



DRAFT: Nonemergency Medical Transportation Commission Meeting Minutes

January 23, 2020

*Indiana Government Center South Conference Room B
402 W Washington St.
Indianapolis, IN 46204*

Members Present

Sarah Chestnut, Kim Dodson, James Fry, Sherri Hampton, Michael Kaufmann, Kristen LaEace, Representative Karlee Macer, Amanda McClure, Gary Miller, Representative Jim Pressel, Jennifer Sullivan, Andy Van Zee, Rob Zachrich

Welcome and Introductions

Dr. Sullivan welcomed everyone and all members present introduced themselves. Dr. Sullivan expressed gratitude to all members for their engagement, feedback, collaboration, and problem-solving spirit following the initial Commission meeting. She stated there was great representation around the room. Dr. Sullivan then discussed the process she envisioned for the meeting, starting with a discussion of the Independent Review Report recommendations and she would like to keep comments to roughly 5 minutes per slide. She stated the Power Point presentations from today will be posted to the FSSA website at <https://www.in.gov/fssa/ompp/5725.htm> and each member had a packet with this information at his/her seat. Dr. Sullivan indicated though it is only required twice per year, the next meeting will likely be in April 2020, because this is important work and wanted to meet after members have a chance to review the report.

Indiana NEMT Operations Independent Review

Cris Johnston of the Office of Management and Budget was introduced to discuss the Independent Review Report recommendations from Burns and Associates. Mr. Johnston said

he would not be doing a page-by-page review of the report, but urged the Commission members to formulate questions after they reviewed the report themselves. He said there would be few surprises since Mark Podrazik provided a preliminary review during the November 2019 meeting. Mr. Johnston indicated there were 25-27 recommendations, some directed at SET and some directed at FSSA. In Mr. Johnston's review, he felt the recommendations fell into 3 different areas:

- Managing supply and demand. How do we develop and maintain an adequate network to transport the members to necessary appointments?
- Operations which includes, in part, the following:
 - Ride scheduling and dispatch
 - Trip fulfillment
 - Timely paymentSome of the factors considered were things such as:
 - Are we using enough communication channels?
 - Are we using technology in the most effective, efficient way possible?
 - Are we providing enough education about claims processes and claims issues?
 - Can we improve our billing processes?
 - Are we providing payment in a timely manner?
- Government and reporting which includes, in part, the following:
 - Data reporting, making sure we get the best data possible
 - Definitions, making sure we are defining things so everyone has an understanding of what it means
 - Coordinate the different reports.

At this point Mr. Johnston indicated there are a lot of stakeholders with NEMT, but as a representative of OMB, his focus is on the following two factors and trying to balance these factors:

- What is the best for the customer?
- What is the best for the taxpayer?

He re-iterated it is a balancing act to ensure both the customer and the taxpayer are considered. He also cautioned that implementation of recommendations is not as clean as it is on paper.

There was no discussion following Mr. Johnston's presentation.

Dr. Sullivan then introduced Vickie Trout, to summarize each of the Burns and Associates Report recommendations. Dr. Sullivan indicated there were about 13-15 slides, and would like to limit discussion to 3-5 minutes per slide so we can get through all of them, which would include looking at program updates and some NEMT numbers before wrapping up.

Overview of the Independent Review Report

Ms. Trout discussed slide 5 of the Power Point presentation, which was a recommendation to look at SET processes regarding an assessment of trip demand, including looking at a methodology to assess gaps where additional resources are needed, and monthly reporting of identified gaps. Ms. Trout said this is really looking at the major questions of “How do you determine demand?”, “How do we build a system to meet that demand?”, and “What are the challenges?” Dr. Sullivan said Indiana has experienced significant growth in the number of members using NEMT.

It was suggested it would be interesting to see historically what the demand was prior to the brokering of services, as it was suggested that trips for EMS providers have declined significantly and it is hurting these providers. A view of demand by zip code, rural areas, locales with limited providers, by type of service needed, distance of trips, type of trip, density versus supply and other factors such as this to may be considered when looking at gaps. Dr. Sullivan suggested looking at a tailored program based on a number of factors, such as county (location), type of trip, distance, etc.

Some of the challenges discussed included appointment times, which is an industry issue. Between about 5am and 10am and then again from 3pm until 6pm are high usage times for NEMT. While the network might appear to be robust, because of the number of appointments at these times, there might not be enough drivers/vehicles to get everyone to every appointment during those times. There could be more trips run and providers could have less down time if there is a way to have some of the appointments times shifted to the slower hours. The day of the week of the trip can also factor into the equation of the ability to provide a ride for an appointment.

Ms. Trout then transitioned to the second part of that slide, looking at the contractual threshold for dispatching trips, and possible financial penalties for not meeting thresholds. It was recommended that a closer look at why a trip was in a given status needed to be done, such as breaking out why a trip might be in “cancelled” status. It was reported that some standing orders disappear from the system and we need to research why this occurs. The question was asked when it is decided to start assessing penalties and how? Would like to see the threshold. Dr. Sullivan said it is very complicated determining when to use incentives and disincentives, and she feels it is better to reward the good behaviors we want to see, and attempt to work through all possible remedies prior to using a disincentive.

The question was asked if there was a problem in the past with getting trips or being overbooked as much as it is now. It was commented there has been a significant increase in the number of people taking trips now. However, it was also stated transportation providers have not been able to expand with the network.

Ms. Trout then moved to talk about the next slide (Slide 6) regarding Southeastrans processes regarding trip status indicator. She said Mr. Podrazik mentioned a need to look closer at trips in “Dispatched” status, as well as looking more into the “Pay/Pended” status and explaining this more.

There was discussion regarding EMS providers not being able to bill electronically. SET is working on addressing this so it can be resolved. Ms. Trout indicated there are some additional requirements needed by FSSA. It was suggested those need to be addressed so EMS can electronically bill now. It was recommended EMS be carved out of the NEMT broker system services altogether because EMS only provides 6% of the trips and EMS providers are not at high risk for fraud, waste, and abuse.

A question asked about who has the authority to change the contract/who owns the contract? Dr. Sullivan replied the State owns the contract. She further stated EMS providers should be able to submit claims electronically and FSSA would be looking at this.

There was a suggestion to look at how many members’ trips were not assigned to a preferred provider, and also to know how soon a member is informed a ride will not be provided. Dr. Sullivan said, regarding preferred providers, that it varies by member, type of trip, location, etc. Ms. Trout discussed the auto-router and how it looks at a number of factors to assign trips. An explanation of how the auto-router was requested, and there was a discussion that trips from Terre Haute to Indy are problematic. SET indicated the auto-router is being piloted in Indiana (no other states at this time) with very positive results. In the hierarchy of decision in assigning a trip, the auto-router looks at the following factors:

- Preferred provider; if member has one it will go here
- County
- Mobility type
- Is the provider contracted?
- What is the least cost for the trip?

Some of the benefits of the auto-router are providers are getting trips quicker and fewer trips are being sent back. There were questions about if there is a way to assess the auto-router performance, and about member satisfaction with providers. SET indicated there are a couple of ways surveys are done in Indiana:

- Third party vendor calling and asking a variety of questions regarding both call center and provider satisfaction
- IVR calls that are automated and conducted every evening post-trip with about 6,000 responses obtained every month.

There was a question if it was possible to see if a member is not getting their preferred provider; if not, why not? Dr. Sullivan said she wanted to discuss this, among other things, metrics of satisfaction and preferred provider utilization at the next NEMT Commission meeting in April. SET indicated providers seem to like the surveys and the reports they receive from them, and some even use it to boost employee performance. There was a question as to whether this is a sort of scorecard for providers, and SET indicated they are not quite there yet, but are close. There was a question if NFs were a part of the survey and at this time they are not. SET will look at doing some sort of survey with NFs. There was a question as to whether surveys were a part of the contract, and what the contract said about surveys. Dr. Sullivan said she would get the answer to the group. There needs to be an effort to ensure when surveys are done, the people who answer them know what is being surveyed e.g., ensuring people with ID/DD understand the questions and responses. Dr. Sullivan said when the survey language was initially approved, a readability scale was completed but we can make sure we review that as changes are made.

Ms. Trout then moved on to the next area of the Independent Review Recommendations, “Unclean Claims” (Slide 7). This involves looking at the volume of unclean claims and defining what an unclean claim is, targeting outreach to providers so fewer unclean claims are submitted, and report on how many unclean claims were received.

Gary Miller stated in the preliminary report from Burns and Associates there were \$6.2 million in claims in the system not paid (generally in “dispatched” status). It was stated Ms. Trout and the NEMT team have been working with IEMSA, yet there are purported to be thousands of claims still not paid and not getting paid is a huge issue for providers. There is a request to look at the claims prior to SET brokering and after, as Mr. Miller thinks it will show providers are not getting paid. It was also stated there are arbitrary timelines/deadlines for claims to be submitted by IEMSA and that should stop. It was suggested for the Commission to say there are no filing limits/deadlines until the issues are fixed.

SET indicated the numbers in the Burns report are those trips in dispatch, and there can be several factors why a trip remains in dispatch and not billed. As examples, a member might no-show, and the provider did not report it and went on to the next trip, or a doctor cancelled the appointment but no one called SET to report this, etc. Therefore, the number of trips in “dispatch” status and the amount of money for those trips is a very different number than the trips provided and not paid. Mr. Zachrich clarified the \$6.2 million referenced are all trips in dispatch status does not represent the amount of unpaid claims. However, member no-shows can have a significant effect on the availability of trips and providers being willing to take members/trips as each member no-show costs a provider money. Dr. Sullivan said there is a work stream looking at such issues and perhaps offering some trip payment for a provider who goes to a member’s home but the member is a no-show.

It was stated the initial numbers in justifying the need for brokering due to fraud, waste, and abuse over-estimated “trips to nowhere” because many trips for members who are full duals would need to have Medicaid transportation (since Medicare generally will not pay for transportation), yet there would not be Medicaid physician claims since Medicare would cover these. Therefore, that Medicaid transportation would not have a corresponding Medicaid medical claim.

Dr. Sullivan moved on to the Program Updates portion of the agenda as time was running short. Dr. Sullivan suggested the members of the Commission read the Burns report in its entirety and submit questions.

NEMT Program Updates

Change Requests:

Ms. Trout discussed some of the program updates (Slide 16) regarding Change Requests (CRs) with DXC. There are 3 CRs underway:

- Nursing Facilities as transportation providers. This CR will change the risk level for these providers from “High Risk” to “Medium Risk.” This will happen soon. Dr. Sullivan expressed what a big deal this is and what a good thing it is for Nursing Facilities.
 - There was a comment that Nursing Facilities are not concerned with the risk factor, but it was all about insurance.
 - Dr. Sullivan indicated every barrier that can be knocked down will get us closer to the desired outcomes.
- Ms. Trout continued with the second CR, which would allow the enrollment of Transportation Network Companies (TNC) such as Uber and Lyft at least for MCE partners. This CR is next in the queue, but it should be fairly soon.
 - Dr. Sullivan indicated this would allow the entire network to be available. She envisions this being used for situations like urgent trips. However, the parameters still need to be worked out as it is not appropriate for every member since Uber and Lyft don’t have the capacity to take individuals in wheelchairs, etc.
 - SET indicated they use TNCs in other markets with some advantages, and some disadvantages, which he would like to discuss at some point.
 - This effort was lauded with the comment that this takes a huge step in improving the transportation landscape.
- Ms. Trout then explained the last CR in the queue is broker fleets can also enroll as providers. This would allow brokers to use each other in their transportation networks. This CR is further out, but is in process.

State Agency Collaboration:

Ms. Trout discussed efforts with the Division of Workforce Development (DWD) and the collaboration and assistance they might be able to offer to NEMT providers/brokers. The Indiana Department of Insurance provided guidelines to help providers get their insurance timely and perhaps obtain discounted rates with the oversight of the brokers. Ms. Trout has, with the assistance of IDOI & DWD, developed some tools to help with recruiting providers and obtaining timely insurance. It has been found that many providers wait until the last minute to renew insurance, which can cause a lapse of coverage. Other collaboration efforts were also briefly discussed, such as with the Department of Revenue, the Department of Transportation, and the Bureau of Motor Vehicles. This collaboration is ongoing and more updates will be provided.

Ms. Trout then moved to the next slide (Slide 17).

Process Improvement Initiative for EMS:

Ms. Trout indicated there is an initiative to look at this issue and improve the process. It was stated EMS rates have not increased in 40 years, and factors such as high insurance premiums are a burden for the providers. Dr. Sullivan pledged to continue to work with IDOI about insurance and other issues.

Quality Improvement Committee:

Ms. Trout stated the Committee met in January with a variety of stakeholders and the first topic was member behavior and how it affects transportation. Ms. Trout discussed the collaboration between agencies in educating members and helping to address member behaviors.

NEMT by the Numbers:

Ms. Trout then mentioned NEMT by the Numbers slide (Slide 18) and indicated not all data in Q4 was included because December data was not available at the time of the meeting. There was a comment regarding wheelchair providers; there has been an increase in the numbers of wheelchair providers since the increased rates. Yet some wheelchair providers have dropped out. Has there been an actual increase in wheelchair providers, or are we merely replacing the ones who have left?

Closing

At this point Dr. Sullivan indicated the meeting was past time to end, and reminded Commission members to read over the report and the slides and submit comments and questions as well as items for the next agenda. It was suggested that "Medicaid Pending" be added to the April agenda.

The Commission was adjourned at 5:07 pm.