

South Carolina Department Of Health and Human Services Non Emergency Transportation Broker Program Review Plan



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Revision Summary

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1. Purpose

The purpose of the non-emergency transportation broker program review plan is to document the detailed processes, procedures, and performance measures that will be used to evaluate the transportation broker's performance. The plan has been developed with sufficient detail to provide program reviewers with the process and tools to conduct an objective program review. The program review plan includes:

- The operational areas SCDHHS will review on a regular basis.
- The requirements in each operational area that will be evaluated.
- Descriptions of the methods that will be used to conduct the program review.
- The criteria that will be used to determine whether the functional area is within contract compliance.
- Forms that will be used to record program review results.

SCDHHS personnel or contract personnel may perform the program review. Program reviews will be conducted using the methods, processes and tools outlined in this document. Reviews may or may not be announced in advance; however, the brokers will have the opportunity to call in the appropriate resources if needed for unannounced reviews.

All results will be recorded by the person conducting the program review and will be reviewed by the transportation monitoring team. Reviewers will brief brokers and / or transportation providers with initial unofficial results of the program review when completed. Individual findings that require the immediate attention of the broker and/or transportation provider will be discussed at that time (i.e. safety risk to members or providers, other). Results that are more comprehensive will be shared with the broker and / or transportation provider after the results are reviewed by the transportation monitoring team.

Results that do not meet minimum performance measures will be shared with the broker and / or transportation provider and will require a documented corrective action plan. The action plan must include a weekly follow up review until the deficiency has been corrected. Results of field observations that may either pose a significant safety risk or considered to be significantly below minimum standards will require a written response identifying the immediate action taken by the broker to address the deficiency within 24 hours of notification.

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2. Trip Reservation Review

The process used to reserve member transportation requests for Medicaid covered services will be reviewed to verify the reservation process includes the key features required of the broker. The process will be reviewed to ensure call scripts are appropriate for taking transportation service requests from members. The process for taking reservations from facilities for members with standing orders will also be evaluated. The program review will include the verification of all required communication with the member to confirm or deny the reservation. The program review will also include an evaluation of key call center performance metrics including the time to answer incoming calls.

2.1 Member Reservations

The trip reservation process must include the systematic gathering of information, verification of eligibility, and storage of the request in the reservation system. The review will ensure call announcements and Customer Service Representative (CSR) scripts include the following key elements:

- Notification of language assistance options
- Member education on the basic processes and procedures of the non-emergency transportation system including rescheduling and cancellation requirements
- Verification of beneficiary eligibility
- Assessment of the member's need for NET services
- Determination of the most appropriate and most cost effective transportation method to meet the beneficiary's need and level of care
- Determination of any special transport requirements for medically fragile or physically/mentally challenged beneficiaries
- Trip rescheduling process
- Trip cancellation process
- Verification of member contact information
- Verification of member emergency contact information
- Pick Up location verification
- Verification of the Medicaid approved service to be provided
- Verification of medical appointment drop off address
- Verification of medical appointment date and time
- Requirements for an escort
- Verification of the return trip pick up time if possible – if not possible, notification of pick up time scheduling procedure
- Communication to the member of the scheduled pick up time
- Assignment of a unique reservation number or trip number
- Communication to the member of that unique number

Call scripts will be reviewed and actual calls will be monitored to verify the reservation process meets all requirements for taking transportation requests. In addition, eligibility

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and trip authorization documentation for sample reservations will be reviewed and must tie back to the unique control number for the reservation. Eligibility and trip authorization are not required to be completed during the initial call requesting service; however verification must be completed prior to delivery of the transportation service.

2.2 Facility Reservations for Members

Reservations can be made on behalf of members by facilities or medical service providers. In most cases, facilities will confirm 'standing order' appointments by faxing a form to the broker that includes the member information and the date and time of the appointment. Other medical service providers may also request transportation services on behalf of a member by calling the reservation number. Reservation requests taken from facilities or other medical service providers must also include the key elements listed under the previous section.

2.3 Denial of Service

If for any reason there is an issue with the transportation request that results in the denial of service, the reservation process will be evaluated for an objective method for denial determination and a standardized process for communicating all denials to members.

2.3.1 Denial of Service Determination

The reservation process will be reviewed to ensure there is an objective and consistent method of correctly determining whether the request for service is approved or denied. The process will include a review of the call scripts and list of corresponding codes available to the CSR for coding denials appropriately.

2.3.2 Denial of Service Communication

If there is an issue with the details of the trip resulting in a denial for transportation services, the reservation process will be reviewed for the inclusion of a standardized process for communicating all denials to members. The communication of denial of service must include the following key elements:

- Written notice to the beneficiary within 3 working days of the denial of service
- The notice must include the specific reason for the denial
- The notice must include the process for appealing the decision for denial of service
- The notice must include all contact information required for appealing the denial of transportation services

The original notification of denial of service must be mailed or handed to the beneficiary and a copy must be maintained in the broker's beneficiary file. If the

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transportation request is being denied because the member does not live in the region covered by the broker, the broker is required to give the member the correct contact number to request services.

2.4 Reservation System Performance Metrics

Key elements of performance for the broker's reservation system call center will be reviewed. Several performance measures will be compared to the performance measures reported to SCDHHS monthly by the brokers.

2.4.1 Speed to Answer

The broker reservation system will be reviewed for the time it takes to answer incoming calls. The reservation lines listed on the SCDHHS web site under the transportation service provider section will be used for the program review. The program review will be conducted by calling the reservation line and recording the time it takes from the initial ring until a customer service person answers the call to take the reservation. The speed to answer performance criteria will be determined by the response to the RFP submitted by the broker and will be listed on the reservation system program review form that can be found in Appendix A.

2.4.2 System Generated Metrics

The other key metrics for measuring the performance of the reservation system operation will be reviewed. Performance measures will be verified based on reports generated directly from the call center system. The performance measures to be reviewed include:

- Average number of calls daily
- Average talk time
- Average number of abandoned calls daily
- Number of calls placed on hold
- Average hold time for calls placed on hold
- Average hold time prior to abandonment
- Number of blocked calls daily
- Average number of CSRs working in 15 minute increments
- CSR wrap up time
- Call volume trending in 15 minute increments

System reports will be requested for specific times corresponding to the monthly reporting periods. Performance measures will be calculated from the system-generated reports and compared to the metrics reported to SCDHHS by the broker for the period being reviewed. Results of the comparison will be recorded on the form listed in Appendix B.

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2.5 Customer Service Representatives

The performance of Customer Service Representatives (CSRs) taking reservations will **also be reviewed as part of the reservation system program review. CSRs may be** reviewed using anonymous calls to the call center or on site interviews conducted to determine what the CSR would say or do in likely situations. CSR records will also be reviewed and must include the following information:

- Record of Broker Provided Training
- 30, 60, 90 Day Training Evaluations
- CSR Evaluations Based On QA Guidelines Using Corresponding Checklists
- Team Lead and QA Specialist Conducted CSR Evaluations
- Calibration Session Results

2.6 Trip Reservation Review - Method

The transportation reservation system process may be reviewed by either requesting the recordings of calls for specific reservations selected from trip manifests or other system generated reports, by requesting calls for a specific CSR for a specific time period, by on site monitoring of live calls, or by calling the reservation line directly to schedule a trip. Related documentation will be requested as needed; i.e., eligibility and trip verification, denial communications and other required documentation.

System generated call center statistics will be reviewed and compared to the summary reports distributed to SCDHHS monthly. CSR reviews may be conducted using anonymous calls to the reservation line, on site interviews, or reviews of selected recordings. Employee records for CSRs will be reviewed for performance evaluations. A copy of the form listed in Appendix C will be used to record the method used for the program review and results.

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3. Trip Scheduling and Cancellation Review

The process for scheduling trips includes the distribution / notification of assignments to transportation providers and their process of routing vehicles based on workload, capacity, and route optimization. The review will include an evaluation of the processes for handling initial trip assignments, trip assignment re-routes, and trip cancellations. The process used to communicate all changes in trip details to the member will also be included in the review.

3.1 Initial Trip Scheduling

The process will be reviewed to verify that the initial pick-up time established adheres to the guidelines for minimizing travel time for each leg of the trip. In some cases, trips assigned to transportation providers have pick-up times for all legs of the trip already established which have been communicated to the member. For other transportation requests, the pick-up time for all legs of the trip may not have been established during the initial call to request services.

The scheduling process will be evaluated to ensure there is consistent communication between the broker and transportation provider of the initial scheduled pick up time for all trips. The process will be reviewed to verify that both the broker and the transportation provider have a clear and consistent understanding of who is responsible for communicating the initial pick-up time for each leg of the trip to the member.

3.2 Trip Re-Route

The trip re-route process will be reviewed to verify there is consistent communication between the broker and transportation provider, that the re-route of trips has been requested by the transportation provider, and that the broker acknowledges the re-route request. The process will be reviewed to ensure that trips requested for re-route are handled by the transportation broker timely and appropriately. The broker must ensure that all re-routes are assigned to providers with the capacity to perform the trip and must ensure the trip has been assigned to an alternate provider.

The process will be reviewed to verify that both the broker and the transportation provider have a clear and consistent understanding of who is responsible for communicating the initial pick-up time and any changes in the initial trip reservation to the member.

3.3 Trip Cancellations

A trip cancellation request can be initiated by several sources and may come before the trip has been performed or after an attempt was made to provide the trip (member no shows). For trips cancelled prior to the date and time the trip is scheduled, the process will be reviewed to ensure there is a consistent method of

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communication that is understood by both the broker and the transportation provider that the cancellation has taken place. In addition, the process will be reviewed to ensure the member is notified of the cancellation if he / she did not request the cancellation.

Cancellations requested after a trip was attempted will be reviewed to verify the cancellation is recorded appropriately and that a corresponding complaint is logged for the member no show in all cases. Member no show complaints will require the broker to follow the complaint process and request a response from the member verifying the circumstances of the cancelled trip.

3.4 Trip Scheduling and Cancellation Review - Method

The transportation scheduling and cancellation process will be reviewed by requesting documentation for specific trips that have been scheduled, re-routed, or cancelled. Communication processes will be verified by interviewing both the broker and selected transportation providers. Related documentation will be requested as needed; i.e., complaint for member no shows. A copy of the form listed in Appendix D will be used to record the results of the program review.

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4. Complaint Process Review

The process used to register complaints about any part of the broker transportation network will be reviewed to ensure the intake process includes features required of the broker by the contract. The process will be reviewed for a systematic methodology for taking complaints from any party - members, transportation providers, facilities, or any other entity wishing to register a complaint. The program review will include the verification of all required communication with members, providers and facilities related to complaints registered. Response times related to complaint intake and resolution will be reviewed to ensure they are within the performance parameters listed in the contract.

4.1 Complaint Intake

Brokers may accept complaints using a number of methods including calls to a designated complaint hotline, complaint forms mailed or faxed to the broker's regional office, and complaints noted on common reports such as appointment forms or trip logs. The complaint intake program review will include a review of the process for each method of complaint intake.

4.1.1 Calls To Designated Phone Number

The process for taking complaints via a centralized problem line will be reviewed to ensure the CSRs taking calls ask the appropriate questions in order to accurately record the complaint under the appropriate code, record all other necessary information required for communication, and inform the caller of the next steps that will be taken to address the complaint.

4.1.1.1 Calls to Designated Phone Number – Speed To Answer

The speed to answer the complaint line will also be reviewed. The reviewer will call the appropriate number recording the date, time of the call, and the time it takes for the call to be answered by a customer service representative. The reviewer may or may not remain on the line with the CSR. All calls will be recorded and the number of calls will be shared with brokers for the appropriate adjustment to their performance measures if required. The form that will be used to record program review activity is listed in Appendix E.

4.1.2 Forms for Recording Complaints

Transportation brokers may also take complaints using a form developed for recording complaints. The process for taking complaints via paper form will be reviewed to ensure the forms include the appropriate information for accurately recording the complaint under the appropriate code, information required for communication to the entity logging the complaint, and information required for communication to the entity the complaint is logged against. The process will be reviewed to ensure the inclusion of feedback to inform the entity logging the complaint of the next steps that will be taken to address the complaint.

4.1.3 Other Methods of Reporting Complaints

Transportation brokers may take complaints using methods other than calls to a centralized problem line or a form developed specifically for recording complaints. The process for taking complaints via other methods will be reviewed to ensure the appropriate information is included to accurately record the complaint under the

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appropriate code is captured . In addition, the method should include the information required for communication to the entity logging the complaint and the entity the complaint is logged against. The process will be reviewed to ensure the inclusion of feedback to inform the entity logging the complaint of the next steps that will be taken to address the complaint.

4.1.4 Initial Complaint Verification

The complaint process will include an initial review of the complaint to verify the complaint has merit and should be filed with the appropriate party and of the initial severity of the complaint. The process will be reviewed to insure each complaint is classified appropriately as either a substantiated or unsubstantiated complaint and that they are classified with the appropriate severity based on the broker's guidelines.

Complaints that are found to be unsubstantiated after the initial review should be reviewed by a supervisor or above to confirm the initial disposition. Complaints that are determined to be high priority based on the nature of the complaint will require immediate attention by a supervisor or above for resolution. All complaints found to be substantiated should be distributed to the appropriate party within the time parameters specified in the contract for each broker. The process of communicating the details of the complaint and the next steps required of the entity the complaint was recorded against will be reviewed to ensure communications are clear and documentation supporting the communication is maintained by the broker.

4.2 Complaint Response

The process used to determine the appropriate response to complaints will be reviewed. The process will be evaluated to ensure the following key features:

- The appropriate entities are contacted for a response to the complaint
- The disposition of all complaints is communicated to the initiating entity
- The disposition of substantiated complaints is communicated to the entity the complaint was logged against
- Corrective action required based on the complaint is verified to have been implemented
- Complaints are closed appropriately and all entities are notified of the final disposition of the complaint

4.2.1 Complaint Workflow

The workflow of the complaint process will be reviewed to ensure complaints are directed to the next step in the process in a timely manner and that the process includes some method to ensure the next responsible party acts on the complaint within a specified time parameter.

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4.2.2 Complaint Corrective Action

The corrective action process will be reviewed for the appropriate communication and follow up necessary to ensure corrective actions are implemented. Complaints that require corrective action to be taken by the entity the complaint is logged against must include documentation recording the specific corrective action to be taken and documentation confirming the entity has received the required corrective action. Complaints requiring corrective action by the broker must include documentation of the required corrective action. All corrective action must include a time frame for implementation and a process of verifying the implementation of required corrective action.

4.2.3 Complaint Closure

The process of closing complaints will be reviewed to ensure complaints are closed based on appropriate responses taken to resolve the complaint. The close process must include documented communication to the entity initiating the complaint and the entity the complaint was logged against to include any corrective action taken and the final disposition of the complaint.

4.3 Complaint Process Review – Method

The complaint process program review will be conducted using a sample of recorded complaint calls from a specific period or for specific complaints initiated by a member, a facility, or a transportation provider. The reviewer may ask for the recording of specific calls and supporting complaint documentation for a specific complaint. Appendix F includes the form that will be used to record the results of complaint process review.

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5. Member Education and Communication Review

Member education and communications with members are key requirements of the transportation broker contract. Member education and the communications with members will be reviewed to ensure the following requirements are being met:

- Members are educated on the basic processes and procedures of the non-emergency transportation system.
- Oral interpretation services are available for all non-English speaking members and are not limited to prevalent languages.
- Oral interpretation services are provided at no cost to the member.
- All written communications are available in the prevalent non-English speaking language.
- All written communications with members are written with language that is easily understood.
- Brokers operate toll free numbers during the hours specified in the contract.

5.1 Member Education Review

Member education provided by the broker will be reviewed to ensure new members are provided with education materials that clearly communicate the process and procedures of the non-emergency transportation system. In addition, the review will include an evaluation of communications to all members that are affected by changes in any part of the system. The following specific requirements will be included in the member education review:

- Availability of assistance free of charge for language interpretive services
- The telephone number for requesting services
- The telephone number to register a complaint
- Required notice for requesting transportation services
- Considerations for special needs or urgent care
- Trip rescheduling process and requirements
- Trip cancellation process and requirements
- Trip authorization requirements
- Availability of and method of access to after hour emergency services
- The members rights and responsibilities
- The broker's responsibilities
- Specific changes in the transportation system affecting the member
- Mailing address for written communication

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5.2 Member Communication Review

Communication with members by the broker and transportation providers will be reviewed to ensure both written and oral communications are clear and easily understood. The communication review will also ensure communication of relevant information with members is delivered and available timely and accurately. The following specific communication requirements will be included in the review:

- Availability of assistance with scheduling, reservations, and transportation information via a toll-free number 7 am to 7 pm Monday through Saturday [Eastern Time]
- Availability of “live voice” communication assistance with scheduling, reservations, and transportation information via a toll-free number 9 am to 5 pm Monday through Saturday [Eastern Time]
- Notification and availability of interpretive services for oral communications
- Communication effectiveness of educational material for new members
- Communication effectiveness of changes in the transportation system affecting members
- Communication effectiveness of written correspondence for denials of service
- Communication effectiveness of written correspondence regarding complaints
- Communication effectiveness of written correspondence regarding all appeals
- Communication effectiveness of written correspondence regarding grievances
- Availability of and distribution of communications in the language preference of the member for all written communications

5.3 Member Education and Communication Review – Method

Member education and communications will be reviewed by evaluating copies of material distributed to new members in multiple languages and evaluating copies of other types of documents distributed to members. Members, broker personnel and transportation providers may also be interviewed to verify the timeliness and effectiveness of communications. The verification of the availability of interpretive services for members may be conducted by requesting specific recordings of requests for service or by calling the broker directly and requesting interpretive services. A copy of the form listed in Appendix G will be used to record the results of the program review.

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6. Non-Emergency Transportation (NET) Network Review

The NET Network will be reviewed to ensure the Broker is maintaining a network of appropriate transportation providers that is sufficient to provide adequate access to Medicaid covered services. Written agreements with providers must be in place to ensure continuity of transportation services. Written policy and procedures must exist for the selection of and retention of transportation providers. Changes in the number or type of transportation providers must be shared with SCDHHS at least 30 days prior to the expected date of the change.

6.1 NET Network Considerations Review

The broker's approach to the ongoing evaluation and improvement of the NET Network will be reviewed to ensure the following elements are taken into consideration:

- Anticipated Medicaid enrollment
- Expected utilization of services - taking into consideration the characteristics and health care needs of specific Medicaid populations
- Number and types of NET providers required to furnish the contracted Medicaid services
- The geographic location of providers and Medicaid beneficiaries

6.2 Adequate Provider Capacity and Service Review

The NET Network will be reviewed to ensure the broker has developed the appropriate combination of transportation providers to deliver reliable transportation to members. The review will include an evaluation of the key criteria:

- Documentation confirming appropriate range of transportation services
- Verification the geographic distribution of providers within the region is sufficient to consistently deliver service that meets or exceeds contract requirements
- Provider no shows
- Provider timeliness
- Written agreements with transportation providers
- Written policy and procedure regarding the selection of transportation providers
- Written policy and procedure regarding the retention of transportation providers
- Written policy and procedure for notifying SCDHHS of changes in the NET Network

6.3 Non-Emergency Transportation (NET) Review – Method

The NET Transportation review will be conducted by comparing the transportation capacity of the providers that make up the network to the demand for transportation services from members. Reviewers will ask the broker for the current asset lists of all providers and trip projections for the next 6 months. Complaints for provider no shows and timeliness will also be considered in the review of network adequacy. A copy of the form listed in Appendix H will be used to record the results of the program review.

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7. Contracted Transportation Provider (TP) Review

Transportation providers that have entered into an agreement with the brokers to provide transportation services will be reviewed to ensure they are meeting the minimum requirements of the contract. The areas that will be reviewed will include business processes related to the transportation of Medicaid members, vehicle maintenance and safety, and driver training and qualification. The effectiveness of communication between the transportation provider and the broker will be reviewed as well as communication with members and facilities.

7.1 Contracted TP General and Administrative Review

Several key business elements and processes will be reviewed to ensure the minimum requirements of the contract are met. They include:

- Verification of a Valid Business License for the jurisdictions the provider operates in
- Verification of Signed Service Agreement with Broker
- The Effectiveness of the Required Broker Orientation for TP
- Financial Stability and Funding Sources
- Adherence to Generally Accepted Accounting Principals – Financial Audit
- Hazardous Weather Policy
- Disaster Recovery and Business Continuity Plan
- HIPAA Compliance Training for All Employees
- Verify No Unauthorized Marketing Activities
- Verify Not On Medicaid Fraud List – State and Federal
- Records for Vehicle Accident Reports

7.2 Contracted TP Billing and Reimbursement Review

A detailed review of the transportation provider's billing and reimbursement processes will be conducted. The TP will be required to demonstrate how its billing process works with particular emphasis on assurances that reimbursement is being requested only for actual trips taken. Transportation providers will be asked specifically about their process for:

- Trip Log Verification
- Member Trip Verification
- Trip Mileage Verification
- QA Process for Invoice Submission

7.3 Contracted TP Service Delivery

Contracted transportation providers will be evaluated for their adherence to the service delivery requirements of the contract. The review will include evaluations of trip routing methods, communication processes with various transportation stakeholders, and performance measures related to timeliness.

7.3.1 Service Delivery - Trip Routing and Dispatching

Transportation providers are required to route the trips assigned by the broker to ensure members are picked up and delivered to their destinations on time and

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within the ride time parameters identified in the contract. The routing and dispatching process should also include the verification that the required transportation level of service can be delivered based on the trip assignment. The routing process should assist in maximizing available resources.

7.3.2 Service Delivery - Communication

The communication processes and procedures used by the TP for communicating with various transportation stakeholders will be reviewed for reliability and effectiveness. Communication and dispatching of information to drivers while in route will be reviewed to include the reliability of communications equipment. Any changes in scheduled pick up or drop off times must be communicated to the member. Transportation providers will be required to demonstrate their capability in communicating schedule changes to members regardless of timing and circumstance.

In the event a transportation provider will be dropping members off late for appointments, the provider must demonstrate the capability to communicate drop off changes to health care providers. Deviations in the scheduled pick up or drop off times should be communicated to the broker. Pick up and drop off times for all trips are required to be reported to the broker for service delivery performance measurements.

7.3.3 Service Delivery - Timeliness

The contract for transportation services includes minimum timeliness standards. The transportation provider's process will be reviewed to ensure the timeliness of pick up and drop offs are taken into consideration when routing trips and providing transportation for return trips. Providers will also be asked to demonstrate how they are recording pick up and drop off times and reporting those to the broker for performance measurement calculations. Transportation providers that are not able to meet minimum on time performance standards may be required to identify the corrective action being taken to improve timeliness.

7.3.4 Service Delivery - Complaint Resolution

The transportation brokers are required to adhere to the specific service delivery criteria identified in the contract. They are also required to make certain they are delivering reliable and courteous transportation for Medicaid members. There will be occasions when members or other stakeholders file formal complaints about some aspect of the broker transportation system. Transportation providers are required to have a process in place to address complaints in a timely and appropriate manner. Providers must also identify areas of corrective action when necessary and ensure steps are taken to address the root cause of recurring complaints. The review will include an evaluation of the transportation provider's complaint process including:

- Initial Response
- Quality Assurance Evaluation for Recurring Problems
- Corrective Action Development if Required
- Appropriate Closure for Complaints

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7.4 Contracted TP Vehicle Review

Transportation providers will be asked to deliver records for the vehicles in their fleet. In addition, the review may include field observation of vehicles to ensure they meet the minimum requirements of the contract. The following will be included as part of the vehicle review:

- Proof of Insurance
- Record of Initial Vehicle Inspection
- Record of Vehicle Inspection within the Last Year
- Record of Vehicles Removed From Service for Failing Inspection
- Record of Re-inspection for Vehicles Failing Safety Inspection
- Verify No Unauthorized Marketing Activities
- Adhere to Public Service Commission (PSC) Regulations
- Adhere to Health and Environmental Control (DHEC) Regulations if Ambulance
- Field Observation – Cleanliness, Safety, Operation of Special Equipment

7.5 Contracted TP Driver Review

Transportation providers will be asked to deliver records for the drivers they employ. In addition, the review may include field observation of drivers to ensure they meet the minimum requirements of the contract. The following will be included as part of the transportation provider driver review:

- Driver Licenses
- Driver Prior Driving Record – DMV (last three years)
- Driver Background Check - SLED
- Defensive Driver Training
- Training Record for CPR and First Aid
- Proof of Training in Blood-Borne Pathogens
- Driver Accident or Incident Records
- Record of Complaints against Driver
- Check against Medicaid Fraud List
- Field Observation of Performance

7.6 Contracted Transportation Provider Review – Method

The contracted transportation provider reviews will be conducted by on site evaluations of required documents and interviews. Vehicles and drivers will be selected at random based on available lists of assets and personnel deployed. Parts of ~~the re~~ **their** review will also be conducted by field observation at the transportation provider's primary business location or by observation at locations scheduled for a pick up or drop off. A copy of the form listed in Appendix I will be used to record the results of the contracted transportation provider program review.

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8. Transportation Provider (TP) Field Observation Review

All providers of transportation services to Medicaid members are subject to field observation reviews to ensure vehicles and drivers are meeting the minimum requirements of the contract. Vehicle and driver reviews will be conducted for contracted as well as non contracted transportation providers.

8.1 Transportation Provider Field Observation Vehicle Review

The vehicles used in the transportation of Medicaid members are expected to be in good working order, clean and free of excessive wear, registered with the appropriate agencies, and include the appropriate proof of registration and all inspections required. Several key areas of focus during vehicle reviews include:

- Proof of insurance, registration, and required inspections
- Appropriate signage and general vehicle appearance
- Safety, seat belts, and operation of special equipment
- Trip logs and contact information

8.2 Transportation Provider Field Observation Driver Review

All drivers transporting Medicaid members are expected to have the appropriate credentials required by the contract. Drivers are expected to be neat in appearance and dressed appropriately for the position, courteous to all passengers, and provide assistance to passengers entering or exiting the vehicle. The key areas of focus during driver reviews include:

- Drivers license and training
- Driver behavior and appearance

8.3 Transportation Provider Field Observation Review – Method

Transportation provider field observation reviews will be conducted either at a provider's primary business location or by observation where a pick-up or drop-off is scheduled to occur. Individuals conducting reviews will show the driver their picture ID and announce to the driver who they are and the organization they represent. Drivers will be encouraged to contact their dispatch to let them know a field observation is being conducted. Results of field observations that may either pose a significant safety risk or considered to be significantly below minimum standards will be communicated to the broker immediately. The broker will be responsible for taking the appropriate corrective action and must report back to DHHS within twenty-four hours of notification. A copy of the form listed in Appendix J will be used to record the results of the transportation provider field observation reviews.

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9. Non-Contract Transportation Provider Review

Transportation to Medicaid covered services may be performed by entities that do not have contracts with transportation providers. Trips can be performed by either individual transportation providers (ITP) enrolled with the broker or members with access to a vehicle. ITPs are enrolled by the broker and normally provide transportation in areas not serviced by contract providers or may be used in cases where demand exceeds normal capacity for the short term. Individual Medicaid members may be reimbursed by the broker under the broker's gas reimbursement program. Both methods of non-contract transportation will be reviewed.

9.1 Non-Contract Transportation Provider - ITP

The Individual Transportation Provider (ITP) program will be reviewed to ensure the ITPs adhere to the requirements in the broker transportation contract. In general, ITPs are volunteer drivers that operate privately owned vehicles that assist Medicaid members with transportation to and from medical appointments. The following are specific requirements for ITPs that will be reviewed:

- ITP Has Valid Driver License
- Prior Driving Record Has Been Checked – DMV
- Background Check - SLED
- Current Proof of Insurance
- Verify Privately Owned Vehicle – Non Commercial
- Verify is not Family Member Transporting Medicaid Member
- Vehicle Inspection Initial
- Vehicle Inspection within the Last Year

Additional elements of the program that will be reviewed include:

- ITP Has Reliable Method of Communication
- ITP Communicates With Member About Schedule Changes
- Broker Verification of ITP Trips Taken
- Broker Verification of Trip Mileage For Trips Performed by ITP
- ITP Accident and Incident Records
- Record of Complaints against ITP
- Verification not on Medicaid Fraud List

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9.2 Non-Contract Transportation Provider – Gas Reimbursement

In some cases, the broker and member may agree to gas reimbursement for transportation using the member's own vehicle or transportation provided by a friend or relative. The gas reimbursement program will be reviewed to ensure the broker is reimbursing the person providing transportation for trips actually taken. Members may be contacted to verify the person providing transportation was reimbursed promptly for the trip. The gas reimbursement review will include the following:

- Prior authorization and eligibility verification
- Verification the trip was taken
- Verification of trip mileage
- Verification the person providing transportation was reimbursed promptly

9.3 Non-Contract Transportation Provider Review – Method

The non-contracted transportation provider reviews will be conducted by on site evaluations of required documents at the broker's business office and follow up interviews with individual ITPs and members. Reviewers will randomly select ITPs to review based on a list of active ITPs to be provided by the broker. The procedures for the gas reimbursement program will be evaluated to ensure compliance with eligibility verification and trip verification. A copy of the form listed in Appendix K will be used to record the results of the contracted transportation provider program review.

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10. Broker Back Office Review

The back office' business processes will be reviewed to ensure the broker has sufficient processes in place, in key functional areas that facilitate fulfilling the requirements identified in the contract.

10.1 Documented Policy and Procedures

Policy and procedure documents will be reviewed to ensure they are current and include appropriate communications plans for stakeholders the policy effects. For example, written hazardous weather policies and procedures must include the communication plan for notifying members and medical service providers of changes in the established schedule. The documents that may be reviewed include:

- Provider Operations Manual
- Call Center Operations Manual
- Quality Assurance Policy / Plan
- Hazardous Weather Policy
- IT Disaster Recovery Plan
- Business Continuity Plan

10.2 Billing and Reimbursement System

The billing and reimbursement system and related processes will be reviewed to ensure that providers are being paid for trips taken as well as processes verifying providers are not paid for trips not taken. The evaluation will include a review of the documentation for trip eligibility and authorization when the reservation is taken, trip mileage verification, required trip logs submitted by transportation providers, and the correlation of a check number to an invoice number and the trip. The broker's billing audit process will be reviewed to ensure that documented billing processes and procedures are being systematically followed by the broker's claims processing area.

The billing process will be reviewed to ensure that the instructions and training given to transportation providers matches the process executed by the claims processing area. The process will be reviewed to ensure adequate resources are available to address transportation provider issues or questions. The claims processing procedures should include instructions for processing 'non standard' claims for additional services i.e., claims submitted for transportation out of the South Carolina Medical Service Area requested by SCDHHS. Accounts payable activity reports will be requested to verify the timeliness of payment to providers for trips taken.

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10.3 Broker Sponsored Training

Key elements of the broker's training program will be reviewed to include course outlines, training material, records of training attendance, and follow up training evaluations (30, 60, 90 day). The specific areas listed will be reviewed:

- New Provider Orientation
- New Provider Billing Process Training
- Training For Medical Service Providers and Facilities
- Call Center Customer Service Representatives Training
- HIPAA Compliance Training – All Employees

10.4 Communications

In addition to the communication required between the broker and other entities about activities or daily events, there can be additional communications between brokers and other entities. Other communications may include regularly scheduled meetings with transportation providers, transportation provider newsletters, and member newsletters or brochures. These other communications will be reviewed for consistency and the reliability of delivery method. Formal communication plans not reviewed as part of the evaluation in a specific operational area will also be reviewed. For example, escalation plans for issue resolution between transportation providers and brokers may be reviewed if they are part of the broker's overall communication plan. Other communications that may be reviewed include:

- Communications between Broker and Members
- Communications between Broker and Transportation Providers
- Communication between Broker and Medical Service Providers

10.5 Report Card Source Data

The detailed methods used for collecting the source data as input to the performance reporting will be reviewed to ensure the information reported is accurate and reliable. The initial source data points will be reviewed along with the methods of summarization and the individuals responsible for developing reports. Reporting of the key performance measures should also include a quality review to ensure the accuracy of the information reported. The following areas will be reviewed to ensure the source data for reporting is accurate:

- Call Center System
- Denials Recorded
- Trips Scheduled
- Trips Modified – Add / Update / Delete
- Complaints Recorded

10.6 Broker Back Office Review – Method

To review the broker's back office processes and procedures, the broker will be asked to produce supporting documentation for the areas being evaluated. Encounter data sent to SCDHHS by each broker for completed trips may also be used to verify reporting source

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data. A copy of the form listed in Appendix L will be used to record the results of the broker back office program review.

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Appendix A - Call Center Review Form - Speed To Answer.

A blank form for the call center activity results – speed to answer can be located on the shared folder at: <L:\Brokertrans\Contracts Non-emg Transport\Audit Information\Program Review Plan\Call Center Review – Speed To Answer>.

Broker:

--

Review Dates:

From Date:	To Date:
------------	----------

Reviewers:

--

Date Results Distributed To Broker:

--

Broker Representative Accepting Results:

--

Overall Operational Area Performance Results:

Meets / Exceeds	Does Not Meet or Exceed
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Corrective Action Required:

No	Yes
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Total Number Of Calls:

--

Reviewer Comments:

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Program Review Reference	Activity	Broker Specific Performance Measure	Date	Time	Result	Meets Or Exceeds Performance Criteria	Follow Up Required	Additional Comment	Reviewer
2.4.1	Region Number Number Called	<=0:00	0/00/0000	0:00	0:00	Yes / No	Yes / No		

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Appendix B – Reservation System Performance Metrics Review Form.

A blank form for the reservation system performance metrics review can be located on the shared folder at: <L:\Brokertrans\Contracts Non-emg Transport\Audit Information\Program Review Plan\Reservation System Performance Metrics Review Form>.

Broker:

--

Review Date:

--

Reviewers:

--

Date Results Distributed To Broker:

--

Broker Representative Accepting Results:

--

Overall Operational Area Performance Results:

Meets / Exceeds	Does Not Meet or Exceed
-----------------	-------------------------

Corrective Action Required:

No	Yes
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Date Range Requested For System Report :

From Date:	To Date:
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Reviewer Comments:

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Activity	Program Review Reference	Broker Specific Performance Measure	Result	Meets Or Exceeds Performance Criteria	Follow Up Required	Comment
Number of calls for period matches SCDHHS report	2.4.2	None		Yes / No	Yes / No	
Average number of calls daily matches SCDHHS report [number of calls for period / number of days for period]	2.4.2	None				
Average talk time matches SCDHHS report [total talk time for period / number of calls for period]	2.4.2	None		Yes / No	Yes / No	
Average number of abandoned calls daily [number of calls abandoned for period / number of days for period]	2.4.2			Yes / No	Yes / No	
Number of calls placed on hold	2.4.2	None		Yes / No	Yes / No	
Average time on hold [number of calls placed on hold / total time on hold]	2.4.2	None		Yes / No	Yes / No	
Average hold time prior to abandonment matches SCDHHS report [total hold time prior to abandonment / number calls abandoned]	2.4.2	None		Yes / No	Yes / No	
Number of blocked calls daily	2.4.2	None		Yes / No	Yes / No	

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Average number of CSRs working (15 minute increments)	2.4.2	None		Yes / No	Yes / No	
CSR wrap up time	2.4.2	None		Yes / No	Yes / No	
Call volume trending (15 minute increments)	2.4.2	None		Yes / No	Yes / No	

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Appendix C – Trip Reservation Review Form.

A blank form for the trip reservation program review can be located on the shared folder at:
<L:\Brokertrans\Contracts Non-emg Transport\Audit Information\Program Review Plan\Trip Reservation Review Form.>

Broker:

Review Date:

Reviewers:

Date Results Distributed To Broker:

Broker Representative Accepting Results:

Overall Operational Area Performance Results:

Meets / Exceeds	Does Not Meet or Exceed
No	Yes

Corrective Action Required:

Number Of Reservations Reviewed:

Number Of CSRs Evaluated:

Reviewer Comments:

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Activity	Program Review Reference	Broker Specific Performance Measure	Result	Meets Or Exceeds Performance Criteria	Follow Up Required	Comment
Trip Reservation Review	2			Yes / No	Yes / No	
Member Reservations	2.1			Yes / No	Yes / No	
Verify reservation system announcement contains appropriate information for trip reservation process	2.1	Yes /No		Yes / No	Yes / No	
Is Call Script Available	2.1	Yes /No		Yes / No	Yes / No	
Verify Call Script Is Being Used For Systematic Reservation Process	2.1	Yes /No		Yes / No	Yes / No	
Notification of language assistance	2.1	Yes /No		Yes / No	Yes / No	
Member education of basic process for scheduling trips	2.1	Yes /No		Yes / No	Yes / No	
Member education - trip rescheduling process	2.1	Yes /No		Yes / No	Yes / No	

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Member education - trip cancellation process	2.1	Yes /No		Yes / No	Yes / No	
Verification of Member eligibility - Medicaid number	2.1	Yes /No		Yes / No	Yes / No	
Verification of Member eligibility - Other verification (SSN, DOB)	2.1	Yes /No		Yes / No	Yes / No	
Verification of Member eligibility begin and end date	2.1	Yes /No		Yes / No	Yes / No	
Assessment of need for service - Medicaid covered service appointment verification	2.1	Yes /No		Yes / No	Yes / No	
Appointment verification date and time	2.1	Yes /No		Yes / No	Yes / No	
Assessment of type of special needs physically / mentally challenged member	2.1	Yes /No		Yes / No	Yes / No	
Assessment of escort requirements	2.1	Yes /No		Yes / No	Yes / No	
Assessment of type of transportation needed - ambulatory, wheelchair, stretcher	2.1	Yes /No		Yes / No	Yes / No	

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Verification of member contact information	2.1	Yes /No		Yes / No	Yes / No	
Verification of member emergency contact information	2.1	Yes /No		Yes / No	Yes / No	
Verification of member pickup address	2.1	Yes /No		Yes / No	Yes / No	
Verification of appointment drop off address	2.1	Yes /No		Yes / No	Yes / No	
Verification of appointment pickup time OR procedure for requesting pickup	2.1	Yes /No		Yes / No	Yes / No	
Verification with member of pickup time	2.1	Yes /No		Yes / No	Yes / No	
Assignment of a unique trip number (reservation number)	2.1	Yes /No		Yes / No	Yes / No	
Communication of the unique trip number assigned (reservation number) to the Member	2.1	Yes /No		Yes / No	Yes / No	
Member eligibility documentation recorded and filed	2.1	Yes /No		Yes / No	Yes / No	

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Trip authorization documentation recorded and filed	2.1	Yes /No		Yes / No	Yes / No	
Facility Reservations for Members	2.2			Yes / No	Yes / No	
Verify standardized process for scheduling transportation to standing order appointments	2.2	Yes /No		Yes / No	Yes / No	
Facility education of basic process for scheduling trips	2.2	Yes /No		Yes / No	Yes / No	
Facility education - trip rescheduling process	2.2	Yes /No		Yes / No	Yes / No	
Facility education - trip cancellation process	2.2	Yes /No		Yes / No	Yes / No	
Verification of Member eligibility - Medicaid number	2.2	Yes /No		Yes / No	Yes / No	
Verification of Member eligibility - Other verification (SSN, DOB)	2.2	Yes /No		Yes / No	Yes / No	
Verification of Member eligibility begin and end date	2.2	Yes /No		Yes / No	Yes / No	

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Assessment of need for service - Medicaid covered service appointment verification	2.2	Yes /No		Yes / No	Yes / No	
Appointment verification date and time	2.2	Yes /No		Yes / No	Yes / No	
Assessment of type of special needs physically / mentally challenged member	2.2	Yes /No		Yes / No	Yes / No	
Assessment of escort requirements	2.2	Yes /No		Yes / No	Yes / No	
Assessment of type of transportation needed - ambulatory, wheelchair, stretcher	2.2	Yes /No		Yes / No	Yes / No	
Verification of member contact information	2.2	Yes /No		Yes / No	Yes / No	
Verification of member emergency contact information	2.2	Yes /No		Yes / No	Yes / No	
Verification of member pickup address	2.2	Yes /No		Yes / No	Yes / No	
Verification of appointment drop off address	2.2	Yes /No		Yes / No	Yes / No	

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Verification of appointment pickup time OR procedure for requesting pickup	2.2	Yes /No		Yes / No	Yes / No	
Verification with member of pickup time	2.2	Yes /No		Yes / No	Yes / No	
Assignment of a unique trip number (reservation number)	2.2	Yes /No		Yes / No	Yes / No	
Communication of the unique trip number assigned (reservation number) to the Member	2.2	Yes /No		Yes / No	Yes / No	
Member eligibility documentation recorded and filed	2.2	Yes /No		Yes / No	Yes / No	
Trip authorization documentation recorded and filed	2.2	Yes /No		Yes / No	Yes / No	
Denial of Service	2.2			Yes / No	Yes / No	
Are the denial of service codes available to CSR consistent with allowable denial of service reasons	2.3.1	Yes /No		Yes / No	Yes / No	
Does the process ensure the consistent determination of denial of service	2.3.2	Yes /No		Yes / No	Yes / No	

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Does the process include a consistent method for communicating the denial to the member	2.3.2	Yes /No		Yes / No	Yes / No	
Are written notices of the denial of service sent to the member within 3 business days of the denial	2.3.2	within 3 business days		Yes / No	Yes / No	
Do written notices include the reason for the denial of service	2.3.2	Yes /No		Yes / No	Yes / No	
Do written notices include a description of the process for appealing the denial	2.3.2	Yes /No		Yes / No	Yes / No	
Do written notices include the correct contact information for appealing the denial	2.3.2	Yes /No		Yes / No	Yes / No	
Does the broker maintain a copy of the letter sent of given to the member in the beneficiaries file	2.3.2	Yes /No		Yes / No	Yes / No	
If the denial of service is due to the member residing in a different region, does the broker give the member the correct number to arrange transportation	2.3.2	Yes /No		Yes / No	Yes / No	
Customer Service Representatives	2.5			Yes / No	Yes / No	
Are customer service representatives (CSRs) following the call script	2.5	Yes /No		Yes / No	Yes / No	

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Are CSRs courteous	2.5	Yes /No		Yes / No	Yes / No	
Are CSRs helpful answering member questions	2.5	Yes /No		Yes / No	Yes / No	
Are calls being monitored by supervisors	2.5	Yes /No		Yes / No	Yes / No	
Are supervisors providing timely feedback to CSRs	2.5	Yes /No		Yes / No	Yes / No	
Are CSR training records maintained	2.5	Yes /No		Yes / No	Yes / No	
Is there a record of initial CSR training	2.5	Yes /No		Yes / No	Yes / No	
Is there a record of subsequent or remedial CSR training	2.5	Yes /No		Yes / No	Yes / No	
Is there a record of CSR training evaluations (30,60,90 day)	2.5	Yes /No		Yes / No	Yes / No	
Is there a record of CSR performance evaluation	2.5	Yes /No		Yes / No	Yes / No	

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Are CSR performance evaluations done based on QA guidelines using a corresponding checklist	2.5	Yes /No		Yes / No	Yes / No	
Are CSR evaluations done by team leads and a QA specialist	2.5	Yes /No		Yes / No	Yes / No	
Are periodic calibration sessions held to evaluate CSR performance	2.5	Yes /No		Yes / No	Yes / No	

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Appendix D – Trip Scheduling and Cancellation Reservation Review Form.

A blank form for the trip scheduling and cancellation reservation system performance metrics review can be located on the shared folder at: <L:\Brokertrans\Contracts Non-emg Transport\Audit Information\Program Review Plan\Trip Scheduling And Cancellation Review Form.>

Broker:

Review Date:

Reviewers:

Date Results Distributed To Broker:

Broker Representative Accepting Results:

Overall Operational Area Performance Results:

Corrective Action Required:

Number Of Reservations Reviewed:

Number Of Trip Re-Routes Reviewed:

Number Of Trip Cancellations Reviewed:

Meets / Exceeds	Does Not Meet or Exceed
No	Yes

Reviewer Comments:

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Activity	Program Review Reference	Broker Specific Performance Measure	Result	Meets Or Exceeds Performance Criteria	Follow Up Required	Comment
Trip Scheduling And Cancellation Review	3			Yes / No	Yes / No	
Initial Trip Scheduling	3.1			Yes / No	Yes / No	
Initial pick-up time meets established guidelines [direct drive time plus no more than one hour additional riding time before scheduled appointment time]	3.1	Yes /No		Yes / No	Yes / No	
Verify level of service requirement is communicated to the transportation provider based on the reservation	3.1	Yes /No		Yes / No	Yes / No	
Verify initial pick-up time is communicated to the member consistently - by broker and / or transportation provider	3.1	Yes /No		Yes / No	Yes / No	
Verify confirmation of return trip pick-up time is communicated to the member consistently - by broker and /or transportation provider	3.1	Yes /No		Yes / No	Yes / No	
Verify a consistent message is given to members about how to arrange the return trip - by both the broker and transportation providers	3.1	Yes /No		Yes / No	Yes / No	
Trip Re-Route	3.2			Yes / No	Yes / No	

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Verify standardized process for transportation provider to communicate the need to re-route the trip	3.2	Yes /No		Yes / No	Yes / No	
Verify standardized process for broker to accept the re-route request and communicate that to the transportation provider	3.2	Yes /No		Yes / No	Yes / No	
Verify broker uses standardized process for assigning the re-route trip to another transportation provider	3.2	Yes /No		Yes / No	Yes / No	
Verify broker has standardized process in place to ensure alternate providers have capacity to handle the rerouted trip	3.2	Yes /No		Yes / No	Yes / No	
Verify broker has standardized process in place to ensure changes in the trip reservation are communicated to the member - by the broker and / or transportation provider	3.2	Yes /No		Yes / No	Yes / No	
Trip Cancellations	3.2			Yes / No	Yes / No	
Verify consistent method of communication by the broker to the transportation provider that a cancellation has occurred	3.3	Yes /No		Yes / No	Yes / No	
Verify communication process for cancellations received within 24 hours of scheduled pick-up time	3.3	Yes /No		Yes / No	Yes / No	
Verify transportation providers understand the communication process for cancellations received within 24 hours of scheduled pick-up time	3.3	Yes /No		Yes / No	Yes / No	

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Verify member communication process for cancellations not initiated by the member (facility or health care provider cancellation)	3.3	Yes /No		Yes / No	Yes / No	
Verify process for recording cancellations after an attempt was made to pick-up a member and they were not there (member no show)	3.3	Yes /No		Yes / No	Yes / No	
Verify all member no shows are recorded as a complaint in the complaint tracking system	3.3	Yes /No		Yes / No	Yes / No	
Verify all member no shows complaints are recorded and addressed to include communication with the member about the complaint	3.3	Yes /No		Yes / No	Yes / No	

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Appendix E – Problem Call Review From - Speed to Answer.

A blank form for the problem call program review can be located on the shared folder at: <L:\Brokertrans\Contracts Non-emg Transport\Audit Information\Program Review Plan\Problem Calls Program Review Form - Speed to Answer.>

Problem Call Program Review Activity Results

Program Review Reference	Activity	Performance Measure	Date	Time	Result	Meets Or Exceeds Performance Criteria	Follow Up Required	Additional Comment	Reviewer
4.1.1.1	Answer Speed - Region # Call Number	TDB	00/00/0000	0:00	0:00	TBD	Y / N		

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Appendix F – Complaint Process Review Form.

A blank form for the complaint process program review can be located on the shared folder at: <L:\Brokertrans\Contracts Non-emg Transport\Audit Information\Program Review Plan\Complaint Process Review Form.>

Broker:	
Review Date:	
Reviewers:	
Date Results Distributed To Broker:	
Broker Representative Accepting Results:	

Overall Operational Area Performance Results:	Meets / Exceeds	Does Not Meet or Exceed
Corrective Action Required:	No	Yes
Number Of Complaints Reviewed:		

Reviewer Comments:

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Activity	Program Review Reference	Broker Specific Performance Measure	Result	Meets Or Exceeds Performance Criteria	Follow Up Required	Comment
Complaint Intake	4.1			Yes / No	Yes / No	
Complaint Intake Method	4.1	None				
Dedicated 800 Number For Accepting Complaints	4.1.1	Yes /No		Yes / No	Yes / No	
Record With Appropriate Codes	4.1.5	Yes /No		Yes / No	Yes / No	
Record Complainant Contact Information	4.1.5	Yes /No		Yes / No	Yes / No	
Record Contact Information Logged Against	4.1.5	Yes /No		Yes / No	Yes / No	
Record Details Of Complaint	4.1.5	Yes /No		Yes / No	Yes / No	

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Notify Complainant Of Next Steps	4.1.5	Yes /No		Yes / No	Yes / No	
Initial Complaint Verification	4.1.5	Yes /No		Yes / No	Yes / No	
Complaint Severity Determined	4.1.5	Yes /No		Yes / No	Yes / No	
Supervisor Review of Unsubstantiated or Severe Complaints	4.1.5	Yes /No		Yes / No	Yes / No	
Timely Follow Up Communication With Complainant	4.1.5	Within 24 hours		Yes / No	Yes / No	
Timely Communication With Complaint Against Entity	4.1.5	Within 72 hours		Yes / No	Yes / No	
Complaint Response	4.2			Yes / No	Yes / No	
Timely Broker Follow Up On Open Complaints	4.2.1	Yes /No		Yes / No	Yes / No	
Appropriate Corrective Action Identified For Problem Resolution	4.2.2	Yes /No		Yes / No	Yes / No	

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Clear Corrective Action Communication To Entity	4.2.2	Yes /No		Yes / No	Yes / No	
Corrective Action Time Parameter Communicated to Entity	4.2.2	Yes /No		Yes / No	Yes / No	
Appropriate Action / Response Identified For Closure	4.2.3	Yes /No		Yes / No	Yes / No	
Documented Communication To Complainant With Closure Results	4.2.3	Yes /No		Yes / No	Yes / No	
Documented Communication To Complainant With Appeal Process	4.2.3	Yes /No		Yes / No	Yes / No	
Documented Communication To Complaint Entity Closure Results	4.2.3	Yes /No		Yes / No	Yes / No	
Documented Communication To Complaint Entity With Appeal Process	4.2.3	Yes /No		Yes / No	Yes / No	

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Appendix G – Member Education and Communication Review Form.

A blank form for the member education and communication review can be located on the shared folder at:
<L:\Brokertrans\Contracts Non-emg Transport\Audit Information\Program Review Plan\Member Education And Communication Review Form>.

Broker:	
Review Date:	
Reviewers:	
Date Results Distributed To Broker:	
Broker Representative Accepting Results:	

Overall Operational Area Performance Results:	Meets / Exceeds	Does Not Meet or Exceed
Corrective Action Required:	No	Yes

Reviewer Comments:

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Activity	Program Review Reference	Broker Specific Performance Measure	Result	Meets Or Exceeds Performance Criteria	Follow Up Required	Comment
Member Education and Communication	5			Yes / No	Yes / No	
Member Education	5.1			Yes / No	Yes / No	
Availability of assistance free of charge for language interpretive services	5.1	Yes /No		Yes / No	Yes / No	
Telephone number for requesting services	5.1	Yes /No		Yes / No	Yes / No	
Telephone number to register complaints	5.1	Yes /No		Yes / No	Yes / No	
Required notice for requesting non emergency transportation services	5.1	Yes /No		Yes / No	Yes / No	
Considerations for special needs or urgent care	5.1	Yes /No		Yes / No	Yes / No	

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Trip rescheduling process and requirements	5.1	Yes /No		Yes / No	Yes / No	
Trip cancellation process and requirements	5.1	Yes /No		Yes / No	Yes / No	
Trip authorization requirements	5.1	Yes /No		Yes / No	Yes / No	
Availability of after hours access to services	5.1	Yes /No		Yes / No	Yes / No	
Method of access after hours services (if different than method during normal operating hours)	5.1	Yes /No		Yes / No	Yes / No	
Member rights and responsibilities	5.1	Yes /No		Yes / No	Yes / No	
Broker responsibilities	5.1	Yes /No		Yes / No	Yes / No	
Specific changes in the transportation system effecting the member	5.1	Yes /No		Yes / No	Yes / No	
Mailing address of broker for written communication	5.1	Yes /No		Yes / No	Yes / No	

South Carolina Department Of Health and Human Services Non Emergency Transportation Broker Program Review Plan

Member Communication	5.2			Yes / No	Yes / No	
Availability of assistance with scheduling, reservations, and transportation information via toll free number 7 a.m. - 7 p.m. Monday through Saturday eastern time	5.2	Yes /No		Yes / No	Yes / No	
Availability of 'live voice' communication assistance with scheduling, reservations, and transportation information via toll free number 9 a.m. - 5 p.m. Monday through Saturday eastern time	5.2	Yes /No		Yes / No	Yes / No	
Notification and availability of interpretive services for oral communications	5.2	Yes /No		Yes / No	Yes / No	
Communication effectiveness of educational material for new members	5.2	Yes /No		Yes / No	Yes / No	
Communication effectiveness of changes in the transportation system affecting members	5.2	Yes /No		Yes / No	Yes / No	
Communication effectiveness of written correspondence for denial of service	5.2	Yes /No		Yes / No	Yes / No	
Communication effectiveness of written correspondence regarding complaints	5.2	Yes /No		Yes / No	Yes / No	
Communication effectiveness of written correspondence regarding all appeals	5.2	Yes /No		Yes / No	Yes / No	

**South Carolina Department Of Health and Human Services
Non Emergency Transportation Broker Program Review Plan**

Availability of and distribution of communications in the language preference of the member for all written communications	5.2	Yes /No		Yes / No	Yes / No	
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South Carolina Department Of Health and Human Services Non Emergency Transportation Broker Program Review Plan

Appendix H – Non-Emergency Transportation (NET) Network Review Form.

A blank form for the NET Network review can be located on the shared folder at: L:\Brokertrans\Contracts Non-emg Transport\Audit Information\Program Review Plan\Non-Emergency Transportation (NET) Network Review Form.

Broker:	
Review Date:	
Reviewers:	
Date Results Distributed To Broker:	
Broker Representative Accepting Results:	

Overall Operational Area Performance Results:	Meets / Exceeds	Does Not Meet or Exceed
Corrective Action Required:	No	Yes

Reviewer Comments:

**South Carolina Department Of Health and Human Services
Non Emergency Transportation Broker Program Review Plan**

Activity	Program Review Reference	Broker Specific Performance Measure	Result	Meets Or Exceeds Performance Criteria	Follow Up Required	Comment
Non-Emergency Transportation (NET) Network	6			Yes / No	Yes / No	
Net Network Considerations	6.1			Yes / No	Yes / No	
Broker has Medicaid future enrollment incorporated in planned capacity requirements	6.1	Yes /No		Yes / No	Yes / No	
Broker has Medicaid beneficiaries utilization of services incorporated in planned capacity requirements	6.1	Yes /No		Yes / No	Yes / No	
Broker has Medicaid beneficiaries planned capacity requirements for specific Medicaid populations	6.1	Yes /No		Yes / No	Yes / No	
Broker has planned capacity requirements by level of service	6.1	Yes /No		Yes / No	Yes / No	
Broker has geographic considerations included in planned capacity requirements by level of service	6.1	Yes /No		Yes / No	Yes / No	

South Carolina Department Of Health and Human Services Non Emergency Transportation Broker Program Review Plan

Adequate Provider Capacity and Service Review	6.2			Yes / No	Yes / No	
Broker has documentation confirming appropriate range of transportation services	6.2	Yes /No		Yes / No	Yes / No	
Broker has documentation confirming the geographic distribution of providers within the region capable of meeting or exceeding contract requirements	6.2	Yes /No		Yes / No	Yes / No	
Broker program in place to reduce or eliminate provider no shows	6.2	Yes /No		Yes / No	Yes / No	
Broker program in place to reduce transportation provider timeliness issues	6.2	Yes /No		Yes / No	Yes / No	
Broker maintains written agreements with transportation providers	6.2	Yes /No		Yes / No	Yes / No	
Broker maintains and uses written policy and procedures for selecting transportation providers	6.2	Yes /No		Yes / No	Yes / No	
Broker maintains and uses written policy and procedures for retaining transportation providers	6.2	Yes /No		Yes / No	Yes / No	
Broker maintains and uses written policy and procedures for notifying SCDHHS of changes in the NET Network	6.2	Yes /No		Yes / No	Yes / No	

South Carolina Department Of Health and Human Services Non Emergency Transportation Broker Program Review Plan

Appendix I – Contracted Transportation Provider Review Form.

A blank form for the contracted transportation provider (TP) program review can be located on the shared folder at:
<L:\Brokertrans\Contracts Non-emg Transport\Audit Information\Program Review Plan\Contracted TP Review Form.>

Transportation Provider / Broker:

Review Date:

Reviewers:

Date Results Distributed To TP / Broker:

TP / Broker Representative Accepting Results:

Overall Operational Area Performance Results:

Meets / Exceeds	Does Not Meet or Exceed
No	Yes

Corrective Action Required:

Number of Vehicles Reviewed:

Number of Drivers Reviewed

Reviewer Comments:

South Carolina Department Of Health and Human Services Non Emergency Transportation Broker Program Review Plan

Activity	Program Review Reference	Broker Specific Performance Measure	Result	Meets Or Exceeds Performance Criteria	Follow Up Required	Comment
Contracted Transportation Provider	7			Yes / No	Yes / No	
General and Administrative	7.1			Yes / No	Yes / No	
Valid Business License(s)	7.1	Yes /No		Yes / No	Yes / No	
Copy of signed agreement with Broker	7.1	Yes /No		Yes / No	Yes / No	
Verification that orientation was provided by the broker	7.1	Yes /No		Yes / No	Yes / No	
Copy of broker transportation provider manual	7.1	Yes /No		Yes / No	Yes / No	
TP financially stable	7.1	Yes /No		Yes / No	Yes / No	

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Funding sources in addition to NET contract	7.1	Yes /No		Yes / No	Yes / No	
Record of last financial audit	7.1	Yes /No		Yes / No	Yes / No	
Documented hazardous weather policy that is consistent with the broker's policy	7.1	Yes /No		Yes / No	Yes / No	
Documented disaster recovery and business continuity plan	7.1	Yes /No		Yes / No	Yes / No	
Record of HIPAA compliance training for all employees	7.1	Yes /No		Yes / No	Yes / No	
Verify not on Medicaid Fraud List	7.1	Yes /No		Yes / No	Yes / No	
Verify no unauthorized marketing activity taking place	7.1	Yes /No		Yes / No	Yes / No	
Record of all vehicle accident reports	7.1	Yes /No		Yes / No	Yes / No	
Billing and Reimbursement	7.2			Yes / No	Yes / No	

South Carolina Department Of Health and Human Services Non Emergency Transportation Broker Program Review Plan

Documented procedures for billing and reimbursement	7.2	Yes /No		Yes / No	Yes / No	
Documented procedures for billing and reimbursement consistent with TP broker procedures	7.2	Yes /No		Yes / No	Yes / No	
Verify trip logs are on file	7.2	Yes /No		Yes / No	Yes / No	
Verify trip logs are accurate and complete	7.2	Yes /No		Yes / No	Yes / No	
Verify member signatures are on trip logs	7.2	Yes /No		Yes / No	Yes / No	
Verify trip mileage on trip logs	7.2	Yes /No		Yes / No	Yes / No	
Documented QA for invoice submission	7.2	Yes /No		Yes / No	Yes / No	
Service Delivery	7.3			Yes / No	Yes / No	
Service Delivery - Trip Routing and Dispatching	7.3.1			Yes / No	Yes / No	

South Carolina Department Of Health and Human Services Non Emergency Transportation Broker Program Review Plan

Documented process for trip routing	7.3.1	Yes /No		Yes / No	Yes / No	
Verify trip routing for delivery to appointment on time	7.3.1	Yes /No		Yes / No	Yes / No	
Verify trip dispatching and routing for same day requests	7.3.1	Yes /No		Yes / No	Yes / No	
Verify trip routing consideration for travel time less than 1 hour plus normal point to point travel time	7.3.1	Yes /No		Yes / No	Yes / No	
Verify trip routing consideration includes level of service	7.3.1	Yes /No		Yes / No	Yes / No	
Verify trip routing consideration includes capacity for level of service required	7.3.1	Yes /No		Yes / No	Yes / No	
Service Delivery - Communications	7.3.2			Yes / No	Yes / No	
Verify dispatching communication effectiveness	7.3.2	Yes /No		Yes / No	Yes / No	
Verify dispatch communication equipment serviceability	7.3.2	Yes /No		Yes / No	Yes / No	

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Verify dispatch communication equipment backup procedures	7.3.2	Yes /No		Yes / No	Yes / No	
Verify vehicle communication equipment serviceability	7.3.2	Yes /No		Yes / No	Yes / No	
Verify vehicle communication equipment backup procedures	7.3.2	Yes /No		Yes / No	Yes / No	
Verify TP method of communication to members of changes in schedule pickup or drop off times	7.3.2	Yes /No		Yes / No	Yes / No	
Verify TP method of communication to health care providers of changes in scheduled pickup or drop off times	7.3.2	Yes /No		Yes / No	Yes / No	
Verify pickup and drop off times are communicated to the broker based on documented procedure	7.3.2	Yes /No		Yes / No	Yes / No	
Verify pickup and drop off times for all trips are communicated to the broker	7.3.2	Yes /No		Yes / No	Yes / No	
Service Delivery - Timeliness	7.3.3			Yes / No	Yes / No	
Are timeliness service delivery requirements documented in operations manuals	7.3.2	Yes /No		Yes / No	Yes / No	

South Carolina Department Of Health and Human Services Non Emergency Transportation Broker Program Review Plan

Are all employees including dispatchers and drivers aware of timeliness requirements	7.3.2	Yes /No		Yes / No	Yes / No	
Verify that pickup and drop off times are recorded on trip logs for all trips	7.3.2	Yes /No		Yes / No	Yes / No	
Are any corrective action plans to address timeliness currently in place	7.3.2	Yes /No		Yes / No	Yes / No	
Service Delivery - Complaint Resolution	7.3.4			Yes / No	Yes / No	
Is there a documented process for handling complaints recorded by the broker	7.3.4	Yes /No		Yes / No	Yes / No	
Are complaints taken directly that are not recorded by the broker	7.3.4	Yes /No		Yes / No	Yes / No	
Does the process ensure initial complaints are addressed timely	7.3.4	Yes /No		Yes / No	Yes / No	
Does the process ensure actions resulting from complaints address the root cause of complaints	7.3.4	Yes /No		Yes / No	Yes / No	
Does the process assist in identifying recurring complaints	7.3.4	Yes /No		Yes / No	Yes / No	

South Carolina Department Of Health and Human Services Non Emergency Transportation Broker Program Review Plan

Is there a process in place to identify appropriate corrective action when required	7.3.4	Yes /No		Yes / No	Yes / No	
Is there a process in place to implement appropriate corrective action when identified	7.3.4	Yes /No		Yes / No	Yes / No	
Is there a process in place to verify that complaints are closed appropriately and no additional action is required	7.3.4	Yes /No		Yes / No	Yes / No	
Verify the communication with the broker of steps taken to address complaints	7.3.4	Yes /No		Yes / No	Yes / No	
Vehicle Review	7.4			Yes / No	Yes / No	
Proof of insurance	7.4	Yes /No		Yes / No	Yes / No	
Proof of initial vehicle inspection	7.4	Yes /No		Yes / No	Yes / No	
Proof of vehicle inspection within the last year	7.4	Yes /No		Yes / No	Yes / No	
Record of any vehicles removed from service due to inspection failure	7.4	Yes /No		Yes / No	Yes / No	

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Record of re-inspection for vehicles removed from service due to inspection failure	7.4	Yes /No		Yes / No	Yes / No	
Vehicle maintenance records	7.4	Yes /No		Yes / No	Yes / No	
Verify no unauthorized marketing activity on vehicles	7.4	Yes /No		Yes / No	Yes / No	
Proof of registration with the Office of Regulatory Staff (ORS)	7.4	Yes /No		Yes / No	Yes / No	
Proof of registration with the Department of Health and Environmental Control (DEHC) [ambulance only]	7.4	Yes /No		Yes / No	Yes / No	
Driver Review	7.5			Yes / No	Yes / No	
Valid Drivers License	7.5	Yes /No		Yes / No	Yes / No	
Driver prior driving record - DMV for the last three years	7.5	Yes /No		Yes / No	Yes / No	
Driver background check – SLED or NCIC for SC residence, SLED equivalent or NCIC for non SC resident	7.5	Yes /No		Yes / No	Yes / No	

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Record of defensive driver training	7.5	Yes /No		Yes / No	Yes / No	
Current CPR certificate	7.5	Yes /No		Yes / No	Yes / No	
Current First Aid certificate	7.5	Yes /No		Yes / No	Yes / No	
Record of training in blood borne pathogens	7.5	Yes /No		Yes / No	Yes / No	
Training and credentials meet the minimum requirements of the Office of Regulatory Staff (ORS)	7.4	Yes /No		Yes / No	Yes / No	
Training and credentials meet the minimum requirements of the Department of Health and Environmental Control (DEHC) [ambulance only]	7.4	Yes /No		Yes / No	Yes / No	
Annual in service training records	7.4	Yes /No		Yes / No	Yes / No	
Driver accident or incident reports	7.5	Yes /No		Yes / No	Yes / No	
Check against Medicaid fraud list	7.5	Yes /No		Yes / No	Yes / No	

South Carolina Department Of Health and Human Services Non Emergency Transportation Broker Program Review Plan

Appendix J – Transportation Provider Field Observation Review Form.

A blank form for the transportation provider (TP) field observation review can be located on the shared folder at:
<L:\Brokertrans\Contracts Non-emg Transport\Audit Information\Program Review Plan\Contracted TP Review Form.>

Transportation Provider / Telephone Number:	/	
Broker / Region:	/	
Review Date:		
SCDHHS Reviewers:		
City / Facility / Facility Type:	/ /	
Tag Number of Vehicle Observed:		
Driver Name and Badge Number Of Driver Observed:		
Overall Results:	Meets / Exceeds	Does Not Meet or Exceed
Corrective Action Required:	No	Yes

Reviewer Comments:

South Carolina Department Of Health and Human Services Non Emergency Transportation Broker Program Review Plan

Requirement	Program Review Reference	Performance Measure	Result	Meets Or Exceeds Performance Criteria	Immediate Follow Up Required	Follow Up Required	Comment
Vehicle Observation	8.1			Yes / No	Yes / No	Yes / No	
Is there proof of insurance for the vehicle?	8.1	Yes, No, State Vehicle		Yes / No	Yes / No	Yes / No	
Does the vehicle have a valid registration card?	8.1	Yes, No, State Vehicle		Yes / No	Yes / No	Yes / No	
Does the vehicle have a valid broker inspection sticker?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Is the transportation company name clearly identified on the vehicle?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Is there any marketing material on or in the vehicle?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Is the vehicle subject to Office of Regulatory Staff (ORS) regulations?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
If subject to ORS regulations - Does the vehicle have a current valid ORS decal?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	

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If subject to ORS regulations - Is the vehicle marked with "Not for Hire"?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Is the vehicle subject to Department of Health and Environmental Control (DEHC) regulations [ambulance only]?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
If subject to DHEC regulations - does the vehicle have a valid DHEC decal?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Is the vehicle clean on the outside?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Is the vehicle free from excessive dents / dings / paint discoloration?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Does it appear there are obvious safety issues with the vehicle (broken windows, doors, bald tires, missing seat belts, other)?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
If equipped with a wheel chair lift, is it in good working order?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
If equipped with a wheel chair lift, are the tie downs in good condition (not frayed)?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Does the vehicle have reliable backup communication equipment?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	

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Is the vehicle clean on the inside?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Is there a trip log with the vehicle / driver?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Is the trip log covered or is there another means of protecting Member PHI?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Does it appear the trip log is up to date - actual pick up and drop off times?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Does it appear the trip log is up to date - Member signatures for completed trips only?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Does it appear the trip log includes trip information for all Medicaid Members on the vehicle?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Does it appear the vehicle is running on time?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	
Does the driver have contact information for the broker that can be given to members - brochure or business card?	8.1	Yes or No		Yes / No	Yes / No	Yes / No	

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Driver Observation	8.2			Yes / No	Yes / No	Yes / No	
Does the driver have a valid driver's license?	8.2	Yes or No		Yes / No	Yes / No	Yes / No	Name: _____ Lic#: _____ Expiration Date: ____-____-____
Is the driver wearing a picture ID that includes the company name?	8.2	Yes or No		Yes / No	Yes / No	Yes / No	
Is the driver wearing a uniform that includes the company name?	8.2	Yes or No		Yes / No	Yes / No	Yes / No	
Is the driver's appearance reasonably neat / clean?	8.2	Yes or No		Yes / No	Yes / No	Yes / No	
Does the driver appear to be courteous to members?	8.2	Yes or No		Yes / No	Yes / No	Yes / No	
Did the driver exit the vehicle to assist members on an off the vehicle?	8.2	Yes or No		Yes / No	Yes / No	Yes / No	

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Did the driver assist members on an off the vehicle if it looked like they needed assistance?	8.2	Yes or No		Yes / No	Yes / No	Yes / No	
Is the driver certified in First Aid?	8.2	Yes or No		Yes / No	Yes / No	Yes / No	If yes-who provided the training?
Is the driver certified in CPR?	8.2	Yes or No		Yes / No	Yes / No	Yes / No	If yes-who provided the training?
Has the driver been trained in HIPAA compliance?	8.2	Yes or No		Yes / No	Yes / No	Yes / No	If yes-who provided the training?
Has the driver been trained in blood borne pathogens and universal precautions?	8.2	Yes or No		Yes / No	Yes / No	Yes / No	If yes-who provided the training?

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Appendix K – Non-Contract Transportation Provider Review Form.

A blank form for the non-contract transportation provider (TP) program review can be located on the shared folder at:
<L:\Brokertrans\Contracts Non-emg Transport\Audit Information\Program Review Plan\Non Contract TP Review Form.>

Broker:	
Review Date:	
Reviewers:	
Date Results Distributed To Broker:	
Broker Representative Accepting Results:	

Overall Operational Area Performance Results:	Meets / Exceeds	Does Not Meet or Exceed
Corrective Action Required:	No	Yes
Number Of Individual Transportation Providers Reviewed:		
Number Of Gas Reimbursements Reviewed:		

Reviewer Comments:

South Carolina Department Of Health and Human Services Non Emergency Transportation Broker Program Review Plan

Activity	Program Review Reference	Broker Specific Performance Measure	Result	Meets Or Exceeds Performance Criteria	Follow Up Required	Comment
Non-Contract Transportation Provider	9			Yes / No	Yes / No	
Individual Transportation Provider (ITP)	9.1			Yes / No	Yes / No	
ITP has valid driver's licenses	9.1	Yes /No		Yes / No	Yes / No	
Prior driving record has been checked - DMV	9.1	Yes /No		Yes / No	Yes / No	
Background check has been completed - SLED	9.1	Yes /No		Yes / No	Yes / No	
ITP has current proof of insurance	9.1	Yes /No		Yes / No	Yes / No	
ITP has privately owned vehicle (Non Commercial)	9.1	Yes /No		Yes / No	Yes / No	
ITP is not family member of Medicaid beneficiary being transported	9.1	Yes /No		Yes / No	Yes / No	

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Verify ITP's vehicle passed initial inspection	9.1	Yes /No		Yes / No	Yes / No	
Verify ITP's vehicle has passed inspection within the last year	9.1	Yes /No		Yes / No	Yes / No	
Verify ITP has reliable method of communication	9.1	Yes /No		Yes / No	Yes / No	
Verify ITP communicates transportation schedule to member a day in advance	9.1	Yes /No		Yes / No	Yes / No	
Broker has reliable process for verifying trips are taken	9.1	Yes /No		Yes / No	Yes / No	
Broker has reliable process for verifying trip mileage is correct for ITP trips	9.1	Yes /No		Yes / No	Yes / No	
Broker maintains record of all incidents and accidents for ITPs	9.1	Yes /No		Yes / No	Yes / No	
Broker maintains record of all complaints logged against ITPs	9.1	Yes /No		Yes / No	Yes / No	
Verify broker has checked that ITP is not on Medicaid fraud list	9.1	Yes /No		Yes / No	Yes / No	

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Gas Reimbursement	9.2			Yes / No	Yes / No	
Verify broker is performing prior authorization and eligibility verification before setting up gas reimbursement	9.2	Yes /No		Yes / No	Yes / No	
Broker is performing trip verification for gas reimbursements	9.2	Yes /No		Yes / No	Yes / No	
Broker is verifying trip mileage verification for gas reimbursements	9.2	Yes /No		Yes / No	Yes / No	
Verify broker is properly reimbursing the person providing the transportation for gas reimbursement trips	9.2	Yes /No		Yes / No	Yes / No	

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Appendix L – Broker Back Office Review Form.

A blank form for the broker back office program review can be located on the shared folder at: <L:\Brokertrans\Contracts Non-emg Transport\Audit Information\Program Review Plan\Broker Back Office Review Form>.

Broker:

Review Date:

Reviewers:

Date Results Distributed To Broker:

Broker Representative Accepting Results:

Overall Operational Area Performance Results:

Corrective Action Required:

Meets / Exceeds	Does Not Meet or Exceed
No	Yes

Reviewer Comments:

**South Carolina Department Of Health and Human Services
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Activity	Program Review Reference	Broker Specific Performance Measure	Result	Meets Or Exceeds Performance Criteria	Follow Up Required	Comment
Broker Back Office	10	None		Yes / No	Yes / No	
Documented Policy and Procedures	10.1	None		Yes / No	Yes / No	
Does the broker maintain an updated provider manual	10.1	None		Yes / No	Yes / No	
Does the broker maintain an updated provider manual in soft copy for distribution	10.1	None		Yes / No	Yes / No	
Verify transportation providers operate with the same version of the broker's provider manual	10.1	None		Yes / No	Yes / No	
Does the broker maintain an updated call center operations manual	10.1	None		Yes / No	Yes / No	
Verify call center supervisors have access to the call center operations manual	10.1	None		Yes / No	Yes / No	
Verify call center training material is based on the call center operations manual	10.1	None		Yes / No	Yes / No	

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Does the broker maintain an operational quality assurance policy / plan for all key operational areas (trip reservations, trip scheduling and cancellations, complaint process, member education and communication, transportation providers, billing and reimbursement system)	10.1	None		Yes / No	Yes / No	
Does the broker have an active QA program in place for the trip reservation process (review results based examples)	10.1	None		Yes / No	Yes / No	
Does the broker have an active QA program in place for the trip scheduling and cancellation process (review results based examples)	10.1	None		Yes / No	Yes / No	
Does the broker have an active QA program in place for the complaint process (review results based examples)	10.1	None		Yes / No	Yes / No	
Does the broker have an active QA program in place for the member education and communication process (review results based examples)	10.1	None		Yes / No	Yes / No	
Does the broker have an active QA program in place for transportation provider review (review results based examples)	10.1	None		Yes / No	Yes / No	
Does the broker have an active QA program in place for billing and reimbursement systems (review results based examples)	10.1	None		Yes / No	Yes / No	
Does the broker maintain an updated hazardous weather policy	10.1	None		Yes / No	Yes / No	

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Verify transportation providers have the same hazardous weather policy	10.1	None		Yes / No	Yes / No	
Does the broker maintain an updated IT disaster recovery plan	10.1	None		Yes / No	Yes / No	
Does the broker maintain an updated Business Continuity Plan	10.1	None		Yes / No	Yes / No	
Billing and Reimbursement System	10.2	None		Yes / No	Yes / No	
Verify broker maintains appropriate documentation for transportation eligibility and authorization	10.2	None		Yes / No	Yes / No	
Verify broker maintains appropriate trip mileage for trips	10.2	None		Yes / No	Yes / No	
Verify broker maintains the required trip logs for proof of transportation services	10.2	None		Yes / No	Yes / No	
Verify broker maintains the correlation of trip number to invoice number and provider payment check number	10.2	None		Yes / No	Yes / No	
Verify broker maintains updated operations manual for the billing process	10.2	None		Yes / No	Yes / No	

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Verify broker claims processing personnel operate based on the processes included in the billing operations manual	10.2	None		Yes / No	Yes / No	
Verify broker claims processing personnel have instructions for processing non-standard claims (SCDHHS required transportation outside the SCMSA).	10.2	None		Yes / No	Yes / No	
Verify broker claims processing personnel process non-standard claims based on documented instructions	10.2	None		Yes / No	Yes / No	
Verify broker maintains updated internal audit program	10.2	None		Yes / No	Yes / No	
Verify broker is performing internal audits based on the documented audit program	10.2	None		Yes / No	Yes / No	
Verify transportation provider instructions for billing are consistent with broker claims processing practice	10.2	None		Yes / No	Yes / No	
Verify a process is in place for addressing transportation provider billing and reimbursement issues	10.2	None		Yes / No	Yes / No	
Verify brokers have adequate personnel in place for addressing transportation provider billing and reimbursement issues	10.2	None		Yes / No	Yes / No	
Verify brokers review accounts payable aging reports and have a process in place for resolving payment delays if identified	10.2	None		Yes / No	Yes / No	

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Broker Sponsored Training	10.3	None		Yes / No	Yes / No	
Verify broker maintains updated training material for new transportation provider training	10.3	None		Yes / No	Yes / No	
Verify broker maintains record of training for all new transportation providers	10.3	None		Yes / No	Yes / No	
Verify broker maintains evaluations of the training for all new transportation providers (30,60,90 day evaluations)	10.3	None		Yes / No	Yes / No	
Verify broker maintains updated training material for transportation provider billing training	10.3	None		Yes / No	Yes / No	
Verify broker maintains record of billing training for all transportation providers	10.3	None		Yes / No	Yes / No	
Verify broker maintains evaluations of the billing training for transportation providers (30,60,90 day evaluations)	10.3	None		Yes / No	Yes / No	
Verify broker maintains updated training material for medical service providers and facilities	10.3	None		Yes / No	Yes / No	
Verify broker maintains record of training for medical service providers and facilities	10.3	None		Yes / No	Yes / No	

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Verify broker maintains evaluations of the medical service provider and facilities training (30,60,90 day evaluations)	10.3	None		Yes / No	Yes / No	
Verify broker maintains updated training material for call center CSRs	10.3	None		Yes / No	Yes / No	
Verify broker maintains record of training for call center CSRs	10.3	None		Yes / No	Yes / No	
Verify broker maintains evaluations of the call center CSR training (30,60,90 day evaluations)	10.3	None		Yes / No	Yes / No	
Verify broker maintains updated training material for HIPAA Compliance - all employees	10.3	None		Yes / No	Yes / No	
Verify broker maintains record of HIPAA Compliance training for all employees	10.3	None		Yes / No	Yes / No	
Verify broker maintains evaluations of the HIPAA Compliance (30,60,90 day evaluations)	10.3	None		Yes / No	Yes / No	
Communications	10.4	None		Yes / No	Yes / No	
Verify broker maintains a documented communication plan for member communication	10.4	None		Yes / No	Yes / No	

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Does the broker plan for member communication include telephone communications	10.4	None		Yes / No	Yes / No	
Does the broker plan for member communication include mailing list communications	10.4	None		Yes / No	Yes / No	
Does the broker plan for member communication include e-mail communications (should not as may violate HIPAA compliance requirements)	10.4	None		Yes / No	Yes / No	
Verify broker maintains a documented communication plan for transportation provider communications	10.4	None		Yes / No	Yes / No	
Does the broker plan for transportation provider communication include telephone communications	10.4	None		Yes / No	Yes / No	
Does the broker plan for transportation provider communication include mailing list communications	10.4	None		Yes / No	Yes / No	
Does the broker plan for transportation provider communication include e-mail communications	10.4	None		Yes / No	Yes / No	
Verify broker maintains a documented communication plan for medical service provider communications	10.4	None		Yes / No	Yes / No	
Does the broker plan for medical service provider communication include telephone communications	10.4	None		Yes / No	Yes / No	

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Does the broker plan for medical service provider communication include mailing list communications	10.4	None		Yes / No	Yes / No	
Does the broker plan for medical service provider communication include e-mail communications	10.4	None		Yes / No	Yes / No	
Report Card Source Data	10.5	None		Yes / No	Yes / No	
Verify broker maintains a documented process for generating the call center source data for monthly reporting	10.5	None		Yes / No	Yes / No	
Verify broker uses documented process for converting the call center source data to the monthly report for SCDHHS	10.5	None		Yes / No	Yes / No	
Verify broker maintains a documented process for generating the trip reservation denials source data for monthly reporting	10.5	None		Yes / No	Yes / No	
Verify broker uses documented process for converting the trip reservation system denials source data to the monthly report for SCDHHS	10.5	None		Yes / No	Yes / No	
Verify broker maintains a documented process for generating the trips taken source data for monthly reporting	10.5	None		Yes / No	Yes / No	
Verify broker uses documented process for converting the trips taken source data to the monthly report for SCDHHS	10.5	None		Yes / No	Yes / No	

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Verify broker maintains a documented process for generating the trips modified (updated, cancelled) source data for monthly reporting	10.5	None		Yes / No	Yes / No	
Verify broker uses documented process for converting the trips modified (updated, cancelled) source data to the monthly report for SCDHHS	10.5	None		Yes / No	Yes / No	
Verify broker maintains a documented process for generating the complaints source data for monthly reporting	10.5	None		Yes / No	Yes / No	
Verify broker uses documented process for converting the complaint source data to the monthly report for SCDHHS	10.5	None		Yes / No	Yes / No	