

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

## **Quarterly Meeting Minutes**

June 24, 2010 – 10:00 am

1801 Main Street, Columbia SC – 11<sup>th</sup> Floor Conference Room

### **Committee Members in Attendance:**

Chuck DeZearn, Greg Kitchens, Keith Guest, Coretta Bedsole, Lynn Stockman, Valorie Williams, Angel Hechanova

### **DHHS Staff Facilitating the Transportation Advisory Committee:**

Sheila Platts, Mike Benecke, David Giesen, Beverly Hamilton, Vicki Johnson

### **Public Attendees:**

Neal Glomb, Candace Knight, Clarence Galloway, Steve Buckner, Paula Bundy

#### **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. Election Of Advisory Committee Chairperson**

On May 25, 2010, the committee members participated in a conference call to elect a chairperson. The committee elected Mr. Scott Jones as chairman.

Scott Jones, Committee Chairman – Acknowledged his willingness and acceptance of this role and informed committee members that the same meeting schedule and format would be utilized for TAC.

#### **IV. Procurement Update**

Agency staff working on the Request for Proposals (RFP) for Transportation Broker services internally at DHHS with expectation that it will be released to the Materials Management Office (MMO) at the Budget and Control Board for posting in the near future. As soon as this goes to MMO, it will be available for public review. We do not have an established time frame for the posting or awarding of future contracts.

#### **V. Program Monitoring Tools / Activities**

- a. Transportation Broker Performance Reports (Jan – Mar 2010) – Trips, Denials, and Complaints By Region (SFY 2010, SFY 2009 Final, SFY 2008 Restated)

Valorie Williams, MTM – For the Quarter Jan – March 2010, MTM facilitated almost 146,000 trips in Region 1 and 2. More of the

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beneficiaries in these regions are exercising the gas reimbursement option for assistance. To improve services to the beneficiaries in the upstate, MTM has made changes to the system used by our SC office. It is anticipated that this will decrease the abandonment percentage and increase the average speed to answer calls. We are continuing to work on the provider “no shows” after discovering and correcting an internal issue so that we can reduce the numbers for “no shows”. Additionally, we are continually working to improve the quality of service. Three new employees have been added in the call center with four more expected to begin work on the 29<sup>th</sup>. Another focus is trip denials. If the beneficiary is calling for the first time for assistance with less than three days notice, the trip is reserved and the beneficiary is educated on the proper procedure and it is noted in the system. If a trip meets the urgent guidelines, then it is scheduled even if under the three-day notice.

Chuck DeZearn, LogistiCare – Year to date (YTD), there has been about 911,000 trips in this 9 month period. Overall, the call statistics are acceptable and we continue to improve the average speed to answer calls. The main focus areas of LogistiCare right now are timeliness of drop offs and provider “no shows”. The main reason for denial of services for beneficiaries is incomplete information available at the initial call; approximately 75% of the incomplete information denials are re-booked within 24 hours. The procedure for back-up payment for ambulance transports when payment is denied by Medicaid is working as designed when trip numbers have been recorded.

A request was made that the report format be altered so that Quarterly totals and YTD totals are more clearly identified. DHHS agreed to work with the brokers to establish this revised format. Staff will review with TAC members during next quarterly meeting to ascertain if revised format is acceptable.

### **b. Transportation Provider Performance Reports**

Paula Bundy, MTM reported that there are decreased numbers of provider cancellations, fewer provider turn backs of trips, and that complaints related to behavior of providers remain low. MTM continues to work to improve pick up and drop off times as this is very important to beneficiaries and providers. It has been identified that some providers do not consistently report pick up and drop off times; therefore, additional education and training is being provided related to this issue.

Chuck DeZearn, LogistiCare reported that LogistiCare is pleased with the performance of the contracted transportation providers. This biggest concern continues to be on time performance. This is being addressed from a variety of angles. Of particular note, LogistiCare is testing a new

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methodology that will enable the Customer Service Representative who is scheduling a trip to establish and inform beneficiaries of a more accurate pick up time so that the system will be efficient and customer-friendly.

### **c. Transportation Accounts Payable Aging Reports**

Paula Bundy, MTM – I meet with trip reconciliation and management teams every week to address any issues. When reconciling trip for payment, there are three requirements. These include completion of reconciliation reports, inclusion of trip logs with original signatures by the beneficiaries, and documentation of the pickup and drop off times. When there is a discrepancy in any one of these areas, payment may be delayed. The majority of the outstanding balances are due to omission of data.

Chuck DeZearn, LogistiCare – 93% of clean invoices received are paid within 30 days of receipt.

### **d. DHHS Internal Complaint Tracking**

This report includes the number and type of complaints that the agency has received related to Medicaid transportation. Please note that a large number of these complaints continue to originate from one beneficiary.

### **e. Report Of Meetings**

See handout.

### **f. Program Review and Field Observation Site Visits**

There have been several Transportation Monitoring events held in the past quarter in areas of the state covered by both brokers. Staff members were divided into three separate teams so that many providers in many settings could be observed. The teams rated the vehicles for safety and cleanliness, interviewed drivers related to job duties and understanding of SC Medicaid policy, and spoke with beneficiaries related to their actual transportation experience(s). These events were held at hospital sites, medical provider sites, adult day care centers and dialysis centers. We will continue the announced and unannounced site visits and anticipate that this will improve compliance and improve standards for all affected.

## **VI. MTM URAC Accreditation**

MTM recently received accreditation from the Utilization Review Accreditation Commission (URAC).

## **VII. Advisory Committee – Current Issues/Concerns**

TAC member Keith Guest - identified a concern about the TAC members not really being able to monitor and/or comment on the handling of incidents/injuries due to a lack of information. Staff members outlined the methodology utilized to

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oversee these events and to determine if policy or procedures as currently endorsed by DHHS need revisions. Specifically, staff intervenes if and when serious incidents occur and also track incidents to determine if there are trends, isolated violations or corrective actions/training that needs be instituted to reduce and/or eliminate infractions or problems for beneficiaries. This is done in addition to the quality assessment and monitoring that is required by the brokers.

It was stated that it would not be appropriate to discuss injuries in detail in the TAC since this would be a HIPAA violation. It was agreed that the issue would be forwarded to the DHHS Legal department and the Compliance Officer to determine what level of reporting and involvement is appropriate for TAC members.

DHHS staff will follow-up on this and request that the Compliance Officer participate in the next TAC so that appropriate action can be taken. Additionally, staff will review the current reporting format utilized and determine if more information can be shared during the TAC meetings.

TAC member Angel Hechanova – In some instances, the members have a good relationship with the drivers; therefore, beneficiaries direct their complaints to the driver instead of calling the Brokers. Both Brokers responded that they are aware of this and are attempting to alter this behavior, but it is not without challenges. The Brokers shared that they are providing cards to the drivers to distribute to the members that do include instructions for reporting incidents/complaints as well as other information, but it is early in the implementation phase.

Coretta Bedsole – Questioned what the committee members need to do to address vacancies or member participation. The first step would be to poll committee members to determine continued interest and willingness or availability to serve. Ms. Bedsole and Mr. Jones said they would place some calls in order to discuss at the next meeting. A list of members has been made available by DHHS staff.

Scott Jones – The next scheduled TAC meeting will be held on Thursday, September 23, 2010 at DHHS, 1801 Main Street, Columbia, SC in the Conference Room on the 11<sup>th</sup> floor.

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Broker Report Card - MTM



<b>Total trips provided by type of transportation</b>	<b>46,521</b>	<b>45,862</b>	<b>54,434</b>	<b>439,324</b>
• Non-Emergency Ambulatory Sedan/Van Trips	32,906	31,762	37,876	309,255
• Wheelchair Trips	6,194	6,059	7,164	59,669
• Stretcher Trips	709	790	842	6,954
• Individual Transportation Gas Trip	6,636	7,167	8,439	63,064
• Non-Emergency Ambulance/BLS (Broker Sponsored)	0	0	3	12
• Public Transportation Bus Trip	76	84	110	370
• Extra Passenger - Not Added To Total Trips	3,358	3,205	3,599	30,915
<b>Actual number of calls</b>	<b>20,075</b>	<b>15,701</b>	<b>18,304</b>	<b>161,623</b>
• Average phone calls daily	648	561	590	590
• Average Answer Speed	01:17	00:53	00:55	00:45
• Average Talk Time	03:44	03:48	04:00	03:36
• Average Time On Hold	03:14	03:32	03:39	03:31
• Average time on hold before abandonment	03:34	03:18	03:21	02:57
• Average number of calls abandoned daily	75	32	36	44
<b>Total number of complaints by type</b>	<b>151</b>	<b>146</b>	<b>161</b>	<b>1,272</b>
• Provider No-Show	57	66	73	494
• Timeliness	46	36	43	427
• Internal Complaint	17	24	19	131
• Call Center Operator	0	0	0	0
• Driver Behavior	18	14	16	140
• Provider Service Quality	2	0	2	22
• Miscellaneous	4	1	1	10
• Rider Injury / Incident	7	5	7	48
• Complaints as percentage of total trips	0.32%	0.32%	0.30%	0.29%
<b>Total number of denials by type</b>	<b>366</b>	<b>496</b>	<b>750</b>	<b>4,242</b>
• Non-Urgent / Under Days of Notice	106	241	417	1,670
• Non-Covered Service	78	71	76	714
• Ineligible For Transport	31	43	59	497
• Unable to Confirm Medical Appointment w/ Provider	11	11	32	140
• Does Not Meet Transportation Protocols	39	43	66	354
• Alternate Forms Of Transportation Available	0	0	0	0
• Not a Medicaid Enrolled Provider	25	31	26	206
• Incomplete Information	0	0	0	0
• Wrong Level Of Service And Ambulance	15	12	12	115
• Beneficiary Has Medicare Part B	61	44	72	546
• Denials as percentage of total trips	0.79%	1.08%	1.40%	0.97%

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Broker Report Card - Logisticare



<b>Total trips provided by type of transportation</b>	<b>98,957</b>	<b>93,307</b>	<b>111,119</b>	<b>911,106</b>
• Non-Emergency Ambulatory Sedan/Van Trips	82,450	77,262	91,653	754,082
• Wheelchair Trips	12,896	12,746	15,363	123,501
• Stretcher Trips	1,281	1,031	1,404	11,564
• Individual Transportation Gas Trip	2,004	1,935	2,314	18,810
• Non-Emergency Ambulance/BLS (Broker Sponsored)	0	0	0	0
• Public Transportation Bus Trip	326	333	385	3,149
• Extra Passenger - Not Added To Total Trips	0	0	0	0
<b>Actual number of calls</b>	<b>39,807</b>	<b>36,067</b>	<b>43,882</b>	<b>348,033</b>
• Average phone calls daily	1,592	1,503	1,625	1,513
• Average Answer Speed	00:30	00:30	00:30	00:31
• Average Talk Time	03:56	03:39	03:39	03:45
• Average Time On Hold	00:58	00:58	00:59	00:51
• Average time on hold before abandonment	00:48	00:44	00:49	00:50
• Average number of calls abandoned daily	35	36	40	35
<b>Total number of complaints by type</b>	<b>523</b>	<b>740</b>	<b>932</b>	<b>5,393</b>
• Provider No-Show	116	104	159	1,064
• Timeliness	306	432	505	2,845
• Internal Complaint	35	72	147	602
• Call Center Operator	22	34	28	204
• Driver Behavior	0	12	3	34
• Provider Service Quality	4	3	4	65
• Miscellaneous	30	73	61	446
• Rider Injury / Incident	10	10	25	133
• Complaints as percentage of total trips	0.53%	0.79%	0.84%	0.59%
<b>Total number of denials by type</b>	<b>2,880</b>	<b>2,783</b>	<b>3,283</b>	<b>24,968</b>
• Non-Urgent / Under Days of Notice	280	313	370	3,621
• Non-Covered Service	421	294	407	3,262
• Ineligible For Transport	134	125	123	1,336
• Unable to Confirm Medical Appointment w/ Provider	53	27	29	344
• Does Not Meet Transportation Protocols	0	1	13	18
• Alternate Forms Of Transportation Available	0	0	0	3
• Not a Medicaid Enrolled Provider	0	0	0	0
• Incomplete Information	977	971	1,077	7,483
• Wrong Level Of Service And Ambulance	1,015	1,052	1,264	8,901
• Beneficiary Has Medicare Part B	0	0	0	0
• Denials as percentage of total trips	2.91%	2.98%	2.95%	2.74%