



Nonemergency Medical Transportation Commission Meeting Minutes

July 29, 2021

Virtual, Adobe Connect

Members Present

Jennifer Sullivan, Jim Degliumberto, Jim Pressel, Kristen LaEace, Michael Kaufmann, Phillip Parnell for Sarah Chestnut, Sherri Hampton, Gary Miller, Vanetta Becker, Maureen Lindsey for Amanda McClure, Andrew VanZee

Presenters

Dr. Jennifer Sullivan, FSSA Secretary

Lindsey Lux, Office of Medicaid Policy and Planning Chief of Staff & Deputy Director, Strategy

Jim Degliumberto, Southeast Trans Inc. Chief Operating Officer

Elizabeth Darby, Office of Medicaid Policy and Planning Director of Organizational and Vendor Management

Welcome and Introductions

Dr. Sullivan introduced Dr. Dan Rusyniak, appointed FSSA secretary effective August 1, 2021. He is currently the Chief Medical Officer at FSSA and led the long-term care response for Covid-19. Dr. Sullivan is honored to have served as our FSSA Secretary.

There is a vacant position for a Fee-for-Service (FFS) member who is a recipient of NEMT services to serve on the commission. FSSA is actively engaged in filling this seat by the next commission meeting.

Indiana NEMT Program Updates – Lindsey Lux

Lindsey Lux, OMPP Chief of Staff and Deputy Director, Strategy updated the commission on the program. During the Covid-19 vaccine rollout, many atypical locations were added as acceptable locations for transportation services so members could receive the vaccine at the location of their choice.

The Division of Aging operates two IN Medicaid Waivers so members can be transported by a Waiver care attendant provider. We notified providers that this transportation would have to be moved under the NEMT broker, but realized this impacted service being provided to these members at their medical appointments as attendants often help members understand their care plans. Therefore, to ensure coordination of care, we received approval from the Centers for Medicare and Medicaid Services to provide these services during the public health emergency and will be applying to keep this service in place permanently.

Indiana 211 became part of the Family and Social Services Administration in 2020. In partnership with Southeast Trans Inc., Indiana 211 staff can now schedule Lyft rides directly for any Hoosier seeking treatment.

SET Performance Summary, including Network Access and Adequacy

Jim Degliumberto, COO, provided an in-depth summary on SET operations and performance.

Call center numbers down about 25% due to the pandemic. SET reduced the number of call center agents in Indiana by about 26 due to this decrease in call volume. Indiana is still meeting its metrics, even with less call center staff.

About 2.8% of claims are denied, compared to the company’s national average of 3%. Providers do have the ability to fix a denied claim for re-adjudication via paper submission, and SET is currently working on an electronic claims resubmission process for such denied claims that is slated to go live in 2022.

Q1	Q2	Q3	Q4	Measure
754	836	890	860	Average calls for trip requests per day
1,054	1,187	1,261	1,237	Average calls handled per day
10,354	11,058	10,270	10,939	Average members served per month
126,955	144,453	125,522	136,512	Claims received
3,636	3,798	3,179	3,717	Claims denied
123,319	140,655	122,343	132,795	Claims paid
126,955	144,453	125,522	136,512	Claims received

In the fourth quarter, SET had 46,000 one-way trip legs per month. More than half of this volume are “subscription trips”, or those that are recurring appointments for members with transportation related to chemotherapy or dialysis, etc. It was noted that the high-risk member number correlate to the subscription trip numbers because high-risk members often have diagnoses requiring recurring trips.

The total percentage of fulfilled trips was 86%. When adjusting for member cancellations and no-shows, the fulfilled trips are more than 95% which aligns with the corporate-wide percentage (~94%-95%).

Trip volume is down 13% due to the pandemic, resulting in a reduction in drivers by 125 and vehicles by 78 compared to Q1. SET is actively recruiting more drivers and vehicles.

Q1	Q2	Q3	Q4	Measure
45,612	46,965	41,529	46,096	Average one-way trip legs per month
60.87%	57.37%	58.74%	56.75%	Subscription*
39.13%	42.63%	41.26%	43.25%	Demand (<i>Acute Care</i>)
88.29%	87.09%	85.72%	86.39%	Fulfilled trips
95.64%	94.98%	94.38%	95.40%	Fulfilled trips less Member No Shows
57.48%	54.88%	56.62%	54.17%	High Risk Members (HRM)**
1,463	1,453	1,369	1,338	Active Drivers
1,351	1,367	1,368	1,273	Active vehicles

Complaints: A bar chart of reported complaints and validated complaints demonstrates that roughly 70% of all complaints are validated. There was an increase in April and May 2021. Most complaints are provider network related, meaning they are related to unfulfilled trips. Trips may be unfulfilled because of a provider no-show, or because of a late send-back, meaning the night before or day of a trip they are sent back and SET is unable to secure transportation. The cause is a decrease in providers and vehicles. SET's Provider Relations (PR) team is reviewing the existing provider network and recruiting new providers and drivers. Recently, SET met with a provider in Terre Haute and discussed provider barriers to credentialing, including increased operating costs, such as fuel, maintenance of vehicles, etc.

Surveys: A third-party survey company conducts trip scheduling satisfaction surveys, which measures member satisfaction with the scheduling process (specifically, the SET call center) one day after they schedule the trip. There is ~97% satisfaction with scheduling. The same vendor conducts a satisfaction survey the day after the transport regarding the transportation/provider satisfaction. There is ~96% satisfaction with the member experience. About 50 surveys are completed each month for each type (scheduling and transportation satisfaction). If a member has opted in for auto-surveys, the member will receive a call the night of the trip; the company averages about 200 surveys of this type per day.

Claims: Claims are paid on an average 16-day cycle. Processing within 30 days is almost always at 100%, with slight reduction to 99.7% or 99.8%. SET recommends electronic claims submission to providers with the benefit of quicker payment: a provider that uses a tablet to submit an electronic claim through the Portal submits to SET about 14 days sooner than a

provider using the paper process. If the provider uses a paper claim, SET takes about one day longer to process than the electronic claim, indicating the provider's early submission leads to quicker payment.

EMS billing: SET created an enhancement for EMS providers to improve the billing process that adds additional fields to the claim to allow unique Trip IDs, Run Numbers, Patient Control Numbers, etc. to be documented. A report provided to EMS providers allows them to 1:1 match unique IDs. In addition, SET is working on a "837 file integration" which will allow EMS providers to send SET large claim files electronically and streamline their processes. Four providers are in various stages of testing this pilot project.

Areas of need: SET noted that the following counties of greatest need align with counties that have greater population: Allen, Clark, Grant, Hamilton, La Porte, Lake, Madison, Marion, Monroe, Porter, St. Joseph, Tippecanoe, Vanderburgh, and Vigo.

Provider enrollment: A timeline illustrated how a new provider navigates the steps of credentialing with SET. The full timeline, including prequalification, working with the Department of Revenue for Motor Carrier Certification, enrolling with the IHCP, and verifying SET compliance, may take about 6 months. While some of the steps are outside the control of SET, SET focused on areas where they can have some control or influence. SET communicates expectations to providers and has transferred some of the compliance steps to an online format during the PHE. Online options may improve efficiencies and shorten the credentialing timeline moving forward.

Provider network growth: There are 9 providers in the credentialing process as of June and 82 interested providers in with an estimated capacity of 95 vehicles. An ambulatory provider began last December with 5 vehicles strategically located across the state. Wheelchair providers are needed. There are currently 202 active providers and SET is offering incentives for current providers to promote expansion, including paying more per mile and increasing base rates. SET is also enrolling nursing facilities as transportation providers: Cardon is in the credentialing stage with 20 vehicles, and Hooverwood Living Nursing Facility has 3. Growth opportunities include BLS, bariatric wheelchair.

TNC update: Lyft is a partner of SET as of September 2020. They are considered a provider of last resort and used in limited capacity when appropriate. To date, Lyft has completed 3,631 trips (which is less than 1% of the volume) to approximately 906 unique members in 31 counties.

Outreach: SET resumed on-site facility visits in April 2021. They are conducting quarterly workshops, outreach to social workers and case workers, will attend 2 conferences later this year and have a town hall meeting planned for September 2021.

Member experience: SET shared several success stories where providers supported unique member needs.

Community engagement: SET shared several volunteer experiences by SET providers, including Wheeler Mission, Old Bethel Food Pantry donations, and the National Coalition Against Domestic Violence.

Kristen LaEace asked: *Is there a possibility of giving wheelchair vehicles directly to providers to expand capacity?* Jim Degliumberto responded: There have been instances in the past where SET has provided vehicles or repairs/upgrades with interest-free loans, but we are not giving away vehicles freely. Any provider interested in this can discuss with SET.

Maureen Lindsey asked: *Why are you using Lyft as last resort?* Lindsey Lux responded: There is a specific TNC statute in Indiana, and the network requirements differ a bit than traditional NEMT providers. Members must qualify to be eligible to ride in a Lyft. There is a list of questions (including if members can get in/out of the vehicle independently, or if they can help the provider locate them) that verify the member is eligible to ride with Lyft and then the member must consent to ride with a TNC. Our traditional NEMT provider network depends on volume to support their business. If a traditional NEMT provider isn't available and the member meets eligibility and consents to Lyft, Lyft is scheduled.

Kristen LaEace asked: *I really like the ability of drivers to report change in condition. How is that information shared with Medicaid, case managers, etc.? Also wondering if there is a quick evidence-based assessment that could be implemented?* Lindsey Lux responded: OMPP has a quality call with SET on a weekly basis. If SET has member concerns or information is reported by the providers, we send it to our clinical team for follow-up.

Gary Miller asked: *You mentioned that you had rate incentives for Ambulance providers, please elaborate.* Jim Degliumberto responded: The incentives are primarily for ambulatory and wheelchair providers, and they continue to look at it to analyze the need in certain areas. We would be willing to discuss the situation with ambulance providers.

Senator Becker asked: *Why aren't hospitals allowed 3 days to get authorization for transportation like nursing homes are?* Dr. Sullivan responded: We will gather that information and email Senator Becker.

Sherry Hampton asked: *Are skilled nursing facilities (SNFs) included in the surveys?* Jim Degliumberto responded: No, the automated calls do not include NFs because surveyors call multiple times a day. However, SET will investigate another way to directly survey the members and will work with FSSA and the NFs to design appropriate questions.

Maureen Lindsey noted that there *are* members that likely meet the conditions to ride Lyft (such as getting in and out of a car) and are not receiving the rides. Dr. Sullivan responded: FSSA will investigate with specific examples.

Sherry Hampton asked for data that shows number of visits provided to FFS members in SNFs. Sherry noted that many SNF have not pursued SET trips because too many appointments are missed. Dr. Sullivan responded: FSSA will investigate with specific examples.

Sherry Hampton asked: *Is Lyft held to same credentialing standards as other credentialed providers? Or if not, why could a SNF not get paid for the transports they are providing-like Lyft?* Lindsey Lux responded: There is an Indiana TNC statute and our credentialing requirements follow that statute. Nursing facilities can enroll as providers as previously detailed, we have a few in process now. Please contact SET for assistance.

Gary Miller asked: Can SET accept 1500 Forms electronically? Jim Degliumberto response: Yes.

SET Pay for Outcomes Review

Elizabeth Darby, Dir. Of Vendor Management for IN Medicaid, oversees administrative contracts and the NEMT contract. She meets with SET twice weekly: once for data, and once for quality/member issues. There are also biweekly meetings with the NEMT State Director. Elizabeth Darby reminded the group that this contract’s unique contract year runs from June – May. Elizabeth outlined the contractual framework for Pay for Outcomes. Elizabeth discussed each Outcome and the performance required and attained for each metric. Available and earned payout below.

SET Pay for Outcomes Performance

Category Measures	Available Payout	Earned Payout
Quality	\$92,850.00	\$92,850
Safety	\$139,275.00	\$139,275.00
Call Center	\$139,275.00	\$87,046.75
Transportation Requests	\$139,275.00	\$0.00
Transportation Scheduling	\$139,275.00	\$121,865.63
Provider Services	\$139,275.00	\$69,637.52
Member Education	\$46,425.00	\$40,621.87

Encounter Data Completeness and Timelines	\$46,425.00	\$46,425.00
Report Accuracy & Timeliness	\$46, 425.00	\$40,721.88
TOTAL	\$928,500.00	\$634,443.65

SET Pay for Outcomes Discussion

Dr. Sullivan led a short Pay for Outcomes discussion prior to the vote. Dr. Sullivan confirmed the slides in today's meeting would be emailed and posted on the website for future review.

Gary Miller asked: *Regarding the fulfillment, am I to assume from reading these that 10% of requests are not fulfilled?* Jim Degliumberto explained that SET uses the terminology "missed trips" to indicate that the member did not get to the doctor on the date of the original scheduled trip. The table with unfulfilled trip requests broke this down by member-related issues such as member no-show, and SET-related issues such as not finding a provider after exhausting the network, leading to a canceled trip. This was not 10% of trips, but less than 5% in Q4. Elizabeth Darby indicated that for the performance metrics we look at the total amount, if the person did not get to the scheduled appointment, however the specific reasons are broken out elsewhere.

SET Pay for Outcomes Discussion – Vote

Voting and non-voting members per legislation that established the commission.

Roll call vote: yes to approve the pay for outcomes, no to not approve.

Name	Association	Vote	Name	Association	Vote
Vacant	FFS member	NA	Sherri Hampton	American Senior Communities	Yes
Sarah Chestnut (Philip Parnell)	INARF	Yes	Kristen LaEace	AAAA	Yes
Dr. Michael Kaufmann	EMS Medical Director	Yes	Amanda McClure (Maureen Lindsey)	Fresenius Kidney Care	Yes
Gary Miller	PROMPT Medical Transportation	Yes	Dr. Jennifer Sullivan	FSSA	Yes
Andrew VanZee	IHA	Yes	Rep. Jim Pressel	Indiana House of Representatives	Ex officio
Jim Degliumberto	Southeastrans, Inc.	Yes	Rep. Mitch Gore	Indiana House of Representatives	Ex officio
Kim Dodson	Arc of Indiana	Absent	Sen. Vaneta Becker	Indiana Senate	Ex officio

James Fry	Steadfast Transportation, LLC	Absent	Sen. Jean Breaux	Indiana Senate	Ex officio
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Dr. Sullivan communicated that Pay for Outcomes is rewarded to SET and we look forward to addressing quality metrics moving forward.

Wrap-Up/Adjournment

Dr. Sullivan expressed deep gratitude of the engagement from provider communities, hospital services, NEMT, partners across government, and the healthcare community. She stated this level of engagement and attention to health outcomes is what we expect and hope for Hoosiers.

The Commission was adjourned at 3:44 p.m.