medical appointments because they don't have a ride. These individuals may not have access to a car to drive to appointments or to a social support network to arrange a ride for them.

Rideshare companies like Uber Health, as well as NEMT brokers like American Logistics, have stepped in during recent years to close that transportation access gap. Providers can refer patients to these organizations to arrange a rideshare to a medical appointment, and in many cases cover some or all of the costs associated with the ride.

This latest deal will help American Logistics expand its footprint, which already includes access to vehicles that can accommodate bulky medical equipment such as wheelchairs. As more healthcare organizations begin to address transportation as a key [social determinant of health](#), they are increasingly relying on the services of NEMT brokers such as American Logistics.

Although Uber Health rideshares are not known for having the capability to accommodate wheelchairs and other medical equipment, this partnership with Uber Health will help American Logistics meet demand for able-bodied individuals.

“Our partnership with Uber Health provides a new opportunity for growth and unparalleled customer service to both our healthcare clients and their members and patients,” said Craig Puckett, CEO of American Logistics. “We look forward to delivering innovative solutions in the transportation landscape alongside Uber Health.”

The partnership will leverage the application programming interfaces (APIs) of either respective organization, allowing both apps to integrate together. Patients or providers arranging rides through the American Logistics platform will also be able to arrange rides through Uber Health.

This will be a boon for providers who are increasingly relying on NEMT brokers and rideshare companies to connect their patients to care, according to Sachin Jain, the president and CEO of provider CareMore, who has worked with American Logistics for over 15 years.

“The addition of Uber's expansive driver-partner network to the American Logistics platform will ensure that our patients continue to have reliable transportation to access the quality care they need,” Jain said in a statement. “CareMore is aligned with American Logistics innovative approach to designing optimal experiences for those we serve and we look forward to what that brings.”

This partnership comes about a year and a half after Uber Health [launched](#) its healthcare specific offshoot, which designed an interface to help connect users to rides to medical appointments in particular. This latest partnership is an expansion of that mission by expanding the footprint of key NEMT resources.

Need non-emergency medical transportation? These companies are in the driver's seat

Rachel Z. Arndt

Because they lack transportation, about 3.6 million patients miss medical appointments every year. So healthcare systems and payers are turning to the same ride-sharing companies that bring on-demand transportation to the masses, but with a twist.

Companies like Circulation and Roundtrip are jumping in the middle, hoping to help providers create hassle-free experiences for patients.

Like Circulation, Roundtrip also partners with Lyft. The company, which recently raised \$1.9 million in seed funding, also offers rides from non-emergency ambulance companies and others. "We offer a single touch point to the full spectrum of medical transportation," said Mark Switaj, founder and CEO of Roundtrip. The service can act either as a stand-alone or as an integration with electronic health records from Epic, Cerner and others.

Circulation and Roundtrip allow patients to book rides directly—Circulation through phone calls, text messages and emails; Roundtrip through an app—but most of the rides are arranged by providers.

"It's sort of a no-brainer when you think about the rationale for adding transportation to a medical benefit or clinical protocol," said Erik Swanson, executive director in EY's health customer practice. "How you pay for it is what matters," he said. "The challenge has always been reimbursement."

With Circulation and others, patients don't pay for rides—payers (mostly Medicaid and Medicare) and sometimes providers do. In Circulation's case, it's mainly providers. "We're definitely seeing what used to just be a market of state Medicaid rides expanding to Medicare, Medicare Advantage and some larger payers," said Robin Heffernan, co-founder and CEO of Circulation. "Folks are starting to think differently about transportation as a real benefit."

But it's hard to find a commercial payer that has broad reimbursement for this kind of transportation. One is the Blue Cross Blue Shield Association, which in mid-2017 partnered with Lyft to provide rides to commercially insured patients for certain Blues plans in areas considered "transportation deserts."

In addition to reimbursement, the Health Insurance Portability and Accountability Act is another sticking point, albeit one that's more easily overcome. Uber, Lyft, Circulation, and Roundtrip all abide by the law, making sure their platforms are HIPAA-compliant. Circulation, for instance, has business associate agreements with all of its transportation partners, including Uber and Lyft.

"We try to provide the bare minimum of information to Uber and Lyft," Heffernan said. The company provides only the first name and pickup and drop-off information, she said. "It looks like a ride from any other rider."

Uber worked with an outside firm, Clearwater Compliance, to make sure its HIPAA policies were up to snuff. "This is about the privacy, security and breach notification rules, and it's also about patient safety and patient care," said Bob Chaput, Clearwater's CEO. "It's about safeguarding this very personal sensitive information."

Generally, patients have been receptive to getting rides through Uber, said Dr. Andrew Fine, a physician at Boston Children's Hospital. "I think it's a really exciting concept to think about ways we can use technology to help make the system more efficient," he said. "People are using Uber more and more, so I feel like this is a natural extension of it."

Still, some patients are resistant, particularly those who don't use ride-sharing apps in their day-to-day lives. For these patients, some hospitals still offer taxi vouchers, as they long have.

The next frontier, Swanson said, could be transportation between healthcare facilities, such as between a hospital and a skilled-nursing facility—a trip that today might be done by ambulance. "Increasingly, patients are getting pushed to the home and skilled-nursing facilities with lots of support," Swanson said. "The ability to quickly and safely move folks back to a hospital or a higher-acuity setting is going to be really important."