

South Carolina Department of Health and Human Services Transportation Advisory Committee

Quarterly Meeting Minutes March 26, 2009 - 10:00 am

- I. Welcome and Introductions – Beverly Hamilton
- II. Purpose of Transportation Advisory Committee (TAC)
To ensure that DHHS has an opportunity to hear from the provider community as well as other affected parties regarding Medicaid Transportation so that DHHS can strive to constantly improve service delivery for beneficiaries.
- III. Program Review Process
 1. Site Visit Summary – The providers are given notice that a program review has been scheduled. DHHS uses a program review document that covers the topics listed below:
 - Trip reservation standards and practices,
 - Trip scheduling & cancellation policies,
 - Complaint process,
 - Member education & communication,
 - Transportation provider contracts,
 - Non-contracted transportation providers gas reimbursement program and individual transportation providers,
 - Broker back office review – documented policy and procedures, billing and reimbursement system, training, communications, report card source data. There are several forms that are used to document findings from the reviews in an objective manner.
 2. Tracking of Complaints/Follow-up and Resolution – DHHS receives a list of complaints from each of the brokers. A team of DHHS employees reviews the list of complaints looking for trends or issues specific to a provider or an individual. Then the list is compared to the complaints that are elevated to the state office. There are a few individuals in the state that sometimes count for the bulk of the complaints that are received. The agency has been recording all internal complaints as advised by the Transportation Advisory Committee (TAC).
 3. Transportation Broker Report Cards (Oct-Dec08)
MTM – The rider injury/incidents are now being included on the Report Card.

South Carolina Department of Health and Human Services Transportation Advisory Committee

LogistiCare – Areas of improvement: Average answer speed is now down to below 30 seconds. We have made some process flow changes within the main call center in Mullins. Rearranged how heavy call volume is handled in the regional offices. Due to this the number of abandoned calls has decreased. Complaints were previously separated by valid or in valid. Now all complaints are reported. They are all treated like customer service issues.

IV. 216 vs. NEMT Update

DHHS has worked to expand the number of people who process the 216's. Claims are up-to-date with minimal outstanding, unresolved issues. DHHS has worked with Ambulance providers to let them know what documentation is required. A cover letter is sent with all denied claims letting the provider know exactly what is missing from the claims that prevents DHHS from processing. In addition, the Brokers have started assigning trip/denial numbers as a back-up so that claims can be paid through the Broker in the event that the requirements for reimbursement via the 216 process are not met. This process was implemented in January.

V. Health of the Transportation Network

At the last TAC meeting, DHHS was asked if we knew what the overall health status of the transportation network is.

- a) MTM Report, Alaina Macia – MTM is currently contracted with 17 local organizations to provide 3 levels of care in the Upstate. MTM utilizes three “networks” of transportation providers. The majority of wheelchair and ambulatory trips are managed by the “regular network”. This network consists of 7 local Council on Aging organizations and one Regional Transit Authority, who provide non-emergent transportation in 13 counties. The “support network” consists of 2 transportation providers who accept urgent trips with less than the required days notice and out of region trips. This network provides wheelchair and ambulatory services. The “stretcher network” consists of five ambulance companies. These companies provide wheelchair and stretcher services for beneficiaries requiring a higher level of care, to include patients in skilled nursing facilities. In addition, MTM contracts with 2 non-profit child care institutions that provide transportation for their own clientele. MTM's contracted providers have a total vehicle count of 734 vehicles. Combined, the transportation providers take approximately 1,800 wheelchair and ambulatory trips daily. The stretcher network takes approximately 720 trips each month or 36 trips each day.

South Carolina Department of Health and Human Services Transportation Advisory Committee

- b) LogistiCare Report, Chuck DeZearn – The purpose of the study was to determine the overall capacity of the South Carolina Transportation Provider Network. The parameters reviewed included total monthly trip volume, the number of vehicles available by each Transportation provider, the efficiency of the Transportation provider, and the resulting capacity surplus or shortage in the service area. Each regional study determined that ability of the Transportation Network to adequately meet the current and projected demands for transportation services.

- c) Transportation Provider Report Cards
Just as DHHS has a system to assess the services rendered by the Brokers, they have a system to assess the providers. The provider report cards are broken down by region/providers. The provider names are not listed. While reviewing please know that each Broker operates differently. It would not be accurate to compare the two report cards as each Broker operates/reports differently. Preparing a report card for providers is a growing trend across the state.

- d) Transportation Accounts Payable Aging Reports
Alaina Macia, MTM – The report shows a total of \$3,223.17 for open invoices as of 2/28/2009. MTM pays providers about \$7,000 a month.
Chuck DeZearn, LogistiCare – We broke ours down a little differently to show how quickly the clients are getting paid. 99% of trips are process within 30 days. A large number of invoices come in within 30 days of service.

- e) Complaint/Corrective Action Plans
DHHS has reviewed how each Broker collects complaints. DHHS has put requirements in to place that will cause increases in reporting. To ensure that beneficiary needs are being met, the Brokers are submitting recorded calls for the Agency's review.

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

VII. MTM Call Management System Issue/Corrective Action Plan
Alaina Macia, MTM - The December call stats are red on the Broker Report Card due to some difficulties encountered that caused a shut down by MTM's call center system during this month. The system has been

