

INSIGHT: STATE OF NEMTAC

THE WAY OF THE FUTURE

REDIFINING BEST IN CLASS

ACCREDITATION TRENDS

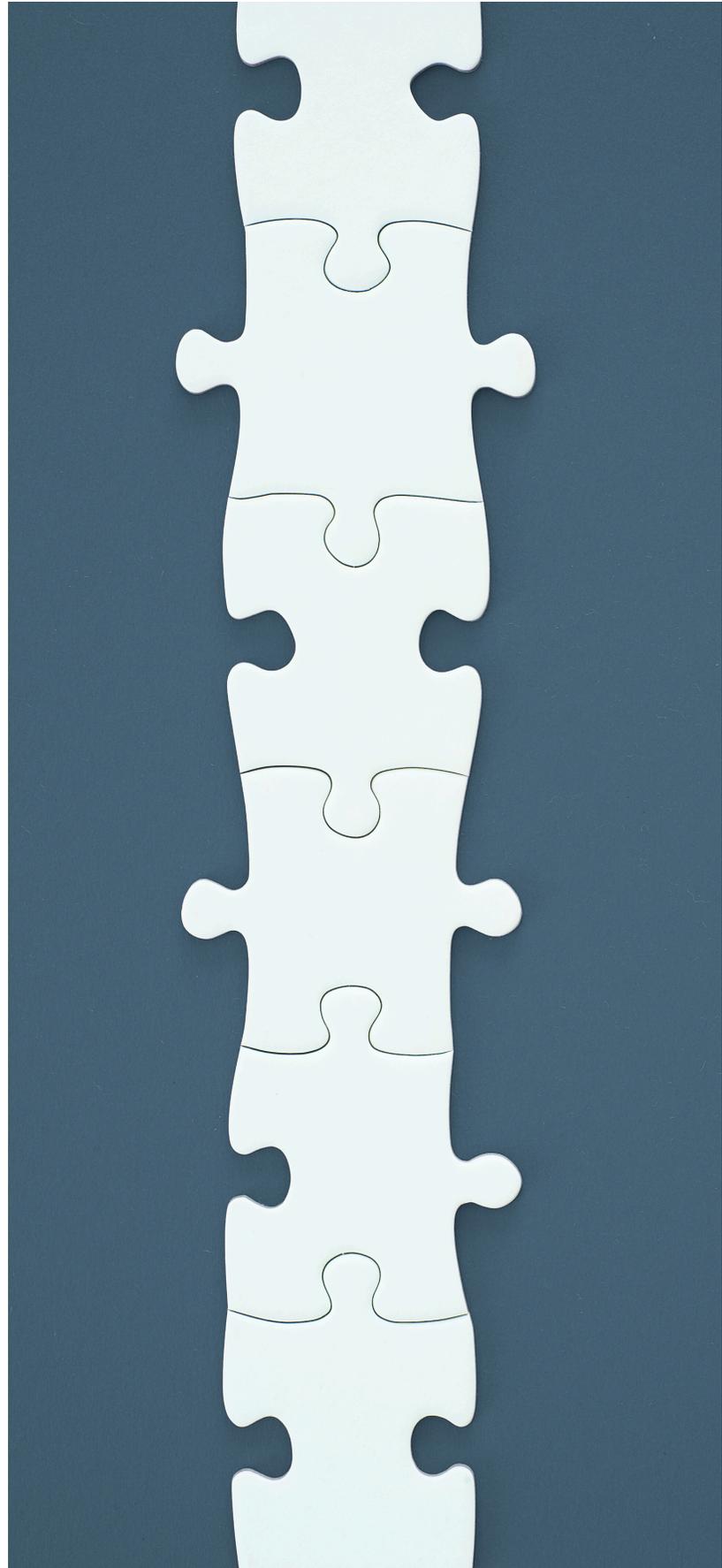
WINTER - 2026

NEMTAC Today[®]

Driving Innovation. Delivering Impact

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FROM THE EXECUTIVE DIRECTOR

As we look ahead, the direction of Non-Emergency Medical Transportation is clear. Demand will continue to grow, workforce pressures will persist, regulatory attention will increase, and expectations for quality and reliability will rise across every segment of the system. These are not short-term conditions. They are structural indicators that NEMT is now a critical component of healthcare access and overall system performance.

Responding effectively will require more than incremental change. It requires shared definitions, intentional system design, and disciplined collaboration grounded in how NEMT actually operates in the field. NEMTAC's role in this work remains consistent: developing standards, aligning education, supporting accreditation pathways, expanding stakeholder engagement, and providing transparent, public-facing resources that strengthen accountability across the system.

The future of NEMT will not be shaped by a single solution or organization. It will be shaped by our collective ability to build durable infrastructure that delivers safe, reliable, and sustainable transportation for the passengers and communities who depend on it every day.

A handwritten signature in black ink that reads "Peter J. Hicks". The signature is written in a cursive, flowing style.

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State of NEMTAC®

Building the Infrastructure for a More Reliable NEMT System

By Peter J. Hicks, Executive Director, NEMTAC®

As Non-Emergency Medical Transportation (NEMT) continues to draw increased attention from regulators, healthcare stakeholders, and policymakers, the questions being asked are no longer abstract. They are practical, urgent, and outcome-focused: reliability, quality, safety, workforce stability, and accountability.

These questions are legitimate. They reflect the growing importance of NEMT within the broader healthcare ecosystem — and the recognition that transportation is no longer peripheral to access, outcomes, or system performance.

At the same time, they place the industry at a crossroads. One path leads toward tighter controls layered on top of existing models. The other leads toward clearer system design — grounded in how NEMT actually functions, rather than how we wish it would.

NEMTAC's role is to help the industry take the second path — and over the past year, the organization has made deliberate internal changes to ensure it is positioned to do so.

Organizational Focus and Capability

Over the past year, NEMTAC has refined its staffing structure and internal focus to better align with its core mission as an ANSI-accredited standards development organization. These changes were not about growth for growth's sake, but about clarity of purpose: strengthening standards development, improving communication, and supporting sustained stakeholder engagement.

As regulatory scrutiny and industry complexity increase, the need for disciplined governance, consistent messaging, and reliable infrastructure becomes more important — not less. NEMTAC's internal adjustments reflect that reality.

Expanding and Formalizing Stakeholder Engagement

One of the most significant developments this year has been the expansion and formalization of NEMTAC's advisory committee structure.

NEMTAC has grown from six advisory committees to a broader, more representative committee framework, reflecting the reality that NEMT outcomes are shaped by far more than a single segment of the industry.

This expansion was intentional and strategic, designed to ensure that standards development and policy discussion are informed by the full range of perspectives that influence transportation access, safety, quality, and reliability.

As part of this effort, NEMTAC has also deepened engagement with other standards bodies, transportation associations, healthcare stakeholders, and

industry organizations, recognizing that alignment across standards and sectors is essential to long-term system performance. require broad, disciplined participation.

These relationships strengthen transparency, reduce fragmentation, and support more coherent system design.

Expanded stakeholder recognition is not about inclusion for its own sake. It is about accuracy. Layered systems require layered insight, and durable standards require broad, disciplined participation.

Strengthening How the Industry Connects and Communicates

In parallel, NEMTAC undertook a comprehensive revision of how *NEMT Today* is produced and delivered. The publication has evolved from a traditional newsletter model into a more intentional platform for industry dialogue, supported by professional marketing infrastructure and a modern CRM and communications environment.

“

The transition to a dedicated marketing firm and the GoHighLevel (GHL) platform has produced a visible and measurable shift in NEMTAC's digital presence. Engagement across social media and digital channels has increased, not through volume alone, but through clearer messaging, improved consistency, and better alignment between content and audience.

”

This matters because systems thinking does not spread through standards documents alone. It requires accessible, credible communication — particularly at a time when stakeholders across NEMT, healthcare, and regulation are seeking shared understanding rather than isolated viewpoints.

As part of this effort, NEMTAC also expanded its public resource infrastructure, including the addition of a state-by-state reference map that consolidates publicly available NEMT information across all states. This resource reflects the diversity of regulatory environments in which NEMT operates and supports clearer understanding for providers, brokers, regulators, and other stakeholders navigating multi-state systems.

From Concept to Infrastructure: The National NEMT Provider Registry

One of the most significant developments over the past year has been the introduction of the NEMTAC National Provider Registry.

“The Registry is not an accreditation program, nor is it intended to replace existing oversight mechanisms. It is foundational infrastructure — a starting point for visibility, transparency, and alignment in an industry that has historically lacked a consistent national reference point.”

As the Registry is populated, it is being deliberately positioned as the entry (Bronze) level of a tiered framework that leads toward provider accreditation. This structure reflects a core principle of NEMTAC’s work: that improvement is most sustainable when it is progressive, transparent, and achievable.

Rather than treating accreditation as a binary threshold, the tiered approach recognizes that providers operate at different stages of maturity — and that system reliability improves when expectations are layered, not flattened.

From Enforcement to Architecture

Much of the current discussion around NEMT quality focuses on enforcement: audits, metrics, penalties, and corrective action plans. While oversight is necessary, it is not sufficient on its own.

Quality and reliability are not outcomes that can be inspected into existence after the fact. They are outputs of system design.

When network structure, service expectations, routing practices, and economic models are misaligned, enforcement can only address symptoms. Sustainable improvement requires addressing architecture.

This is why NEMTAC’s standards work has increasingly emphasized foundational elements — Levels of Service, Modes of Transport, education, and accreditation — that align expectations with operational reality rather than relying solely on retrospective correction.

Aligning Standards, Education, and Field Practice

Over the past year, NEMTAC has placed increased emphasis on aligning education programs with evolving standards and real-world operational risk.

Updates to core education offerings — including Transportation Specialist education, mobility device securement, and stretcher operations — reflect a broader shift toward consistency, safety, and role clarity across the workforce. These updates are not isolated curriculum changes; they are part of an intentional effort to ensure that education reinforces the expectations embedded in standards and accreditation.

As this alignment has taken hold, the influence of Transportation Specialist education has extended beyond its original scope, informing the structure and expectations of related training programs across the industry.

This influence has not been driven by branding or mandate, but by shared recognition that consistent foundational education improves reliability, safety, and interoperability across transportation systems.

In a layered NEMT environment, workforce preparation becomes a stabilizing force — ensuring that as service models diversify, expectations for safety, professionalism, and passenger support remain coherent and consistent.

Layered Thinking, Not Single Solutions

As explored elsewhere in this issue of NEMT Today, one of the recurring challenges in NEMT is the expectation that a single model should meet fundamentally different transportation needs.

NEMTAC does not view this as a failure of any one stakeholder. Instead, it reflects the absence of a shared framework for designing systems that intentionally accommodate diversity of need.

The Registry, tiered pathways, standards development, education alignment, and expanded stakeholder engagement efforts underway all reflect an emerging consensus: reliable NEMT systems are layered systems — where provider capability, service level, workforce preparation, and trip type are intentionally aligned.

This approach supports access, workforce sustainability, quality, and fiscal responsibility without forcing competing priorities into a single point of failure.

Momentum and Industry Engagement

This year also marked a record year for Transform 2025, reflecting strong and growing engagement across the NEMT ecosystem. The conference underscored the industry's appetite for thoughtful dialogue, collaboration, and forward-looking solutions grounded in operational reality.

Building on that momentum, planning is already underway for Transform 2026 in Orlando, Florida, with exhibitors committed and early bird registration now open. The continuity between these events reflects more than conference success; it reflects a shared recognition that the industry is ready to move beyond reactive debate toward intentional design.

Collaboration Across the Care Continuum

Recognizing that NEMT does not operate in isolation, NEMTAC has expanded its focus on cross-sector collaboration. The launch of the Preparedness & Response Advisory Committee (PRAC) reflects this commitment.

PRAC brings together NEMT, EMS, Mobile Integrated Healthcare (MIH), and related stakeholders to work collaboratively on shared challenges such as capacity, preparedness, and response — while respecting the distinct roles, scopes, and standards that govern each sector.

The objective is not convergence, but coordination: clearer interfaces, better mutual understanding, and system designs that reduce friction rather than create it. 🌟

THE WAY OF THE FUTURE: WHY NEMT MUST BE DESIGNED IN LAYERS

By NEMTAC

For decades, the Non-Emergency Medical Transportation (NEMT) industry has been asked to solve an increasingly complex set of problems with increasingly simple expectations: more access, lower cost, faster response, higher quality, broader coverage — all at the same time.

When systems struggle to meet those expectations, the instinct is often to assume the issue lies in execution: better routing software, tighter contracts, more oversight, more pressure. Yet the same problems continue to reappear across markets, models, and policy environments.

That repetition is not coincidence. It is a pattern — and recognizing it is the first step toward designing something better.

Howard Hughes once described aviation as “the way of the future,” not because it was perfect, but because the underlying direction was undeniable. NEMT finds itself at a similar inflection point today. Not because of a single technology, provider type, or policy change — but because the industry is repeatedly encountering the same structural limits and attempting to solve them in the same way.

The Pattern NEMT Keeps Encountering

Across the country, NEMT systems tend to optimize around one dominant priority:

- Cost containment
- Passenger access and flexibility
- Provider utilization and efficiency

Each of these goals is legitimate. Each is defensible. And each, when pursued in isolation, creates predictable strain elsewhere in the system.

When access is maximized, costs rise or provider sustainability erodes.

When utilization is pushed too far, passenger experience and flexibility suffer.

When cost is constrained too tightly, networks thin, service deserts emerge, and quality declines.

What follows is familiar: growing exceptions, informal workarounds, provider churn, missed trips, and emergency substitutions that cost more than what was initially “saved.”

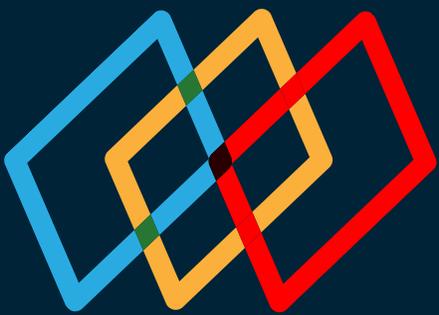
The problem is not that tradeoffs exist. The problem is that they are often unacknowledged — or treated as failures rather than realities. Transportation systems do not break because they make tradeoffs. They break because they refuse to name them.

THE LIMITS OF “ALL THINGS TO ALL PEOPLE”

NEMT serves a wide spectrum of needs, from simple curb-to-curb rides to assisted and elevated-support transports. Yet too often, systems are designed as though one operational model should be able to serve every passenger, every trip type, and every geography equally well. This expectation is understandable — but it is also unrealistic.

A short, urban, low-acuity trip has fundamentally different requirements than a long-distance rural transport. A curb-to-curb ride does not demand the same equipment, training, or time commitment as a wheelchair-accessible or stretcher transport. Trying to flatten these differences into a single model creates stress that no amount of optimization can resolve.

In practice, this is why routing rules become more rigid, compensation models become strained, and provider relationships become transactional rather than sustainable. The system is asked to be all things to all people — simultaneously. That approach does not scale.



SOLVING THE PROBLEM IN LAYERS, NOT ABSOLUTES

The way forward is not to find a perfect provider model or a single “right” solution. It is to design NEMT intentionally as a layered system, where different provider types are deployed for the trips they are structurally suited to perform.

In a layered NEMT network:

- Curb-to-curb, low-acuity trips can be handled by models optimized for flexibility and passenger efficiency
- Assisted trips rely on local providers trained and equipped for passenger support
- Mobility device users are served by providers designed around securement, safety, and compliance

- Long-distance or rural trips are handled by operators built for predictable scheduling
- Higher-need transports are reserved for providers with specialized equipment, training, and operational safeguards

For clarity, these services remain non-emergency and non-ambulance by definition, and are distinct from BLS ambulance transport governed under separate clinical standards.

Each layer absorbs a different set of constraints. Together, they balance access, utilization, cost, safety, and workforce sustainability across the system — rather than forcing those tensions into a single provider type.

This is not fragmentation. It is intentional design.

THE CAPACITY PARADOX NO ONE TALKS ABOUT

There is another reality worth acknowledging.

While EMS systems and healthcare organizations across the country face acute staffing shortages and rising service demands, NEMT continues to maintain significant latent capacity — vehicles, drivers, and operational capability that often go underutilized or are poorly matched to trip needs.

This is not an argument for NEMT to become EMS, nor a call to blur clinical boundaries. It is a recognition that properly designed NEMT systems play a critical role alongside EMS, Mobile Integrated Healthcare (MIH), and other care-adjacent services in relieving pressure across the broader system.

When NEMT is layered correctly:

- Emergency resources are preserved for true emergencies
- Hospitals experience fewer bottlenecks related to transport delays
- Patients receive care-appropriate transportation without unnecessary escalation
- Workforce capacity is applied where it is most effective

A well-designed NEMT system is not a competitor to healthcare delivery. It is a pressure-relief valve for it.

PREPARING FOR THE FUTURE WITHOUT OVERREACTING



Emerging technologies, including autonomous vehicles, will undoubtedly affect transportation — particularly in urban, low-acuity, curbside environments. Their impact is likely to resemble the early disruption introduced by

transportation network companies: narrow at first, then influential within specific service bands.

What they will not do is eliminate the need for assisted transportation, mobility device securement, or human support.

As curbside service becomes increasingly automated or commoditized, the importance of intentionally designed assisted and elevated-support layers increases rather than diminishes. The future does not flatten NEMT — it sharpens the distinctions within it.

Preparing for that future means strengthening the layers that require human expertise, training, and judgment — not pretending they can be replaced.

THE WAY OF THE FUTURE

The way of the future for NEMT is not a single technology, a single provider model, or a single optimization strategy.

It is the recognition that complex transportation needs require layered solutions — and that sustainable systems are built by acknowledging tradeoffs rather than denying them.

NEMT has the opportunity to lead by design instead of reacting by necessity.

Doing so requires stepping back, recognizing the patterns we keep encountering, and building systems that work with reality rather than against it.

That is the way of the future. 

EDITOR'S NOTE

This article is published as NEMTAC launches new cross-sector conversations through the Preparedness & Response Advisory Committee (PRAC), bringing together EMS, Mobile Integrated Healthcare (MIH), and NEMT stakeholders to collaboratively address shared operational challenges.

The intent here is not to blur roles or redefine scope, but to encourage clearer system design, mutual understanding, and constructive collaboration across transportation and care-adjacent services. Future issues of NEMT Today will explore these themes further, including workforce sustainability, dispatch and routing practices, and the role of standards in supporting layered, resilient systems. 



REDEFINING BEST-IN-CLASS NEMT TRANSPORTATION

THOUGHT LEADER INTERVIEW: BRAUNABILITY

BY NEMTAC STAFF

As a regular feature, NEMT Today profiles thought leaders in the greater NEMT community. For this edition, the editors want to profile a critical stakeholder to the community—a vehicle supplier that enables the high performance of NEMT providers. Below is our conversation with John Maselli of BraunAbility.

Background: Tell me a little about yourself and your company?

John Maselli has been selling BraunAbility vehicles for than a decade. He came into the business as a dealer twelve years ago, when New York City first required taxi fleets to be 50% wheelchair accessible. He joined the BraunAbility Commercial Sales team this past fall as National Account Manager of the Retail Commercial Vehicle division.

John told us that BraunAbility started making mobility solutions to serve disabled people in 1972, supplying wheelchair

accessible vehicles and lifts. The company was founded by Ralph Braun in central Indiana. Ralph needed specialized transportation related to his muscular dystrophy. Ralph and his family invented a tri-wheel scooter for him. They then converted an old postal truck into the first wheelchair accessible vehicle. Ralph defied predictions on his life expectancy. He was told that he would likely die in his teen years but lived to 72. His commitment to innovate for himself and other disabled people gave him the will to defy the odds and have a long life pioneering the mobility industry.

“ Helping people live better lives isn’t a slogan—it’s been BraunAbility’s purpose since 1972. ”

John notes that the family business that Ralph founded is now a global company with 1,200 employees, \$1 billion in annual sales. Last year, BraunAbility made sales in all 50 states and Europe. BraunAbility produces all WAVs, wheelchair lifts and ramps at the North American Manufacturing campus located on 120 acres in Ralphs hometown of Winamac Indiana.

WHAT ARE YOU MOST PROUD OF?

John notes that the family business that Ralph founded is now a global company with 1,200 employees, \$1 billion in annual sales. Last year, BraunAbility made sales in all 50 states and Europe. BraunAbility produces all WAVs, wheelchair lifts and ramps at the North American Manufacturing campus located on 120 acres in Ralphs hometown of Winamac Indiana.

WHAT MADE YOU INTERESTED IN WORKING WITH NEMTAC?

John discussed that “safety and compliance are extremely important to BraunAbility” and it is equally important to NETMAC. He noted that NEMTAC’s continued growth raises awareness of safety and compliance in the NEMT industry—and that is good for BraunAbility. John called NEMTAC “a great partner for BraunAbility because of that alignment.”

“Safety and compliance aren’t optional—they’re foundational.”

BraunAbility has been exhibiting at NEMTAC conferences since 2019. As an exhibitor, John says he values reconnecting with clients and introducing BraunAbility to new clients, dealer partners and collaborative partners. He also notes the value of having BraunAbility being recognized “as a safety and compliance leader.” He values the live feedback received at the conference from current and potential customers.

WHAT ABOUT BRAUN AND ITS PRODUCTS HELPS A NEMT PROVIDER DELIVER BEST-IN-CLASS TRANSPORTATION?

John told an anecdote about a competitor who joked that “BraunAbility is too good... too well tested.” He notes that BraunAbility partners with OEMs to ensure that their WAVs “are reliable, comfortable, and safe.” He believes that BraunAbility gives the confidence to NEMT providers that they “are driving vehicles that align with NEMTAC standards and best-in-class performance.”

HOW CAN A COMPANY LIKE BRAUN HELP A NEMT PROVIDER GET AND STAY ACCREDITED?

John states that his company’s “NEMT provider customers are seeking best in class” performance and BraunAbility helps them get there. He described how BraunAbility listens to NEMT provider customers, so if there is a vehicle need, BraunAbility will evolve its product to meet those needs. This includes new or emerging industry standards.

John described the recent Mobility Champions Symposium held in November for NEMT providers hosted by BraunAbility. “We had the opportunity to hear from transportation providers, regulators, and other stakeholders”. Attendees collaborated with BraunAbility, assembling a diverse group of stakeholders to identify opportunities for WAV innovation, training solutions, regulation and policy change, technology adoption, and cross segment transportation industry integration.



Ralph Braun turned personal barriers into industry innovation—pioneering one of the first wheelchair-accessible vehicles and reshaping mobility through lived experience.

HOW SHOULD SPECS ABOUT VEHICLES BE BUILT INTO NEMTAC'S STANDARDS AND ACCREDITATION PROCESS?

John discussed how vehicle specifications should be incorporated into NEMTAC's standards in a way that creates consistency without stifling innovation. He noted that the current environment includes a patchwork of state regulations and market-specific requirements, some of which lack clear rationale or alignment with real-world operations.

Importantly, John emphasized that standards should be understood as a baseline—not a ceiling. National standards establish minimum expectations for safety and compliance, but high-performing providers often exceed those requirements through stronger maintenance programs, higher-quality equipment, and ongoing training investments. In his view, standards are most effective when they set a clear, rational foundation that supports safety and reliability while allowing providers to build beyond them based on their operational needs and risk profiles.

He added that nationally recognized standards can help reduce confusion for multi-state providers and create greater alignment across manufacturers, regulators, and operators—raising the overall floor for safety while still encouraging continuous improvement.

WHY CROSS-STAKEHOLDER EDUCATION MATTERS

Discussions throughout the Mobility Champions Symposium highlighted the growing need for shared understanding across manufacturers, regulators, standards bodies, and transportation providers. Participants noted that when requirements are introduced without sufficient context, providers are often left complying without fully understanding the underlying rationale—an approach that can undermine consistency, adoption, and long-term effectiveness.

Several conversations emphasized the value of deeper, more coordinated

engagement between organizations such as NEMTAC, NMEDA, manufacturers like BraunAbility, and regulators including NHTSA. By bringing these perspectives together, the industry can move toward requirements that are not only enforceable, but also well-understood and grounded in engineering principles, risk management, and real-world operations.

The objective, as several attendees noted, is not to create more rules—but to ensure that existing and emerging requirements reflect a shared understanding of what safe, reliable, and sustainable transportation should look like in practice.

THE EVOLVING SCOPE OF NEMT OPERATIONS

Discussions at the Mobility Champions Symposium also reflected the evolving scope of non-emergency medical transportation. Providers increasingly support a wider range of trip types, including behavioral health transportation, higher-acuity passengers, rides requiring attendants, and mixed-use fleets operating across healthcare and broader community mobility contexts.

As these service models converge, participants noted that the need for adaptable vehicle platforms, standardized securement practices, and shared safety language becomes even more critical. Consistency across sectors helps support driver confidence, reduces operational variability, and ensures that safety expectations remain clear as NEMT continues to intersect with other forms of specialized transportation.



Heated Modification Tunnel

Engineering the process, not just the vehicle: warming chassis materials during modification improved durability, precision, and long-term reliability.

**WHAT WOULD YOU LIKE STAKEHOLDERS—
BROKERS, MCOS, STATE OFFICIALS—TO
UNDERSTAND ABOUT HIGH QUALITY VEHICLES?**

John noted that stakeholders like brokers, MCOs, and states need to understand that vehicles are a central component of NEMT. “Providers,” he states “need to furnish safe and reliable transportation and that is not possible without top performing vehicles.” Low-quality, low-price vehicles create short term savings, John notes but “lessen safety and customer experience.” BraunAbility will always, according to John, “put forth a best-in-class vehicle and looks forward to deepening relationships with NEMT providers who are aligned with this vision.”

**EDITOR’S PERSPECTIVE:
WHAT THE INDUSTRY IS TELLING US**

During the Mobility Champions Symposium, one message surfaced repeatedly across providers, regulators, and manufacturers: driver confidence is inseparable from equipment reliability.

Representatives from various regulatory agencies emphasized that when drivers trust their vehicles—securement systems, ramps, tie-downs, alerts—they operate with greater confidence, consistency, and professionalism. That confidence directly affects passenger safety, trip quality, and workforce retention.

“Driver confidence is inseparable from equipment reliability.”

This theme reframed safety not as individual driver behavior, but as infrastructure—the combined result of vehicle design, maintenance practices, training, and aligned expectations across the ecosystem.

BraunAbility welcomes visitors to its Winamac, Indiana factory to observe the professionalism of its operation. If interested, contact to John Maselli (John.Maselli@braunability.com) for information about this.

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Each member serves in an individual capacity. Commitments include orientation, participation, confidentiality, and COI management

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The Nationwide Hospital Crisis and Its Impact on Medical Transportation

By Yurii Martynov - Marketing Director at RouteGenie

The American healthcare system faces a perfect storm: hospitals are closing or struggling financially just as the population's healthcare needs surge. Rural facilities are shuttering at alarming rates, creating care deserts where patients must travel far for basic services. Telehealth emerged as a critical stopgap and remains available through early 2026 [5], but its long-term future is uncertain. Meanwhile, the aging population means more people need regular medical care than ever. These factors pose severe challenges for non-emergency medical transportation (NEMT) providers: as local facilities dwindle and patient volumes grow, NEMT companies face longer trips, more deadhead miles, and mounting pressure on already-tight profit margins.

RURAL HOSPITALS IN CRISIS

Nearly half of rural hospitals are operating at a financial loss. According to a 2025 Chartis Center analysis [1]:

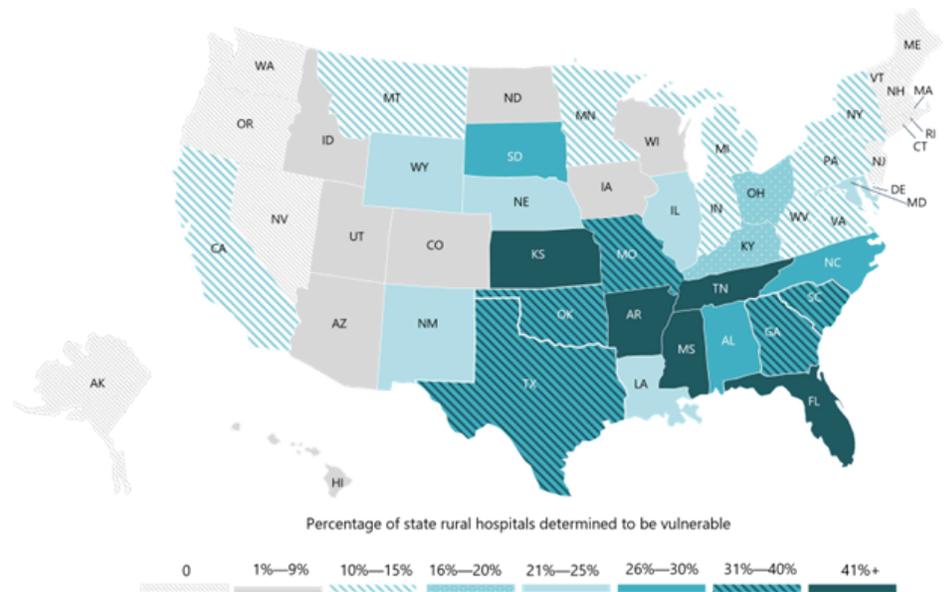
- 46% of rural hospitals have negative profit margins
- 432 hospitals are currently vulnerable to closure
- 18 rural hospitals closed or downsized in 2024 alone, bringing the total since 2010 to 182

The consequences are immediate. In Blythe, California, residents facing hospital closure "will have to drive at least 100 miles to receive medical care" [7].

Alabama offers a stark example: of 52 rural hospitals, 7 are at risk of closing, with 219 facing imminent

shutdown [6]. Chronic underfunding and high uninsured rates continue pushing facilities toward collapse. Similar trends are unfolding in Kansas, Oklahoma, and Wyoming [1]. Hundreds of rural communities have already lost maternity wards, emergency departments, and other vital services.

As Boston University School of Public Health notes [10], rural patients, including seniors and those with chronic illnesses, are increasingly "forced to embark on long journeys for basic care." When an emergency room closes, stroke patients may wait 11–16 minutes longer for an ambulance—a delay that can be fatal [7].



FINANCIAL STRAINS ACROSS THE HEALTH SYSTEM

The crisis extends beyond rural hospitals. Rising costs and sustained losses have led to widespread credit rating downgrades. In 2025 alone, at least 27 hospitals and health systems were downgraded by Moody's and Fitch [2], with downgrades citing "very weak liquidity" and operating deficits. Institutions affected include Ascension and Children's Hospital Los Angeles.

These financial pressures lead to devastating job losses. At least 20 hospital workforce reduction announcements occurred in early 2025 [3], with thousands of workers laid off throughout the year [7]. Orlando Health closed an entire hospital and laid off nearly 1,000 employees.

In extreme cases, entire hospital districts are filing for bankruptcy. In 2025, California's Palo Verde Healthcare District filed for Chapter 9 protection [4]. Inpatient services and surgeries were suspended, leaving only an ER open. The district warned it would close the hospital entirely—putting 20,000 residents at risk of having no hospital within 100 miles.

Beyond care access, economic damage is severe. Hospitals are major employers and skill hubs. Their closure can accelerate depopulation and collapse local tax bases [10].

TELEHEALTH: TEMPORARY RELIEF WITH UNCERTAIN FUTURE

Telehealth expanded dramatically during COVID-19. Medicare patients can currently receive telehealth from home through January 30, 2026 [5]. However, this lifeline is explicitly temporary. Barring new legislation, expanded telehealth authorities sunset after January 30, 2026 [5].

If rules revert, Medicare will reimpose tight geographic requirements, potentially cutting off remote patients. While telehealth alleviates some transportation needs, it cannot replace critical services—you can't virtually set a broken bone or administer chemotherapy. If provisions aren't extended past 2026, NEMT volumes could spike as patients return to traveling long distances for care they briefly accessed from home.

AN AGING NATION'S GROWING TRANSPORTATION NEEDS

By the early 2030s, seniors will outnumber children for the first time in U.S. history [8]. The Census Bureau projects that by 2034, all Baby Boomers will be 65+ and the over-65 cohort will exceed the under-18 cohort. This means millions more older adults with greater healthcare needs who may no longer drive or face mobility challenges.

About 40% of NEMT riders are already seniors [8], vital for dialysis sessions, physical therapy, and routine exams. As the senior population grows, NEMT demand will rise proportionally. Many rural areas skew older, concentrating transportation-dependent elderly in places with dwindling healthcare. Seniors often need specialized vehicles with wheelchair lifts and trained drivers. Many have mobility or cognitive issues that make public transit difficult. Gaps in rural public transportation [8]—where "the absence of any form of public transportation in smaller towns" is common—put more burden on NEMT providers.

NEMT PROVIDERS UNDER PRESSURE

As hospitals consolidate, NEMT operations face significant shifts: longer trips and wider service areas, more deadhead miles unless routes are optimized, higher demand from seniors and chronic-care patients, and increased pressure on fleet efficiency. A rural dialysis patient who once rode 15 minutes to the local hospital might now require a 60-mile trip.

Deadhead miles are especially problematic. An NEMT driver might drive 50 miles empty to pick up a patient, 100 miles with the

patient to a hospital, then 150 miles back home empty—only the middle segment generates revenue. Higher patient volumes at remaining facilities create longer wait times, with drivers spending hours idle if clinics are overbooked. In many states, Medicaid NEMT reimbursement isn't adjusted for these realities, leaving providers financially strained.

TECHNOLOGY AS PART OF THE SOLUTION

NEMT software with advanced algorithms can help address these challenges. These platforms algorithmically assign trips to minimize mileage, group multiple passengers into shared rides, send automated reminders to reduce no-shows, and track fleet performance to minimize downtime.

According to RouteGenie [9], smart route optimization can reduce deadhead mileage by 10–20%—a major efficiency gain. These systems integrate with brokers and healthcare facilities, ensuring better appointment scheduling and fewer missed pickups. They allow NEMT fleets to serve wider geographies without increasing overhead.

Still, technology isn't a cure-all. Experts advocate for revised Medicaid reimbursement rates, fuel subsidies, vehicle grants, support for volunteer driver programs, and greater public-private coordination on transportation infrastructure.

CONCLUSION

Hospital closures and financial turmoil are forcing patients to travel farther for care. For NEMT, that means more riders, longer trips, and fewer nearby facilities, especially in rural areas

and among seniors with no alternatives. Providers, brokers, and health systems need coordinated route optimization, stronger hospital and telehealth support, and better-funded transport infrastructure. With focused planning and investment in medical transportation software, NEMT can continue connecting patients to essential care even as pressures grow. 🌟

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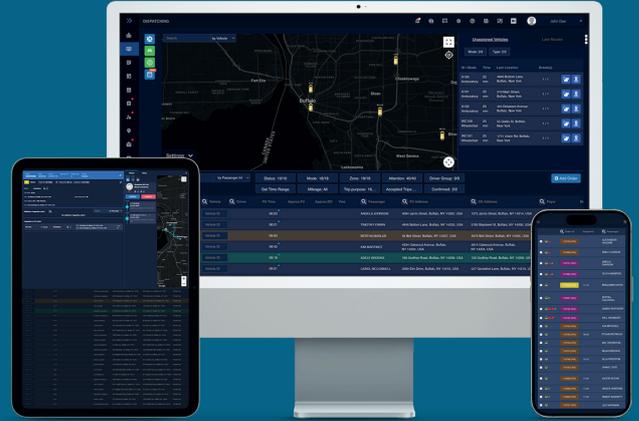
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VALUE-BASED CARE IS RESHAPING NEMT

ARE ENTERPRISES PREPARED?

For years, the NEMT industry has relied on a traditional, volume-based approach—measuring success by completed trips and service level agreements like on-time performance, no shows, call-center responsiveness, and more. While these metrics help to demonstrate reliability of service, they overlook how transportation contributes to better health outcomes for members. As the broader healthcare system increases its focus on value and outcomes, expectations for NEMT providers are beginning to expand beyond operational performance to include the ability to demonstrate impact.

The question for many organizations is what can NEMT enterprises do to position themselves for success in a value-driven market.

What is Value-Based Care?

Value-based care (VBC) aims to

- improve quality of care
- enhance patient outcomes and
- control costs

It's evolved over the past several decades and gained momentum as healthcare systems placed more attention on the social determinants of health.

Why is VBC Relevant to NEMT?

Missed appointments, delays in follow-up care, and preventable hospital visits are often tied to transportation challenges, making NEMT increasingly relevant in conversations about long-term outcomes. Value-based care shifts the focus from how well a service operates to how well it supports the people who depend on it.

For example: instead of reporting "OTP was 95% this week" an NEMT provider might highlight "OTP was 95% this week among members scheduled for chemotherapy". This makes the value of the service clearer because it ties performance to a specific health need.

Payers and regulators will still care about performance metrics, but there is growing attention on how those metrics translate into real access for vulnerable populations.



By Leigh-Ann Charles,
Marketing Manager, Move AI

What's Driving VBC Interest in NEMT?

As the healthcare environment evolves, several trends are prompting payers and regulators to look beyond traditional operational metrics and consider how services like NEMT contribute to consistent access and continuity of care.

Increased focus on care continuity. Missed appointments can disrupt chronic disease management, delay follow-up care, and increase long-term costs. Reliable transportation plays a direct role in reducing these gaps, and better data can help states and health plans understand the patterns behind missed or delayed care.

Technology has changed what is possible. GPS tracking, real-time routing, electronic signatures, and automated reporting give NEMT organizations the ability to show trip accuracy, travel times, member experience trends, and other indicators that relate to access. As these tools become more available, payers and regulators will expect NEMT providers to deliver the level of transparency and accuracy these systems make possible.

Regulatory changes and greater oversight are guiding the healthcare industry toward quality-focused and cost-effective models, even when these updates are not directed specifically at NEMT. Key developments include:

- Strengthened oversight of State Directed Payments (SDPs) that will require states that use SDPs in Medicaid managed care to include a quality evaluation plan—reflecting a broader move toward tying payments to measurable results.
- CMS' 2030 Accountable Care Goal which raises expectations for all contracted services by linking payment to both quality and cost.
- Increased focus on Fraud, Waste, and Abuse (FWA) across Medicaid programs, including recent OIG investigations into NEMT providers, highlighting the need for strong compliance, clear documentation, and operational efficiency to support program integrity and cost control.

Together, these trends are creating more attention on how NEMT supports access, continuity of care, and member experience—a change that aligns with value-based principles even if the payment model itself does not fully shift.

Actionable Strategies for NEMT Leaders

So how can NEMT organizations prepare for this future and position themselves as indispensable partners?

- Monitor the HEDIS and CAHPS Metrics that matter to Payers: HEDIS and CAHPS are national measurement systems used to evaluate health plan performance within Medicaid and Medicare programs. Because health plans rely on these measures to assess quality and member experience, they offer useful reference points for NEMT organizations looking to align their metrics with payer priorities.
- Strengthen Data Collection: Track trends such as improved timeliness for recurring specialty care, reduced late pick-ups at specific facilities, or patterns in member-reported experience. This positions NEMT organizations as strategic partners committed to supporting access and care continuity.
- Segment Service Data: Track performance of members with specialized appointments such as dialysis, oncology, behavioral health, wound care, or post-discharge follow-ups to help demonstrate how NEMT supports members with complex or time-sensitive care needs.

For example, analyzing OTP specifically for members traveling to chemotherapy or diabetes appointments provides a clearer view of how NEMT contributes to treatment adherence.

- Develop Meaningful Dashboards: Dashboards make it easier to demonstrate improvements over time, support data-informed decisions during contract discussions, and maintain a clear audit trail that helps identify potential FWA.

Technology: The Foundation for Future Success

Meeting the evolving expectations in NEMT depends on accurate, reliable, and timely data—which is nearly impossible without the right technological backbone. Modern NEMT software provides the infrastructure needed to improve efficiency, support quality and compliance, and deliver the level of reporting payers increasingly expect.

Move AI does so by supporting Brokers and Transportation Providers (TPs) with a fast, intelligent transportation management engine built specifically for NEMT. Our platform strengthens daily operations and gives enterprises the tools they need to meet the service and reporting expectations set by payers and regulators. Key capabilities include:

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- Route optimization with multiloading capabilities to build efficient, cost-effective routes
- Automated trip assignment, reassignment, and fulfillment to reduce high labor costs
- Support for wait-and-return trips and will-calls for appointments that run longer than expected
- Real-time reporting dashboards for visibility into performance and compliance
- Comprehensive tools for drivers and passengers that offer additional insight into the trip experience

Conclusion

As healthcare shifts toward value-based care, the future standard for NEMT will be more than simply having data. It will require better data—data that shows how members reach care consistently and how transportation supports program integrity and payer expectations. Providers who can deliver that level of clarity will be best positioned to succeed in the evolving landscape. 🌟

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Financing Wheelchair-Accessible Vehicles

BY DAVID YOUNT, FOUNDER AND CEO - FALLS FINANCIAL



Wheelchair-accessible vehicles are essential operational assets for NEMT providers. Because they directly influence service capacity, compliance, and financial health, understanding how these vehicles are financed and titled can help operators make decisions that support stability and long-term growth.

THE TRUE COST BEHIND ACCESSIBLE VEHICLES

Accessibility conversions—ramps, lifts, securement systems, lowered floors—often represent a significant share of the total vehicle cost. In many cases, these modifications account for 40–50% of the investment.

Some traditional lenders evaluate only the base vehicle when determining loan

amounts, which may result in lower funding or higher down payments.

What Operators Should Ask:

- How does the lender value the vehicle?
- Do they consider the full conversion cost?
- Is the accessible equipment treated as essential to the vehicle's purpose?

“ For NEMT vehicles, the conversion isn't an add-on—it's the heart of the service. ”

HOW LOAN STRUCTURE IMPACTS CASH FLOW

Many NEMT organizations—especially emerging operators—may not have multi-year business financials. Some lenders offer simplified approval processes that rely on credit strength and business readiness rather than full financial statements.

Key factors to evaluate include:

✓ Total Amount Financed

Rolling taxes, registration, and fees into the loan can conserve cash early but raises the total obligation.

✓ Repayment Flexibility

Simple-interest loans and no prepayment penalties may offer more control as trip volume grows.

✓ Monthly Payment vs. Revenue Forecast

Payments should be weighed against realistic projections of trip volume, operating costs, and reimbursement rates.



SEPARATING PERSONAL AND BUSINESS CREDIT

Vehicle loans structured under an owner's personal name can impact consumer credit scores and personal debt ratios. For NEMT companies planning to scale, this can become a long-term barrier.

Operators may wish to explore loan structures where the business is the primary borrower.

This approach can:

- Protect the owner's personal credit
- Build commercial credit history
- Support future access to working capital

Essential Questions to Ask a Lender:

- Will this loan report to my personal credit file?
- Will it report to business credit bureaus? If so, which ones?
- Can the loan be structured under the business with a personal guarantee?

“ Financing should support the business— not strain it. ”

TITLING, PLATES & REGULATORY DETAILS

Commercial and livery classifications vary by state, and correct titling is essential for maintaining compliance and uninterrupted insurance coverage.

Accurate registration affects:

- Eligibility for Medicaid or state reimbursement
- Compliance with livery rules
- Insurance policy alignment
- Audit readiness

Operators should confirm plate types and documentation requirements with local DMVs to avoid recurring administrative issues.

TAX TOPICS WORTH A PROFESSIONAL REVIEW

Financing choices intersect with tax planning. Two key areas to explore with a qualified tax advisor include:

Section 179 Expensing

May allow qualifying businesses to expense the cost of certain vehicles used more than 50% for business.

Section 190 Barrier-Removal Deduction

Some accessibility-related modifications may qualify for a deduction up to \$15,000.

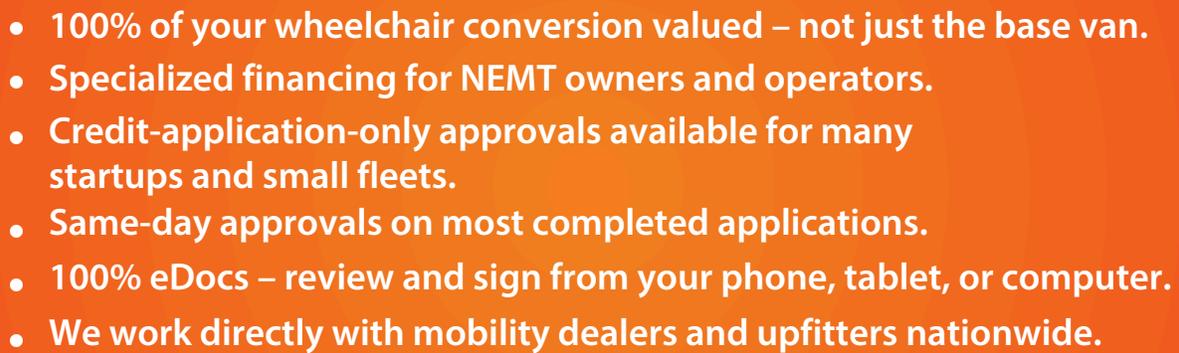
Because these rules carry important limitations, operators should treat them as informational only and verify details with a tax professional.

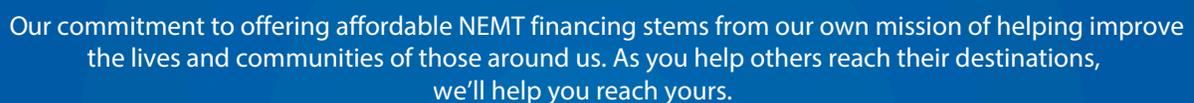
FROM EXPENSE TO STRATEGIC ASSET

Wheelchair-accessible vehicles are a major investment, but they don't have to feel like an unpredictable one. By understanding valuation practices, loan structure, reporting implications, regulatory requirements, and tax considerations, operators can turn each financing decision into a strategic advantage. 🌟

A blue banner with white text. The text reads 'NEMT VEHICLE FINANCING' in a large, bold, sans-serif font. Below it, in a smaller font, is 'FINANCING BUILT AROUND NEMT REALITIES - NOT JUST BOOK VALUES'. The banner is set against a background of orange and blue wavy shapes with white snowflake icons scattered around.

FINANCING BUILT AROUND NEMT REALITIES - NOT JUST BOOK VALUES

- 
- A list of six bullet points in white text on an orange background. The points are: '100% of your wheelchair conversion valued – not just the base van.', 'Specialized financing for NEMT owners and operators.', 'Credit-application-only approvals available for many startups and small fleets.', 'Same-day approvals on most completed applications.', '100% eDocs – review and sign from your phone, tablet, or computer.', and 'We work directly with mobility dealers and upfitters nationwide.' The list is flanked by white snowflake icons.

Contact information for Falls Mobility Finance, centered on an orange background. It includes the company name, email address, and website URL, all in white text. White snowflake icons are scattered around the text.A blue banner with white text that reads 'Call or Text us Today at (888) 462-2880'. The banner is set against a background of orange and blue wavy shapes with white snowflake icons.The slogan 'We Bring The Joy!' written in a white, cursive script font. It is positioned on a dark blue wavy background at the bottom left of the page.A paragraph of white text on a dark blue background. The text reads: 'Our commitment to offering affordable NEMT financing stems from our own mission of helping improve the lives and communities of those around us. As you help others reach their destinations, we'll help you reach yours.' The text is centered and flanked by white snowflake icons.

HOW TO PROTECT YOUR NEMT BUSINESS

FROM CRIMINAL AND CIVIL FRAUD INVESTIGATIONS



BY MATTHEW W. DAUS, ESQ.

Medicaid Fraud Enforcement Is Accelerating – Are You Ready?

What would happen if investigators showed up at your office tomorrow? Or at your home? Would you know why they were there, what triggered the inquiry, or how to respond? Would your records stand up to scrutiny—and would your business survive?

For Non-Emergency Medical Transportation (NEMT) providers, these are no longer abstract concerns. On June 30, 2025, New York Attorney General Letitia James announced criminal charges, settlements, and new lawsuits against 25 NEMT providers. The message was unmistakable: Medicaid fraud enforcement is accelerating, and transportation providers are firmly in the

crosshairs.

This was not an isolated enforcement action. Similar civil and criminal cases have been announced in multiple states, reflecting a broader national posture driven by rising Medicaid costs and increasing political pressure to recover misused funds. If you bill Medicaid, you are exposed—even if you believe you have done nothing wrong.

A Coordinated, Data-Driven Enforcement Environment

At the federal level, the Office of Inspector General (OIG) at the U.S. Department of Health and Human Services recently announced sweeping Medicaid fraud actions involving hundreds of defendants and alleged losses

exceeding \$14 billion. Federal authorities seized hundreds of millions of dollars in assets, reinforcing the message that enforcement delivers a strong return on investment.

Smaller providers should take note: enforcement is not limited to large networks. Even modest billing volumes can trigger scrutiny when data anomalies appear. No provider is “too small” to escape review.

Why Enforcement Is Intensifying Now

Medicaid spending has reached historic levels, covering more than 80 million Americans with annual costs approaching \$900 billion. As pandemic-era funding expires and enhanced federal matching rates phase out, states are absorbing a greater share of costs while facing flattening revenues and rising healthcare expenses.

At the same time, federal policy changes are projected to reduce Medicaid spending significantly over the coming decade. These pressures leave states with limited options to produce immediate savings. Fraud enforcement is one of the few levers available that does not require cutting services or eligibility.

As states enter 2026 facing tighter budgets and fewer federal cushions, enforcement models are shifting. Investigations are increasingly proactive, data-driven, and initiated without complaints. Providers are no longer evaluated based on intent, but on whether documentation, systems, and internal controls can withstand automated review.

State Medicaid Fraud Control Units are being resourced accordingly, with expanded investigative authority, advanced analytics,

and cross-agency data sharing. Patterns that once went unnoticed are now easily flagged.

What Happens When You Are Not Prepared

When compliance systems are weak, events can escalate quickly:

- Investigators arrive unannounced and demand records
- Trip documentation does not match billing claims
- Driver files reveal missing credentials or incomplete training
- HIPAA violations surface from unsecured data or communications
- Staff make casual statements during surprise interviews that are later used against the company

The consequences can be severe: suspension from Medicaid billing, contract termination, asset seizures, criminal charges, or permanent closure. In some cases, state authorities are pursuing personal liability against owners and executives.

Critically, fraud does not require intent. Billing errors, inconsistent documentation, or inadequate training can appear indistinguishable from fraud once investigators begin reviewing records. Medicaid investigations also rarely remain isolated—tax authorities and other agencies often follow.

Data Protection Becomes Part of the Case

Investigators increasingly scrutinize how providers handle protected health information. Every trip record, invoice, and patient file contains sensitive data. If that information is not encrypted, securely stored, and access-controlled, HIPAA violations quickly become part of the enforcement action.

During investigations, HIPAA failures are often low-hanging fruit—clear indicators of weak internal controls that compound exposure and penalties.

PROACTIVE COMPLIANCE IS THE STRONGEST DEFENSE

Compliance is not just about avoiding penalties; it is about building durable, defensible operations. Providers that fare best under scrutiny take a proactive approach: understanding state-specific requirements, maintaining consistent documentation, training staff regularly, protecting patient data, and establishing clear, repeatable procedures.

This work should not be done casually or in isolation. Providers should engage legal counsel, accountants, and compliance professionals to conduct regular due-diligence reviews, identify gaps, and correct issues before regulators do.



WHO SHOULD HELP YOU PREPARE AND RESPOND

Preparing for or responding to a Medicaid fraud investigation is not a do-it-yourself exercise. These matters involve complex regulatory schemes, overlapping state and federal authority, and serious civil and criminal exposure.

Experienced healthcare and Medicaid fraud counsel can assess risk, manage audits and subpoenas, oversee internal investigations, and represent providers in administrative or criminal proceedings. Just as importantly, they help prevent missteps—such as inconsistent disclosures or missed reporting obligations—that can significantly worsen outcomes.

Teams that include former inspectors general, prosecutors, regulators, and industry experts understand how enforcement agencies prioritize cases and evaluate cooperation. That perspective is critical when stakes are high.

THE ENFORCEMENT REALITY AHEAD

NEMT is no longer a lightly regulated segment of healthcare. Oversight is increasing, standards are hardening, and providers are expected to prove compliance—not simply claim it.

Vehicle inspections, driver training, billing systems, data security, and performance metrics are all subject to review. Complaints are tracked, analyzed, and used to inform enforcement and contracting decisions. Technology platforms are scrutinized to ensure they do not enable errors or abuse.

The message from regulators is clear: if you cannot document, defend, and demonstrate that your operations are compliant, you are a liability.

The time to prepare is now. 🌟

ABOUT THE AUTHOR

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MODERNIZING NEMT OVERSIGHT

COMBATING FRAUD, WASTE, AND ABUSE THROUGH CONNECTED INFRASTRUCTURE

By Sufian Chowdhury,
CEO, Kinetik

Medicaid programs lose millions each year to fraud, waste and abuse (FWA) in non-emergency medical transportation (NEMT). But the deeper cost is measured in delayed care, missed treatments, and members who lose trust in a system meant to serve them.

Transportation is more than a logistics function—it's a lifeline. When it fails, access to healthcare fails with it. That's why tackling fraud, waste, and abuse (FWA) in NEMT isn't just a compliance priority. It's a health equity imperative.

The Real Scope of the Problem

Across multiple states, federal audits have revealed substantial losses in Medicaid-funded NEMT programs. Yet the issue goes far beyond the balance sheet.

Fraud appears in predictable patterns—phantom billing for trips that never occurred, falsified mileage, or kickbacks for trip referrals.

Waste seeps in through inefficiencies—assigning higher-cost vehicles when they aren't medically required, scheduling single trips instead of multi-loads, or serving members who aren't eligible.

Abuse occurs when the system is used for non-medical trips or when drivers and members collude to misrepresent care needs.

Each of these behaviors chips away at resources meant for those who need care the most.

Why the System Stays Vulnerable

NEMT programs remain exposed because their operations were never built for comprehensive oversight.

- **Fragmented oversight:** Brokers, health plans, and transportation providers each control part of the process, but no one has the full picture.
- **Manual workflows:** Paper-based billing and phone-based dispatch leave space for human error and exploitation.
- **Data silos:** Without interoperable systems, auditors can't easily validate whether a trip actually took place.

In short, fraud thrives where transparency ends.

The True Impact: More Than Lost Dollars

FWA doesn't just harm budgets—it undermines the integrity of Medicaid programs and erodes member trust. Every fraudulent claim diverts funds from legitimate rides, creating cascading effects: delayed appointments, worsening health outcomes, and mounting administrative strain for plans already stretched thin.

For Managed Care Organizations and state agencies, these vulnerabilities lead to compliance risks, audit penalties, and operational inefficiencies that ripple throughout the healthcare ecosystem.

Digitization: The Foundation for Integrity

The most effective way to eliminate fraud is to eliminate opacity. A fully digitized NEMT infrastructure—one that connects every stakeholder in real time—makes fraud, waste, and abuse exponentially harder to hide.

Modern technology, when purpose-built for healthcare transportation, can:

- Track trips in real time with verified GPS data, ensuring every ride is recorded from dispatch to drop-off.
- Provide complete visibility into utilization and cost trends, allowing plans to identify anomalies before claims are paid.
- Automate billing to eliminate manual errors and duplicate submissions.
- Enforce compliance at the source, flagging suspicious activity before it becomes a claim.

With a single, interoperable ecosystem, health plans gain the transparency and accountability that traditional brokered systems were never designed to deliver.

Building a Fraud-Resistant Future

Fraud prevention doesn't happen through audits alone—it happens through design. By moving from opaque, broker-led operations to interoperable, plan-owned infrastructures, Medicaid programs can protect both their budgets and their members.

Health plans adopting connected platforms have already achieved:

- Significant reductions in claim rejections and billing errors
- Faster provider reimbursements

- Lower member grievance rates
- Improved compliance readiness

This is what modern oversight looks like—data-driven, proactive, and equitable.

The Path Forward

Fraud and waste in Medicaid transportation are persistent, but they are not inevitable. The technology exists to close the gaps, unify oversight, and ensure that transportation dollars go exactly where they should: to member care.

Every day that passes without modernization risks another missed appointment, another preventable hospital visit, growing erosion of trust.

It's time for Medicaid programs to take back control—not through more paperwork or penalties, but through connected infrastructure that delivers transparency, accountability, and care that moves. 🌟

About Sufian Chowdhury, CEO of Kinetik

Sufian Chowdhury is a serial entrepreneur and Founder & CEO of Kinetik, a venture-backed SaaS startup modernizing non-emergency medical transportation (NEMT). With over a decade of experience in healthcare, consulting, and technology, he has raised over \$ 32 M and built the nation's first digitally integrated end-to-end NEMT infrastructure.

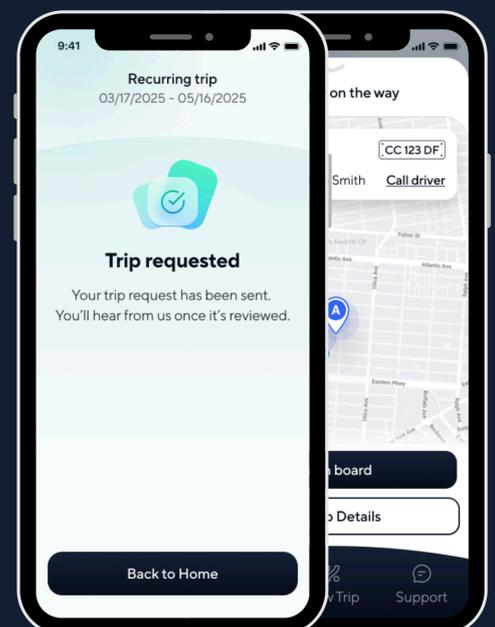
Under his leadership, Kinetik has scaled rapidly, achieving 10x revenue growth. Based in New York City, Kinetik connects health plans, members, and providers through seamless API and platform solutions to improve patient access to care. Sufian leads with empathy and stays grounded in Kinetik's core values: Be Collaborative, Be Curious, Be Just.



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PREPARED BEATS PERFECT

BY: JOEL SMITH

As expectations across non-emergency medical transportation continue to rise, organizations are being evaluated on more than outcomes alone. This article explores why operational readiness—not perfection—is the true measure of resilience, and how accreditation serves as practical evidence that an organization is prepared to perform consistently, respond under scrutiny, and adapt as demands evolve.

WHY ACCREDITATION REWARDS ORGANIZATIONAL READINESS

Perfection is not a realistic operating model in non-emergency medical transportation. Vehicles break down. Staff change. Complaints happen. Regulations evolve.

What separates resilient organizations from vulnerable ones is not the absence of problems—but their readiness to manage them.

As expectations across NEMT rise, organizations are increasingly evaluated not just on outcomes, but on whether they have the internal discipline, documentation, and operational clarity to respond when something goes wrong. In that environment, **organizational readiness beats perfection.**

“Resilience is not about avoiding disruption. It’s about being prepared for it.”

This article is not about safety tactics, technology, or human connection—each addressed elsewhere in this issue. It is about whether organizations are internally prepared to operate consistently under scrutiny.

THE PROBLEM WITH “PERFECT” NESS

Perfection is fragile. It depends on individuals, memory, and circumstances aligning just right.

Readiness is structural.

Ready organizations assume issues will occur and focus on how they respond:

- Expectations are clearly defined
- Policies are accessible and usable
- Decisions are applied consistently
- Documentation supports action, not theory

These differences matter most during complaints, contract reviews, and regulatory inquiries.

What Readiness Looks Like

Readiness is not more paperwork. It is usable structure.

Organizations that demonstrate readiness typically have:

- Policies aligned to real operations
- Defined workflows for common and uncommon scenarios
- Current documentation staff know how to use
- Leadership that relies on systems—not heroics

This is where accreditation delivers value.

Accreditation does not assume flawless execution. It validates that an organization has defined expectations, documented its operations, and established internal controls that hold up under day-to-day pressure.

“Accreditation doesn’t reward perfection. It confirms preparedness.”

Accreditation as Evidence of Readiness

Accreditation is often misunderstood as a claim of superiority. In reality, it is evidence of organizational readiness.

It signals that an organization has:

- Defined operational standards
- Documented procedures aligned to practice
- Oversight and accountability mechanisms
- A framework for addressing gaps when they emerge

Accreditation does not eliminate questions—but it shortens them. Conversations shift from “Do you have this?” to “How do you apply it?”

Why This Matters Now

As expectations for documentation and accountability increase across NEMT, informal approaches that once went unnoticed are becoming visible.

Organizational readiness is no longer optional. It is a differentiator.

Accreditation does not promise perfection. It demonstrates readiness—and readiness is one of the most valuable operational assets a provider can have. 🌟

Prepared in Practice: Newly Accredited Organizations

Preparedness is not theoretical. It shows up in how organizations document operations and respond under pressure. The following newly accredited providers demonstrate what organizational readiness looks like in practice.

Entrusted Transport

Entrusted Transport operates in a complex service environment where consistency and documentation are essential. Accreditation reflects strong alignment between written procedures and day-to-day practice, supporting reliable service delivery and sustained operational performance.

Lift Assist

Lift Assist delivers specialized transportation services that require heightened operational discipline. Accreditation highlights structured documentation, staff oversight, and readiness to manage variability with consistency and accountability.

Superior Shuttle

Superior Shuttle’s accreditation renewal underscores that readiness is not a one-time achievement. Continued alignment between policy and execution supports stability as expectations evolve, signaling that readiness is embedded—not episodic.

“Readiness isn’t earned once. It’s maintained.”



NEMTAC® Accredited Organizations

The Board of Directors established a strategic alliance with **Professional Credentials Exchange** (ProCredEx), leading to the creation of a cutting-edge online platform that streamlines the credentialing process. This system has been in place for two years and continues to enhance efficiency, allowing organizations to assess their readiness before requesting an assessment survey. Currently, multiple organizations are actively pursuing accreditation through this platform. All **NEMTAC® Accreditations** remain valid for three (3) years from the date of award by the Board of Directors.

As part of the established process, applicants must submit a **\$600 application fee** when applying. They have the flexibility to pay the accreditation fee either upfront or through monthly installments. This comprehensive fee provides full access to all services offered by **ProCredEx**. Accredited organizations are already fully integrated into the system, ensuring a seamless experience.

Care aVan (AL) 10/6/2020-2023*

Call The Car (CA) 2/16/2021-2027**

Grove Transit (MS) 10/29/2021-2023*

AmeriCare Mobility Van (MN) 11/12/2021-2028**

Black and White Transportation (OH) 05/18/2022-2028**

Superior Shuttle (TX) 6/18/2022-2028**

M7 (CT) 3/21/2023-2026

Clear Choice Express (AZ) 3/21/2023-2026

Secure Medical Transport (KS) 3/21/2023-2026

Ride YourWay (MI) 5/18/2023-2026

360 Care + Transport (MO) 9/7/2023-2026

H&M Transport (VA) 8/23/2024-2027

Lift Assist of Chico (CA) 12/12/2025-2028

Entrusted Transport (OK) 12/12/2025-2028

Seeking Accreditation

Aryv of Wisconsin, LLC

Battle Buddy Mobility Transport

Handi Van

HealthLift

MTS Transportation, Inc.

Updated: January 12, 2026

Navarre Corporation

On Time Ambulance

Raider Ram, Inc. dba Reliant Transport

TLC Transit LLC

Transportation on Demand, Inc.

Sovereign Medical Transport

*Actively Seeking Renewal

** Renewed Accreditation

THE MEANING OF SAFETY

Why Your Employees Should Understand What This Means!



By Frank Ciccarella, Owner Synergize Consulting, LLC

It is without question one of the most difficult explanations that people in the NEMT industry struggle to define. Is it having no accidents? Is it having no incidents? Is it being compliant with DOT? Being in compliance with your contract? What does Safety really mean? Why is it important for your employees to understand this six-letter word and how does it apply to their everyday work?

Let us start with the word Safety. When I look up the word, I find that the definition states that safety is the condition of being protected from or unlikely to cause danger, risk, or injury. As it relates to our business, this definition is almost correct.

The simpler and more defined meaning of Safety is the

freedom of Risk. Risk is the possibility of having harm/bodily injury or damage to property.

So, when you put these two definitions together, Safety means the freedom from harm/bodily injury or damage to property.

Understanding safety begins with understanding risk and how do we remove risk in our operations? Risk involves two areas of concern, the first is unsafe conditions, and the second is unsafe behaviors. By eliminating or reducing these unsafe conditions and unsafe behaviors in your operations, you will become a safer company.

UNDERSTANDING UNSAFE CONDITIONS AND BEHAVIORS

It is easy for an operation or its employees to end up in these areas.

It is easy for an operation or its employees to end up in these areas. Unsafe Conditions can start with bad housekeeping in the shop, walkways or driveways not treated for snow removal or ice removal, bad drivers' room or office furniture, potholes not filled in the yard, use of improper tools, improper shop safety rules, and the list can go on and on. Unsafe Behaviors are not any better. Drivers not completing a pre-trip inspection, not stopping properly at stop signs, improper turns, speeding, bad intersection behavior while driving, improper following distance, smoking in a no smoking zone, using a cell phone while driving, again the list can go on. We must remember when thinking about unsafe conditions or unsafe

behaviors, that people are the root cause of all accidents by their actions or inactions. Accidents do not just happen! They have a cause.

TEACH EMPLOYEES TO SEE SAFETY!

When we talk about safety in our operations, it is important to teach our employees to see safety! It is up to us to identify and eliminate unsafe conditions and unsafe behaviors. Accidents happen when the following occurs:

- 1** People fail to pay attention: Not looking for the unsafe condition around them or practicing unsafe behavior(s).
- 2** People exceed their capabilities: lifting an object that is too heavy, or drivers driving without enough sleep, are examples of when people need to recognize the unsafe behavior or condition.
- 3** People can develop a pattern of unsafe behavior. Our employees need to recognize what is unsafe behavior and change the way they do things. Unsafe behaviors lead to accidents or unsafe conditions.

Examples would be a failure to check your mirrors before backing, not tapping on the horn before backing, or an unsafe behavior of picking up tools on the ground after a job is done, or a hose laying on the ground that could lead to a tripping hazard.

As Managers / Supervisors/ Staff, we must correct unsafe conditions and unsafe behaviors when we see them.

If needed, we must discipline employees to help them understand what events are unsafe conditions and unsafe behaviors that can cause and have the potential for being a tragic event. We need all our employees to help eliminate risk.

ABOUT THE PEOPLE WE HIRE

Each person that we hire will behave differently to given circumstances. This is based on their individual CAN-DO Factors – Is the person capable of doing the job and WILL-DO Factors – Does the person desire to do the job? Understanding these factors is critical:

Can Do – is made up of a person’s Knowledge, Skills, and Abilities of the job.

Will Do – is made up of a person’s Values, Motivation and Personality

We must understand that people are different and managing their behavior will help you, as a manager and your staff, to lead and motivate employees to act safely. If you make sure that employees have the knowledge and skills they need to do their job, hire the right people, then their Can-Do factors will be aligned with their job, and they will be safer. You must make safety a priority.



IN SUMMARY

It is important for you and your staff to become Safety Leaders and to value safety. Whenever unsafe behavior exists, or an unsafe condition exists, you must take action to eliminate the risk. Whenever I talk with companies about Safety, I try and educate them on creating a safety culture of “Double Zero Tolerance” which means, No Unsafe Conditions and No Unsafe Behaviors! ☀

ABOUT FRANK CICCARELLA, OWNER OF SYNERGIZE CONSULTING, LLC

Frank bringing over 40 years of experience in safety, training, and risk management within the transportation industry.

He specializes in developing practical safety programs and strengthening organizational safety culture through clear expectations and accountable behaviors. [Learn more](#)

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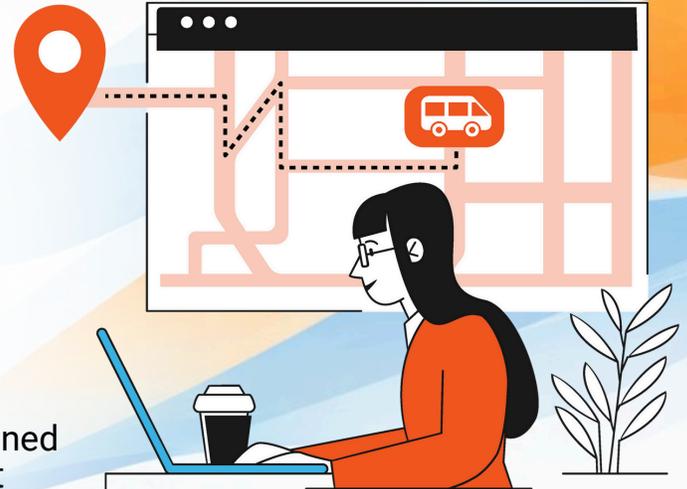
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Building a Resilient NEMT Business Through Revenue Diversification

By Joseph M. Rubino

When Covid-19 hit in 2020, many NEMT-dependent companies saw revenues collapse—some by 70, 80, even 90 percent. Others experienced losses closer to 30 or 40 percent. While still painful, those operators survived.

The difference wasn't geography, luck, or leadership style. It was diversification. Operators with broader revenue portfolios had options. Those dependent on a single payer—often an NEMT Medicaid broker—did not. The pandemic exposed a risk many companies had quietly accepted for years.

Since becoming a consultant in 2002, I've visited more than 200 for-hire transportation companies across the country—many multiple times. Some operated taxis, some NEMT fleets, some ADA paratransit, sedans, or livery services. On paper, many appeared diversified.

In practice, they were not.

Their fleets, drivers, and operations revolved almost entirely around one dominant client—usually a Medicaid broker. Drivers who technically operated taxis or sedans hadn't served traditional customers in months. They



weren't multi-modal operators; they were single-payer businesses wearing different uniforms.

I understand the appeal. Medicaid NEMT is predictable. Dispatch is simple. Management oversight is streamlined. Growth can be rapid, even at low reimbursement rates. But that convenience comes at a cost.

I warned many operators over the years: relying too heavily on one revenue source creates fragility. Some listened. Some didn't. Then Covid arrived.

“The companies that survived weren't luckier—they were diversified.”

Most transportation companies sell services “off the menu”—NEMT, paratransit, taxi, shuttle, charter. Few design services around specific client needs.

That's a missed opportunity.

Years ago, I wrote that one of our industry's greatest weaknesses is imagination—not operational capability. We know how to move people. We struggle to explain why that matters to potential clients who don't yet see transportation as a solution.

Hospitals may know you for admissions and discharges, but many don't realize you can support Managed Care, Medicare Advantage, or privately insured patients with transportation benefits. In those cases, the medical provider isn't the payer—but they influence the flow of business.

Some healthcare systems will gladly pay for transportation if it enables billable outpatient services. The transportation cost is often a fraction of their reimbursement.

When operators say, "That kind of business doesn't exist here," my answer is simple: it doesn't—because you haven't created it yet.

You must adapt to your customers. Don't wait for them to find you.



Diversification requires intention. It means building a real business development program—marketing, sales, outreach, and networking beyond the usual transportation circles. Many operators belong to Chambers or Rotary clubs. Far fewer engage with hospital associations, healthcare coalitions, or payer networks.

Relying on a single revenue stream is a risk you can no longer afford. Covid proved how quickly that work can disappear. The solution isn't abandoning NEMT—it's balancing it.

It's never too late to strengthen your portfolio. The next disruption won't announce itself in advance. 🌟



B2B VS. G2B REVENUE: WHAT'S THE DIFFERENCE?

B2B – Business-to-Business

- Hospitals, health systems, dialysis centers
- Nursing homes and assisted living operators
- Employers, universities, private organizations
- Often relationship-driven and service-specific
- Transportation supports another organization's core mission

G2B – Government-to-Business

- Medicaid brokers
- Public paratransit contracts
- Municipal or state agencies
- High volume, standardized, price-sensitive
- Vulnerable to policy shifts and funding changes

Smart operators don't choose one—they balance both.

ABOUT THE AUTHOR

Joe Rubino is a nationally recognized consultant in ground passenger transportation, with expertise spanning all service modalities.

He has worked on transit and for-hire transportation projects in 47 states and regularly serves as an Expert Witness in civil and regulatory cases.

He can be reached at jmrubino@aol.com or at www.jmrubinoconsulting.com

NEMT and the Human Experience: What Technology Can't Replace

BY ALISHA BRUHL, PT, DPT

The NEMT industry is evolving quickly. Dispatching platforms get smarter each year, route optimization is increasingly automated, and AI enabled tools promise new efficiencies that once required an entire office. In many ways, technology has strengthened our operations and improved access for the communities we serve.

But as automation expands, including the rise of robo taxis and emerging humanoid robotics, an important question surfaces: **Can technology ever replace the driver passenger relationship at the heart of NEMT?**

For many passengers, the ride is not simply transportation. It is their social lifeline. Research consistently shows that meaningful human interaction supports emotional well being, reduces loneliness, and is linked with better health outcomes and even longer survival rates. For individuals managing chronic conditions, limited mobility, or social isolation, the presence of a caring driver is often as valuable as the appointment itself. NEMT drivers see this every day. They hear the stories. They notice when something seems off. They offer silence when it is needed and conversation when it is welcomed. They build trust without rushing. These are things software and bots cannot replicate. In our community, people often describe our vehicles as iconic, but what they remember most, and what brings a smile to their face when we arrive, are the drivers standing beside them. The drivers who ask about a passenger's grandchildren and wait long enough to hear the full answer. The drivers who provide ponchos to shield their passengers from the rain.

The drivers who hand out blankets, personalized with the passenger's name, because winter in Northwest Ohio can be bitter cold and the comfort of each passenger matters.



These moments of care are not accessories to the job. They are the job.

As the industry considers the future of automation, we must protect what makes NEMT uniquely human. Efficiency matters. Technology matters. Safety and compliance matter. But the heart of NEMT is still the person behind the wheel and the passenger riding with them. Two humans sharing time, trust, and a simple but meaningful journey.

Our drivers are not replaceable. They are the culture carriers, the frontline boots on the ground, and the reason many passengers feel safe enough to continue accessing life sustaining care.

Project based initiatives, compassion focused practices, company culture, and community rooted service models do not begin with algorithms. They begin with people who choose to show up with patience, empathy, and dignity, and with the support of mission driven leadership.

As our industry looks toward the future, the question is not whether technology will change NEMT. **It will.**

The question is whether we will preserve the human experience at the center of it.

We believe we must.

Do you? 🌟

Injecting Humor into Healthcare Transport

How One NEMT Team Turned a Calendar into a Culture Win

By Brandon Tenney, Director of Customer Relations, Patient Transport

Intro: Setting the Scene

When people think about Non-Emergency Medical Transportation, “fun” usually isn’t the first word that comes to mind. Reliability, safety, and professionalism? Absolutely. But fun? Not so much.

At Patient Transport, our drivers spend their days supporting patients through some of their most vulnerable moments. It’s rewarding work, but it can also be emotionally and physically demanding. In early 2025, we started looking for a creative way to celebrate our team and remind everyone that humor and heart can coexist in NEMT. That idea eventually became the 2026 Fellas of Transport calendar, a lighthearted, tongue-in-cheek project that ended up strengthening our culture far more than we expected.

The Idea: From Staff Room Joke to Culture Project

The concept started as a running joke: what if our drivers did a “calendar shoot,” like the classic firefighter calendars, but with uniforms, clipboards, and gurneys? Instead of dismissing it, our team ran with the idea.

What began as an inside joke turned into a full-scale creative project. Our drivers volunteered enthusiastically, posing in professional uniforms with intentionally exaggerated, tongue-in-cheek glamour shots. We paired each image with witty captions that reflected the humor and camaraderie our staff share every day.

The Execution: A Professional Twist

Because I come from a visual media background, we decided to approach it seriously from a production standpoint. We used some slightly higher quality lighting setups, planned shot compositions, and made it look intentionally “a little too professional for what it was.”

The result? A calendar that’s funny and visually sharp enough to pass for a legitimate commercial campaign. That slight gap between tone and polish was part of the magic. It looked like something a marketing agency would create for a national brand, but it came straight from our own team.

The Outcome: More Than Just Laughs

Once printed and distributed to our partner facilities, the reaction was immediate and overwhelmingly positive. Staff, nurses, and administrators started calling and emailing about it, not because they wanted more business, but because they wanted extra copies. It became a talking point, an icebreaker, and even a mini morale booster at a time when healthcare workers have been under immense pressure.

Internally, it brought the team closer together. Drivers who rarely interacted started joking about “their month.” Dispatchers teased who got the “best pose.” It reminded everyone that behind the uniforms and protocols are real people who care deeply about what they do and who aren’t afraid to laugh along the way.

Lessons Learned: Humor as a Culture

Driver

The Fellas of Transport calendar wasn't about branding or advertising. It was about belonging. The project showed us that small, creative efforts can have a disproportionate impact on morale and engagement.

For NEMT companies, where teams often work in the field and don't see each other daily, culture can fade quickly without intentional effort.

We learned that humor, done respectfully, can reinforce pride, trust, and connection. When your team feels connected, that positive energy inevitably reaches the patients and facilities you serve.

What's Next

After seeing the response, our leadership team decided to make this an annual tradition. Next year's theme will focus on both men and women across our transport and dispatch departments, continuing to highlight the people behind the rides in a creative, authentic way. 🌟

Brandon Tenney is the Director of Customer Relations for Patient Transport, a non-emergency medical transportation provider serving the Greater Phoenix and Mesa area. He focuses on creative outreach, customer engagement, and brand storytelling within the healthcare logistics space.



patienttransport.com



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