

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

Quarterly Meeting Agenda

December 08, 2016 – 10:00 a.m.

1801 Main Street, Columbia, SC – 10th Floor Conference Room

Conference Call Number: (800) 753-1965

Access Code: 8982936

- I. Welcome and Introductions
- II. Purpose of Transportation Advisory Committee (TAC)
- III. Meeting Minutes Approval – September 22, 2016 – TAC Committee
- IV. NEMT Updates
 - a. Procurement Update – MCO Carve In
- V. Program Monitoring/Tools
 - a. Transportation Broker Performance Reports (July - September 2016)
 - b. Transportation Provider Performance Reports and Summary
 - c. Complaint by Provider Type (Valid and Invalid)
 - d. Transportation Broker Accounts Payable Aging Report
 - e. Transportation Provider Retention
 - f. Report of Injuries and Incidents
 - g. Report of Meetings
- VI. Advisory Committee – Current Issues and Concerns
 - a. Escort Policy
 - b. Rider No Show Update
 - c. Email Assistance
 - d. Outstanding Items for 2016 - Definitions
- VII. Next Meeting Proposed Dates for 2017 TAC Meetings:
 - a. March 09, 2017 or March 31, 2017
 - b. June 08, 2017 or June 22, 2017
 - c. September 14, 2017 or September 28, 2017
 - d. December 07, 2017 or December 28, 2017

South Carolina Department of Health and Human Services

Transportation Advisory Committee

Meeting Minutes

September 22, 2016

Committee Members in Attendance: Coretta Bedsole, Lydia Hennick, Lynn Stockman, Gloria Prevost, and Heath Hill.

Committee Members via Telephone: Scott Lesiak, and Doug Wright

Guests in Attendance: Krista Martin, Michael Egan (Phone), Scott Bagwell (Phone), Randy Lee, Lisa Firmender, and Robert Pikkart

SCDHHS Staff: Courtney Sanders, Stacey Shull, Maudra Brown, and Stephen Boucher

- I. **Welcome and Introductions:** Coretta Bedsole, Chairwoman of the TAC called the meeting to order.
- II. **Purpose of the Transportation Advisory Committee (TAC): (Skipped)** The purpose of the TAC meetings is to meet quarterly to review performance reports and to make recommendations to resolve issues or complaints.
- III. **Meeting Minutes Approval:** The committee approved the meeting minutes for June 23, 2016.
- IV. **Stakeholder Input – Procurement Update:** The following statement was made during the September 22, 2016 meeting regarding the Procurement. On August 31, 2016 The South Carolina Department of Health and Human Services (HHS) requested the Chief Procurement Officer to cancel an award to Southeastrans, Inc. SCDHHS issued this solicitation under a delegation from the Chief Procurement Officer to acquire a transportation coordinator to manage the daily functions of the South Carolina Non-Emergency Medical Transportation Program. SCDHHS posted an Intent to Award to Southeast on February 26, 2016. The award statement indicates the total potential value of the contract is \$94,660,696.70. LogistiCare, protested the intended award, alleging among other things that Southeast proposed to use its own Quick Response Vehicles in violation of the Request for Proposals and federal regulation 42 CFR 440.170(a)(4)(ii)(B). The CPO denied the protest. On the specific issue of Southeast's proposed use of its own vehicles, HHS argued that an exception in the regulation allowed the transportation coordinator to also provide transportation under certain emergency conditions. The CPO relied on this exception in denying this protest ground. Logisticare appealed the decision to the Procurement Review Panel. Subsequently, HHS sought additional clarification from the Centers for Medicare and Medicaid Services

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(CMS). CMS responded as follows: ... These exceptions must be approved by CMS and specified in the state plan in order for a state to have the authority for a broker to also be a provider of transportation. Since South Carolina has not submitted a request with documentation to show that such an exception is needed and CMS has not approved such an exception, the state plan does not currently have this authority to permit the broker to also be a provider of transportation. It should be noted that these exceptions were intended to provide relief in circumstances where the availability of qualified transportation providers is unusually scarce and the area is therefore underserved by transportation providers. Brokers who bid on an NEMT contract are expected to be able to contract with an adequate network of transportation providers. I [sic] should be noted that these exceptions were not intended to provide back up for the broker when a qualified provider does not complete the assigned travel request. As a result, HHS has requested cancellation of the award to Southeast prior to performance, alleging that "the award is in error." The request cites Regulation 19-445.2085(C)(7), which states: Cancellation of Award Prior To Performance. After an award or notification of intent to award, whichever is earlier, has been issued but before performance has begun, the award or contract may be canceled and either re-awarded or a new solicitation issued or the existing solicitation canceled, if the Chief Procurement Officer determines in writing that: (7) Administrative error of the purchasing agency discovered prior to performance.... Consistent with the decision in Appeal by Analytical Automation Specialists, Inc., Panel Case No. 1999-1, the CPO advised the Panel of HHS's request. Although the using agency has specifically requested cancellation, the determination whether to grant the request is not one the CPO takes lightly. As the Panel noted in Analytical Automation Specialists: The Panel takes this opportunity to caution agencies to carefully consider before requesting cancellation and resolicitation, especially when a protest has been filed, as the request may appear to be an attempt to circumvent the procurement process. The Panel encourages the CPOs to continue to cautiously and carefully exercise the authority to cancel and resolicit procurements, especially when a protest has been filed. HHS now considers the proposal by Southeast to be non-responsive, leaving the CPO little choice but to grant the request, and to order resolicitation of the contract. **FINAL DETERMINATION:** In order to cancel the award, the CPO determines that the automatic stay shall be lifted pursuant to S.C. Code Ann. § 11-35-4210(7). 2 Pursuant to Regulation 19-445-2085(C), the award to Southeastrans, Inc., and Solicitation No. 5400008382, are cancelled. Signed by Michael P. Spicer, CPO for IT.

Several TAC members expressed frustration with the length of time of the procurement process and the protest period. Robert Pikkard, guest of a TAC Member, discussed the amount of money his company spent in preparation of the new contract and how displeased he was with the lack of transparency during this process. Courtney reminded the TAC Members that a contract was never awarded during the procurement, it was an intent to award, that was suspended due to submission of a protest. Other TAC members expressed concern that the Committee wasn't immediately notified of the Written Determination. Courtney stated, in the future she will ensure communication that is allowable will be shared immediately.

- V. **Gross Reporting:** During the March 10, 2016 TAC Meeting, Providers spoke to the cost to their business for Rider No Shows; when the provider arrives at the residence or facility and the member is not there or refuses transport, without cancelling prior to transportation enroute. The data that is reported on the Report Cards, is based on

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verified paid trips, and trips that are cancelled due to Rider No Shows is quantified in the Gross Data. A conference call and follow up conversation was conducted during the June 23, 2016 TAC Meeting regarding what other useful data or parameters could be analyzed using the Gross Data. At this time, only Rider No Show data was a topic of interest. SCDHHS and LogistiCare have been tracking and addressing Rider No Shows, based on the recently publicized Rider Rights and Responsibilities. Based on the TAC's request, data was pulled and presented during the June 23, 2016 meeting. During the September 22, 2016 meeting the TAC Members discussed some revisions were suggested for the data table; the TAC would like to see the data of unduplicated members, duplicated members, rider breakdown, and distribution of this document quarterly. SCDHHS and LogistiCare took notes, would discuss internally, and would present a more comprehensive document during the next TAC meeting. The TAC Committee has been tasked to determine if any useful reports aligning with our Purpose can be derived from this data. The discussion will continue during the December 08, 2016 TAC Meeting.

- VI. Program Monitoring Tools / Activities:** Reporting for the TAC has been modified; Reporting is Statewide versus Regional. Provider Retention was added; Report of Injuries/Incidents was modified; removal of DHHS internal Complaint Tracking; Transportation Provider Performance Reports and Summary was modified. TAC was allotted several minutes to review and discussion would follow. Motion to approved new reporting format, all seconded; so ordered. TAC will revisit if necessary.
- a. **Transportation Broker Performance Reports (April - June 2016) – Trips, Denials, and Complaints Statewide (SFY 2016, SFY 2015):** On March 10, 2016, SCDHHS and Logisticare presented a list of proposed glossary terms, recommendations were made, the discussion lengthened, and TAC Members were advised to email Courtney Sanders with further recommendations. During the September 22, 2016 TAC Meeting no discussion or comment occurred. Discussion will continue at the December 08, 2106 TAC Meeting to wrap up end of year items.
 - b. **Transportation Provider Performance Reports:** The report was summarized into a one pager versus the multiple pages. No comments or discussion.
 - c. **Complaint by Provider Type:** No comments or discussion.
 - d. **Transportation Broker Accounts Payable Aging Report:** No comments or discussion.
 - e. **Transportation Provider Retention:** No comments or discussion.
 - f. **Report of Injuries / Incidents:** Due to the absence of Dr. Keith Guest Report on the September 22, 2016 meeting, discussion regarding the revised table and examples will occur during the December 08, 2016 TAC Meeting.
 - g. **Report of Meetings:** No comments or discussion.

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Advisory Committee – Current Issues/Concerns: Coretta will be working with the Office of Aging to secure representation to fill the mandate vacancy on the TAC.

Questions arose regarding the correlation between the utilization of the broker system and healthy outcomes for members.

On Wednesday, September 14, 2106 Courtney Sanders received an email from TAC Member Heath Hill, please see below:

Courtney- As I pointed out earlier today, I have come across some puzzling figures as it relates to the current RFP up for bid. I understand it is still in the process and not sure what the legalities of that are. However I would like for these concerns be made available to Ms. Bedsole as the Chairman, as well as the other members of the TAC. I do not have full numbers on the impact of this program all the way back to its inception but I will try to point out some questionable numbers that I have come across. First, in the LAC report that was responded to by Director Forkner in 2009, it was explained that the actuary's projections would have had state costs in 2007-08 to be \$52.5 million up to \$60.6 million. When I look at the awards for AMR and Logisticare for the 2010-11 rebids, they were awarded \$162 million and \$72 million respectively over a 5 year contract. That comes in to be an average of \$32.4 million and \$14.5 million respectively. Being that the state was covered by both of these providers that would be a combined cost of \$47.9 million. I do not have information prior to that on the award amounts for the MTM/ Logisticare shared broker service that originated in 2006. That leads me to my next question of how the most recent award could go to Southeasterntans earlier this year for \$94.6 million over a 7 year period. That comes in at \$13.5 million per year. This is much below what previous estimates and awards have been. This leads me to question what the level and quality of service would have been had this award not been appealed. Now when I read the appeal that Logisticare placed in reference to the award to Southeasterntans, it states that Logisticare values the contract at about \$80 million. That is a much different number than what has been covered previously in this email. However, if you take the high end estimate of \$60 million as was alluded to by Director Forkner, and project a 3% increase over the last 10 years, that comes in roughly at \$80.6 million. That being said, I have some serious concerns about the wide range of these numbers. Let alone the question of whether this could be done in the old format of dealing directly with the transportation providers. There has been a lot of unnecessary burdens--cost and labor-- that have arisen over the last 10 years due this program that did not exist when you could just pick up the phone and schedule a transport. This may be an appropriate program to mitigate costs out in the community but it is not a suitable program for patients in a nursing home setting. Like was done within 3 years of this program's inception, I find it appropriate that the TAC request to have the LAC do another audit on the suitability of this program. At a time when the contract is still up in the air, I find that the TAC would be doing it's due diligence in making this request. If you have any questions about this email, or if I have mistaken any of this information, please feel free to let me know.

Heath, read aloud the email, and made the suggestion to the TAC Members that a Legislative Audit should be performed on the Transportation Broker System. Coretta posed the proposal to the TAC with caveat that five members of the Legislation has to support the Audit in order for consideration. Coretta opened the meeting for discussion; several TAC members supported the Audit and made several comments regarding the cost, stability, and overall cost saving of the Broker System. Several TAC Members referenced the 'good ole days' prior to the Broker System, and how they would like to return to the days prior to the Broker System, where providers were called, and services rendered, as known as demand response. The TAC

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members will continue to communicate outside our scheduled meetings regarding the Legislative Audit.

LogistiCare and SCDHHS recently approved an escort policy that was shared with facilities and providers on July 13, 2016 in a memo, stating that all Nursing Home members must have escorts on the vehicle during transportation. Additionally, the memo further defined LogistiCare's expectation of escorts, eligibility of member's to have an escort, and age requirements. SCDHHS and LogistiCare explained that when an individual qualifies for Nursing Home Medicaid, they have met a certain level of diminished capacity, and by the definition of escort, the Nursing Home members required an escort. Mr. Randy Lee, President of the South Carolina Health Care Association, guest of a TAC Member, expressed grave concerns about the cost to the nursing home for mandating an escort for every individual trip. SCDHHS and LogistiCare discussed our concern about the complaints received from the field. Several complaints have been filed against the nursing home from providers, stating that the staff is asking or expecting the drivers to communicate medical information to the doctor on behalf of the member and the medical staff at the Nursing Home. After considerable discussions, there were differing views on the escort policy. Mr. Lee stated prior to the meeting he attempted to contact some executive level staff members regarding these policy, but was unable to reach them and will continue to follow up outside the TAC for a resolution to the Nursing Home escort policy. LogistiCare will adhere to any decision made by SCDHHS. The escort policy will be discussed further at the December 08, 2016 TAC Meeting.

The meeting adjourned at 11:55 a.m.

All meetings will be conducted at the South Carolina Department of Health and Human Services from 10:00 a.m. to 12: 00 p.m.



Transportation Metrics	Performance Goal	July 2016 Final	August 2016 Final	September 2016 Final	Average Last Three Months	Average SFY 2017	Average SFY 2016	Totals SYF 2017	Totals SFY 2016
Unduplicated Beneficiaries		26,487	28,846	27,824	27,719	27,719	27,372	36,826	76,868
Total trips provided by type of transportation		151,592	177,121	162,898	163,870	163,870	159,385	491,611	1,912,616
• Non-Emergency Ambulatory Sedan/Van Trips		109,536	127,991	117,287	118,271	118,271	116,315	354,814	1,395,783
• Wheelchair Trips		19,994	22,615	20,647	21,085	21,085	20,207	63,256	242,485
• Stretcher Trips		2,764	3,238	2,817	2,940	2,940	2,816	8,819	33,791
• Individual Transportation Gas Trip		18,507	22,272	21,227	20,669	20,669	19,279	62,006	231,345
• Non-Emergency Ambulance ALS		108	126	122	119	119	82	356	978
• Non-Emergency Ambulance BLS		104	144	126	125	125	109	374	1,313
• Public Transportation Bus Trip		579	735	672	662	662	577	1,986	6,921
Total Over Night Trips Arranged		89	86	94	90	90	76	269	910
Total Extra Passengers		18,116	21,405	21,708	20,410	20,410	18,315	61,229	219,775
• Provider No-Shows as Percentage of Total Trips	<=0.25%	0.29%	0.25%	0.25%	0.26%	0.26%	0.21%	--	--
• Number of Pickups On Time (A Leg)		61,356	69,760	63,540	64,885	64,885	67,240	194,656	806,881
• Number of Deliveries On Time (A Leg)		58,368	66,193	60,065	61,542	61,542	65,036	184,626	780,432
• Number of Pickups On Time (B Leg)		54,750	63,342	57,715	58,602	58,602	60,843	175,807	730,117
• Number of Trips Within Ride Time (All Trips)		133,105	154,847	141,770	143,241	143,241	146,335	429,722	1,756,018
• Percent of Pickups On Time (A Leg)	>= 90%	91.34%	89.17%	88.91%	89.81%	89.81%	90.83%	--	--
• Percent of Deliveries On Time (A Leg)	>= 95%	87.10%	84.90%	84.21%	85.41%	85.41%	88.22%	--	--
• Percent of Pickups On Time (B Leg)	>= 90%	87.08%	86.70%	86.46%	86.75%	86.75%	90.05%	--	--
• Percent of Trips Within Ride Time (All Trips)	>= 99%	99.65%	99.69%	99.69%	99.68%	99.68%	99.71%	--	--
Actual number of calls		82,044	99,098	92,963	91,368	91,368	91,438	274,105	1,097,260
• Average phone calls daily		4,102	4,309	4,427	4,279	4,279	4,275	--	--
• Average Answer Speed	< 1:00	0:01:31	0:01:12	0:01:58	0:01:34	0:01:34	0:02:45	--	--
• Average Talk Time		0:04:30	0:04:47	0:04:37	0:04:38	0:04:38	0:04:27	--	--
• Average Time On Hold	<= 3:00	0:01:47	0:01:52	0:01:54	0:01:51	0:01:51	0:01:44	--	--
• Average time on hold before abandonment	< 1:30	0:01:16	0:01:15	0:01:35	0:01:22	0:01:22	0:02:06	--	--
• Average number of calls abandoned daily		216	182	344	247	247	439	--	--
• Percentage of calls abandoned daily	< 5.0%	5.27%	4.23%	7.77%	5.76%	5.76%	10.16%	--	--
Total number of complaints by type - Valid		7,038	7,324	6,564	6,975	6,975	3,556	20,926	42,672
• Provider No-Show		363	389	359	370	370	299	1,111	3,592
• Timeliness		1,772	2,205	2,062	2,013	2,013	1,696	6,039	20,356
• Other Stakeholders		4,770	4,567	4,011	4,449	4,449	1,423	13,348	17,080
• Call Center Operations		23	37	18	26	26	36	78	433
• Driver Behavior		3	3	6	4	4	6	12	77
• Provider Service Quality		20	15	8	14	14	9	43	109
• Miscellaneous		71	96	85	84	84	62	253	749
• Rider Injury / Incident		16	22	14	17	17	23	52	275
• Valid Complaints as percentage of total trips		4.64%	4.14%	4.03%	4.27%	4.27%	2.23%	--	--
Total number of complaints by type - Invalid & Other		291	289	209	263	263	209	789	2,510
• Provider No-Show		20	35	32	29	29	41	87	489
• Timeliness		35	47	51	44	44	50	133	605
• Other Stakeholders		152	121	42	105	105	27	315	318
• Call Center Operations		12	12	16	13	13	14	40	173
• Driver Behavior		12	10	6	9	9	15	28	177
• Provider Service Quality		8	2	7	6	6	10	17	117
• Miscellaneous		39	57	35	44	44	41	131	491
• Rider Injury / Incident		13	5	20	13	13	12	38	140
• Invalid & Other Complaints as percentage of total trips		0.19%	0.16%	0.13%	0.16%	0.16%	0.13%	--	--
Total number of denials by type		4,858	5,135	5,285	5,093	5,093	4,760	15,278	57,123
• Non-Urgent / Under Days of Notice		1,322	1,307	1,744	1,458	1,458	1,143	4,373	13,721
• Non-Covered Service		418	532	468	473	473	443	1,418	5,316
• Ineligible For Transport		240	226	277	248	248	299	743	3,585
• Unable to Confirm Medical Appointment w/ Provider		152	160	228	180	180	150	540	1,803
• Does Not Meet Transportation Protocols		14	22	10	15	15	8	46	92
• Incomplete Information		2,026	2,235	1,936	2,066	2,066	2,115	6,197	25,381
• Needs Emergency Services		6	9	10	8	8	6	25	77
• Beneficiary Has Medicare Part B or Other Coverage		680	644	612	645	645	596	1,936	7,148
• Denials as percentage of total trips		3.20%	2.90%	3.24%	3.12%	3.12%	2.99%	--	--

Note: Metrics are preliminary until claims resolution process is complete.

-- Indicates that Fiscal Year Totals are inappropriate to calculate for a percentage or time measure.

Explanation of Complaint & Denial Categories

COMPLAINTS:

Provider No Show

Timeliness

- o Transportation Provider Early
- o Transportation Provider Late

Other Stakeholders

- o Facility Issues
- o Rider Issues
- o Rider No Show
- o Suspected Rider Fraud & Abuse

Call Center Operations

- o LogistiCare Issues
- o LogistiCare Employee Issues

Driver Behavior

- o Subcontractor Courtesy
- o Transportation Provider Employee

Provider Service Quality

- o Subcontractor Safety
- o Suspected TP Fraud & Abuse
- o Vehicle Issue

Miscellaneous

- o Re-Route
- o Transportation Provider

Rider Injury/Incident

- o Injuries
- o Incident Rider

DENIALS:

Non-Urgent/Under Days of Notice

- o Lacks 2-Day Notice
- o Lacks 3-Day Notice

Non Covered Service

- o Not Covered
- o Breast Reconstruction
- o Dental Care 21 and Over
- o Free Services
- o Gastric Bypass Pre-Auth
- o Orthotic Device Pre Auth
- o Hospital to Hospital (Unless a higher level of hospital service)

Ineligible for Service

- o Not Eligible
- o Crisis or Disaster
- o Recipient Not In Service Area
- o No Primary Care Physician Referral

Unable to Verify Medical Appointment

Does Not Meet Transportation Protocol

- o Minor without Escort
- o Refused Public Transit
- o Uncooperative Behavior, e.g., Abusive, Violent, Safety Risk

Incomplete Information

Needs Emergency Services

- o Needs 9-1-1

Beneficiary Has Medicare Part B

Trip Summary

July 2016					
Provider Type	Number of Trips	Provider Reroute Percentage	Complaint Free Percentage	On Time Performance (A Leg P/U)	On Time Performance (A Leg D/O)
Metric		<2%	>=99.81%	>=90%	>=95%
Ambulance	17768	44.76%	99.03%	92.78%	85.93%
Commercial	134858	13.43%	98.97%	90.54%	85.22%
Private	15702	0.01%	100.00%	87.13%	84.40%
Transit	23275	7.48%	99.69%	88.48%	88.39%
Volunteer	649	5.83%	98.09%	96.36%	80.80%

August 2016					
Provider Type	Number of Trips	Provider Reroute Percentage	Complaint Free Percentage	On Time Performance (A Leg P/U)	On Time Performance (A Leg D/O)
Metric		<2%	>=99.81%	>=90%	>=95%
Ambulance	19805	26.28%	99.27%	93.29%	87.09%
Commercial	153682	12.31%	98.85%	90.96%	86.50%
Private	17579	0.16%	99.85%	82.63%	96.17%
Transit	26866	9.71%	99.54%	87.39%	85.43%
Volunteer	670	17.30%	98.53%	92.23%	81.18%

September 2016					
Provider Type	Number of Trips	Provider Reroute Percentage	Complaint Free Percentage	On Time Performance (A Leg P/U)	On Time Performance (A Leg D/O)
Metric		<2%	>=99.81%	>=90%	>=95%
Ambulance	17365	0.00%	99.31%	93.08%	88.33%
Commercial	142984	0.00%	98.90%	90.61%	85.64%
Private	17005	0.00%	100.00%	82.12%	95.60%
Transit	25018	0.00%	99.51%	86.26%	84.38%
Volunteer	731	0.00%	99.56%	94.37%	76.36%

1st Quarter SFY 2016 - 2017					
Provider Type	Number of Trips	Provider Reroute Percentage	Complaint Free Percentage	On Time Performance (A Leg P/U)	On Time Performance (A Leg D/O)
Metric		<2%	>=99.81%	>=90%	>=95%
Ambulance	54938	23.65%	99.20%	93.05%	87.10%
Commercial	431524	8.43%	98.90%	90.71%	85.80%
Private	50286	0.05%	99.95%	83.89%	92.21%
Transit	75159	5.73%	99.58%	87.38%	86.07%
Volunteer	2050	7.91%	98.73%	94.28%	79.48%

Complaints By Provider Type

Transportation Metrics	July 2016	Aug 2016	Sept 2016	Average Last Three Months	Average SFY 2016-2017	Totals SFY 2016-2017
Total Trips Provided - Ambulance	17,768	19,805	17,365	18,313	18,313	54,938
• Provider No-Show	40	29	23	31	31	92
• Timeliness	95	133	95	108	108	323
• Other Stakeholders	251	239	163	218	218	653
• Call Center Operations	4	5	3	4	4	12
• Driver Behavior	1	0	0	0	0	1
• Provider Service Quality	2	0	1	1	1	3
• Miscellaneous	7	3	2	4	4	12
• Rider Injury / Incident	1	1	2	1	1	4
Total Valid Complaints by Provider Type - Ambulance	401	410	289	367	367	1,100
<i>1-30 Invalid Complaints by Provider Type - Ambulance</i>	7	17	6	10	10	30
Valid Ambulance Complaints as % of Total Ambulance Trips	2.26%	2.07%	1.66%	2.00%	2.00%	-
Total Trips Provided - Commercial	134,858	153,682	142,984	143,841	143,841	431,524
• Provider No-Show	306	330	302	313	313	938
• Timeliness	1,581	1,912	1,804	1,766	1,766	5,297
• Other Stakeholders	3,748	2,465	3,132	3,115	3,115	9,345
• Call Center Operations	17	16	9	14	14	42
• Driver Behavior	2	3	6	4	4	11
• Provider Service Quality	18	15	7	13	13	40
• Miscellaneous	61	89	82	77	77	232
• Rider Injury / Incident	15	19	11	15	15	45
Total Valid Complaints by Provider Type - Commercial	5,748	5,849	5,353	5,650	5,650	16,950
<i>1-30 Invalid Complaints by Provider Type - Commercial</i>	7	129	117	84	84	253
Valid Commercial Complaints as % of Total Commercial Trips	4.26%	3.81%	3.74%	3.94%	3.94%	-
Total Trips Provided - Private	15,702	17,579	17,005	16,762	16,762	50,288
• Provider No-Show	1	0	0	0	0	1
• Timeliness	15	0	0	5	5	15
• Other Stakeholders	0	4	4	3	3	8
• Call Center Operations	0	0	0	0	0	0
• Driver Behavior	0	0	0	0	0	0
• Provider Service Quality	0	0	0	0	0	0
• Miscellaneous	0	0	0	0	0	0
• Rider Injury / Incident	0	0	0	0	0	0
Total Valid Complaints by Provider Type - Private	16	4	4	8	8	24
<i>1-30 Invalid Complaints by Provider Type - Private</i>	4	0	0	1	1	4
Valid Private Complaints as % of Total Private Trips	0.10%	0.02%	0.02%	0.05%	0.05%	-
Total Trips Provided - Transit	23,275	26,866	25,018	25,053	25,053	75,168
• Provider No-Show	11	29	30	23	23	70
• Timeliness	97	160	168	142	142	425
• Other Stakeholders	686	783	353	611	611	1,832
• Call Center Operations	0	2	0	1	1	2
• Driver Behavior	0	0	0	0	0	0
• Provider Service Quality	0	0	0	0	0	0
• Miscellaneous	0	5	3	3	3	8
• Rider Injury / Incident	4	2	1	2	2	7
Total Valid Complaints by Provider Type - Transit	798	991	855	881	881	2,644
<i>1-30 Invalid Complaints by Provider Type - Transit</i>	11	14	11	12	12	36
Valid Transit Complaints as % of Total Transit Trips	3.43%	3.69%	3.42%	3.51%	3.51%	-
Total Trips Provided - Volunteer	649	670	731	683	683	2,050
• Provider No-Show	9	5	3	6	6	17
• Timeliness	2	5	1	3	3	8
• Other Stakeholders	15	26	17	19	19	58
• Call Center Operations	0	3	1	1	1	4
• Driver Behavior	0	0	0	0	0	0
• Provider Service Quality	0	1	0	0	0	1
• Miscellaneous	0	0	0	0	0	0
• Rider Injury / Incident	0	0	0	0	0	0
Total Valid Complaints by Provider Type - Volunteer	26	40	22	29	29	88
<i>1-30 Invalid Complaints by Provider Type - Volunteer</i>	2	1	2	2	2	5
Valid Volunteer Complaints as % of Total Volunteer Trips	4.01%	5.97%	3.01%	4.33%	4.33%	-
All Providers						
Total trips provided	192,252	218,602	203,103	204,652	204,652	613,957
Total Valid complaints	6,989	7,294	6,523	6,935	6,935	20,806
Total Invalid complaints	186	161	136	161	161	483
Valid Complaints as percentage of total trips	0.10%	0.07%	0.07%	0.08%	0.08%	-

Prompt Payment Aging Report By Invoice Received Date

07/01/2016 to 09/30/2016

Some Broker Clients, Some Transportation Providers

* May include invoices with future check dates *

Report Totals

**Provider Payments
Days To Pay**

Days From Invoice Submission To AP	Average Days	Number Of Trips Billed	Percent	Trips Denied	Denied As Percent Of Billed
0-30 Days	19	481,130	99.90%	6,725	1.40%
31-60 Days	59	171	0.04%	0	0.00%
61-90 Days	0	0	0.00%	0	0.00%
> 90 Days	101	316	0.07%	38	12.03%
	19	481,617	100.00%	6,763	

**Provider Billing
Days To Invoice**

Days From Date Of Service To Invoice Submission	Average Days	Number Of Trips Billed	Percent	Number Of Transportation Providers
0-30 Days	11	438,194	90.98%	178
31-60 Days	41	31,943	6.63%	104
61-90 Days	73	6,199	1.29%	47
91-120 Days	103	2,532	0.53%	23
121-150 Days	134	978	0.20%	8
> 150 Days	240	1,771	0.37%	7
	15	481,617	100.00%	

LogistiCare Quarterly Provider Retention

Quarter SFY	Total Active Provider Sites at Beginning of Quarter (a)	# of New Sites Added (b)	# of Terminated Sites		# of Active Provider Sites at End of Quarter (e)	% Provider Sites Terminated ((c+d)/a)	% Provider Sites Added (b/a)
			Broker Initiated (c)	Provider Initiated (d)			
Quarter 3, 2015	154	12	5	1	160	3.90%	7.79%
Quarter 4, 2015	160	6	6	3	157	5.63%	3.75%
Quarter 1, 2016	157	9	3	3	160	3.82%	5.73%
Quarter 2, 2016	160	5	5	1	159	3.75%	3.13%
Quarter 3, 2016	159	1	4	5	151	5.66%	0.63%
Quarter 4, 2016	151	6	1	0	156	0.66%	3.97%
Quarter 1, 2017	156	12	3	3	162	3.85%	7.69%
TOTAL	n/a	51	27	16	n/a	n/a	n/a

* Number of active sites at the end of a given quarter is the total active sites for the beginning of the next quarter.

Note: Only full contracts are represented.

NEMT Incidents and Injuries by Provider Contribution
July through September, 2016

Injury Severity	Provider Contributed Yes	Provider Contributed No	Total	Percent of Total Valid Complaints for the Quarter 20,926	Percent of Total Paid Trips for the Quarter 491,611
Injury - 1 (most severe)	0	0	0	0.00	0.00
Injury - 2	5	9	14	0.07	0.00
Injury - 3 (least severe)	4	7	11	0.05	0.00
Total Injuries	9	16	25	0.12	0.01

Incident Severity	Provider Contributed Yes	Provider Contributed No	Total	Percent of Total Valid Complaints for the Quarter 20,926	Percent of Total Paid Trips for the Quarter 491,611
Incident - 1 (most severe)	0	12	12	0.06	0.00
Incident - 2	17	15	32	0.15	0.01
Incident - 3 (least severe)	3	12	15	0.07	0.00
Total Incidents	20	39	59	0.28	0.01

Injury Severity Criteria:

- 1= Severe: Traumatic injury or loss of life.
- 2= Moderately Severe: Hospital visit without stay; Ambulance called to scene and transported to ER; Went to ER within 72 hours.
- 3= Not Severe: Bumps or bruises; First Aid; Member notified Broker within 72 hours of injury.

Incident Severity Criteria:

- 1= Medical Episode not caused by injury.
- 2= Accident without bodily injury; Law enforcement involvement (behavioral or physical).
- 3= Non-severe injury reported to broker past 72 hours; Member/Escort contributed to behavioral/physical incident; Non-severe incident effecting member.

Note: In Quarter One of Fiscal Year 2017, the Broker and DHHS three member panel determined 2 incidents/injuries to have insufficient information or lack of communication from the member, member's family, or authorized representative. The aforementioned incidents/injuries are not included in the total count for the specific Quarter.

Report of Meetings

Monthly Agency / Broker Meetings (DHHS, LGTC)

SFY 2015/2016	October '15	November	December	January '16	February	March	April	May	June	July	August	September
	x	x	x	x	x	x	x	x	x	x	x	x

Quarterly Transportation Advisory Council Meetings (TAC)

SFY 2015/2016	September '15	December	March '16	June	September	December
	x	x	x	x	x	Scheduled

Quarterly Inter-Agency Meetings (DHHS, SCDOT, OAG, DHEC, ORS, LGTC)

SFY 2015/2016	September '15	December	March	June	September	December
	x	x	x	x	x	Scheduled

Quarterly Advisory Regional Meetings (DHHS, LGTC, HealthCare Providers, Transportation Providers, Members)

SFY 2015/2016	August '15	December	March	June	September '16	SFY 2015/2016	August '15	December	March	June	September '16
Region 1	x	x	x	x	x	Region 3	x	x	x	x	x
SFY 2015/2016	August '15	December	March	June	September '16	SFY 2015/2016	August '15	December	March	June	September '16
Region 2	x	x	x	x	x	Region 3.1	x	x	x	x	x

Program Review Site Visits (Unannounced Field Operations "Blitz" LGTC-DHHS)

SFY 2015/2016	October	November	December	January	February	March	April	May	June	July '16	August	September
Area Visited (1)		Charleston	Lee/Sumter	Anderson	Charleston		Florence	Greenville	Allendale	Individual	Individual	Individual
Area Visited (2)			Greenville		Columbia							

*DHEC participated

^ORS participated

HealthCare Community Individual Outreach (LGTC)

SFY 2016	October	November	December	January	February	March	April	May	June	July '16	August	September
Dialysis	8	2*	0	1*	11	19	15	18	12	12	21	6
Mental Health	4	0	0	1	5	7	7	3	10	2	6	2
Other	5	1^	0	0	15	8	9	8	15	7	10	6

* Includes scheduled group trainings for DaVita dialysis locations.

^ Includes scheduled group training for MCO.

Updated 12/1/16