South Carolina Department of Health and human Services
1801 Main Street: 11th floor conference room
Columbia, South Carolina 29201-8206

Transportation Advisory Committee
Meeting Minutes
March 28, 2013- 10:00 a.m.

Committee Members in Attendance: Lydia Hennick, Chuck McNeil, Coretta Bedsole, Dr. Keith Guest, Lynn Stockman, Scott Lesiak, Rebecca Gates, Gloria Prevost

Committee Members via Telephone: Asha Brown, Health Hill, Michelle Santilli

Others in Attendance: Ronda Nance, Crystal Hart, Krista Martin, Rhonda Goodman, Brandon Dermody, Heather Smith, Gerry Dickson

DHHS Staff: Zenovia Vaughn, Michael Benecke, Audrey Williams

I. **Welcome and Introduction:**
As acting Chairperson Dr. Guest was delayed, Coretta Bedsole, the Vice Chairperson called the meeting to order.

Ms. Bedsole introduced the two newest members of the Transportation Advisory Committee, Gloria Prevost and Rebecca Gates. Gloria Provost represents Protection and Advocacy and Ms. Gates is a representative for the Medicaid community.

II. **Purpose of the Transportation Advisory Committee**
Michael Benecke read the following Bill and a copy will be distributed along with the March minutes so new members will have a copy.

Joint resolution to establish a Medicaid Transportation Advisory Committee to provide for its members power and duties including resolving issues and complaints concerning Medicaid Transportation Brokerage System and to provider that the committee if abolished at such time as contract expires or is terminated for the operation of the Medicaid Transportation Brokerage System. Be it inactive by the General Assembly of the State of South Carolina Medicaid Transportation Advisory Committee Section 1- the Department of Health and Human Services shall establish a Medicaid Transportation Advisory Committee composed of Medicaid Service Providers, Local Transportation Providers, and Medicaid recipients who requires transportation services. At a minimum the Advisory Committee shall include representatives from the South Carolina Emergency Medical Services Association, the South Carolina Hospital Association, South

Carolina HealthCare 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 Environmental Control, The Public Services Commission, and two Medicaid recipients or two family members of Medicaid recipients, and a members of the Brokerage Company operating the Medicaid Transportation System. The Advisory Committee shall meet a least quarterly to review issues and complaints concerning the Medicaid Transportation Brokerage, and shall make recommendations for the resolution of these issues and complaints. The Advisory Committee shall issue a report quarterly to the Governor, Senate, and House of Representatives. The Department of Health and Human Services shall provider the staff for the Advisory Committee. The Advisory Committee is abolished when the contract for the operation of the Medicaid Transportation Brokerage System expires or is terminated.

Ms. Bedsole asked the new members and TAC if there were any questions concerning the Joint Resolution that enacts the Transportation Advisory committee. A copy of the Joint Resolution will be distributed along with the March 28, minutes.

Ms. Prevost asked if the Joint Resolution included Medicaid recipients. It does include Medicaid recipients. Representation from the recipient community is acceptable based on the committee's previous discussions.

Ms. Bedsole mentioned that some of the committee members received their material via secure permission system. She requested that all material be sent via email because the material that was sent does not have HIPPA impact. The material was received but could not be opened by several TAC members.

Mr. Benecke stated that it is likely something that automatically happens when distributing material outside the agency-. There is likely a new feature that DHHS has installed for the e-mail system that we will have to try to figure out a way to get around it. If there is an issue with receiving material let us know and we try to correct it before the next meeting.

III. **Meeting Minutes Approval**
The committee approved the minutes for the December 13, 2012 meeting.

IV. **Meeting Minutes Approval**
The committee approved the minutes for the January 17, 2013 meeting.

V. **Report on Committee Membership Contacts**
Mr. Benecke thanked the TAC for their effort in developing committee membership; however we still have members that are not attending the meetings. Mr. Benecke asked

the committee for recommendations that would help improve member's attendance. Ms. Bedsole mentioned that some of the TAC members have reached out to those members and tried to encourage them to come. Those of us who were asked to participate would probably have more interest the closer it gets to the RFP. She thanked the DHHS for executing the request that the committee made, making sure we added appropriate members.

Ms. Hennick had some suggestions regarding members using ancillary services as possible members on the committee. There are some members that utilize the service regularly that might be a good voice and be able to attend. Michael Benecke stated that we can look at an individual who has used that type of services multiple times. Rhonda Goodman mentioned that their company transports an individual once or twice a month to Charleston that could be a possible voice for the Medicaid community. She will contact that individual and ask if they are interested in representing the Medicaid community for the TAC.

Mr. Benecke introduced Chuck McNeil from Pee Dee Rural Transportation Association (PDRTA), a company that initiated their termination with the Brokerage effective April 12, 2013. Mr. McNeil turned in his resignation from the TAC as a member, and thanked the committee for letting him be a part of the group. Coretta Bedsole accepted his resignation and asked that he stay in the meeting and be a part of the discussions on the survey results. Mr. McNeil represented transportation providers.

Crystal Hart from Ashley Transport expressed the opportunity to be a part of the TAC. Ashley Transport services the Abbeville- Greenwood area. Mr. Benecke mentioned that they are a company servicing a more rural area. Ms. Prevost wanted to know if representation was needed geographic not only for Pee Dee area but for the entire state. In the Joint Resolution, it is not required to have geographic representation. Mr. Benecke said that the Transportation Association of South Carolina represents people like Mr. McNeil and the Regional Transportation Associations (RTAs) and Council on Aging. Senior Solutions is a part of that TASC committee. The Low Country needs more transportation providers to represent that area. The Joint Resolution states minimum membership requirements and there is no reason members can't be added above the minimum. A motion was made to accept Crystal Hart as a Transportation Advisory Committee member. Ms. Hart was approved to be member.

VI TAC Committee Membership Election

Scott Jones is the elected Chairperson of the TAC. Mr. Jones represents the South Carolina Nursing Homes Association but has not attended the last several meetings. A

motion was made to elect Coretta Bedsole as the new Chairperson of the TAC and the motion was approved. Ms. Bedsole asked members to give some thought about who should be the next Vice Chairperson.

VII. The Transportation Providers Survey- Next Steps

A document sent to the TAC members prior to the meeting was reviewed for discussion. Ms. Bedsole had a comment that seemed pervasive in the first part of the document, adequate reimbursement rates. Part of the problem with the reimbursement rate is the way LogistiCare had to come in, mid- contract and pick up the entire state. The previous broker probably under bid the amount that was required to run the program, thus putting LogistiCare at a disadvantage for reimbursement. Is there any way in the procurement system for the agency to provide some guidance into how much it actually cost to run to the system, so that we won't find ourselves with less money in this particular area as needed. I'm not sure what the legal ramifications are for that.

Mr. Benecke clarified the emergency procurement pricing that LogistiCare agreed to when they took over Region 2 and Region 3 from AMR. The agency and LogistiCare agreed to use the Logisticare original bid price for Regions 2 and 3 and that's what the agency is paying them. It is a concern that is resonating throughout the state from the survey that there is not enough money in the system and the reimbursement rates are not adequate enough.

Chuck McNeil commented on why PDRTA was leaving the Brokerage system; the reimbursement rate, Multi loading, the distance in trips, the number of trips were some factors. PDRTA did accept a lower per mile rate from LogistiCare, but still depended upon the other variables to determine whether their company could still survive in the business. Ms. Bedsole asked for comment from Mr. McNeil about a suggestion from the survey regarding the standard rates for the providers, so that there is one rate per mile. Would that have helped or harmed your situation? Mr. McNeil stated ultimately it would have depended on what the rates would have been.

Mr. McNeil stated prior to the Broker, in the Pee Dee region the PDRTA was able to be the broker in the region. They would provide most of the trips in the Pee Dee six county region. Whatever they couldn't cover they would broker to other providers to make sure transportation was provided. The advantage to that model is that they could coordinate to make sure that vehicles were carrying as many passengers as possible. From a business standpoint trying to make sure they were maximizing whatever that reimbursement rate was at the time, they were working directly with DHHS. The dynamics of the change, having another entity to come in and serve as the broker is different and they had no control. As a consequence they became a company that had to take additional trips that were costly for the reimbursement rate. The final analysis is

that they could not survive as a public service provider for the region under the current broker model.

A comment came from a provider affiliated with Council on Aging. Their concern is that PDRTAs is the last RTA to pull out. There are no RTAs doing transportation for the Medicaid Broker in the State of South Carolina. There is a report with Department of Transportation (DOT) call the Op-Steps. If you get transit money from SCDOT you need to complete the report annually. The report gives the cost of transportation; revenue miles, and non- revenue miles which is what makes the system work. There are a lot of vehicles that have been pulled out of the system. The bottom line question is; are the clients getting where they need to go?

Ms. Bedsole had another question for the agency. How much SCDHHS oversight goes into the procurement process? Is there a way the agency is able to know the right amount of funding to put into the system? Michael Benecke stated the service is a competitively bid contract. In the current contract there is always opportunity for negotiation. There is nothing in the contract that states specifically if this happen it would automatically trigger a re-negotiation or break for the contract. The concern throughout the report is the lack of a viable network and that we won't have enough providers, and the RTAs pulling out is an indicator that there will be a problem with having transportation providers if we don't do something differently. Is there an inadequate network of providers in the state are you seeing symptoms of that? Ms. Hennick stated that LogistiCare is seeing repercussions with a lot of providers struggling with cost in a lot of different aspects such as; healthcare cost, gas cost fluctuations, insurance requirements. There is something as broker we can do when it comes to assignment of transport. We assign providers to transport in their own county and towns as opposed to having them transporting in a lot of different counties. Another concern the Broker hears from the Providers is in order to achieve performance goals they are not able to multi load as much. As a broker we know and respect everyone's opinion. Everyone can't operate under the same reimbursement. Different Providers have different models and different overheads, and they operate in different areas. That is why we have not developed standard rates, they are negotiated rates. We also want to have enough revenue per vehicle whether they are a public or private agent.

Ms. Bedsole directed a question to the broker asking what can be done differently with the broker system to make it better from the perspective of the Broker. Ms. Hennick stated that some of the Provider's challenges are from a quality stand point and a partnership with the recipient. One of the bigger challenges is when a transportation provider goes to run a transport that has been properly setup by the recipient or an advocate for that recipient and the member cancels at the door or has found an alternate way for transportation to their appointment. It is loaded miles and that is a huge cost for the provider to go out and not have someone ride and not get paid for it. One of the challenges the Broker is looking at is not meeting the performance level from a transportation provider, but have some responsibility and accountability and

recognizing how the member and recipient population is impacting a large portion of our providers attempts and cost of going out.

Ms. Gates, a double amputee, had an issue with one of the transportation Providers that translated into the recipient not wanting that company to transport her because she didn't feel safe. She said they were not timely; would have her late for appointments or she would miss appointments. Some companies would show up with the wrong van or don't have a lift on the van to transport her. When she makes her reservations she clearly states that she is a double amputee.

Ms. Hennick apologized to Ms. Gates for what happened, however from the Broker standpoint when the reservation was made all the appropriate questions are asked for a wheelchair transport. However, it was likely overlooked as wheel chair request. The broker apologized again and said they always want the member or recipient to feel safe, but there have been some challenges with some family members that the providers didn't feel safe. The Broker will get documentation from both sides of the issues to determine what happen and depending on the severity of the issue, the driver can be disqualified and not drive for the Broker.

Ms. Gates was asked by a provider whether she called LogistiCare to complain about the service level that she got. If a provider does something right or wrong it goes to LogistiCare. The provider gets a fax from LogistiCare asking for the provider's side of the story.

Ms. Gates mentioned another incident with a driver who left her for two hours at her Physician's office. The Nursing Assistant filed the complaint with LogistiCare. The person at LogistiCare said there was nothing they could do. The Nursing Assistant then called the provider to let them know what happened; the provider directed them back to LogistiCare. The Nursing Assistant had to re-file the same information and was told that she will receive her complaint number in the mail. The Nursing Assistant didn't get off the line until she got a complaint number. Ms. Hennick wanted some additional details concerning Ms. Gates situation so that she could have Ms. Gates placed with a driver that she will be comfortable with.

Ms. Prevost wanted to know if there was a survey for recipients. Ms. Vaughn stated that the agency was in the process of working with University of South Carolina to develop a survey for recipients. Mr. Benecke stated in the survey meeting there was a recommendation that the committee members send back there top ten from the list that was sent out. That will be the next step, it should not just be about the financial issues, but there are other things in the survey that may be important for the committee to look at. A suggestion is that all the committee members send back there top ten from that list. DHHS will consolidate and prioritize the list

Ms. Bedsole stated that it will beneficial if she and Mr. Benecke meet and go over the responsibilities of a chairperson. During their meeting we can look at some of the recommendations and figure out where the areas of responsibility are. When the committee has future discussion they will know if they can work on it as a committee or something they cannot work on as a committee because of the procurement process. Michelle Santilli attending via telephone asked to have the information resent to her. She was informed that she was no longer a TAC member, and someone else had been assigned to represent her association based on contact with her association. Based on the Joint Resolution there should be one representative from each entity, to make it easier for flow of information and to make sure that the committee members get what they need from the agency. All information is being sent to Mr. Hill for the South Carolina Health Care Association.

VIII. **Update on the Stakeholder Forum held January 28, 2013**

The agency hosted a Forum to allow providers, recipients and consumer to come and talk about the Brokerage system. It was part of the process for the agency to gather recommendations about thoughts concerning the Broker system. Ms. Bedsole encouraged the TAC members to attend the upcoming forum.

Mr. Benecke gave an update on the January 28 forum. He thanked those stakeholders who did attend and said there was good representation from the provider community, state agencies and health care facilities. There were a lot of good recommendations that were captured that are still being processed. DHHS is planning a follow up meeting on April 15, 2013. During that meeting we want to confirm that we captured everything and also make certain that we take into consideration different viewpoints on the input we have. We have talked about the multi load many times, which is 1 hour plus normal drive time is what the parameter is. A healthcare provider suggested the time should be 30 minute plus normal drive time. There will be competing interest in just about all of the recommendations that have been submitted for our review. Tentatively, the follow up forum will be at April 15, 2013 at Blue Cross Blue Shield on Farrow Road starting a 10:00 am. We will get notification out next week, the first week in April along with the agenda and meeting materials. If you attended the last forum you will get an email with that information. The TAC members are on the normal distribution list and information will also be posted to DHHS website.

IX. Program Monitoring Tools/ Activities

a. Transportation Broker Performance Reports (October- December 2012)
   Trips, Denials, and Complaints by Region (SFY 2013, SFY 2012)
b. Transportation Provider Performance Reports
c. Transportation Broker Accounts payable Aging Reports
d. DHHS Internal Complaints Tracking
e. Reports of Injuries/ Incidents
f. Reports of Meeting
g. Program Review and Field Observation Site Visits

Ms. Hennick gave an overview of the reports to the new members. She explained that the first three reports in the documentation were the Broker Performance Reports which are summary reports that are broken down by the three Regions.

The reports have five categories: Unduplicated Beneficiaries, Total trips provided by type of transportation, Actual number of calls, Total number of complaints by type, and Total number or denials by type.

1. **Unduplicated Beneficiaries** unique number rider, a person that uses the transportation three times a week to go to dialysis, are recipients that are actually using the benefit.
2. **Total trips provided by type of transportation**, verified paid trips that include an A and B leg. Total Over Night Trips Arranged is the Ancillary Services, your lodging, meals, air transport. Total Extra Passengers, is how many additional people that ride with the recipient if they need an escort to their appointment. She stated they look at the pickups and deliveries of On- Time- Transports and how long the members are on board the vehicles.

3. **Actual numbers of calls** is call coming in on the reservation line.

4. **Total number of complaints by type,** is a tracking mechanism of service deficiencies. The focus is on the provider No-Shows, and other stakeholder. This is the rider accountability- the rider No–Show is when the Recipient reschedules their appointments or got another rides and did not notify the Broker to cancel the appointment in their system. Providers are calling this in as a complaint against the rider so that it can track and captured as a complaint, this is something that we have targeted as a new template.

Mr. Benecke emphasized the potential impact of the Providers "No Shows" and the members "No Shows". For the provider no-shows, the member doesn't get to their appointment at all. Ms. Hennick mentioned some are recovered by a different transportation provider, but is still recorded as a provider No Show because the original provider didn't show up. Some are going to result in people not getting to their appointment. Another thing that we haven't talked about a lot is the rider No Shows. That is the situation where the transportation provider has gone out to pick up the member and they are not there or they refuse to go, that's a cost to the transportation provider. More importantly in both cases, they are not going to a medical appointment they made. We asked LogistiCare in their regional quarterly meetings to focus on things that impact the program in a negative way, so we can figure out how to turn those things into positive solutions so the members get to their appointments and the transportation providers do not to go pick somebody up that doesn't want to go or no longer needs a ride.

Dr Guest asked how the A leg trips were handled by DHHS? Were they automatically paid by DHHS? He wanted to know since the start of the Brokerage system those 3,800 No Shows in Region One; if that expense was shifted to the provider network and the providers are responsible for all the cost. Ms. Hennick stated that the cost shifted to the Broker. This is one of the things that were considered in the RFP. The agency reported this when they put out the RFP. My intentions before the next meeting are to pull the 2009 data to add some percentage for the increase utilization, increase membership that's been added and still break it down to see if the No Shows have actually increased in that same time frame.

Mr. Benecke stated that the focus should be:

- How do we reduce the number of A Leg trips no-shows?
- How can we make this not be a burden on the transportation providers?
- What can we do in the program to reduce the no-show numbers?

Some suggestions:

- Ask the Broker to call the member ahead of time, and let them know that you are going to be there at a certain time to pick them up.
- Drivers should look well groomed or presentable.
- Having accurate telephone numbers and alternative telephones numbers, emergency contact telephones for a members.

Ms. Bedsole thanked Ms. Hennick for putting together the group that has been exploring options to achieve quality outcomes, and asked that in the future give an incentive to the transportation providers who goes the extra step to reduce the No Shows.

Health Hill commented, as we go forward with this process whether the contract gets renewed, I will give LogistiCare credit. From the beginning I was very clear that I wanted to have provider preference for my facility with the transportation provider that we used. There are different companies that have different levels of quality; you see their vehicles and their drivers that come to pick up your patients. If one company can do better than another and appears to have a higher level of quality they draw health care providers that want to be affiliated with that company. When AMR was the Broker, they were unwilling to honor the facility provider preferences for transportation provider. When the new Broker took over I notice that I have a new set of providers coming from different counties when there were local providers closer. Since the last quarterly meeting in December and the survey meeting in January, that same Provider was found guilty of fraudulent billing by the Department of Justice. That same provider was getting a lot of business from the new Broker. I hope going forward when the contract is renewed the providers choice will be strongly encouraged. Mr. Benecke stated at the next stakeholder meeting provider's choice will be listed as one of the recommendations to be discussed.

Ms. Hennick continued to give the overview of the reports. The next section shows whether the recipient has covered benefits and what the recipient is eligible for.

Ms. Bedsole informed the new members that from the previous meeting the committee had talked about some of the reports are being modified to be more user-friendly.

Mr. Benecke reported on **The Report of Meetings** that is provided by LogistiCare.
AP Aging Report shows the timeliness for paying providers, and how timely they receive invoices from providers.
Internal Complaints Report shows the complaints that DHHS takes in directly.
The quarterly injury and incident report is done for the number of injuries. There are three individuals at DHHS who look at the complaints and resolutions that LogistiCare providers to see if we can determine how serious the complaint is and see if it points to a particular transportation provider, member or something systematically with the Broker.
Program Review and Field Observation Site visits, DHHS is still not hitting their goals for the site visits because of some resource issues and the focus of the input for the Stakeholders meetings. DHHS is attending the 'blitzes' that LogistiCare is organizing.

Scott Lesiak commented about the way the data is being tracked and that it is unfair to the providers. On their last report card it showed 43 percent for A Leg pickups. That 43 percent consisted of two pick-ups. Skilled Nursing facilities don't call the broker, they call the provider to change the appointment because of the relationship that they have with one another. The provider calls the Broker and the Broker tells the provider it has to be called in by the sending or receiving facility. The internal tracking should be showing as 90 percent pick up time base off of what the facility wants. For repetitive patients a form is being developed for the stakeholder's approval.

The provider mentioned that there was an issue with the internal tracking with their cancellations because the percentage was incorrect on the report card. It showed less than 50 percent. Medshore is working diligently to transmit the pickup drop off information electronically to LogistiCare as appose to the way it is done now.

Another issue is telephone numbers. There was a form called a face sheet that Medshore used daily to catch changes in real time when they transported a member, which is not acceptable by the Broker even if the patient signed it. With that form the member information was up always up to date. We always call the member the day before and made sure they were going to their appointment.

Medshore is in compliance regarding wheelchair security straps. As a requirement LogistiCare is requesting that security straps be installed in the required transportation vehicles for wheelchairs. The manufacturing company that Medshore brought their security straps from will take responsibility/ liability if there is an accident and the straps come loose.

South Carolina Department of Health and Human Services
Transportation Advisory Committee

Quarterly Meeting Agenda
March 28, 2013 - 10:00 am
1801 Main Street, Columbia SC – 11th Floor Conference Room

I. Welcome and Introductions

II. Purpose of Transportation Advisory Committee (TAC)

III. Meeting Minutes Approval – December 13

IV. Meeting Minutes Approval – January 17

V. Report On Committee Membership Contacts

VI. TAC Committee Chairman Election

VII. Transportation Provider Survey – Next Steps

VIII. Update On Stakeholder Forum Held on January 28, 2013

IX. Program Monitoring Tools / Activities
   a. Transportation Broker Performance Reports (October – December 2012) – Trips, Denials, and Complaints By Region (SFY 2013, SFY 2012)
   b. Transportation Provider Performance Reports
   c. Transportation Broker Accounts Payable Aging Reports
   d. DHHS Internal Complaint Tracking
   e. Report Of Injuries / Incidents
   f. Report Of Meetings
   g. Program Review and Field Observation Site Visits

X. Advisory Committee – Current Issues/Concerns

Next Meeting – Thursday, June 28, 2013 at 10:00am, 1801 Main Street, Columbia, SC

South Carolina Department of Health and Human Services

Broker Performance Report - Region 1 - Logisticare

Transportation Metrics	Performance Goal	October 2012 Final	November 2012 Final	December 2012 Final	SFY 2013 Q2 Totals	SFY 2013 Totals
Unduplicated Beneficiaries		7,302	6,940	6,496		14,769
Total trips provided by type of transportation		44,301	40,792	35,891	120,984	241,935
• Non-Emergency Ambulatory Sedan/Van Trips		32,430	29,753	26,427	88,610	176,588
• Wheelchair Trips		5,363	5,037	4,545	14,945	30,180
• Stretcher Trips		614	568	579	1,761	3,611
• Individual Transportation Gas Trip		5,589	5,065	3,995	14,649	29,572
• Non-Emergency Ambulance ALS		9	5	4	18	25
• Non-Emergency Ambulance BLS		32	37	43	112	240
• Public Transportation Bus Trip		264	327	298	889	1,719
Total Over Night Trips Arranged		22	25	16	63	133
Total Extra Passengers		7,130	5,828	5,416	18,374	36,695
• Number of Pickups On Time (A Leg)		18,326	15,033	13,674	47,033	94,994
• Number of Deliveries On Time (A Leg)		17,824	14,965	13,344	46,133	93,130
• Number of Trips Within Ride Time (All Trips)		43,559	37,929	34,370	115,858	234,840
• Percent of Pickups On Time (A Leg)	>= 90%	86.10%	80.90%	81.20%	82.73%	82.15%
• Percent of Deliveries On Time (A Leg)	>= 95%	83.70%	80.40%	79.50%	81.20%	80.62%
• Percent of Trips Within Ride Time (All Trips)	>= 99%	99.70%	99.80%	99.70%	99.73%	99.42%
Actual number of calls *		114,862	96,601	83,208	294,671	600,337
• Average phone calls daily		4,994	4,391	3,962	4,449	4,580
• Average Answer Speed	< 1:00	01:19	01:12	00:40	01:04	01:04
• Average Talk Time		03:07	03:09	03:10	03:09	03:10
• Average Time On Hold	<= 3:00	01:38	01:37	01:31	01:35	01:37
• Average time on hold before abandonment	< 1:30	01:11	01:14	00:58	01:08	01:11
• Average number of calls abandoned daily		269	259	121	216	229
• Percentage of calls abandoned daily	< 5.0%	5.39%	5.90%	3.05%	4.86%	5.00%
Total number of complaints by type		510	497	505	1,512	2,939
• Provider No-Show		55	68	53	176	359
• Timeliness		158	154	247	559	928
• Other Stakeholders		263	233	170	666	1,418
• Call Center Operations		9	11	13	33	63
• Driver Behavior		9	8	8	25	56
• Provider Service Quality		4	4	3	11	27
• Miscellaneous		7	11	4	22	47
• Rider Injury / Incident		5	8	7	20	41
• Provider No-Shows as percentage of total trips	<= 0.25%	0.12%	0.17%	0.15%	0.15%	0.15%
• Complaints as percentage of total trips		1.15%	1.22%	1.41%	1.25%	1.21%
Total number of denials by type		978	933	859	2,770	5,072
• Non-Urgent / Under Days of Notice		245	207	183	635	1,008
• Non-Covered Service		179	189	134	502	993
• Ineligible For Transport		42	41	41	124	311
• Unable to Confirm Medical Appointment w/ Provider		28	29	31	88	171
• Does Not Meet Transportation Protocols		2	2	2	6	7
• Incomplete Information		386	384	378	1,148	1,999
• Needs Emergency Services		0	0	3	3	4
• Beneficiary Has Medicare Part B or Other Coverage		96	81	87	264	579
• Denials as percentage of total trips		2.21%	2.29%	2.39%	2.29%	2.10%

* Includes calls for Regions 1-3.

Source: Logisticare Monthly Report
File Name: Logisticare SFY13 Q2 Region 1 - Performance Report With Annual Totals

Author: Mike Benecke
3/8/2013 9:37 AM

South Carolina Department of Health and Human Services

Broker Performance Report - Region 2 - Logisticare

Transportation Metrics	Performance Goal	October 2012 Final	November 2012 Final	December 2012 Final	SFY 2013 Q2 Totals	SFY 2013 Totals
Unduplicated Beneficiaries		10,669	9,949	9,537		21,384
Total trips provided by type of transportation		66,211	58,024	52,528	176,763	354,876
• Non-Emergency Ambulatory Sedan/Van Trips		51,723	44,776	40,842	137,341	276,246
• Wheelchair Trips		8,200	7,322	6,964	22,486	44,971
• Stretcher Trips		1,178	1,144	1,006	3,328	6,941
• Individual Transportation Gas Trip		5,032	4,636	3,592	13,260	26,209
• Non-Emergency Ambulance ALS		2	3	2	7	25
• Non-Emergency Ambulance BLS		66	74	44	184	321
• Public Transportation Bus Trip		10	69	78	157	163
Total Over Night Trips Arranged		22	35	23	80	161
Total Extra Passengers		8,258	7,040	6,115	21,413	44,469
• Number of Pickups On Time (A Leg)		26,872	22,438	20,704	70,014	137,521
• Number of Deliveries On Time (A Leg)		25,113	21,388	19,708	66,209	130,930
• Number of Trips Within Ride Time (All Trips)		66,694	55,954	51,810	174,458	352,157
• Percent of Pickups On Time (A Leg)	>= 90%	80.60%	80.30%	80.10%	80.33%	78.32%
• Percent of Deliveries On Time (A Leg)	>= 95%	75.70%	76.70%	76.60%	76.33%	74.22%
• Percent of Trips Within Ride Time (All Trips)	>= 99%	99.60%	99.70%	99.70%	99.67%	99.12%
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		737	659	617	2,013	3,675
• Provider No-Show		86	125	116	327	550
• Timeliness		191	268	317	776	1,308
• Other Stakeholders		397	172	127	696	1,397
• Call Center Operations		7	13	7	27	59
• Driver Behavior		4	6	11	21	36
• Provider Service Quality		7	4	4	15	28
• Miscellaneous		34	63	23	120	237
• Rider Injury / Incident		11	8	12	31	60
• Provider No-Shows as percentage of total trips	<= 0.25%	0.13%	0.22%	0.22%	0.18%	0.15%
• Complaints as percentage of total trips		1.11%	1.14%	1.17%	1.14%	1.04%
Total number of denials by type		1,748	1,610	1,468	4,826	8,634
• Non-Urgent / Under Days of Notice		392	298	293	983	1,585
• Non-Covered Service		365	304	241	910	1,701
• Ineligible For Transport		77	125	114	316	558
• Unable to Confirm Medical Appointment w/ Provider		78	55	46	179	339
• Does Not Meet Transportation Protocols		0	4	0	4	7
• Incomplete Information		606	593	567	1,766	3,032
• Needs Emergency Services		4	0	2	6	12
• Beneficiary Has Medicare Part B or Other Coverage		226	231	205	662	1,400
• Denials as percentage of total trips		2.64%	2.77%	2.79%	2.73%	2.43%

* Call center data for Region 2 is included on the Region 1 report.

Source: Logisticare Monthly Report
File Name: Logisticare SFY13 Q2 Region 2 - Performance Report With Annual Totals

Author: Mike Benecke
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South Carolina Department of Health and Human Services

Broker Performance Report - Region 3 - Logisticare

Transportation Metrics	Performance Goal	October 2012 Final	November 2012 Final	December 2012 Final	SFY 2013 Q2 Totals	SFY 2013 Totals
Unduplicated Beneficiaries		**10,671**	**9,949**	**9,379**		**19,800**
Total trips provided by type of transportation		**62,996**	**55,055**	**51,047**	**169,098**	**340,074**
• Non-Emergency Ambulatory Sedan/Van Trips		50,034	43,606	40,384	134,024	269,496
• Wheelchair Trips		7,731	6,808	6,339	20,878	42,817
• Stretcher Trips		1,095	1,090	990	3,175	6,311
• Individual Transportation Gas Trip		3,698	3,196	2,803	9,697	19,116
• Non-Emergency Ambulance ALS		30	18	15	63	84
• Non-Emergency Ambulance BLS		8	20	13	41	178
• Public Transportation Bus Trip		400	317	503	1,220	2,072
Total Over Night Trips Arranged		**25**	**50**	**34**	**109**	**199**
Total Extra Passengers		**7,604**	**6,928**	**5,824**	**20,356**	**41,836**
• Number of Pickups On Time (A Leg)		25,074	21,212	19,626	65,912	130,197
• Number of Deliveries On Time (A Leg)		23,480	20,261	18,239	61,980	121,351
• Number of Trips Within Ride Time (All Trips)		63,347	54,647	51,257	169,251	342,626
• Percent of Pickups On Time (A Leg)	>= 90%	79.30%	77.60%	77.10%	78.00%	75.95%
• Percent of Deliveries On Time (A Leg)	>= 95%	74.30%	74.40%	71.80%	73.50%	70.90%
• Percent of Trips Within Ride Time (All Trips)	>= 99%	99.60%	99.60%	99.70%	99.63%	99.18%
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		**519**	**631**	**511**	**1,661**	**2,670**
• Provider No-Show		87	132	110	329	486
• Timeliness		137	272	250	659	1,004
• Other Stakeholders		227	118	93	438	769
• Call Center Operations		9	9	7	25	58
• Driver Behavior		8	6	3	17	28
• Provider Service Quality		7	7	3	17	24
• Miscellaneous		37	78	40	155	247
• Rider Injury / Incident		7	9	5	21	54
• Provider No-Shows as percentage of total trips	<= 0.25%	0.14%	0.24%	0.22%	0.19%	0.14%
• Complaints as percentage of total trips		0.82%	1.15%	1.00%	0.98%	0.79%
Total number of denials by type		**1,948**	**1,928**	**1,712**	**5,588**	**10,068**
• Non-Urgent / Under Days of Notice		380	368	290	1,038	1,669
• Non-Covered Service		289	317	198	804	1,514
• Ineligible For Transport		72	62	72	206	428
• Unable to Confirm Medical Appointment w/ Provider		65	83	54	202	333
• Does Not Meet Transportation Protocols		1	9	12	22	34
• Incomplete Information		636	670	635	1,941	3,373
• Needs Emergency Services		2	0	6	8	15
• Beneficiary Has Medicare Part B or Other Coverage		503	419	445	1,367	2,702
• Denials as percentage of total trips		3.09%	3.50%	3.35%	3.30%	2.96%

* Call center data for Region 2 is included on the Region 1 report.

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