

Tech-Enabled Innovation in Medicaid Managed Care

Providing Transportation Services to Address Health and Social Needs: Kaizen Health and Iowa Managed Care Organizations

Access to transportation is essential for reaching medical care and related services. In 2022, five percent of non-elderly adults in the U.S. missed needed health care due to a lack of transportation, and this rate was higher for adults from low-income households (14 percent), who have disabilities (17 percent), and who are on public insurance (12 percent).¹ Transportation access also impacts peoples' ability to meet a wide range of health-related social needs (HRSN), such as maintaining employment,² attaining education,³ obtaining food,^{4,5} and staying socially connected.⁶

Traditionally, Medicaid provides non-emergency medical transportation (NEMT) benefits to support enrollees in accessing medical services. However, members may still face barriers to care, such as limited availability of transportation providers and long wait times, despite having access to NEMT benefits.⁷ To address these issues, states are increasingly exploring whether to allow rideshare companies (e.g., Uber, Lyft) to provide NEMT services.⁸

AT-A-GLANCE

Goal: Address health disparities by offering transportation to meet members' health and social needs.

Partners: [Kaizen Health](#), a tech-enabled healthcare logistics brokerage; Iowa's three Medicaid managed care organizations (MCOs): Iowa Total Care, Molina Healthcare of Iowa, and Wellpoint Iowa; and Iowa Medicaid

Location: Blackhawk, Bremer, and Des Moines Counties

Target Population: Medicaid members with diabetes and a health-related social need (HRSN); later expanded to include all members with HRSN by some MCOs

Key Outcomes: Members used rides to address medical needs and a range of HRSN, including to seek or maintain employment, address social isolation, and buy groceries.

ABOUT THE MEDICAID INNOVATION COLLABORATIVE

The *Medicaid Innovation Collaborative*, a program of Acumen America and funded by The Leona M. and Harry B. Helmsley Charitable Trust and the Public Benefit Innovation Fund at Digital Harbor Foundation, convenes states and health plans to identify and support the adoption of tech-enabled innovations through a multi-state learning group. The Center for Health Care Strategies is a technical assistance partner to the collaborative. For more information, visit www.medicaidcollaborative.org.

From October 2023 through January 2025, Iowa’s three managed care organizations (MCOs) — Iowa Total Care, Molina Healthcare of Iowa, and Wellpoint Iowa — partnered with Kaizen Health, a company that manages transportation services through a technology platform and network of providers. Together, they piloted a program offering transportation services to Medicaid enrollees in the Iowa Health and Wellness Plan⁹ — the state’s Medicaid expansion program. People enrolled in this plan do not have access to NEMT benefits.¹⁰ The pilot sought to: (1) support enrollees in addressing health and social needs; (2) assess whether rideshare services could meet the needs of Medicaid enrollees; and (3) better understand the transportation needs of Medicaid members. The pilot was supported by The Leona M. and Harry B. Helmsley Charitable Trust through the [*Medicaid Innovation Collaborative*](#).

Implementation Approach

Participant Identification and Enrollment

MCOs identified and conducted initial outreach to Medicaid members for participation in the Kaizen Health pilot. At the start of the pilot, eligible members were defined as Iowa Health and Wellness Plan members in eligible counties who had diabetes and an HRSN. Mid-way through the pilot, to increase participation, some MCOs expanded their criteria to include members with HRSN without a diabetes diagnosis. Once members expressed interest in program participation, their information was entered into Kaizen Health’s transportation platform and members were able to book rides by phone.

Service Model

Rides were fulfilled by Kaizen Health’s transportation network that included a mix of rideshare service providers (e.g., Uber and Lyft) and local transportation partners. When members called their call center, Kaizen Health verified that the ride reason aligned with pre-approved pilot categories, assessed level of services need (e.g., what transportation provider would best serve the member and what vehicle requirements were needed, such as child car seats or wheelchair accessibility), and matched members with a transportation provider.

Participants enrolled in the Kaizen Health pilot were able to book rides to address a wide range of health and HRSN, including but not limited to: accessing medical services, employment support, education support, obtaining food, addressing social isolation, and accessing social services. There were no limitations to the number or distance of rides participants could request, as long as overall utilization did not exceed the total available budget for the pilot.

State Support

Throughout the pilot, Iowa Medicaid played a convening and support role. Along with the MCOs and Kaizen Health, the state helped define pilot goals and direction. During implementation, Iowa Medicaid reviewed enrollment data and attended pilot team meetings to encourage program alignment across MCOs and help address implementation challenges.

Implementation Lessons

- **Robust and ongoing member engagement is challenging, but central to successful implementation.** One challenge faced by some MCOs was limited resources for Medicaid member recruitment. Factors that supported success included building on existing member outreach infrastructure and relationships with members. One MCO also reported that having one person responsible for communication with members was a helpful strategy in providing member support and education related to pilot participation. In some cases, Kaizen Health was able to support MCOs by following up with members who enrolled in the pilot but had not used the benefits, resulting in an increase in ride use after multiple rounds of member outreach. Kaizen Health and some MCOs reflected that using a wider array of outreach strategies (such as text messaging), ongoing outreach, and a longer project timeline may have supported enhanced member engagement.
- **Strong state leadership is important for supporting MCO collaboration.** A key feature of this pilot was collaboration across all three MCOs, which would not have happened without state leadership and direction. From Iowa Medicaid’s perspective, participation from all MCOs was important to offer the same services to eligible Medicaid members across MCOs and to build MCO’s knowledge. Participating MCOs reported that aligning processes and goals for the pilot took time, especially upfront, but ultimately the cross-plan collaboration went smoothly and helped build relationships across MCOs.
- **Building flexibility into pilot design helped address member needs.** Multiple organizations participating in the pilot lauded the project’s “out-of-the box thinking” and willingness to creatively address member transportation needs. For example, flexibility in both the number of rides and the reasons for rides allowed members to use the program to address health and well-being needs not typically addressed through Medicaid transportation benefits. Flexibility in distance requirements also helped to meet the needs of rural residents who may need to travel long distances for services.

Health plan and state willingness to be flexible was also important in pivoting pilot design where appropriate. Initially, Iowa Medicaid was interested in exploring and

addressing the transportation needs of members with diabetes, as they suspected that transportation to durable medical equipment providers may be a barrier to patients accessing continuous glucose monitors. However, after the pilot was launched, it became clear that this was not the case for a substantial number of members, and all parties were willing to change direction to focus on addressing HRSN broadly.

- **Refining an evaluation approach earlier in the pilot may have helped to assess impact.** While flexibility in pilot design was important, participants noted a need to balance flexibility with clearly defined goals and a robust evaluation approach. One challenge for the pilot was collecting adequate data through pre- and post-pilot surveys. Organizations participating in the pilot described the need to build in enough time to align goals and an evaluation approach, especially when multiple parties are involved. They also highlighted that it would have been helpful to field surveys closer to service use — when the experience was fresher in members’ minds — as opposed to at the end of the pilot. One pilot partner also suggested that additional qualitative data collection (e.g., member focus groups or interviews) may have been helpful in building a more in-depth understanding of pilot impact.

Impact

Across the MCOs, a total of 206 members were enrolled in the pilot program, and 1,164 rides were completed over the course of nine months. Seventy-four percent of rides were completed through a rideshare service and 26 percent were completed through other transportation network partners. Pilot participants used rides for a wide range of reasons, mostly to address HRSN. The top five reasons for ride use included:

- Attending work to maintain employment: **27%**
- Visiting family or friends to maintain social connection: **15%**
- Shopping at the grocery store: **14%**
- Attending a physician appointment: **13%**
- Attending an education program: **9%**

Ride use differed widely across MCOs. For example, members in one plan mostly used rides to get to work, while members in another plan used rides to mostly maintain social connection. Although there is no clear explanation for these differences, variation may be related to different member outreach approaches. Given recently passed federal Medicaid work requirements, participating organizations noted that data on members using transportation to support employment was particularly valuable. Member anecdotes further underline the potential for transportation supports to enhance employment opportunities — two members reported the pilot helped them obtain full-time employment and one member also used rides to help obtain a car.

MCOs also conducted a post-ride survey to assess member experience, as detailed in **Exhibit 1**. This survey demonstrated that members had a positive ride experience and would not have been able to meet their transportation needs without the pilot.

Exhibit 1. Post-Ride Survey Member Experience Responses

Survey Question	Result	Total Respondents
“How would you rate your experience today (1–4 with 4 being highest)?”	Average ride experience rating of 3.9	244 respondents
“If not for this ride, would you have been able to get where you needed to go?”	All respondents answered “ No ”	229 respondents

Looking Ahead

While there are no current plans to continue the pilot, MCOs shared that lessons from the partnership with Kaizen Health may be used to support related programs. For example, one MCO offers transportation services as a value-added benefit and can apply lessons from the pilot to that work. Another MCO described how they are exploring implementing employment support services, possibly including transportation supports, in light of forthcoming Medicaid work requirements.

Additionally, pilot participants described how the pilot helped gain buy-in around using rideshare services to support Medicaid members. In 2024, concurrent with the pilot, Iowa Medicaid changed its NEMT policies to allow use of rideshare services. MCOs and Kaizen Health described that the pilot was helpful in further bolstering the case for rideshare use and serving as a proof of concept that rideshares could adequately meet the needs of some Medicaid members.

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ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. We support partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit www.chcs.org.

ENDNOTES

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¹⁰ For more information see: MACPAC. (2021, October). *Iowa waiver: Iowa Wellness Plan*. <https://www.macpac.gov/publication/iowa-medicaid-expansion-waiver/>