



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

Meeting Minutes
December 13, 2012 - 10:00 a.m.

Committee Members in Attendance: Heath Hill, Lydia Hennick, Lynn Stockman, Doug Wright, Chuck MacNeil, Dr. Keith Guest, Jocelyn Boyd, Coretta Bedsole

Committee Member(s) by phone: Asha Brown

Others in Attendance: Jonathan Teeter, Krista Martin, Todd Owenby, Rhonda Goodman, Jeremy Ahlijah, Mark McClure, Jocelyn Boyd, Kathy Mayfield Smith

Via Telephone: Chuck DeZearn

DHHS Staff: Michael Benecke, Zenovia Vaughn, Ervin Yarrell, Megan Old, Audrey Williams

I. Welcome and Introductions:

As Chairman, Dr. Guest was delayed Coretta Bedsole called the meeting to order.

II. Purpose of the Transportation Advisory Committee (TAC)

The statutory requirements of the TAC were read by Michael Benecke. Act 172 was established to create a committee of members that are involved or affected by the transportation services that are offered to Medicaid Beneficiaries. This creates a forum to provide input to DHHS and gives advice on how the transportation services are being handled.

III. Meeting Minutes Approval

The committee approved the minutes for the September 27, 2012 meeting.

IV. Report on Committee Membership Contacts

Mike Benecke reported that DHHS sent a letter to all groups that are required by law to have representation on the TAC, every group responded except the Hospital Association of South Carolina. He also reported that Heath Hill is a new member and will be representing The South Carolina Health Association.

Rhonda Goodman from Helping Hands agreed to help find someone from the Medicaid community to be a member. Ms. Rebecca Gates who participates in the Adult Day Program has agreed to become a member of the TAC. Helping Hands has agreed to transport Ms. Gates to the meetings and will make arrangements to assist her if she decides to call into the meeting. Motion was made to add Ms.

Gates as a consumer representing the Medicaid community. Ms. Gates' contact information will be sent to DHHS before the next TAC meeting.

Dr. Guest added that he talked to a provider from the upstate about becoming a TAC member and that provider agreed, and would be attending the meeting. Asha Brown, from Advance Care has agreed to be a member and Tony Gentile from the Low-County has agreed to become member; however, he has not attended any of the meetings. Dr. Guest stated that the goal of the TAC is to get a diverse group of providers, such as: RTAs, ambulance and private providers from different regions of the state. Michael Benecke added that we needed an additional member to represent the Medicaid community. After further discussion concerning getting members for the Medicaid community, it was recommended that the Broker contact social workers in Columbia, and ask that they reach out to the community to find someone who is from a high utilization group, preferably a dialysis client to represent the Medicaid community. If a person is found, his or her contact information will be sent to Michael Benecke to be added to the distribution list and at the next TAC meeting be added as a member.

Coretta Bedsole suggested that the appointment of a new Chairperson be on the agenda for the next TAC meeting.

V. Sub-Committee Report on Transportation Providers Survey

The Survey was formulated by Kathy Mayfield Smith and Ana Lopez- De Fede of USC Institute for Families in Society a Division of Policy and Research on Medicaid and Medicare.

The survey consisted of 4 categories, Background, Methodology Demographics and Results

Kathy Mayfield Smith provided an overview of the survey results.

1. Background –Objective of the survey was; to assess the state Non-Emergency Medical Transportation (NEMT) provider network; assess the provider experience and satisfaction; and gather input and recommendations from the provider community.
2. Methodology –Survey and Data Collection. The survey consisted of 21 questions submitted by the TAC members that were framed into standard response and opened ended questions. A population of 151 NEMT providers were surveyed and given two weeks to respond. There were three ways data was collected: (1) by mail, (2) telephone follow-up (2 weeks after mailing), (3)1-800 number for call backs and questions. If a provider did not receive a survey they were allowed more time to respond to the survey. The list of providers came from a current list the Broker had been in their network since February 2012.
3. Demographics – Providers. Out of 151 Providers, 95 responded. Out of the 95 seven were no longer providing transportation services. The Providers were representative of the entire state and included: For profits- (74%), Non-profits- (25%) and Regional Transit Authority (RTA) - (1%). It included the length of time Providers had been providing services; between 1-5 years

(62.5%); the average time providing services was 8 years; the range of service time was 3 months-40 years; and (6%) had provided services for less than 1 year.

4. Demographics- (1) Fleet- Vehicle used. The Providers that responded used a variety of vehicles. The most common vehicles used are vans: handicap-accessible and ambulatory. Other vehicles used are ambulances and sedans. The average age of vehicles is about 6.5 years (< 1-16 years). The survey listed the number of providers with vehicles for Medicaid, their total number of vehicles, the approximate number of vehicles for Medicaid NEMT, the range of number of vehicles, the average age of their vehicles and the range of age of vehicles.

Demographics- (2) Fleet- Ability to replace vehicle. A majority (72%) felt confident that they could replace their vehicles. For-profit (77%) and RTA's (100%) providers were more confident in the ability to replace their vehicles. Non- profits (47%) felt they would have concerns replacing their vehicles. (8%) had major concerns about the ability to maintain safe and reliable vehicles, that percentage included both Non-profit and For-profits.

The Criteria used to replace /recycle vehicles was about 90% under general conditions; approximately 54% used mileage, 51% used age.

Demographics- (3) Trips- The survey listed the number of trips made by providers: Weekdays, Saturdays, and Sundays; the average and range for those days. Most (69%) providers would prefer to make more trips; (75%) were for profits and RTAs; (52%) non- profits. Only (2%) want less trips, and 28% have the right amount. Change in number of trips since February 2012 had increased (32%) and decreased (42%).

5. Results – Experience and Satisfaction- Provider business/ organization. Providers (67%) felt that their business will continue to expand; 35% felt their participation will remained stable; and 31% felt their participation will improve. With the current Broker, (40%) services for the consumers have improved and less than (30%) believe services have improved for providers.

Results- Recommendations- Changes to System to allow providers success: adequate reimbursement; improving broker IT/ other systems; improving communication between the Broker and Provider / facilities; scheduling and efficiencies of scale.

Results- Recommendations- Providers swapping role with Broker, there were 112 responses. What providers would improve; 40 Providers said they would (1) Improve Operational Efficiency such as; scheduling and coordination of trips, (2) Administrative services, (3) Improve/ or better technology (4) and Education of staff. 23 Providers said reimbursement, and 20 said customer care.

Results- Recommendations- Providers swapping role with SCDHHS, 72 providers responded: (1) Changes to Brokerage System; (2) Communication with Providers; (3) Reimbursement rates (4) Consumer Care. There were changes the TAC discussed in detail (i) ensure all transportation is under the

Broker system, including Councils on Aging: (ii) revisiting the Provider's report cards, with Coretta Bedsole suggesting that a sub-committee be appointed to look at what information is needed to revamp the provider report card and Lydia Hennick stating that the providers do receive a summary from the TAC but in a different format; and (iii) permit background check conducted by other state agencies to be used for transportation.

Results-Recommendations- Swapping role with a Medicaid provider/ facility,
59 Providers responded; Consumer Care and Operations- cost efficiencies were issues they would address or improve.

There was a discussion concerning reimbursement rates for an A Leg transport. Asha Brown gave an example regarding two different providers transporting a client to and from a facility or treatment center.

Dr. Guest stated that the information from the survey gave the TAC a great view into the network which will help them going forward. Kathy Smith Mayfield stated that she had received six more surveys and will add those to the count. She will review some of the major issues of some of response she already had and provided additional breakout of them. Once all information is received the survey will be updated and a message will be sent to TAC members and the providers. The results will be posted on the DHHS website.

Asha Brown talked about updated technology. With the formal broker Access 2 Care, a lot of information was on-line and computerized which was very helpful for the providers in that network. She stated that if those two systems can be combined it would work well for the providers. Lydia Hennick said she will take that information and share with Logisticare.

VI. Recommendations for Next Procurement

As discussed at the last meeting, comments/ recommendations from the TAC should have been gathered and submitted to DHHS by the December 13, 2012 TAC meeting. Michael Benecke mentioned that few comments had been received by DHHS. Coretta Bedsole suggested that a letter be sent to the transportation providers/ stakeholders by December 31, 2012 asking for input/ recommendations for the procurement. Motion was made to extend the deadline to December 31, 2012.

VII. Logisticare Corrective Action Plan (CAP)

A Medicaid bulletin went out to all providers letting them know Logisticare had been placed on a Corrective Action Plan (CAP).

There are three categories where Logisticare is not meeting contractual requirements:

1. Call Center Standard for Daily Performance
2. Daily On-Time Performance Measures
3. Providers No Shows/ some issues with the timelessness of the monthly reports

Corrective Action Plan will be accepted after December 15th, which is the last day comments can be submitted. The CAP can be viewed on the SCDHHS website.

VIII. Program Monitoring Tools/ Activities

Reports were included in the quarterly meeting handout for review.

- a) Transportation Broker Performance Reports (July-September 2012) –Trips, Denials, and Complaints by Region (SFY 2013, SFY 2012)
- b) Transportation Provider Performance Reports
- c) Transportation Broker Accounts Payable Aging Reports
- d) DHHS Internal Complaint Tracking
- e) Report of Injuries
- f) Report of Meetings
- g) Program Review and Field Observation Site Visits

Michael Benecke stated that the DHHS Internal Complaint Tracking was showing a decrease in complaints

IX. Advisory Committee- Current Issues/ Concern

Lydia Hennick reported on changes that had been implemented at Logisticare

1. Todd Owenby was hired as a Provider Relations Manager. He will be working in the field as a support person for the providers.
2. Facility Supervisor was hired to work with Nursing, Adult Day Care, and Dialysis facilities/ centers.

Santee Wateree RTA gave notice that they will be ending their contract with Logisticare effective January 1, 2013. Santee Wateree RTA will continue their public transit program. A transition plan has been put in place for the six counties where Santee Wateree RTA transported Medicaid members. There are 10 to 12 providers that are growing their businesses in and around that area so that there will not be an interruption of transportation for Medicaid members. The number of vehicles (20) that Santee Wateree RTA had will be replaced by those providers.

Dr Guest asked that there be another meeting set up for TAC to continue discussion about the survey. He suggested that a day of the third week in January.

Dr. Guest had two comments; he wanted to know the amount of money the State pays the Broker, and the amount of money the Broker pays the Provider for their services. Michael Benecke said that the amount of money the State pays the provider is public information and can be found on the Material Management Office (MMO) website. The amount the Broker pays their providers is not public. Logisticare said that information is a SEC regulation.

Mark McClure, State Director for C.F.T Ambulance Services was asked by Dr. Guest to become a TAC member. He was in attendance and agreed to become a member. Motion was moved to put Mr. McClure on the committee, and add him to the distribution list.

It was agreed that the 4th Thursday of the quarter be the day TAC have their meetings.

Meeting adjourned at 12:00 p.m.

Next meeting is scheduled for March 28, 2013

1801 Main Street, Columbia, South Carolina, at 10:00 am

11th Floor Conference Room