

South Carolina Department of Health and Human Services Transportation Advisory Committee

Quarterly Meeting Minutes

December 16, 2010 - 10:00 am

1801 Main Street, Columbia SC – 11th Floor Conference Room

Committee Members in Attendance:

Kevin Robison, Keith Guest, Neal Glomb, Coretta Bedsole, Scott Lesiak, Angel Hechanova, Valorie Williams, Lynn Stockman

DHHS Staff Facilitating the Transportation Advisory Committee Meeting:

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

Public Attendees:

Steve Buckner, James St. Fort, Nick Licary

- I. Welcome and Introductions
- II. Purpose of Transportation Advisory Committee (TAC)
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 the Department of Health and Human Services (DHHS) and give advice on how the transportation services are handled.
- III. Procurement Update
We have gone through the procurement process, two awards have been announced. Protests have been filed. Any questions related to the awards should be directed to Daniel Covey at MMO as we are not at liberty to discuss this further. Once an announcement is made the state will create a transition plan for beneficiaries and providers. The state was divided into 3 regions.
- IV. Program Monitoring Tools / Activities
 - a. Transportation Broker Performance Reports (July – September 2010) –
Valorie Williams, MTM – Reviewing the numbers for the months of July through September, you will see an increase in trips. These are re-occurring trips. We have recently hired additional staff. This has allowed us to improve our average speed to answer. We have been concentrating on provider no-shows. To work on this we have added a few transportation companies to our network. Since the last meeting we have changed some processes, our turn backs are now handled in our SC office as opposed to our Lake St. Louis office. We are working to get an in-house quality person.
Neal Glomb, LogistiCare – Looking at the trips starting in July you will notice an increase in trip volume. We are seeing more membership coming in on our monthly reports from the state. We have found on Monday mornings we typically receive 30-40% of our calls. We have

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added staff for those hours to assist with the larger call volume. We continue to work with providers to improve on time performance and decrease the number of no-shows. Within 24 hours, 75% of the denials are re-booked.

Trips, Denials, and Complaints by Region (SFY 2011, SFY 2010, SFY 2009 Final, SFY 2008 Restated)

Mike Benecke – This is just a summary. The number of trips per month does reflect the growing Medicaid population.

b. Transportation Provider Performance Reports

Valorie Williams, MTM – We have been working with transportation providers in the upstate to improve the on time performance numbers. One of our largest providers does a good job running the trips on time, but they did a poor job at reporting this. We have found that they have been reporting their pick up time at the same time as the appointment. Since this, they have improved significantly. At the next meeting you should see an improvement in the on time performance numbers. We have been working with LogistiCare to ensure that we are weighing things in the same way. The additional weight will be added to the November numbers. Nick Licary, LogistiCare – We are working on several things as it relates to on time performance. We have been working to give a better estimated pick up time. In three of the four regions we have added providers.

c. Transportation Accounts Payable Aging Reports

Valorie Williams, MTM – Vendor 1 shows \$146 outstanding payment that is more than 120 days old. We have had problems with this provider getting the member's signature and how this information is submitted. This vendor sends a manifest of all their trips, not just Medicaid. We have to then go through and separate the Medicaid trips. We are continuing to work with them to resolve this issue. I have also been working with our accounts payable department to clear some of the providers that are showing in the 120 days column.

Neal Glomb, LogistiCare – Typically we don't have any issues as it relates to payments. Providers do need to submit the correct/accurate data so they can receive payment in a timely manner.

d. DHHS Internal Complaint Tracking

A large amount of the complaints continue to come from one member.

e. Report Of Injuries / Incidents

We added the severity of injuries on page 4 of the report. This includes the providers who had at least two injuries. SCDHHS staff have found these to be isolated incidents.

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f. Report Of Meetings
See handout.

g. Program Review and Field Observation Site Visits
SCDHHS staff are continuing to get out and monitor providers. We are receiving positive feedback.

V. Continuation of the Transportation Advisory Committee
If the proviso were to go away, SCDHHS would continue to have an advisory group, as this has been most beneficial. This has allowed us to hear from different populations and has helped us shape how we monitor the systems we have in place.

VI. Advisory Committee – Current Issues/Concerns
Coretta Bedsole – To help the members compare the number of denials, can we add a notation on LogistiCare’s report stating that these re first time denials as opposed to how MTM reports, or something along those lines.

Angel Hechanova – Under non urgent days notice, it’s always been 3 days. Where does the 3 day rule come from?

SCDHHS Response - This rule was established by SCDHHS to allow staff ample time to arrange transportation. It also helps to reduce the incidents of provider no-shows and turn backs because providers are able to route trips and plan in advance.

Coretta Bedsole offered to send the link for the award letter to committee members as the letter has the solicitation number.

Dr. Keith Guest – We have talked about sending something out to the members to find out who will continue, if there are any changes, etc?

Sheila Platts – We have done this and have received one response letting us know of a change. We did receive several responses, but only one change.

Angel Hechanova – I am going to have to resign as I have taken on a different territory and will have a scheduling conflict. I am not going to be able to make the TAC meetings on the 3rd Thursday of each quarter.

Beverly Hamilton – We can look into changing the meeting date. We also have conference call capabilities that can be set up for each meeting. However, if you have to resign, we would ask you to help find a replacement that can represent the patient community. We can take this information to the chairman and find a suitable solution.

Coretta Bedsole – Regarding the discontinuation of the TAC committee, this has to continue as it is a statute. The statute gave SCDHHS the latitude to add other

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groups, which is how I came to be on the committee. Maybe in a conversation with the chairman, SCDHHS can determine if he wishes to replace those members who have not been participating.

Lynn Stockman – We are violating federal laws if we share the information that is being requested by the brokers. According to the federal regulations if you are a public transportation provider you cannot release copies of drug reports to anyone other than SCDOT. We file a report with SCDOT every year that shows the number of people that have tested and the number of positive/negative results. We will have to work together to find something suitable to submit as proof.

Kevin Robison – Since ambulance and EMTs and Paramedics are certified by DHEC, and they inspect and require background checks, can this part of the credentialing process be waived for ambulance personnel?

Mike Benecke – This is up to the brokers.

Next Meeting – Thursday, March 24, 2011 at 10:00am, 1801 Main Street, Columbia, SC

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Broker Report Card - MTM



Transportation Metrics	July 2010 Final	August 2010 Final	September 2010 Final	SFY 2011 Q1 Totals	SFY 2011 Totals
Total trips provided by type of transportation	51,049	56,858	58,549	166,456	166,456
• Non-Emergency Ambulatory Sedan/Van Trips	35,087	40,391	41,854	117,332	117,332
• Wheelchair Trips	6,657	7,196	7,393	21,246	21,246
• Stretcher Trips	929	1,017	1,004	2,950	2,950
• Individual Transportation Gas Trip	8,187	8,086	8,136	24,409	24,409
• Non-Emergency Ambulance/BLS (Broker Sponsored)	2	0	0	2	2
• Public Transportation Bus Trip	187	168	162	517	517
• Extra Passenger - Not Added To Total Trips	3,908	4,215	3,993	12,116	12,116
Actual number of calls	18,810	22,026	19,725	60,561	60,561
• Average phone calls daily	607	711	658	658	658
• Average Answer Speed	00:32	00:49	00:38	00:40	00:40
• Average Talk Time	04:02	03:58	04:17	04:06	04:06
• Average Time On Hold	02:40	02:41	03:06	02:49	02:49
• Average time on hold before abandonment	05:00	04:06	04:35	04:34	04:34
• Average number of calls abandoned daily	34	64	53	50	50
Total number of complaints by type	253	280	251	784	784
• Provider No-Show	121	124	103	348	348
• Timeliness	67	74	74	215	215
• Internal Complaint	25	37	40	102	102
• Call Center Operator	0	0	0	0	0
• Driver Behavior	15	26	25	66	66
• Provider Service Quality	16	7	6	29	29
• Miscellaneous	0	2	0	2	2
• Rider Injury / Incident	9	10	3	22	22
• Complaints as percentage of total trips	0.50%	0.49%	0.43%	0.47%	0.47%
Total number of denials by type	766	997	955	2,718	2,718
• Non-Urgent / Under Days of Notice	492	670	629	1,791	1,791
• Non-Covered Service	97	132	122	351	351
• Ineligible For Transport	14	15	12	41	41
• Unable to Confirm Medical Appointment w/ Provider	29	34	49	112	112
• Does Not Meet Transportation Protocols	37	55	49	141	141
• Alternate Forms Of Transportation Available	0	0	0	0	0
• Not a Medicaid Enrolled Provider	16	19	16	51	51
• Incomplete Information	0	0	0	0	0
• Wrong Level Of Service And Ambulance	13	14	12	39	39
• Beneficiary Has Medicare Part B	68	58	66	192	192
• Denials as percentage of total trips	1.50%	1.75%	1.63%	1.63%	1.63%

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Broker Report Card - Logisticare



Transportation Metrics	July 2010 Final	August 2010 Final	September 2010 Final	SFY 2011 Q1 Totals	SFY 2011 Totals
Total trips provided by type of transportation	104,169	110,474	107,128	321,771	321,771
• Non-Emergency Ambulatory Sedan/Van Trips	85,005	91,286	88,636	264,927	264,927
• Wheelchair Trips	14,691	14,698	14,019	43,408	43,408
• Stretcher Trips	1,460	1,405	1,649	4,514	4,514
• Individual Transportation Gas Trip	2,679	2,712	2,543	7,934	7,934
• Non-Emergency Ambulance/BLS (Broker Sponsored)	0	0	0	0	0
• Public Transportation Bus Trip	334	373	281	988	988
• Extra Passenger - Not Added To Total Trips	0	0	0	0	0
Actual number of calls	41,469	46,212	45,551	133,232	133,232
• Average phone calls daily	1,595	1,777	1,822	1,731	1,731
• Average Answer Speed	00:41	00:50	01:00	00:50	00:50
• Average Talk Time	04:07	03:59	03:49	03:58	03:58
• Average Time On Hold	01:02	00:58	00:57	00:59	00:59
• Average time on hold before abandonment	01:00	00:52	01:04	00:59	00:59
• Average number of calls abandoned daily	44	63	81	63	63
Total number of complaints by type	799	877	926	2,602	2,602
• Provider No-Show	127	197	160	484	484
• Timeliness	486	525	615	1,626	1,626
• Internal Complaint	66	37	33	136	136
• Call Center Operator	18	9	6	33	33
• Driver Behavior	2	4	5	11	11
• Provider Service Quality	2	4	5	11	11
• Miscellaneous	68	72	84	224	224
• Rider Injury / Incident	30	29	18	77	77
• Complaints as percentage of total trips	0.77%	0.79%	0.86%	0.81%	0.81%
Total number of denials by type	2,999	3,180	3,200	9,379	9,379
• Non-Urgent / Under Days of Notice	329	381	398	1,108	1,108
• Non-Covered Service	365	414	423	1,202	1,202
• Ineligible For Transport	112	137	113	362	362
• Unable to Confirm Medical Appointment w/ Provider	67	28	38	133	133
• Does Not Meet Transportation Protocols	1	0	1	2	2
• Alternate Forms Of Transportation Available	0	1	1	2	2
• Not a Medicaid Enrolled Provider	0	0	0	0	0
• Incomplete Information	992	1,025	1,010	3,027	3,027
• Wrong Level Of Service And Ambulance	1,133	1,194	1,216	3,543	3,543
• Beneficiary Has Medicare Part B	0	0	0	0	0
• Denials as percentage of total trips	2.88%	2.88%	2.99%	2.91%	2.91%