



Eric Holcomb, Governor
State of Indiana

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

Nonemergency Medical Transportation (NEMT) Commission Meeting Minutes

*December 20, 2022
Virtual Format*

Members Present

Lindsey Lux (Chairperson), Jim Degliumberto, Jami Sayeed, Maureen Lindsey, Gary Miller, Michael Cook, Valerie Bruggeman, Kayla Skinner, Kim Opsahl, Andy Van See, Sherri Hampton, Kristen LaEace, Gary Jones, Fern Mirkin, Rep. Jim Pressel, Representative Mitch Gore, Senator J.D. Ford

Presenters

Welcome and Introductions: Lindsey Lux, FSSA

Agenda: Lindsey Lux, FSSA

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

NEMT Broker Procurement: Jami Sayeed, FSSA

Adjournment: Lindsey Lux, FSSA

Welcome and Introductions – Lindsey Lux

Ms. Lux introduced the Office of Medicaid Policy and Planning's (OMPP's) new Director of Administration Jami Sayeed.

Ms. Lux then took commission attendance asking members to respond verbally or in chat, indicating any commission members unavailable during the verbal attendance could indicate their presence in the chat.

Agenda – Lindsey Lux

Ms. Lux went over the agenda of presenters.

There will be a presentation on the recently released NEMT broker procurement. The procurement is managed by the Indiana Department of Administration (IDOA) and governed by the Indiana Administrative Code, as such, the presentation will share information that is public with the release of the RFP last week. FSSA is unable to answer questions in regard to the solicitation to ensure the integrity of the procurement process. Information on submitting questions in regard to the procurement process can be obtained in the procurement package through the IDOA's website. A bidder's conference is being scheduled for January 3rd and questions can be submitted directly to IDOA until January 10th.

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

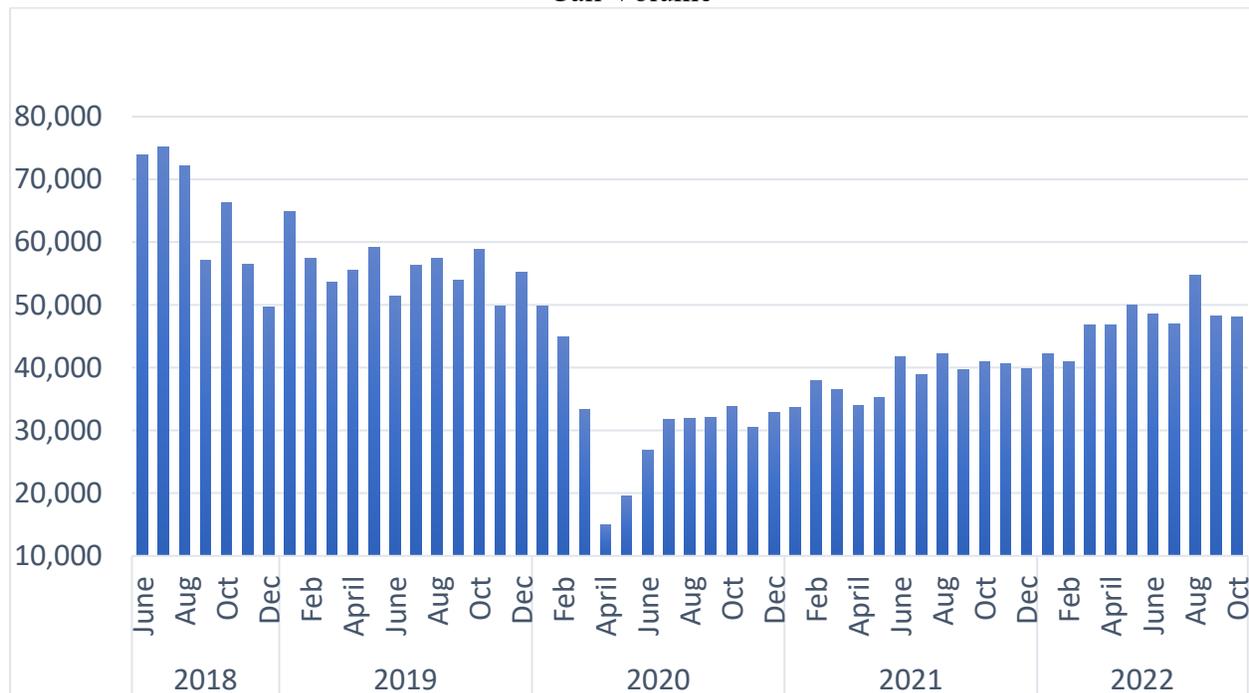
Mr. Degliumberto discussed SET's background, its leadership team, and current operations nationwide.

Mr. Degliumberto then discussed SET's NEMT services technology, NET InSight.. He gave information on the various components of InSight that store data on providers, members, quality management, facilities, claims, utilization review, and transportation dispatch. Mr. Degliumberto also discussed SET's geocoded trip validation technology used to combat fraud, abuse, and waste. This technology uses SET's mobile app, which is loaded onto a smartphone or tablet that SET provides to transportation providers, to record all the transactional details of provider and rideshare partners' NEMT trips. This includes actual pickup and drop off points using distinct geocoded timestamps that cannot be altered by the drivers. The details captured are used to pay for the transportation event via the claim. SET can detect variances with this technology to ensure program compliance and on-time performance for trips.

Mr. Degliumberto provided history on the roll out of the NEMT Broker Model Program in the state of Indiana. SET began transport in Indiana in 2018 and began setting up a provider network six months prior. SET has seen roughly 527 different transportation providers come through the network with about 194 providers currently in the network. On the call center side and the administrative side, SET currently has about 125 employees currently working within Indiana.

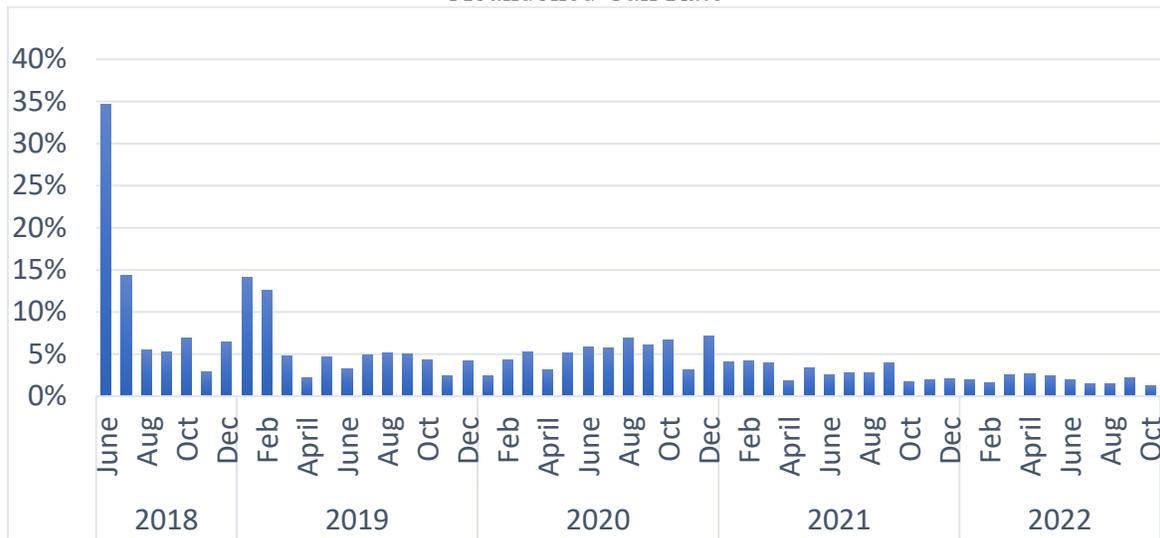
Finally, Mr. Degliumberto provided an in-depth summary on SET operations and performance from the third quarter, which ended in October 2022.

Call Volume



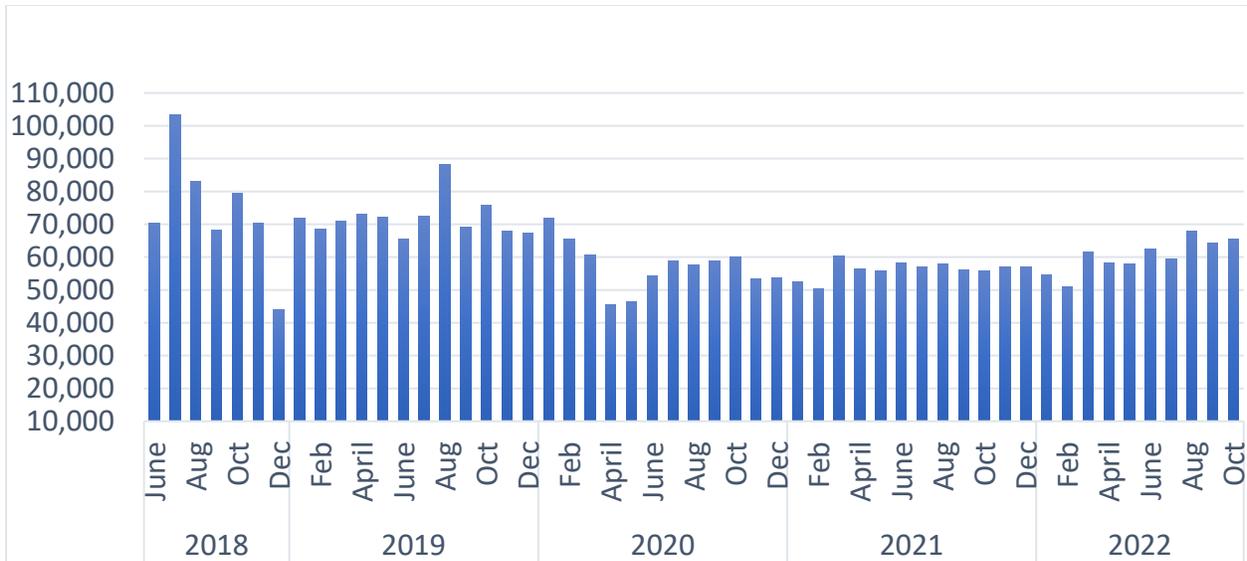
Call volume experienced a significant dip from February, March, April timeframe of 2020 due to COVID. Since then, call volume has steadily been increasing and close to the numbers seen at initial rollout. However, due to telemedicine and other pandemic generated initiatives, call volume will not likely return to the pre-pandemic levels. Additionally, SET has also introduced several technology solutions, such as the member app, member portal, medical facility portals, and client portals, that eliminate the need to call in to schedule transport. SET has incorporated appointment reminders, text messaging, and IVR calls that also reduces call volume because members are not calling back in to confirm their appointments. SET shows a first call resolution of 98% as of September 2022, which also reduces call volume.

Abandoned Call Rate



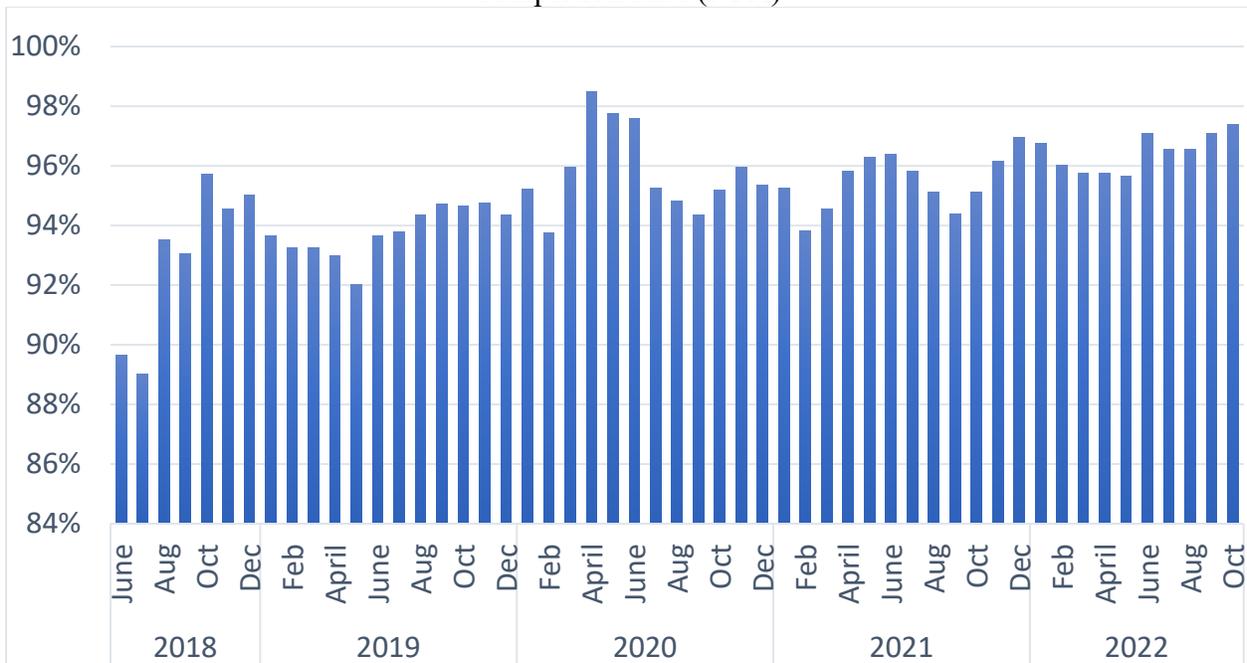
The number of calls abandoned in queue was very high at the start of this contract. Today, SET is running roughly a 1.4% abandonment rate. This improvement is due to having the appropriate staff that are trained and skilled in order to answer those calls as effectively and efficiently as possible. For this contract year, June through October, SET has been as high as 14 seconds to as low as 8 seconds for an average speed of answer.

Trip Volume



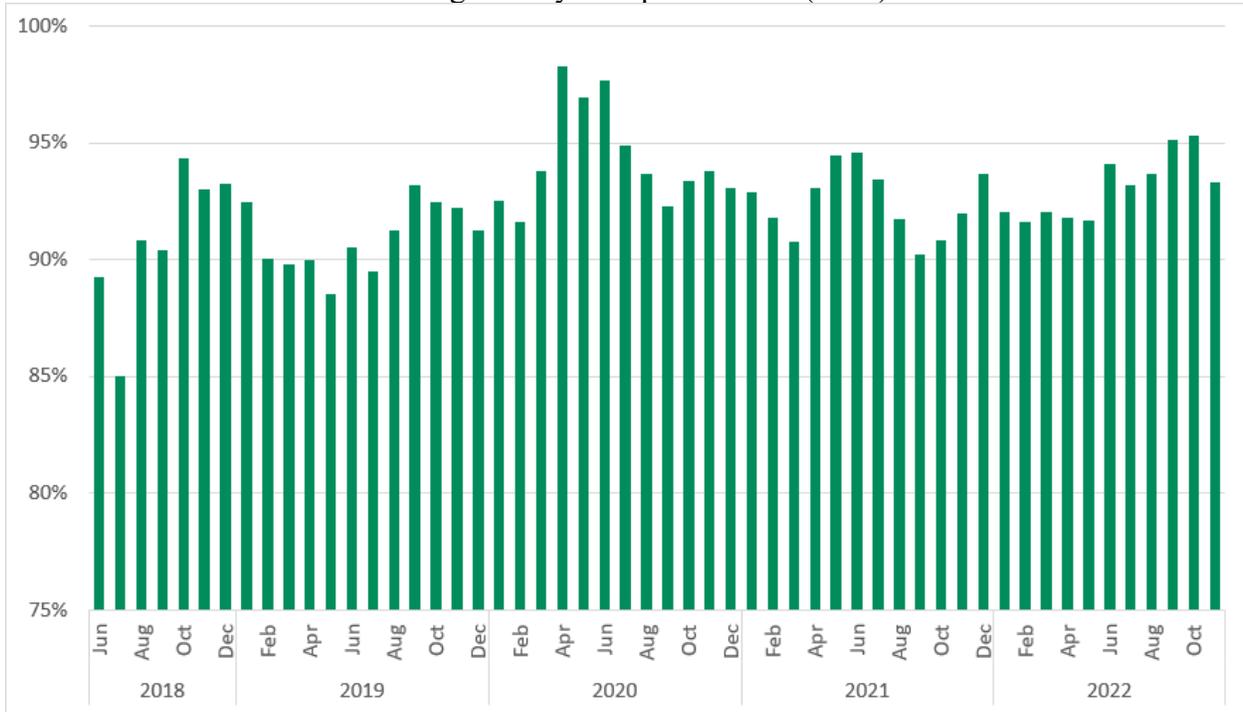
Trip volume has been relatively steady. Trip volumes have stabilized around 60,000 to 70,000 trips per month. The highest reason for trips was dialysis at over 11,000 trips, followed by general office visits at only 2,200 trips then specialists and behavioral health.

Completion Rate (NPA)



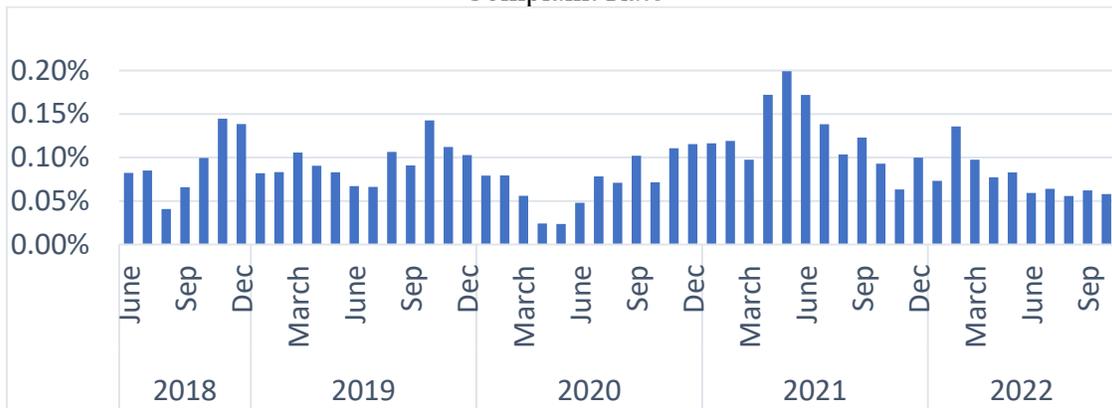
Completion rate is the percentage of trips that are secured and fulfilled. October 2022 had a roughly 97% completion rate.

Nursing Facility Completion Rate (NPA)



Nursing facility completion rate is the percentage of trips with a pickup/dropoff to a nursing facility. The nursing facility completion rate mirror the completion rate in that the peaks and the valleys are very similar. Nursing facilities are just under 95% in October.

Complaint Rate



Complaint rate is the percentage of trips with a resulting complaint. The peak of .20% or roughly 111 complaints was in May of 2021. For this contract year, the rate was .06%. That is roughly one complaint per 1600 trips.

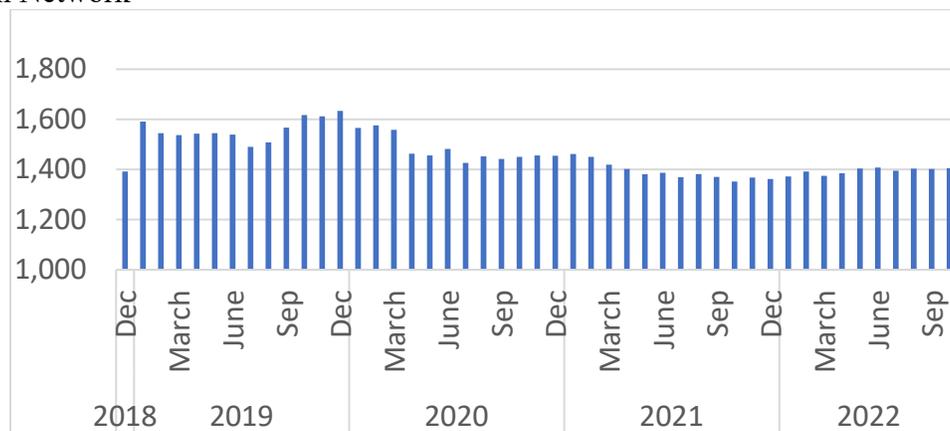
Member Satisfaction Surveys

	Call Center Experience	Transportation Experience	IVR Automated
Jun-21	96%	92%	95%
Jul-21	100%	98%	94%
Aug-21	96%	98%	94%
Sep-21	92%	92%	94%
Oct-21	100%	88%	95%
Nov-21	100%	94%	94%
Dec-21	94%	96%	94%
Jan-22	100%	80%	95%
Feb-22	94%	94%	94%
Mar-22	100%	98%	95%
Apr-22	98%	86%	94%
May-22	100%	94%	94%
Jun-22	96%	92%	94%
Jul-22	100%	96%	95%
Aug-22	100%	94%	95%
Sep-22	98%	96%	94%
Oct-22	100%	92%	95%

SET manages three different satisfaction surveys for the members. Two surveys – one that may be completed the day after a member calls into the call center and one that may be completed the day after a transport – are completed by an independent third-party. In October of 2022, data showed 100% satisfaction with call center experience and 92% satisfaction with the transportation experience.

The third survey is completed through the automated Interactive Voice Response (IVR) is a system survey. An automated call goes to the member the night of their trip to ask about their experience. The IVR has been relatively consistent, 94-95% satisfaction. Monthly, on average 50 call center satisfaction surveys, 50 transportation experience satisfaction surveys and 4,600 IVR NEMT satisfaction surveys are completed.

Vehicles in Network



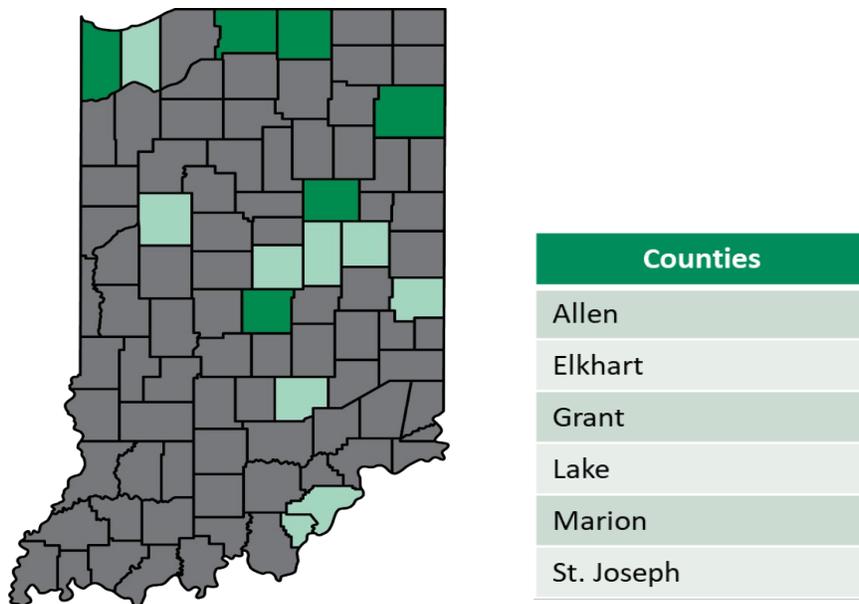
There are approximately 1,400 vehicles in the network, that has been relatively stable for the last few months after seeing fluctuation during the pandemic. There is an ebb and a flow of

transportation providers though the overall number is steady. Transportation provider relations managers are continuously working to bring new providers into the network and help existing providers expand their fleets and ensure maximum trip accommodation.

Provider Safety

Compliance officers perform vehicle inspections twice per year. There were over 2,700 vehicle inspections with a pass rate of 99.5%. There were over 1,100 announced spot inspections, with a 100% pass rate. Wheelchair securement inspections are done to ensure that the drivers performing those are trained properly in performing those securements. This year, over 400 have been completed with a 99.5% pass rate. There have been 104 accidents and incidents for this year with 99.99% of trips completed without accident or incident.

Transportation Areas of Need



An area of need is any county within the State of Indiana where there are two missed trips within a month. There has been a significant reduction in areas of need (light green) since the July meeting, nine counties have been removed from the areas of need map including, Bartholomew, Clark, Delaware, Floyd, Hamilton, Madison, Porter, Tippecanoe, and Wayne with no new counties added. Currently there are 30 providers in various stages of onboarding, by the next meeting, it is anticipated that even more counties will no longer be considered an area of need..

Announcing Name Change January 1, 2023

Starting on January 1, 2023, SET is changing its name to Verida. Currently, SET is notifying transportation providers, partners, nursing homes, facilities of the upcoming name change, including a mailing to all residential members. The old website will still exist but will redirect to the new website with information including why the change and instructions on updating bookmarks. All portals will change. Those changes are occurring over the holidays to be effective on January 1st.

Gary Miller asked: *Jim, you mentioned that there have been 527 vendors go through the system and 194 are still current, so are you telling me that every time we onboard somebody, there is only about a 40% chance that they are staying on as a provider?*

Mr. Degliumberto replied: *Yes, over the course of the last four and a half years, yes, there are companies that have gone out of business or decide they no longer want to provide services. I think that the pandemic had a large impact on providers. They have also seen increasing costs for insurance, vehicles, and fuel that have driven some providers out of this industry.*

Mr. Miller asked: *Agreed, also out of the 1,400 vehicles that you have mentioned, do you have a breakdown on how many are ambulance, wheelchair, and ambulatory?*

Mr. Degliumberto replied: *It's about 60/40 ambulatory vs. wheelchair.*

Mr. Miller asked: *What about ambulance?*

Mr. Degliumberto replied: *We don't have a total count of ambulance vehicles in the network.*

Mr. Miller responded: *Okay. Just making some notes here. And the member satisfaction, you do the voice items, when you're doing the member surveys for satisfaction, are nursing homes or hospitals contacted at all? Since they do arrange quite a bit of those trips?*

Mr. Degliumberto replied: *No, those surveys are performed just for the membership regarding their ride or their call center experience. We have done facility surveys, the online facility surveys in the past using tools like Survey Monkey. We also have our facility outreach managers who are available and in constant contact with those medical facilities and nursing homes to ensure they are getting what they need. They're readily available and open for feedback. That would be their first point of contact, we wouldn't want to wait on a survey to come out to let us know that there may be an issue. They should pick up the phone and call their facility outreach manager. I would say the last four years we have done a good job of building up those relationships with those facilities to ensure that they have the proper contact information and know who to reach out to.*

Mr. Miller asked: *I'm assuming that this increase in the relationship with the nursing homes has a lot to do with the fact that many of them are now providing their own wheelchair and transportation services?*

Mr. Degliumberto replied: *There are still a small percentage of those who are now performing their own. There are some larger facilities that have a good number of vehicles and there is one with about 29 vehicles. A majority of their facilities are now running transports themselves. Still, it's a newer program but we do continue to see it grow. We continue to see that as a great alternative for transportation for facilities.*

Mr. Miller asked: *Then your geocoding verification, which is impressive, but those don't apply to any ambulance trips, correct? That is all done by the iPad?*

Mr. Degliumberto replied: *Yes, so the geocoding is done through our mobile app, and we also partner with third-party vendors. If you're a transportation provider and use your own third-party system, we are able to interface with many of those systems to obtain the same geocoding and time stamp information. Ambulance providers are not typically running our application or a third-party application that we interface with, so that data is not coming back to us that way. Though we have developed the 837 claims interface that is available for EMS providers to submit claims electronically to us that is not related to the geotracking and fraud, waste, and abuse component.*

Mr. Miller asked: *Since you brought that up with the billing, I know that for the longest time ambulance services were not able to bill electronically, so you are saying that the 837 now is in place. I'm not that familiar with individual people doing the billing, is there any paper requirements for that? And, for example, does that 837 go straight to for example, when you bill Medicare for a GY modifier or a downgrade, does it automatically kick over to Medicaid this way, that's the way it used to be, does your system allow that?*

Mr. Degliumberto replied: *So, our system, we're not connected into a clearinghouse per se, but the EMS provider would submit the electronic 837 to us. We have a system and a process where they enroll with us, we set up the file transfer information and they submit that 837 directly to us. We process it and provide back response files, error files, that would be via the provider portal or through our secure FTP sites. Its not like a clearinghouse where that is being worked through. I think one of the challenges that we have seen with onboarding ambulance providers is the challenge of getting their software systems to adapt to change to get their systems provision to be able to submit that data directly to us. We have heard that as well. We also need help getting the word out. So that is something, I don't know if we can work with the EMS Association to get into the next newsletter to talk about the ability to submit claims electronically this way. We are more than happy to work with any ambulance provider to help set up that process and walk them through the details. It's a field of dreams type of thing, we've got it, we just now need to get ambulance providers enrolled and using the process. It definitely beats a paper 1500 form.*

Mr. Miller responded: *And we would gladly put in any announcements you want into our newsletter, just give them to us. Do you have any idea what how many, percentage of ambulance providers are billing electronically?*

Mr. Degliumberto replied: *So, there's one, I don't know the percentage but there is one.*

Mr. Miller replied: *Just one provider?*

Mr. Degliumberto responded: *Just one provider.*

Mr. Miller asked: *Finally, we have two issues that I recently heard come up. I understand for ambulance providers in particular, I don't know if this is the case with wheelchair or ambulatory but, two parts. The first obviously does not have anything to do with ambulatory or wheelchair but the billing for oxygen, I understand was changed that it has to become a two-step rather than a one-step process. If you could let me know why that occurred. Someone from Medicaid did*

reach out to me yesterday late but I have not been able to get back to them. Perhaps you could fill me in on that.

My second question is evidentially that providers are now having issues with Southeastrans paying for homeless people that do not have home addresses. From what I could determine that is because they are not accepting scene as a proper pickup location, I may be wrong on that. Do you have any information on either of those two issues?

Ms. Lux responded: The Mediciad reimbursement team has been working with their actuary and rate setting partner on how we could come up with a rate setting fix on this. There was a meeting yesterday, so I am assuming that is why you were contacted with some questions on it. We are working on that internally here separately from SET. I will get you an update as soon as I get more information from them. I will turn the homeless question back over to Jim.

Mr. Degliumberto responded: Gary, we may need to take that offline to get further details on those claims. If it was an eligible member in our system that we receive the enrollment files and we've got the ability to schedule that ride or postdate service that ride, or I don't think that would be an issue it may be address related. If the address is not properly documented, then I think we need to dig into some of those claims to see what is going on there. I can reach out to you after this call or have Mike Hanner reach out to you to get some of the details regarding that.

Mr. Miller replied: That would be great, thanks. That's all I have.

Kristen LaEace asked: Good morning, I think you've answered in some of your responses to Gary, a few of my questions that I am going to just doublecheck my understanding. The going back to your conversation about your technology platform. I think I heard you say that if it is connecting with the rideshare partners in your network, then that data is being captured. I think at one point, and I wonder if that is still happening, there was kind of like a friends and family reimbursement available and I wonder if that data is also being captured in the platform?

Mr. Degliumberto replied: That data is captured in the platform, yes.

Ms. LaEace asked: So, any ride that is reimbursed, that geolocation, all that stuff, works for that as well?

Mr. Degliumberto replied: No, the friends and family is captured in the InSight system, the core reservation system. The mobile application, the geocoding, the time stamp, is for the traditional transportation providers performing those trips, not necessarily for the friends and family.

Ms. LaEace asked: Okay, but other than the geolocation, is all the other data similar for the friends and family and for the rideshare partners?

Mr. Degliumberto replied: Yes

Ms. LaEace asked: *Then for the nursing facilities that are providing their own transportation, is it accurate that they are considered a provider and all that data is captured in your system?*

Mr. Degliumberto replied: *Yes, they are.*

Ms. LaEace asked: *Alrighty, so, when I was looking for the difference in the ride volume, after the pandemic, I wondered if there wouldn't have been any affect for nursing facilities picking up their own transportation, is that accurate? That would not have contributed to the lower ride volume.*

Mr. Degliumberto replied: *No, those trips would have been documented in our system and included in those counts.*

Ms. LaEace asked: *Okay, the last question I have, is there any data related to ride completion that is in terms of consumer experience and be either picked up on time or no show, etc. Is there anything you are not capturing right now that you wish you could capture. Do you feel you have the various indicators covered?*

Mr. Degliumberto replied: *There are some additional things we would like to capture going forward to get a better feel for that member experience. One of the things we are promoting in 2023 is the member app. It is out today on the Apple and Google play store today. It is not used as widely as we would like it to be. I think it would help add to that member experience. It will take the geocoding information of those vehicles when a transportation provider is assigned a trip and running with our application, it could be a rideshare program such as Uber or Lyft, it could be a third-party vendor, a transportation provider is using a third-party application that is interfaced with us, and that data will be presented back to the member in their member app which would give them additional information about their trip such as who the provider is, where they currently are, and where the vehicle is currently while en route to them, which could potentially reduce calls into the call center because you're not calls to where's my ride. You can use the app to find where they are. There are potentially advantages for push notification, which I think would add to the member experience. You have to have that interconnected technology solution where everyone is using technology to help facilitate the data back and forth. There are a lot of things that I think could be enhanced to make that member experience even better.*

Ms. LaEace asked: *Knowing how I use rideshare, that would be awesome. Maybe this is a question for FSSA but related to the ability to have that kind of app enabled device, is there an opportunity for the state to subsidize a smart device for those consumers?*

Ms. Lux answered: *That is not something that we have looked at yet Kristen.*

Ms. LaEace replied: *Thank you.*

Mr. Degliumberto replied: *I will say that a smart device would be ideal, it would definitely give you the full breath of all the applications but even just SMS notifications on a non-smartphone, although I don't know if there are that many non-smartphones in use today. Even if you still have*

a flip phone, which they still sell, just getting a text message that your drivers en route, those options are available through the technology.

Mr. Miller asked: *Lindsey, the oxygen issue that we have talked about, there's been a lot of service that have not been paid for oxygen previously, would that be a Trevor question on how to provide to talk to him to get those providers reimbursed for those old trips?*

Ms. Lux answered: *I think we'll need to talk to Kathy Leonard, our actuary and Director for Reimbursement to come up with a plan. She and her team are the ones who are looking into the issue right now for you.*

Mr. Miller responded: *Okay*

NEMT Broker and Procurement - Jami Sayeed, FSSA

Ms. Sayeed provided background on the NEMT program and details on the Request for Proposal (RFP) timeline, how the current Scope of Work (SoW) was developed, and alternative payment strategies for nursing facilities. (see Presentation for details).

The RFP was released on the Indiana Department of Administration's (IDOA's) website on the December 13th. Responses are due on February 17th. Responses will be evaluated in April and the award will be announced by June. The NEMT Commission should expect an update at our next meeting.

Ms. LaEace asked: *I just had a quick question on the RFP, what was the difference between the Ombudsman and the member advocate?*

Ms. Lux replied: *Unfortunately, I cannot answer specific questions about the procurement.*

Ms. LaEace replied: *Okay, thank you.*

Mr. Miller asked: *It's kind of disappointing, this whole Commission was set up by the Legislators to meet at least twice a week and it was interesting that FSSA decided to go with the minimum amount of meetings. And then what bothers me is that something as large as a RFP going out, we're not even considering. I see that you have contacted at least five other States, but you never provided your own Commission with questions or concerns or comments regarding this. The same thing occurred when there were three major grants that went out for vehicle purchases and those were never ran by this Commission at all. All of us who dedicate some time to serving on this Commission do so because we want to make improvements in this, and we want to see the help in that. One of my biggest concerns is that, I would really like to, a few meetings ago and I have raised this a couple of times was to try to carve out ambulance services out of the RFP for the NEMT contract and there are several reasons for this, and I am curious is if there is an ability to still get ambulance services carved out. First of all, emergency EMS calls are already not included in this contract, the entire reason that this broker service was developed was the result of issues with wheelchair and ambulatory issues and very minor issues with ambulance. The way that oxygen is being charged also requiring us to go through different hoops and*

they're not even paying for now because of the confusion with ambulance service. SET and I'm sure the major, the majority of people who are going to be bidding on this, their percentage of calls that are ambulance compared to wheelchair and ambulatory are minor so that obviously creates an issue because they're just not used to the intricacies of the ambulance and of items and regarding the work within the RFP, ambulances are not inspected by this contract, they're done by the Department of Homeland Security, which is great, I like that, but they don't do any inspection, they don't do any control of it, so it's not creating any benefit for the State. The same goes with prior authorization and other stopgap measures that are part of the wheelchair and ambulatory process but are basically nonexistent on the ambulance side. We see that problems with electronic billing is still occurring, again, I think their process that is currently being used and I am sure that the new RFP is going to relate this, is, the ambulance, I'm sorry, the ambulatory and wheelchair billing process and electronics seems to be well managed but on the EMS side it's been nothing but a disaster. And, what's the results of this is that when the hospitals are trying to get discharged patients and I noticed that you included that in the RFP, um, there are so many more hoops that they have to go through that the end result is patients are not being able to get discharged in time from hospitals which means that Medicaid has to come up with more money to reimburse the hospitals, so I don't know if I can make a motion in this Commission. I don't know what the rules or status is or anything like that, but I sure would like to make a motion that we, what we carve out ambulance providers for EMS stretcher trips from this RFP.

Ms. Lux replied: So, Gary thank you for your comments, we cannot entertain a motion such as that in regards to the procurement. What you can do is submit those comments to the IODA and there are instructions in the procurement package for doing so.

Mr. Miller asked: Okay, did, have you sent out the procurement package to us Commission members?

Ms. Lux replied: It's posted on the IDOA website

Mr. Miller asked: Okay but it hadn't been distributed to us? We shouldn't find out something like this by, and I find it interesting that this was released one week before we were scheduled to meet. FSSA could have released, called this meeting at any point in time, they could've called it a month ago, but what they did, is they, and I feel like they are purposely trying to keep us out of the discussion, um, but something as big as this should have been run by us prior to it being released.

Ms. Lux replied: I will make sure the link to the procurement is posted for all of you and you will receive that directly. Gary, there was no intent to mislead, I think that the rules around procurement make it a little bit more difficult with this, because we have a vendor on the Commission and so, there are some things that make that a difficult situation. I am happy to talk with anyone on the Commission if you'd like to reach out to me and we can have a conversation. But if you have specific questions about the procurement or the solicitation or comments, those have to go to the Department of Administration, so I will make sure that you have that link too.

Mr. Miller replied: *I appreciate that. Do you know if FSSA is pushing for inclusion of ambulance or are they totally against it, or are they flexible on this?*

Ms. Lux replied: *I cannot answer that question Gary, I'm sorry.*

Mr. Miller replied: *Alright, thanks.*

Ms. Lux replied: *Sure. With that, I will adjourn the meeting for today. Thank you all for your participation, look for some follow-up, for Commission members look for a follow-up message. Thank you for your time and Happy Holidays.*

Mr. Miller asked: *Do we have meetings for next year set? The dates?*

Ms. Lux replied: *There is not one scheduled yet, but we will schedule one.*

Mr. Miller replied: *Thanks.*

Ms. Lux replied: *Thank you.*

Meeting was ended at 10:11am.

Commission materials, including presentations referenced above, will be available at:
<https://www.in.gov/fssa/ompp/non-emergency-medical-transportation/nemt-commission/>