



Eric Holcomb, Governor  
State of Indiana

*Office of Medicaid Policy and Planning*  
MS 07, 402 W. WASHINGTON STREET, ROOM W382  
INDIANAPOLIS, IN 46204-2739

# Nonemergency Medical Transportation Commission Meeting Minutes

*September 23, 2020  
Virtual, Adobe Connect*

## **Members Present**

Vaneta Becker, Jean Breaux, Sarah Chestnut, Kim Dodson, James Fry, Sherri Hampton, Michael Kaufmann, Kristen LaEace, Amanda McClure, Gary Miller, Jim Pressel, Jennifer Sullivan, Andy Van Zee, Jim Degliumberto

## **Presenters**

Dr. Jennifer Sullivan, FSSA Secretary  
Jim Degliumberto, Southeast Trans Inc. Chief Operating Officer  
Lindsey Lux, Office of Medicaid Policy and Planning Chief of Staff & Deputy Director, Strategy

## **Welcome and Introductions**

Dr. Sullivan introduced Jim Degliumberto, the new Southeast Trans Inc. (SET) COO after Rob Zachrich's retirement in March. Jim is now the SET representative on the Commission. Elizabeth Darby was introduced in her new role of Director of Organizational and Vendor Management. This is a new and expanded role following Vickie Trout's retirement also in March. Elizabeth will assume the day to day operational vendor oversight of the State's NEMT Broker, SET. Dr. Sullivan thanked Lindsey Lux, OMPP Chief of Staff and Deputy Director, Strategy for her leadership during the interim.

## **Indiana NEMT Program Updates – COVID-19**

Dr. Sullivan updated the Commission on NEMT operations during COVID. Currently we are operating around 80% of the trip demand as compared to the time-period before COVID-19. At the lowest level of trip demand during the public health emergency, volume dipped to about 50% due to some provider office closures, provider cancellations of elective procedures and member desire to postpone care. SET has maintained 97% of the number of providers within their network even with Covid-19. FSSA would also like to extend a special thanks to our EMS



partners. EMS has been transporting all COVID positive patients during the public health emergency. EMS has the necessary personal protective equipment (PPE) to ensure safety to workers and members during transport. EMS is paid at a minimum basic life support (BLS) rate for these transports.

**Indiana NEMT Program Updates – Transportation Network Companies**

Transportation Network Companies (TNCs) are now an allowable provider in Indiana Medicaid. TNCs can enroll with transportation brokers for both Fee-For-Service Medicaid and with our Managed Care Entity (MCE) partners. Lyft is currently enrolled with SET and began providing trips on September 3, 2020. In 2019, Lyft provided services in approximately 71 counties in Indiana. Uber is in the process of being enrolled as a provider with SET. Uber has provided services in a conservative estimate of 76 Indiana counties. Information taken from a whitepaper written by Lyft entitled “Modernizing Medical Transportation with Rideshare” published by Fierce Healthcare” was presented. Lyft shows improved health outcomes in healthcare and specifically Medicaid as a result of improved transportation options for members.

**Network Performance and Access**

Jim Degliumberto presented status updates on SET operations and performance.

Q1	Q2	Measure
940	444	Average Calls for Trip Requests per Day
2,058	975	Average Calls Handled per Day
8,479	4,857	Average Members Served per Month
65,616	48,292	Average Trips per Month
94.20%	97.70%	Fulfilled Trips
1,477	1,391	Active Drivers
1,490	1,418	Active Vehicles
39.90%	52.30%	Ridership - High Risk Members
94.80%	95.40%	Provider Satisfaction
172,624	124,795	Claims Received
1,611	2,365	Unclean Claims/Claims Rejected
6,336	4,355	Claims Denied

<b>166,288</b>	<b>120,586</b>	<b>Claims Paid</b>
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The average days from receipt of a clean claim to payment is 16 days, which is excellent claims performance. Mr. Deliumberto also reviewed data related to complaints. Overall, 99.95% of the trips are complaint free. This works out to about one complaint for every 2,074 trips. The SET process for assessing member satisfaction also includes member surveys and nightly calls post-trips. SET is also seeking to understand facility satisfaction. A survey has recently been sent to facilities and SET is awaiting results. As part of the survey, SET is also asking facilities if they would like to become transportation providers for their own residents. Early results show a very positive response to this question. SET is hoping to enroll more facilities to transport their members for medical trips to improve the member experience and provider experience.

Mr. Deliumberto reviewed 2020 Quarter 1 and 2 data. Overall, trips declined as the public health emergency took effect and impacted medical appointments, i.e. cancelation of elective procedures, transitioning to telemedicine, etc. Overall, 65,616 trips were taken in quarter one of 2020 vs 48,292 trips in quarter two of 2020.

Mr. Deliumberto then discussed network coverage and capacity. A map was displayed to show areas of need within the State and also areas where SET is in the process of securing a new provider(s). Counties of need include Allen, Elkhart, Grant, Knox, LaPorte, Lake, Marion, Porter, St. Joseph, Sullivan, Tippecanoe, Vanderburgh, Vigo and Wayne. Counties with at least one provider in the pipeline within onboarding or credentialing to join the network include the following:

<b>County</b>	<b>Onboarding*</b>	<b>Credentialing^</b>
<b>Adams</b>	<b>0</b>	<b>2</b>
<b>Allen</b>	<b>6</b>	<b>2</b>
<b>Bartholomew</b>	<b>1</b>	<b>0</b>
<b>Blackford</b>	<b>0</b>	<b>1</b>
<b>Hamilton</b>	<b>0</b>	<b>1</b>
<b>Johnson</b>	<b>2</b>	<b>1</b>
<b>Kosciusko</b>	<b>0</b>	<b>1</b>
<b>Lake</b>	<b>8</b>	<b>1</b>

<b>LaPorte</b>	<b>3</b>	<b>0</b>
<b>Lawrence</b>	<b>1</b>	<b>0</b>
<b>Marion</b>	<b>19</b>	<b>9</b>
<b>Martin</b>	<b>1</b>	<b>0</b>
<b>St. Joseph</b>	<b>3</b>	<b>1</b>

### **Independent Review**

In 2019, the Governor's office commissioned Burns and Associates to complete an Independent Review of our NEMT program and broker. The review was completed and the report by Burns & Associates included several recommendations for the State. Lindsey Lux reported on the recommendations and actions taken to meet the recommendations.

Essentially, the recommendations fell into three main categories with a few that would be classified as other. The three categories are Broker Contract, Reporting and Provider Education.

#### **Broker Contract Improvements:**

- Contract was amended to require the contractor to employ an auto-routing system to assign > 90% of requested trips to a transportation provider within 48 hours of receipt of the request. This measure is within the requirements for SET to earn back withhold dollars in the Pay for Outcomes program.
- The contract was amended to require 5% or less of calls are abandoned (previously 7%).
- The call resolution definition was updated to: A call is deemed resolved on the first call if no further action is necessary after the call ends on the part of the caller or call handler as all issues have been addressed.
- The FSSA enhanced performance requirements for SET in order to earn quality withhold dollars. SET must attempt to contact and educate all members who do not appear for a scheduled pick up within 5 business days of the no-show. SET is also charged with reducing the rate of no-shows, which will be monitored in reporting.
- FSSA amended the contract to encourage SET to incentivize providers in order to increase electronic claims to 70% vs. paper by requiring this be met in order to be eligible to earn back withhold dollars.
- SET implemented reminder robocalls for trips scheduled to members in March 2020. FSSA memorialized the requirement in the contract amendment.
- The FSSA fast-tracked a system change to allow TNCs to become Indiana Medicaid providers. FSSA enrolled Lyft and Uber. FSSA has required SET to contract with TNCs.

#### **Reporting Improvements:**

- A full review and revision of the reporting manual was conducted by FSSA staff and new reporting templates were created. The templates included embedded performance

measure indicators when appropriate. SET received the manual and templates in July 2020 and is required to use them in October 2020 after allowing a period to re-program and train as necessary.

- ❑ FSSA requires monthly reporting on regional modality and gaps, including creation of state-wide heat map. FSSA strengthened the reporting instructions, provided templates and aligned regions with the EMS regions for consistency of analysis.
- ❑ FSSA created a new report to track all status codes called the Trip Status by Category (MO-TSC). SET is updating their system to move trips out of "dispatched" when they are past timely filing of 180 days, which will be monitored via the new report.
- ❑ SET began reporting unclean/rejected claims in February 2020. This requirement was also added to the new Reporting Manual. SET reports the percentage of unclean claims as under 2% of claims received for Q2-20. SET conducts individual education with providers when trends are identified.
- ❑ FSSA created a new report for the 2020 manual. There is now a log for Non-Compliant Vehicles & Drivers (MO-SET5). In addition, there is a corrective action log Corrective Action Summary (MO-SET3) that will capture all corrective actions, including, but not limited to driver/vehicle suspension or termination.
- ❑ The new reporting manual requires an SET Executive to attest to the completeness and accuracy of each submission. Additionally, submitting complete and accurate reports is a performance metric for SET to earn withhold dollars.
- ❑ FSSA is in the process of designing these dashboards and will be prepared to utilize once SET is using the new reporting manual.

#### Provider Education Efforts:

- ❑ SET created a quick reference document to define trip status codes and definitions, which has been placed on the SET provider portal for providers and is named Insight Trip Status Codes.
- ❑ Nursing Facilities can now enroll as a provider without a motor carrier certification to transport their residents. FSSA has also partnered with IDOI to investigate insurance options for providers who state the high cost of insurance is a barrier to market entry or maintenance. Network access work will continue to be a high priority for NEMT.

While the majority of the recommendations have been implemented, there are a few on the horizon. OMPP has submitted a State Plan Amendment to CMS that will permanently remove the prior authorization requirement for more than 20 physical therapy trips. CMS must review and approve and then the State will follow our Rules promulgation procedures for implementation. FSSA will allow SET to lift some claims denial override reasons on January 1, 2021 provided SET meets provider notification and education requirements. FSSA may consider the couple of items that would penalize a provider or member at a later date, but at this time FSSA has directed SET to educate members and providers as an appropriate means of intervention.

#### Discussion/Questions

Ms. LaEace asked if providers had expressed any concerns about not being able to carry as many members (shared rides) due to social distancing. SET indicated there has, in fact, been a decrease in ride-sharing as a result of Covid-19. Some providers have installed barriers between drivers and riders. However, even pre-pandemic, the vast majority of the trips were not shared rides.

Sen. Breaux indicated that the reduced number of calls and rides seem to show improvement, but is it that people have just found other ways to get to their appointments? Dr. Sullivan explained that the decline of the numbers is due to the pandemic and members not being able to access elective healthcare and an increase in telehealth. Nearly all mental health appointments, for example, transitioned to telehealth. The numbers that were presented were not intended to be positive or negative, but merely to show the effect of the pandemic. Telehealth will likely show a long-term (permanent) reduction of trips needed, establishing a “new normal.”

There were a couple of comments regarding counties that were not shown on the map where growth is needed, specifically Vanderburgh and Vigo. It appears that data was just cut off the slide. SET will correct this slide and the PowerPoint presentation posted for this meeting will have the corrected chart.

Mr. Miller asked for an update on the efforts to update the Transportation Module. Ms. Lux stated the policy reviews were near completion and she would send an update to Mr. Miller from the OMPP Policy Team.

Ms. McClure asked what the plan was to transport COVID positive patients to dialysis. Ms. Lux stated the plan and practice is to have EMS transport COVID positive members and that would be continued.

Rep. Pressel mentioned a concern that waiver attendant care providers can no longer transport members and that they must go through SET. Ms. Lux explained that the State is not allowed by CMS to have duplication in services. The Medicaid program pays for transportation to non-emergency medical appointments so that the Waiver could not also pay for these trips. The Division of Aging realized there was duplication and discontinued paying for attendant care time to provide transportation in these cases. Members are eligible for the transportation, but the scheduling and payment must flow through SET. If an attendant care provider wishes to transport and receive gas-mileage reimbursement, they can contact SET’s Mike Hanner for assistance.

Sen. Becker asked if Uber was being used, and it was explained that they are not being used until they are enrolled. Sen. Becker also asked if the TNCs need the same insurance, had the same insurance requirements as other providers. Ms. Lux explained that the State of Indiana

has a TNC statute and that OMPP is following that statute as to insurance requirements. Sen Becker requested that OMPP share the TNC insurance requirements with her, as well as the provider pipeline information for Vanderburgh County.

Ms. Chesnut asked if SET had outreached to existing providers and facilities to see if they were interested in expanding their service deliver area. Mr. Degliumberto stated the SET had and would continue to do this type of outreach. Several providers were interested in doing so pre-COVID; however, momentum has slowed as trip numbers decreased. The network team continues to work on this and any provider who is interested in expanding should contact Kristy Swoveland or Ryan Bertram at SET.

Ms. LaEace asked about COVID support funding and use of federal emergency money to support NEMT. Dr. Sullivan explained that the state has a CARES fund oversight committee that oversees such the allocation and use of such funds. Dr. Sullivan is a member of that taskforce and represents all FSSA related programs and COVID needs.

### **Adjournment**

The Commission was adjourned at 12:26 p.m.