Eric Holcomb, Governor
State of Indiana

Office of Medicaid Policy and Planning
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INDIANAPOLIS, IN 46204-2739

Nonemergency Medical Transportation Commission Meeting NEMT Questions

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Indiana State Library History Reference Room
315 W. Ohio Street
Indianapolis, IN 46202
UPDATES January 17, 2020

NEMT Questions

1. What was the experience prior to broker services compared to now? There was concern that legislators continue to receive calls daily regarding members not being able to get rides. Has anything changed?

   Answer: The non-emergency medical transportation program described here was implemented in June 2018 to ensure all Traditional Medicaid members have the ability to use their transportation benefit and to incorporate quality controls and safety and program integrity standards required by the U.S. Centers for Medicare and Medicaid services. Broker management ensures that the most sick and vulnerable Medicaid members have a means to access care. Historically, nonemergency medical transportation availability has been inconsistent and nonexistent in some parts of the state. Also, federal and state oversight efforts uncovered mis-utilization and improprieties in billing. Indiana Medicaid moved to the broker model in order to provide greater oversight of the Medicaid benefit, to gain greater access to care for individuals with no other means of transportation and to simplify the member experience. Table 1 below provides some comparisons for the NEMT program.

Table 1

Pre-broker	**Broker Management**
Member had to find potential Medicaid transportation providers to arrange a ride. There was inconsistent availability, limited resources for assistance and no back up services. There was no method to file complaints or express safety concerns regarding a	Member has one number to call to request a ride, check on the status of the requested ride and report any issues with the ride or the transportation provider. Broker provides easy access, follows up on complaints and takes remedial actions when

provider	indicated.
Vehicle issues – unsafe vehicles, no fire extinguishers, broken wheelchair securement, broken A/C, no heat, malfunctioning door locks, broken windshields	All vehicles must pass inspections annually or after a complaint is reported.
Uninsured or underinsured vehicles providing services	Adequate insurance compliant with State regulations
No complaint process	Robust complaint reporting and follow up processes, including on-site inspections and coordination with State processes.
Trips to non-Medicaid destinations and member no-show trips were reimbursed	Virtual elimination of services not provided to the member and to non-Medicaid destinations.
Program monitoring – prior authorization for limited services and look-behind post payment reviews of all services	Program monitoring - prior authorization for limited services and prepayment review of services prior to assignment to the transportation provider.
Number of available drivers - unknown	Number of available drivers – 1682 as of 11/27/19
Number of available vehicles - unknown	Number of available vehicles – 1634 as of 11/27/19
Approximately **3,000** unique traditional Medicaid members per month	Members served has increased to over **11,000** per month and approximately **44,000**+ valid rides are completed each month statewide.
Number of provider no-shows - unknown	Number of provider no-shows – average 235/month in 2019. Provider no-show reasons include flat tires, mechanical failures, sick drivers, detours/delays, unavailable vehicles or drivers, etc.
Number of member no-shows - unknown	Number of member no-shows – average 550/month in 2019. Member no-shows reasons include not presenting for the ride, declining ride at time of pick-up, member too ill, member found another ride, etc.
Variables that impact rides - unknown	Variables that impact rides - distance of the ride, time of day, location of the member and medical service provider, member's mobility status, ride destinations (zip code, out-of-state), transportation availability and the willingness of the member to accept the type of ride assigned.

FSSA works closely with Southeastrans on all member and provider network issues, whether or not they are logged as a formal complaint. Our agency reports on those that are filed as formal complaints, along with many other aspects of the non-emergency medical transportation program, on this website. FSSA tracks and monitors all complaints, inquiries and concerns. The most current data available shows that consumer complaints as a percentage of all trips provided per month have ranged from less than one-tenth of one percent (0.1%) to less than two-tenths of one percent (0.2%) in any given month and has maintained that consistency.

According to the Centers for Medicare and Medicaid Services (CMS), NEMT Providers are a high risk provider type for fraud, waste and abuse requiring enhanced scrutiny and oversight.

Federal oversight has previously identified concerns related to provider enrollment, program inefficiencies, improper billing, improper payments and inadequate state-level oversight. This state-level oversite must minimally ensure necessary transportation to Medicaid service by the most appropriate, most cost effective means and to ensure that transport personnel are licensed, qualified, competent and courteous. Through the broker management FSSA now has an understanding of the landscape and variables which impact providing a safe ride to medical services in order to improve the member experience. The State is able to address the inconsistencies and improprieties in transportation service to ensure appropriate reimbursement for Medicaid covered transportation. The FSSA Medicaid Program Integrity unit has been instrumental in identifying practices indicative of billing for transportation services that were never rendered or billing for medically-unnecessary transportation with the Indiana Medicaid NEMT program, including:

- *A 2015 white paper by the Office of Medicaid Policy and Planning Program Integrity unit initially identified overpayments of $2.5 million as a result of eight provider audits.*
- *The same report illustrated a staggering difference in the state's spending for non-emergency transportation for Traditional Medicaid members ($225 million) and managed care ($15 million) over a 6 year period.*
- *The report identified 511 transportation providers who had received nearly $5 million over a 5 year period for transportation claims that did not have a corresponding medical claim (also known as "trips to nowhere").*
- *The report identified 138,432 claims from these 511 providers for trips billed that did not have a corresponding medical visit.*
- *In 2018, this set of enforcement actions by Indiana's Medicaid Fraud Control Unit featured two examples of alleged fraud within the transportation system by providers accused of submitting inappropriate or false claims. (Here are two additional examples from recent Indiana news stories: Example 1. Example 2.)*

2. Can you clarify the request for the NEMT Contract Withhold Provision payment?
   A. *The contract pay for performance metric is paid from the amount withheld from the monthly capitation payment. SET has not requested a withhold payment for contract year one, nor has FSSA made any payments from the withhold.*

3. What about no-shows? What prevents a provider from indicating it is a member no-show versus a provider no-show?
   A. *No-shows are categorized by who reports the missed trip to Southeastrans. If a member reports that the provider did not come for the ride, it is a provider no-show. If the provider reports that the member did not accept a ride, it is a member no-show. While the system is not fool-proof, the use of GPS and other electronic solutions and the riders' appropriate reporting to the Where's My Ride line, minimizes any provider manipulation of the process and strengthens FSSA's goals for program and provider oversight.*

4. What reporting or documentation is given to member to indicate if they were a no-show, etc.?
   A. *Members who are chronic no-shows are now being provided with a Riders Responsibility handout. Timely reporting of member illnesses, hospitalizations, moves, appointment cancellations and deaths would free up resources for other members with unassigned rides.*

5. Can Southeastrans accept 837 electronic claims from EMS providers?
   A. *Southeastrans is working with FSSA to address issues related to data fields in order to implement this option required by federal regulations.*

6. How many trips are scheduled in less than 48 hours?
   A. *There is an average each month of 13,639 trips requested by members which are less than 48 hours from the appointment date and time. These are considered "Urgent" ride requests and are verified with the medical provider. Additionally, there are an average of 1,706 trips that are sent back or unassigned at the 48 hour mark. This totals an average of 15,345 trips each month that requires a call to a transportation provider for verbal acceptance of the trip prior to assignment.*

   Monthly, there is an average of 97,960 trips requested. Of those, an average of 15.7% require a telephone call, verbal acceptance and an assignment to a transportation provider with less than 48 hours' notice. UPDATE: Southeastrans implemented a provider auto-router system in November. It was modified based on provider feedback and send backs. The result has been a significant drop in both compliant and non-compliant send backs resulting in a drop in trips to schedule in less than 48 hours. This translates to a drop in the number of trips requiring a call for verbal acceptance prior to assignment from the previous average of 15.7% in 2019 to 10.2% in December, 2019.

7. Can targeted outreach be conducted with DD providers?
   A. *Yes, SET will begin outreach to this group of providers. At any time you may contact Southeastrans for information, assistance or to request a visit. Sarah Chestnut, INARF, has provided contact information for follow up with specific providers. UPDATE: Southeastrans has connected with the providers. Six of the seven providers are in the Southeastrans network.*

Provider recruitment and contracting – Kristy Swoveland, 317-613-0827 kswoveland@southeastrans.com
Facility portal for member scheduling – Jody Little, 317671-2249 jolittle@southeastrans.com
Problem solving or concerns – Mike Hanner, 317-613-0853 mhanner@southeastrans.com

8. Will there be an opportunity to do a deeper dive of the providers and billing, then versus now?

   A. This is an ongoing process as FSSA utilizes NEMT process improvement work streams to analyze program efforts. For example, the FSSA, SET and the IEMSA work group is analyzing and addressing EMS claims. Additionally, FSSA has analyzed transportation rates and is investigating transportation reimbursement options for facility-based transportation. The NEMT team is also collaborating with other state agencies to identify best practices to assist in recruiting new providers and/or helping existing transportation providers to stabilize their business or to expand to help meet the significant need for Indiana Medicaid.

9. How can a Commission member get issues addressed?

   A. Issues may be directed to the FSSA Legislative Liaison, Gus Habig. Inquiries regarding NEMT may be sent to NEMTCommissionInquiries@FSSA.in.gov. Dr. Sullivan encourages the group to use these channels to ensure issues are being reported correctly, and that these issues are always followed up.

10. How will the Commission's recommendations be addressed?

    A. The Commission can make recommendations to the chair and to the Medicaid Director. Recommendations will be researched and addressed by the FSSA NEMT team and posted on the NEMT Commission website.

Recommendations:

1. The percentage of claims from EMS providers seems low and needs a deeper dive.
   Response. FSSA, SET and the IEMSA work group are analyzing and addressing EMS claims.

2. The reasons for the decline of nursing facility resident trips from 17,000 to 12,000 trips should be researched.

   R. FSSA will continue to work through the quality and process work streams, assess data integrity, and continue to expand transportation provider enrollment options and to work on making processes as easy as possible. Reasons identified to-date for the decline of nursing facility resident trips include:

   1. Before the broker, some member no-shows were billed by transportation providers as evidenced by transportation claims with no corresponding medical claim.

   2. Some nursing facilities report that they do not use the NEMT broker's services;

   3. Leg IDs were not requested timely and the trip could not be reimbursed;

4. Some previous trips were to non-Medicaid services or unauthorized destinations; therefore these ineligible trips should not have been reimbursed and reflected in the data.

5. EMS claims once processed will increase the nursing facility resident trip volume.

3. Transportation Providers who no longer serve Indiana Medicaid be reviewed and compared to those who continue with the program.

R. This is an ongoing process within IHCP. In July 2018 OMPP compared the list of IHCP enrolled NEMT providers to those contracted with Southeastrans. There were 53 providers on the list. Of that 53, 11 are currently contracted and credentialed with Southeastrans; 4 are current Medicaid providers and 3 are no longer enrolled in Indiana Medicaid; and 35 are EMS providers. The EMS providers are not required to be contracted and credentialed to be in the network of providers. A recent review indicated several variables such as safety, insurance, costs associated with staffing, fuel, surety bond, vehicles, etc. With the enhanced scrutiny of an enrollment broker some unsafe and uninsured vehicles have been excluded from the Indiana Medicaid program.

FSSA is researching additional means by which to recruit and retain IHCP enrolled transportation providers.

4. Look at how many members are getting called back regarding no provider available/found.

R. FSSA is researching this issue. UPDATE: Southeastrans has been working on an automated calling for community members at 48 hours before a trip time. Live calls are made to High Risk members and those residing in nursing facilities. All members receive live calls at 24 hours, if a provider is not yet assigned; the live operator calls the member to notify the member of no ride available and to ask if they want to cancel or reschedule. Return contacts to the member is dependent upon good/active phone numbers, voice mail, and member pick up of the call.

5. Suggestion that there be a deeper dive of providers and billing, then versus now.

R. Indiana Medicaid has operationalized several work streams engaging stakeholders and looking at NEMT from multiple angles including pilot initiatives, ride scheduling processes, portal enhancements, provider enrollment and credentialing, rates & reimbursement, member engagement and education, and provider recruitment. Additionally, workgroups have addressed alternative dialysis options to reduce the need for transportation and are looking at the unique needs of EMS providers.

The Indiana Medicaid Program Integrity unit audits the billing practices of all providers. Transportation is one component of the audit plan. The data from their efforts will inform us on Indiana's compliance with federal regulations as the impact of the broker management on fraud, waste and abuse in the Indiana Medicaid NEMT program.

6. Investigate if Medicaid reimbursement rates have limited DD providers from also being transportation providers.

   R. FSSA will research this issue. UPDATE: As Southeastrans works to bring new providers into the network and as they work with network providers, rates are always part of the discussion. It is undetermined if there is a greater impact on any one provider group.