

## **Report of the Medicaid Transportation Advisory Committee Second Quarter, SFY 2008-2009**

Act #172 of 2007 required the Department of Health and Human Services (DHHS) to establish a Medicaid Transportation Advisory Committee composed of Medicaid service providers, local transportation providers, and Medicaid recipients, who require non-emergency transportation services. The advisory committee was required to have representatives from the South Carolina Emergency Medical Services Association, South Carolina Hospital Association, South Carolina Health Care Association, South Carolina Nursing Home Association, South Carolina Medical Association, Rural Transportation Association, Office on Aging in the Lieutenant Governor's Office, Department of Health and Environmental Control, Public Service Commission, two Medicaid recipients or two family members of Medicaid recipients, and a member of the brokering company operating the Medicaid transportation system.

Per resolution, the advisory committee is to do the following:

1. Meet at least quarterly to review issues and complaints concerning the Medicaid Transportation Brokerage System
2. Make recommendations for the resolution of these issues and complaints
3. Issue a report quarterly to the Governor, Senate, and House of Representatives.

The following report includes information and discussion topics relevant to the committee's mission and scope as expressed in Act #172.

Meeting Date – Tuesday, December 2, 2008, at the DHHS Conference Room.  
Committee members in attendance included:

Chuck DeZearn  
LogistiCare

Tony Kester  
Lt. Governor's Office on Aging

Paula Pratt  
Medical Transportation Management, Inc. (MTM)

Lynn Stockman  
Transportation Association of South Carolina

Jonathan Teeter  
Office of Regulatory Staff

Greg Kitchens  
DHEC

Randy Lee  
South Carolina Healthcare Association

Dr. Keith Guest, via phone  
SC Medical Association

Coretta Bedsole  
SC Adult Day Services Association

Scott Jones  
South Carolina Nursing Home Association

SCDHHS Staff facilitating the advisory committee meeting:

Deirdra Singleton  
General Counsel

Beverly Hamilton  
Care Management

Sheila Platts  
Care Management

The committee handled business from the agenda, and the following items were discussed:

DHHS' Beverly Hamilton presented an overview of the various meetings regarding the Transportation System that have occurred since the state fiscal year began.

Next, the Committee looked at the Broker Report Cards for July-September 2008. Discussion followed regarding Logisticare and the number of complaints listed, including whether there is sufficient staffing levels at Logisticare to handle issues. Also, the group discussed the "incident" listing on the report cards, and what constitutes an incident. There was a request to examine what issues led to inclusion as "incidents" on Logisticare's Report Card.

Beverly Hamilton told the committee that DHHS is going through in detail the complaint log and trying to get exact information on any incidents. Mrs. Hamilton told the committee about a comprehensive review document that was being developed, with the intent to follow up on complaints quickly and make sure that Medicaid beneficiaries are getting adequate services.

Dr. Guess asked if there was any reason why there is such a difference in the performance of the two brokers.

Chuck DeZearn of Logisticare responded that it is likely a matter of volume. Mr. DeZearn reported improvements and progress Logisticare has made since the last meeting, such as hiring new staff and systems to cut down on call hold time. Regarding complaints, he said the company lists any and all complaints, and the reason for a complaint could be anything.

Dr. Guess pointed out his concern regarding no-shows for Logisticare, and he asked if Logisticare breaks out this information by provider. DeZearn said he will provide that information.

Coretta Bedsole from SC Adult Day Services Association asked how DHHS manages the complaints received at the agency, and what process is used to identify which company is involved, and solve the issues. Mrs. Hamilton explained that all complaints that come to DHHS are handled, and managed at a high level within the organization.

Dr. Guess then asked for a breakdown of the type of complaints received by DHHS. Hamilton responded that the agency can establish a system to report on complaints, including which company is involved.

Further discussion developed regarding complaints that come to DHHS and how the agency receives, catalogs, and responds to them. DHHS staff remarked that specific detail is received with each complaint call, no matter the issue or company or provider involved. DHHS is working with the brokers to determine how to best manage the complaint process, especially those that come to DHHS.

Lynn Stockman of TASC made the observation that they get calls reporting that the beneficiary wasn't picked up, but they don't have paperwork on the pick up. This led to discussion regarding what can be done to pre-empt complaints, and how the agency and brokers can assess level of service being provided. Hamilton said DHHS has an independent survey underway that focuses on quality of services, and beneficiary satisfaction. Another survey will be done in the spring, she said.

Mr. DeZearn pointed out Logisticare's changes to the call center, with improvements that analyze calls and can be used to support an employee "pay for performance" system.

Ms. Pratt pointed out that MTM is monitoring call center calls on site and that issues are immediately addressed.

Mr. Lee asked if DHHS is monitoring broker payments – and are the payments current, being changed to reflect changes in the economy. He asked if the reductions to the state Medicaid program have been reflected in the broker payments. The agency responded that the three-year contracts will not be re-negotiated until the termination of the contracts. This led to discussion regarding any potential increase in beneficiaries and the

need for more Medicaid transportation services. Deirdra Singleton of DHHS reminded the Committee that the brokers are responsible for providing adequate networks to meet the needs.

Mr. Teeter of ORS asked if the LAC report is out yet. Mrs. Singleton responded that the agency has not gotten it yet. Teeter then told the Committee that the stretcher van issue is unresolved at this point.

After further discussion on some provider-specific issues, the group adjourned. The next meeting is Thursday, March 26, 2009, from 10-11:30 a.m., at DHHS.

South Carolina Department of Health and Human Services

Broker Report Card - MTM



Transportation Metrics	July 2008 Final	August 2008 Final	September 2008 Final	SFY 2009 Totals
<b>Total trips provided by type of transportation</b>	<b>45,204</b>	<b>44,556</b>	<b>45,996</b>	<b>135,756</b>
• Non-Emergency Ambulatory Sedan/Van Trips	36,140	35,365	36,011	107,516
• Wheelchair Trips	7,323	7,068	7,277	21,668
• Stretcher Trips	789	643	640	2,072
• Individual Transportation Gas Trip	952	1,480	2,066	4,498
• Non-Emergency Ambulance/BLS (Broker Sponsored)	0	0	2	2
• Public Transportation Bus Trip	0	0	0	0
• Extra Passenger - Not Added To Total Trips	0	0	3,290	3,290
<b>Actual number of calls</b>	<b>16,565</b>	<b>16,661</b>	<b>18,101</b>	<b>51,327</b>
• Average phone calls daily	534	537	603	558
• Average Answer Speed	00:32	00:37	00:24	00:31
• Average Talk Time	03:47	03:34	03:37	03:39
• Average "On Hold" Time	00:55	00:57	01:08	01:00
• Average number of calls abandoned daily	23	26	23	24
<b>Total number of complaints by type</b>	<b>63</b>	<b>75</b>	<b>69</b>	<b>207</b>
• Provider No-Show	12	20	12	44
• Timeliness	30	37	37	104
• Internal Complaint	10	8	4	22
• Call Center Operator	0	0	0	0
• Driver Behavior	9	8	14	31
• Provider Service Quality	2	2	2	6
• Miscellaneous	0	0	0	0
• Rider Injury / Incident	0	0	0	0
• Complaints as percentage of total trips	0.14%	0.17%	0.15%	0.15%
<b>Total number of denials by type</b>	<b>446</b>	<b>369</b>	<b>430</b>	<b>1,245</b>
• Non-Urgent / Under Days of Notice	211	168	166	545
• Non-Covered Service	103	85	107	295
• Ineligible For Transport	59	71	71	201
• Unable to Confirm Medical Appointment w/ Provider	32	19	34	85
• Does Not Meet Transportation Protocols	22	7	20	49
• Alternate Forms Of Transportation Available	12	19	25	56
• Not a Medicaid Enrolled Provider	7	0	2	9
• Incomplete Information	0	0	0	0
• Wrong Level Of Service And Ambulance	0	0	0	0
• Beneficiary Has Medicare Part B	0	0	5	5
• Denials as percentage of total trips	0.99%	0.83%	0.93%	0.92%

South Carolina Department of Health and Human Services

Broker Report Card - Logisticare



Transportation Metrics	July 2008 Final	August 2008 Final	September 2008 Final	SFY 2009 Totals
<b>Total trips provided by type of transportation</b>	<b>116,445</b>	<b>113,051</b>	<b>114,209</b>	<b>343,705</b>
• Non-Emergency Ambulatory Sedan/Van Trips	96,336	93,983	95,795	286,114
• Wheelchair Trips	16,469	15,416	14,844	46,729
• Stretcher Trips	1,511	1,497	1,387	4,395
• Individual Transportation Gas Trip	2,129	2,155	2,183	6,467
• Non-Emergency Ambulance/BLS (Broker Sponsored)	0	0	0	0
• Public Transportation Bus Trip	0	0	0	0
• Extra Passenger - Not Added To Total Trips	0	0	0	0
<b>Actual number of calls</b>	<b>36,847</b>	<b>37,264</b>	<b>41,962</b>	<b>116,073</b>
• Average phone calls daily	1,417	1,433	1,614	1,488
• Average Answer Speed	00:47	00:58	01:06	00:57
• Average Talk Time	03:25	03:23	03:13	03:20
• Average "On Hold" Time	01:08	01:15	01:13	01:12
• Average number of calls abandoned daily	63	88	98	83
<b>Total number of complaints by type</b>	<b>557</b>	<b>556</b>	<b>551</b>	<b>1,664</b>
• Provider No-Show	167	189	176	532
• Timeliness	313	303	298	914
• Internal Complaint	33	16	23	72
• Call Center Operator	12	8	7	27
• Driver Behavior	2	2	1	5
• Provider Service Quality	5	1	2	8
• Miscellaneous	21	31	33	85
• Rider Injury / Incident	4	6	11	21
• Complaints as percentage of total trips	0.48%	0.49%	0.48%	0.48%
<b>Total number of denials by type</b>	<b>476</b>	<b>630</b>	<b>599</b>	<b>1,705</b>
• Non-Urgent / Under Days of Notice	106	185	197	488
• Non-Covered Service	305	370	334	1,009
• Ineligible For Transport	21	21	18	60
• Unable to Confirm Medical Appointment w/ Provider	0	0	6	6
• Does Not Meet Transportation Protocols	0	0	1	1
• Alternate Forms Of Transportation Available	1	0	1	2
• Not a Medicaid Enrolled Provider	0	0	0	0
• Incomplete Information	4	6	7	17
• Wrong Level Of Service And Ambulance	39	48	35	122
• Beneficiary Has Medicare Part B	0	0	0	0
• Denials as percentage of total trips	0.41%	0.56%	0.52%	0.50%