ISSUE 01 A PUBLICATION FROM AMERICAN LOGISTICS FALL 2026

Moving Care FORWARD

IDEAS, INNOVATION, AND NEMT INSIGHTS

COVER STORY

The NEMT Balancing Act

THE CASE FOR THE BROKER MODEL

Why health plans are rethinking transportation management as cost, access, member experience and network complexity collide

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For Medicaid and Medicare health plans, non-emergency medical transportation (NEMT) is increasingly becoming an operational, financial, and member-experience imperative more than a member benefit.

As health plans face continuous pressure to control costs yet improve access and outcomes, medical transportation is under the microscope. Medicaid has longstanding requirements for assuring transportation to medical care, and CMS continues to emphasize that NEMT delivery maintain efficiency, quality, access, and program integrity.



Transportation is a complex benefit to manage. Every day, health plans have thousands of members traveling across urban, suburban, and rural markets, each with different mobility needs and transportation options as they travel to medical appointments.

The challenge is not simply arranging a ride. Eligibility, authorization, scheduling, cancellations, no-shows, mileage, different levels of service, and billing all must be managed. Compliance, complaints, and provider performance must be addressed as well, not to mention the management of an efficient transportation network. Due to the complexity involved, many plans rely on NEMT brokers rather than attempting to build and operate an entire medical transportation network infrastructure internally. The NEMT broker model is specifically recognized by CMS, and it requires competitive procurement and oversight guidelines designed to evaluate experience, resources, performance and cost.

Why Building In-House Can Be Difficult

For some, launching an internal NEMT program may appear to offer greater control and potentially lower costs. In practice, however, the infrastructure required can be substantial.

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COVER STORY, CONTINUED

The NEMT Balancing Act

Continued from Page 1 - **The Case for the Broker Model**

A More Complex Equation

An internal NEMT launch will require efficient transportation technology, the recruitment of credentialed providers, the monitoring of vehicles and drivers, and the establishment of call-center capabilities. Trip scheduling and dispatch will need to be managed. Invoices will need to be processed, and member complaints will need to be resolved. Then there's the continuing process of expanding the network when transportation capacity is constrained.

CMS has identified provider-network strain and transportation shortages as ongoing challenges, and the network itself has variables that must be addressed. States and health care programs are using strategies ranging from mileage reimbursement and public transportation to broker networks and technology-enabled transportation options.

An in-house NEMT program will need to address these complexities.

Reducing Member Abrasion

Transportation problems can become a health-care problem for members. A missed dialysis treatment because of a failed ride can quickly become a serious health risk. A late vehicle can create frustration for both the member and provider. Repeated scheduling problems can generate calls, complaints, grievances, and additional administrative work for the plan. Member experience is an important measure of NEMT performance and not simply whether a ride was technically scheduled.

Between the health plan and a complex transportation marketplace, an experienced broker can manage that complexity while giving the plan real-time visibility into performance, complaints, utilization, and network capacity.

The Value of Provider Curation

Perhaps one of the most important broker functions is transportation provider curation. A broad network is not necessarily a good network. Health plans need transportation providers that are properly qualified, reliable, geographically appropriate, and capable of serving members with different needs.

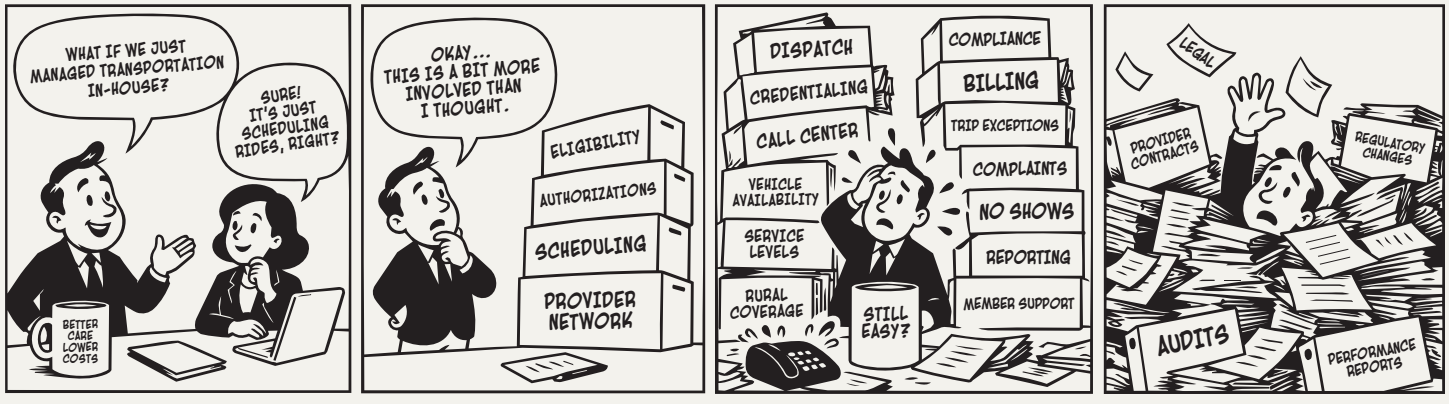
The holy grail of NEMT management is a balance between controlling costs, maintaining access, improving reliability, and reducing member friction.

The real question for health plans is whether transportation is truly a core competency—and whether building the infrastructure to manage it internally creates enough value to justify the operational complexity and cost.

Today, every healthcare dollar and every member interaction matter. Partnering with the right NEMT broker can allow health plans to focus on what they do best: delivering better health outcomes while relying on transportation specialists to manage the vital road between the member and care.

IN TRANSIT | *A Moving Care Forward Comic*

FALL 2026



Medicare Advantage Is Cutting Transportation Benefits

What Could This Mean for Patients?

As health plans look for savings, the question may be less about what transportation costs and more about what its absence could cost members.



Non-emergency medical transportation (NEMT) has been one of the fastest-growing supplemental benefits in Medicare Advantage. This growth is reversing—and the consequences could extend beyond the transportation industry.

According to KFF, 30% of individual Medicare Advantage plans offered transportation for medical needs in 2025. In 2026, that figure fell to just 24%, a 20% decline in a single year. Among Special Needs Plans, where transportation benefits remain considerably more common, the decline was even steeper. Eighty-one percent offered transportation in 2025, compared with 67% in 2026.

For health plans facing higher costs and tighter margins, reducing supplemental benefits may seem like a logical place to find savings. Transportation, however, is different from many other supplemental benefits because it can determine whether a member can physically access the care the plan already pays for.

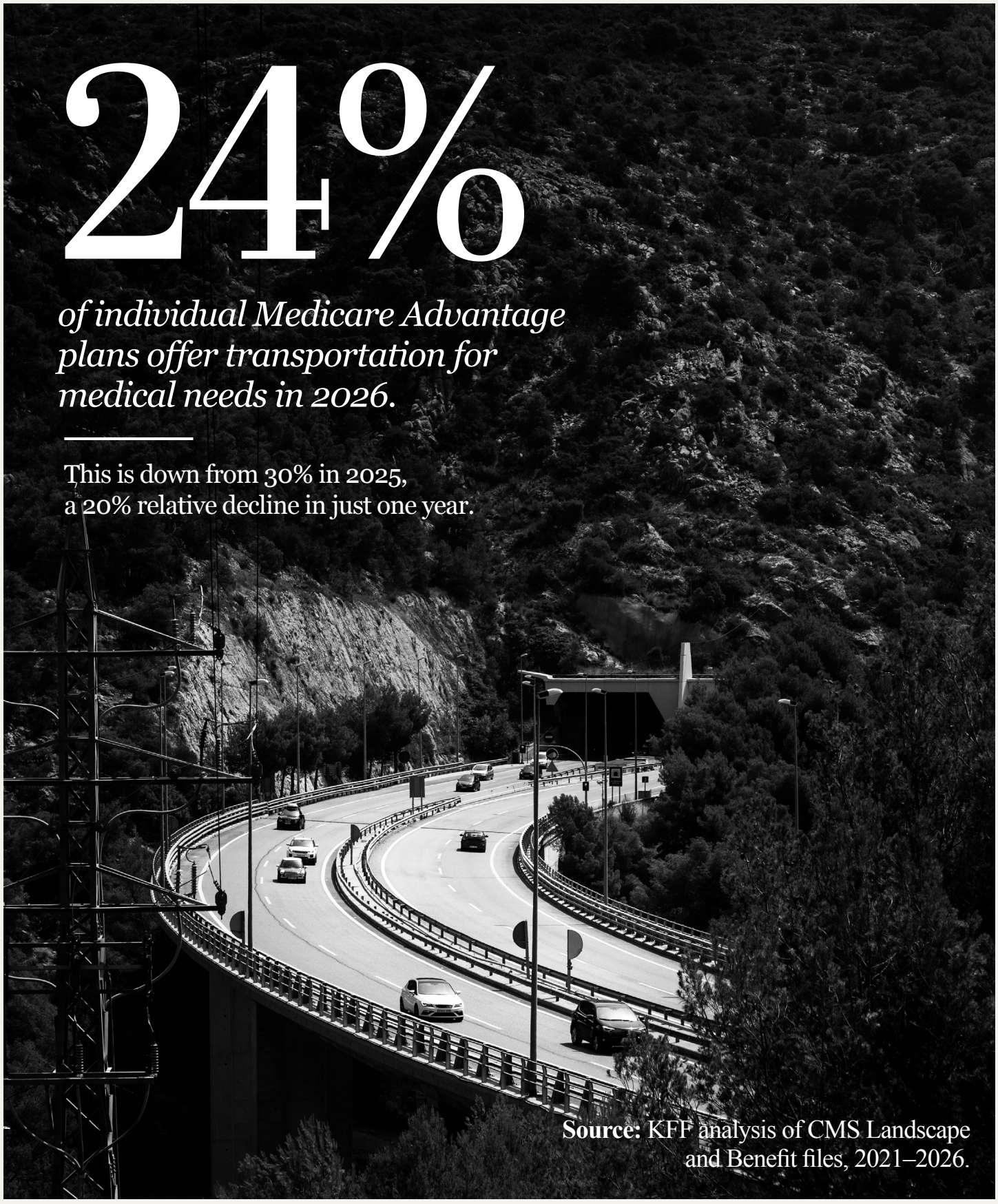
The connection between transportation and healthcare access is supported by research. A systematic review found that transportation interventions were associated with approximately 37% lower odds of missed medical appointments. The evidence is less conclusive when it comes to whether NEMT directly reduces overall healthcare spending. That distinction matters.

It does not diminish the importance of transportation. It does suggest that the industry may need to think differently about how its value is measured. If the case for NEMT rests solely on whether a ride produces an immediate, measurable reduction in healthcare spending, we may be asking transportation to prove the wrong thing.

Its value may also lie in something more fundamental: whether members can access the healthcare benefits they already have.

As transportation benefits become less common, the risk is a widening gap between having access to care on paper and having a practical way to reach it. That concern becomes particularly significant for people with complex healthcare needs. Special Needs Plans are specifically designed for beneficiaries with significant or specialized care needs, and SNP enrollment continues to grow. Nearly one-quarter of Medicare Advantage enrollees are now enrolled in an SNP.

For these members, the question is not simply whether transportation belongs on a list of supplemental benefits. It is what happens to access when it disappears.


24%
of individual Medicare Advantage plans offer transportation for medical needs in 2026.
This is down from 30% in 2025, a 20% relative decline in just one year.
Source: KFF analysis of CMS Landscape and Benefit files, 2021–2026.

The Four Key Disruptions Facing National NEMT Companies

A look at the pressures transforming the industry

It doesn't require a GPS to see that the non-emergency medical transportation (NEMT) industry is changing. Services continue to grow as our population ages and requires more access to medical care, and the industry will remain a critical partner for health plans, providers, and patients. But NEMT is being reshaped by forces on all sides: cost pressures, workforce challenges, regulatory scrutiny, and rapidly evolving technology.

DEALING WITH COSTS VERSUS REIMBURSEMENTS

For an NEMT provider, balancing high-quality service with a widening gap between costs and reimbursement is an ongoing challenge. Fuel, wages, insurance, vehicle maintenance, technology upgrades, and the administrative costs of operating a modern medical transportation system all put pressure on transportation providers.

At the same time, health plans, Medicaid programs, and transportation brokers face their own pressure to control costs. CMS has explicitly emphasized that Medicaid transportation programs must operate with efficiency, economy, and quality of care. For a national company, rates that may work in one market may be unsustainable in another because labor, insurance, fuel, vehicle, and regulatory costs vary dramatically by state and geography.

Reducing the cost per completed trip while maintaining reliability and a quality patient experience will require better routing, higher vehicle utilization, and smarter trip assignment. Equally important are accurate forecasting and technology capable of identifying costly inefficiencies.

WORKFORCE SHORTAGE

We are, after all, in a people business. Technology can optimize a trip, but a human being must still be at the patient's door. Recruiting drivers is an industry-wide operational challenge. Today, potential drivers have more transportation options available to them, including rideshare and other gig-economy opportunities.

NEMT drivers are tasked with more than simply operating a vehicle. They assist passengers with complex needs, safely secure wheelchairs, and provide customer service to a vulnerable population. Once on site, they navigate healthcare facilities and communicate with caregivers.

The future winners will likely be the organizations that treat their driver networks as strategic assets rather than simply a pool of available vehicles and employees.

REGULATORY ENVIRONMENT

Transportation brokers and managed care organizations now must meet more requirements around credentialing, documentation, vehicle standards, driver qualifications, trip verification, and performance.

NEMT integrity is a specific CMS focus and under increased scrutiny. Accurate trip records, GPS data, eligibility verification, driver credentials, and defensible billing will become increasingly important.

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Four Disruptions Facing NEMT

Continued from Page 5

TOMORROW'S TECHNOLOGY

NEMT technology has evolved far beyond basic dispatch software and increasingly determines which companies can operate efficiently at national scale. From member reservations and eligibility verification to dispatch, provider assignment, GPS verification, billing, customer service, and performance reporting, every part of the trip generates important operational data.

National NEMT companies have enormous amounts of operational data. Data can determine which trips are most likely to become late or fail and where provider capacity is insufficient. The data can shed light on whether there are underutilized vehicles or when shared rides can reduce cost and determine what factors may be causing cancellations or no-shows.

WHAT THE FUTURE HOLDS

Our approach combines technology, predictive analytics, provider-network management, and real-time reporting to improve transportation performance. The next evolution will move data from documenting what happened to predicting what happens next.

NEMT isn't ordinary transportation. A missed pickup can mean a missed dialysis appointment, delayed treatment, an unnecessary emergency department visit, or significant stress for a patient and their caregiver.

Health plans and government programs will continue looking for ways to reduce transportation costs. The industry will see greater use of multiple transportation modes, including NEMT providers, taxis, rideshare, public transportation, and other mobility options.

The future challenge will be determining the right mode for the right member and the right trip, rather than simply selecting the least expensive ride. That requires sophisticated technology, strong provider networks, and accurate member information.

The strongest national organizations will simultaneously control costs, strengthen provider networks, invest in technology, maintain rigorous compliance, and deliver a consistently positive member experience across thousands of markets. The companies that can combine scale, technology, operational discipline, and a member-first approach will be best positioned to lead the industry's next chapter.

That is a difficult equation—but it is also an enormous opportunity.

1

COST

Rising fuel, labor, insurance, and operating expenses are widening the gap between cost and reimbursement. Smarter routing, forecasting, and vehicle utilization will be critical to maintaining quality while controlling costs.

2

WORKFORCE

Driver availability remains one of NEMT's most persistent operational challenges. Strong networks will depend on recruiting and retaining people prepared for the specialized demands of the work.

3

COMPLIANCE

NEMT is facing greater scrutiny around credentialing, trip verification, documentation, and billing. Strong records and rigorous oversight are becoming as important as the ride itself.

4

TECHNOLOGY

NEMT generates enormous amounts of operational data, but capturing it is only the beginning. The next evolution will use that data to predict problems, improve decisions, and prevent failures before they happen.

BEYOND THE RIDE:
Perspectives on the role transportation plays in healthcare

Dialysis Isn't Optional. Transportation Can't Be Either.



BY: DARREN HARLINE, *Chief Operating Officer*

For non-emergency medical transportation (NEMT) companies, every patient on the daily schedule matters. Dialysis patients in particular depend on this service. Something as simple as moving from one place to another can determine whether a patient survives another week, since missed appointments can quickly escalate into medical emergencies. In a healthcare system that thrives on new technology, revolutionary advancements and breakthrough procedures, it's easy to forget that some of the most basic care needs are also some of the most important.

NEMT companies are rarely discussed as critical stakeholders in the patient continuum of care. But we are. Drivers and coordination experts within this industry are frontline partners who facilitate access to life-sustaining treatments. Think of how NEMT provides solutions to the barriers of mobility limitations, unreliable vehicles, lack of family support, and financial instability, all factors that can quickly become daunting or insurmountable obstacles to vital care. This service also acts as an essential line of defense for at-risk dialysis patients. A transportation provider is often the first to notice when a patient with regular appointments stops going. And while missing a primary-care visit is not often immediately dangerous, forgoing dialysis treatment can be. Without it, patients may experience fluid overload, electrolyte imbalance, potential hospitalization, and even cardiac arrest.

CONTINUED ON PAGE 8

THE BENEFIT FORECAST

Where transportation access is expanding, contracting, or shifting

TRANSPORTATION BENEFITS



Cooling

A smaller share of Medicare Advantage plans are offering transportation benefits, falling from 30% in 2025 to 24% in 2026.

HIGH-NEED ENROLLMENT



Warming

Special Needs Plans now represent 23% of Medicare Advantage enrollment and drove 85% of net MA enrollment growth over the past year.

HIGH-FREQUENCY CARE



High-Pressure

More than one in four dialysis patients in a recent national study lacked private transportation, underscoring the importance of reliable access.

RURAL ACCESS



Patchy

Distance and limited transportation options continue to create barriers to reliable healthcare access in rural communities.

PROGRAM INTEGRITY



Intensifying

Federal efforts to combat fraud, waste, and abuse are increasing expectations for trip documentation, verification, and accountability.

Dialysis Isn't Optional. Transportation Can't Be Either

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01

AN EARLY LINE OF DEFENSE

As transportation providers, we take that responsibility seriously. Our team members inform the doctor, case manager, health plan, or others within the continuum of care that the patient has missed a critical dialysis appointment. We encourage all NEMT companies to adopt similar policies that will safeguard these patients.

NEMT companies aren't just fulfilling a contractual obligation to document and report no-shows or appointment refusals to health plans—they are performing a public-health function. Their notification can prompt outreach or wellness checks that prevent minor interruptions from becoming urgent crises. By extending the reach of care teams far beyond clinic walls, NEMT providers ensure that the most vulnerable, chronically ill patients don't get overlooked. And reducing hospitalizations, improving patient outcomes, and lowering system-wide costs benefits everyone.

02

TECHNOLOGY AS A SAFETY NET

Modern data and technology are significantly improving NEMT, making services more efficient, dependable, and patient-centered. Next-generation scheduling and routing systems assign the right driver and vehicle to each rider using real-time traffic and GPS data to reduce delays, cancellations, and operational costs. Mobile apps and automated messaging offer tracking, ride confirmations, and more convenient bookings and cancellations. Tools like electronic visit verification (EVV) automatically record trip details to help reduce claim denials and audit risks.

Automation is managing routine tasks like reminders, documentation, and eligibility checks, enabling transportation dispatchers to focus on exceptions rather than manual work for dialysis patients. New business models, such as on-demand NEMT and hybrid fleets, are expanding coverage and improving service quality. In short, data and technology are transforming NEMT into a more dependable, cost-effective, transparent, and patient-friendly service.

"Isn't it time we view medical transportation not as an afterthought, but as a crucial component of our society's healthcare?"

WHY RELIABILITY MATTERS

Every day, NEMT makes dialysis possible for thousands of patients. Isn't it time we view medical transportation not as an afterthought, but as a crucial component of our society's healthcare? NEMT providers are guardians of patient safety, continuity, equity and dignity. As partners in the healthcare industry, we can work together to elevate patient care and save lives.

Darren Harline
is Chief Operating Officer at American Logistics, overseeing the operations, technology and provider networks that help connect members to care nationwide.



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by making access to quality
transportation simple and reliable

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THE DRIVER'S SEAT

FIELD NOTES FROM THE NEMT NETWORK

Transportation Providers Face Industry Squeeze

BY: EDGAR BARUA, *Vice President, Provider Relations*

It's no secret that transportation providers are feeling an extra squeeze. In addition to reimbursement pressure, transportation providers are contending with rising auto insurance rates and fuel costs. In rural areas, the gap between rising operational costs and lower reimbursement is driving some out of the business.

But the biggest issue for transportation providers remains driver turnover. For some fleet operators, driver turnover rates are 60-80 percent per year. Replacing a driver requires an investment of time and money, in addition to the logistical challenge of covering trips.

More interestingly, transportation providers who are shifting their compensation to hybrid pay (hourly plus incentives) are experiencing less turnover than straight hourly compensation. The hybrid compensation package may be worth exploring for many fleets.

While many fleets are reporting reduced Medicare Advantage trips due to benefit changes, Medicaid behavioral health is expanding, underscoring the importance of payer mix for fleet operators.



A CLOSER LOOK

CalAIM Points to a Broader Role for NEMT

CalAIM demonstrates positive outcomes when NEMT is tied to whole-person care, not just a ride to the doctor. Real cost savings and hard data on fewer ER visits have been demonstrated. Enhanced care management (ECM) of CalAIM delivers positive patient outcomes and cost savings for Medicaid health plans.

BY THE NUMBERS

60-80%

Some fleet operators report annual driver turnover rates of 60-80%

PAY MODELS

Providers using hybrid compensation (hourly plus incentives) are seeing less turnover than fleets relying solely on hourly pay.

PAYER MIX

Many fleets are reporting fewer Medicare Advantage trips due to benefit changes, while Medicaid behavioral health transportation continues to expand.



Edgar Barua is Vice President of Provider Relations at American Logistics, working closely with transportation providers nationwide to understand the trends, challenges and opportunities shaping the NEMT network.

LIFE & LEISURE

The Lost Art of Doing Something Just for Fun

Whatever happened to hobbies just being fun?

Leisure has become surprisingly demanding and the way we spend our free time has changed.

We track the books we read, measure the miles we walk, and find countless ways to chart our progress. Hobbies that begin as simple interests can quickly become something to improve, master, or measure. There is real satisfaction in getting better at something you love, but there is also a point at which progress can begin to compete with pleasure.

A hobby can become a skill, a goal, a side business or another opportunity for self-improvement. Even leisure is increasingly described in terms of what it can accomplish for us. We walk for cardiovascular health, garden to reduce stress, and take up creative pursuits for their purported benefits to our well-being.

Pleasure alone rarely seems to make the case anymore. There is a peculiar contradiction in all of this. We understand that health extends well beyond what happens in a physician's office, yet we are remarkably good at turning the rest of life into another regimen. Movement, nutrition, sleep, and preventive care matter. But well-being is not merely the successful completion of everything we have been told is good for us. There is value in having an interest that asks very little in return. It might challenge us, frustrate us or inspire the purchase of an unreasonable amount of highly specialized equipment. We may become exceptionally good at it. We may remain spectacularly average. Either outcome is beside the point.

Not everything we do needs to be productive, profitable or purposeful. In a culture enamored with optimization, there is something almost rebellious about protecting the things we do simply because we enjoy them. Sometimes, enjoyment is enough.

MARK YOUR CALENDAR

Medicare Open Enrollment

October 15–December 7

Medicare Open Enrollment is the annual opportunity for people with Medicare to review their coverage and make changes for the year ahead. During this period, beneficiaries can join, switch, or drop a Medicare Advantage or Medicare drug plan, or move between Medicare Advantage and Original Medicare. Changes made during Open Enrollment generally take effect January 1.

Medicare plans, costs, and benefits can change from year to year, and so can the needs of the people they serve. Open Enrollment offers a natural moment to look beyond the insurance card and consider how coverage will work in everyday life, from providers and prescriptions to the supplemental benefits that can help people access and use their care.

ASK NEMT

DEAR NEMT:
If rideshare exists, why does NEMT need a whole transportation network? Could you not just send everyone an Uber or Lyft? **— LOST IN LOGISTICS**

DEAR LOST IN LOGISTICS:
If every trip and every member had the same needs, transportation would be considerably simpler. They do not. One member may be able to use rideshare independently, while another requires a wheelchair-accessible vehicle, door-to-door assistance, or another level of support. Even the same member may have different needs from one trip to the next. Rideshare can be an incredibly useful part of an NEMT network. The work is knowing when it is the right fit, when it is not, and having other options ready when the trip requires them.

DEAR NEMT:
Why does my ride sometimes arrive early? I appreciate the enthusiasm, but I was not planning to make the waiting room part of my morning.
— FASHIONABLY ON TIME

DEAR FASHIONABLY ON TIME:
Timing an NEMT trip involves more than calculating the drive from Point A to Point B. Traffic, appointment requirements, mobility needs, pickup time, loading time, and the unpredictability of the road all have to be considered. For certain appointments, arriving a little early can also be far better than arriving a little late.

The goal is not to maximize anyone's relationship with the waiting room. It is to build enough time into the trip to help members arrive when they need to, without making the journey unnecessarily long.



THE RETURN TRIP

The last leg of this journey. A little something for the road.

Word Search

FIND YOUR WAY TO CARE

L S W Q P M S T B R O K E R O O C M D A
A A X H O S P I T A L B Y J Q S K I L X
R F M I H G T U P R E D I V O R P A X T
R E O B M X P A T I E N T Y A F T L B E
E T F J U U T B U S L W W I S S E C C A
F Y B L S L X M O B I L I T Y F F E R P
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F T R T X Y Z X P O I Z P L L B I Q N M
G A A E Z X N O I T A T R O P S N A R T

FIND THESE 26 WORDS

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APPOINTMENT
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BROKER
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HOSPITAL
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MEDICARE
MOBILITY
NEMT
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27 Years of Moving Care Forward

For more than 25 years, American Logistics has worked at the intersection of transportation and healthcare access. We partner with health plans nationwide to manage non-emergency medical transportation for Medicaid, Medicare Advantage, and other healthcare populations, connecting members to everything from preventive appointments to recurring and specialized care. Our approach brings together proprietary technology, experienced people, and a trusted network of transportation providers to create a benefit that is flexible enough to meet individual needs and accountable enough to meet the demands of modern healthcare.

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3M+
COVERED MEMBERS

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99%
ON-TIME PERFORMANCE

