Rhode Island Non-Emergency Transportation (NEMT) Program

House Oversight Committee Hearing

April 11, 2024



Overview of the Rhode Island Non-Emergency Medical Transportation (NEMT) Program

The RI NEMT Program Consists of Three (3) Programs and Serves as a Critical Link to Human Services for Eligible Rhode Islanders

- 1. Eligible and Enrolled Medicaid Beneficiaries
 - Under federal regulations, states are required to provide transportation to Medicaid covered services for beneficiaries who have no other means of transportation (42 C.F.R. 431.53).
- 2. Rhode Island residents over the age of sixty (60) who need transportation under the Elderly Transportation Program (ETP)
 - The Rhode Island Office of Healthy Aging (OHA) under the Elderly Transportation Program (ETP) provides transportation for individuals aged sixty (60) years and older who are not receiving transportation from the RIPTA RIde Program, the RIPTA Free Bus Program or from the Americans with Disabilities Act (ADA) Program.
- 3. Monthly bus pass distribution under the Temporary Assistance for Needy Families (TANF) Program.



Overview to RI NEMT Program Continued

NEMT is a mandatory Medicaid benefit required under 42 C.F.R. § 440.170 (a) (4). Federal Regulations and the RI State Plan Amendment Require Rhode Island to Utilize a Broker Model

CMS Federal Requirements

- Required to implement a centrally managed human service transportation system that provides beneficiaries with access to high-quality non-emergency medical transportation services by using the most cost-effective and medically appropriate delivery mode available as described in 42 C.F.R. § 440.170 (a) (4), 42 C.F.R. § 431.53, 42 C.F.R. § 441.62 and Rhode Island General Law.
- In accordance with 42 C.F.R. § 440.170, the Broker shall not directly provide transportation services directly to recipients.
- In accordance with 42 C.F.R. § 440.170, <u>the Broker shall arrange and secure transportation for eligible recipients who do</u> <u>not have transportation</u>.
- In accordance with 42 C.F.R. § 440.170, the <u>Broker must provide the least expensive means of transportation possible that</u> <u>shall meet the recipient's needs</u> and will be delivered in a <u>responsive, cost-effective and timely manner</u>.

Other Federal State and Local Requirements

 Must comply with all State and local laws and regulations, including Rhode Island Rules for Transportation Services under 210-RICR-20-00-2, RIDOH Ambulance Regulations, ADA Regulations, DBR Regulations



Contract Year 1

MTM Awarded New NEMT Contract Effective 7/1/23 Through Competitive Bidding Process

- MTM was awarded QLV23002201 for the Procurement of Brokerage Transportation Services for the RI NEMT Program
- Contract has three (3) base years and four (4) oneyear option years.
- Vendor must meet performance standards and contact requirements to ensure that they are in good-standing with EOHHS.
- Contract is posted on EOHHS website as well as any additional policy documentation that may be required under the program:

https://eohhs.ri.gov/providers-partners/medicaid-managed-care

Medicaid Managed Care Contracts & Policy/Guidance Documents

- Tufts Health Public Plan- RI Together Contract
- United Healthcare Community Plan of Rhode Island Contract
- Neighborhood Health Plan of Rhode Island- Medicaid Managed Care Plan Contract
- United Healthcare-RIte Smiles Contract
- Neighborhood Health Plan of Rhode Island Medicare/Medicaid Contract
- Medical Transportation Management Contract

MTM Contract

2023 RI Transportation Brokerage Contract (5/10/2023)



EOHHS' Oversight of NEMT Contract

EOHHS takes the oversight of the NEMT contract seriously. EOHHS monitors MTM's performance daily to ensure compliance with all contractual requirements and ensure member safety.

- EOHHS has six (6) personnel assigned to the management of the NEMT contract, with 2 personnel who monitor the program daily.
- EOHHS hosts oversight meetings twice a month to discuss with Contractor areas for improvement and issues to resolve under EOHHS' direction.
- EOHHS closely monitors reporting from Contractor and assesses both monthly and quarterly penalties for noncompliance (i.e., performance standards or liquidated damages) taken from monthly capitation payments.
- EOHHS hosts quarterly quality review meetings to discuss progress on contractually required quality improvement plans (QIPs). Contractor currently had 2 QIPs and plans to require at least 3 QIPs for SFY25.
- EOHHS will post monthly data report of MTM's performance.
- EOHHS will post report card on the EOHHS website in October 2024 of EOHHS assessment of MTM's performance for SFY24.



Area of Change 1 Update: Enhanced Quality and Safety

EOHHS made the following changes to improve quality, and safety assurance:

- 1. Better technology systems integration, including API integrations, between the Contractor with MCOs and AEs. Go-Live on 7/1/24 for system portal for MCO case managers to schedule rides on behalf of members.
- 2. Additional trainings for transportation providers (TPs), with attention on wheelchair training and cultural sensitivity. Require RIPTA supported Community Transportation of America (CTAA) Passenger Assistance, Safety and Sensitivity (PASS) training and MTM led demonstrations for wheelchair securement for annual training.
- Utilize external quality review organization (EQRO) to provide annual audits of the Contractor through an independent third-party. Active procurement with NEMT scope of work in new EQRO model contract effective 7/1/24.
- 4. Ensure a standardized transportation provider credentialing process. MTM has completed automated intake and credentialing process to inform TPs of when credentials are set to expire.
- 5. Reduce poor driving by TPs for road related incidents. New performance standard effective 7/1/23.



Area of Change 2: Enhanced EOHHS Oversight

EOHHS made the following changes to <u>increase vendor accountability for delivering quality services</u>:

- 1. Increased thresholds for performance standards and liquidated damages. Increased previous contract performance standards and added new performance standard. Added over 30 new liquidated damages requirements (F-5 and F-6 of Contract).
- 2. Annual review by EOHHS of the Contractor's performance through a **Report Card System**. Report card to be posted on EOHHS website in October 2024 with EOHHS review of Broker's annual performance. Weights placed on quality, performance and meeting EOHHS objectives for the Program.
- **3.** Publication of corrective actions and remediation activities on the EOHHS website. *Currently CAP posted on website.*
- 4. Enhanced Readiness Review plan, including on-site review, including successfully passing an on-site test before the Operational Start Date. *Complete.*
- 5. Rhode Island NEMT Manual to ensure alignment and responsiveness to real-time needs of program. Added new policy related to reporting Tier 1 incidents to EOHHS.



Area of Change 3: Enhanced Financial Oversight

EOHHS made the following changes to <u>increase delivering cost-efficient transportation services</u>:

- Use of a progressive medical loss ratio (MLR) support investment in transportation benefit related expenses and create administrative efficiencies and investments in transportation providers. *Reporting in January 2025 for future rate setting/recoupment.*
- 2. Development of standardized fee schedule for transportation providers to promote network stability and transparency. Posted on MTM website: <u>https://www.mtm-inc.net/wp-content/uploads/2018/12/RI-Transportation-Provider-Rates-Schedule-A-1.pdf</u>
- 3. Ensure better financial oversight practices of the vendor to ensure the quality and economy of services, including conducting a yearly independent financial audit. *MTM to provide EOHHS copy of independent financial audit in January 2025. MTM will be using KPMG.*



2023 Corrective Action Plan (CAP) for MTM

MTM was placed on corrective action by EOHHS for failing to report 2 Tier One critical incidents within

contractually required timeframe of six (6) hours.

- In November 2023 EOHHS observed two (2) Tier 1 Critical incidents for not timely notifying EOHHS.
 - After further investigation, EOHHS determined that neither of these reports were accurate, however, pending investigation MTM should notify EOHHS within the timeframe.
 - Two additional critical incidents were over the 6 hours requirement observed in January 2024.
- MTM was fined a total of \$2,000 for failing to report critical indents within timeframe and the CAP is posted on the EOHHS website.
- EOHHS has reviewed MTM's documentation, processes and staff training to ensure timely reporting. EOHHS hosts weekly oversight meetings dedicated to CAP progress and ensuring safeguard are followed by MTM RI leadership.
- EOHHS has developed a **Tier policy** to educate the Contractor on different scenarios and responsibilities pursuant to contract requirements.
- EOHHS anticipates closing the CAP once EOHHS is satisfied that all safeguards are in place.



Challenges Faced in PY1 and Oversight Activities Planned for SFY25

EOHHS and MTM have made improvement to continue to increase the quality of services for Rhode Islanders who use the benefit and build on active contract management to increase value for Rhode Island taxpayers

- The Washington Bridge has created transport challenges for beneficiaries. MTM and the TPs adjusted their routes to meet the change. MTM worked to keep Transportation Providers (TPs) companies on one side of the bridge all the time as much as possible. There were no marked increase in TP's missing trips in February 2024.
- MTM is currently hiring for an ombudsman position. Serves as a critical link to support members who face transportation barrier.
- MTM and EOHHS have been active in meeting with outside stakeholders, such as residential facilities, medical provider facilities, and any group or individuals.
 - EOHHS and MTM have met with Block Island and Town of New Shoreham leadership to promote and increase access to ETP and Medicaid NEMT services.
- EOHHS will post MTM Scorecard in October 2024. MTM will post public facing dashboard of TP performance on MTM's RI website December 2024.
- Under PY2, EOHHS plans to refine performance standards and include no-show targets to reduce no-show rates of TPs.



GROSS UTILIZATION Non-Emergency Medical Transportation Program (NEMT) BY MODE Total Number of NEMT Trips by SFY 2500000 2000000 1500000 1000000 500000 0 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024 (YTD)





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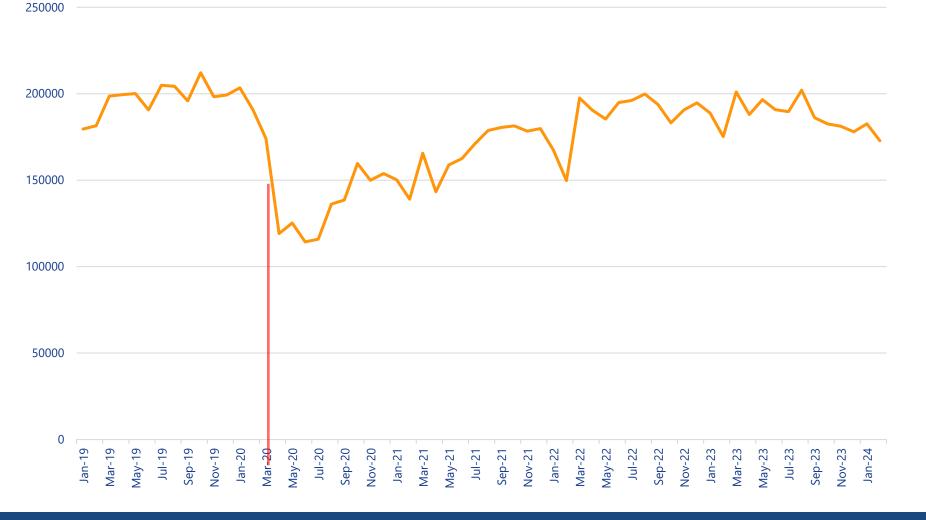
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STATE OF RHODE ISLAND



Non-Emergency Medical Transportation Program (NEMT)

NEMT Trips by Month January 2019-February 2024





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UTILIZATION AMONG ELIGIBLE MEDICAID MEMBERS

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STATE OF RHODE ISLAND

Non-Emergency Medical Transportation Program (NEMT)



Percent of Medicaid Members Utilizing NEMT by SFY 6% 5% 4% 3% 2% 1% 0% SFY 2020 SFY 2022 SFY 2023 SFY 2024 (YTD) SFY 2021



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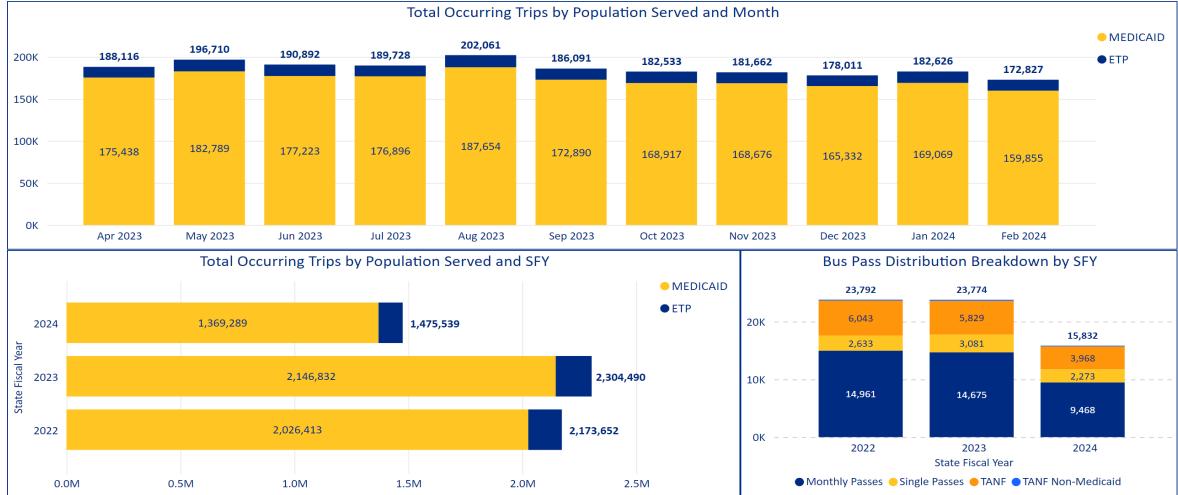
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TRIP ANALYSIS

STATE OF RHODE ISLAND

Non-Emergency Medical Transportation Program (NEMT)





Data Updated: 3/27/2024



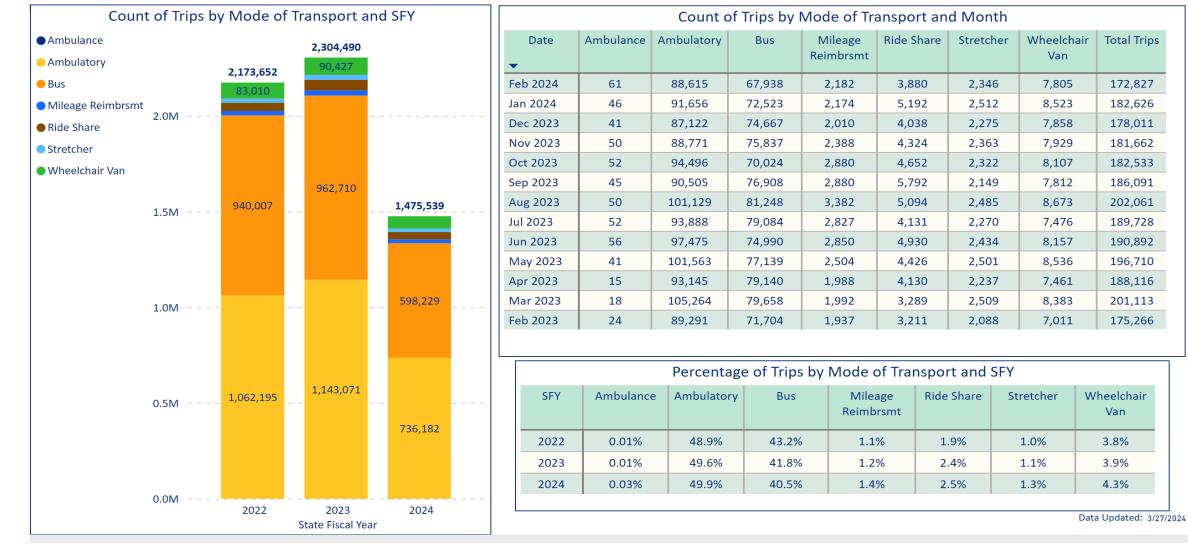
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TRIP MODE ANALYSIS

STATE OF RHODE ISLAND

Non-Emergency Medical Transportation Program (NEMT)







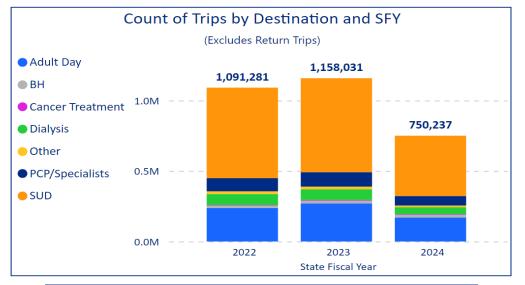
TRIP DESTINATION ANALYSIS

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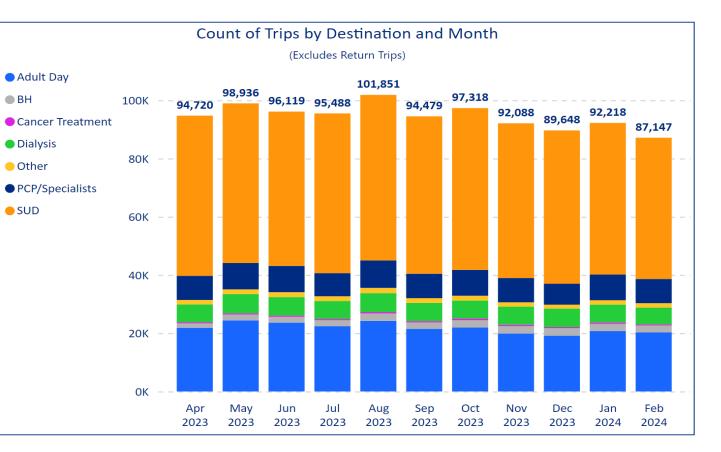
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Non-Emergency Medical Transportation Program (NEMT)





Percent of Total Trips by Destination and SFY			
(1	Excludes Return T	rips)	
Destination	2022	2023	2024
Adult Day	22.1%	23.5%	23.1%
BH	1.4%	1.7%	2.6%
Cancer Treatment	0.4%	0.4%	0.5%
Dialysis	7.3%	6.6%	6.7%
Other	1.8%	1.7%	1.7%
PCP/Specialists	8.7%	8.9%	9.1%
SUD	59.6%	58.0%	58.0%



Data Updated: 3/27/2024



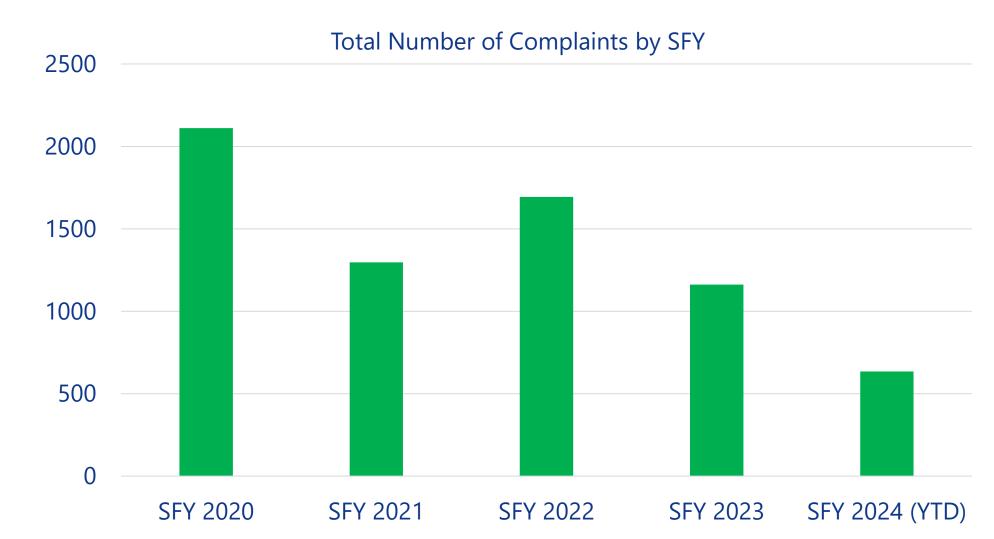


COMPLAINT PREVALENCE

STATE OF RHODE ISLAND

Non-Emergency Medical Transportation Program (NEMT)







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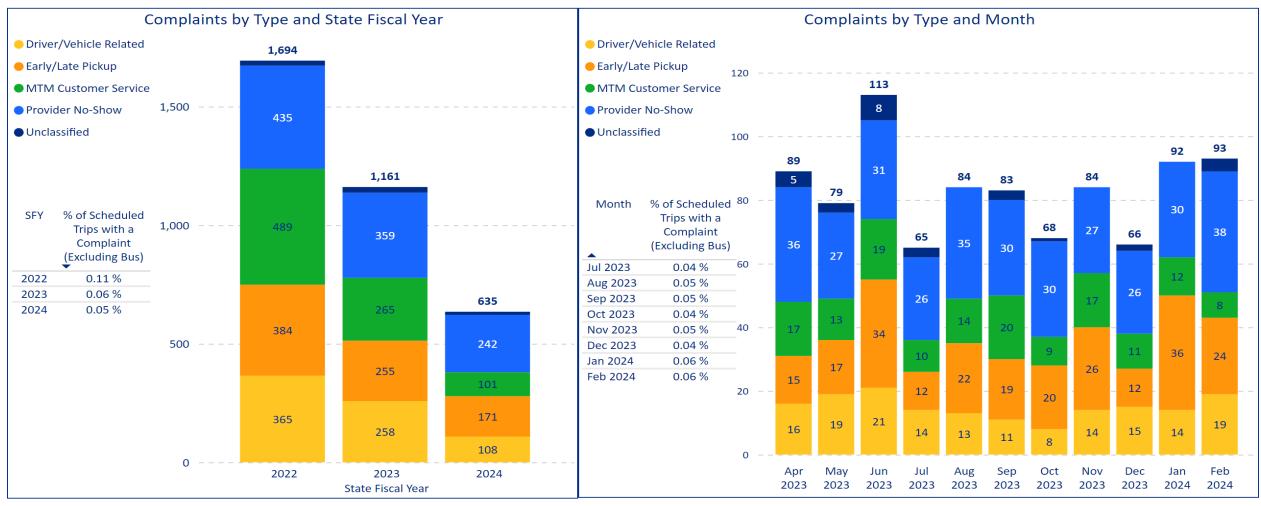


COMPLAINT ANALYSIS

STATE OF RHODE ISLAND

Non-Emergency Medical Transportation Program (NEMT)





Data Updated: 3/27/2024

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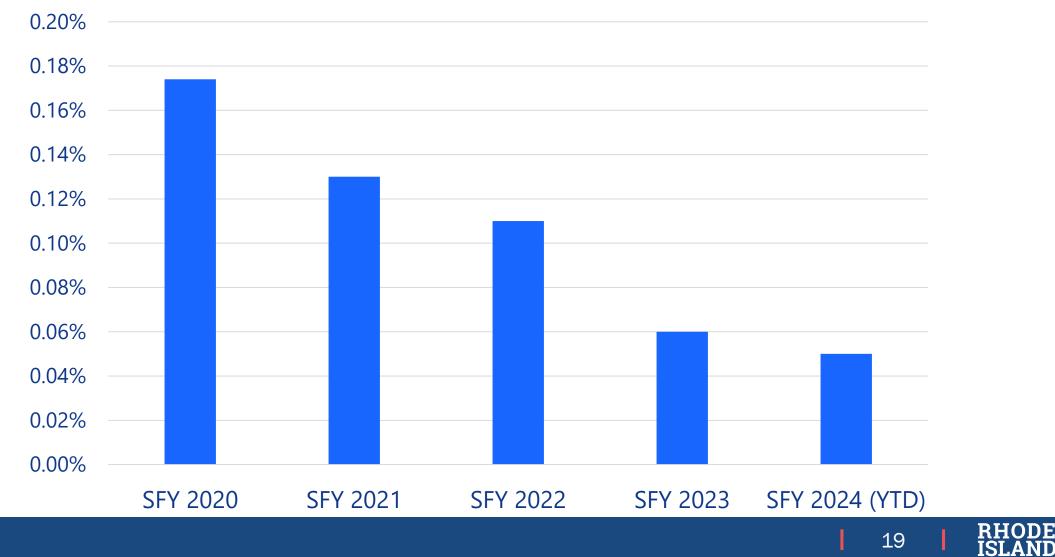
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COMPLAINT PREVALENCE

Non-Emergency Medical Transportation Program (NEMT)



Percent of Non-Bus Trips with a Complaint by SFY



PERFORMANCE STANDARDS ANALYSIS

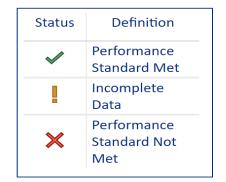
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STATE OF RHODE ISLAND

Non-Emergency Medical Transportation Program (NEMT)



Date	Clean Claim Payment	Complaint from Public	Escalated Complaint	Ride Share	Routine Complaint	Source of Complaint	TP No Show	TP Turnback
Jul 2023	\checkmark	~	\checkmark	~	~	×	~	~
Aug 2023	\checkmark	\checkmark	\checkmark	~	\checkmark	×	~	×
Sep 2023	\checkmark	\checkmark	\checkmark	×	~	×	~	×
Oct 2023	\checkmark	\checkmark	\checkmark	~	~	\checkmark	~	\checkmark
Nov 2023	\checkmark	\checkmark	\checkmark	~	~	×	~	\checkmark
Dec 2023	\checkmark	\checkmark	\checkmark	~	\checkmark	×	~	\checkmark
Jan 2024	\checkmark	\checkmark	\checkmark	~	\checkmark	×	~	\checkmark
Feb 2024	\checkmark		\checkmark	~	\checkmark	×	\checkmark	~



Performance Standards	Definition	
Clean Claims Payment	90% of clean claims will be paid within 90 days of submission	
Complaints From The Public	Less than 5% of all complaints shall be from a member of the public due to hazardous or unsafe driving	
Escalated Complaint	90% of escalated complaint resolved in 2 BD	
Ride Share	RideShare usage <5% per month of total trips	
Routine Complaints	90% of routine complaints resolved in 5 BD	
Source of Complaints	Less than 5% of all complaints from Dialysis, SUD, Oncology Treatment Facilities	
TP No Shows	No shows are = .33% per month</td	
TP Turnbacks	Turnbacks are = 4% of total trips per month</td	

Data Updated: 3/27/2024



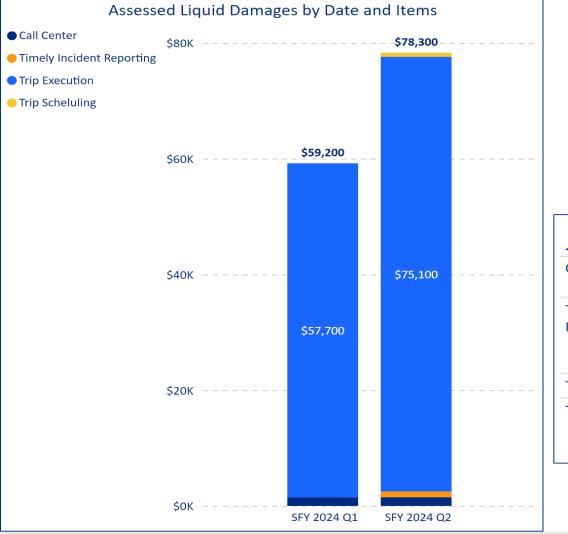
LIQUIDATED DAMAGES ANALYSIS

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STATE OF RHODE ISLAND

Non-Emergency Medical Transportation Program (NEMT)





ltem	SFY 2024 Q1	SFY 2024 Q2
Call Center	\$1,500	\$1,500
Timely Incident Reporting	\$0	\$1,000
Trip Execution	\$57,700	\$75,100
Trip Scheluling	\$0	\$700
Total	\$59,200	\$78,300

Item	Definition
Call Center	Failure to answer at least 95% of incoming Member information telephone calls within 30 seconds in a given month.
Timely Incident Reporting	Failure to report to EOHHS an accident, injury or incident that has occurred in conjunction with a scheduled trip if a member was present in the vehicle. Accidents, injuries, and incidents shall be reported to EOHHS within six (6) hours or sooner from the time of the complaint/incident.
Trip Execution	Failure to fulfill a verified trip request safely and on-time.
Trip Scheluling	Failure to schedule valid non-dialysis and non-oncology service requests.

Data Updated: 4/2/2024

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