



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

*July 19, 2022
Virtual Format*

Members Present

Lindsey Lux (Chairperson), Jim Degliumberto, Brian Carnes, Dr. Eric Yazel, Gary Miller, Andrew VanZee, Hannah Carlock (representing ARC of Indiana), Kristen LaEace, Fern Mirkin, Maureen Lindsey, Gary Jones, Representative Mitch Gore, Senator Jean Breaux

Presenters

Program Updates: Lindsey Lux, FSSA

SET Network Performance and Access: Jim Degliumberto, Southeastrans, Inc (SET).

SET Corrective Action: Gary Jones, FSSA

SET Pay for Outcomes: Gary Jones, FSSA

SET Pay for Outcomes Vote: Lindsey Lux, FSSA

Welcome and Introductions – Lindsey Lux

Ms. Lux introduced new board members, Brian Carnes (Indiana Association of Rehabilitation Facilities Representative), Maureen Lindsey (Dialysis Representative), Fern Mirkin (Fee for Service Member Representative), and Dr. Eric Yazel (Physician Representative).

Ms. Lux then introduced two new staff members, Gary Jones (FSSA) is the new Transportation Manager in OMPP (Office of Medicaid Policy and Planning) starting in May of 2022, and Mike Hanner (SET) was named the Interim Indiana State Director.

Ms. Lux then took commission attendance asking members to respond either verbally or in the chat. Hannah Carlock is representing ARC of Indiana for Kim Dodson. Ms. Lux indicated verbally and in the chat that any commission members who came in but were not available during the attendance could indicate their presence in the chat.

Program Updates – Lindsey Lux

FSSA has released two new grants for transportation providers to receive assistance towards the purchase of vehicles and equipment to serve the NEMT program using funding from the American Rescue Plan Act for Home and Community Based Services (HCBS). Grantees are required to participate in the State's NEMT program.

Grant Details

- Bariatric Ambulance Grants – awarded and in process of signing agreements to disperse funds.
 - 21 Bariatric Ambulances were requested by the 12 grantee applicants and will be expected to be operational as soon as possible.
 - \$180K will be awarded for each bariatric ambulance per applicant, totaling \$3.8 million in awards.
 - 64 of 92 counties represented from across Indiana.
- Wheelchair Van and Lift Grant – applications due 8/12/22
 - Funding for the purchase of new wheelchair vans or equipment to convert existing vehicles into wheelchair vans.

More information can be found on the FSSA HCBS webpage.

[HCBS Enhanced FMAP Spending Plan](#)

SET Network Performance and Access – Jim Degliumberto

Mr. Degliumberto provided an in-depth summary on SET operations and performance from the fourth quarter, which ended in June 2022.

NEMT by the Numbers

Q1	Q2	Q3	Q4	Monthly Average
41,135	40,532	41,028	48,279	Inbound calls
8,230	8,117	7,749	8,493	Members served
57,759	56,310	54,186	59,252	Trip Volume
50%	49%	48%	46%	Standing Orders (Dialysis)
73%	72%	72%	71%	Trips less than 10 Miles
18%	19%	19%	19%	Trips 11-25 Miles
6%	6%	6%	6%	Trips 26-50 Miles
3%	3%	3%	3%	Trips greater than 50 Miles
201	197	198	203	Active Providers
1,368	1,365	1,381	1,397	Active Vehicles
46,010	45,567	44,284	46,432	Claims Received
97%	97%	95%	95%	Claims Paid %

Call volumes are continuing to increase towards pre-pandemic levels and is roughly up by 20% from the third quarter. All inbound calls are answered in Indiana, where there are roughly 80 Call Center employees.

Members served has seen an increase in unique members that we are servicing; trip volumes are also seeing an increase however, still below the pre pandemic levels. Standing orders (Dialysis) trip percentages are going down as a percentage, but it is due to demand trips increasing. Demand trips are increasing as we see more members use the programs. Trip lengths remain consistent.

203 active providers in the network as of Q4 however, it has increased since then, to 207 active providers. There has also been an increase in vehicles, 1397 active vehicles as of Q4 and currently sitting at 1401 active vehicles.

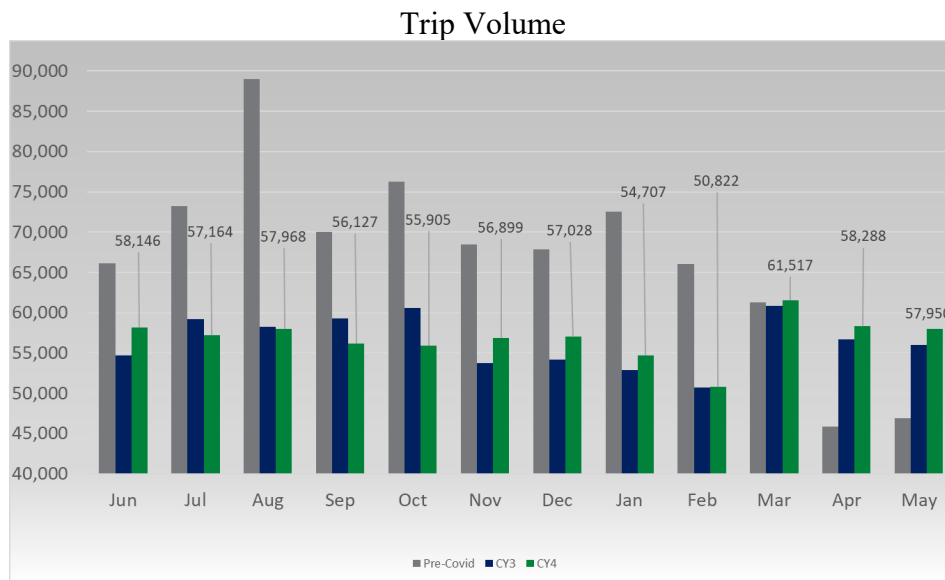
Claims received is at 46,432 and paying 95% claims are typically paid within two weeks of a clean claim received.

Mr. VanZee asked: *Are the quarters State fiscal year or calendar year?*

Ms. Lux responded: Neither. This contract runs June 1-May 30. Q1 is June/July and August.

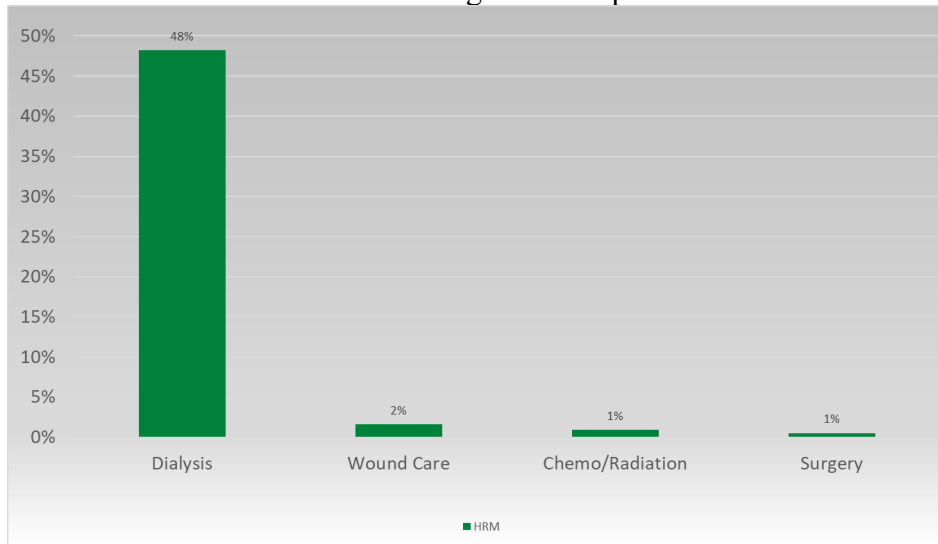
Rep. Gore asked: *What's the difference between trips and claims so there's a delta between those two?*

Mr. Degliumberto responded: There is typically a lag in between when the trip is performed and when a transportation provider will submit a claim for that trip. There will also not be a claim in the event there is a trip rescheduled, member no show, provider no show or the trip did not occur. The numbers will typically always show a delta. The transportation providers have 180 days to submit a claim.



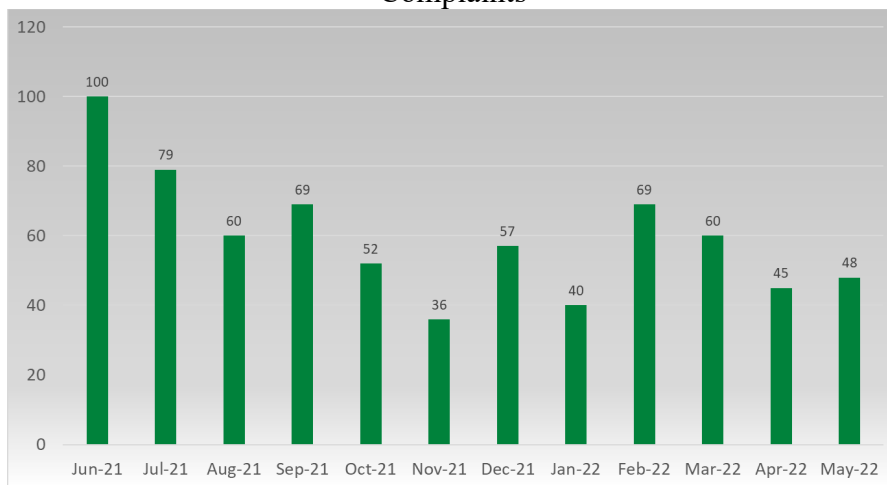
This trip volume chart shows the pre-Covid numbers, contract year 3 (CY3) and contract year 4 (CY4). The trip volume is less than it was pre-Covid, but more than it was in CY3.

Member High Risk Trips



Members fall into a high-risk category if they have healthcare needs that prioritize their transportation trips. Every trip that calls into the call center or recorded on a standing order form has an appointment reason associated with it. The majority of the trips are for more critical care needs. Dialysis is the number one appointment reason in the High-Risk category.

Complaints



The number of complaints received monthly are trending down as of February. Trip volume increased but the complaint volume is going down. SET is currently at 99.9% complaint free trips. The most common complaints are provider no-shows, providers are too late to get the member to the appointment or driver behavior. Complaints are addressed with provider network and provider relations managers and QA teams request information with coaching counseling and all complaints are tracked and addressed. Compliments are also tracked, so far 70 compliments have been received this year from members who have received exceptional service.

Member Experience – Call Center

Month	Overall Satisfaction
Jun-21	96%
Jul-21	100%
Aug-21	96%
Sep-21	92%
Oct-21	100%
Nov-21	100%
Dec-21	94%
Jan-22	100%
Feb-22	94%
Mar-22	100%
Apr-22	98%
May-22	100%

The satisfaction rate averaged 98%, with 6 of the 12 months at a 100% satisfaction rating. A third-party vendor measures the call center customer satisfaction surveys. The survey is performed the day after the call.

Member Experience – Transportation Provider

Month	Overall Satisfaction
Jun-21	92%
Jul-21	98%
Aug-21	98%
Sep-21	92%
Oct-21	88%
Nov-21	94%
Dec-21	96%
Jan-22	80%
Feb-22	94%
Mar-22	98%
Apr-22	86%
May-22	94%

The satisfaction rate with the transportation provider averaged 93%. A third-party vendor will call the member the day after their transport and ask questions about their transport. There were a few months where satisfaction fell to the 80% range. There are 50 surveys performed every month and a few low scores will drop that range. In conjunction with the third-party survey, SET also does an automated survey the night of the transport. IBR technology is used by calling the member and asking questions about the transport. Around 3,600 of these surveys are completed each month.

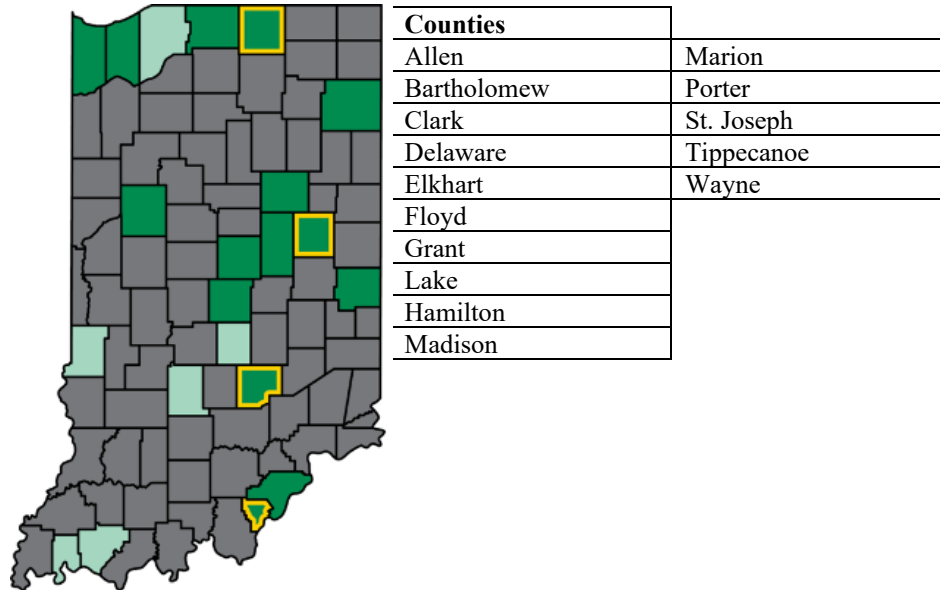
Ms. LaEace asked: *Is there any direct follow-up with consumers that submit a low rating?*

Mr. Degliumberto replied: There is. Our quality assurance teams will reach out to that member to address the issue.

Mr. Carnes asked: *Do rides that do not take place that were either cancelled because they were too late, or no-shows get counted in the survey and are those included in those statistics?*

Mr. Degliumberto replied: Yes, they are. That is one of the first questions that is asked in the IBR survey. If the trip was performed, we ask about the trip. If it was not performed, we asked why it was not performed.

Transportation Areas of Need



As discussed in previous meetings, these are counties where there are two legs unassigned per day. There were six counties removed: Johnson, LaPorte, Monroe, Vigo, Vanderburgh, and Warrick (highlighted in light green). There were 4 counties added: Bartholomew, Delaware, Elkhart, and Floyd (highlighted with a yellow boarder). As of data in June, these newly added counties have already been addressed and will be removed the next time this map is published. Larger counties have a higher volume of trips that SET would have to perform 99.6% for them to not be on this list of areas in need. SET is striving to meet that, but the demand is high and missed appointments are inevitable due to no-shows and obstacles outside of their control.

Ms. Lindsey asked: *How do you prioritize the transportation for the areas of need. I am the representative of the dialysis world, and it impacts long-term health when SET does not get patients to their dialysis treatments. So, how to you prioritize?*

Mr. Degliumberto replied: Similar to an emergency room at a hospital, there is a type of triage approach that SET takes. We have our high-risk members, high-risk trip types, those are dialysis, chemotherapy, wound care, etc. Those critical life sustaining treatments are prioritized above a routine follow-up appointment to a physician. Those members are put on a high-risk list and those are managed differently within the contact center. They are flagged so that they are noted when they are being dispatched to transportation providers.

Transportation Provider Network Growth

As of June, there were 8 providers in the process of enrolling. 119 vehicles are in the pipeline, and SET is focusing on providers and vehicles in the areas of need. There are currently 207 active providers. We are offering incentives, promoting expansion, offering premium rates to serve areas of need, and the new wheelchair and lift grant has increased the interest of providers

to join. We want to make sure the providers we are bringing into the network, stay in the network. We had 150 new providers that were interested in 2022 which is amazing considering gas prices and the shortage of vehicles available for purchase. SET has been working on enrolling nursing facilities as transportation providers. SET has seen a decrease in issues, concerns, and complaints from nursing facilities regarding transportation.

Any facilities interesting in enrolling can reach out to Mike Hanner mhanner@southeastrans.com

Senator Breaux asked: *Why would a nursing home enroll with SET as opposed to establishing their own transportation program?*

Ms. Lux replied: Most nursing facilities have their own transportation program. If they enroll with SET, they can get paid for transporting those members for NEMT similar to other transportation providers.

Ms. LaEace asked: *Are credentialing and pipeline in reference to SET process or Indiana Medicaid provider approval?*

Mr. Degliumberto replied: Pipeline refers to providers in any stage of the enrollment and credentialing process.

Mr. Miller asked: *Of the 207 providers do you have a breakdown between ambulance, wheelchair, and ambulatory?*

Mr. Degliumberto replied: No, I do not have that immediately available, but can get the information to Mr. Miller.

Network Growth Opportunities

Some challenges SET is facing along with the rest of the industry is rising costs for insurance and fuel. SET has addressed the fuel costs in two ways. One is a straight rate increase by renegotiating transportation provider rates in their contracts. Second is a fuel supplement where SET takes the average price of fuel in Indiana based on AAA data and adjusts the per mile charge up or down based on the rolling average of the fuel. In 2022, SET has increased rates for 65 ambulatory providers and 52 wheelchair providers. Other challenges are staffing and competing with other transportation networks. The rising costs of parts, vehicles, and maintenance are additionally obstacles to network growth.

Provider Safety

There were 2,746 routine vehicle inspections with a 99.5% pass rate. There were 1,177 spot inspections with a 100% pass rate. There were 398 wheelchair securement inspections completed with a 99.5% pass rate. Accidents and incidents reported were 104 this CY (contract year) with 99.99% of trips completed without an accident/incident. Anytime a vehicle does not pass inspection, there is a corrective action, and that transportation provider and driver may go through medial training. Vehicles will be removed from the network until remediation of the issue occurs.

EMS Billing Update

EMS is able to electronically submit claims using a HIPAA compliant 837 file integration. This capability is actively promoted to the EMS network with instructions, companion guides as well as staff available to assist the providers. SET recognized EMS providers are skilled in electronic claims submissions and has provided this solution upon EMS request in order to streamline the billing process so providers are paid quicker. If any EMS company is interested in submitting claims in this manner, they can contact their provider relations manager or Mike Hanner at SET.

Ms. Lindsey asked: *Do you do standard surveys with doctor's offices. For example, the dialysis center staff on both call center and driver? If not, why?*

Mr. Degliumberto responded: We just do member surveys today, regarding the call center and the transportation provider. I think we should, and in other states we do, provide surveys to medical facilities. That is something I do not think we do in the State of Indiana, but it is something we can do.

Ms. Lux added: There was a provider survey performed by SET over a year ago and the number of responses were very low.

Mr. Degliumberto responded: It is not a reoccurring survey like what we do with the members regarding the call center and transportation providers.

Maureen Lindsey responded: The survey most likely went to the wrong people. If they send it to the staff person that puts in the standard orders, then it would get to the right people. I would suggest for dialysis that the surveys go to the social workers at the hospital level in the case manager department. I am sure there would be a different response to the survey to the negative, not positive.

Ms. Lux replied: Maureen, let us connect with Jim to discuss concerns and/or survey options.

Facility Outreach

SET is conducting more face-to-face visits, facilitated multiple facility workshops, exhibited at IHCA, INARF, and Leading age annual conferences. Those efforts resulted in opportunities to build relationships, increase staff knowledge, devise transportation strategies for complex needs, and reduce complaints.

Problem Solving

SET is working on overcoming complex transportation requests (outside the standing orders) in order to identify the specific need(s) and coordinate with the medical provider, facility and transportation provider to improve outcomes. Examples of complex requests include oversized wheelchairs/bariatric stretcher, geographic/rural area, long distance trips, crossing state lines, member specific needs (impairments driver needs to be aware of), and FSSA care management coordination. If you have members facing these issues, please reach out to SET.

SET Facility Outreach Managers

Jodie Little and Linda Potts' biographies are provided in the PowerPoint presentation.

SET Provider Relations Manager

Michael Jones' biography is provided in the PowerPoint presentation.

Community Engagement

SET participated in the Wheeler Mission, Walk to End Alzheimer's, donated iPads to a local children's hospital over the past quarter. SET participates in local activities quarterly.

SET Corrective Action – Gary Jones

SET Corrective Action

As was discussed at our last NEMT Commission Meeting, OMPP had identified two areas needing improvement in SET's performance and issued a corrective action requirement in October 2021. The two areas were facility outreach and network adequacy. Given the population served in fee for service Medicaid, it is important for the NEMT broker to work proactively and with excellent communication with our facility partners, including nursing facilities, assisted living facilities, hospitals, dialysis centers, etc. OMPP recognized that SET could be doing more in these areas and asked for them to address it. In regards to network adequacy, SET had lost two large provider fleets from their network. It is important to note those losses were not due to SET – one was due to potential provider fraud and was referred to program integrity and the other was due to failing member safety measures. After working collaboratively for several months, the corrective action plan was closed in May 2022.

Facility Relations

Positive and proactive facility relations are a requirement within NEMT transportation. SET began developing proactive outreach to nursing facilities to discuss service delivery and opportunities for improvement. For facilities that had experienced transportation issues, SET worked with the facilities to retrain staff, discuss their particular issues and mitigation. SET began site visits with providers again that had been stopped during the height of the pandemic. These visits allowed SET to implement site plans on how to run transportation coordination with the facilities. SET also continued to promote nursing facilities as transportation providers and were able to recruit a couple of new providers. While the corrective action plan was closed, this work will always be ongoing.

Network Adequacy

As you know and have heard from Jim today, there are network challenges nationwide in the NEMT space and Indiana is no exception. However, with two providers exiting the system (through no fault of SET), OMPP wanted assurance that SET was working proactively to recruit and retain providers to offer the most robust network available. SET worked on geo-access maps and looked for root cause in areas identified to be in need of providers. SET developed a mathematically-driven reimbursement strategy to increase provider rates based on industry challenges including gas prices, workforce shortages and general rising costs to providers to operate. SET worked with existing provider to extend their hours of operation and the

geographic area they served to improve transportation options. SET continues to promote gas mileage reimbursement for members with that opportunity.

Network Adequacy Results

How was the network improved?

- 50 providers received rated increases
- 5 new providers added to the network
- 46 new vehicles added to the provider fleet
- 6 counties no longer reported as areas of need:
 - Johnson, LaPorte, Monroe, Vanderburgh, Vigo and Warrick
- 2 nursing facilities enrolled as providers:
Cardon (with 8 locations) and Hooverwood

Again, the closing of the corrective action does not mean that SET has stopped focusing on these items or opportunities for improvement. It shows that they have achieved results in working better with facilities and decreasing those issues while also making improvements and increases in the transportation provider network such that the State believes performance improvement was achieved.

SET Pay for Outcomes Contact Year 4 – Gary Jones

Pay for Outcomes Guidelines

There are four guidelines that must be considered for SET to meet their Pay for Outcomes goals. They are as follows:

1. The broker's contract includes Pay for Outcomes criteria that are monitored on a quarterly basis. I meet with SET weekly to review data, but the data here is presented quarterly.
2. Three percent (3%) of the capitation is withheld and must be earned back by meeting or exceeding the performance metrics.
3. The NEMT commission reviews the performance metrics achieved and annually votes on paying the earned amount.
4. Funds are paid out once per year and do not roll-over.

Pay for Outcomes NEMT Categories

There are nine (9) separate categories that are tracked for the NEMT contract. The first is quality, where we look at the member's perspective of quality. The second is safety looking at vehicle and driver safety. The third is call center and how they handle calls from members and providers. Next is transportation scheduling – the efficiency and effectiveness of scheduling. The fifth is transportation requests and SET's handling of the requests. Next is provider services. The seventh is member education services. Next is encounter data completeness and timeliness. Finally, we look at report accuracy and timeliness. I will now review each category, the metrics associated with each category, and how SET performed as well as what that translates to in withhold earned.

It is important to note that the State sets earnings up in tiers. For example, when we look at transportation requests, the State values the % of transportation trips requested that resulted in a

completed trip. The metric states 90%, but at 90%, the State considers SET earning only 50% of their withhold. If SET met 95% they would earn 75% of the withhold and at 99.5%, they would earn 100% of the withhold. These are aggressive numbers and this is intentional on the State's part to incentivize service excellence.

The results presented in the following charts were reviewed to show SET's performance against the performance metric requirements.

Quality

Measure	Metric	1st Q Achieve	1st Q Met	2nd Q Achieve	2nd Q Met	3rd Q Achieve	3rd Q Met	4th Q Achieve	4th Q Met	Available Payout	Earned Payout
Quality										\$81,081.56	\$41,119.78
1. No more than 1% of completed one-way trips shall have an associated valid member complaint	<=1%	0.12%	Y	0.08%	Y	0.10%	Y	0.09%	Y		
2. The Contractor investigate, remedy and close 95% of complaints within 15 days of receipt.	95%	97.8%	Y	95.7%	Y	97.5%	Y	90.3%	N		

Safety

Measure	Metric	1st Q Achieve	1st Q Met	2nd Q Achieve	2nd Q Met	3rd Q Achieve	3rd Q Met	4th Q Achieve	4th Q Met	Available Payout	Earned Payout
Safety										\$121,622.35	\$73,308.29
1. 0% of vehicles used for transport will be out of compliance. (Out of compliance if overdue for inspection or if vehicle removed due to out of compliance, but is still used)	0%	1.8%	N	0%	Y	0%	Y	0%	Y		
2. Contractor will conduct random, unannounced, spot inspections on at least 1/12 of authorized vehicles per quarter.	>= 8.33 %	3.17%	N	6.74%	N	9.3%	Y	9.2%	Y		
3. Quarterly, Contractor will conduct at least 75 separate wheelchair securement inspections.	100 %	100%	Y	100%	Y	100%	Y	100%	Y		
4. One hundred percent (100%) of Transportation Providers' Drivers who provide services in a given quarter shall meet the Contract's licensing and training requirements (metric is not met if a driver is out of compliance during a random audit or if a driver still provides services after discovering non-compliant driver, but prior to remediation)	100 %	100%	Y	100%	Y	100%	Y	100%	Y		

Call Center

Measure	Metric	1st Q Achieve	Met	2nd Q Achieve	Met	3rd Q Achieve	Met	4th Q Achieve	Met	Available Payout	Earned Payout
Call Center										\$121,622.35	\$121,622.35
1. Quarterly average speed to answer calls shall not exceed 60 seconds	<= 60 sec	20	Y	15	Y	12	Y	15	Y		
2. Monthly 85% of calls will be answered within 45 seconds or less	>= 85%	87.1%	Y	91.9%	Y	92.9%	Y	91.5%	Y		
3 (A). The quarterly lost call (abandonment) rate shall not exceed five percent (5%)	<= 5%	2.7%	Y	2.6%	Y	1.9%	Y	2.5%	Y		
3 (B). No calendar week shall have an abandonment rate greater than (7%)	Pass/Fail	PASS	Y	PASS	Y	PASS	Y	PASS	Y		
Measure	Metric	1st Q Achieve	Met	2nd Q Achieve	Met	3rd Q Achieve	Met	4th Q Achieve	Met	Available Payout	Earned Payout
Call Center (Continued)											
4. An answering machine, voice mail or answering service must be available for after-hours calls. One hundred percent (100%) of after-hours calls must be returned within the next business day.	100%	100%	Y	100%	Y	100%	Y	100%	Y		
5. Eighty-five percent (85%) of all issues from callers should be resolved on the first call based on random monthly call center surveys. If information cannot be provided to a caller in a timely manner, the Call Center representative should request a name, phone number and/or addresses (if necessary) and respond to the caller within one (1) business day from the time of contact.	>= 85%	89.5%	Y	93.8%	Y	93.0%	Y	95.9%	Y		

Transportation Requests

Measure	Metric	1st Q Achieve	Met	2nd Q Achieve	Met	3rd Q Achieve	Met	4th Q Achieve	Met	Available Payout	Earned Payout
Transportation Requests										\$121,622.35	\$0.00
1. The Contractor shall employ an auto-routing system and shall assign at least 90.0% of requested trips that qualify for auto-routing to a transportation provider using the auto-routing system within 48 hours of receipt of the transportation request.	>= 90%	92.7%	Y	93.5%	Y	92%	Y	92.8%	Y		
2.* The Contractor shall furnish appropriate transportation, as outlined in the Contract, for at least 90.0% of valid member transportation requests based on the Contractor's knowledge of provider no-shows as determined by complaints or other known instances that a trip was not provided as scheduled as detailed in a "missed trips."	>= 90%	81.2%	N	76.4%	N	74.7%	N	75.5%	N		

The fourth measure is Transportation Requests. For the first metric, the contractor shall employ an auto-routing system and shall assign at least 90.0% of requested trips that qualify for auto-routing to a transportation provider using the auto-routing system within 48 hours of the receipt of the transportation request. For the first quarter, this was achieved 92.7% of the time. For the

second, it was achieved 93.5%. For the third quarter, it was achieved 92%. For the fourth quarter, it was achieved 92.8%. SET has met this metric for all four quarters.

For the second metric, the contractor shall furnish appropriate transportation, as outlined in the Contract, for at least 90% of valid member transportation requests based on the Contractor’s knowledge of provider no-shows as determined by complaints or other known instance that a trip was not provided as scheduled as detailed in a “missed trips.” For the first quarter, this was an 81.2% rate. For the second quarter, 76.4%. For the third quarter, 74.7%. For the fourth quarter, 75.5%. SET did not meet the metrics for this measure. As was mentioned earlier, the State intentionally incentivizes very high percentages for this measure. It should be noted that the calculated rates for this measure include member cancellations and no-shows for all reasons. It can be difficult to determine factors involved in why a member has cancelled and so for this reason, the state does not allow them to be excluded. This does make it even more difficult for SET to achieve the 90% rate. These numbers would look much more favorable if calculated without member cancellations and no-shows.

Transportation Scheduling

Measure	Metric	1st Q		2nd Q		3rd Q		4th Q		Available Met/Payout	Earned Payout
		Achieve	Met	Achieve	Met	Achieve	Met	Achieve	Met		
Transportation Scheduling										\$121,622.35	\$121,622.35
1. Zero percent (0%) of scheduled trips shall require a Member to board a vehicle prior to the scheduled pick-up time as reported on the On-Time Trip Report.	0%	0%	Y	0%	Y	0.0%	Y	0%	Y		
2. Ninety-five (95%) of return pick-ups from appointments shall occur within one (1) hour of the time of notification to the Contractor	>= 95%	96.8%	Y	95.5%	Y	96.1%	Y	96.3%	Y		
3. Ninety percent (90%) of trips, regardless of traffic or road conditions, shall deliver Members on-time for their appointments	>= 90%	96.8%	Y	90.4%	Y	90.9%	Y	91.8%	Y		
4. Contractor shall require Transportation Providers to notify Members of anticipated tardy pick-ups.	Pass/Fail	Pass	Y	Pass	Y	Pass	Y	Pass	Y		
5. Contractor shall require Transportation Providers to notify medical service providers of anticipated tardy drop-offs.	Pass/Fail	Pass	Y	Pass	Y	Pass	Y	Pass	Y		

Provider Services

Measure	Metric	1st Q		2nd Q		3rd Q		4th Q		Available Met/Payout	Earned Payout
		Achieve	Met	Achieve	Met	Achieve	Met	Achieve	Met		
Provider Services										\$121,622.35	\$91,216.76
1. 98% of all claims paid w/in 21 day (e-claim) or 30 days (paper)	>= 98%	100%	Y	100%	Y	100%	Y	100%	Y		
2. 70% of claims submitted electronically	>= 70%	42.0%	N	42.5%	N	46.5%	N	43.9%	N		
3. “No Provider Assigned” rate does not exceed 5%	<= 5%	4.2%	Y	4.8%	Y	3.4%	Y	4.3%	Y		
4. Detailed regional gap report submitted and approved	Pass/Fail	Pass	Y	Pass	Y	Pass	Y	Pass	Y		

Member Education

Measure	Metric	1st Q Achieve	Met	2nd Q Achieve	Met	3rd Q Achieve	Met	4th Q Achieve	Met	Available Payout	Earned Payout
Member Education										\$40,540.78	\$20,270.39
1. Contractor shall attempt to contact and educate all Members who do not appear for a scheduled pick up (a "no show") within five (5) business days of the reported no-show occurrence.	100%	100%	Y	100%	Y	100%	Y	100%	Y		
2. Member no-shows will be reduced by at least 20% or more from the level measured in contract year 3.	1.06%	1.1%	N	1.4%	N	2.3%	N	1.7%	N		
3. Contractor must create and submit an outreach strategy if they receive more than two complaints from a single facility within 3 months, five complaints from the same chain of facilities within twelve months.	Pass/ Fail	Pass	Y	Pass	Y	Pass	Y	Pass	Y		

Encounter Data Completeness and Timeliness

Measure	Metric	1st Q Achieve	Met	2nd Q Achieve	Met	3rd Q Achieve	Met	4th Q Achieve	Met	Available Payout	Earned Payout
Encounter Data Completeness and Timeliness										\$40,540.78	\$40,540.78
1. The Contractor shall deliver the Encounter Data contemplated by the Contract thirty (30) days following the month of payment.	Pass/ Fail	Pass	Y	Pass	Y	Pass	Y	Pass	Y		

Report Accuracy and Completeness

Measure	Metric	1st Q Achieve	Met	2nd Q Achieve	Met	3rd Q Achieve	Met	4th Q Achieve	Met	Available Payout	Earned Payout
Report Accuracy & Timeliness										\$40,540.78	\$32,964.75
1. The Contractor shall furnish all reports on or before their due date in the Contract.	Pass/ Fail	Pass	Y	Pass	Y	Pass	Y	Pass	Y		
2. The Contractor shall furnish all reports accurately such that corrections and re-submissions do not occur.	Pass/ Fail	Fail	N	Pass	Y	Fail	N	Pass	Y		

Overall Withheld Capitation Results

Category of Measures	Available Payout	Earned Payout
Quality	\$81,081.56	\$41,119.78
Safety	\$121,622.35	\$73,308.29
Call Center	\$121,622.35	\$121,622.35
Transportation Requests	\$121,622.35	\$0.00
Transportation Scheduling	\$121,622.35	\$121,622.35
Provider Services	\$121,622.35	\$91,216.76
Member Education	\$40,540.78	\$20,270.39
Encounter Data Completeness and Timeliness	\$40,540.78	\$40,540.78
Report Accuracy & Timeliness	\$40,540.78	\$32,964.75
TOTAL	\$810,815.64	\$542,665.44

SET earned \$542,665.44 out of \$810,815.64 available withhold.

SET Pay for Outcomes Vote – Lindsey Lux

Per Indiana code, the NEMT commission must vote to approve payment of earned withheld money. Members were asked to vote yes, no, or to abstain. Due to the meeting running a little later than scheduled, some commission members had to leave the meeting. The voting proceeded with a unanimous vote of yes as noted below. With 8 of the 12 votes in the affirmative, the NEMT commission agreed to pay the withheld capitation that was earned by SET.

Name	Association	Vote	Name	Association	Vote
Brian Carnes	INARF		Sherri Hampton	American Senior Communities	
Andrew VanZee	IHA		Kristen LaEace	AAAA	Yes
Eric Yazel, MD	DHS	Yes	Maureen Lindsey	Fresenius Medical Care	Yes
Gary Miller	PROMPT Medical Transportation	Yes	Lindsey Lux	FSSA	Yes
Kim Dodson	Arc of Indiana	Yes	Rep. Jim Pressel	Indiana House of Representatives	Ex Officio
Jim Degliumberto	Southeastrans, Inc.	Yes	Rep. Mitch Gore	Indiana House of Representatives	Ex Officio
James Fry	Steadfast Transportation, LLC		Sen. Vaneta Becker	Indiana Senate	Ex Officio
Fern Mirkin	Fee For Service Member	Yes	Sen. Jean Breaux	Indiana Senate	Ex Officio

Ms. LaEace added: I highly encourage Indiana Medicaid to do everything they can with rate adjustment and gas supplement to address inflation and labor force shortages. I know you have made some adjustments already, just keeping it as part of the discussion.

Adjournment

Ms. Lux reminded commission members that procurement conversations are private until such a time that they are made public for all interested parties as governed by the Indiana Department of Administration. This prevents any party from obtaining an unfair competitive advantage, but please feel free to contact FSSA ahead of any public announcements for more information. Our next meeting will be scheduled at a later date towards the end of the year. We will send out a calendar hold for the meeting and a request for any agenda topics to be submitted at that time. Typically, after a week for a response, we will get the agenda and distribute to the commission

members as well as post it at the commission's website. Ms. Lux thanked everyone for their time and wished them a great afternoon.

The Commission was adjourned at 11:08 p.m.