
Independent Review of Non-Emergency
Medical Transportation in the
Indiana Medicaid Fee-for-Service System

BURNS & ASSOCIATES, INC.

Health Policy Consultants

November 8, 2019

Topics for Presentation

1. Background
2. Methodology to Conduct the Review
3. Utilizers of NEMT
4. Examination of Trip Requests
5. Profile of Providers Delivering NEMT
6. Assessment of Southeastrans Performance on Key Indicators
7. Validation of Measures
8. Recommendations to FSSA

Background

- FSSA hired Southeastrans (SET) to perform broker services to facilitate the delivery of the NEMT benefit to individuals enrolled in Fee-for-Service:
 - Contract began June 1, 2018.
 - Administered to FFS membership only. The Managed Care Entities have their own contracts with brokers.
- With the initiation of this contract, FSSA requested the following of SET:
 - Apply more rigor and oversight of transportation providers and drivers
 - Apply more rigor and oversight of members requesting / receiving NEMT
 - Adjudicate and process claims submitted for NEMT by providers
 - Develop operational protocols to make it easier for FFS members to obtain NEMT when it is covered (e.g., call center, dispatching)
 - Work with FSSA and providers to enhance the transportation provider base

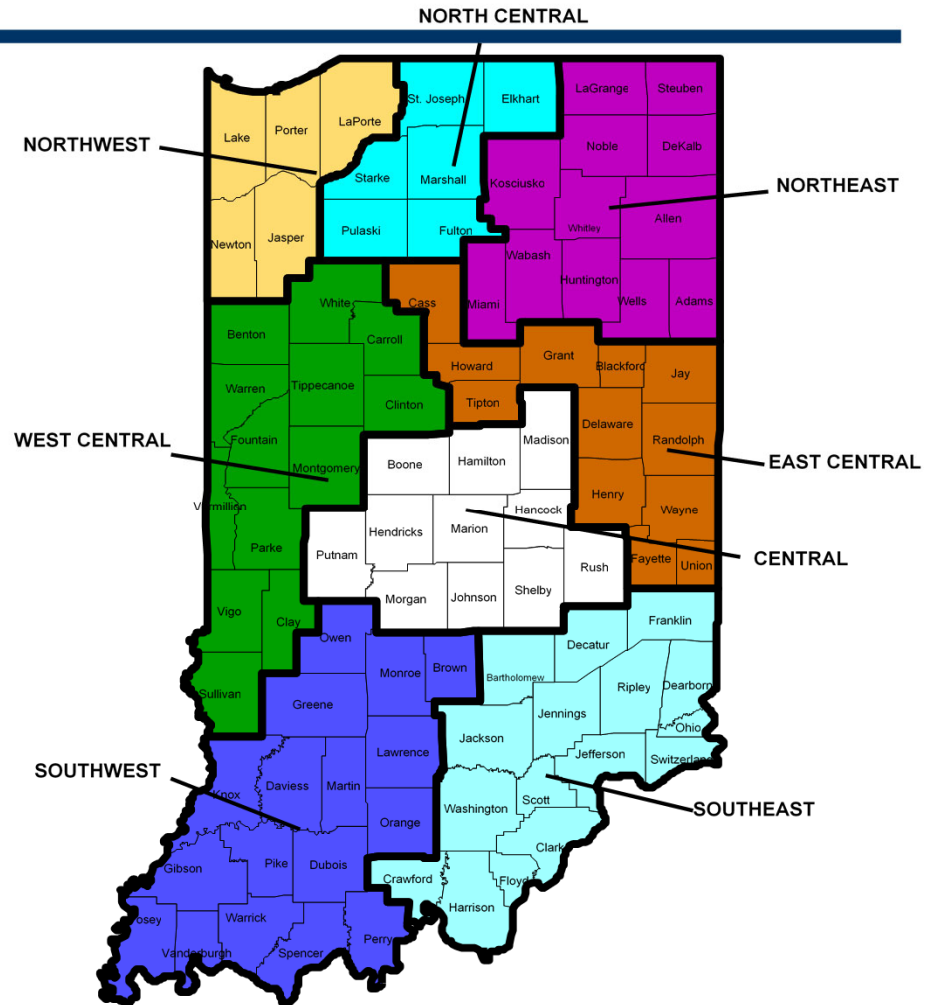
Methodology to Conduct the Review

- Burns & Associates (B&A) conducted the following as part of our review:
 - Reviewed Southeastrans contract for requirements and performance metrics.
 - Conducted two onsite visits to SET (Indy, Atlanta) to assess their operations.
 - Compiled and analyzed monthly reports submitted by SET to FSSA.
 - Separately compiled and analyzed source data submitted by SET to B&A.
 - Validated and compared OMPP reports to SET source files.
- Items still to be completed:
 - Compare Key Performance Indicators in OMPP contract with SET to other NEMT contracts.
 - Continue validation of SET source files to OMPP reports.
 - Pull samples to audit onsite at SET if requested by FSSA (e.g. vehicle compliance records, driver compliance records, complaints from members).

Define Regions

For analytics purposes, the 92 counties in the state were each mapped to one of 8 regions to conduct region-level analysis.

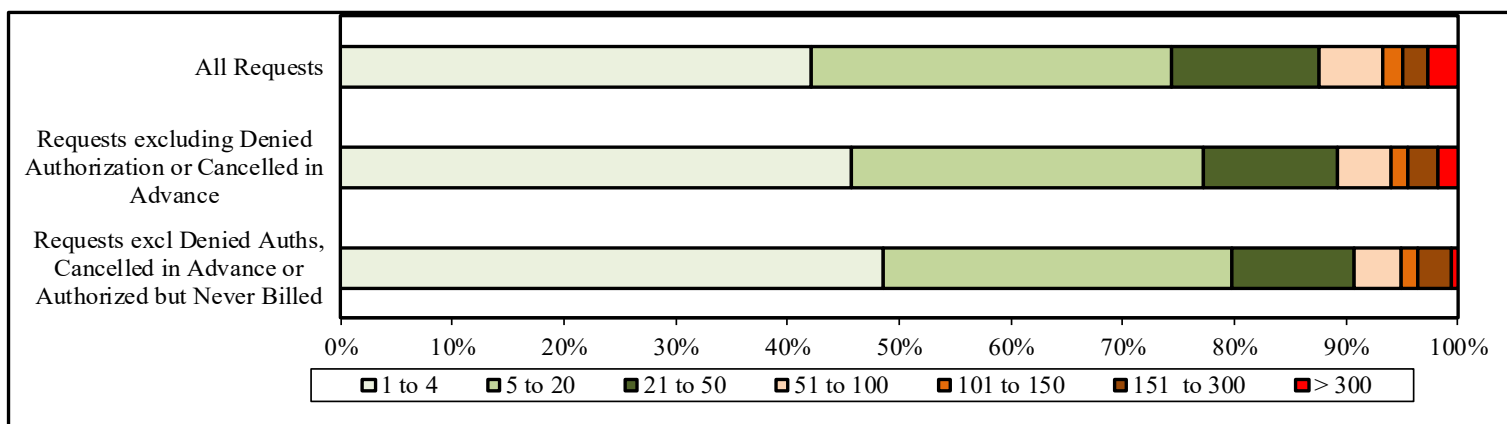
Regional results are defined by the member's home, not the provider's.



Utilizers of NEMT

- 31,172 users in recent 12-month period, but 38,966 requested services.
- The difference is those that were authorized but then cancelled or no show.
- 10% of members are ‘super users’ (more than 50 legs, or 25 rounds trips).

Percent of Individuals Requesting NEMT, By Number of Trip Leg Requests
Sept 2018 - Aug 2019



Number of FFS Individuals	1 to 4	5 to 20	21 to 50	51 to 100	101 to 150	151 to 300	> 300	Total
All Requests	16,418	12,547	5,137	2,233	746	852	1,033	38,966
Requests excluding Denied Authorization or Cancelled in Advance	15,712	10,796	4,142	1,626	531	908	615	34,330
Requests excl Denied Auths, Cancelled in Advance or Authorized but Never Billed	15,138	9,716	3,429	1,296	470	952	171	31,172



Examination of Trip Requests

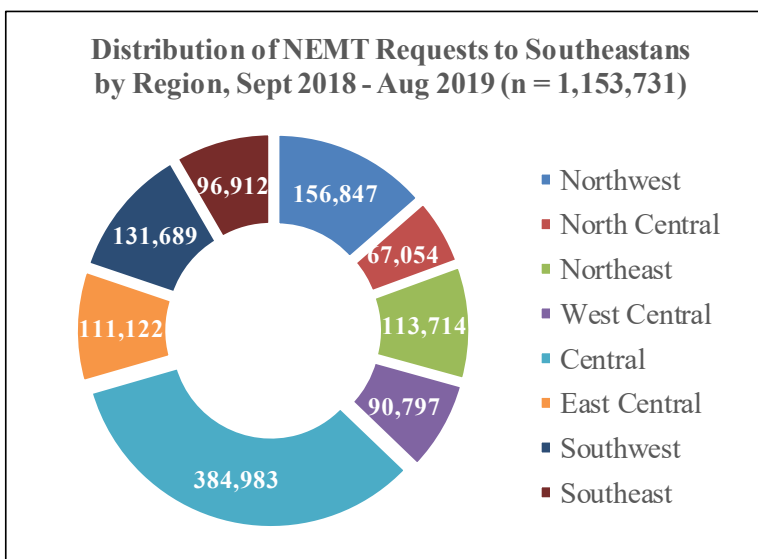
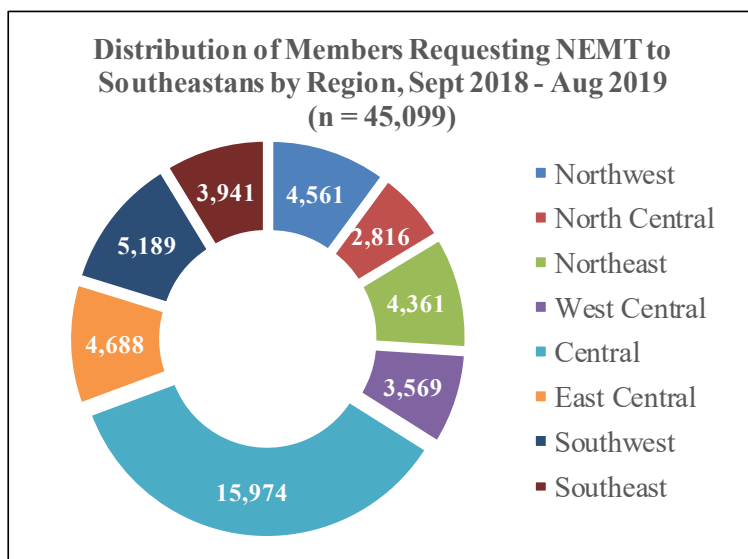
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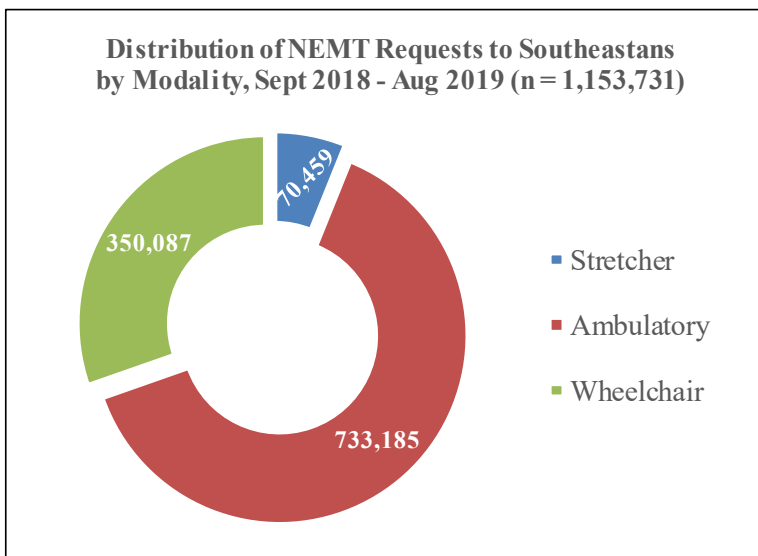
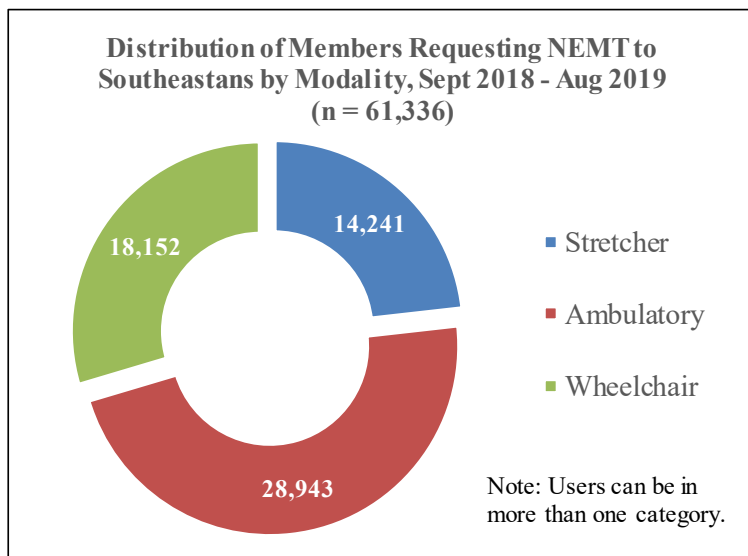
Requests by Region, Members and Trip Counts

- The distribution of members requesting and actual trip leg requests is proportional across the eight regions of the state.
- The 45,099 members in left exhibit is more than 38,966 on prior slide because some members are counted in more than one region if they moved within the state.



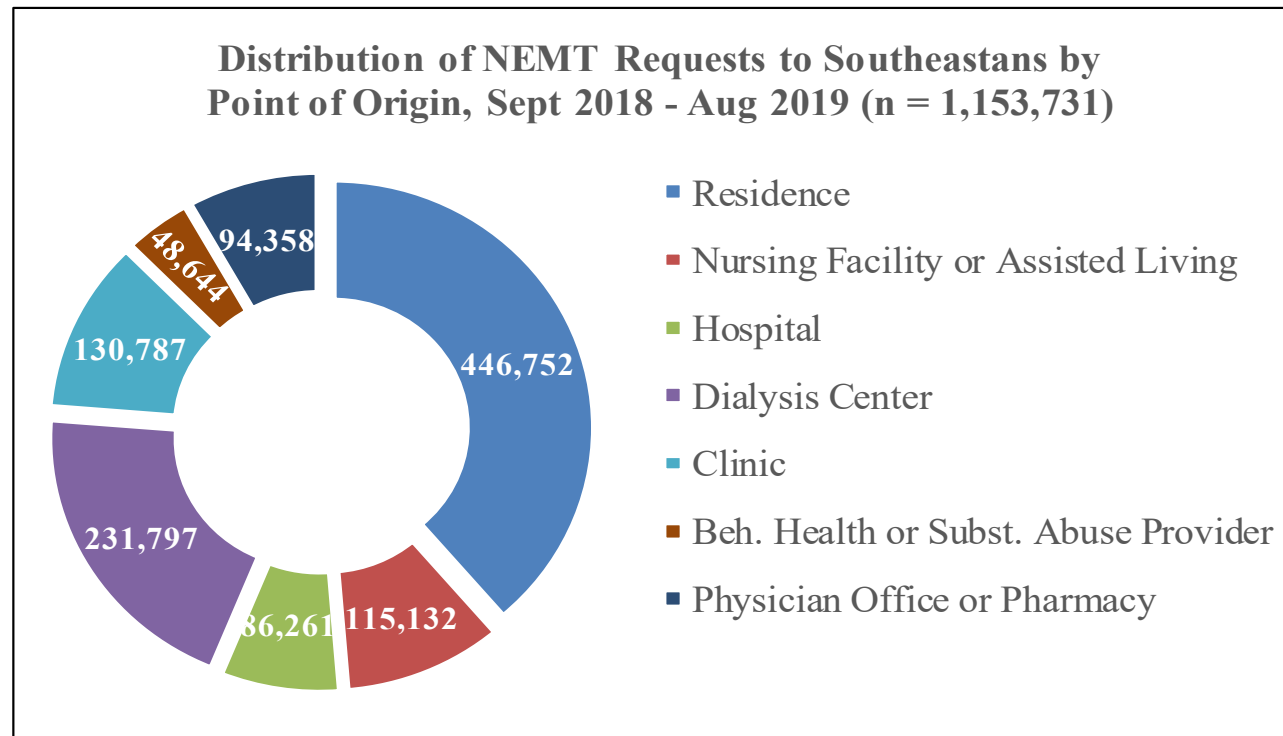
Requests by Modality, Members and Trip Counts

- The distribution of members by modality is 23.2% stretcher, 29.6% wheelchair and 47.2% ambulatory (non-wheelchair).
- The distribution by trip requests, however, is 6.1% stretcher, 30.3% wheelchair and 63.5% ambulatory.



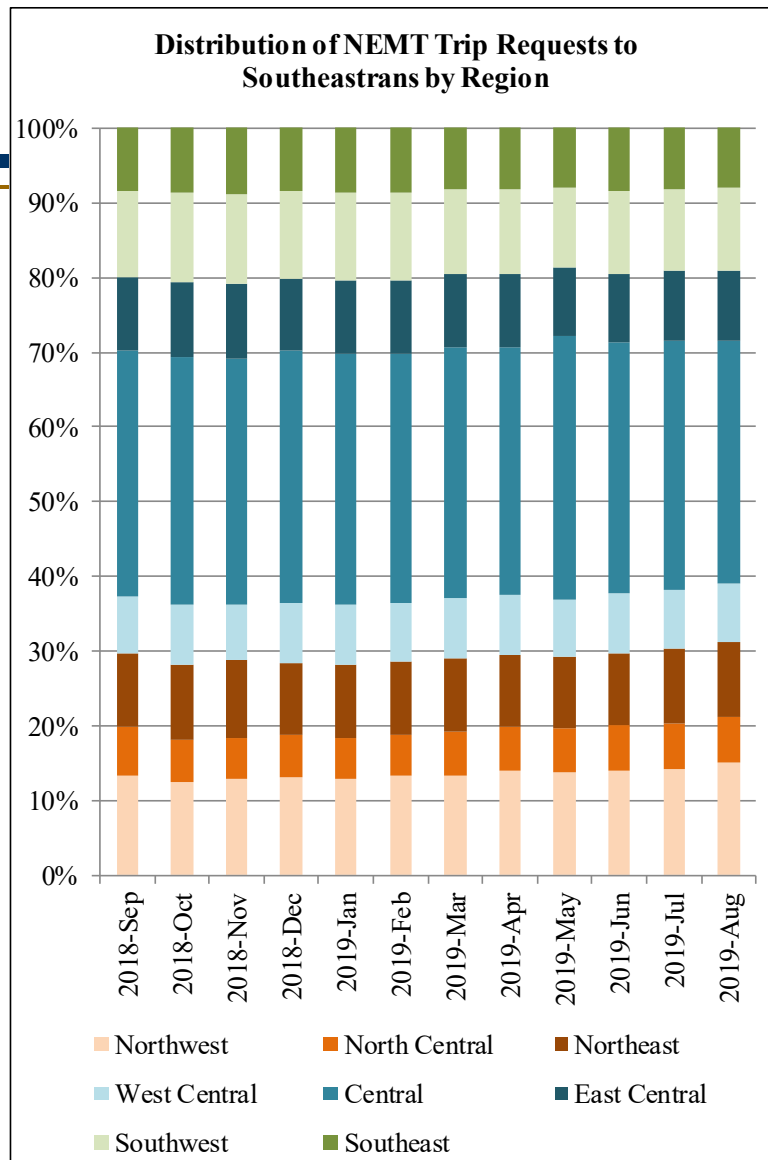
Requests by Point of Origin

- 38.7% of requests from residence, 10.0% from NF or Asst Living facility, 7.5% from hospital, 20.1% from dialysis center, 11.3% from clinic, 4.2% from behavioral health or substance abuse provider and 8.2% from physician office or pharmacy.



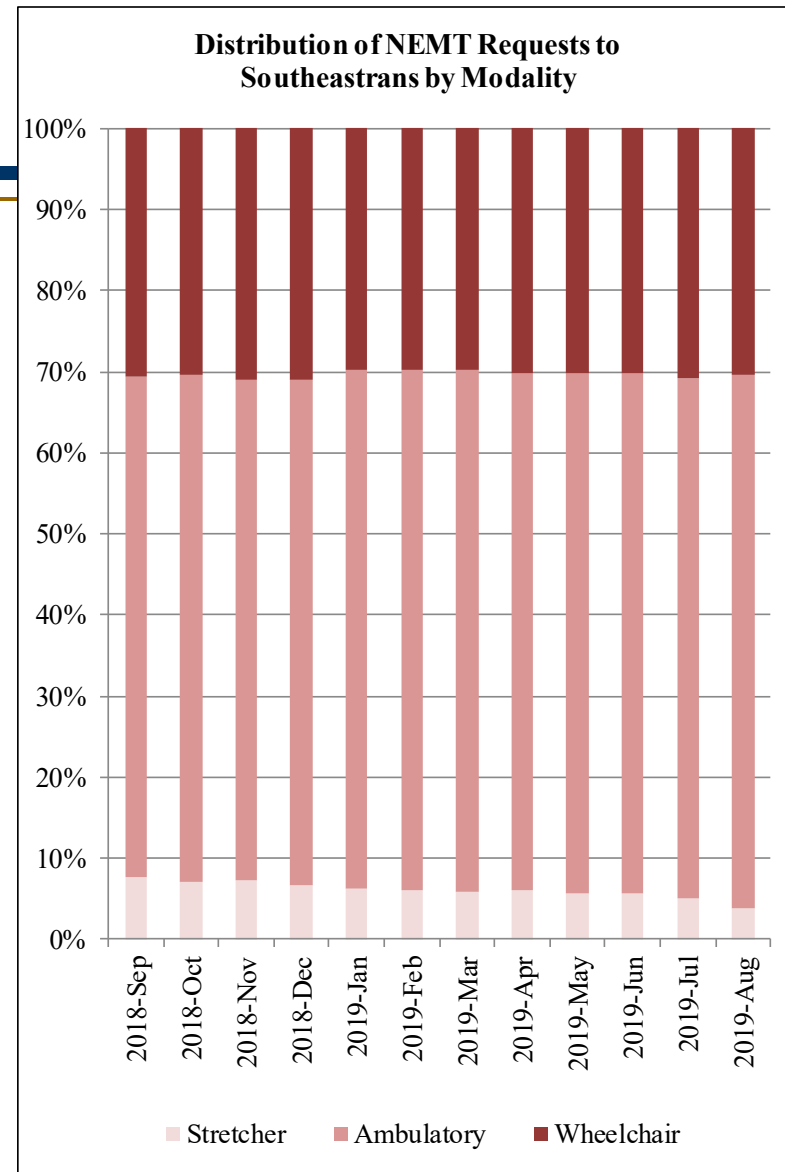
Requests by Region

- The requests for NEMT have been consistent across the eight regions of the state in the most recent 12-month period studied (Sept 2018 through Aug 2019).



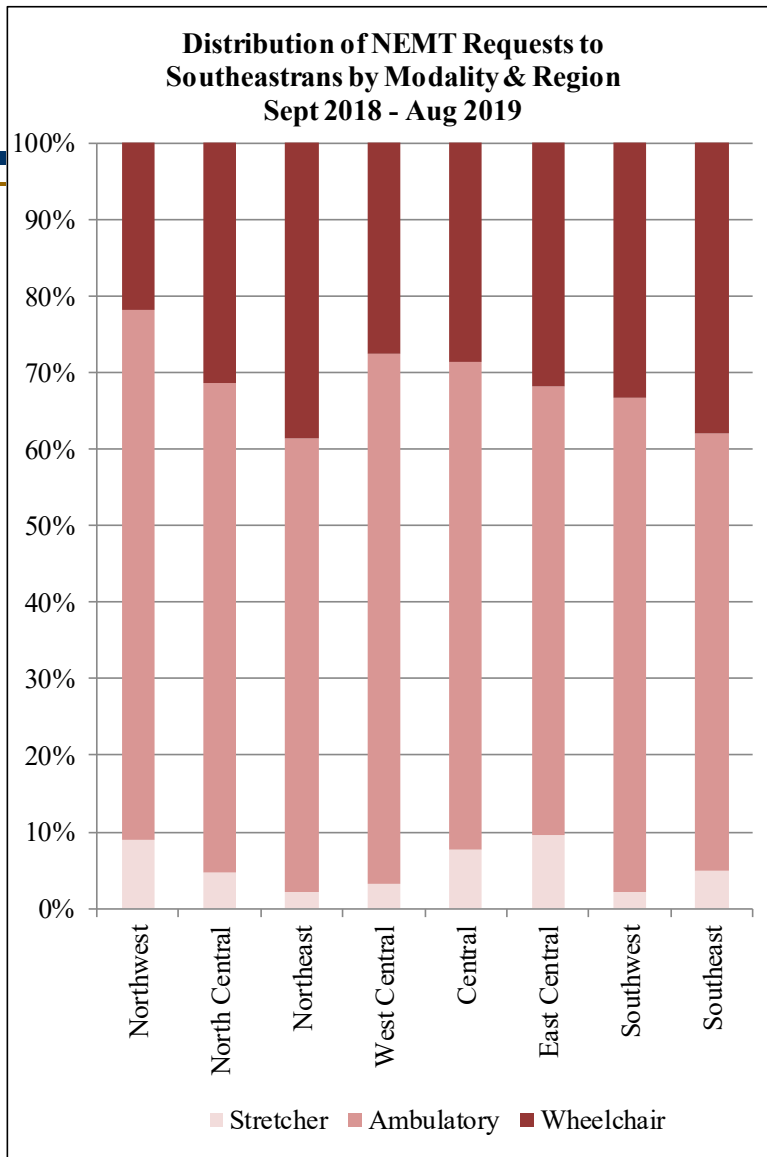
Requests by Modality

- The requests for NEMT using stretchers was as high as 7.6% of all requests in Sept 2018, but this continues to decrease as a percent of all requests.
- The requests for a wheelchair vehicle has been steady at 30% of all requests.



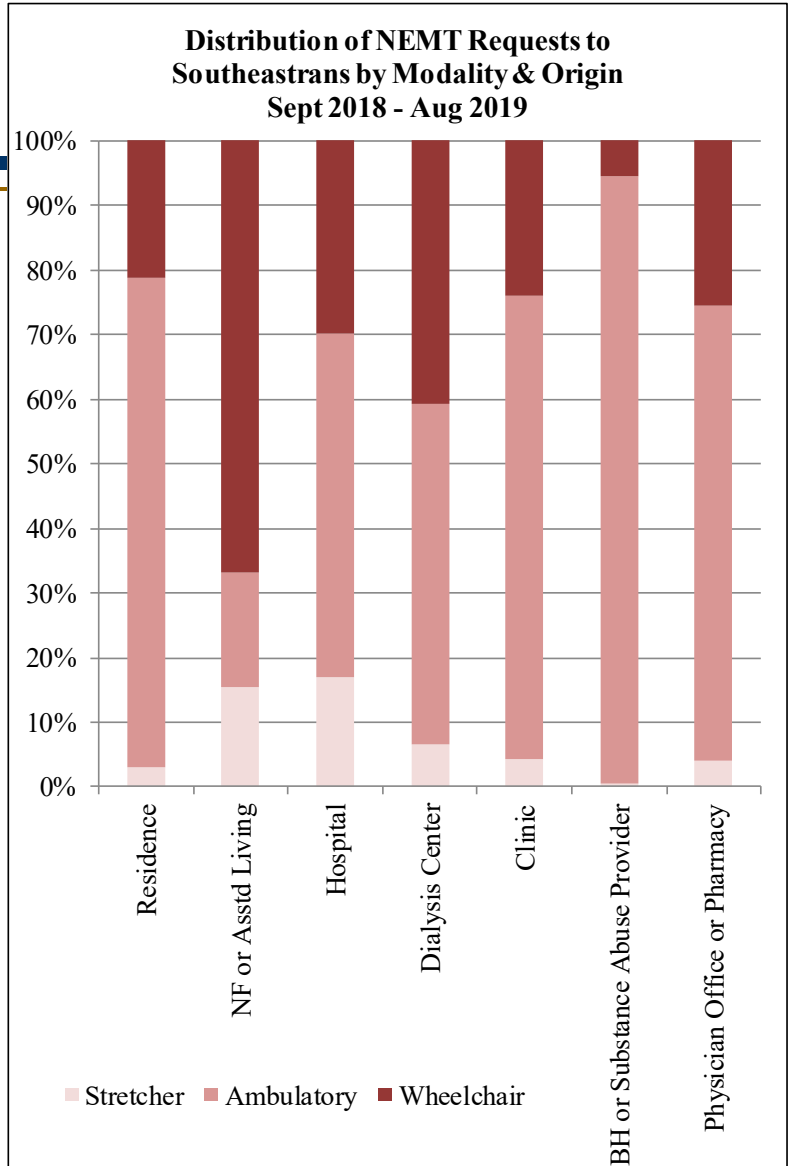
Requests by Modality/Region

- There is a greater need for stretchers in the Northwest and East Central Regions.
- There is a greater need for wheelchair vehicles in the Northeast and Southeast Regions.



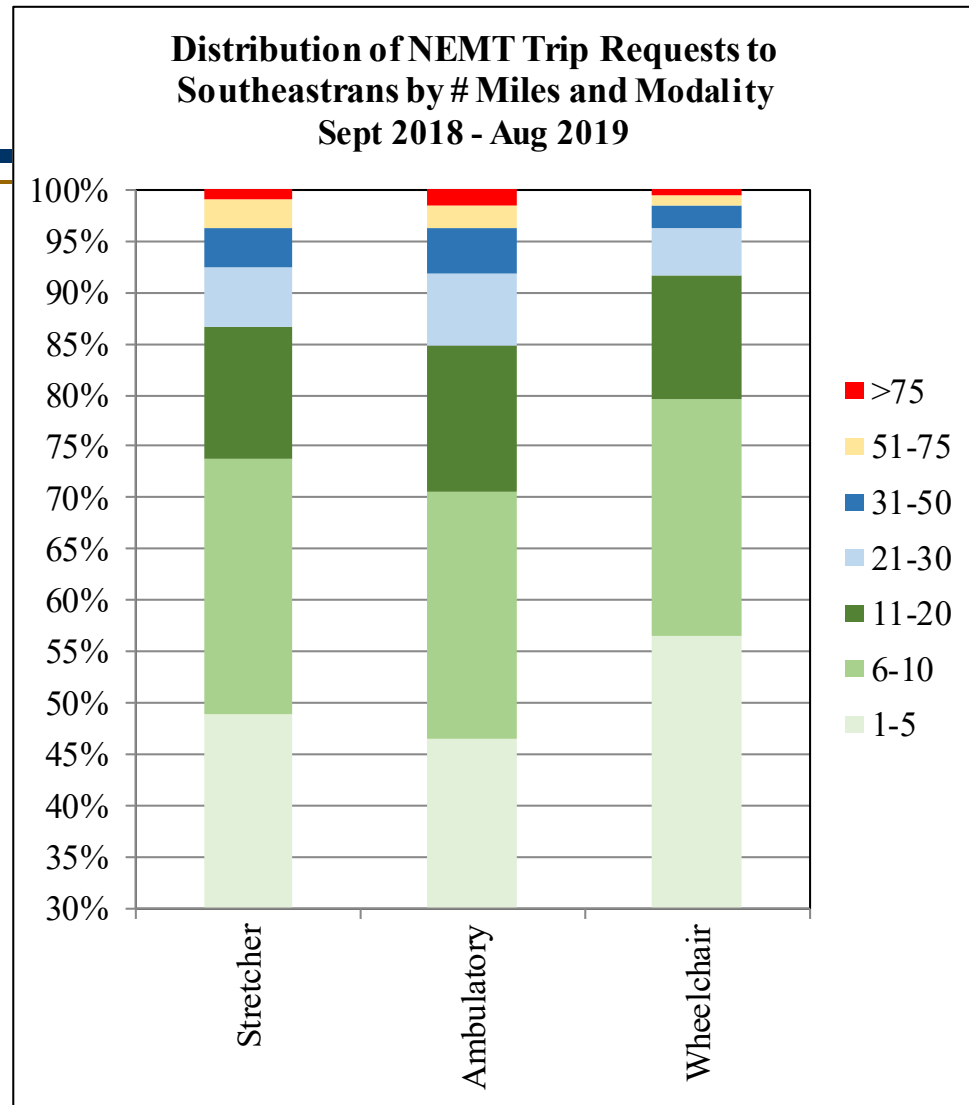
Requests by Modality/Origin

- Of all requests for NEMT where NF or Assisted Living is point of origin, 67% are for wheelchair vehicles. This compares to 21% from residential homes. Also, 41% of dialysis center pickups need wheelchair vehicles.
- Stretcher vehicles are requested 15% of the time from NFs/ALs and 17% of the time from hospital pickups.



Requests by Modality/Miles

- More than half of all NEMT requests are 1-5 miles from point of origin.
- There were 3.8% of stretcher trip requests in excess of 50 miles; for ambulatory vehicles, 3.8%; for wheelchair vehicles, 1.5%.

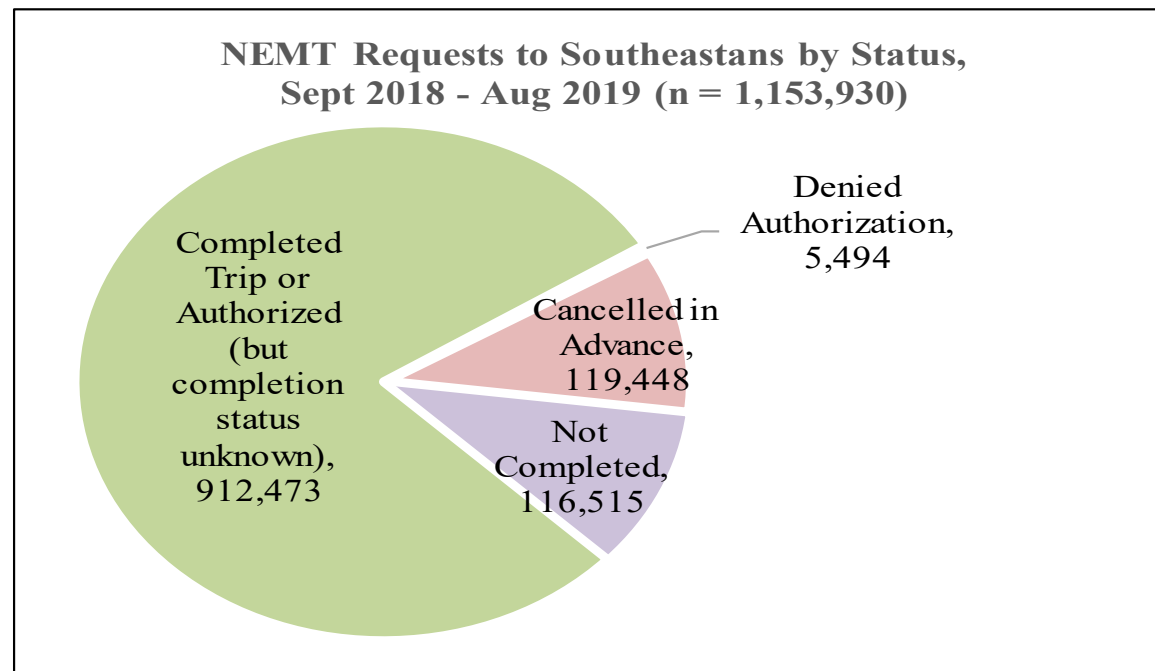


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Requests by Status

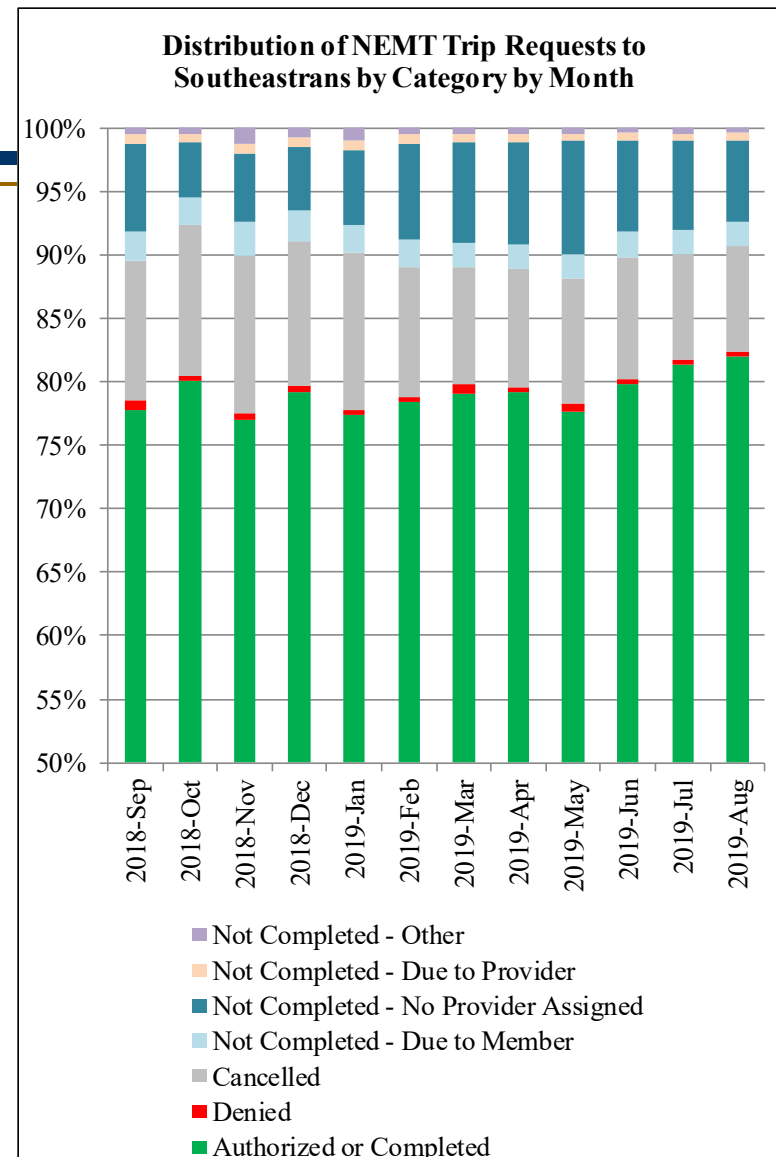
- Of more than 1.1 million NEMT requests in 12 months, 0.5% were denied due to lack of eligibility, not to a medical provider, etc.
- 10.4% were cancelled in advanced. 10.1% were needed but not completed. 79.1% were either completed, authorized but not needed, or last-minute cancellations.



Requests by Status/Month

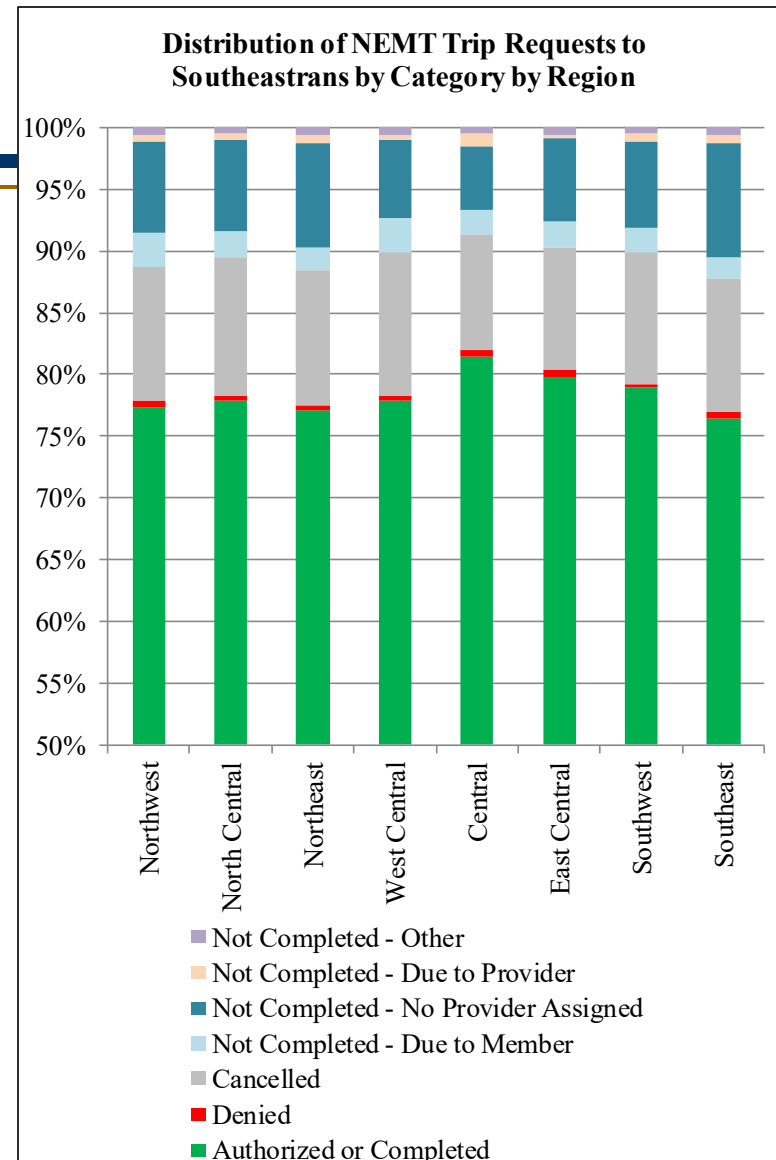
- By month, the percent cancelled in advance was between 8.3% and 11.0%. It has been going down every month since Sept 2018.
- The needed-but-not-completed rate was between 7.7% and 11.9% during this time period. Within these,
 - Approx. 2.5% of the time it was due to the member (no show, sick, deceased).
 - Approx 0.8% of the time was provider no show.
 - Approx 7% of the time was because SET could not arrange for a provider.
 - Approx 0.5% was various (inclement weather, holiday).

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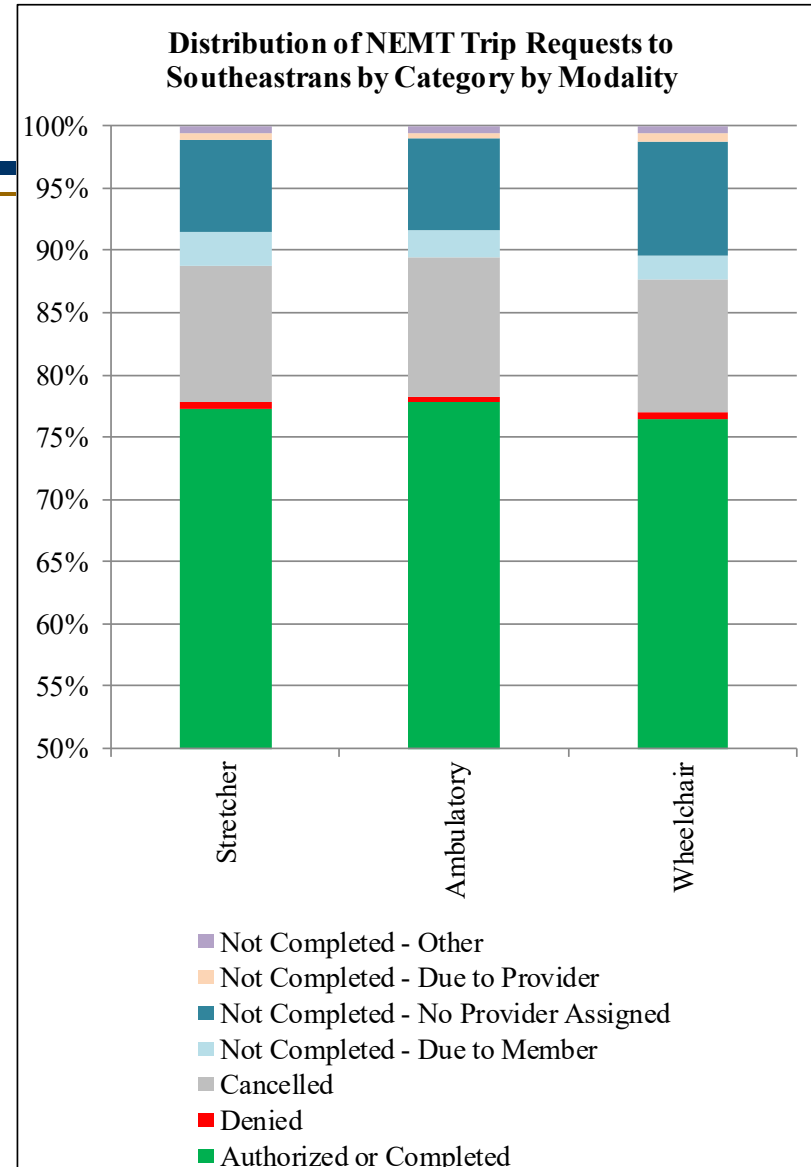
Requests by Status/Region

- Over the entire 12-month period studied, the needed-but-not-completed rate (top part of each bar) was lowest in the Central Region (8.6% of all requests) and highest in the Southeast Region (12.3% of all requests). Within these,
 - The percentage where SET could not arrange for a provider was from 5.1% (Central) to 9.2% (Southeast).



Requests by Status/Modality

- Over the entire 12-month period studied, the needed-but-not-completed rate (top part of each bar) was 11.3% for stretchers, 10.6% for non-wheelchair vehicles, and 12.3% for wheelchair vehicles.
- Within these, the percentage where SET could not arrange for a provider was 7.4% for stretcher, 7.4% for ambulatory vehicles and 9.2% for wheelchair vehicles.



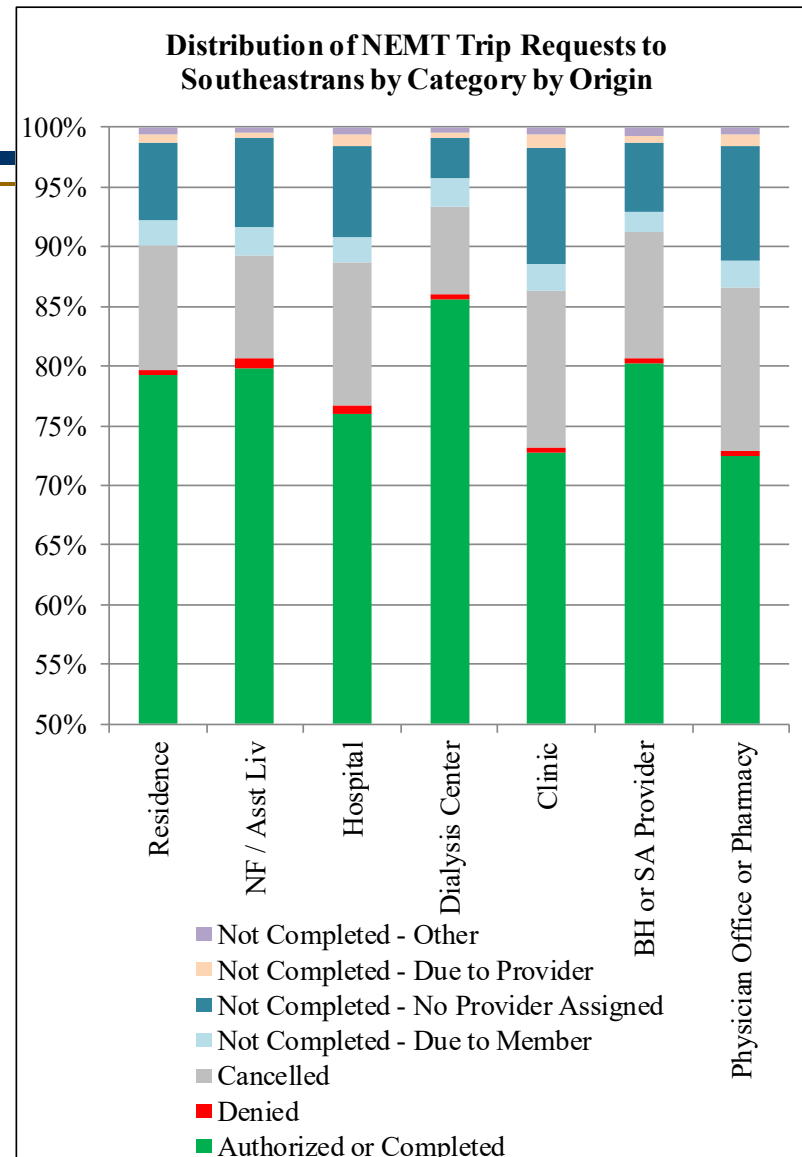
Requests by Status/Origin

- Over the entire 12-month period studied, the needed-but-not-completed rate (top part of each bar) range was from 6.7% from dialysis centers to 13.7% for clinics. From residence was 9.8%; from NFs was 10.7%.
- Within these, the percentage where SET could not arrange for a provider was:
 - 6.6% from residences
 - 7.5% from NFs/ALs
 - 7.7% from hospitals
 - 3.4% from dialysis centers
 - 9.8% from clinics
 - 5.7% from BH or SUD providers
 - 9.6% from physician offices or pharmacy

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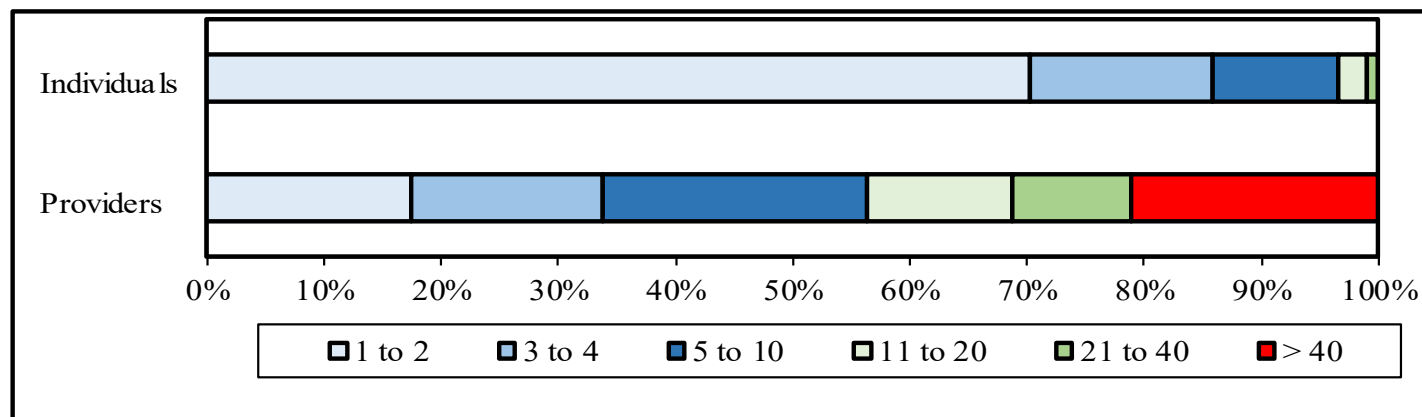
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Member and Provider No Shows

- Among the 4,034 members with no-shows, 14% are ‘chronic’ (5 or more in the year).
- Although the overall no-show rate among providers is low (<1% of all trips scheduled), among the 195 providers with no-shows, 66% are ‘chronic’ (5 or more in the year).

**Percent of Individuals/Providers with No Shows, By Number of Trip Leg Requests
Sept 2018 - Aug 2019**



	1 to 2	3 to 4	5 to 10	11 to 20	21 to 40	> 40	Total
Member	2,832	635	425	105	34	3	4,034
Provider	34	32	44	24	20	41	195

Profile of Providers Delivering NEMT

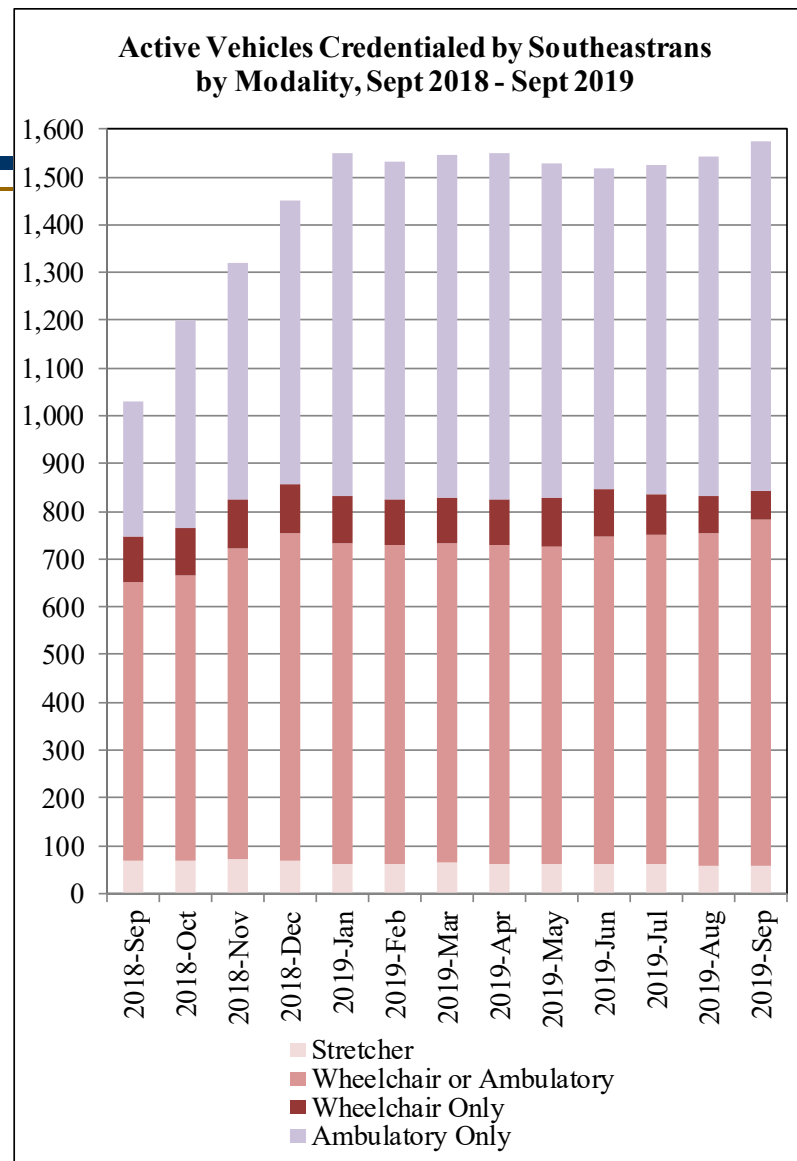
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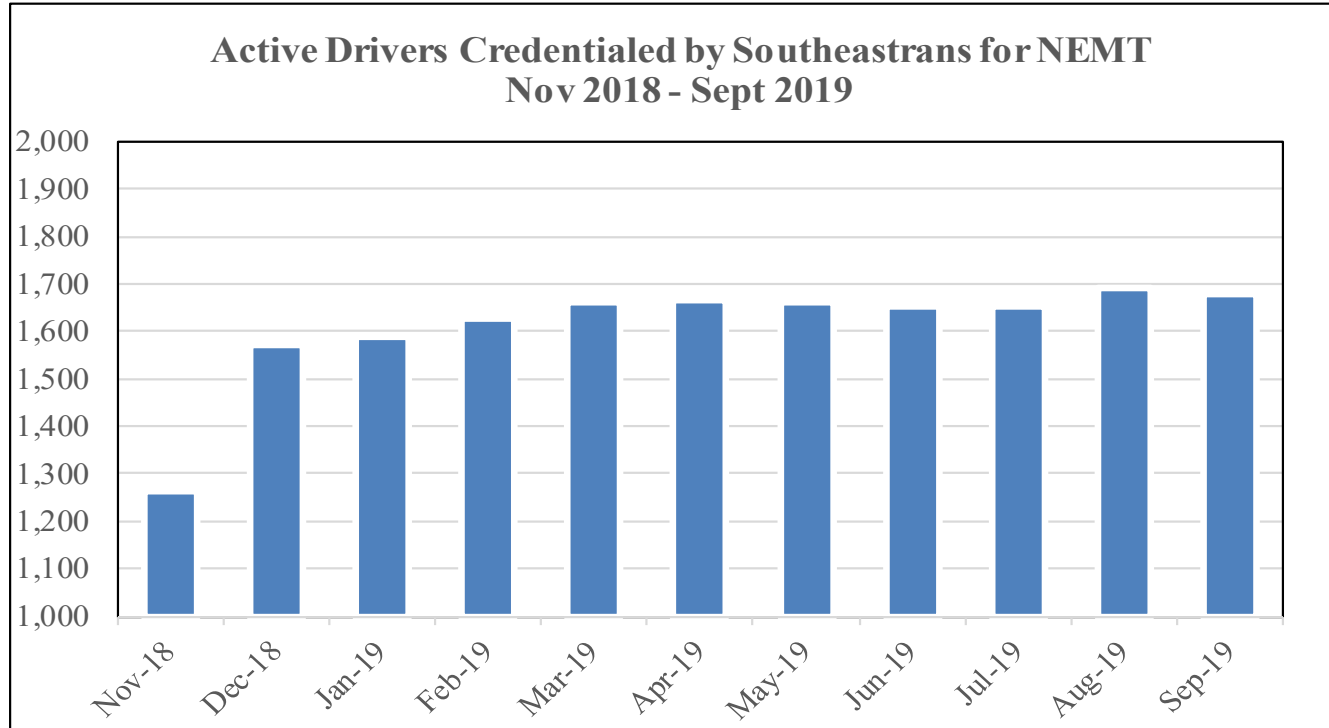
Active Vehicles

- The number of active vehicles credentialed by SET has increased from 1,030 in Sept 2018 to 1,574 in Sept 2019.
- The number of stretchers has gone down a bit (from 70 to 59).
- The number of wheelchair vehicles (either wheelchair only or wheelchair/ambulatory combo) has increased from 678 to 785.



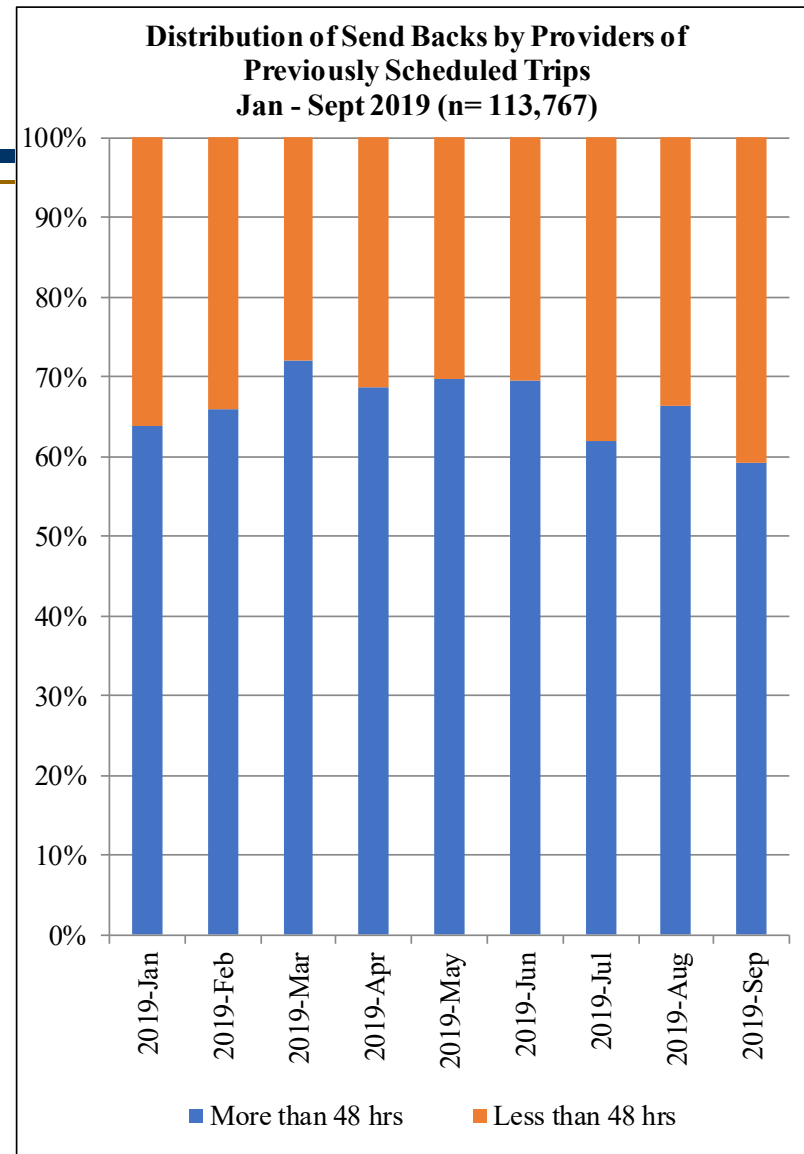
Active Drivers

- The number of active drivers has increased from 1,265 in Nov 2018 (most recent month with available data) to 1,677 in Sept 2019.



Send Backs

- When SET assigns a trip to a provider, the provider is obligated under its agreement with SET to give 48 hours notice if it needs to cancel. These situations are called *send backs*.
- There are a significant number of send backs. In the first nine months of 2019, the total was 113,767.
 - Of these, 33% were sent back in less than 48 hours.
 - The average time for send backs when it was less than 48 hours was 24.8 hours.
- In addition to provider capacity, some of the reason for trips for which SET could not find a provider may be due to untimely response on send backs.



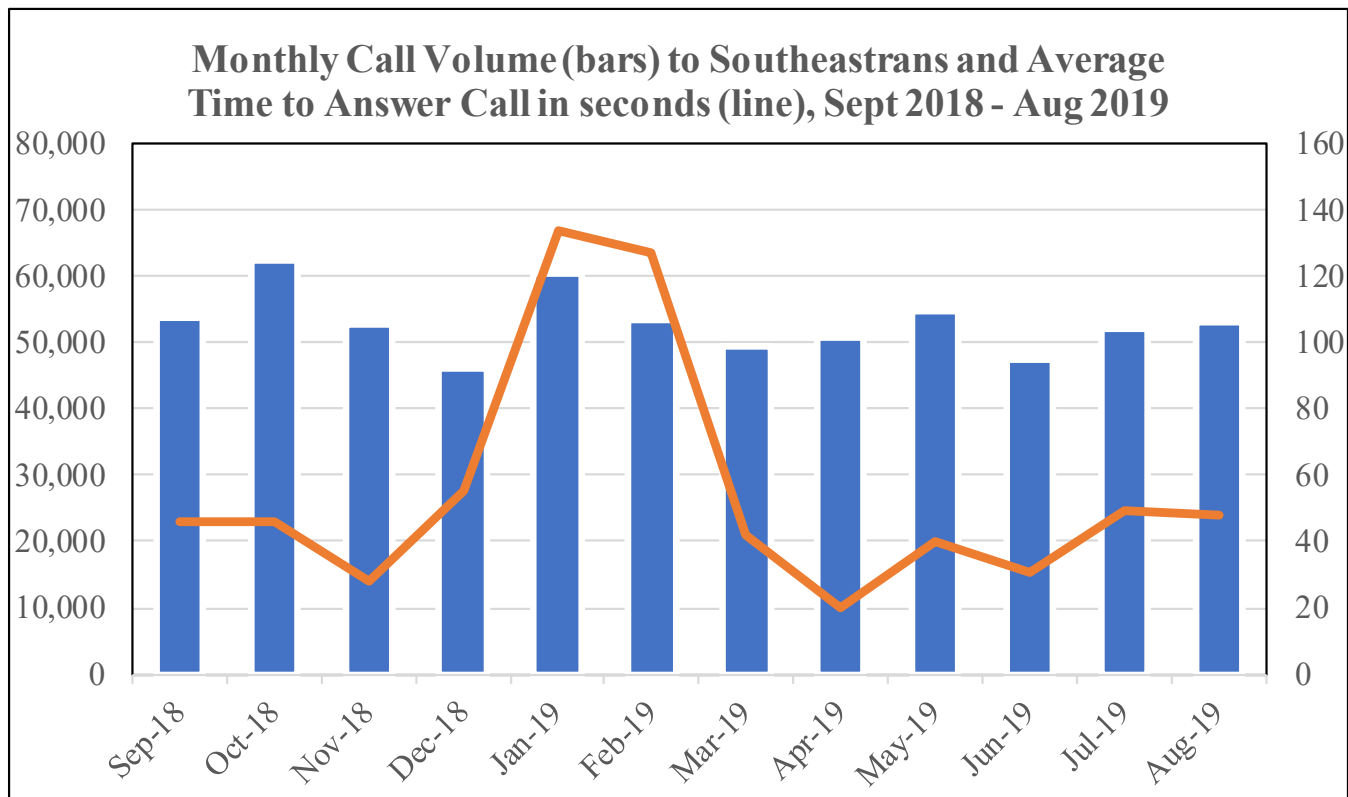
**Assessment of Southeasterns Performance
on Key Indicators**

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Call Center Volume

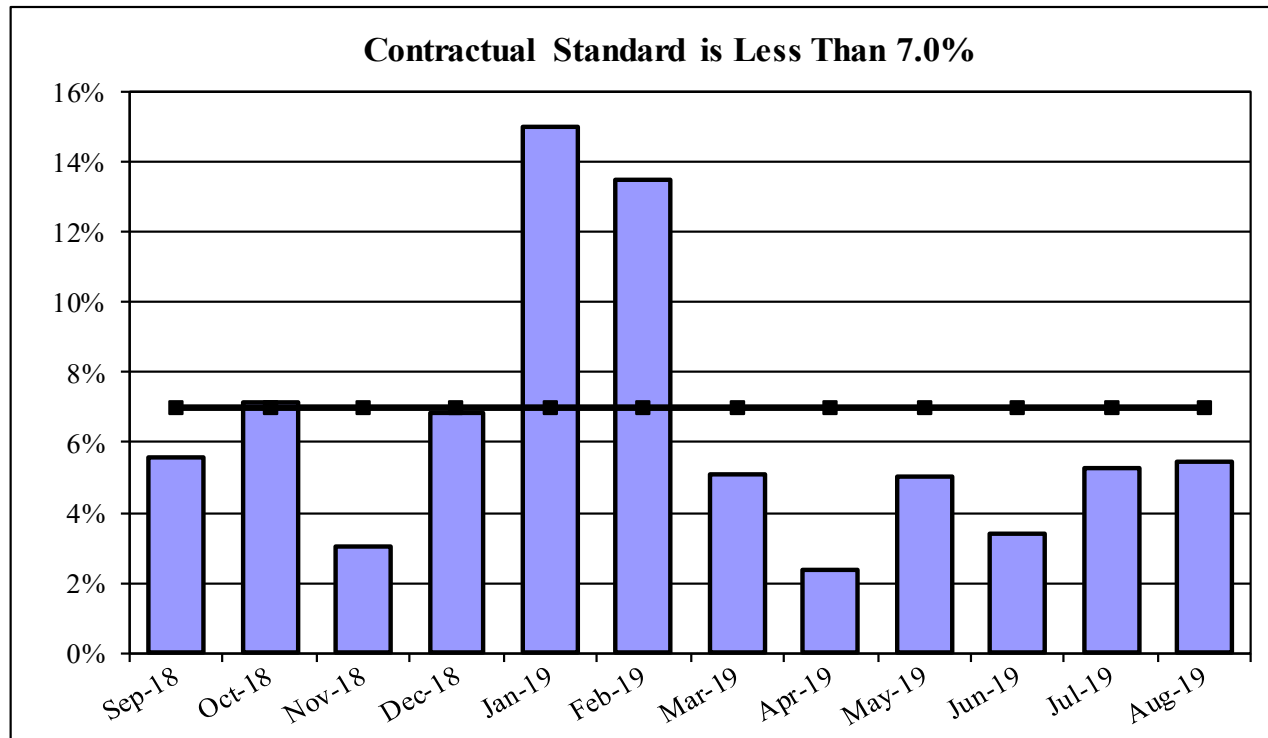
- Average of 53,000 calls per month. Average time to answer call 41 seconds with the exception of Jan and Feb 2019.



Call Abandonment Rate

- SET met the contractual requirement of less than 7% of calls abandoned (hang ups) in 10 of the last 12 recent months.

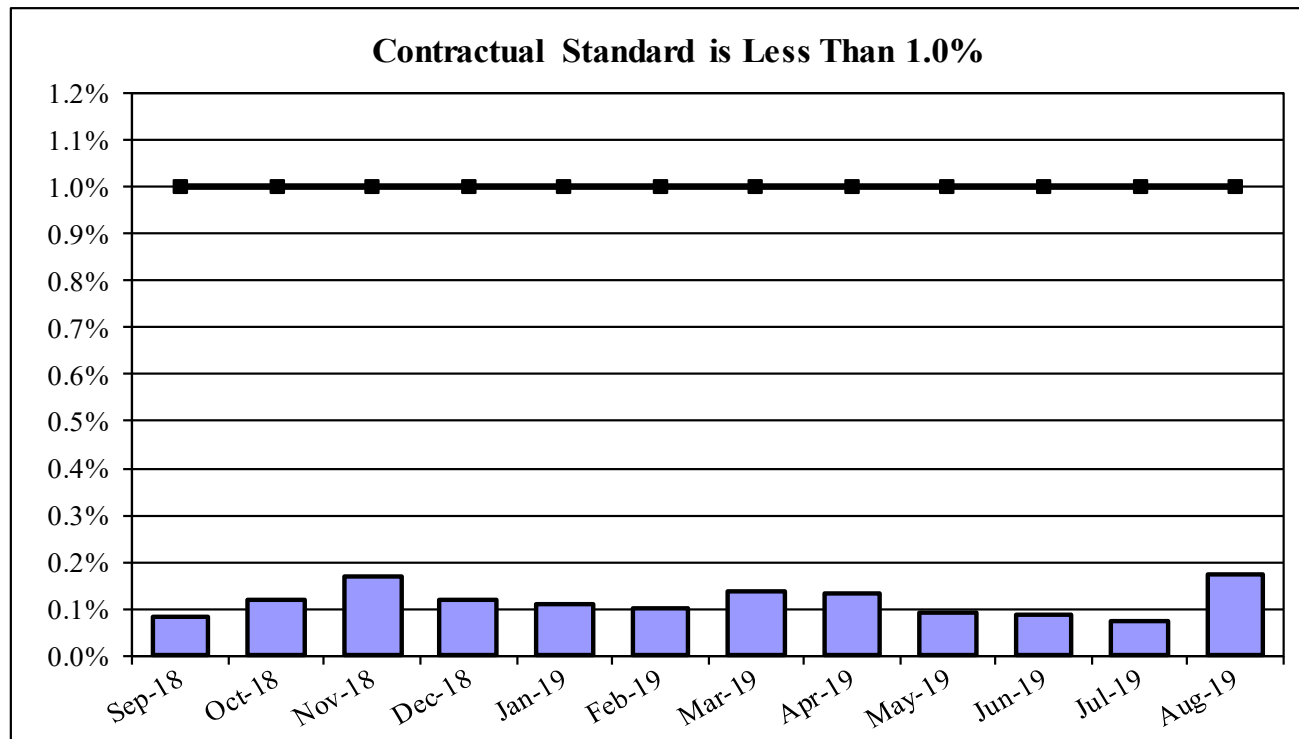
Abandonment Rate of Calls in the Call Center, Sept 2018 - Aug 2019



Member Complaints

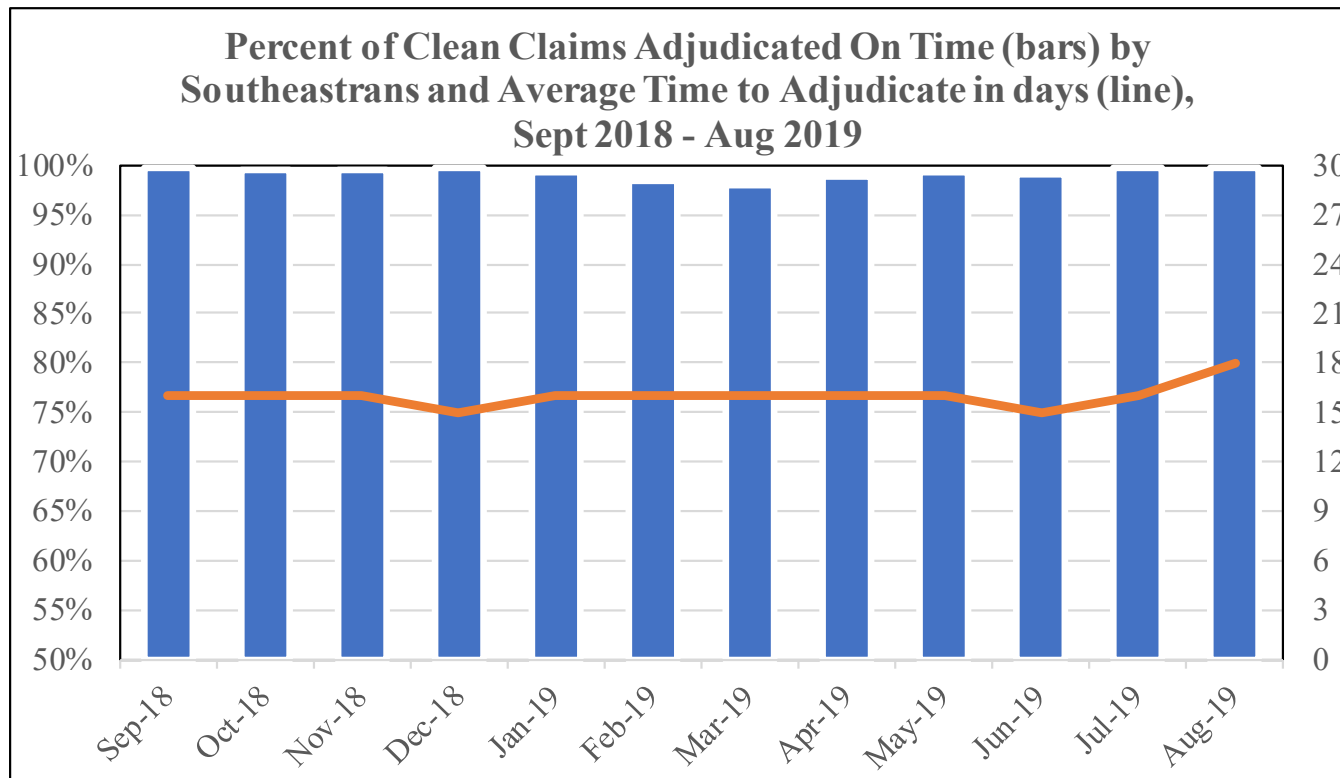
- Member complaints never more than 0.2% of completed trips in any month.

Member Complaints as a Percent of All Completed Trips, Sept 2018 - Aug 2019



Provider Claims Adjudication

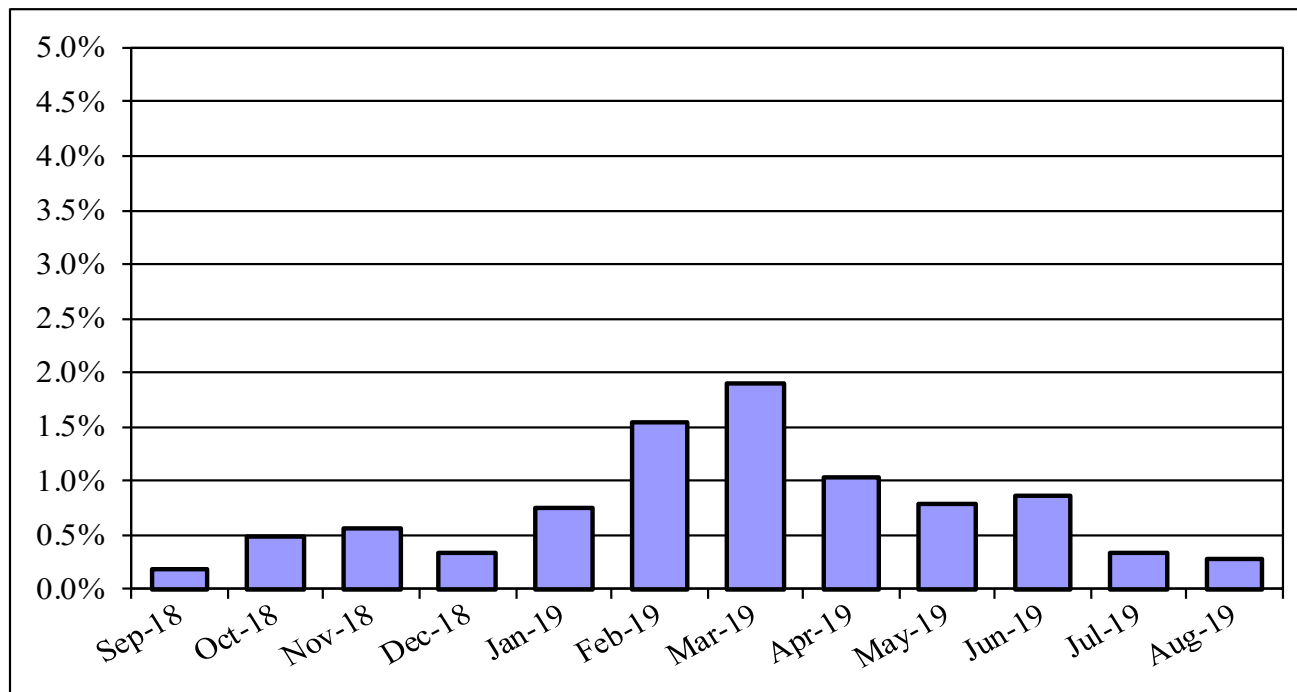
- Over 99% of clean claims submitted are adjudicated on time (under 30 days) by SET.
- The average time to adjudicate is 16 days in the most recent 12 months studied.



Provider Claims Denied

- The percent of clean claims denied is very low and never over 2.0% in a month.
- This trend is due to directives from FSSA on claim denials.
- SET reports a typical denial rate for other state clients of 3-4%.

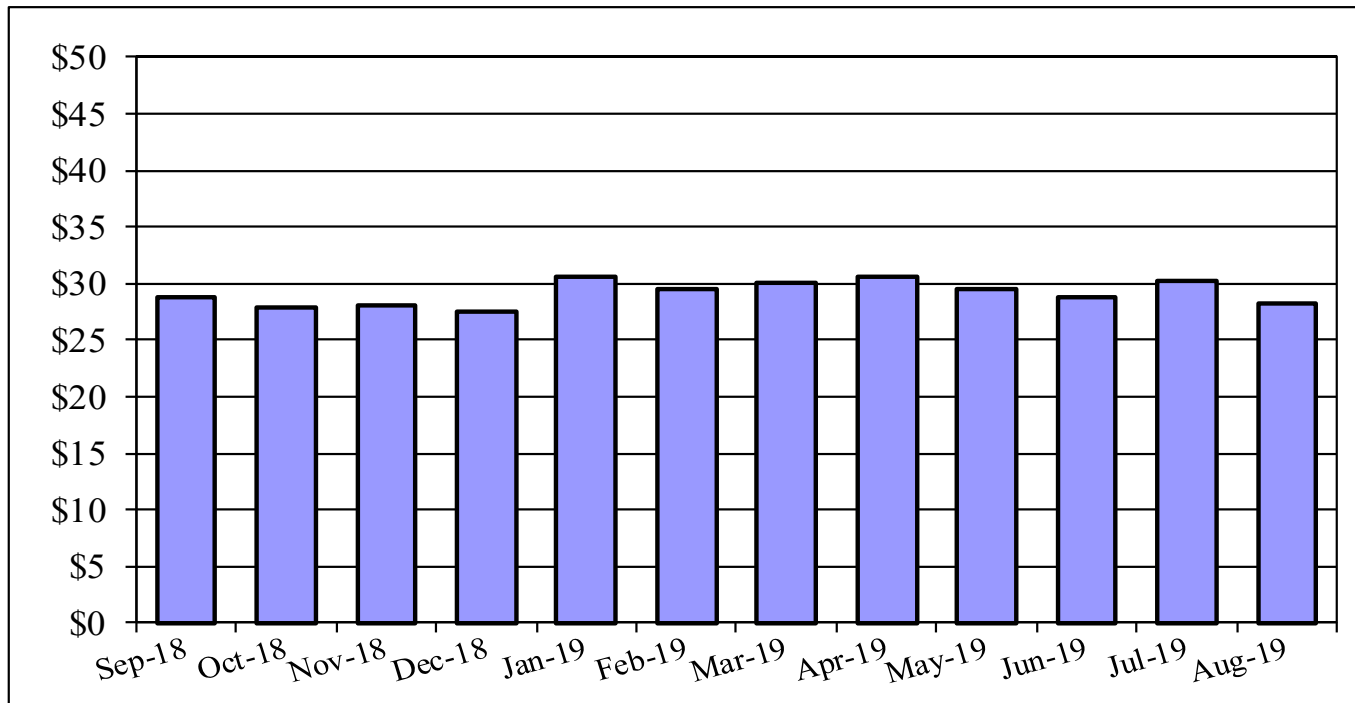
Percent of All Clean Claims Denied, Sept 2018 - Aug 2019



Average Payment Per Trip Leg

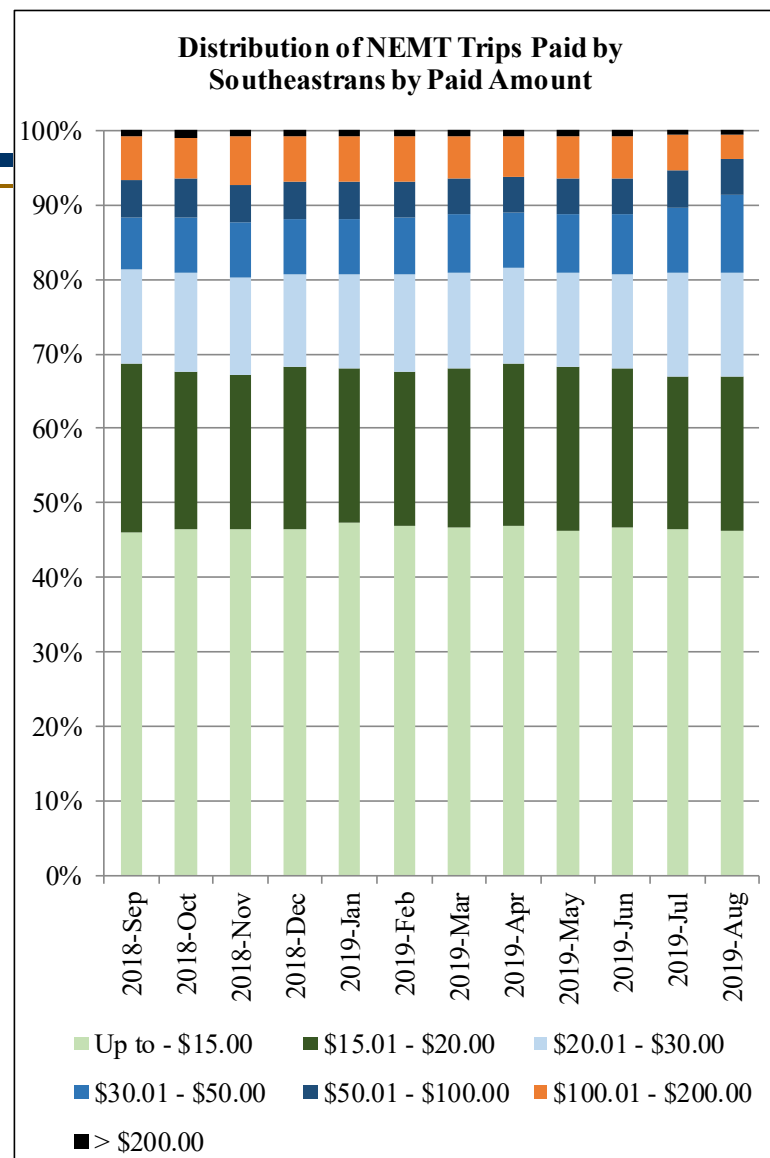
- The average payment per trip leg has been steady around the average of \$29.13 each month.

Average Payment Per Trip Leg, Sept 2018 - Aug 2019



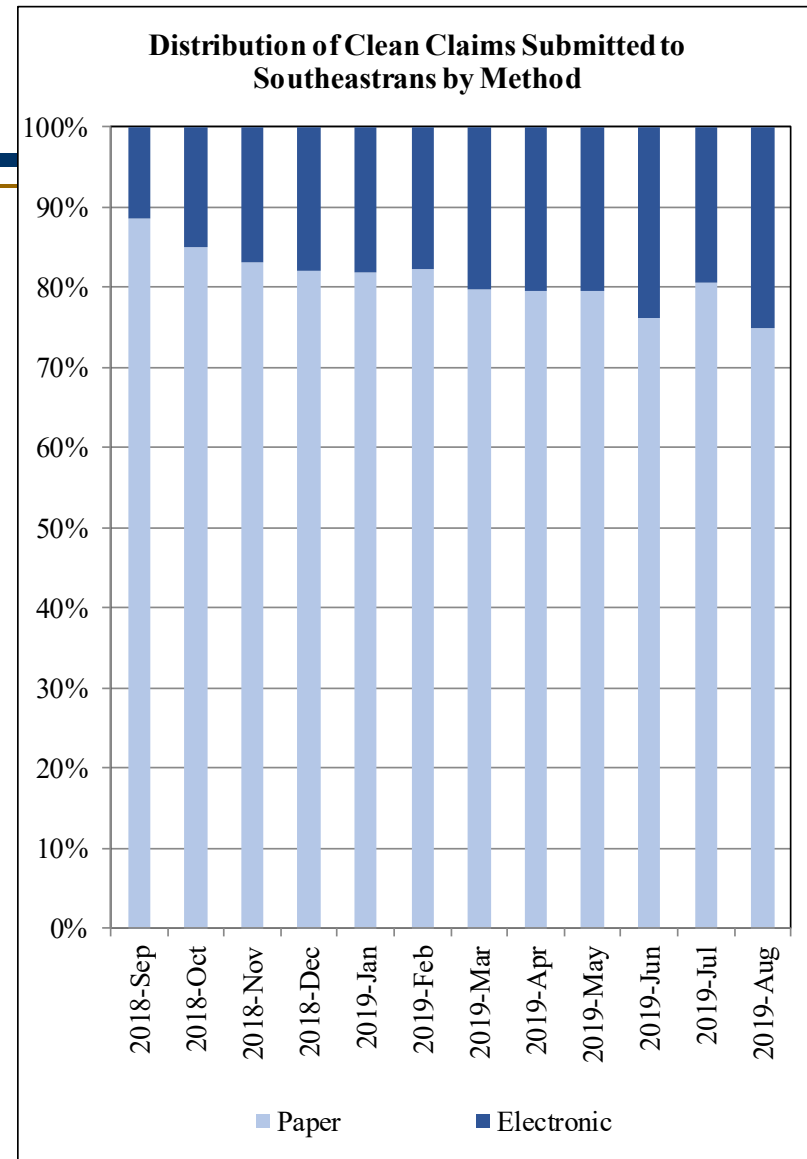
Trip Payment Variation

- Although the average payment per trip each month is near \$29.00, almost 70% of trips were paid \$20.00 or less in the 12 months studied.
- The remaining 30% of trips were paid above \$20.00. This may be due to above-average miles driven or some other contractual arrangement with the provider.
- Some higher-paid trips are because the modality is ambulance (5% - 7% of all trips each month, on average).



Claim Submissions

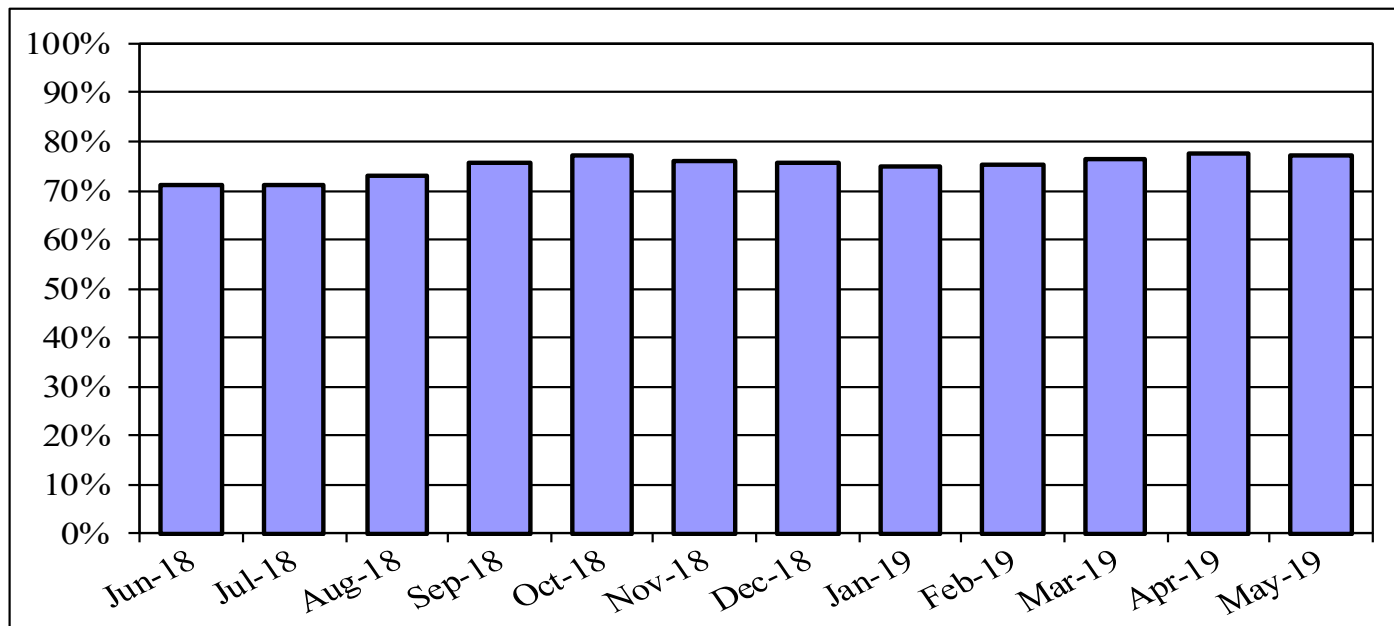
- On average, 81% of claims submitted by providers to SET have been on paper.
- Although this is moving toward electronic somewhat in 2019, SET reports that this split of paper vs electronic is atypical compared to other states they work in. Providers in other states predominantly report electronically.
- Paper claim submissions require more manual data entry and verification by SET.



Trips Scheduled vs. Trips Billed

- As seen previously, a significant number of trips are scheduled but never fulfilled (e.g. last minute member cancellations), never billed, or billed but missing required fields (“unclean claims”). Approximately 25% of trips are never fulfilled or billed as clean claims. B&A confirmed that none of these were paid by SET to providers.

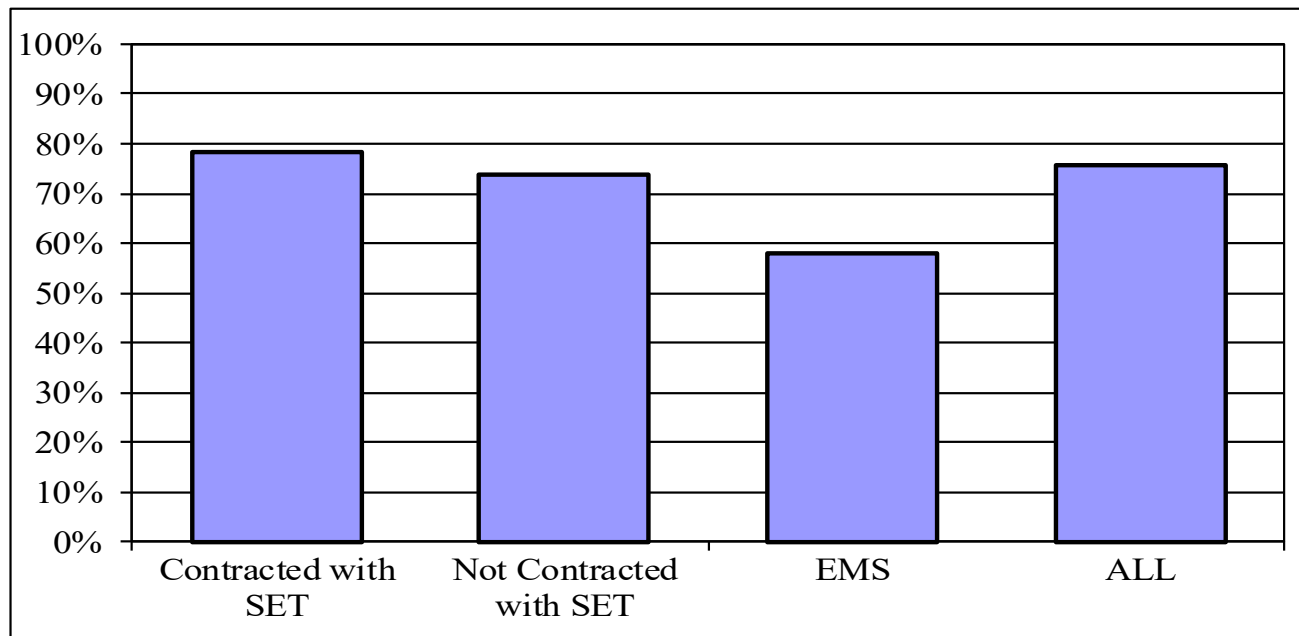
Percent of All Trips Authorized that are Submitted as Claims, June 2018 - May 2019



Trips Scheduled vs. Billed by Provider Category

- The rate of trips scheduled-to-billed is lower for EMS providers than other provider categories.

**Percent of All Trips Authorized that are Submitted as Claims
For 12-Month Period June 2018 to May 2019 Combined
By Provider Category**



Trips Scheduled vs. Billed by Provider

- Of 302 transportation providers examined, 46 had every trip assigned to them billed and paid. Yet 50 providers had more than 60% of assigned trips with no bill submitted or the claim billed was “unclean” (exact percentage cannot be determined from data).
- EMS providers were more likely to have a higher proportion of trips not billed than other transportation providers.

**Percent of Total Authorized Trips Never Billed
For 12-Month Period June 2018 to May 2019 Combined
For Providers with at least 20 Trips Authorized**

	Ranges Reflect Percent of Authorized Trips Never Billed						
Provider Category	0%	>0% up to 10%	10.1% - 20%	20.1% - 30%	30.1% - 40%	40.1% - 60%	> 60%
TOTAL	46	19	66	57	25	39	50
Contracted	33	18	55	38	17	14	11
Not Contracted	3	1	9	9	1	3	14
EMS	10	0	2	10	7	22	25

↑
Average = 24%

Potential Dollars Unbilled-but-Authorized Trips

- There could be as much as \$6.2 million in trip payments that may have been delivered but not paid. However, additional research is being conducted to determine if (1) the provider met the member the day of the trip and it was a last-minute cancel, (2) the trip was completed but an “unclean” claim was submitted, or (3) if these are “phantom” trips authorized but never intended to be fulfilled.

**Volume and Estimated Dollars of Unbilled Trips
For 12-Month Period June 2018 to May 2019 Combined
Claim was Either Not Submitted or Submission was Incomplete**

Potential Payment Range	Number of Providers Impacted	Total Potential Dollars
TOTAL	302	\$6,281,797
>\$250,000	2	\$624,431
\$100,000 - \$249,999	12	\$1,589,391
\$50,000 - \$99,999	25	\$1,663,556
\$25,000 - \$49,999	29	\$1,023,716
\$10,000 - \$24,999	58	\$933,325
\$1,000 - \$9,999	106	\$425,094
under \$1,000	70	\$22,284

Potential Dollars were estimated using # of trip legs unbilled * \$29.13 which is the average payment per trip leg in this period for paid claims.



Validation of Measures

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Validation of Selected Measures

- There are opportunities to improve the reporting of measures to FSSA by SET.
- That said, the source data used for requests made by FSSA appears to be captured and readily available from SET.
- B&A is continuing to validate additional measures.

Measure Category	OMPP Monthly Results Compared to B&A Computations from SET Source Files
Number of Claims Adjudicated	Values are similar within a level of tolerance
Dollars Paid on Claims	Values are similar within a level of tolerance
Number of Active Vehicles	Monthly report to OMPP much lower than SET source file
Number of Trips Authorized	Values are similar within a level of tolerance
Member No Shows	Monthly report to OMPP much lower than SET source file
Provider No Shows	Monthly report to OMPP lower than SET source file

Preliminary Recommendations to FSSA

1. Member compliance (no shows) and provider compliance (send backs) could be strengthened.
 - *FSSA should allow SET to notify chronic 'no show' members of repercussions of no show.*
 - *FSSA should consider a performance incentive (e.g. add on rate) for highly-compliant providers related to low percentage of send backs and/or adherence to minimum 48 hours notice of send backs.*
2. B&A quantified as much as \$6.2 million in 12 months where trips were authorized but not billed. It cannot be determined if these were cancellations in advance or cancellations on-the-spot when the driver arrived.
 - *FSSA should give consideration to paying a percentage of the standard rate for trips that are authorized, the provider goes to the appointed location, but the member refuses/cancels on-the-spot.*
3. The claims denial rate is too low versus industry standards. SET is conducting appropriate review of claims but 'overriding' some denials per FSSA instructions.
 - *FSSA should lift the denial 'overrides' in place today.*
 - *SET should provide additional outreach to providers with a high proportion of "unclean" claims.*

Recommendations to FSSA (continued)

4. The rate of paper claims (vs. electronic claims) submitted from providers is high. The use of iPads to record trip information is low.
 - *The FSSA should consider an incentive payment to providers who take-up the use of iPads. This will save the State on SET administrative costs later.*
5. The prior authorization for >20 trips and >50 mile trips should be re-examined.
 - *Individuals with physical therapy are not waived for >20 trip annual limit like others, yet these trips are approved 100% of the time when PA is sought.*
6. Many of the monthly reports required by FSSA are not fully informative without additional context. B&A did see reports delivered by SET to FSSA more in real time that are useful for ongoing compliance.
 - *FSSA should re-examine the reports required and work with SET to submit reports that provide more context on measures.*
 - *SET needs to ensure that the compilers of FSSA reports are using the most relevant and complete data sources and should validate prior to submission.*
 - *A dashboard report should be prepared to show trends both for FSSA Leadership and as a way to comply with SEA 480.*

Discussion