



South Carolina Department of Health and Human Services
1801 Main Street: 11th Floor Conference Room
Columbia, South Carolina 29202-8206
Transportation Advisory Committee

Quarterly Meeting Minutes
October 5, 2011- 11:00 a.m.

Committee Members in Attendances: Coretta Bedsole, Jonathan Teeter, Michael Santilli, Angel Hechnova, Lynn Stockman, Dr. Keith Guest, Doug Wright, Lydia Hennick, and Shawn Seewald.

DHHS Staff: Michael Benecke, Melanie Giese, David Giesen, Vicki Johnson Anthony Keck, , Annmarie McCanne, Deirdre Singleton, Ja` Melle Smith, Jeff Stensland, Zenovia Vaughn.

I. Welcome and Introductions

II. **Purpose of Transportation Advisory Committee**

Act 172 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 DHHS and gives feedback on how the transportation services are being handled.

III. **Contract Transition and Implementation Update**

DHHS transitioned brokers as of August 22, 2011 LogistiCare has taken over Region 1, and Access2Care has taken over Regions 2 and 3.

Lydia Hennick, LogistiCare: Gave general information about the program move and startup of the Region 1 office in Greenville. She shared information about challenges such as the unexpected call volume and her team's response as well as challenges in coordination of services through the new provider network they had to establish. Lydia also reaffirmed the accessibility of her agency to meet the needs of members 24 hours a day, seven days a week. Outreach efforts to facilities, providers, and other significant entities in Region 1 for quality improvement were shared as well.

Shawn Seewald, Access2Care: Gave general information about the startup of the Access2Care programs in Regions 2 and 3. Issues where projected call volumes made initial staffing decisions fall far short of reality, requiring Access2Care to hire additional staff and

make changes to the plans for covering member needs. He pointed out the fact that significant hiring responsibilities along with all the necessary training and support simply took time. Shawn shared the efforts Access2Care made locally and at a national level along with the significant help from DHHS's program, call center and other staff to meet member and provider needs. Along with the additional staff investments, in addition and improved technology helped to get the Access2Care call center up to speed. Access2Care has reached out to many facilities to find out specific issues, documenting them to fix those problems and start creating action plans.

Coretta Bedsole, Adult Day Coalition: Highlighted issues from multiple adult day care centers. The most significant of which were attributable to the initial total communication breakdown for Access2Care and others that are a part of any major transition. There were also relayed concerns about payment to providers for services delivered.

Anthony Keck, Director of SCDHHS: Stated clearly that this is a learning experience and shared that there are consequences for the brokers failing to meet contractual obligations in the startup. Director Keck stated that many concerns are being addressed but the real issue is safety and service for our recipients. He gave his commitment that he will stay focused on this issue and continue to listen to ensure that we are all working together for the same cause.

Jonathan Teeter, SCORS- Shared that he and his office had been told that some transportation providers were told by Access2Care staff to continue to pick up the recipients even though they were not credentialed by a broker, or in the ORS database. This may have been going on for over six weeks. He raised the question: Is there a way to tie the trip with a driver or vehicle, because they are experiencing many problems with getting paid, along with Access2Care employees telling staff to use company vehicles that have not been inspected yet according to the contract agreements? Shawn of Access2Care responded that to his knowledge that information is not true. At this time no trips should be running without an authorization from Access2Care.

Jonathan also raised the concern that Access2Care staff members were making statements on behalf of DHEC concerning staffing patterns for ambulance trips. Shawn clarified that trips are ran and paid for at the level of medical necessity. If Access2Care has to pay for a higher level of service or the provider chooses to use a higher

level, it does not change the level of service entered into the system. It will still be listed with the appropriate medical level of service.

Michael Benecke, SCDHHS: asked Shawn to clarify the difference between a stretcher level versus a BLS level and the vehicle types that are allowed for these services for the TAC. Shawn responded that if an ambulance company receives a request for a stretcher level of service, they can use any type of vehicle or medical staff to run that trip. If they use a BLS Ambulance that runs a stretcher van trip whatever DHEC requirements are they have to follow because they are using an ambulance, that is a business decision, but our level of the trips is consider stretcher van.

Lynn Stockman, TASC Board and Newberry COA Director: mentioned payment issues concerning incorrect rates being in the system. She also shared that TASC has been told by providers, specifically RTA's, that many are experiencing lower trip volume by as much as 50-60 %. This information was reiterated by other TAC attendees. Director Keck, questioned Shawn as to where the disconnect for being paid incorrect rates was coming from? Sean responded that his IT people are looking at where the disconnect happened. His belief is that some may be from confusion over the differences reflected in contract amendments.

Angel Hechnova, Dialysis: mentioned several issues. The first was patients still were being left waiting longer than the contracted time limits for being picked up and some being missed totally (Provider No Shows) in Region 2. This issue was also stated as occurring in all regions by others in the course of the meeting. Other issues that were brought up included: communication problems with Access2Care staff members, consistency of service concerning standing orders, and members afraid to make complaints. Michael Benecke, mentioned DHHS's efforts to make certain that facilities receiving complaints from members go first to the Brokers and that they follow up to make sure the Broker addresses the complaint. SCDHHS will get involved when other proper channels have been followed.

Doug Wright, Senior Solutions: brought up concerns about MTM and issues with payments owed as well as his belief that members would prefer to contact providers directly with complaints.

Director Keck: Assured every transportation provider connected in the past with MTM would be paid, Friday October 7, 2011. Almost seven hundred thousand dollars was paid to MTM with the sole purpose of

meeting their accounts payable obligations to Providers for services provided up to August 6.

Janice Barudy, PDRTA: Shared the ongoing need for controlling the wasting of money in the varying forms of transportation provided to citizens and that there are a number of instances where members could use the fixed route system and pay only a dollar per ride. Director Keck said we need to look internally at some of our policies that will assist in encouraging public transportation.

David Giesen, SCDHHS: shared that while there were many issues that are in need of immediate attention many of these are as much as three to four weeks old. SCDHHS is aware of these issues and are working with both Brokers to make necessary corrections. Reassurance was given that the telephone systems for both Brokers, but especially Access2Care was up and running to the necessary capacity and able to fulfill the transportation requirements of all recipients. Focus has now been shifted to the normal transitioning problems, missed rides, providers not getting data, but that DHHS is working diligently to make this process as easy and effective as possible.

Michelle Santilli, SCHCA: believes that all phone issues are not taken care of and disagreed with the correction of the phone system. She stated they are still having trouble getting through and being place on hold for a number of minutes.

Director Keck: asked how do we reconcile the difference between the telephonic system that is reporting in terms of peoples reality and the reports? Shawn responded that he would need to identify the instances of where they have long hold periods and determine the cause and if any improvements can be made. It was pointed out that Program area staff had been using the regular call-in numbers for reservations and other options with wait times measured in a few seconds to none at all throughout the day for the last two weeks.

Director Keck: committed SCDHHS to review some of the issues that were presented before the regular December meeting, Mr. Keck asked that an interim meeting take place in mid November for a follow up.

Lydia Hennick, LogistiCare: Historically and in our planning we will be scheduling regular provider and facility meetings as a part of our advisory process.

Director Keck: made very clear that there are three (3) things that need to be fixed by the Brokers because this is what the agency pays them for:

- Picking recipients up on time
- Communication
- Making Payment to Providers

Clarifications were asked throughout for procedures on receiving and tracking encounter data and complaints. There should be a complete data set for the December Meeting.

IV. Program Monitoring Tools/ Activities

Ms. Bedsole made a motion to skip this item on the agenda because most of the data was coverage, and the committee together seconded the motion.

V. Committee Membership

Coretta Bedsole, now represents the Adult Day Coalition instead of Adult Day Services.

Meeting Adjourned at 12:35 p.m.

Next Meeting Tentatively Scheduled for November 17, 2011 at 11:00

South Carolina Department of Health and Human Services

Broker Performance Report - Region 1 - Logisticare



Transportation Metrics	Performance Goal	July 2011 Final	August ** 2011 Final	September 2011 Prelim	SFY ** 2012 Q1 Totals	SFY ** 2012 Totals
Unduplicated Beneficiaries			4,176	6,698		7,684
Total trips provided by type of transportation			17,143	50,772	67,915	67,915
• Non-Emergency Ambulatory Sedan/Van Trips			13,384	38,180	51,564	51,564
• Wheelchair Trips			1,984	6,000	7,984	15,968
• Stretcher Trips			320	803	1,123	2,246
• Individual Transportation Gas Trip			1,422	5,480	6,902	6,902
• Non-Emergency Ambulance ALS			2	1	3	3
• Non-Emergency Ambulance BLS			5	82	87	87
• Public Transportation Bus Trip			26	226	252	252
Total Over Night Trips Arranged			1	8	9	9
Total Extra Passengers			3,047	4,854	7,901	7,901
• Number of Pickups On Time (A Leg)			5,018	13,830	18,848	18,848
• Number of Deliveries On Time (A Leg)			3,911	11,732	15,643	15,643
• Number of Trips Within Ride Time (All Trips)			10,510	29,418	39,928	39,928
• Percent of Pickups On Time (A Leg)	>= 90%		91.28%	92.10%	91.69%	91.69%
• Percent of Deliveries On Time (A Leg)	>= 95%		71.15%	78.20%	74.68%	74.68%
• Percent of Trips Within Ride Time (All Trips)	>= 99%		99.79%	99.70%	99.75%	99.75%
Actual number of calls			18,684	26,512	45,196	45,196
• Average phone calls daily			1,038	1,205	1,122	1,122
• Average Answer Speed	< 1:00		02:39	01:01	01:50	01:50
• Average Talk Time			04:53	04:11	04:32	04:32
• Average Time On Hold	<= 3:00		01:30	01:50	01:40	01:40
• Average time on hold before abandonment	< 1:30		02:35	01:16	01:56	01:56
• Average number of calls abandoned daily			140	88	114	114
• Percentage of calls abandoned daily	< 5.0%		13.49%	7.30%	10.40%	10.40%
Total number of complaints by type			350	436	786	786
• Provider No-Show			184	166	350	350
• Timeliness			125	196	321	321
• Other Stakeholders			4	19	23	23
• Call Center Operations			17	24	41	41
• Driver Behavior			1	6	7	7
• Provider Service Quality			2	2	4	4
• Miscellaneous			14	16	30	30
• Rider Injury / Incident			3	7	10	10
• Provider No-Shows as percentage of total trips	<= 0.25%		1.07%	0.33%	0.52%	0.52%
• Complaints as percentage of total trips			2.04%	0.86%	1.16%	1.16%
Total number of denials by type			263	688	951	951
• Non-Urgent / Under Days of Notice			76	181	257	257
• Non-Covered Service			58	100	158	158
• Ineligible For Transport			9	44	53	53
• Unable to Confirm Medical Appointment w/ Provider			5	13	18	18
• Does Not Meet Transportation Protocols			0	1	1	1
• Incomplete Information			87	266	353	353
• Needs Emergency Services			0	2	2	2
• Beneficiary Has Medicare Part B or Other Coverage			28	81	109	109
• Denials as percentage of total trips			1.53%	1.36%	1.40%	1.40%

** Includes data starting from August 22 due to contract turnover.

South Carolina Department of Health and Human Services
 Broker Performance Report - Region 2 - Access2Care



Transportation Metrics	Performance Goal	July 2011 Final	August ** 2011 Prelim	September 2011 Prelim	SFY ** 2012 Q1 Totals	SFY ** 2012 Totals
Unduplicated Beneficiaries			3,585	7,644		8,606
Total trips provided by type of transportation			14,254	53,090	67,344	67,344
• Non-Emergency Ambulatory Sedan/Van Trips			11,791	44,223	56,014	56,014
• Wheelchair Trips			1,802	6,382	8,184	16,368
• Stretcher Trips			12	232	244	488
• Individual Transportation Gas Trip			371	1,211	1,582	1,582
• Non-Emergency Ambulance ALS			10	53	63	63
• Non-Emergency Ambulance BLS			268	989	1,257	1,257
• Public Transportation Bus Trip			0	0	0	0
Total Over Night Trips Arranged			0	0	0	0
Total Extra Passengers			762	2,745	3,507	3,507
• Number of Pickups On Time (A Leg)			6,050	22,540	28,590	28,590
• Number of Deliveries On Time (A Leg)			4,114	16,546	20,660	20,660
• Number of Trips Within Ride Time (All Trips)			13,760	51,485	65,245	65,245
• Percent of Pickups On Time (A Leg)	>= 90%		82.98%	83.14%	83.06%	83.06%
• Percent of Deliveries On Time (A Leg)	>= 95%		56.43%	61.03%	58.73%	58.73%
• Percent of Trips Within Ride Time (All Trips)	>= 99%		96.87%	96.99%	96.93%	96.93%
Actual number of calls *			58,503	62,883	121,386	121,386
• Average phone calls daily			2,786	2,734	2,760	2,760
• Average Answer Speed	< 1:00		11:32	01:39	06:35	06:35
• Average Talk Time			08:07	05:31	06:49	06:49
• Average Time On Hold	<= 3:00		02:42	01:37	02:09	02:09
• Average time on hold before abandonment	< 1:30		05:29	01:04	03:17	03:17
• Average number of calls abandoned daily			1711	288	1,000	1,000
• Percentage of calls abandoned daily	< 5.0%		61.41%	10.53%	35.97%	35.97%
Total number of complaints by type			286	255	541	541
• Provider No-Show			31	26	57	57
• Timeliness			7	1	8	8
• Other Stakeholders			6	4	10	10
• Call Center Operations			192	48	240	240
• Driver Behavior			27	165	192	192
• Provider Service Quality			3	0	3	3
• Miscellaneous			20	8	28	28
• Rider Injury / Incident			0	3	3	3
• Provider No-Shows as percentage of total trips	<= 0.25%		0.22%	0.05%	0.08%	0.08%
• Complaints as percentage of total trips			2.01%	0.48%	0.80%	0.80%
Total number of denials by type			359	554	913	913
• Non-Urgent / Under Days of Notice			14	41	55	55
• Non-Covered Service			26	135	161	161
• Ineligible For Transport			41	2	43	43
• Unable to Confirm Medical Appointment w/ Provider			6	9	15	15
• Does Not Meet Transportation Protocols			0	6	6	6
• Incomplete Information			161	314	475	475
• Needs Emergency Services			0	1	1	1
• Beneficiary Has Medicare Part B or Other Coverage			111	46	157	157
• Denials as percentage of total trips			2.52%	1.04%	1.36%	1.36%

* Includes call center data for Regions 2 and 3.
 ** Includes data starting from August 22 due to contract turnover.

South Carolina Department of Health and Human Services
 Broker Performance Report - Region 3 - Access2Care



Transportation Metrics	Performance Goal	July 2011 Final	August ** 2011 Prelim	September 2011 Prelim	SFY ** 2012 Q1 Totals	SFY ** 2012 Totals
Unduplicated Beneficiaries			3,371	7,126		8,103
Total trips provided by type of transportation			12,993	49,212	62,205	62,205
• Non-Emergency Ambulatory Sedan/Van Trips			10,893	41,951	52,844	52,844
• Wheelchair Trips			1,543	5,276	6,819	13,638
• Stretcher Trips			68	323	391	782
• Individual Transportation Gas Trip			231	803	1,034	1,034
• Non-Emergency Ambulance ALS			7	44	51	51
• Non-Emergency Ambulance BLS			251	811	1,062	1,062
• Public Transportation Bus Trip			0	4	4	4
Total Over Night Trips Arranged			0	2	2	2
Total Extra Passengers			678	2,628	3,304	3,304
• Number of Pickups On Time (A Leg)			5,491	20,695	26,186	26,186
• Number of Deliveries On Time (A Leg)			4,146	16,048	20,194	20,194
• Number of Trips Within Ride Time (All Trips)			12,611	47,869	60,480	60,480
• Percent of Pickups On Time (A Leg)	>= 90%		82.40%	82.43%	82.42%	82.42%
• Percent of Deliveries On Time (A Leg)	>= 95%		62.21%	63.92%	63.07%	63.07%
• Percent of Trips Within Ride Time (All Trips)	>= 99%		97.07%	97.22%	97.15%	97.15%
Actual number of calls *						
• Average phone calls daily						
• Average Answer Speed	< 1:00					
• Average Talk Time						
• Average Time On Hold	<= 3:00					
• Average time on hold before abandonment	< 1:30					
• Average number of calls abandoned daily						
• Percentage of calls abandoned daily	< 5.0%					
Total number of complaints by type			169	320	489	489
• Provider No-Show			27	43	70	70
• Timeliness			4	0	4	4
• Other Stakeholders			7	14	21	21
• Call Center Operations			104	42	146	146
• Driver Behavior			16	204	220	220
• Provider Service Quality			3	4	7	7
• Miscellaneous			8	11	19	19
• Rider Injury / Incident			0	2	2	2
• Provider No-Shows as percentage of total trips	<= 0.25%		0.21%	0.09%	0.11%	0.11%
• Complaints as percentage of total trips			1.30%	0.65%	0.79%	0.79%
Total number of denials by type			267	539	806	806
• Non-Urgent / Under Days of Notice			9	62	71	71
• Non-Covered Service			29	133	162	162
• Ineligible For Transport			81	3	84	84
• Unable to Confirm Medical Appointment w/ Provider			21	4	25	25
• Does Not Meet Transportation Protocols			1	4	5	5
• Incomplete Information			123	271	394	394
• Needs Emergency Services			0	0	0	0
• Beneficiary Has Medicare Part B or Other Coverage			3	62	65	65
• Denials as percentage of total trips			2.05%	1.10%	1.30%	1.30%

* Call center data for Region 3 is included on the Region 2 report only.
 ** Includes data starting from August 22 due to contract turnover.