

South Carolina Department of Health and Human Services Transportation Advisory Committee

Quarterly Meeting Minutes
December 10, 2009 - 10:00 am

Committee Members in Attendance:

Scott Lesiak, Lynn Stockman, Jonathon Teeter, Keith Guest, Greg Kitchens, Angel Hechanova, Chuck DeZearn, Kim Matreci (via phone), Michelle Santilli (via phone)

DHHS Staff Facilitating the Transportation Advisory Committee:

Beverly Hamilton, Sheila Platts, Mike Benecke, Nikole Boland, David Giesen, Karen Wright, Vivian Bufford, MuMin AbdulRazzaaq

Public Attendees:

Paula Bundy, Neal Glomb, Valorie Williams

- 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. Questions From Last Meeting
 - a. FTA Drug Screening Program Requirements – Minimum Standards (49 CFR 655, 49 CFR 40) Both sections give additional information regarding the minimum standards. There are different requirements. The agency has reviewed and did not see a conflict with what is being required by the brokers.
 - b. Clarification On First Aid and CPR Certification Requirements
All drivers must be certified in First Aid and CPR. Online training will not be accepted.
- IV. Program Monitoring Tools / Activities
 - a. Transportation Broker Report Cards (Jul – Sep 09)
(See Handout)
LogistiCare, Chuck DeZearn – The average answer speed continues to improve. Also, explanation was given related to “Wrong Level of Service” specifically related to Ambulance transports; this is the documentation within the LogistiCare system that enables them to process and pay ambulance providers when trips are delivered that do not meet the 216 standard for payment.
MTM, Kim Matreci – There is a spike in August, which is common with kids going back to school. You will notice an increase under complaints

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as we are now capturing all complaints. In the past the beneficiaries/providers were asked if they wanted to make a formal complaint.

- b. Trips, Denials, and Complaints By Region (SFY 08 Restated, SFY 09 Final, SFY 10)
(See Handout) The agency has worked with the Brokers to make sure that they are identifying and documenting data in a uniform fashion.
- c. Transportation Provider Report Cards
(See Handout) The provider report cards are broken down by region/providers. Individual provider names are not listed. While reviewing, please understand that each Broker operates differently; therefore, it would not be appropriate to compare the report cards utilized between Broker companies.
LogistiCare, Chuck DeZearn – The on time performance (A Leg P/U) has improved. We are working with providers to continue improving the pick up performance.
MTM, Kim Matreci – Paula Bundy has met with individual providers to help them understand the importance of reporting. We expect to see an increase in the overall performance.
- d. Transportation Accounts Payable Aging Reports
(See Handout) Both brokers have improved in this area. As a result, the staff members at the agency are rarely called to assist providers who are having difficulties with payments issues.
LogistiCare, Chuck DeZearn – A large portion of invoices are received and paid in 30 days.
MTM, Kim Matreci – There a couple of providers with outstanding invoices. By the next report, the majority of these should be cleared up.
- e. DHHS Internal Complaint Tracking
(See handout) DHHS is tracking all complaints that are received in-house. These are compared to complaints the Brokers document to determine the number of issues that get resolved at the Broker level versus those that are elevated to DHHS. This information is also used to determine support and training needs as well as communication needs.
- f. Field Observation Review - Pilot
The pilot consisted of 4 site visits in Columbia with teams made up of 2-3 DHHS staff members. Each review took about 5 minutes. Team members inspected the vehicle, talked with drivers and beneficiaries, checked for first aid kits, fire extinguishers, etc. The agency is adjusting the review, adding questions and re-writing existing questions. Letters have been sent to all providers informing them of the process. Some visits will be in

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conjunction with the Brokers while others will be DHHS staff only. Some visits will be unannounced; others will be scheduled with the provider. Just as other medical providers are inspected related to state and federal policies, it is appropriate that transportation providers on contract for service delivery to Medicaid beneficiaries be inspected periodically to ensure compliance and high quality service delivery. We are confident that this will enhance the overall program.

g. Program Review Site Visits

(See handout) In 2009, the agency performed 21 Program review site visits.

h. Report Of Meetings

(See handout)

V. SC Medicaid Transportation Program - 2009 Accomplishments

a. 216 Process Changes

Implemented a process for the non emergency ambulance providers to receive a denial number from the brokers and later request payment from the broker if the medical necessity component of the 216 process is not met. Special thanks to staff within the agency and with each of the brokers who helped make this happen!

The electronic 216 form does have a statement that says: You certify electronically that you authorize these services.

b. 216 Payments Current

c. Customer Service Improvements

d. Staff Additions

David Giesen and Deborah Bates joined the Transportation department. The Transportation department also had assistance from an intern over the summer.

e. Streamline For Effective Management

Implemented a tracking system for 216 claims received and processed.

f. DHHS Program Reviews - Brokers, Transportation Providers, Field Observations

g. IFS Customer Satisfaction Survey

VI. SC Medicaid Transportation Program - 2010 Goals

a. More Comprehensive Program Oversight

b. Beneficiary and Family Member Focus Groups

c. Service Delivery Reporting

d. Overall Reduction in Injury and Incidents

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- VII. Election Of Advisory Committee Chairperson
Committee members discussed and decided to wait until the next meeting to elect a chairperson. DHHS will send something out to all committee members asking if they wish to continue representing their agency/organization and will inform the committee members of the desire to elect a chairperson.
- VIII. Advisory Committee – Current Issues/Concerns
DHHS received an email from Lewis Stephens stating that he will no longer serve on the Transportation Advisory Committee as his workload is steadily increasing.

Next Meeting – Thursday, March 25, 2010 at 10:00am, 1801 Main Street, Columbia, SC

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Broker Report Card - Logisticare



Transportation Metrics	July 2009 Final	August 2009 Final	September 2009 Final	SFY 2010 Totals
Total trips provided by type of transportation	104,800	100,761	101,043	306,604
• Non-Emergency Ambulatory Sedan/Van Trips	86,486	83,255	83,312	253,053
• Wheelchair Trips	14,400	13,926	14,105	42,431
• Stretcher Trips	1,388	1,298	1,297	3,983
• Individual Transportation Gas Trip	2,161	1,889	1,980	6,030
• Non-Emergency Ambulance/BLS (Broker Sponsored)	0	0	0	0
• Public Transportation Bus Trip	365	393	349	1,107
• Extra Passenger - Not Added To Total Trips	0	0	0	0
Actual number of calls	36,916	38,164	38,636	113,716
• Average phone calls daily	1,420	1,468	1,545	1,478
• Average Answer Speed	00:34	00:49	00:38	00:40
• Average Talk Time	03:42	03:47	03:59	03:49
• Average Time On Hold	00:47	00:51	00:50	00:49
• Average time on hold before abandonment	00:50	00:56	01:00	00:55
• Average number of calls abandoned daily	35	58	39	44
Total number of complaints by type	672	596	443	1,711
• Provider No-Show	158	140	82	380
• Timeliness	325	314	247	886
• Internal Complaint	93	63	38	194
• Call Center Operator	14	11	15	40
• Driver Behavior	4	3	2	9
• Provider Service Quality	7	3	4	14
• Miscellaneous	57	49	41	147
• Rider Injury / Incident	14	13	14	41
• Complaints as percentage of total trips	0.64%	0.59%	0.44%	0.56%
Total number of denials by type	3,024	2,684	2,611	8,319
• Non-Urgent / Under Days of Notice	509	472	440	1,421
• Non-Covered Service	388	343	345	1,076
• Ineligible For Transport	172	185	163	520
• Unable to Confirm Medical Appointment w/ Provider	35	33	31	99
• 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	956	767	739	2,462
• Wrong Level Of Service And Ambulance	963	884	891	2,738
• Beneficiary Has Medicare Part B	0	0	0	0
• Denials as percentage of total trips	2.89%	2.66%	2.58%	2.71%

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Broker Report Card - MTM



Transportation Metrics	July 2009 Final	August 2009 Final	September 2009 Final	SFY 2010 Totals
Total trips provided by type of transportation	48,797	49,711	50,326	148,834
• Non-Emergency Ambulatory Sedan/Van Trips	34,087	35,193	35,406	104,686
• Wheelchair Trips	6,898	6,951	6,772	20,621
• Stretcher Trips	753	713	853	2,319
• Individual Transportation Gas Trip	7,043	6,839	7,271	21,153
• Non-Emergency Ambulance/BLS (Broker Sponsored)	0	3	0	3
• Public Transportation Bus Trip	16	12	24	52
• Extra Passenger - Not Added To Total Trips	3500	3483	3372	10,355
Actual number of calls	16,707	17,206	17,949	51,862
• Average phone calls daily	539	555	598	564
• Average Answer Speed	00:22	00:27	00:32	00:27
• Average Talk Time	03:32	03:44	03:37	03:38
• Average Time On Hold	03:47	03:26	03:37	03:37
• Average time on hold before abandonment	02:34	03:07	02:19	02:40
• Average number of calls abandoned daily	19	22	32	24
Total number of complaints by type	100	134	172	406
• Provider No-Show	25	45	56	126
• Timeliness	48	52	68	168
• Internal Complaint	6	10	16	32
• Call Center Operator	0	0	0	0
• Driver Behavior	9	16	21	46
• Provider Service Quality	6	3	3	12
• Miscellaneous	0	0	1	1
• Rider Injury / Incident	6	8	7	21
• Complaints as percentage of total trips	0.20%	0.27%	0.34%	0.27%
Total number of denials by type	389	443	545	1,377
• Non-Urgent / Under Days of Notice	116	148	201	465
• Non-Covered Service	79	85	86	250
• Ineligible For Transport	48	63	136	247
• Unable to Confirm Medical Appointment w/ Provider	12	16	11	39
• Does Not Meet Transportation Protocols	58	25	17	100
• Alternate Forms Of Transportation Available	0	0	0	0
• Not a Medicaid Enrolled Provider	19	21	21	61
• Incomplete Information	0	0	0	0
• Wrong Level Of Service And Ambulance	5	15	16	36
• Beneficiary Has Medicare Part B	52	70	57	179
• Denials as percentage of total trips	0.80%	0.89%	1.08%	0.93%