



## **Bridge to Integration: Incorporating Non-Emergency Medical Transportation into NH's Coordination System**

### **Project Executive Summary**

In 2007, the State Coordinating Council for Community Transportation in NH (SCC) was established by statute to develop, implement, and provide guidance for the coordination of community transportation options within New Hampshire so that citizens in need of access to essential services and activities, can access local and regional transportation through shared ride coordinated transportation services. It was authorized to establish regional coordination councils to oversee coordination in nine regions of the state.

In 2011, the Department of Health and Human Services employed a statewide managed care model to administer the Medicaid program and to provide for managed care services for all Medicaid populations.

In 2013, the New Hampshire Department of Transportation (NHDOT) in partnership with the SCC implemented a statewide transportation coordination software project, funded with FTA Section 5310 formula funds, to be piloted in five of the regional coordination councils across the state. For this effort NHDOT has selected HB Software Solutions (HBSS) to provide coordination software to five lead coordination agencies located throughout various regions of the state. The purpose of the project is to promote and facilitate the coordination and improvement of human services transportation and community transportation throughout the state. Another key component of this initiative is to allow for a common data set and warehouse that can be used to define transportation needs and gaps by funders, planners, health care professionals and other stakeholders.

Under the managed care model, Coordinated Transportation Services (CTS) provides transportation broker services using their own software technology to various Medicaid enrolled providers in New Hampshire. To this point the brokerage model and the coordination model have been working in separate and distinct tracts without a mechanism in place to foster integration of the two efforts.

The NHDOT is seeking \$182,880 matched with \$46,220, for a total project cost of \$229,100, to pilot a project where in the two third-party technologies can be integrated in a seamless way so that CTS can offer more rides to the existing providers. The increase in ridership is possible with integration as more rides can be 'sent' by the broker and analyzed by the providers electronically. Currently CTS offers rides to the providers who in turn review the trips manually and accept or reject the rides. The providers then proceed to rekey the trips in their system and proceed to schedule the rides.

To assist them, HBSS will test a new concept, QRyde, an algorithmic engine that imports and encodes the existing routes of the providers. When rides are presented to it, QRyde can instantly accept or reject them

based on available capacity. This component will be added to three pilot sites and then used in the pilot. The systems that will utilize this “bridge” include Tri-County Community Action Program serving Coos and Grafton Counties, Easter Seals/Special Transit Services in the Derry-Salem region, and COAST in the seacoast area. Each of these agencies is the lead agency as determined by the RCC for their region as well as being Medicaid transportation providers enrolled with CTS. It should be noted that COAST was a grant recipient for a Veterans Transportation and Community Living Initiative (VTCLI) award for the implementation of their regional call center.

The scope of the pilot shall be to build a connection between CTS and the three provider systems, where CTS would be able to fulfill a larger number of ride requests to the providers more efficiently than under the present system. The trip data will be sent by the CTS system and received by HBSS via a communication bridge developed under this pilot. The trip data when received by the HBSS system will be ‘sent’ to the QRyde engine which will analyze the trips and determine which trips the provider can do within its parameters and reject the others. The provider’s schedulers will always have the final say.

The result will be an improved and more easily accessed transportation system, serving citizens with limited or no access to their own transportation to reach medical appointments, grocery shopping, social activities and other services.