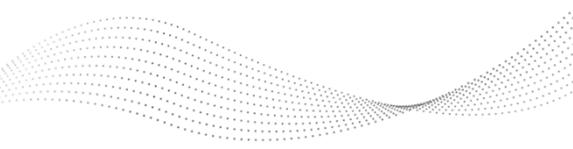




Credentialing & Oversight of a Non-Clinical Provider: Non-Emergency Medical Transportation Case Study


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

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)

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)

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.)

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.)

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

Thank you...



QUESTIONS

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 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


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.



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"



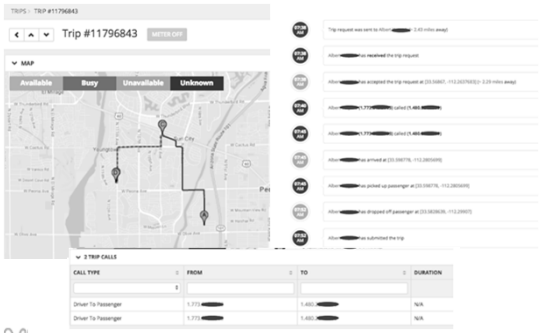
13

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

14

Technology



15

Challenges as a Non-Clinical Provider

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- 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.



16

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.



17

Audits and Other Considerations

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



18

Thank You!



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15
