



# Nonemergency Medical Transportation (NEMT) Commission Meeting Minutes

December 16, 2021  
Virtual Format

## **Members Present**

Lindsey Lux, Jim Degliumberto, Philip Parnell (representing INARF) Dr. Michael Kaufmann, Gary Miller, Andrew VanZee, Hannah Carlock (representing ARC of Indiana), Kristen LaEace, Rep. Mitch Gore, Sen. Jean Breaux

## **Presenters**

Transportation Rule Change: Lucille Uffelman, FSSA  
SET Network Performance and Access: Jim Degliumberto, Southeastrans Inc.  
Performance Monitoring: Elizabeth Darby, FSSA

## **Welcome and Introductions – Dr. Dan Rusyniak**

Dr. Rusyniak introduced Lindsey Lux, OMPP Chief of Staff and Deputy Director as the new NEMT Commission Chairperson.

Lindsey Lux has over 20 years of experience with Medicaid, including two years at the State of Indiana OMPP leading NEMT efforts and prior to joining OMPP she worked in Indiana Medicaid managed care, where her team managed the NEMT benefit.

Lindsey asked all commission members to enter their name in the chat for attendance. FSSA is currently awaiting the Governor's approval in naming a Fee-For-Service (FFS) Medicaid member who receives NEMT benefits and a dialysis provider representative to the commission to replace a previous member that left their role.

Lindsey introduced Lucille Uffelman, an attorney and former OMPP Policy Developer who is moving to the FSSA Office of General Counsel as a Staff Attorney. Lucille is working on amending the transportation rule to bring it up to date with current practices.

## **Transportation Rule Change**

Lucille Uffelman clarified the rule changes discussed are policy changes that have already been implemented and the rule is being updated to match. These changes include

- Removing prior authorization for specific circumstances, updating codes and rates.
- Removing some noncoverage designations, adding naloxone coverage, and clarifying language.
- Prior authorization is being removed for trips exceeding the 20 one-way trip limit, for one-way trips exceeding 50 miles, family services, and specific return trip origins.
- Codes and rates are being updated for ambulance response and treatment without transport and wheelchair van codes.
- Noncovered designations are being removed from member meals and lodging; NEMT provided by a volunteer, neighbor, or social worker; one-way trips exceeding the member's 20 trip, and one-way trips exceeding 50 miles. Naloxone, an opioid reversal medication that saves lives, is being added to cover the administration of naloxone and vaccination administrations by ambulance services. Lastly, language is being clarified to avoid confusion or misinterpretations. The language changes do not affect the policies.

### SET Network Performance and Access

Jim Degliumberto, COO, provided an in-depth summary on SET operations and performance from June 2021 through October 2021, the latest data available.

The majority of trips completed by SET are subscription trips, also known as standing orders, occurring multiple times each week and most of these are for dialysis appointments. Standing orders auto-renew to ensure continuity of services for the member. High Risk Members, or HRMs, are for critical care appointments such as dialysis, chemotherapy, wound care, surgeries, etc. These numbers remain stable. While the number of vehicles remained stable, many vehicles aged out and were replaced. Jim noted the used vehicle market is expensive. SET experienced a decrease in drivers due to a workforce shortage. Some providers have left the network due to program integrity, cost of insurance, or have ceased operations due to COVID. In an effort to maintain safe and reliable transportation and keep up with market demand, SET has increased their payment rate.

Measure	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Average one-way trip legs per month	58,638	57,706	58,413	56,433	55,790
Subscription	56%	57%	55%	56%	56%
Demand ( <i>Acute Care</i> )	44%	43%	45%	44%	44%
High Risk Members (HRM)	53%	54%	52%	52%	52%
Active drivers	1,226	1,227	1,162	1,135	1,183
Active vehicles	1,369	1,369	1,365	1,363	1,373

SET is paying 97% of received claims, 96% on a weekly basis. In October, SET rejected less than 1%. Those rejected claims were missing information required for proper adjudication. Call volume and handling has remained constant over the year.

Measure	Jun - 21	Jul - 21	Aug - 21	Sep - 21	Oct - 21
Calls Received	41,861	39,098	41,447	39,824	41,228
Average Calls handled per day	1,385	1,244	1,354	1,297	1,325

Average members served per month	8,528	8,293	8,528	8,209	7,937
Claims received	52,598	43,683	41,541	52,045	40,206
Claims denied	1,464	1,639	1,645	1,618	1,421
Claims paid	51,185	42,075	39,966	50,769	38,837
Claims rejected	392	495	432	377	346

The overall fulfillment rate decreased in October to 77%, but removing the trips cancelled by members themselves from that number results in a 94% fulfillment rate. The No Provider Assigned rate increased in September to 5.6% due to a driver shortage. As a result, SET increased driver wages for their Quick Response Vehicles (QRV) by 15%, provider rates by 2.4% and hired more drivers. Vehicle inspection rates continue to meet Pay for Outcome (P4O) requirements. The call center abandonment rate significantly decreased in October because SET increased staffing in anticipation of the holidays. These efforts to cushion call center staffing began in September and SET expects the abandonment rate to increase with the new year.

Measure	Jun - 21	Jul - 21	Aug - 21	Sep - 21	Oct - 21
Fulfillment Rate	82%	82%	80%	79%	77%
Fulfillment Rate w/o Member Cancelled Reasons	95%	95%	94%	93%	94%
No Provider Assigned Rate	3.6%	4.2%	4.9%	5.6%	4.9%
On-time Performance	93%	91%	90%	91%	91%
Missed Trips vs Completed Trips	15%	17%	18%	19%	18%
Vehicle Inspection Pass Rate	100%	97%	97%	100%	100%
Call Center Abandon Rate	2.6%	2.8%	2.7%	4.0%	1.7%
Average Speed of Answer (seconds)	21	22	17	20	12

SET highlighted the medical aspect of transportation. Dialysis is by far the largest appointment reason resulting in roughly half of all trips performed for NEMT. It is not just about transportation, but getting members necessary medical treatment such as hospital or emergency room discharges, wound care, chemotherapy or radiation, surgery, etc.

Appointment Reason	Trips	Unique Members
Dialysis	71,493	1,636
Hospital / ER Discharges	4,373	3,377
Wound Care	2,241	552
Chemo / Radiation	1,297	304
Surgery	993	821
Post-Op Follow up	386	326
Pre-Op	297	264
Covid Vaccinations	229	199

**Complaints:** Complaints have significantly decreased from June to October and SET expects this to continue. There have been fewer driver no-shows and complaints regarding driver behavior as the Provider Relations Managers have increased their time in the field building relationships with transportation providers. When SET receives a complaint, it is fully investigated, and SET looks to improve systems and processes to prevent reoccurrences. Processes and procedures are in place to continue improving service quality, customer satisfaction, and decrease the possibility for future issues and complaints. These processes and procedures continue to be refined as SET is made aware of issues from members, transportation providers, and medical facilities.

**Surveys:** SET contracts with an independent third-party company to conduct regular satisfaction surveys with members about their experience with the call center scheduling a trip and post-trip transportation satisfaction. After scheduling a trip, members may receive a call from this company the next day. Similar to the trend of the call center abandonment rate in relation to increasing call center staff, customer satisfaction decreased in September to 92% before rising again in October to 100%. SET is always finding ways to continue to coach and counsel call center staff for improvement. From June to October the average satisfaction for post-trip transportation was 95% and is currently steady at 93%. One finding from these surveys is that members will rate specific questions highly (e.g., driver behavior), but will provide a lower rating for their experience overall. SET looks for trends, particularly with providers, and if one is identified the provider relations team works with them to improve.

**EMS billing:** SET has been conducting research to improve EMS billing. The first phase consisted of enhancements to the internal process and was completed in December 2020. The second phase was “837 file integration” to establish technology processes and systems which allows EMS providers to send SET claim files electronically. Phase 2 was completed in April 2021 with four EMS providers. SET is currently in phase 3 to test the “837 file integration” technology with one provider. Due to the financial and technical resources required for this phase, not all EMS providers chose to continue. SET is looking for additional EMS providers to participate and exploring partnerships with billing software companies to assist EMS providers. This is a corporate initiative and is being conducted in multiple states including Virginia.

**Areas of Opportunity:** SET noted that the counties for greatest opportunity are those with the highest trip volume and most populated. Counties identified include Allen, Clark, Grant, Hamilton, Johnson, LaPorte, Lake, Madison, Marion, Monroe, Porter, St. Joseph, Tippecanoe, Vanderburgh, Vigo, Warrick, and Wayne. Counties are added to the list if two trips are missed. QRVs are dispatched as a last resort. During this time Vigo County has greatly improved.

**Network Growth:** A strategic wheelchair capable transportation provider was activated adding 15 vehicles and focusing on areas of greatest need. 8 providers are in credentialing as of November 29, 2021 which would add 20 vehicles to the network. There are 87 interested providers with a potential of adding 89 vehicles. One current provider is adding 9 ambulatory vehicles and 2 wheelchair vehicles. SET is promoting expansion by offering incentives, offering premium rates to serve areas of need, and adding 5 QRVs to supplement the network.

**Provider Relations:** SET is currently recruiting for a Provider Relations Manager and support staff. The manager will mostly focus on Marion County due to the need and complexity and will

actively recruit transportation providers for the area. Additional support staff will allow managers to spend more time in the field to continue working with and supporting existing providers. These relationships result in fewer sendbacks (i.e., a trip a provider has sent back to SET to be reassigned to another provider). Fewer sendbacks result in more completed trips, a reduction in complaints, and less accidents and incidents.

**Nursing Facilities as Transportation Providers:** SET is working with nursing facilities to enroll as transportation providers. When nursing facilities enroll as providers, even if they only transport members at their facility, it results in better customer service at the facility and a more robust transportation network. Hooverwood Living has activated adding 3 vehicles to the network. SET is currently working with AGORA Services Group with 14 facilities, CarDon & Associates with 18 facilities, and Shepherd Community Center in Indianapolis.

**Facility Outreach:** Due to the COVID pandemic, outreach has been a challenge. To continue building relationships and exchanging information, SET has increased the frequency of newsletters and conducting virtual meetings with facilities. These efforts resulted in facility staff increasing their knowledge of arranging transportation for their members, creating successful member transportation strategies in partnership with facility staff, and a reduction of complaints from facilities. SET has had success in outreach in facility satisfaction.

**Member-Focused Mission:** SET shared multiple success stories where SET staff and transportation providers supported unique members' needs.

Sen. Breaux asked: *Why are nursing homes enrolling as a transportation provider? Are you subcontracting with them to transport their members? Do they need to register to get reimbursement? If so, does that add to the cost? Why can't they bill to their own since they have the patient, they have the vehicle? I do not understand the need for someone in the middle.*

Mr. Degliumberto responded: They're enrolling because they have vehicle(s) and are providing services to their members, and we reimburse them. Typically, they just transport their members. Yes, they are subcontracted with SET. A provider must be IHCP certified and part of the NEMT program to receive reimbursement. Lindsey Lux responded: This is so they can be paid for the transportation. Sometimes nursing facilities own vehicles and use them for non-medical transportation. We're asking them to use them for NEMT, if they want to and reimbursing them for that. If they want to transport for NEMT, they may be purchasing a separate vehicle.

Sen Breaux asked: *If the nursing facility had the patient with a NEMT need and provided transportation, they wouldn't get paid for that? So this is a way for them to get paid.*

Ms. Lux responded: Correct. If the facility does not provide the transportation, the transportation is provided by another NEMT provider so there is no additional cost to the system.

Dr. Kaufman asked: *Rejected claims. Low number and that's great. From previous meetings, it seemed there was a disproportionate number of rejected claims from EMS providers.* Jim Degliumberto responded: Yes, they've dropped significantly since the last meeting. About 1,300

for the last quarter. I can get the breakdown. Dr. Kaufman responded: *Thank you. That'd be great.*

Mr. Miller asked: *3 questions – one, can you address the use of Lyft and Uber? Two, premium rates for payments – does this come out of your bottom line or does Medicaid reimburse? Three, 87 providers seems awfully high and is not what I'm seeing anecdotally around the state.*

Mr. Degliumberto responded: Lyft is still being used in the state. Lyft is the only TNC (Transportation Network Company) being used in the state. Not a substantial number of trips (less than 1%). There are a lot of requirements around who can use it and where in the state. The pipeline of providers is a good number – a lot of them will not go through. They're in the initial stages and some fall off. What we're doing is having provider relations managers out in the field, increasing rates, and building out the network. We're still down from pre-pandemic numbers, mostly drivers. Though it seems it's a high number, we're still trying to get back to pre-pandemic numbers. Premium rates, Lindsey, do you want to explain capitation of at-risk transportation costs? Lindsey Lux responded: We [OMPP] work with an actuary, Milliman, to develop capitation amounts annually. SET is at-risk should services cost more than what we pay.

### **Performance Monitoring**

Elizabeth Darby, OMPP Director of Organizational and Vendor Management, oversees administrative contracts and the NEMT contract. She informed the commission of the corrective action plan instated with SET in October.

Ms. Darby explained that vendor performance monitoring is conducted to watch for trend data. She clarified that the corrective action is not a punitive effort, but an improvement plan to meet quality services. Ms. Darby stated a corrective action was needed after reviewing SET data in August and September as new issues had arisen since the last commission meeting. Two areas were identified as priorities: facility outreach and network adequacy. Although these concerns have no bearing on past performance or payouts; there could be an impact on future earnings.

Facility outreach: Ms. Darby reiterated Jim's statement that most trips are to dialysis and a lot of members live in facilities. She wanted to ensure SET was working in partnership with facilities. Ms. Darby informed the commission that a member who lives in a facility has a different experience than those living in a private residence. As previously mentioned, SET can do facility-based plans to better communicate and coordinate transportation. OMPP monitors facility-based complaints as there is a Pay For Outcomes metric, "The Contractor must create and submit an outreach strategy if they receive more than two complaints from a single facility within a three-month period or five complaints from the same chain of facilities within a twelve-month period."

Network adequacy: In August, SET lost two large providers suddenly due to issues of member safety and another committing fraud that was escalated to Program Integrity. Ms. Darby stated we cannot have members in unsafe conditions or committing fraud. The loss of these providers was not communicated well and some members with dialysis appointments did not receive transportation. Because of this, SET was asked to create contingency planning, evaluate

communications and work on network adequacy. Safety cannot be compromised and must be addressed swiftly. Ms. Darby stated that SET has had and will continue to have regional town halls with providers. These meetings will have a high-level agendas, including provider recognition. At the most recent regional town hall, SET explained the impact on a member if they miss a dialysis appointment. The last focus-area of network adequacy is monthly outreach to EMS providers. Ms. Darby reported that EMS providers are a critical group because they also need to provide emergency transportation. SET will soon submit a plan including EMS focus groups and town hall meetings to focus on these relationships to work in concert together. SET is continuing to work to expand their network coverage.

Ms. Darby explained that OMPP staff meets with SET a minimum of four times a week. The corrective action plan will remain in effect until December 27, 2021, or until OMPP feels it is necessary. Ms. Darby projected it will likely remain in place into January while OMPP provides support to do what is needed.

Questions:

Mr. Miller asked: *SET gets on a corrective action if they get complaints. Are these received by FSSA or by SET?*

Ms. Darby responded: The corrective action is not due to complaints. However, Complaints are received a variety of ways and are monitored and investigated. The corrective action is based on trend data regarding the loss of those two providers and the impact on the system led to the corrective action.

Sen Breaux asked: *Thank you and I'm glad OMPP is monitoring SET. I've heard services are getting better. It seems to align with what Jim said too. When corrective action is needed, it's pretty significant from what you said, Monday morning dialysis appointments being missed. Is there any financial disincentive to SET? Does SET receive a fine or financial disincentive?*

Ms. Darby responded: Certainly. SET does not get paid for trips that do not happen. The "No Provider Assigned Rate" was added this year as a Pay For Outcomes metric in the contract to not exceed 5%. We look at it annually and it is calculated in. Pay For Outcomes includes a withholding that SET must earn back by meeting or exceeding performance measures. If not, SET loses eligibility for some of those funds in July.

Sen. Breaux responded: *I don't want it to result in poor service because they don't have the means to do business. Glad they are being watched and measured to address these concerns*  
Senator Breaux, then asked: *When is the next commission meeting?*

Ms. Lux responded: The next meeting date has not yet been set. We are required to meet twice a year.

Sen. Breaux asked: *What are the contract terms?*

Ms. Lux responded: We are currently in the fourth year of the contract with two one-year extension possibilities remaining.

Sen. Breaux asked: *We will likely pick up the two-year extension then?*

Ms. Lux confirmed that is likely given the time required to procure, but clarified the State would look at one year at a time.

Sen. Breaux stated: *We need to have a meeting before the end of the contract to know their performance. Will [commission] members receive a copy of the presentation?*

Ms. Lux confirmed that the presentation will be available on the NEMT Commission website, but OMPP would email a copy to Senator Breaux, if preferred.

Sen. Breaux stated. *I would like to have conversations before that contract ends so we can see the progress.*

Ms Lux acknowledged this request and stated the FSSA would work to schedule something for early 2022.

Mr. Miller requested the State look at carving EMS out of NEMT.

Ms. Lux acknowledged his request.

### **Adjournment**

Lindsey Lux asked commission members to look for a calendar invite in early 2022. She wished everyone happy holidays.

The Commission was adjourned at 2:57 p.m.