

South Carolina Department of Health and Human Services Transportation Advisory Committee

Quarterly Meeting Minutes
September 24, 2009 - 10:00 am

Committee Members in Attendance:

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

DHHS Staff Facilitating the Transportation Advisory Committee:

Beverly Hamilton, Sheila Platts, Mike Benecke, Deirdra Singleton, Nikole Boland, David Giesen

Public Attendees:

Janice Barody, Candace Knight, Paula Pratt, Neal Glomb, Carla Wessells, Jason Smart, Nick Licary, Mike Pace, Steve Gary

I. Welcome and Introductions

II. Purpose of Transportation Advisory Committee (TAC)

A Proviso was established to create a committee of members that are involved or affected by the transportation services that are offered to Medicaid beneficiaries. This creates a forum to provide input to the Department of Health and Human Services (DHHS) and give advice on how the transportation services are handled.

III. Program Review Process

a. Transportation Broker Report Cards (Apr – Jun 09)

(See handout)

MTM, Kim Matreci – MTM doesn't have anything that stands out.

LogistiCare, Chuck DeZearn – In the past, when a caller initiated a request for a trip without having all pertinent information required, the person was asked to call back and the trip was not entered into the system. The process has now been updated to allow the trip request to be entered and denied until the additional information can be made available. This will cause an increase in reported number of denials for incomplete information on the monthly report, but will also serve as a reminder for beneficiaries on what information is required prior to making the call. In most cases, these situations result in actual trips to be delivered. Below this category on the report card, you will see "Wrong Level of Service and Ambulance" which is a combination of a few different things. The major portion of this is a new process that

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we go through to help make sure the ambulance providers get paid in case there are questions about eligibility, whether its Medicare trip or a 216 trip.

b. Trips, Denials, and Complaints By Region (SFY 08, SFY 08 Restated, SFY 09)

(See handout)

LogistiCare, Chuck DeZearn – The numbers of overall trips in the 4 regions decreased slightly. When the program was implemented, LogistiCare established a system to report “net authorized trips” which is the total reservation calls minus all cancelations. This resulted in the total potential number of trips in a month. The original concept was to have a preliminary report for a month then a final about 3 months later. This process has been changed to count verified paid trips.

MTM, Kim Matreci – We have recently changed how we document reported complaints which will cause our complaint numbers to increase. In the past, a provider/beneficiary was asked if they wanted to log an official complaint. If there was resolution and the caller did not state that they wanted this, it was not documented. Now all issues are logged so that there is a more accurate accounting of issues of concern/complaints.

The agency has also identified that the beneficiary will often issue a complaint directly with the transportation provider. There is not a way to capture these issues when resolved immediately. Efforts have been made during routine site visits to encourage accurate reporting to the transportation brokers. This will be an on-going educational issue with beneficiaries and all others involved.

c. DHHS Internal Complaint Tracking

(See handout) DHHS is tracking all complaints that are received in-house. These are compared to complaints the Brokers receive to determine the number of issues that get resolved at the Broker level versus those that are elevated to DHHS. This information is also used to determine support and training needs as well as communication needs.

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d. Program Review Site Visits

Overall these have been very helpful in understanding some of the issues that are irritants and/or things that need to be addressed when writing future RFPs to ensure that the information is clearly stated and that we have appropriate requirements in place.

The agency tries to make 3 site visits per month. Target areas for choosing sites can include, but are not limited to, the number of trips the provider makes, if the provider is new, and/or if there have been a series of complaints pertaining to a particular provider. For example if a provider has 10% of the complaints for a month and they are providing 5% of the trips, this would result in a higher prioritization for the next round of scheduling for site visits. We are also planning to have all the transportation coordinators blanket the state to observe providers while providing service to the beneficiaries. This will include riding with providers, spot-checking vehicles, and watching the loading and unloading of beneficiaries.

IV. Health of the Transportation Network

a. Transportation Provider Report Cards

(See handout) The provider report cards are broken down by region/providers. Individual provider names are not listed. While reviewing, please understand that each Broker operates differently; therefore, it would not be appropriate to compare the report cards utilized between Broker companies.

LogistiCare, Chuck DeZearn – The report cards are not grading scales where there is a pass or fail. For example, you could see 123% re-routes for a provider. This could be a provider that only has one van and maybe the van broke down causing the provider to re-route all trips for a day. If you see a zero percent for on time performance, it is a good possibility that the provider hasn't billed yet. Half of our measurement for on time percentage comes through the billing process.

MTM, Kim Matreci – This is a tool used to continually improve services provided to beneficiaries.

b. Transportation Accounts Payable Aging Reports

