IDAHO DEPARTMENT OF
HEALTH & WELFARE
DIVISION OF MEDICAID

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Medicaid Non-Emergency Medical Transportation Services (NEMT) Summary of Responses to the Request for Information

The Idaho Department of Health and Welfare (DHW), Division of Medicaid, released a Request for Information (RFI) in October 2019 seeking information from stakeholders relating to the NEMT program. NEMT is a required Medicaid service designed to get individuals to and from medical appointments. The RFI requested recommendations and strategies from stakeholders to help develop an NEMT program focused on meeting and measuring the following program goals:

1. Zero missed trips
2. Customer-focused, culturally competent service delivery prioritizing safety, reliability, and accessibility for people with disabilities
3. High performing, well supported transportation providers
4. Cost-effective, performance driven program administration

Responses were received from various types of stakeholders including:

- 24 members and member advocates
- 11 NEMT Providers
- Two NEMT Brokers
- Three healthcare providers.

Input received from the RFI responses is summarized below. Similar recommendations are combined into themes. Information obtained from responses to the RFI are being used to refine future NEMT Requests for Proposal (RFP), design program improvements, and to identify potential vendors interested in providing a competitive proposal. DHW would like to thank everyone who responded for taking the time to provide us with thoughtful recommendations to help improve the program.

Goal One: Zero missed trips. Missed appointments can negatively impact a person's overall health and well-being. NEMT is essential for the health of Medicaid members with no other resources for transportation.

Recommendations:

1. Require the program use technological tools to provide an efficient, user-friendly system capable of accepting, scheduling, tracking, changing, and cancelling trips.
    a. The system should provide a high level of automation with trip reminders, alerts, and confirmations for members, real-time GPS tracking of vehicles, and gives members and providers the ability to change or cancel trips.
    b. Provide additional coordination support for members who chronically miss rides or appointments.
    c. Ensure that contact information and addresses are confirmed every time at scheduling and confirmation.
    d. With any denial for services because there is a closer provider available, the contractor should confirm that the closer provider has an appointment available within a reasonable time-frame to meet the member's needs.
    e. Notice of any denial should be given in enough time to allow medical providers, members, or caregivers to reschedule appointments.
    f. The contractor should have the capability to confirm when a fax has been received and should provide another way for members to send information for people who do not have access to a fax machine.
2. Include a customer service system able to facilitate direct and timely communication between members, providers, and others for coordination of trips.
    a. Provide a call center with live assistance available 24/7.
    b. The member should have the ability to pick their preferred transportation provider.
    c. Provide a phone number for the individual to follow up on pick up time.
    d. Provide more options to let members know when their ride is there to pick them up, such as text messages, phone calls, or having the driver knock on the door or go into the office.
    e. Require regional transportation coordinators to actively problem solve trip issues in real-time.
    f. Require the contractor and transportation providers to give time sensitive notification to members when there is a potential for interruption of scheduled services. Notification should be received by member with ample time to allow for rescheduling or corrective action before their next scheduled trip.
    g. Allow healthcare providers and other community organizations to enroll and be reimbursed for providing transportation.
    h. Make it possible for drivers to call members or caregivers before pickup to assure member is going to appointment and so they can be prepared
    i. Extend the advance trip notice to 3 business days to allow contractor and provider more time to create efficient routes.

3. Notify transportation providers and members when a scheduled trip is changed or delayed with enough time to reschedule appointment or rearrange their route. Ensure there are enough transportation providers to meet the unique needs of each member in each geographic area of the state.
    a. Create a tiered service level measurement that focuses greater emphasis on high-acuity members while still holding the broker responsible for all members.
    b. Provide financial incentives for providers to accept complex trips and penalties for missed trips.
    c. Include strong criteria and process requirements around resolving missed and late trips.
    d. Ensure adequate transportation provider network and staffing to provide services to all members especially during the times of the day and/or week when trip volumes are higher.

Goal Two: Customer-focused, culturally competent service delivery prioritizing safety, reliability, and accessibility for people with disabilities. A high quality NEMT system is one that best meets the transportation needs of the diverse population of individuals who rely on Medicaid services. It also removes barriers and highlights customer service, allowing members to access routine medical care and treatment.

Recommendations:

1. Implement an in-state operations center managed by local employees trained to manage transportation providers, assign trips, and respond to verbal, written, and electronic inquiries.
    a. Dispatch services should be representative of the various communities served.
    b. Dispatch services should have knowledge of Idaho, specifically rural areas, including geography, population, and demographics.
2. Provide and require training to be completed by customer service staff, dispatch staff, providers, and drivers on the following topics.
    a. How to properly escort and assist someone with a mobility issue.
    b. Cultural and disability sensitivity training.
    c. How to properly secure a wheelchair in accordance with US Access Board Regulations.
    d. Visual/gestural training should be provided to a certain number of drivers within each region. If accommodation is needed, there should be a clearly communicated path on how to access those accommodations.
    e. For the safety of service recipients, drivers should be provided a card with information as to who to call if they suspect abuse, neglect, or exploitation. Training should be provided to drivers to help them to identify when and how these issues may present themselves.
3. Require call center representatives to ask if there are any special needs; such as language or physical barriers that may require special attention or assistance from the transportation provider and provide that information to the drivers.
4. Provide a tiered service structure focusing on complex trips, but still responsible for all members

    a. Include requirements to ensure enhanced services for people requiring wheelchairs.
    b. Require NEMT providers to be able to determine specific needs for members and the required equipment for each trip.
    c. Requirement that all trips requested be completed regardless of their geographical location in Idaho.
5. Include comprehensive customer service strategies and measurements, including specifics for Idahoans with disabilities.
    a. Provide customer service surveys after members and providers interact with the call center or transportation providers.
    b. Provide regular satisfaction surveys for members, facilities, health care providers, and transportation providers.
    c. Members should be able to select their preferred provider and schedule their own trips.
    d. Develop financial incentives and penalties tied to customer service metrics.
    e. Provide door-to-door- or hand-to-hand service for members who need this type of assistance.
    f. Allow members to have an attendant ride with them if they need extra support.
    g. Provide drivers with access to a translation line to help effectively communicate with a member in their preferred language and notify the transportation provider if a member needs this support.
6. Hold regular community advocacy meetings with transportation providers, members, healthcare providers and other stakeholders to discuss program performance, quality assurance activities, and solve challenges or issues.
    a. Regular advisory meetings for members, providers, and advocates.
    b. Organize service coordination by opening communication avenues between members, providers, and others.
7. Set standard vehicle requirements around equipment and comfort needs.
    a. Conduct regular inspections of 100% of all contracted vehicles.
    b. Include assistance aids in the vehicles such as pull assist handles.

Goal Three: High performing, well supported transportation providers.

Recommendations:

1. Develop requirements surrounding network development and performance monitoring strategies.
    a. Establish a way for transportation providers to build their own schedule for a more efficient delivery system.
2. Providers must be paid an appropriate rate for the services they are providing. Rate calculations should include the mode of transport, the level of services provided (ambulatory, wheelchair, hand to hand, door to door, or curb to curb), provider cost-points, and the areas being served. (urban, rural, frontier)
    a. Adequate provider reimbursement rates for all trips.

   b. Establish a flat base rate for service, then offer incentives for after-hour and complex trips.
   c. Provider liquidated damages structured to incentivize increased performance with an avenue for provider appeals.
   d. Shared risk for adverse member outcomes between the contractor and providers.
   e. Financial incentives and penalties tied to provider complaints and resolutions.
   f. Reimbursement rates established by DHW instead of the contractor.
   g. Assessment of liquidated damages should be decided by DHW.
3. Efficient claims and payment structure, including faster turn-around times and user-friendly systems.
   h. Coordinated communications between the contractor and providers, including active, real-time identification and resolution of issues.
   i. Recurring trips visible to the provider for at least 2 weeks beyond the current week and preferably 30 days out.
   j. Streamlined referral and authorization process with minimal paperwork requirements.
4. Standardized, expedited, and inexpensive driver training with systems that quickly update credentialing levels.
   k. Free or reduced cost provider training provided by the DHW.
   l. Provide drivers with training on how to work with special needs populations and how to protect member's privacy.
   m. Training should include defensive driver training, wheel-chair securement, behavior training and cultural sensitivity training.

Goal Four: Cost-effective, performance driven program administration.

Recommendations:

1. Restructure state NEMT model to focus on performance and oversight.
2. Promote public transportation and mileage reimbursement as alternative, low cost options.
3. Provide potential bidders with accurate, thorough historical data and clear, specific contractual requirements in the Request for Procurement (RFP).
   a. Actuarily sound rate structure in the RFP that encourages efficient use of public funds while properly reimbursing providers.
4. Develop efficient systems that reduce the administration time and cost for providers and DHW.
5. A fair rate of reimbursement should be established as a baseline with prioritization and/or a higher rate for companies who provide both ambulatory and non-ambulatory service. This will encourage companies to provide both services. Once the baseline rate structure is established to include after hours and specialized trips the broker can negotiate different rates per individual company.
   a. Financial incentives and penalties tied to cost effectiveness.
   b. Financial incentives for providers who can accommodate last minute requests.
6. Greater weight for a potential bidder's technical proposal than the financial portion.

7. Establish policies for monitoring cancellations and behavior problems.
8. Real-time program data for authorized DHW representatives including trip status, provider capacity, timeliness measures, and others.
9. Ensure bidders have an adequate provider network and sufficient experience prior to contract award.

Other: Additional Goals and Information for Consideration

The recommendations that did not tie directly to one of the goals and/or themes above are listed below.

1. Ensure a smooth transition with a longer implementation timeline.
2. Conduct widespread stakeholder engagement to hear from members and provide updates to the NEMT program, building public confidence.
3. Set a standard that all falls be reported to MTM and the member's guardian, then the NEMT agency complete an internal investigation and plan of correction.
4. Collect recommendations from other states regarding the performance of bidders.
5. Perform annual contractor performance report through member surveys to be evaluated by an NEMT advisory committee.
6. Creating a specific DHW portal to allow more efficient communication between members, caregiver, facilities, and NEMT providers.