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TABLE OF CONTENTS

ACCESS IS THE OUTCOME, NOT THE TRIP 10

NEMT is not about trips—it is about access, connection, and dignity.

WHAT YOU DON'T KNOW ABOUT YOUR VEHICLES COULD HURT YOU 13

Uncovers hidden risks in NEMT vehicle modifications and why understanding compliance and build history matters more than ever.

THE REUSE ERA 15

Examines Medicaid's shift toward shared system infrastructure—and what it means for a fragmented NEMT landscape.

RECOGNIZING EXCELLENCE IN NEMT 22

Celebrating Leaders and Looking Ahead to NEMTAC Transform™ 2026

WEBINAR: BROKER'S PLAYBOOK FOR SMATER NEMT GROWTH 23

Stop Adding Vehicles & Start Winning More Trips

NMEDA BRINGS THE MOBILITY EQUIPMENT INDUSTRY TOGETHER 24

A look inside NMEDA's 2026 conference, highlighting innovation, education, and the growing intersection between mobility equipment and NEMT.

THOUGHT LEADER INTERVIEW: Doug Wolfberg, J.D. 37

NOT ALL TRANSFERS ARE EQUAL 31

Explores how inconsistent definitions of “transfer” in NEMT create operational gaps—and why clarity in responsibility and service levels is critical.

CHOOSING THE RIGHT COMMERCIAL INSURANCE BROKER FOR NEMT 34

A practical checklist for providers



FROM THE EXECUTIVE DIRECTOR

The first quarter of 2026 has been an active start to the year for NEMTAC®, with meaningful progress across several initiatives focused on standards development, education, data, and industry collaboration.

One of the most visible areas of momentum is NEMTAC Transform™, which will take place August 16–19, 2026 at the JW Marriott Grande Lakes in Orlando, Florida. With this issue of NEMT Today releasing on April 15, we are now about four months away from bringing the industry together again.

Interest in the conference has been exceptionally strong. Exhibit booths are already selling at a rapid pace, and organizations from across the NEMT ecosystem have begun securing their participation early. The Orlando venue provides an outstanding setting for the event, and we look forward to welcoming providers, brokers, health plans, regulators, technology partners, insurers, and other industry leaders for several days of education, collaboration, and forward-looking discussion.

To make participation easier for organizations of all sizes, NEMTAC is also offering group registration discounts and day passes, allowing companies to bring additional team members or attend specific days of programming.

NEMTAC’s education programs continue to evolve as well. Over the past several months we have updated and strengthened our course offerings to better reflect the operational realities and safety expectations facing NEMT providers today. Development also continues on the NEMT Accident Avoidance Course, being created in partnership with the Texas Engineering Extension Service (TEEX). This program is designed to strengthen driver preparation and improve operational safety across the industry.

During the first quarter, NEMTAC also conducted the industry rate survey and launched a call for participation in the NEMT Data Repository initiative. These efforts are intended to support more data-informed decision making, helping establish a credible foundation of operational information that can inform research, policy discussions, and long-term planning for the industry.

Industry engagement has remained a priority as well. Joel Smith presented at the NMEDA Conference, and Board Chair Tanya Woods-Copeland and I attended the CMS Quality Conference in Baltimore. In addition, we will have participated in the Mobile Integrated Health (MIH) Summit and the ANSI Regional Conference in Scottsdale, ensuring that the perspective of the NEMT industry continues to be represented in broader healthcare transportation and standards discussions.

Looking ahead to the second quarter, NEMTAC will also participate in the CTAA Expo in May, where we will host a booth as part of the association exchange between our organizations. Opportunities like this allow us to engage transportation leaders across sectors and continue important conversations about the role of non-emergency medical transportation within the broader mobility and healthcare access ecosystem.

NEMTAC also continues to expand the reach of NEMT Today and our online industry resources through social media, video interviews, and regular industry updates. These platforms allow us to share operational insights, highlight industry leaders, and provide practical resources for professionals across the country. If you find these resources valuable, we encourage you to follow NEMTAC on LinkedIn and share posts that help inform colleagues across the industry.

As we move into the second quarter of 2026, our focus remains clear: advancing standards, strengthening education, supporting data-informed decision making, and bringing the industry together through collaboration and shared learning.

The NEMT industry continues to evolve, and the work we do together today will help shape the system that patients, families, and healthcare providers depend on every day.



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As the ANSI-accredited standards developer for the NEMT sector, NEMTAC® depends on diverse Advisory Committees and Workgroups to guide standards, expand accreditation, and support organizational initiatives. Our volunteers represent the 13 primary NEMT stakeholder groups.

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

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Access Is the Outcome, Not the Trip

By Peter J. Hicks, Executive Director, NEMTAC®

It is easy to describe Non-Emergency Medical Transportation as moving people from one place to another.

A pickup.

A drop-off.

A completed trip.

But that description misses what NEMT actually does — and why the system exists.

Transportation is not the outcome.
Access is.

What NEMT Actually Enables

For many individuals, access is fragile.

Appointments are missed not because care is unavailable, but because reaching it is uncertain. Community engagement fades not because people want to withdraw, but because mobility becomes unreliable. Over time, those small barriers accumulate — quietly pushing people toward isolation, institutionalization, or crisis-driven care.

When NEMT works well, it interrupts that trajectory.

It reconnects individuals to treatment, services, and daily life. It supports aging in place. It enables continuity where fragmentation would otherwise take hold. And it does so long before problems escalate into emergencies.

Seen this way, NEMT is not simply a transportation benefit. It is part of the access infrastructure that allows people to remain participants in their own lives.



Distinct Systems, Shared Outcomes

Emergency medical services, mobile integrated healthcare, and non-emergency medical transportation operate with different mandates, standards, and responsibilities. Those distinctions matter and must be preserved.

At the same time, the outcomes these systems influence are tightly connected.

When access is reliable, individuals remain supported in their homes and communities. When access breaks down, the system responds later — often at higher cost, greater disruption, and reduced dignity.

This does not mean the systems are interchangeable. It means they are interdependent.

Decisions made upstream in one part of the continuum shape demand elsewhere. Capacity constraints rarely stay contained. They shift.

Recognizing this interdependence does not require convergence or role confusion. It requires intentional design — acknowledging how access is preserved across systems rather than reacting when it fails.

Access Is Not Uniform

Access does not look the same everywhere.

Urban, suburban, rural, and frontier communities experience fundamentally different realities. Distance, density, workforce availability, and infrastructure shape what is possible. A solution that works well in one environment may be impractical in another.

That is why access systems function best when they are layered.

In practice, this means using the right combination of NEMT providers, public transit,

taxi, transportation network companies, rail, and other options — each applied where it makes sense. Not every trip requires the same level of support. Not every community has the same tools available.

Access improves when systems stop forcing uniform answers onto diverse conditions and instead design for context.

Innovation as a Pathway to Access

Preserving access also requires innovation — not for its own sake, but to respond to real constraints faced by passengers, providers, and communities.

Across the country, NEMT operators are adopting new approaches to bridge gaps where traditional models fall short. Examples include the use of specialized mobility seating, such as Broda-style chairs, as an alternative to stretcher transport in jurisdictions where stretcher service is restricted, or where dual-staffed stretcher vehicles are difficult to sustain due to workforce limitations.

Similarly, advances in vehicle design and securement technology now allow stretcher and mobility solutions to be safely deployed in vehicle platforms that were historically unavailable for this purpose, such as minivans. Where high-top vans or large chassis vehicles were once the only option, new mounting systems and safety engineering are expanding what is possible — particularly in markets where scale, cost, or staffing make traditional configurations impractical.

Importantly, these innovations are not occurring in isolation. They are being developed, evaluated, and refined in collaboration with recognized standards bodies, including NEMTAC, RESNA, and CAAS, to ensure that safety, appropriateness, and role clarity remain paramount.

Innovation, when aligned with standards, becomes a tool for access — not a departure from accountability.

Trust Is a Form of Access

“
Access is not only
physical. It is relational.
”

For many passengers, transportation is deeply personal. A familiar driver, a consistent provider, or a trusted routine can make the difference between engagement and withdrawal. Comfort and trust influence whether people keep appointments, accept help, or remain connected.

Technology can optimize logistics. It cannot replace human relationships.

NEMT drivers are often present during some of the most difficult moments in a person's life — a new diagnosis, a turning point in treatment, or the realization that care will change. They are not clinical. They may not know the full story. But they are there.

Sometimes passengers share what they are facing. Sometimes they do not. Either way, the presence of a steady, respectful human being matters.

Systems that ignore this dimension may gain efficiency in the short term, but they lose something harder to rebuild: trust.

Why Access Cannot Be Solved in Isolation

Efforts to improve access often focus on individual components — routing logic, cost controls, utilization management, or performance metrics. Each of these has value. None are sufficient on their own.

Access breaks down when systems optimize individual parts without considering how they interact.

Layered approaches work because they acknowledge complexity rather than deny it. They allow different tools, providers, and modes to coexist — each doing what it does best — instead of forcing one solution to carry every burden.

This is not about lowering standards. It is about aligning them with reality.

The Measure That Matters

The success of NEMT is not found solely in trip counts, miles driven, or cost per ride.

It is found in whether people remain connected.

- Whether they can age in place.
- Whether they avoid unnecessary institutional care.
- Whether access is reliable enough that health and social services can do their work effectively.

Those outcomes are harder to quantify, but they are the reason the system exists.

Looking Forward

As communities face growing service demands, workforce constraints, and demographic shifts, access will only become more critical.

Transportation will continue to sit at the intersection of these pressures — visible, measurable, and often blamed. But visibility is not failure. It is opportunity.

When access is designed intentionally, layered, contextual, human, and standards-aligned, transportation becomes a stabilizing force rather than a stress point.

And when that happens, NEMT fulfills its most important role: not just moving people, but helping them remain connected to their lives with dignity. 🌟

WHAT YOU DON'T KNOW ABOUT YOUR VEHICLES COULD HURT YOU

BY: JOEL SMITH

As NEMT continues to evolve, one pattern is becoming clearer: many of the risks that matter most are not always the most visible.

This is the first in a short series focused on a practical question—what does it actually mean to operate a safe NEMT vehicle? Not in theory, but in the way vehicles are built, modified, and used in the field.

There's a common assumption in NEMT that vehicles are a solved problem. You acquire them, inspect them, and put them into service. From there, the focus shifts to operations—routing, scheduling, staffing. But underneath that is a layer most of the industry doesn't fully see.

Many NEMT vehicles are not used exactly as they were originally manufactured. They are altered before first sale, modified after entering service, or equipped with lifts, flooring systems, and securement hardware. Each of those changes carries implications—not just for performance, but for compliance, traceability, and risk

Two vehicles can look identical on the outside, but how they were built—and by whom—can be very different. Some vehicles are altered prior to first retail sale by entities required to certify compliance with federal safety standards, register as manufacturers, and maintain VIN-level records.

Others are modified after sale. In those cases, re-certification is not required, but safety systems cannot be made inoperative, and compliance depends heavily on how equipment is selected and installed.

Both paths can be compliant. But they are not the same.

In practice, vehicles enter NEMT service from many sources—direct from conversion

companies, through secondary sales, or from general-use vehicle markets. At that point, key questions are often unanswered. What modifications were made? Were they compliant? Who performed them? Those questions tend not to surface until something goes wrong.

At the same time, the industry itself is expanding and diversifying. Vehicles are becoming more specialized. Passenger needs are becoming more complex. Procurement pathways are widening. That combination increases variability—and with it, uncertainty.

These are not new issues, but they are not always consistently understood or applied across NEMT. The NEMTAC Vehicle & Equipment Safety Advisory Committee (VESAC) is actively working through these topics as part of a broader effort to clarify how existing regulations, standards, and best practices apply in real-world NEMT operations.

That work is rooted in applying what already exists—federal motor vehicle safety standards, ADA requirements, and established safety practices—more consistently and with greater clarity. As these conversations continue across NEMTAC's advisory committees, they are also being brought into broader industry dialogue through upcoming convenings.

The takeaway is straightforward. Vehicles in NEMT are not just assets. They are systems—shaped by how they were manufactured, modified, and ultimately used. And in many cases, the details of those systems are not fully understood.

That gap may not be visible day to day. But it is there

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THE REUSE ERA

WHY MEDICAID IS MOVING AWAY FROM CUSTOM SYSTEMS

By NEMTAC

At the National Association of Medicaid Directors (NAMD) conference this fall, a theme surfaced repeatedly in discussions about system modernization:

States should stop rebuilding systems that already exist.

Instead, they should **reuse proven infrastructure.**

Federal officials and state leaders described this shift as both practical and necessary. Medicaid programs across the country are under pressure to modernize aging systems, improve transparency, and strengthen program integrity. Rebuilding everything state by state is increasingly viewed as inefficient and risky.

The emerging mindset is straightforward: **Reuse before reinvention.**

While the discussion focused largely on technology systems, claims engines, provider enrollment modules, and data verification tools—the underlying principle extends beyond software. It reflects a broader move toward shared infrastructure within Medicaid administration. And that raises an important question for Non-Emergency Medical Transportation (NEMT):

What happens when Medicaid infrastructure becomes standardized, but transportation systems remain fragmented?

A system built on reuse

Panelists from CMS and several state programs emphasized that modernization increasingly depends on collaboration between states.

When one program has already developed a functional system or operational model, others should not have to start from scratch. Leveraging existing solutions reduces implementation risk, shortens modernization timelines, and allows agencies to focus on service delivery rather than building new technical architecture.

One example discussed involved a partnership between Guam and West Virginia. Rather than building a new Medicaid system independently, Guam adopted an existing framework and project management structure developed by West Virginia.

The results were dramatic. A decades-old system was replaced, new capabilities were implemented, and approximately \$39 million in federal funding was secured in less than a year.

The lesson was clear: modernization increasingly depends on shared solutions rather than isolated development.

WHY COLLABORATION REMAINS DIFFICULT

Despite the advantages, reuse is not yet common practice.

The barriers are rarely technical. Instead, they are organizational.

States often hesitate to collaborate because of concerns about losing program control. Others worry that shared systems could complicate governance or slow decision-making. In many cases, administrative cultures have developed around highly independent program management.

But modernization pressures are steadily changing those assumptions.

Medicaid programs are becoming increasingly interconnected through data exchange requirements, federal reporting expectations, and the expansion of multi-state managed care organizations. As those connections deepen, **alignment becomes more valuable than independence.**

WHERE NEMT FITS

Transportation services rarely appear in discussions about Medicaid system architecture.

Yet NEMT operates at the intersection of many of the systems currently being modernized.

Trip authorization connects to eligibility systems. Provider participation connects to enrollment and credentialing frameworks. Trip verification and reporting connect to program integrity tools.

As those systems evolve, the ability of transportation programs to integrate smoothly becomes increasingly important.

Today, however, NEMT remains one of the most structurally fragmented areas of Medicaid administration. Provider requirements vary widely across states. Operational definitions differ across contracts and brokers. Data structures and performance expectations often lack consistency across programs.

For many years, this variation was manageable. But modernization is changing the environment in which transportation programs operate.

Modern systems depend on consistent definitions, reliable verification processes, and shared expectations for provider capability. Without those elements, interoperability becomes difficult.

STANDARDS AS INFRASTRUCTURE

One of the quieter themes emerging across Medicaid modernization discussions is that standards function as infrastructure.

Shared definitions allow systems to communicate with one another. Clear operational expectations make provider participation scalable. Reliable verification frameworks support program oversight and integrity.

In other words, standardization is not simply a compliance exercise. It is what allows complex systems to operate across organizations and jurisdictions.

Within the transportation community, several efforts are beginning to move in this direction. Work underway across the NEMTAC standards development process—including initiatives related to **data definitions, performance indicators, and provider qualification frameworks,**

reflects a growing effort to establish common reference points for the industry.

The goal is not to impose uniformity on state programs, but to create shared infrastructure that programs can reference as they modernize systems and contracts.

A QUIET TRANSITION

Medicaid modernization rarely happens overnight.

It unfolds through incremental decisions about systems, policies, and operational frameworks.

Yet the direction is becoming clearer.

As states modernize Medicaid infrastructure, they are increasingly looking for solutions that can **scale, integrate, and operate consistently across environments.**

For services like NEMT, that shift creates both opportunity and responsibility.

Transportation has always played a central role in enabling access to care. The next stage may be ensuring that the systems supporting transportation evolve in ways that allow them to function as durable infrastructure within the broader Medicaid ecosystem.

That conversation has already begun. 🌟



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RECOGNIZING EXCELLENCE IN NEMT

CELEBRATING LEADERS AND LOOKING AHEAD TO NEMTAC TRANSFORM™ 2026

BY NEMTAC STAFF

Each year, the NEMTAC Transform™ Conference brings the industry together not only to connect, but to recognize those setting the standard for excellence.

The NEMTAC Awards spotlight the individuals and organizations driving progress across the NEMT ecosystem, providers, brokers, payers, technology partners, and advocates, all advancing access to care. While NEMTAC Accreditation remains the gold standard for performance and accountability, these awards recognize the people and organizations leading innovation and progress.

As we look ahead to NEMTAC Transform™ 2026, **award nominations are open**. This is an opportunity to elevate the work shaping the future of NEMT and ensure those leading the way are recognized.

Celebrating the 2025 Award Recipients

At the **NEMTAC Transform™ Conference**, NEMTAC recognized leaders whose work is making a measurable difference:

BROKER OR PAYER PARTNER OF THE YEAR



Provide A Ride was recognized for balancing scale with service—supporting large populations while maintaining strong on-time performance, high satisfaction, and a collaborative approach with provider partners.

ACCREDITED PROVIDER EXCELLENCE AWARD



Ride Your Way was recognized for demonstrating how accreditation translates into daily operations—embedding compliance, structure, and patient-centered service into a scalable, high-performing model.

NEMT PROVIDER OF THE YEAR



Skyline Transport was recognized for building a culture of safety, accountability, and continuous improvement—demonstrating disciplined operations, hands-on leadership, and a consistent focus on ride quality and reliability.

INNOVATION IN NEMT AWARD



Bambi Health was recognized for delivering practical innovation—improving efficiency, usability, and provider experience through thoughtful, continuously evolving technology.

NEMT LEADERSHIP & ADVOCACY AWARD



Chase Lafferty was recognized for advancing the industry through advocacy, collaboration, and active engagement with stakeholders shaping the future of NEMT.

Excellence on Display: The Exhibit Hall

Excellence at the NEMTAC Transform™ Conference extended beyond award submissions—it was visible across the exhibit hall.

Exhibitors were evaluated through a structured, on-site judging process focused on design, engagement, innovation, and overall impact.

2025 Booth Award Winners

- Best Premier Booth Experience: [Broda](#)
- Best of Show: [NEMT Platform](#)
- Best Standard Booth Experience: [Specialty Unlimited Agency](#)
- Best Vehicle Booth Display: [Southern Bus & Mobility](#)

These recognitions reflect more than presentation—they represent how organizations engage, educate, and contribute to the broader industry conversation.

A NEW STAGE FOR NEMTAC TRANSFORM™ 2026

At **NEMTAC Transform™ 2026**, the exhibit hall takes on an even greater role.

The Grand Opening of the exhibit hall will be the first scheduled event of the conference, placing exhibitors at the center of the experience from the very beginning.

This is a deliberate shift.

It means:

- exhibitors are not on the sidelines
- first impressions of **NEMTAC Transform™ 2026** are shaped in the exhibit hall
- engagement, innovation, and presence matter more than ever

For exhibitors, this is an opportunity to bring your best—because the entire industry will be watching from the start.

And like the industry awards, exhibitor recognition at **NEMTAC Transform™ 2026** will be earned in real time—reflecting how organizations show up when the full industry is watching.

WHY THESE AWARDS MATTER

The NEMTAC Awards recognize excellence across the full NEMT ecosystem.

They highlight:

- organizations delivering exceptional service
- leaders advancing the industry
- partners strengthening collaboration
- innovators improving NEMT operations

The awards are not about compliance, they are about recognition.

That recognition is reinforced in a simple but meaningful way. Award recipients are presented with a challenge coin that carries a clear message:

“—
| Excellence is the standard, |
| not the goal. —”

NOMINATIONS ARE OPEN

Now is the time to recognize the people and organizations making an impact.

Submit a nomination

If you've seen excellence in action—whether it's a provider delivering consistently, a partner building trust, or a leader advancing the industry—this is your opportunity to make that visible.

HOW TO NOMINATE

Strong nominations are clear, specific, and grounded in impact.

Include:

- who you are nominating
- the award category
- what they've accomplished—and why it matters

The most compelling submissions demonstrate real-world results and meaningful contribution to the industry.

IMPORTANT GUIDELINES

To maintain the integrity of the awards:

- Self-nominations are not eligible
- Nominations should reflect peer recognition
- Submissions should include clear, relevant detail

**SUBMISSION DEADLINE:
SUNDAY, MAY 31, 2026**

AWARD RECIPIENTS WILL BE RECOGNIZED AT:

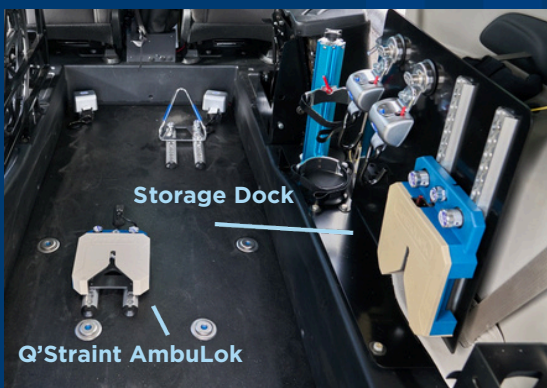
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August 16–19, 2026

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SPEAKER

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GUEST SPEAKER

William Retherferd

Chief Operating Officer for **WellTrans**

NMEDA BRINGS THE MOBILITY EQUIPMENT INDUSTRY TOGETHER AT 2026 CONFERENCE & EXPO IN ORLANDO

Orlando was buzzing. From Feb. 19 to 22, the Rosen Shingle Creek Resort transformed into the heartbeat of the adaptive mobility world as hundreds of dealers, manufacturers, allied health professionals and vocational rehabilitation specialists gathered for the 2026 NMEDA Conference & Expo. Hosted by the National Mobility Equipment Dealers Association, the four-day event was a powerful reminder of what this industry is all about: putting the right equipment in the hands of the right people so that individuals with disabilities can live independently, move freely and fully participate in everyday life.



The Expo Floor: Where Innovation Meets Real-World Impact

If you want to see the future of accessible transportation, the NMEDA expo floor was the place to be. This year's exhibit hall drew some of the biggest names in the business, with companies showcasing everything from wheelchair accessible vehicle conversions to cutting-edge adaptive driving equipment and mobility aids.

Exhibitors including BraunAbility, FR Conversions, Vantage Mobility, Bruno Independent Living Aids, Harmar, Q'Straint, EZ-Lock, Fenton Mobility, and Falls Mobility Finance brought their latest products and solutions to the floor, giving attendees a hands-on look at what is driving the industry forward. From full-size van conversions featuring power ramps and lowered floors to advanced securement systems and hand controls, the variety on display was a testament to how much the industry has grown and how committed these companies are to expanding access. Walking the floor, it was impossible not to feel the energy of people who genuinely believe in the work they do.

Education That Meets Every Corner of the Industry

One of the things that sets the NMEDA Conference & Expo apart is its depth of programming. This was not a one-size-fits-all experience. The 2026 event offered a rich, multi-track education lineup designed to meet attendees exactly where they are, whether they work on the shop floor, in a rehabilitation clinic or at the helm of a dealership.

By Ariel Ifill, Marketing and Communications Manager, NMEDA and Chuck Hardy, Director of Quality and Compliance, NMEDA



Technicians rolled up their sleeves for an intensive two-day hands-on training program covering the latest in mobility equipment installation and safety standards. Allied health professionals and vocational rehabilitation specialists had their own dedicated two-day track focused on adaptive vehicle recommendations, clinical decision-making and client outcomes. Meanwhile, the dealer learning tracks gave dealership professionals a chance to dig into business growth strategies, best practices, NEMT opportunities, and consumer engagement tools they could take home and put to work immediately.



General sessions brought everyone together, with industry leaders and association executives speaking to advocacy efforts, quality assurance program updates and the broader state of accessible transportation in America. The conversations were candid, energizing and a clear signal that NMEDA's membership is as engaged and mission-driven as ever.

Dealer Track Spotlight: The NEMT Opportunity You Need to Know About

Among the standout sessions in the dealer track was a presentation by Joel Smith, program manager at the Non-Emergency Medical Transportation Accreditation Commission, known as NEMTAC. His session, "Your Guide to NEMT: Rules, Rewards and Revenue," was exactly the kind of practical, eye-opening content that makes conference programming worth showing up for.

Smith laid out why non-emergency medical transportation, or NEMT, deserves serious attention from mobility equipment dealers. As both a Medicaid entitlement and a supplemental benefit under Medicare Advantage, NEMT is woven into the fabric of American healthcare. It exists to make sure people who need medical care can actually get there, a challenge that is only growing as the population ages and rural communities face increasing gaps in access to specialty care. Smith was direct: this is not a niche corner of the transportation world. It is a healthcare imperative.



A central theme of Smith's presentation was the work being done by NEMTAC, a nonprofit standards body collaborating with 15 stakeholder groups, including brokers, payers, health plans and passengers, to build shared definitions and operational standards across the NEMT space. Accreditation through NEMTAC signals to the market that a provider is structured, prepared and trustworthy.

Smith walked attendees through what that process looks like and why role-based training in areas like mental health awareness, duty of care and safety protocols is not optional. It is foundational.

Smith did not shy away from the harder realities either. Varying state regulations, fraud cases documented in Rhode Island and Colorado, and the administrative burden of pre-trip verifications and documentation were all discussed. He pointed to states like Colorado, Mississippi, Idaho and Minnesota as early adopters of accreditation and described an emerging data repository that will give providers real benchmarks to work from.

The takeaway for NMEDA dealers was clear: the NEMT sector is growing, regulators are paying closer attention, and the dealers who understand accreditation requirements and vehicle equipment standards now will be the ones best positioned to serve this market as it matures. Smith closed with a call to action, urging stakeholders to get involved in standard development and not wait for the industry to come to them.

An Industry Moving Forward

When the 2026 NMEDA Conference & Expo wrapped up, attendees did not leave empty-handed.



They left with new contacts, sharper skills, fresh perspective and a renewed sense of purpose. That is what this event does year after year. It reminds everyone in the room why the work matters and gives them the tools to do it better.

As the demand for accessible transportation continues to grow alongside an aging population and an increasingly complex healthcare landscape, events like this one are more important than ever. NMEDA and its partners, including organizations like NEMTAC, are doing the hard work of making sure the industry is not just keeping up, but leading the way. 🌟

For more information about NMEDA and its membership, visit nmeda.org

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THOUGHT LEADER INTERVIEW:

Doug Wolfberg, J.D.



Doug Wolfberg has been around NEMT and EMS since the 1970s. Starting his career as an EMS provider, he rose to become a county EMS director, serve as a staff member of his state's EMS Council, and then serve in the U.S. Public Health Service. Midcareer, Doug went to law school. He spent a few years at a large firm before co-founding Page, Wolfberg and Wirth (PPW), his firm for the last 26 years.

PWW specializes in medical transportation-focused law and its clients roster includes ambulance providers, EMS and transport companies, vendors to them, and local and state governments. NEMT Today sat down with Doug to get his perspective on the NEMT industry and NEMTAC's work.

What are your impressions about NEMT, including the providers who deliver the benefit?

Doug calls NEMT a "vital service" that is "integral and EMS and healthcare." He is particularly focused on the growing role of NEMT in "managing patient volume from hospitals to other settings." Doug talked about an emerging world in which NEMT becomes a key mode of transport for low-acuity patients.

Similarly, Doug talked about 911 systems and physicians who call only ambulances for medical transport when NEMT could do the job faster and more cost effectively. He talked about healthcare payers—whether state Medicaid programs or private health plans—that have "payment structures tied to

ambulance and not lower cost transport." But we have ambulance services, he notes, "that cannot keep up with demand and a large number of medical transports" that do not require their level of service.

Do you see any weaknesses or vulnerabilities with NEMT as it exists today?

Doug worried that NEMT is being painted with the "high risk of fraud and abuse" brush. He discussed that this was a concerning time to be seen as an "area of care with high frequency of fraud and abuse." He noted that NEMT is included as focus area in the Trump Administration's Operation CRUSH initiative.

Doug notes that this creates risk for the NEMT industry, but also opportunities.

Specifically, he sees this “an opportunity to recalibrate perceptions [about NEMT].” Doug notes “the criticality of the access” enabled by NEMT and calls NEMT an “investment in healthcare access.” He reminds leaders that “the vast majority of providers are good and compliant.”

Doug believes that the NEMT industry can tell a better story about itself. But he also believes that the industry can also do more to develop “codes of conduct and standards” and “to raise the floor” for its lower performing actors. Here, he sees a great need for NEMTAC.

NEMTAC has implemented the first accreditation process for NEMT providers.

Do you think this is a valuable service?

Doug characterizes himself as “a fan of industry-led accreditation initiatives.” He discussed that “standards should not be exclusionary but should be aspirational for industry.” He noted that the key challenge NEMTAC faces is provider buy-in for accreditation when it “is not a substitute for licensure or linked to payment.”

Doug believes that accreditation “is a differentiator” that enables a provider to be the best-in-class and label itself best-in-class in RFPs. As an attorney

who works with providers under scrutiny, he also believes that accreditation can be a means to “put the pin back in the grenade” when an investigation begins. Voluntary accreditation “creates an assumption” that the provider is one of the “good guys.” Doug notes that “good guys can make mistakes” but are more likely to get the benefit of the doubt from regulators and investigators where they meet meaningful and rigorous accreditation standards.

What advice might you offer to NEMTAC as its accreditation standards and process gains more traction in the provider community, and with other Medicaid stakeholders?

Doug advises that “accreditation should be the end-product of a consensus-based process” without conceding to the “lowest common denominator.” He suggests that “standards setting bodies, such as NEMTAC, inherently should “seek to elevate the profession.” As Doug describes it, licensure and industry registries demonstrate “adequacy” to operate in the field; accreditation should equate to “excellence.” “Not everyone can achieve excellence,” Doug notes.

Doug discussed the reasons that it can be “hard for payers to pay more for accreditation” but imagines that accreditation can be used to select one provider over another, or as a means for contacting certain preferred providers first. Doug notes that “it is in the payer’s interest” to do this because “you’re putting your money in better hands.”

What trends do you see in NEMT and how might NEMT providers evolve in the future?

Doug discussed the political moment we’re in, including Operation CRUSH and the increased scrutiny and even vilification of NEMT. He cautions that “it could get worse in the short run.”

But Doug was more optimistic about NEMT in the long run.

He returned to the growth opportunities for NEMT as the best provider for “low acuity rides in collaboration with EMS agencies and institutional providers. NEMT is becoming the cost-saving solution because they are well-positioned to partner with EMS agencies for many [EMS] calls.” NEMT, according to Doug, will be increasingly seen as “clinically appropriate healthcare” for cost-effective mobile healthcare. 🌟



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NOT ALL TRANSFERS ARE EQUAL

RETHINKING COORDINATION IN NEMT

There's a quiet issue emerging across coordinated transportation: we're using the same words but not always describing the same thing.

Terms like mobility hub and transfer point are appearing more frequently—in transit planning, healthcare access discussions, and increasingly within non-emergency medical transportation (NEMT). On the surface, they seem interchangeable.

In practice, they are not.

And in NEMT, the distinction carries operational implications.

Where NEMT Is Different

NEMT does not operate solely within planned systems. It operates across them—and often between them.

Transfers may occur at:

- a hospital discharge area
- the entrance to a dialysis center
- a residence
- a rural landmark
- or a location that exists functionally, but not formally—not always designed or recognized as a transfer location within a system

In many cases, the “transfer point” is simply where two services agree to meet.

By Joel Smith



That variability is not an exception.

It is inherent to the model.

This creates a gap:

transfers often occur at the boundary between providers or systems—where responsibility is not always clearly defined.

The Part We Don't Talk About Enough

Not all transfers are equal.

A passenger stepping off a fixed-route vehicle is experiencing one type of transfer.

A patient being handed from one provider to another is experiencing something fundamentally different.

The difference is not just location—it is responsibility.

In NEMT, transfer can represent a continuation—or interruption—of duty of care:

- Who is responsible at each moment?
- What level of assistance is expected?
- When does responsibility begin—and end?

In many cases, expectations around transfer are implicitly tied to the level of service being delivered—such as curb-to-curb, door-to-door, door-through-door, or hand-to-hand assistance as defined in

BSR/NEMTAC 1001-2025 Non-Emergency Medical Transportation Levels of Service Standard.

However, those definitions are typically applied within a single trip—not across a transfer between services.

Different Services, Different Expectations

As coordination increases across transit, healthcare, and community-based services, a pattern is becoming clearer:

- Some services assume independent transfer
- Others require assisted transfer
- Some require a hand-to-hand exchange of responsibility

These distinctions directly affect:

- scheduling and routing
- provider selection
- safety protocols
- accountability when something goes wrong

Yet today, they are often described using the same language.

When these conditions are not clearly defined, the result can be inconsistent handoffs and uncertainty in accountability.

Why This Matters Now

Coordination across systems is accelerating.

With it comes a practical need—not just for shared terminology, but for shared understanding.

Because the real questions are operational:

- Is this location appropriate for a transfer?
- What level of support is required?
- What happens if the next leg is delayed or unavailable?
- Who remains responsible for the passenger in that moment?

These are not edge cases.
They are routine conditions within NEMT operations.

What Comes Next

This is not a call to redefine terminology for its own sake.

It is a recognition that current language may not fully reflect operational reality—particularly in NEMT, where transfers occur across systems rather than within a single controlled environment.

The NEMTAC Public Transit & Urban Mobility Advisory Committee (PTUMAC) is actively working through these questions as part of a broader effort to improve coordination.

That work is expected to inform future guidance—potentially including:

- clearer classification of transfer types
- expectations for responsibility during handoffs
- alignment between transfer conditions and levels of service
- approaches to implementing coordination safely and consistently

The Takeaway

Mobility hubs and transfer points remain useful concepts.




But in NEMT, the more relevant question may be: **What does a safe, effective transfer require, and how do we design for that across systems?**

That is the conversation now underway. 🌟

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Choosing the Right Commercial Insurance Broker for NEMT

A practical checklist for providers

NEMTAC Staff

Insurance is one of the largest operating costs for Non-Emergency Medical Transportation providers—and one of the least understood.

Many operators spend significant time comparing premiums, yet far less time evaluating whether the broker placing their coverage actually understands the NEMT industry. The difference can be significant—not only in price, but in whether coverage will truly protect the provider when an incident occurs.

Commercial auto insurance for NEMT is not the same as standard fleet or passenger transportation coverage. Providers operate in a unique risk environment that can include passenger assistance, wheelchair securement, loading and unloading exposures, and contract requirements from Medicaid programs or managed care organizations.

Yet many insurance agents encounter NEMT only occasionally.

Recognizing this challenge, NEMTAC recently developed a Commercial Insurance Broker Interview Checklist for NEMT Providers, designed to help transportation operators ask informed questions before selecting a broker. The tool is not an endorsement of any carrier or agent. Instead, it provides a structured way for providers to evaluate whether a broker truly understands NEMT risk exposure and insurance requirements.

The checklist encourages providers to explore several key areas during the selection process.

First, brokers should demonstrate clear experience with livery, paratransit, or NEMT operations, including familiarity with Medicaid or managed care contract requirements.

Second, they should be able to explain which insurance carriers actively write NEMT coverage, how underwriting expectations vary by state,

and what factors influence pricing and eligibility.

Finally, brokers should be able to walk through policy details—including coverage for loading and unloading exposures, claims procedures, and how policies align with contract requirements—rather than relying solely on a certificate of insurance.

These conversations help providers move beyond simply comparing quotes toward understanding the coverage they are purchasing.

Insurance placement is ultimately a partnership. The right broker should understand the operational realities of NEMT, provide guidance during claims or renewals, and help providers navigate an increasingly complex insurance market.

For transportation operators, asking the right questions at the outset can make a meaningful difference.

Insurance Broker Interview Checklist for NEMT Providers

This checklist helps NEMT providers evaluate whether an insurance agent or broker is qualified to place and manage NEMT commercial insurance. It is not an endorsement of any broker or carrier; it is a tool to help providers ask informed questions and identify red flags before purchasing coverage.

1. Experience With NEMT & Livery Risk

Questions to Ask

- What percentage of your book of business is livery, paratransit, or NEMT?
- Which states or regions do you write NEMT in?
- Are you familiar with Medicaid/MCO contract insurance requirements?

What You Want to Hear

- Clear experience in NEMT or similar risks
- Understanding of state-specific and contract-specific requirements

Red Flags

- "We can figure it out as we go."
- No NEMT-specific references

2. Carrier Access & Market Knowledge

Questions to Ask

- Which carriers do you work with that currently write NEMT?
- Do those carriers write new ventures in my state?
- Are you familiar with which markets require prior experience, fleet size, or safety history?

What You Want to Hear

- Broker can explain why certain carriers will or won't quote
- Awareness of specialty vs. non-specialty markets

Red Flags

- Only offers personal auto or general commercial markets (Progressive, Allstate, etc.)
- Cannot explain carrier appetite or underwriting differences

3. Coverage Understanding

Questions to Ask

- Can you explain loading/unloading and care/custody/control coverage?
- How do you handle workers' comp for W-2 and 1099 drivers?
- What are the common exclusions that NEMT operators overlook?
- Does my policy include SAM (sexual abuse/molestation) coverage?

What You Want to Hear

- Broker can explain these terms clearly and accurately

Red Flags

- Broker has never heard of these exposures
- Says a CDI (certificate of insurance) is sufficient proof of coverage



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