



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

November 8, 2019

*Indiana State Library History Reference Room
315 W. Ohio Street
Indianapolis, IN 46202*

Members Present

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

Welcome and Introductions

Dr. Sullivan acknowledged and paid tribute to Dr. Mo. Commission members introduced themselves. Dr. Sullivan reviewed the processes and ground rules for the meeting. She stated that the Power Point presentations from today will be posted to the FSSA website at <https://www.in.gov/fssa/ompp/5725.htm>

Indiana NEMT Operations Independent Review

Manuel Mendez of the Governor's Office introduced Mark Podrazik, President of Burns & Associates to provide an interim report on the independent third party review of Southeasterns, Inc.'s operations. Burns & Associates is a consulting firm whose clients include State Medicaid and other social service agencies. Mr. Podrazik has over 22 years of experience managing projects with Medicaid agencies in 15 states. His firm has worked in a total of 33 states. A primary focus for Mr. Podrazik has been the evaluation of public programs. Burns & Associates is a CMS-approved External Quality Review Organization which meets the competence and independence requirements set forth in the Code of Federal Regulations. He has served as manager of the External Quality Review Organization's (EQRO) review of Indiana's Medicaid managed care programs since 2004. They perform the annual external quality review and other EQR-related activities according to Federal regulations. As the EQRO, they validate information, data, and procedures to determine the extent to which they are accurate, reliable,



free from bias, and in accord with standards for data collection and analysis. Mr. Podrazik has experience as an EQRO validating data and assessing quality related to improving health outcomes of members.

Burns & Associates also conducts the annual independent report submitted to the Centers for Medicare and Medicaid for Indiana. He has authored the independent evaluation of Indiana Medicaid's Children's Health Insurance Program submitted to the Legislature since 2001. Other independent evaluations for Legislatures include evaluations of state insurance expansion programs in New York and Oklahoma, the claims processing functions of MCOs in Louisiana, and the effect that a minimum wage increase had on access to in-home services for Medicaid beneficiaries in Arizona. He is currently evaluating the methodology and rates paid for all services delivered by Delaware's Health and Human Services agencies for a report to its legislature next spring.

For State Medicaid agencies, he has conducted evaluations of program operations such as a review of the prior authorization function at Ohio Medicaid and a review of case management functions at Vermont Medicaid. Other work that Mark conducts for states includes setting rates paid to providers. Among the many rates he has set, he convened NEMT providers in Vermont and worked with its Medicaid agency on a new payment framework. Mark and his team also submitted a report on NEMT under its contract with the Medicaid Payment Advisory Commission (MACPAC).

The purpose of the State's engagement is to have an independent reviewer assess the data, reporting and operations regarding trip utilization and operational metrics reported to the OMPP as part of its oversight of Southeastrans, Inc. Burns & Associates is engaged with the OMPP and the Family and Social Services Administration (FSSA) under two contracts in which Burns & Associates is required by the Centers for Medicare and Medicaid to attest to its independence as a reviewer. The first engagement is the annual review of the OMPP's contracted managed care entities. The second engagement is the evaluation of the FSSA's waiver for the expansion of SUD services. Under both engagements, Burns & Associates submits reports to the Centers for Medicare and Medicaid (CMS).

Mr. Podrazik's presentation is available at <https://www.in.gov/fssa/ompp/5725.htm>.

Discussion after the presentation included a question about the NEMT experience prior to a broker. The level of detail that Mr. Podrazik shared is not available before 6/2018. Concern was voiced about the difficulties that nursing facilities have securing rides. Many facilities reportedly have stopped requesting rides from the broker and would like to be paid for rides. Mr. Podrazik shared the high demand for wheelchair rides and that NEMT is intended for members who have no other options.

Additional detailed information was requested regarding no-shows for trips, particularly for nursing facility residents to determine why members are no-shows. What prevents a provider from indicating that it is a member no-show versus a provider no-show? What

reporting/documentation is given to the member regarding if they were a no-show? It was suggested that breaking out pharmacy and physician/clinic claims would be helpful. Data was requested on how many trips were submitted with less than 48 hours and how many people are getting calls back regarding no provider available.

Dr. Sullivan indicated further questions could be submitted in writing to her and all will be addressed.

NEMT Program Updates

Dr. Sullivan provided an overview of the 16 process improvement work streams that the FSSA staff and stakeholders have been working on this year. Two of the work streams are pilot programs being tested. Others include recruiting nursing facilities as transportation providers, improvements to the Southeasterns provider portal, a review of the ride scheduling process for nursing facility residents, a review of transportation provider enrollment and credentialing, implementation of SEA 480 requirements, transportation provider recruitment, dialysis solutions, member engagement and education. Teams are working on reimbursement work streams related to NF transportation and EMS. Teams have concluded work on the NEMT rate increases authorized by the 2019 Legislature and increased wheelchair rates 25% effective 10-1-19. Future work streams will focus on ending special processes for nursing facility residents, ride acceptance policies and the ride request process for community members.

It was requested that additional outreach occur with providers who work with individuals with ID/DD to provide provider education.

Dr. Sullivan's presentation is available at <https://www.in.gov/fssa/ompp/5725.htm>.

SEA 480 Medicaid Fee-For-Service Non-Emergency Medical Transportation Claim History 6/2016 through 5/2019 Review

Vickie Trout, Special Projects Director for Indiana Medicaid presented an overview of the data in the SEA 480 Medicaid Fee-For-Service Non-Emergency Medical Transportation Claim History 6/2016 through 5/2019 Review which was sent to Commission members on September 30, 2019.

Ms. Trout's presentation and the full claims history report are available at <https://www.in.gov/fssa/ompp/5725.htm>.

NEMT Contract Withhold Provision

Allison Taylor, Indiana Medicaid Director reported that Southeasterns, Inc. has not requested a payment from the withhold amount. No action is required by the Commission at this time.

The contract pay for performance metrics is paid from the amount withheld from the monthly capitation payment.

Discussion/Recommendations

Calls to Commission members related to members who are not getting trips may be directed to the FSSA Legislative Liaison, Gus Habig. Dr. Sullivan encouraged the group to use this channel to ensure issues are being reported correctly, and that these issues are always followed up. Continued concerns were acknowledged by Dr. Sullivan and having all the information will help things get better.

It was suggested that DD providers could not become part of the SET network, possibly due to issues of reimbursement. It was suggested targeting outreach to DD providers.

Dr. Kaufman noted that EMS must provide NEMT to stay fiscally afloat. He thanked Dr. Sullivan for making changes, such as the Hospital to Hospital transfers and the 911 calls not being downgraded. He suggested that the percentage of claims from EMS providers seems low and needs a deeper dive.

Data indicated that nursing facility resident trips went from 17,000 to 12,000 trips. It was recommended that the reasons for the decline be researched. Seems to be a mismatch with experience from what report says to actual experience. Dr. Sullivan said that we continue to work through work streams and looking at data integrity, and continue to work on making things such as NFs as transportation providers being as easy as possible.

When asked about the status of the Commission's recommendations, Dr. Sullivan said this body can make recommendations and all recommendations will be addressed.

When asked if there was an opportunity to do a deeper dive of the providers and billing, then versus now, Dr. Sullivan responded that it is an ongoing process. However, there is enhanced scrutiny of safety requirements, insurance requirements, etc. and we must try to balance these issues with fiscal solvency. This, too, is ongoing process. It was noted that ambulance providers have not seen an increase in rates in 40 years even though wheelchair trips received a rate increase this year.

It was suggested that FSSA look at Transportation Providers who no longer serve Indiana Medicaid and compare to those who continue with the program.

Adjournment

The Commission was adjourned at 2:00 p.m.