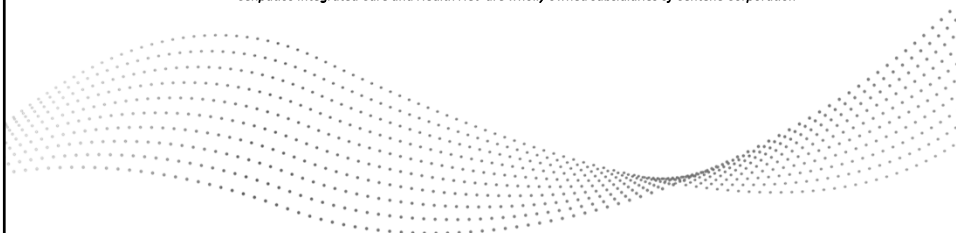




Credentialing & Oversight of a Non-Clinical Provider: Non-Emergency Medical Transportation Case Study

Cheyenne L. Ross, Arizona Vice President Compliance & Regulatory Affairs

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Confidential and Proprietary Information



Cheyenne Ross is the Vice President of Compliance & Regulatory Affairs with Centene Corp. Arizona Plans in Tempe, Arizona. Cheyenne has over 16 years of experience in the managed care system. Cheyenne graduated from Arizona State University with a degree in Communications and from the University of Phoenix with a Masters in Management. Cheyenne maintains several certifications including Certified Compliance & Ethics Professional (CCEP), Certified Professional in Healthcare Quality (CPHQ), Certified in Health Care Compliance (CHC) and Certified Healthcare Privacy Compliance (CHPC). Cheyenne is responsible for regulatory oversight; and serving as a liaison between the health plan and governmental regulators. Cheyenne is currently involved with several organizations including Go Red Phoenix Executive Leadership Team, the Arizona Diversity Council President, Boys & Girls of Metropolitan Phoenix Connect Board Member, Health Current Privacy & Security Governance Council Chair, Greater Phoenix Chamber of Commerce Insurance and Health Care Committee Member, the Arizona Compliance & Ethics Council Secretary, AKARama Foundation Board Member.

Health Plan Perspective....



- Understand Population Needs & Regulatory Requirements
 - Pre Delegation Audit
 - Ongoing Joint Operating Committee (JOC) Meetings
 - Annual Audits
 - Escalating Issues
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Population Needs & Regulatory Compliance



Population Needs

- Wheelchairs
- Baby Seats
- Rural Locations
- Other Special Accommodations

Regulatory Compliance

- YOU (plan) are fully responsible for performance of the contract (42 CFR 438.6)
 - Benefit coverage
 - Understand Regulator definition of “delegated” or “subcontracted”
 - Pre approval requirements
 - Ongoing monitoring
 - Delegation authority (call center, grievances, appeals, written communication, etc.)
 - Claims processing / encounters requirements
 - Exclusion monitoring (process for reporting to the plan)
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Pre Delegation Audit/ Review



- **Desk Audit:** policy reviews, driver audits, vehicle inspection reports, sample oversight reporting (including compliance program, safety, monitoring, etc.); vendor training of internal staff and drivers
 - **Onsite Visit:** Visit the vendor's physical location- (walk through call center, vehicle audits/ testing)
 - **Other Tips:** Watch for members with special needs during a transition (i.e. dialysis transportation, transportations scheduled post transition)
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Joint Operating Committee Meetings



- **Schedule:** Establish a reasonable timeframe to meet regularly with key staff from each entity (i.e. start monthly move to quarterly)
 - **Accountability:** Clearly identify internal roles & responsibilities (day to day operations/issues, regulatory monitoring)
 - **Ongoing Monitoring:** Establish regular monitoring of all delegated functions (reporting, secret shopper calls)
 - **Feedback Loop:** Encourage Open dialogue on improving member experience & services
 - Make it two way feedback for all issues (member issues, payments, quality of care concerns, etc.)
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Annual Audits



- Combine pre-delegation audit results, JOC meeting minutes, regulator requirements to develop an annual audit
 - Conduct the audit onsite (inspect facility, call center, etc.)
 - Review policies & procedures (reflect updates in regulation, annual review, etc.)
 - Interview staff (training, privacy, fraud, etc.)
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Escalating Issues



Identify key vendor and health plan staff to escalate issues appropriately:

- Mitigate member harm
 - Respond to regulatory complaints or issues
 - Get traction on issues open greater than a period of time (establish an acceptable threshold)
 - Build in contract requirements to resolve issues, respond to CAPs, etc. include punitive steps if necessary
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Thank you...



QUESTIONS

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The image shows the 'veyo' logo in the top left corner, with a heart symbol above the 'o'. The background is a grayscale photograph of a woman with long hair, smiling and driving a car. The text below is contained within a white rectangular box.

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Provider: Non-Emergency Medical Transportation
Case Study**

Mike Sawyer, Director, Corporate Compliance
Veyo, LLC

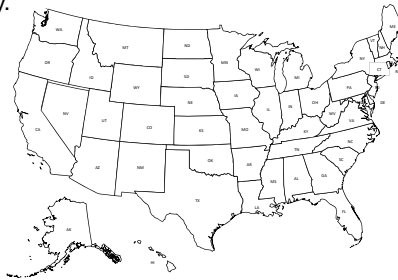
The Provider Perspective.....

- Understanding the broker function
- The challenges as a non-clinical provider
- The challenges in a rapidly evolving industry

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Intro to Transportation Brokerage & Veyo

- Non-Emergency Medical Transportation - ambulatory, wheelchair, bariatric wheelchair, stretcher, BLS, ALS, Out of State travel.
 - Medicaid and Medicare Advantage Benefit
 - Match eligible members with credentialed transportation providers.
 - Veyo is a 2-year old evolution of a 35 year old company
 - Operating in 9 states – AZ, CA, CO, CT, FL, ID, MI, TX, VA
 - Completed 5.5 million trips in those first two years.
 - Average 20,000 trips a day.



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NEMT

- Regulations
 - CMS, State Medicaid
 - “For Hire” transportation rules (NEMT, Livery, Taxi, TNC, Stretcher)
 - State, County, and City
 - All very similar, but never exactly the same.
 - DOT
- Major areas of compliance:
 - Policies and procedures
 - Call center
 - Provider credentialing
 - Company, vehicle and driver
 - Trip records/“medical billing”



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Challenges as a Non-Clinical Provider

- Translation of Terms and Requirements: e.g. cultural competency = diversity and ADA
- Adapt Training – e.g. bloodborne pathogen and HIPAA
- Predelegation and “Building a Network”
- Legacy Regulations – e.g. Public Transit and DOT
- Changing Industry – Technology & Private/“For Hire” transportation
 - Technology

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Technology

TRIPS - TRIP #11796843

◀ ▶ ↻ Trip #11796843 METER OFF

MAP

Available Busy Unavailable Unknown

07:38 AM Trip request was sent to Albert [REDACTED] (2.43 miles away)

07:39 AM Albert [REDACTED] has received the trip request

07:39 AM Albert [REDACTED] has accepted the trip request at [33.56867, -112.2637683] (~2.29 miles away)

07:40 AM Albert ([1.772, [REDACTED]]) called ([1.480, [REDACTED]])

07:40 AM Albert ([1.772, [REDACTED]]) called ([1.480, [REDACTED]])

07:40 AM Albert [REDACTED] has arrived at [33.598778, -112.2805699]

07:40 AM Albert [REDACTED] has picked up passenger at [33.598778, -112.2805699]

07:52 AM Albert [REDACTED] has dropped off passenger at [33.5828639, -112.29997]

07:52 AM Albert [REDACTED] has submitted the trip

2 TRIP CALLS

CALL TYPE	FROM	TO	DURATION
Driver To Passenger	1.772, [REDACTED]	1.480, [REDACTED]	N/A
Driver To Passenger	1.772, [REDACTED]	1.480, [REDACTED]	N/A

Handwritten signature

Challenges as a Non-Clinical Provider

- Translation of Terms and Requirements: e.g. cultural competency = diversity and ADA
- Adapt Training – e.g. bloodborne pathogen and HIPAA
- Predelegation and “Building a Network”
- Legacy Regulations – e.g. Public Transit and DOT
- Changing Industry – Technology & Private/“For Hire” transportation
 - Technology
 - Independent Driver-Provider (IDP)
 - The TNC allows us to collectively insure and register these “part-time” commercial vehicles.
 - Utilizing Transportation Network Company (TNC) regulations to create a flexible fleet of fully credentialed single driver, single vehicle providers.

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Type of Client

- States & MCO's
 - State: Scale and clarity of standards – but long term provider member relationship.
 - MCO: Possible to leverage national standards – but can mean lack of scale, multiple standards in the same market.

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Audits and Other Considerations

- Pre Delegation
 - Growing requirement
 - Pre-Agreement/Pre-Procedures
- Annual
 - Cooperation
 - Multi-Site
- Contract Compliance
 - Details
 - Response Expectations

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Thank You!



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