



South Carolina Department of Health and Human Services
1801 Main Street: 11th Floor Conference Room
Columbia, South Carolina 29201-8206
Transportation Advisory Committee

Interim Meeting Minutes
March 22, 2012-10:00 a.m.

Committee Members in Attendance: Tony Kester, Lynn Stockman, Lydia Hennick, Dr. Keith Guest and Chuck MacNeil

Via Telephone: Chuck DeZearn, Doug Wright, and Shawn Seewald

DHHS Staff: Michael Benecke, Ervin Yarrell, Margaret Riley, and Audrey Williams

I. Welcome and Introduction

In the absence of Chairman Jones, Michael Benecke called the meeting to order.

II. Purpose of the Transportation Advisory Committee (TAC)

The purpose of the meeting is to bring attention to any issues concerning the Non-Emergency Medical Transportation (NEMT) program, and seek to improve the program where possible.

III. Meeting Minutes Approval

Minutes for November 17, December 15, and January 23 were approved with minor changes requested by the committee

IV. Sub-Committee Report on Transportation Provider Survey

The Sub-Committee project was to develop a list of questions for a transportation provider survey to give to DHHS and that information was to be sent by DHHS to USC for review. There were no updates. The survey will be introduced again at the next meeting.

V. Report on Committee Membership Contacts

From the previous meeting DHHS agreed to review the current TAC membership list. TAC members are: Jonathan Teeter (name to be removed), Lynn Stockman, Angel Hechanova, Corette Bedsole, Dr. Keith Guest, Scott Leziask, Barbara Haley, Scott Jones, Tony Kester, Michelle Santilli, Kevin Robinson, Elizabeth Burke, Jimmy Walker, Chuck DeZearn, Lydia Hennick, and Shawn Seewald. Michael Benecke recommended that Ervin Yarrell have his team contact the agency or main organization to get the telephone number for the appropriate people who will be representing the appropriate agencies for the TAC meetings.

IV. Contract Transition and Implementation Update

a) Payment to Transportation Providers

Lynn Stockman (TASC) asked Shawn Seewald (AMR) what percentage of providers had not received payment from AMR. Mr. Seewald stated that his company had contacted the 167 transport companies AMR utilized, and out of

those 167 companies, 21 had not received payment. Mr. Seewald further explained that final payments will be released when the providers returned the signed documentation that was given to them. Mr. Benecke added that the requested signed documentation reflected the final payment. Once the document was signed and returned, it was proof that AMR did not owe any additional funds to the provider. Mr. Benecke said that the report from AMR was consistent with the information he was receiving regarding provider payments.

In the last January meeting there was a discussion about final payment to the Brokers for the previous contract. Mr. Benecke said that DHHS will release final payment to the Brokers when all outstanding issues were resolved, such as: (1) payments, (2) encounter data, (3) final reports.

Mr. Benecke asked how things were going with Logisticare since the transition. Lydia Hennick (Logisticare) announced that March 22 was the first payment to the providers. Lynn Stockman (TASC) mentioned the TASC conference that some of the committee members and providers attended. She stated Director Keck attended and conducted one of the sessions. After that meeting a group of about 40 people stayed and talked about issues and problems with transportation and how to move forward solving them. The report on the conference conversation was moved to the end of the meeting agenda.

b) Service Delivery

On the transition date, February 21, the number of issues reported was as expected.

c) Communication

Ms. Hennick said that the key to making the transition work was and is effective communication.

VII Operational Issues

a) Drug Testing Requirements(December 10, 2009 TAC Meeting)

Under the previous contract all drivers were to be tested for drugs one time a year. A question was asked whether the requirement was in direct conflict with other legal requirements of the RTAs and other transportation companies and the regulations they operate under. DHHS rules are more stringent; therefore, there is no conflict in the requirements. Random testing is performed with a pool of drivers. DHHS contract require annually, that 50% be pooled and tested. Federal requires 25%. A company can make their own rules as long as they meet the contractual requirements of 50%.

b) Emergency Ambulance Transports vs. Non- Emergency Ambulance Transports

Based on the contract between DHHS and the Broker, the Broker is responsible for all non- emergency transports. The agency and MCOs are responsible for emergency transportation. The key factor in determining whether transport is considered emergency or non-emergency is the patient's medical need. If the patient cannot wait up to 3 hours, then it's a 911 call and emergency transport. If the patient can wait for up to 3 hours, then it is a non-emergency ambulance transport handled by the Broker. The Broker will accept less than 3 days' notice for the non-emergency ambulance transport, a hospital discharge, or a request from a doctor to see a member, and will try to accommodate such requests so long as a contracted transportation provider is available. Continuation of a

transport is when a patient has to go to a higher level of care at another facility. If a private ambulance company performs a continuation transport, that company will have to go through the Broker to set it up and have supporting documentation to support the transport.

VIII. Program Monitoring Tools / Activities

a) Transportation Broker Performance Report

Region 1 Logisticare, Ms. Hennick stated that previously there were some concerns with the Call Center Performance, but the call center is on track. Complaints are broken down by issues and incidents. If there is a trend by a provider, there will be a meeting with that provider to determine the problem. If there is no improvement, the provider is given a corrective action plan, which is a formal document stating what needs to be done to improve their performance. If the complaints continue, the provider's number of trips will be reduced. For the On-Time Performance standard, there have not been the numbers of complaints to support as many failures in the delivery times as the number shows. Actions being taken to improve the on time performance numbers include:

- Working with the transportation providers to get times corrected on the manifest.
- Looking at how the transportation providers are logging time on the log sheet, so that it is consistent. Ms. Hennick recommended that the time logged be based off their cell phone rather than the clock on the van. This will allow times recorded to be more accurate and consistent among drivers.
- Running a trial with a couple of providers, comparing the GPS data to the driver logs.

Region 2 and 3- Access2Care - Mr. Shawn Seewald, had no comments

Dr. Guest wanted to know what the trend in trips for the state was. Mr. Benecke explained that the trend was 4% per year increase that may in part be due to (1) the increased Medicaid population and (2) the economic situation is more dire for people, increasing the need for transportation assistance.

b) Transportation Provider Performance Reports (Last Quarter)

Logisticare- Ms. Hennick explained:

- Cancellations, no shows: the Broker wants to make sure the provider is documenting cancellations. Providers that run only hospital discharges will have a lower cancellation rate than a provider who runs standing orders.
- Re-Routes: communicating with the providers to find out what the problem is if re-routes are consistently higher than anticipated.
- Complaints: had a 3% variation. The Broker wants to make sure that the transportation provider is held to a consistence ratio between the number of trips and the number of complaints.
- On-Time Performance, A Leg pick-up time is an area that is being looked at. The standard is 30 minutes either side of the scheduled pick-up time. Some dispatchers are still using the 15 minutes after the appointment time standard that was part of the old contract. Mr. Benecke explained that the 15 minutes after the appointment standard is not in the new contract. Clients need to be delivered before their appointment time. Providers have and will continue to be educated concerning the appointment time for clients.

Tony Kester asked what was acceptable, regarding a provider who's On-Time-Performance was 30% and the Drop- off was 24%. Ms. Hennick explained that ambulance companies transport a lot of hospital discharges and the pick-up standard is less than or equal to three hours. Currently the reports are based on the 45 minute window for calculating the On-Time Performance. Ms. Hennick said that Logisticare is working with those providers to make adjustments on their On-Time Performance. Mr. Kester said the way it's presented, Logisticare had no way of knowing the provider's On- Time-Performance. Krista Martin said that when she is meeting with a transportation provider she looks to see if it's a performance issue or an administrative issue. If the complaint line is showing a 100% satisfaction, then there is no performance issue. Mr. Kester said the information was misrepresented. Ms. Hennick stated that Logisticare will continue to evaluate a method of accounting for the hospital discharges to make the report more representative of the actual performance.

Access2Care- Mr. Seewald said if there were any questions he would answer them. There were no questions

c) Transportation Broker Accounts Payable Aging Reports

Ms. Hennick said Logisticare had been working with a couple of providers on a few billing issues, but those were resolved.

AMR's report shows a total of 17,742 trips not yet paid for.

d) DHHS Internal Complaint Tracking

Complaint totals are higher than the previous SFY's, due to the issues that were recorded during the transition in August of 2011. If those 205 complaints are removed from the calculation, then the complaint rate is close to what it was in the past. Also, there were fewer complaints in February.

Report of Injuries/ Incident

The report is provided to the committee quarterly. The August 2011 to December 2011 report showed that there were no specific transportation providers or brokers that required follow up

f) Report of Meetings

No comments on the report of meetings.

g) Program Review and Field Observation Site Visits

DHHS has not been on any site visits given the transition / implementations. DHHS is planning to conduct more site visits once all implementation activity is complete.

IX

Advisory Committee- Current Issues/ Concerns

A concern was the trend of the price of gas going toward summer and the end of year. The question was asked what will providers do if they can no longer provide transportation services and have to park their vehicles. Mr. Benecke said that DHHS contracts with the Broker and that was an issue for the Broker to work out with transportation providers. The RFP does contain a provision for an increase in payments related to gas prices, but only if the Governor declares an emergency situation regarding fuel cost. Ms. Hennick said that before it were to get to that level Logisticare will open the door for a discussion with the providers

The Medicaid Transportation Facts vs. Myths Work Session – TASC Conference

Doug Wright started the conversation by thanking Director Keck for attending the conference. He said Director Keck explained a lot about what was going on in Medicaid, not only with transportation but with other areas in Medicaid. After Director Keck made his presentation there was a discussion about improvements in medical transportation since the start of the broker system and also some of the on-going issues. Ervin Yarrell attended the conference from DHHS. Mr. Wright said it was an excellent session well attended by TASC members and a great opportunity for everyone to work together. There are some big concerns, but also a desire on both sides to work them out.

At the request of Director Keck, recommendations from the TASC conference group are being sent to him.

There are four initial major areas of concern:

- a) The lack of the ability to multi-load in the current environment
 - The assignment of the pick-up time by the Broker seems to be hindering the provider's ability to multi-Load.
 - Standing Orders or repeat business that comes in on a daily basis, such as dialysis clients.
- b) The sustainability of rates:
 - There is not enough money coming back to the providers to recapitalize their fleet.
 - Trip volumes and no shows are key components to sustainability.
- c) Broker's accountabilities to transportation providers:
 - There is no time frame for the Broker to provide feedback to provider regarding complaints - providers never know the outcome of complaints until months later.
 - When trips are scheduled less than 48 hours from the time of the appointment, there is no verifiable way for the provider to prove they actually received the trip request. Providers have the same issue with re-routes.
- d) Too much regulation in the RFP:
 - Driver credentialing
 - Vehicle credentialing.
 - The Broker would like to see providers having input in helping DHHS write future RFPs.

Ms. Hennick agreed that the conference was positive. Mr. Wright did get a list of those individuals who wanted to participate in further discussions. It was recommended that the information be brought to the next TAC quarterly meeting. Mr. Wright said in the future he would like to have meetings in the different regions with both the providers and Brokers attending. Mr. Benecke stated that DHHS' contract with the Broker requires the Broker to have a quarterly Regional Advisory Meeting and suggested that meeting could be the appropriate place to continue the discussions. Ms Hennick said that if everyone was in agreement, the group that was at the conference could meet in April as an internal group and report at the next TAC quarterly advisory meeting.

Recommendations from the internal group's meeting will also be sent to Director Keck.

Dr. Guest wanted to know if the subcommittee had developed the list of questions that would be sent to the USC School of Public Health for the transportation survey. He recommended that the subcommittee get in touch with the people at USC who will develop and write the questions. Mr. Benecke said that originally, the subcommittee was to develop a list of questions to be sent to USC to be revised and/or reworded to ensure that the questions are not misleading.

The subcommittee members are: Coretta Bedsole, Doug Wright, Lynn Stockman, and Chuck MacNeil.

Meeting Adjourned at 12:04 p.m.

Next Regularly Meeting Scheduled for June 28, 2012

1801 Main Street, Columbia, South Carolina at 10:00 a.m.

South Carolina Department of Health and Human Services

Broker Performance Report - Region 1 - Logisticare



Transportation Metrics	Performance Goal	October 2011 Final	November 2011 Final	December 2011 Final	SFY 2012 Q2 Totals	SFY** 2012 Totals
Unduplicated Beneficiaries		6,639	6,525	6,293		12,152
Total trips provided by type of transportation		38,966	39,279	35,206	113,451	157,592
• Non-Emergency Ambulatory Sedan/Van Trips		28,910	29,578	26,144	84,632	117,018
• Wheelchair Trips		4,171	4,135	4,039	12,345	17,663
• Stretcher Trips		654	620	583	1,857	2,686
• Individual Transportation Gas Trip		4,808	4,498	3,959	13,265	18,528
• Non-Emergency Ambulance ALS		0	2	2	4	5
• Non-Emergency Ambulance BLS		70	94	79	243	309
• Public Transportation Bus Trip		353	352	400	1,105	1,383
Total Over Night Trips Arranged		25	23	21	69	79
Total Extra Passengers		7,644	6,809	6,816	21,269	29,170
• Number of Pickups On Time (A Leg)		15,762	16,285	16,798	48,845	67,823
• Number of Deliveries On Time (A Leg)		13,151	13,816	13,807	40,774	56,350
• Number of Trips Within Ride Time (All Trips)		32,962	33,823	34,419	101,204	141,164
• Percent of Pickups On Time (A Leg)	>= 90%	93.00%	93.90%	93.90%	93.60%	92.82%
• Percent of Deliveries On Time (A Leg)	>= 95%	77.60%	79.70%	77.20%	78.17%	76.50%
• Percent of Trips Within Ride Time (All Trips)	>= 99%	99.80%	99.90%	99.80%	99.83%	99.80%
Actual number of calls		26,348	23,285	21,211	70,844	116,040
• Average phone calls daily		1,255	1,058	964	1,092	1,104
• Average Answer Speed	< 1:00	00:36	00:31	00:22	00:30	02:42
• Average Talk Time		04:34	04:55	04:55	04:48	04:42
• Average Time On Hold	<= 3:00	01:37	01:35	01:23	01:32	01:35
• Average time on hold before abandonment	< 1:30	01:03	01:35	00:23	01:00	01:22
• Average number of calls abandoned daily		39	31	17	29	63
• Percentage of calls abandoned daily	< 5.0%	3.11%	2.93%	1.76%	2.65%	5.71%
Total number of complaints by type		392	574	361	1,327	2,113
• Provider No-Show		81	92	32	205	555
• Timeliness		150	184	74	408	729
• Other Stakeholders		125	247	187	559	582
• Call Center Operations		6	10	21	37	78
• Driver Behavior		9	9	4	22	29
• Provider Service Quality		3	2	2	7	11
• Miscellaneous		16	26	37	79	109
• Rider Injury / Incident		2	4	4	10	20
• Provider No-Shows as percentage of total trips	<= 0.25%	0.21%	0.23%	0.09%	0.18%	0.35%
• Complaints as percentage of total trips		1.01%	1.46%	1.03%	1.17%	1.34%
Total number of denials by type		726	744	576	2,046	2,997
• Non-Urgent / Under Days of Notice		83	77	42	202	459
• Non-Covered Service		117	137	122	376	534
• Ineligible For Transport		44	31	27	102	155
• Unable to Confirm Medical Appointment w/ Provider		22	20	15	57	75
• Does Not Meet Transportation Protocols		1	0	1	2	3
• Incomplete Information		374	413	326	1,113	1,466
• Needs Emergency Services		1	1	2	4	6
• Beneficiary Has Medicare Part B or Other Coverage		84	65	41	190	299
• Denials as percentage of total trips		1.86%	1.89%	1.64%	1.80%	1.90%

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

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



Transportation Metrics	Performance Goal	October 2011 Final	November 2011 Final	December 2011 Final	SFY 2012 Q2 Totals	SFY ** 2012 Totals
Unduplicated Beneficiaries		7,052	7,099	7,235		19,061
Total trips provided by type of transportation		55,004	50,576	54,241	159,821	222,026
• Non-Emergency Ambulatory Sedan/Van Trips		45,918	41,553	43,831	131,302	184,146
• Wheelchair Trips		5,879	5,658	6,244	17,781	24,600
• Stretcher Trips		939	912	1,081	2,932	3,323
• Individual Transportation Gas Trip		2,002	2,368	3,040	7,410	8,444
• Non-Emergency Ambulance ALS		16	14	28	58	109
• Non-Emergency Ambulance BLS		250	71	17	338	1,400
• Public Transportation Bus Trip		0	0	0	0	4
Total Over Night Trips Arranged		0	3	3	6	9
Total Extra Passengers		2,479	2,389	2,441	7,309	10,613
• Number of Pickups On Time (A Leg)		23,293	23,116	24,803	71,212	101,083
• Number of Deliveries On Time (A Leg)		17,637	17,164	17,804	52,605	75,028
• Number of Trips Within Ride Time (All Trips)		53,634	51,821	53,468	158,923	227,520
• Percent of Pickups On Time (A Leg)	>= 90%	83.37%	85.32%	89.16%	85.95%	84.74%
• Percent of Deliveries On Time (A Leg)	>= 95%	63.12%	63.35%	64.00%	63.49%	62.86%
• Percent of Trips Within Ride Time (All Trips)	>= 99%	97.53%	97.66%	97.69%	97.63%	97.44%
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		249	262	147	658	1,102
• Provider No-Show		36	92	41	169	393
• Timeliness		132	103	62	297	361
• Other Stakeholders		21	25	9	55	74
• Call Center Operations		24	16	19	59	72
• Driver Behavior		26	22	13	63	171
• Provider Service Quality		3	0	0	3	11
• Miscellaneous		0	0	0	0	6
• Rider Injury / Incident		5	4	3	12	14
• Provider No-Shows as percentage of total trips	<= 0.25%	0.07%	0.18%	0.08%	0.11%	0.18%
• Complaints as percentage of total trips		0.45%	0.52%	0.27%	0.41%	0.50%
Total number of denials by type		429	509	520	1,458	2,317
• Non-Urgent / Under Days of Notice		93	138	127	358	429
• Non-Covered Service		113	95	70	278	446
• Ineligible For Transport		2	2	40	44	163
• Unable to Confirm Medical Appointment w/ Provider		30	3	2	35	63
• Does Not Meet Transportation Protocols		3	3	2	8	13
• Incomplete Information		159	237	277	673	1,076
• Needs Emergency Services		1	0	1	2	2
• Beneficiary Has Medicare Part B or Other Coverage		28	31	1	60	125
• Denials as percentage of total trips		0.78%	1.01%	0.96%	0.91%	1.04%

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

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



Transportation Metrics	Performance Goal	October 2011 Final	November 2011 Final	December 2011 Final	SFY 2012 Q2 Totals	SFY ** 2012 Totals
Unduplicated Beneficiaries		9,156	9,171	8,728		23,979
Total trips provided by type of transportation		62,966	61,490	62,239	186,695	254,039
• Non-Emergency Ambulatory Sedan/Van Trips		50,283	47,875	47,976	146,134	202,148
• Wheelchair Trips		7,509	7,580	7,418	22,507	30,691
• Stretcher Trips		1,112	1,432	1,585	4,129	4,373
• Individual Transportation Gas Trip		3,796	4,518	5,157	13,471	15,053
• Non-Emergency Ambulance ALS		22	7	9	38	101
• Non-Emergency Ambulance BLS		244	78	94	416	1,673
• Public Transportation Bus Trip		0	0	0	0	0
Total Over Night Trips Arranged		11	1	5	17	29
Total Extra Passengers		3,342	3,285	2,972	9,599	13,106
• Number of Pickups On Time (A Leg)		27,081	28,626	29,017	84,724	117,138
• Number of Deliveries On Time (A Leg)		18,968	19,417	19,221	57,606	80,010
• Number of Trips Within Ride Time (All Trips)		61,099	62,666	60,971	184,736	258,153
• Percent of Pickups On Time (A Leg)	>= 90%	84.22%	87.00%	90.79%	87.34%	85.93%
• Percent of Deliveries On Time (A Leg)	>= 95%	58.99%	59.01%	60.14%	59.38%	58.36%
• Percent of Trips Within Ride Time (All Trips)	>= 99%	97.06%	97.11%	97.22%	97.13%	97.09%
Actual number of calls *		59,236	58,181	57,802	175,219	296,605
• Average phone calls daily		2,693	2,909	2,223	2,608	2,669
• Average Answer Speed	< 1:00	00:13	00:36	02:16	01:02	03:15
• Average Talk Time		04:37	04:26	04:46	04:36	05:29
• Average Time On Hold	<= 3:00	01:12	01:25	01:39	01:25	01:43
• Average time on hold before abandonment	< 1:30	00:27	00:38	02:09	01:05	01:57
• Average number of calls abandoned daily		63	237	346	215	529
• Percentage of calls abandoned daily	< 5.0%	2.34%	8.15%	15.56%	8.26%	19.82%
Total number of complaints by type		217	207	136	560	1,072
• Provider No-Show		48	94	33	175	500
• Timeliness		102	65	59	226	304
• Other Stakeholders		10	11	9	30	38
• Call Center Operations		31	18	12	61	85
• Driver Behavior		17	11	16	44	107
• Provider Service Quality		1	4	0	5	8
• Miscellaneous		0	0	0	0	8
• Rider Injury / Incident		8	4	7	19	22
• Provider No-Shows as percentage of total trips	<= 0.25%	0.08%	0.15%	0.05%	0.09%	0.20%
• Complaints as percentage of total trips		0.34%	0.34%	0.22%	0.30%	0.42%
Total number of denials by type		589	648	423	1,660	2,777
• Non-Urgent / Under Days of Notice		149	85	96	330	385
• Non-Covered Service		104	125	140	369	537
• Ineligible For Transport		12	1	3	16	247
• Unable to Confirm Medical Appointment w/ Provider		8	6	8	22	37
• Does Not Meet Transportation Protocols		2	8	11	21	28
• Incomplete Information		285	304	139	728	1,210
• Needs Emergency Services		0	0	1	1	2
• Beneficiary Has Medicare Part B or Other Coverage		29	119	25	173	331
• Denials as percentage of total trips		0.94%	1.05%	0.68%	0.89%	1.09%

* Includes call center data for Regions 2 and 3.

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