



Desk Aid

Non-Emergent Medical Transportation (NEMT) Services in Indiana

Executive Summary

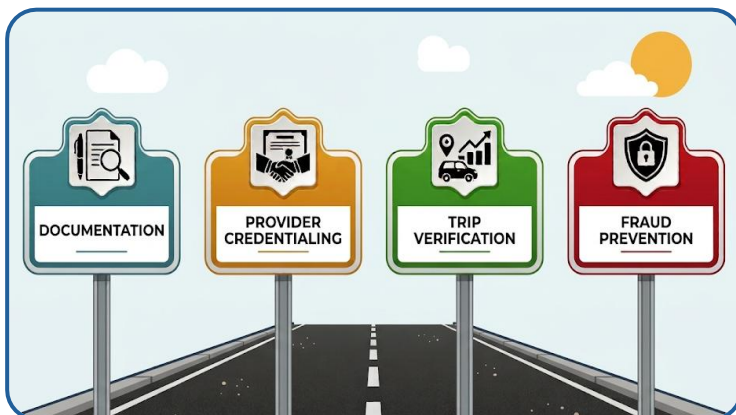
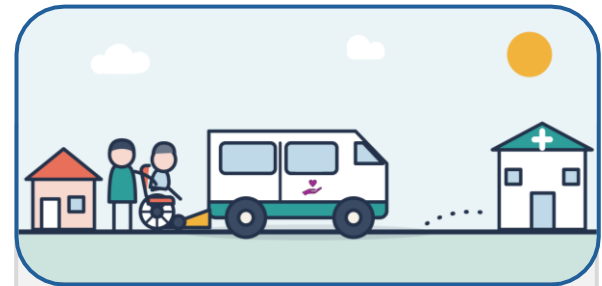
Non-Emergent Medical Transportation (NEMT) is a critical Medicaid benefit, supporting health equity and care access by bridging transportation barriers for Indiana's most vulnerable populations—including the elderly, disabled, and individuals with chronic conditions. Recent reforms aim to enhance efficiency, program integrity, and cost management, while new technologies are being deployed for proactive fraud detection. This report underscores the need for robust documentation, advanced monitoring, and cross-agency collaboration to support compliant, high-quality NEMT services in the current regulatory environment.

NEMT transport volumes remain high, accompanied by continued fraud, waste, and abuse (FWA). Additionally, national enforcement continues to expose FWA risk in this benefit, and Indiana has responded with expanded credentialing, documentation, and enhanced claim review.

This desk aid summarizes Indiana's NEMT program structure, operational and billing requirements, and the compliance safeguards providers and brokers must maintain to protect program integrity.

Key areas of increased focus include the following:

- Documentation
- Provider Credentialing
- Trip Verification
- Fraud Prevention



Topics

Program Structure & Trends

Process Flows & What Has Changed

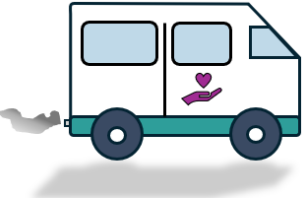
Program Integrity – IN & Federal Risks

Operational Workflows

Compliance Safeguards

Key Takeaways

Non-Emergency Medical Transportation (NEMT)



NEMT is a federally mandated Medicaid benefit that Indiana delivers through a statewide broker model, with Verida serving Fee-for-Service (FFS) members and the Managed Care Organizations (MCOs) overseeing managed care populations. Recent policy changes, evolving payment structures, and heightened federal scrutiny of FWA have pushed the state to expand compliance infrastructure, to include advanced analytics and AI-driven fraud detection.

National NEMT Utilization Trends, Performance Metrics & Industry Insights

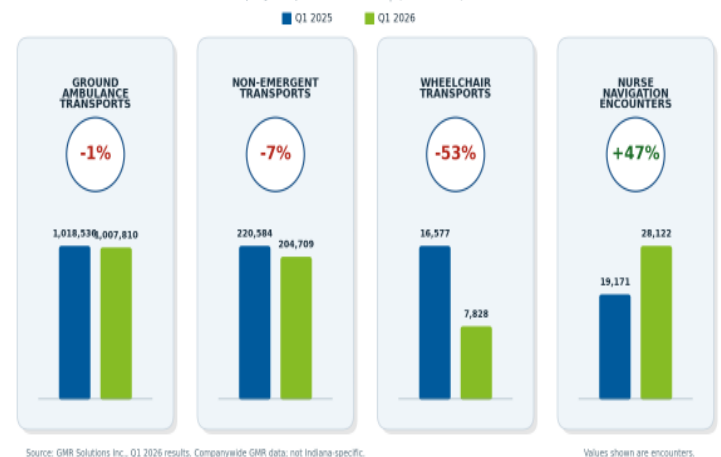
Recent transportation industry data from Global Medical Response (GMR) indicate that the national non-emergency medical transportation (NEMT) market remains active while experiencing shifts in utilization patterns. Q1 2026 operating metrics suggest evolving transportation needs, with reduced use of some transportation modes occurring alongside increased care coordination and navigation services. The data show declines in non-emergent and wheelchair transportation encounters, while nurse navigation services increased substantially. Together, these trends suggest greater emphasis on triage, care coordination, and directing members to the most appropriate transportation and support resources rather than a reduction in overall demand for services.

Key Q1 2026 Trends (Number of Trips)

- **Ground ambulance transports** totaled over one million trips, showing a slight year-over-year decline.
- **Non-emergent transports** decreased from 220,584 to 204,709 trips, a 7% reduction.
- **Wheelchair transports** dropped by more than half, possibly reflecting improved triage, reduced eligibility, or use of other modes.
- **Nurse navigation encounters** rose almost 50%, suggesting stronger triage and care coordination.

GMR National Operating Metrics

Companywide patient encounters | Q1 2025 vs. Q1 2026



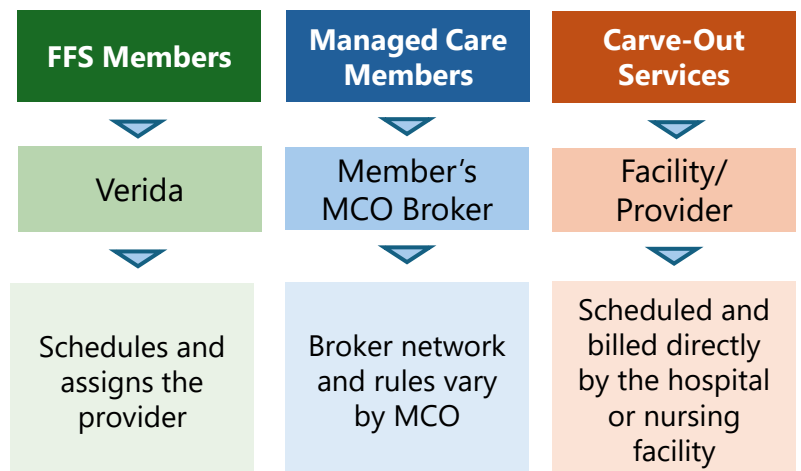
[GMR Solutions Inc. Q1 2026 Financial Results and FY 2026 Guidance](#)

Indiana's NEMT Contracting, Oversight, and Management

Identifying which broker (or whether a broker is used at all) depends on the member's coverage type. All routes still draw from the same credentialed provider network:

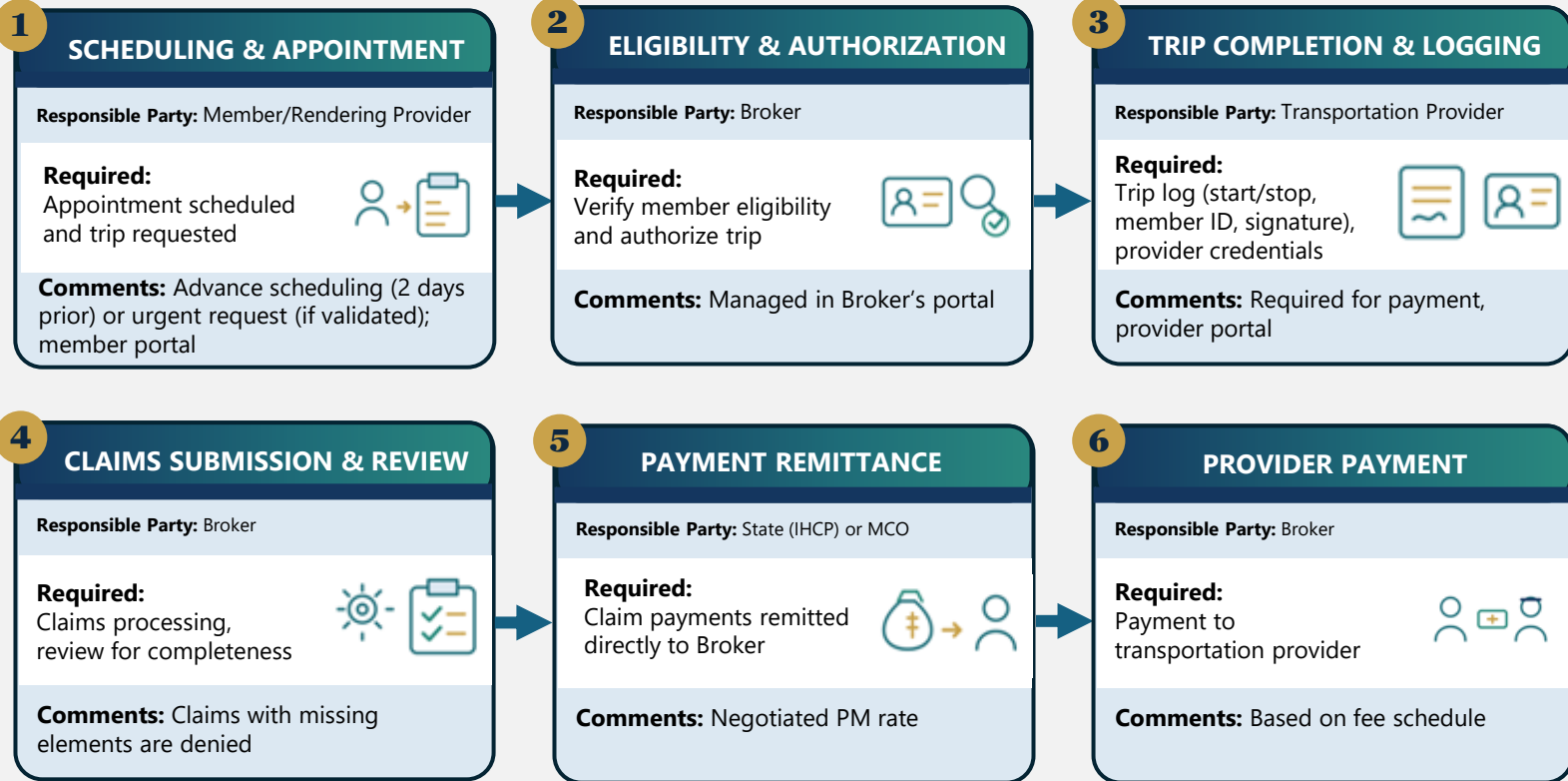
- Common carriers
- Taxis
- Wheelchair and stretcher transports
- Rideshare companies

This chart maps the three routes. In every case, coverage type — not service availability — determines who arranges the trip.



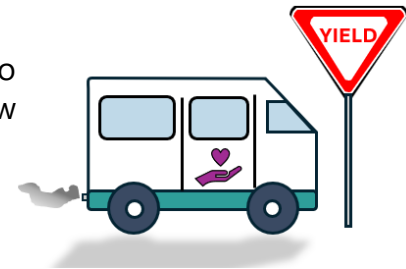
NEMT: Provider Process Flow

A single NEMT trip moves through six hand-offs — member request, broker authorization, provider transport and trip log, broker claims review, state or Managed Care Organization (MCO) payment to the broker, and broker payment to the provider — and each step carries its own documentation requirements that must be met before payment clears.



What Has Changed

Indiana's NEMT program continues to evolve — most notably by introducing new requirements for providers, brokers, and facilities. The following summary highlights the key updates that have occurred since 2023, and the actions stakeholders should take to remain compliant.



WHAT CHANGED SINCE 2023 — FIVE POLICY UPDATES YOU MUST APPLY

- Carve-outs (Jul 2023):** BLS/ALS ambulance and nursing facility NEMT bypass the broker — facilities schedule and bill directly. [BT202443](#)
- Reimbursement (Jan 2024):** All FFS NEMT pays at Indiana's Medicare urban ambulance rates; MCO plans must meet or exceed that floor. [IN-23-0018-A | Medicaid](#)
- Cost sharing (Jul 2024):** Member exposure capped at 5% of family income; no balance billing, no denial for inability to pay. [Indiana Medicaid: Providers: Billing and Remittance](#)
- Credentialing (ongoing):** IHCP enrollment, insurance minimums, pre-trip background and drug screening, annual vehicle inspection, revalidation. [405 IAC 1-1.4-9 audits](#)
- Documentation (ongoing):** Complete service logs, secure electronic health records (EHR) with tracked amendments, seven-year retention. [Transportation Services Module 405 IAC 1-1.4-2 records](#)

NEMT: The Execution Engine

Tighter rules and program integrity (PI) expectations mean every Indiana NEMT stakeholder must put compliance, documentation, and proactive oversight first. The broker model, with targeted carve-outs and reimbursement reforms is designed to scale service delivery while balancing access, cost control, and fraud prevention. Technology is no longer optional: data analytic-driven claim audits, real-time trip verification, and integrated case management are **emerging requirements** for participation.

Demand keeps rising as the elderly and disabled populations grow, while higher provider costs and workforce shortages keep pressure on rate adequacy and access. Stakeholders should stay current on scheduling, billing, and compliance practices, and be ready for state and federal audits or payment deferrals triggered by error rates or missing documentation.

NEMT or TRNO

NEMT—Covered Medical Transport

Medically necessary trips

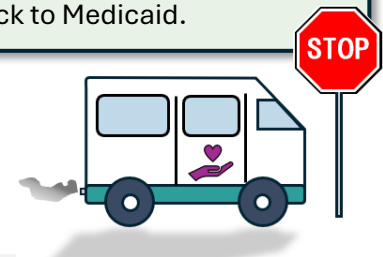
Takeaways:

- **Match** the trip purpose to the correct benefit before submitting a claim.
- **Bill** only one benefit as required.

Being compliant will help mitigate increased program integrity scrutiny which could lead to denials, and recoupment back to Medicaid.

TRNO (Transportation) —Non-Medical Waiver Transport

Community-based travel



Program Integrity: Federal and Indiana-Specific Risks

Nationwide, NEMT is a recognized high-risk area for FWA due to high volumes of small-dollar claims, and the complexity of eligibility and trip verification processes. The following *ID card* covers the known schemes, recent enforcement cases, and the billing rules that help keep you clear of consequences.

NEMT Enforcement ID Card



Handwritten signature

Red Flags (Known Schemes)

- Billing for phantom trips
- Forging member signatures
- Billing group rides individually
- Billing for the deceased/incarcerated
- Kickbacks
- Billing for a higher level of service (Upcoding)

Endorsements



- Broker oversight
- Credentialing verification
- More frequent audits

Federal Legal Cases

- **NM:** involved 53 defendants across 18 states—false billing to racketeering
- **NY and MA:** Provider-led collusion—convictions and multi-million-dollar repayments

Restrictions



- Never alter logged time-stamps
- Never bill group rides individually
- Never schedule trips until eligibility & credentials have been verified

Bottom Line:

Providers and brokers should monitor processes and requirements as a standing routine: including, cycle-auditing trip logs, verifying member signatures, screening for eligibility, and confirming death or incarceration status before billing. Anomalies should be escalated promptly to Indiana's PI Section, the Medicaid Fraud Control Unit (MFCU), or the MCO Special Investigation Unit, as applicable.

Operational Workflows: Scheduling, Authorization & Payment

Providers must follow core NEMT processes before a trip is scheduled or a claim is submitted. This section outlines trips from request to authorization, identifies who is accountable at each control point, and shows how payment flows among the state, brokers, and transportation providers. It also covers documentation, credentialing, and billing practices so that stakeholders are audit-ready to mitigate adverse audit outcomes and strengthen organizational compliance.

BEFORE You Hit the Road

Approval depends on the full picture: who needs the ride, where they are going and why the trip is needed, which benefit applies, and who is responsible for arranging it. The following process traces how information moves among the member, broker, MCO, facility, and provider before the ride.

1 WHEN TO SCHEDULE THE TRIP



2 business days

Standard trips are scheduled by contacting Verida at least two business days in advance.



Same day

Urgent care requests are accommodated on a same-day basis **if deemed medically justified and approved by the broker.**

2 HOW TO SCHEDULE THE TRIP



Member calls Broker

The member contacts the broker to request a trip – two business days ahead, or same day when urgent.



Member gives details

Detailed appointment information is required before the request can move forward.



Broker verifies

The broker verifies the **eligibility, trip necessity, and provider assignment.**

3 WHAT THE MEMBER MUST PROVIDE AT SCHEDULING

- ✓ Medical facility name
- ✓ Appointment date
- ✓ Time of appointment
- ✓ Mobility status
- ✓ Rendering provider name



Recurring appointments

Standing orders are established, streamlining scheduling for patients with ongoing treatment needs such as **dialysis, chemotherapy, or physical therapy.**

WHO IS RESPONSIBLE: ROLES AT A GLANCE

Member

- Requests rides and provides appointment details
- Follows scheduling and cancellation requirements

MCO

- Oversees transportation services for managed care members
- Supports program integrity activities

Hospital / Nursing Facility

- Arranges transportation for admissions, discharges, and transfers
- Maintains supporting documentation

Broker

- Verifies eligibility and trip necessity
- Coordinates scheduling and reviews claims
- Maintain supporting documentation
- Supports program integrity activities

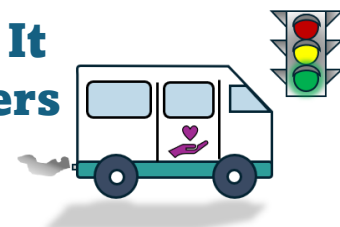
Transportation Provider

- Delivers approved transportation
- Documents trips and submits claims
- Maintaining credentials

FSSA / IHCP

- Sets policy and compliance requirements
- Monitors audits and program integrity

Why It Matters



Successful NEMT services depend on each stakeholder fulfilling their role, maintaining accurate documentation, and coordinating effectively to **ensure members receive timely access to care** while staying compliant with IHCP requirements.

Payment Process

Payment depends on a trip record that tells the story accurately and completely reflecting the service provided. NEMT providers submit claims to the applicable broker (Verida or the MCO's broker). Claims are reviewed for required documentation and eligibility before payment is issued, making timely and accurate provider compliance essential.

Each claim must include:

- **Complete Log:** A complete trip log (including start/stop times, member and provider details, and signed acknowledgment)
- **Proper Documentation:** Evidence supporting medical necessity
- **Verification:** Validation of a member's eligibility and authorization
- **Certification:** Verification/evidence of provider and driver credentials

Once these requirements are reviewed and approved, the claim is submitted to the appropriate broker—or directly to IHCP or a facility for certain carved-out services.

Providers are prohibited from balance billing, charging for missed appointments, or billing for services outside the covered benefit unless there is proper documentation and a pre-waived exception. Member cost sharing, when it applies, is limited to 5% of household income, and providers cannot deny services because a member is unable to pay. Following proper protocol ensures payments are issued without delay.

PAYMENT FLOW:

State/MCO To NEMT Broker

COVERAGE: Expected transportation costs plus broker administration

PAYMENT FLOW:

NEMT Broker To Transport Provider

COVERAGE: Completed rides, incl. base trip rate, loaded mileage, and allowed travel expenses

Compliance Safeguards: Controls & Provider Practices

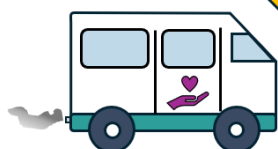
Compliance runs the length of the NEMT trip — from eligibility and authorization through transport, trip logging, claim submission, and payment. The following measures work together: layered controls close known exposures, while everyday practices keep providers audit-ready, coordinated, and paid on time.

Risk Mitigation:

- ✓ Provider credentialing, revalidation, and exclusion monitoring
- ✓ Real-time trip documentation backed by GPS and EHR
- ✓ Broker and state audits of logs and billing patterns
- ✓ Ongoing training for drivers, admin, and contract staff
- ✓ Stakeholder education and clear, complaint escalation for member-reported fraud

Best Practices:

- ✓ **Strengthen document accuracy** for every trip
- ✓ **Leverage technology** for records, scheduling, and GPS tracking
- ✓ **Train staff regularly** or as changes occur
- ✓ **Work with stakeholders** to resolve issues and coordinate
- ✓ **Monitor performance** metrics and correct issues promptly
- ✓ **Maintain audit-ready records**
- ✓ **Keep credentialing records** current for drivers and vehicles
- ✓ **Verify member eligibility and medical necessity** before every trip
- ✓ **Submit claims on time** per IHCP & Broker rules

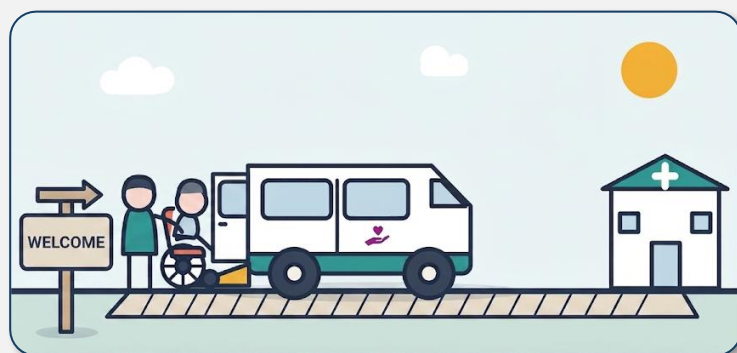


Key Takeaways

Verify Before the Wheels Turn: Confirm member eligibility, medical necessity, and broker authorization before every trip. Schedule standard rides at least two business days ahead; same-day only when urgency is justified.

Match the Trip to the Correct Benefit: Bill NEMT for covered medical appointments and TRNO only for waiver travel listed in the service plan. Route carve-out ambulance and facility trips outside the broker.

Treat the Trip Log as the Claim: Capture start and stop times, member and provider detail, and a signed acknowledgment in real time. Missing elements are denied — retain tamper-evident records seven years.



Know the Red Flags and Escalate: Phantom trips, forged signatures, group rides billed individually, and trips for deceased or incarcerated members are enforcement triggers. Cycle-audit trip logs and report anomalies promptly.

Keep Credentials Audit-Ready: Maintain IHCP enrollment, insurance minimums, background and drug screening, annual vehicle inspections, and on-time revalidation for every driver and vehicle.

Call to Action

To Self-Report Improper Billing:

Voluntary Self-Disclosure of Provider Overpayments Protocol

Instructions for Self-Disclosure

To Report Suspected FWA:

**IHCP Provider and Member
Concerns Line
800-457-4515**

**IHCP Program Integrity
Programintegrity.FSSA@fssa.in.gov**

**Medicaid Fraud Control Unit
Medicaid Fraud Complaints**

References

Indiana Authority and Policy

- [IN Medicaid NEMT page](#)
- [BT202443 carve-outs](#)
- [Transportation Services Module](#)
- [Broker contract](#)

Reimbursement and Billing

- [SPA IN-23-0018-A](#)
- [Member billing guidelines](#)
- [Cost-sharing bulletin](#)

Compliance and Documentation

- [IAC 405 1-1.4-2 records](#)
- [IAC 405 1-1.4-9 audits](#)

Program Integrity and Enforcement

- [IN integrity review](#)
- [OIG \\$3.5M audit](#)
- [DOJ Carl's Cab](#)

Federal and National Context

- [MACPAC NEMT](#)
- [CMS NEMT booklet](#)

Broker and Market Data

- [Verida NEMT guide](#)
- [GMR 10-Q](#)

Note: Billing and office staff who have concerns of potential FWA or compliance violations can/should reach out - even anonymously to report.