

# South Carolina Department of Health and Human Services Transportation Advisory Committee

## Quarterly Meeting Minutes

September 24, 2009 - 10:00 am

### Committee Members in Attendance:

Scott Lesiak, Kim Matreci, Lynn Stockman, Jonathon Teeter, Keith Guest, Angel Hechanova, Chuck DeZearn, Michelle Santilli (via phone)

### DHHS Staff Facilitating the Transportation Advisory Committee:

Beverly Hamilton, Sheila Platts, Mike Benecke, Deirdra Singleton, Nikole Boland, David Giesen

### Public Attendees:

Janice Barody, Candace Knight, Paula Pratt, Neal Glomb, Carla Wessells, Jason Smart, Nick Licary, Mike Pace, Steve Gary

#### I. Welcome and Introductions

#### II. Purpose of Transportation Advisory Committee (TAC)

A Proviso was established to create a committee of members that are involved or affected by the transportation services that are offered to Medicaid beneficiaries. This creates a forum to provide input to the Department of Health and Human Services (DHHS) and give advice on how the transportation services are handled.

#### III. Program Review Process

##### a. Transportation Broker Report Cards (Apr – Jun 09)

(See handout)

MTM, Kim Matreci – MTM doesn't have anything that stands out.

LogistiCare, Chuck DeZearn – In the past, when a caller initiated a request for a trip without having all pertinent information required, the person was asked to call back and the trip was not entered into the system. The process has now been updated to allow the trip request to be entered and denied until the additional information can be made available. This will cause an increase in reported number of denials for incomplete information on the monthly report, but will also serve as a reminder for beneficiaries on what information is required prior to making the call. In most cases, these situations result in actual trips to be delivered. Below this category on the report card, you will see "Wrong Level of Service and Ambulance" which is a combination of a few different things. The major portion of this is a new process that

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we go through to help make sure the ambulance providers get paid in case there are questions about eligibility, whether its Medicare trip or a 216 trip.

b. Trips, Denials, and Complaints By Region (SFY 08, SFY 08 Restated, SFY 09)

(See handout)

LogistiCare, Chuck DeZearn – The numbers of overall trips in the 4 regions decreased slightly. When the program was implemented, LogistiCare established a system to report “net authorized trips” which is the total reservation calls minus all cancelations. This resulted in the total potential number of trips in a month. The original concept was to have a preliminary report for a month then a final about 3 months later. This process has been changed to count verified paid trips.

MTM, Kim Matreci – We have recently changed how we document reported complaints which will cause our complaint numbers to increase. In the past, a provider/beneficiary was asked if they wanted to log an official complaint. If there was resolution and the caller did not state that they wanted this, it was not documented. Now all issues are logged so that there is a more accurate accounting of issues of concern/complaints.

The agency has also identified that the beneficiary will often issue a complaint directly with the transportation provider. There is not a way to capture these issues when resolved immediately. Efforts have been made during routine site visits to encourage accurate reporting to the transportation brokers. This will be an on-going educational issue with beneficiaries and all others involved.

c. DHHS Internal Complaint Tracking

(See handout) DHHS is tracking all complaints that are received in-house. These are compared to complaints the Brokers receive to determine the number of issues that get resolved at the Broker level versus those that are elevated to DHHS. This information is also used to determine support and training needs as well as communication needs.

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d. Program Review Site Visits

Overall these have been very helpful in understanding some of the issues that are irritants and/or things that need to be addressed when writing future RFPs to ensure that the information is clearly stated and that we have appropriate requirements in place.

The agency tries to make 3 site visits per month. Target areas for choosing sites can include, but are not limited to, the number of trips the provider makes, if the provider is new, and/or if there have been a series of complaints pertaining to a particular provider. For example if a provider has 10% of the complaints for a month and they are providing 5% of the trips, this would result in a higher prioritization for the next round of scheduling for site visits. We are also planning to have all the transportation coordinators blanket the state to observe providers while providing service to the beneficiaries. This will include riding with providers, spot-checking vehicles, and watching the loading and unloading of beneficiaries.

IV. Health of the Transportation Network

a. Transportation Provider Report Cards

(See handout) The provider report cards are broken down by region/providers. Individual provider names are not listed. While reviewing, please understand that each Broker operates differently; therefore, it would not be appropriate to compare the report cards utilized between Broker companies.

LogistiCare, Chuck DeZearn – The report cards are not grading scales where there is a pass or fail. For example, you could see 123% re-routes for a provider. This could be a provider that only has one van and maybe the van broke down causing the provider to re-route all trips for a day. If you see a zero percent for on time performance, it is a good possibility that the provider hasn't billed yet. Half of our measurement for on time percentage comes through the billing process.

MTM, Kim Matreci – This is a tool used to continually improve services provided to beneficiaries.

b. Transportation Accounts Payable Aging Reports

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(See handout) By monitoring this, we are able to see what payment structures have been established and the time frame between when invoices are received and paid.

MTM, Kim Matreci – Vendor 10 is one facility that has had a difficult time with reconciliation. The facility at the time only had one person actually doing it all; i.e., driving, paperwork, and billing. This company now has 4 staff members so significant improvement is expected before the next reporting period.

LogistiCare, Chuck DeZearn – We track payments two ways. One is the number of days from receiving the invoice to payment and the other is the number of days it takes to receive the invoice.

### **V. Stakeholder Input for Next Procurement – Written Feedback Requested**

#### **a. Follow Up To Request For Input**

The RFP is about 90% complete. There are a few outstanding issues. We have received some feedback requesting that we adjust the retro eligibility issue. This is a very difficult concept – going back to cover the cost of the transport for someone who was not Medicaid eligible at the time the trip was made. It is easier to deal with the pending eligibility population. Any feedback you can provide suggesting how we could address this issue is welcomed. We are willing to include this if it can be documented in a way that won't cause the state to cover the cost of every transport whether the patient will ever be eligible for Medicaid services or not.

#### **b. Meetings With Members**

DHHS staff members are making plans to meet with members. Groups of interest include, but are not limited to, nursing home family members, dialysis centers, and attendees at Federally Qualified Health Centers (FQHCs). Along with provider site visits, the agency is interested in hearing from the members who use the Broker services.

### **VI. Report of Meetings attended by DHHS staff regarding Transportation (See handout)**

### **VII. Beneficiary Satisfaction Survey**

This has been finalized and can be found on our website:  
[http://www.dhhs.state.sc.us/Internet/pdf/Medicaid\\_Transportation\\_Survey\\_2009\\_Final\\_Report.pdf](http://www.dhhs.state.sc.us/Internet/pdf/Medicaid_Transportation_Survey_2009_Final_Report.pdf)

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### VIII. Election Of Advisory Committee Chairperson

The Committee thinks a Chairperson is needed. DHHS will forward a copy of the proviso (see below for link) and the contact information for the Committee Members.

[http://www.scstatehouse.gov/sess117\\_2007-2008/bills/4178.htm](http://www.scstatehouse.gov/sess117_2007-2008/bills/4178.htm)

### IX. Advisory Committee – Current Issues/Concerns

Committee showed some concern regarding the health of the provider's financial stability. DHHS is aware and understands this. However, most health care providers and other related providers are diversified so that they have multiple sources of funding. For this reason, it is unrealistic for DHHS to assume complete responsibility for the financial stability for transportation providers any more than it can for physicians, hospitals, therapists, etc. It is expected that the agency will pay a reasonable reimbursement rate for services being rendered within the limits of the state budget; therefore, DHHS does retain the assistance of an actuary to certify the reimbursement rates for transportation.

The agency is monitoring the growth of enrollment with Medicaid. The two sectors of the populations that have shown growth are children and disabled. Other categories remain constant.

Committee showed concern regarding drug testing. Some providers cannot perform the drug tests the way they are asked as it would violate FTA regulations. Random drug tests are performed; however, the providers cannot pick a specific person out unless they are suspected of using drugs. DHHS asked if this could be submitted in writing as the agency needs to review the guidelines pertaining to drug testing.

Next Meeting – Thursday, December 10, 2009 at 10:00am, 1801 Main Street, Columbia, SC

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Broker Report Card - MTM



Transportation Metrics	April 2009 Final	May 2009 Final	June 2009 Final	SFY 2009 Totals
<b>Total trips provided by type of transportation</b>	<b>49,543</b>	<b>46,911</b>	<b>48,292</b>	<b>572,473</b>
• Non-Emergency Ambulatory Sedan/Van Trips	35,692	33,576	35,795	427,711
• Wheelchair Trips	7,114	6,638	6,947	84,240
• Stretcher Trips	685	665	778	8,219
• Individual Transportation Gas Trip	6,043	6,005	4,766	52,242
• Non-Emergency Ambulance/BLS (Broker Sponsored)	0	1	0	6
• Public Transportation Bus Trip	9	26	6	55
• Extra Passenger - Not Added To Total Trips	3,339	3,027	3,460	32,246
<b>Actual number of calls</b>	<b>15,556</b>	<b>14,632</b>	<b>15,983</b>	<b>188,162</b>
• Average phone calls daily	519	472	533	535
• Average Answer Speed	00:22	00:14	00:17	00:33
• Average Talk Time	04:02	03:49	03:34	03:50
• Average Time On Hold	03:44	03:42	03:20	02:22
• Average time on hold before abandonment	01:47	02:48	02:26	02:25
• Average number of calls abandoned daily	25	11	13	29
<b>Total number of complaints by type</b>	<b>78</b>	<b>75</b>	<b>94</b>	<b>867</b>
• Provider No-Show	20	26	28	238
• Timeliness	29	32	34	360
• Internal Complaint	9	8	7	77
• Call Center Operator	0	0	0	0
• Driver Behavior	11	3	15	97
• Provider Service Quality	3	2	2	41
• Miscellaneous	0	2	3	6
• Rider Injury / Incident	6	2	5	48
• Complaints as percentage of total trips	0.16%	0.16%	0.19%	0.15%
<b>Total number of denials by type</b>	<b>383</b>	<b>275</b>	<b>405</b>	<b>4,510</b>
• Non-Urgent / Under Days of Notice	173	118	114	1,616
• Non-Covered Service	63	64	67	1,189
• Ineligible For Transport	57	16	103	782
• Unable to Confirm Medical Appointment w/ Provider	15	22	14	329
• Does Not Meet Transportation Protocols	41	25	39	349
• Alternate Forms Of Transportation Available	0	3	0	59
• Not a Medicaid Enrolled Provider	33	11	12	99
• Incomplete Information	0	0	0	2
• Wrong Level Of Service And Ambulance	0	0	2	2
• Beneficiary Has Medicare Part B	1	16	54	83
• Denials as percentage of total trips	0.77%	0.59%	0.84%	0.79%

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Broker Report Card - Logisticare



Transportation Metrics	April 2009 Final	May 2009 Final	June 2009 Final	SFY 2009 Totals
<b>Total trips provided by type of transportation</b>	<b>119,982</b>	<b>107,718</b>	<b>118,588</b>	<b>1,364,147</b>
• Non-Emergency Ambulatory Sedan/Van Trips	100,096	88,596	97,413	1,135,393
• Wheelchair Trips	14,980	14,576	15,916	176,612
• Stretcher Trips	1,951	1,841	2,059	20,623
• Individual Transportation Gas Trip	2,604	2,329	2,816	27,949
• Non-Emergency Ambulance/BLS (Broker Sponsored)	0	0	0	0
• Public Transportation Bus Trip	351	376	384	3,570
• Extra Passenger - Not Added To Total Trips	0	0	0	0
<b>Actual number of calls</b>	<b>33,700</b>	<b>31,871</b>	<b>35,219</b>	<b>431,786</b>
• Average phone calls daily	1,296	1,226	1,355	1,387
• Average Answer Speed	00:21	00:26	00:22	00:41
• Average Talk Time	03:36	03:40	03:36	03:29
• Average Time On Hold	00:48	00:48	00:46	00:45
• Average time on hold before abandonment	00:41	00:48	00:48	01:04
• Average number of calls abandoned daily	20	25	24	52
<b>Total number of complaints by type</b>	<b>575</b>	<b>520</b>	<b>492</b>	<b>7,278</b>
• Provider No-Show	128	132	104	1,968
• Timeliness	280	244	225	3,683
• Internal Complaint	76	61	75	711
• Call Center Operator	17	23	20	201
• Driver Behavior	4	2	2	25
• Provider Service Quality	4	3	2	27
• Miscellaneous	51	35	42	515
• Rider Injury / Incident	15	20	22	148
• Complaints as percentage of total trips	0.48%	0.48%	0.41%	0.53%
<b>Total number of denials by type</b>	<b>2,375</b>	<b>2,638</b>	<b>2,847</b>	<b>15,036</b>
• Non-Urgent / Under Days of Notice	417	485	426	3,165
• Non-Covered Service	385	374	413	3,765
• Ineligible For Transport	141	155	146	672
• Unable to Confirm Medical Appointment w/ Provider	43	25	35	189
• Does Not Meet Transportation Protocols	2	0	0	5
• Alternate Forms Of Transportation Available	0	0	0	2
• Not a Medicaid Enrolled Provider	0	0	0	0
• Incomplete Information	531	758	953	2,449
• Wrong Level Of Service And Ambulance	856	841	874	4,789
• Beneficiary Has Medicare Part B	0	0	0	0
• Denials as percentage of total trips	1.98%	2.45%	2.40%	1.10%