

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, March 14, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Representative(s) Zollinger

**GUESTS:** Adelita Woolf, Targhee Regional Public Transit; Terri Lindenberg, Miranda Murray, and Debbie Maxwell, Treasure Valley Transit; Jefferson Tsosi, TRPTA; Darren Talley, White Tail Transportation; Kelli Bodesheim, Community Trans. Assoc. of Idaho, CTAI; Ken Robius and Dave Holt, Idaho AG

**Chairman Wood** called the meeting to order at 9:00 a.m.

**Chairman Wood** informed the committee of the meeting's focus to discover what the Department of Health and Welfare (DHW) and Veyo are doing to resolve the complaints and problems facing Idaho citizens using the non-emergency medical transport (NEMT) contract services.

**Dick Armstrong**, Director, DHW, gave an overview of the NEMT development, the previous trip payment method, the original 2010 contract, and the 2016 Veyo contract. The DHW is obligated to provide services in compliance with federal regulations and maintain individual rights. Federal changes required a more efficient contract arrangement with a per-member per-month (PMPM) basis. This new delivery method provides service quality and satisfaction at a lower and more predictable basis. The continuing DHW goal is improvement for better quality, better outcomes, and a healthier community.

**Matt Wimmer**, Administrator, Division of Medicaid, DHW, explained the transportation services approach. The 2010 contract was a shift from the existing state administration and a fee-for-service model to the nationwide brokerage method. This change addressed transportation duplication, cases of fraud, and driver termination restrictions.

To meet the contractor change challenge, stakeholders were asked for input prior to the request for proposal (RFP). Their response highlighted static rate difficulties. In response, the new contract included a provision stipulating 80% of all revenue go directly to transportation providers, raising the average per mile rate from \$1.65 to \$1.87.

The Veyo contract has stronger language to better monitor provider performance. In keeping with the value-based purchasing strategy, part of Veyo's payment is withheld based on their claims, call center performance, and driver performance. Veyo is currently meeting the requirements to receive the withheld amounts.

All contract requirements are subject to enforcement using a number of tools, including documented communication, formal corrective plan requests, penalties, and possible contract termination.

Two formal correction plans have been requested from Veyo to address customer service issues and assistance of persons with special health care needs. Both plans have been received, adjusted, and steady progress is being made by Veyo, who has been responsive to working with the DHW and community advocates to make improvements. The Joint Finance and Appropriations Committee (JFAC) has received a funding recommendation to be used for an NEMT audit and additional training. The goal is to build an excellent NEMT transportation system to be used as a model for other states.

Answering questions, **Mr. Wimmer** said the training will insure drivers are able to meet the special health needs of their passengers and provide a high level of service. Outside stakeholders, such as the Consortium of Individuals with Disabilities (CID) will continue providing input to help develop an effective training program.

Stakeholder feedback has led to reporting adjustments for more detailed information about missed trips. Although independent driver providers (IDP) are used, the majority of trips are by commercial providers. Passengers need to be surveyed about their experiences, which is expected to be part of the audit.

Because persons with disabilities thrive on routine, the contract requested Veyo not assign IDP drivers to this population. They were also instructed to honor patient driver requests as much as possible. There are times when health or mechanical issues make this impossible, raising the priority question of driver or appointment attendance. Another audit area is to determine if DD individuals are having their needs met.

Answering additional questions, **Mr. Wimmer** stated the DHW's use of an outside contractor is based on the specialized transport expertise involved, the extensive training required to use the existing DHW call center, and the desire to move from the fee-for-service model.

**Josh Komenda**, President, Veyo, appeared before the committee. Veyo is a privately held company based in San Diego, California, with a significant Boise team and presence. They operate NEMT contracts in six states and manage 2.5 million lives nationwide. Veyo's Idaho NEMT contract became effective July 1, 2016.

The Veyo team is sensitive to the challenges and disruptions of a new contract. They are committed 110% to working with both the DHW and stakeholders. As demonstrated in other states, they recognize the unique Idaho population requirements and the need to adapt their operations to assure Idaho's Medicaid participants are served well.

Statewide, Veyo completes approximately 100,000 trips each month, or 5,000 trips per business day. They work with over seventy contract providers. Five percent of the trips are completed by the IDP network. The call center answers between 20,000 and 25,000 calls per month. With this complex transportation logistical volume, mistakes sometimes happen. They are building quality assurance checks and balances in order to minimize the mistakes and address issues.

Complaints, which can originate from a variety of sources, are tracked and documented within Veyo's data base, which is open for the DHW to review. Investigation includes review of trip request phone calls, transport provider identification, transport provider information requests, and database searches for additional trip information. The use of GPS mobile applications to track trips gives call centers immediate knowledge of vehicle locations and participant movement.

Once all of the information is gathered, the team determines the complaint's substantiation within the NEMT scope. If substantiated, possible actions could be training, retraining, suspending, or terminating drivers. If an unsubstantiated determination is made, the reasons will be documented and shared with the DHW for their agreement. In either event, Veyo will work with the participant to prevent reoccurrence.

Their current complaint average rate is 0.1%, or 5 complaints per work day. This is comparable with the previous contractor's peak performance complaint rate.

Weather issues caused a temporary January and December cancellation spike, which has now lowered. Of the submitted complaints, 40% have been substantiated. The types of complaints include missed pickup (44%), late pickup (25.3%), scheduling error (9.3%), and driver issues (8.7%). To address these issues Veyo has adjusted their training programs, provider score cards, and introduced better tracking technology. Safety is their number one priority.

A unique Idaho trend is to request multiple trips at one time. Call center personnel were hanging up before the additional trips could be requested. Other call center issues were inconsistent responses to questions and a delay in call transfers to managers. These issues have been aggressively addressed through call center personnel retraining and new training programs.

The larger Idaho refugee community has required better use of Veyo's translation services and additional IDP driver training. With stakeholder assistance, development therapy and DD participant needs have led to improved methods for setting up trips. The unique Idaho use of NEMT to transport unaccompanied minors has required procedural adjustments to assure maximum transport safety.

The stakeholder comments and meetings have led to software changes and development of a provider advisory panel. Veyo continues to work with the community and has one-on-one meetings with health care facilities to understand and adapt to their needs.

Answering questions, **Mr. Komenda** said there are four call centers, Boise, Glendale, Arizona, Denver, Colorado, and Tuscon, Arizona. The Glendale location is a large 24/7 center for overflow and urgent after-hours calls.

**Mr. Komenda** said privacy issues prevent discussion of any specific complaint. He suggested the committee members contact the DHW regarding any particular issue.

Loaded mileage trips is the industry standard payment model. The GPS system is used for IDP trips and a new provider system is being rolled out as providers and drivers adjust their business models. Although unavailable for the public, the call center can look up a vehicle on the system and share the information with the DHW.

In closing, **Matt Wimmer** stated the DHW and Veyo are willing to provide additional information and meet individually with committee members regarding any other questions or concerns. The goal is to make issues and errors as minimal as possible to assure individuals arrive at their destinations.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 10:03 a.m.

---

Representative Wood  
Chair

---

Irene Moore  
Secretary