Non-Emergency Transportation Program – Stakeholder Input

Review and Evaluation Process

We expect by using an iterative approach to gathering, analyzing and documenting input from all stakeholder groups will result in decisions about providing non-emergency transportation services that support the agencies strategic goals and maximizes improved health outcomes, patient experiences and minimizes per capita cost. The agency also anticipates continuing participation from various stakeholder groups as we go through the process of reviewing, evaluating and documenting the results of stakeholder input.

We will categorize all stakeholder input into activities that likely can be accomplished in less than twelve months (short term), one to three years (medium term) and four to six years (long term). The agency will also assign a value to every recommendation based on a high level review for the likely programmatic impact (program impact priority). The initial priority assignment will ensure resources are devoted to the activities that are most likely to have a positive impact on all three program impact areas.

SCDHHS will also review all recommendations for the internal and external resources that will likely be required to conduct a detailed review of each recommendation and to document the results of detailed reviews. The 'level of effort (LOE)' assigned will be used to further prioritize the activities, resulting in an activities list that is prioritized by the activities that have the most likely positive programmatic impact while using the least number of resources. After LOEs are assigned to activities, SCDHHS will develop a plan for conducting detailed reviews of stakeholder input that will include groups of manageable activity reviews.

Detailed activity reviews will be conducted to validate the likely programmatic impact of the activity and expected outcomes. For those activities where the likely programmatic impact is validated, performance measures for tracking the results of activities implemented will be developed and documented. Activities that are determined to have little or no positive programmatic impact during the detailed review process will be re-categorized to reflect the results of the review and the reasons for the re-categorization will be documented.
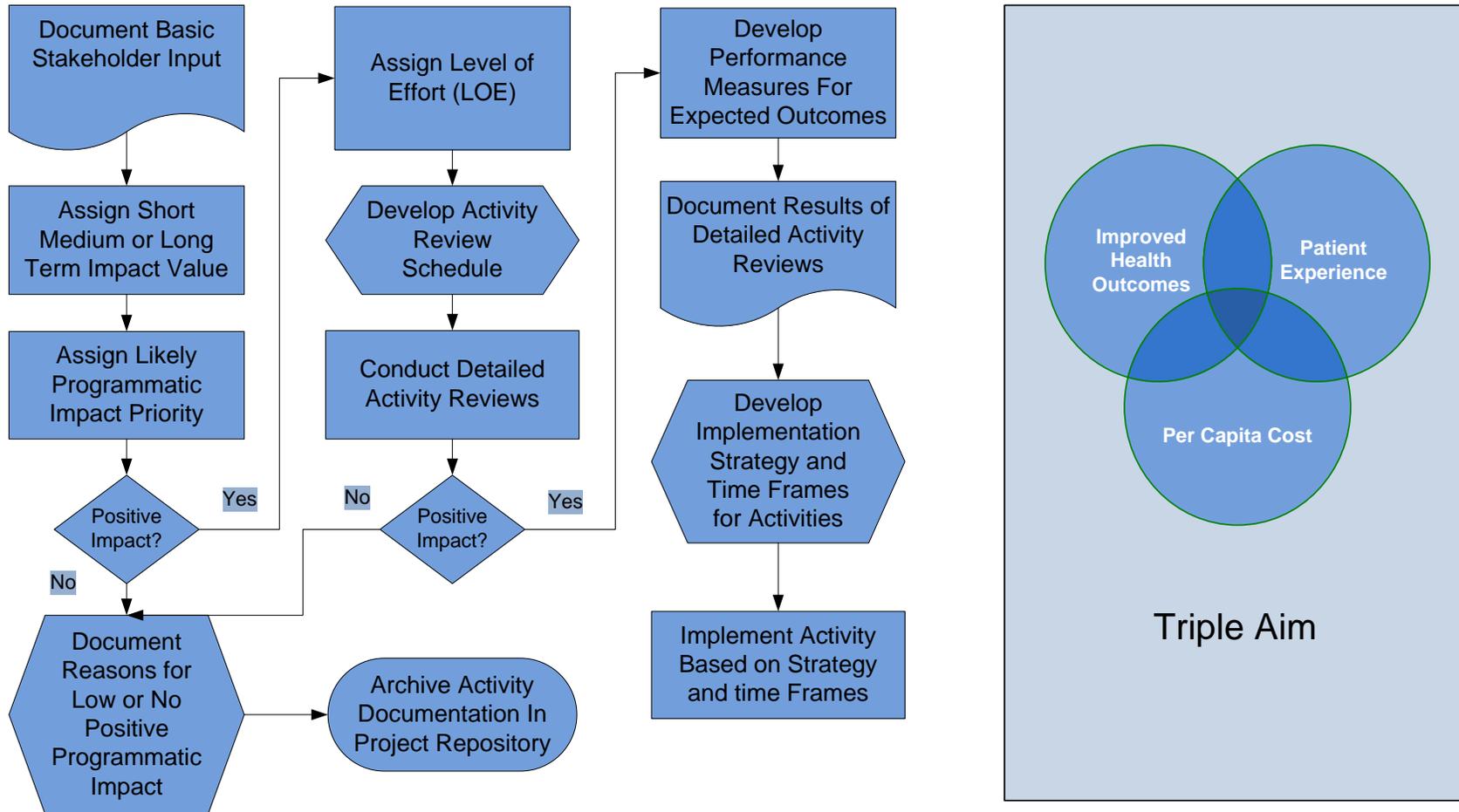
The diagram below (Figure 1) illustrates the basic approach SCDHHS is taking to review and evaluate stakeholder input for the non-emergency transportation program.

Non-Emergency Transportation Program – Stakeholder Input

Review and Evaluation Process

Figure 1

NEMT Stakeholder Input Review Process

Document Basic Stakeholder Input

Assign Short Medium or Long Term Impact Value

Assign Likely Programmatic Impact Priority

Positive Impact?

No

Yes

Document Reasons for Low or No Positive Programmatic Impact

Archive Activity Documentation In Project Repository

Assign Level of Effort (LOE)

Develop Activity Review Schedule

Conduct Detailed Activity Reviews

No

Positive Impact?

Yes

Develop Performance Measures For Expected Outcomes

Document Results of Detailed Activity Reviews

Develop Implementation Strategy and Time Frames for Activities

Implement Activity Based on Strategy and time Frames

Improved Health Outcomes

Patient Experience

Per Capita Cost

Triple Aim

Non-Emergency Transportation Program – Stakeholder Input
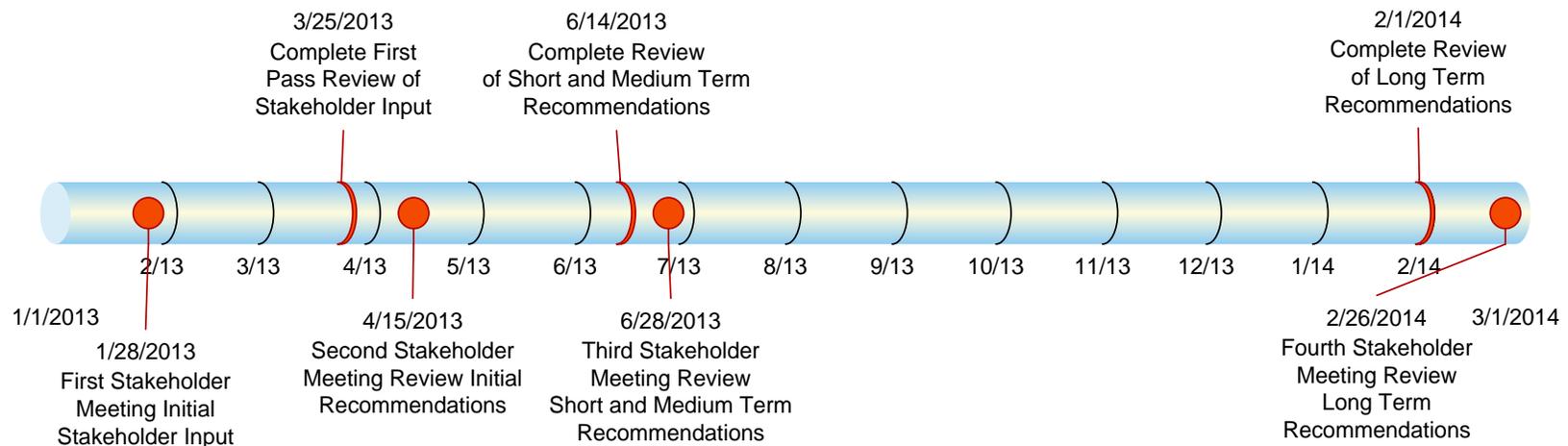
Review and Evaluation Process

As indicated previously, SCDHHS will be using an iterative approach to gathering, analyzing and documenting input from all stakeholder groups. Our general approach to reviewing and processing stakeholder input is to work on the activities we believe can be completed in the short term first, then we will focus on the medium term activities and finally we will work on the activities that we believe will take more time to review and analyze because of the likely complexity activity reviews. We will also be adding the recommendations for improvements that have been gathered and documented over the last few years as well as stakeholder input from other sources. We will be holding additional stakeholder meetings to review the stakeholder input from other sources to allow for additional comment.

We intend to apply the general process displayed in Figure 1 to the review and analysis of all stakeholder input. The timeline depicted in Figure 2 below shows how we are planning to take the stakeholder input and split it up into manageable increments of work. The timeline will likely be adjusted from time to time as we make progress on the review and evaluation process.

Figure 2

Non-Emergency Transportation Stakeholder Input Analysis – Logic Model

Non-Emergency Transportation Program – Stakeholder Input

Review and Evaluation Process

The results from the initial reviews and analysis of stakeholder input are displayed in the tables on the following pages. The tables will likely change as we progress through the processes described above. Additional recommendations will be added and categorized as we consolidate all stakeholder input. Detailed reviews of each activity will be documented and associated to the original source of stakeholder input by reference number. Summary results of detailed reviews will be shared with stakeholders during follow up meetings or as postings on the DHHS website.

Non-Emergency Transportation Program – Stakeholder Input

Short Term Activities - High Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Short Term Outcome
SHCC11	* Broker * DHHS * Transportation Providers	Ensure the broker handles all fax communication from transportation providers timely and accurately.	Broker to evaluate fax handling process and procedures.	* Documented evaluation of fax handling procedures. * Improved fax handling processes and procedures.	* More efficient operations for transportation providers. * Improve accuracy of the information sent to the broker by transportation providers.
SHCC12	* Broker * Transportation Providers	Ensure the broker provides consistent direction and answers to questions when asked.	Broker to evaluate personnel knowledge of the program and contract requirement.	* Documented evaluation of the staff's knowledge about the program and contract requirements. * Improved training program for staff.	* More effective communication between transportation providers and the broker. * More efficient operations for transportation providers.
SHMC01	* DHHS * Broker * Broker System * Health Care * Provider	On-line access for case managers and care coordinators to schedule transportation reservation request initiated by the health care provider or member's case worker.	* DHHS to work with broker on policy revisions if required.* Broker to ensure individuals that need access to their system have it. * Ensure the broker is taking transportation requests from health care provider or case worker.	* Members get access to health care in urgent situations.* Clearly documented processes and requirements for arranging member transportation initiated by case workers. and health care providers.* Stakeholder communication clarifying the processes and requirements for arranging member transportation.	* Improve member access to health care in urgent situations.* Case workers and health care providers do not have problems arranging transportation for members.

Non-Emergency Transportation Program – Stakeholder Input

Short Term Activities - High Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Short Term Outcome
SHCC14	* DHHS * Broker * Health Care Providers	Clarify requirements for arranging transportation for dual eligible members.	* Ensure processes are in place to transport dual eligible members to medical appointments. * Ensure requirements and procedures for arranging transportation for dual eligible members are communicated to all stakeholders.	* Clearly documented processes and requirements for arranging transportation for dual eligible members. * Stakeholder communication clarifying the processes and requirements for arranging transportation for dual eligible members.	Maximize health care visits for dual eligible Medicaid members by ensuring transportation is provided when appropriate.
SHCC05	* DHHS * Broker * Health Care Providers * MCOs * Transportation Providers	Formalize the complaint process for registering complaints (or grievances) against the transportation broker or any other transportation stakeholder.	Review opportunities for developing and communicating a formalized complaint process at DHHS for all stakeholder grievances that have not been resolved through existing complaint procedures.	* Clear procedures for registering complaints or grievances in situations that have not been resolved through existing complaint process. * Dedicated DHHS staff to facilitate the resolution of all complaints.	Improve communications and timely resolution of grievances between transportation stakeholders.

Non-Emergency Transportation Program – Stakeholder Input

Short Term Activities - High Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Short Term Outcome
SHCC15	* DHHS * Broker * Transportation Providers * Health Care Providers * School Districts	Allow transportation provides to pick children up from school for medical appointments.	* Ensure processes are in place to allow transportation providers to pick children up from school for medical appointments. * Ensure requirements and procedures for arranging transportation for children from school to Medicaid covered services are communicated to all stakeholders.	* Clearly documented processes and requirements for arranging transportation for children in school to medical appointments. * Stakeholder communication clarifying the processes and requirements for arranging transportation for children from school to medical appointments.	Maximize child visits to appointments and therapy.
SHCC20	* DHHS * Independent Actuary * MCOs	MCOs provide NEMT benefits.	* Evaluate cost benefit of carving NEMT benefit into MCO contracts.	* Documentation of the cost vs. benefit of carving in any of the NEMT services into the MCO contracts during the current contract review cycle.* Documentation of the cost vs. benefit of carving all NEMT services into the MCO contracts.	Determine if any of the NEMT services should be carved into the MCO contracts during the current contract review cycle.

Non-Emergency Transportation Program – Stakeholder Input

Short Term Activities - High Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Short Term Outcome
SHCC19	* Self-Administered Oxygen * DHHS * Broker * Health Care Providers * Transportation Providers	Ensure members that need self-administered oxygen receive the most appropriate and cost effective transportation.	* Determine and document the appropriate processes and procedures for ensuring members have access to self-administered oxygen at the time of discharge. * Ensure providers supplying the oxygen are compensated fairly.	* Documentation identifying the appropriate processes and procedures for the transportation of members that need self-administered oxygen and don't have it with them receive the appropriate level of transport. * Documented process for compensating providers fairly for oxygen supplied.	* Members receive the appropriate transportation that accommodates the need for self-administered oxygen. * Health care providers and transportation providers are compensated for services (supplies) delivered.
SHMC10	*DHHS *Broker *Transportation Provider	Create a system that allows provider incentives and recognizes good performance.	Evaluate options for transportation provider incentives.	*Improved performance *Accountability	*Fewer no-shows *Motivation for providers
SHMC11	*DHHS *Broker *Transportation Provider	Reporting requirements	DHHS to ensure that all reports are standardized. Reduce paperwork where applicable.	*Accuracy of data	* Validates data requirement * More accurate analysis of program
SHMC06	*DHHS *Broker *Transportation Provider	Ensure program consistency* Policies should be equally applied to all providers * Trips should be assigned consistently and predictably	DHHS will verify provider contracts and processes with Broker to ensure consistency of policies.	Documented policies and procedures by Broker that confirm fair and equitable practices.	* Increased provider population. * Provider sustainability. * Less expense to provider and to Broker when trips are consistent.

Non-Emergency Transportation Program – Stakeholder Input

Short Term Activities - High Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Short Term Outcome
SHMC09	*DHHS *Broker *Transportation Providers * Health Care Providers *Member * MCOs	Improve Education: * Provide member education about transportation benefits at the appropriate literacy level. * Educate members enrolled in MCOs about the transportation benefit.	* DHHS will work with broker to facilitate workshops, training sessions and ensure member/provider brochures and literature is current and adequately distributed. * DHHS to determine the appropriate literacy level for all member communications. * Ensure member education material is clear and is developed at the appropriate literacy level. * Ensure members enrolled in MCOs know about the transportation benefit available.	*Providers, transportation and medical, have a better understanding of their responsibilities to the members. * Information to members about the transportation benefit that is clear and easily understood. * Updated handbooks, newsletters and other member education resources.	*Improved member access *Increased understanding of roles of medical provider. * Increased understanding by some members about the program and how to access the transportation benefit. * Members enrolled in MCOs are educated about the transportation benefit and know how to access services.

Non-Emergency Transportation Program – Stakeholder Input

Short Term Activities – Medium Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Short Term Outcome
SHCC21	* DHHS * Broker * Independent Actuary	Prevent established transportation providers from terminating contracts with the broker.	* DHHS to request third party review of Broker profit and loss for the contracts in each region. * Evaluate possibility of setting minimum reimbursement rates for each level of service and geographic area of transport.	* Documentation of the third party review of the Broker profit for the contract. * Documentation to support minimum rates for transportation providers.	Ensure Broker is not making excessive profits on the contract and document review conclusions.
SHMC07	*DHHS *Broker *Transportation Provider	Allow for a standardized rate structure for mileage, insurance and GPS - Consider group rates.	DHHS to determine feasibility of standard rates when/if applicable. Communicate with Broker regarding rate structure.	Results of feasibility study to change current method of reimbursement to standard rates.	The potential for less expense to the transportation provider.
SHMC03	*DHHS *Broker *Transportation Provider * Health Care Provider	Eliminate or make exception to 3 day notice for scheduled appointments.	Review Broker contract to determine where changes may be applicable.	Member may have the option to receive immediate care if needed.	*Negatively - Call center Overload. *Fewer unconfirmed 911 trips.

Non-Emergency Transportation Program – Stakeholder Input

Short Term Activities – Low Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Short Term Outcome
SHCC10	* Broker * DHHS * Transportation Providers	Ensure the broker assigns trips to providers that operate in the area of the trip pick up.	Broker to evaluate trip assignment process and procedures.	* Documented evaluation of trip assignment procedures. * Improved trip assignment processes and procedures.	* More efficient operations for transportation providers. * Improved accuracy of the information sent to transportation providers by the broker the first time.
SHCC13	* Broker * Transportation Providers	Ensure transportation providers have the opportunity to communicate with their regional representatives when they have questions and need answers.	Broker to evaluate personnel requirements to ensure they have adequate resources (staff communications equipment) to communicate efficiently and effectively with transportation providers.	*Documented evaluation of the availability and accessibility of the broker's regional representatives. * Improved training program for staff.	* More effective communication between transportation providers and the broker. * More efficient operations for transportation providers.
SHCC02	* DHHS * Broker * DHEC * Ambulance Transportation Providers	Allow ambulance EMTs to override the initial transportation level of service required based on the patient's needs.	Review possible procedural or policy changes that would allow ambulance EMTs to request an up code in the service level of transportation required for the patient.	* Documentation of the procedure and policy review. * Change policy and procedures if necessary.	Ambulance providers are compensated for the actual work required based on the appropriate level of service needed by the patient.

Non-Emergency Transportation Program – Stakeholder Input

Short Term Activities – Low Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Short Term Outcome
SHCC06	* DHHS * Broker * Health Care Providers * MCOs * Transportation Providers	Schedule appointments for Medicaid patients that live in the same areas (county) on the same days and close to the same times to increase the opportunities for multi loading and transportation coordination.	* Identify specific areas or health care practices that have potential positive impact on transportation coordination. * Educate health care providers on the overall cost benefit of scheduling appointment for patients traveling from the same general areas close to the same day and time.	* A list of health care providers and the Medicaid patients that they treat that can be targeted for group scheduling * Schedule of 'outreach' appointments to providers to promote potential cost saving opportunities (public information team).	Improve transportation multi loading of Medicaid members and trip consolidation.
SHCC16	* DHHS * Broker * Transportation Providers	Ensure background check requirements are clear for moving violations	Review department of motor vehicles (DMV) moving violation background check requirements	* Documented requirements for DMV moving violation background checks	All stakeholders understand the credentialing requirements for moving violations and background checks
SHCC04	* DHHS * Broker * Transportation Providers	Implement a 24 hour a day seven day a week call center for transportation providers to contact the broker.	Conduct a needs assessment for a 24 hour call center for transportation providers to contact the broker with questions and issues.	Documentation of the needs assessment for a 24 hour call center for transportation providers.	Improve communications and timely resolution of transportation provider questions and issues.

Non-Emergency Transportation Program – Stakeholder Input

Short Term Activities – Low Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Short Term Outcome
SHCC01	* DHHS * DHEC * ORS * Broker * Transportation Providers * Ambulance Providers	* Ensure NEMT driver and vehicle credentialing requirements are necessary and do not contradict the regulatory requirements of any other state agency. * Remove all ambulance personnel credentialing requirements that are not the same as the DHEC requirements.	Conduct a joint review of all NEMT driver and vehicle requirements in the contract between SCDHHS and the broker, the contract between the broker and transportation providers and DHEC regulations and ORS regulations to ensure no credentialing is contradictory and that all credentialing is required.	Documentation from meetings with transportation providers, the broker, ORS and DHEC identifying any discrepancies in the regulations and NEMT requirements.	* Ensure any contradicting or additional requirements are understood by all stakeholders. * All stakeholders understand all driver and vehicle credentialing requirements.
SHMC04	* Member *DHHS *Broker *Transportation Provider	Allow the Client the option to choose ~~their transportation~~their transportation provider of choice.	Evaluate the feasibility of allowing member choice of provider without exception.	Documented results of feasibility study to determine potential for positive as well as negative impact.	*Restore member/provider relationships. *Transportation Provider sustainability. *Reduced stress for provider and member.
SHMC08	*DHHS *Broker *Transportation Provider	Allow transportation provider payment for trips made that result in member no-shows.	DHHS will ensure that contracts include language regarding negotiated rates to cover the cost of no-shows.	Documented cost analysis to be included in contracts.	Increased understanding by provider of contract requirements.

Non-Emergency Transportation Program – Stakeholder Input

Short Term Activities – No Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Short Term Outcome
SHCC09	* Broker * DHHS	Post broker report card on website quarterly.	Evaluate the request to post the broker report card on other websites quarterly in addition to the State Legislature website.	* Provide easy access to view the Broker's performance reports quarter.	Improve transparency of contractor performance.

Non-Emergency Transportation Program – Stakeholder Input

Medium Term Activities – High Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Medium Term Outcome
SHMC05	*DHHS *Broker *Transportation Provider	Consider Improvements to technology for broker and provider. * Updated equipment that allows providers to monitor and keep track of their trips.	DHHS to evaluate current broker technology and discuss options for improvements where applicable.	*More timely access * Improved Performance	*Cost savings for transportation provider * Transportation Provider accountability

Non-Emergency Transportation Program – Stakeholder Input

Medium Term Activities – Medium Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Medium Term Outcome
SHCC18	* DHHS * Broker * Health Care Providers * Transportation Providers	Transportation provider trip assignment by the health care provider or member's case worker.	Determine the feasibility of the health care provider initiating the reservation request and receiving authorization from the broker or other authorizing entity and then selecting the transportation provider of choice.	* Documented results from the feasibility review for the proposal for health care providers to select the transportation provider for trip requests. * Recommendations for allowing health care providers and case workers to select the provider of choice.	* Improve timeliness and accountability of transportation providers based on the experience of health care providers.

Non-Emergency Transportation Program – Stakeholder Input

Medium Term Activities – Low Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Medium Term Outcome
SHCC07	* DHHS	Create and maintain a single state-wide number for members to call with transportation requests and issues that is owned by DHHS.	Evaluate the technology available and feasibility for DHHS to manage a single state-wide number for transportation requests.	* Documented results of a feasibility review of the proposed use of a single state-wide number for handling transportation requests. * Recommendations for using a single state-wide number for transportation requests.	A clear and full understanding of the technology available and the cost required to implement the use of a single state-wide number for transportation requests.
SHCC17	* DHHS * Broker * Health Care Providers * Transportation Providers * Vehicles * Drivers	Relax current timeliness standards for pick-up and delivery so transportation providers can better coordinate multi load transportation routes.	* Evaluate current timeliness performance measurements and alternate methods of measuring timeliness. * Ensure performance measures are both practical and measurable.	* Documentation from the review of performance measures for NEMT transportation that are practical and measurable.	More transportation providers will meet on time performance requirements.
SHMC02	*Medicaid Members *DHHS *USC	Conduct a new Member Satisfaction Survey.	DHHS will work with USC to administer a new survey.	Documented results from survey that could have the potential to improve the transportation program.	* Improved relationship among Transportation Provider, Broker and DHHS. * Beneficiary confidence * Member input into program

Non-Emergency Transportation Program – Stakeholder Input

Long Term Activities – High Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Long Term Outcome
None					

Non-Emergency Transportation Program – Stakeholder Input

Long Term Activities – Medium Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Long Term Outcome
None					

Non-Emergency Transportation Program – Stakeholder Input

Long Term Activities – Low Programmatic Impact Potential

Reference Number	Resources	Activities	Actions	Outputs	Long Term Outcome
SHCC03	* DHHS * Transportation Providers	Incorporate regional mobility managers in each region that would develop the transportation provider network and sub-contract work to interested providers.	Review the feasibility of using regional mobility managers for developing the transportation provider network and sub-contracting out the transportation work.	Documentation from the feasibility study of incorporating a mobility manager in each region.	A clear and full understanding of the concept of a regional mobility manager responsible for transportation provider network development and sub-contracting.
SHCC08	* DHHS * Transportation Providers * Vehicles * Drivers * Members * Member Cards	Allow Medicaid members to use their Medicaid cards to 'swipe' on and off transportation vehicles instead of using a paper based log for rider verification.	Evaluate the technology available, legal feasibility and cost feasibility to implement this alternative method of rider and trip verification.	* Documented results of a feasibility review of the proposed use of the member card for trip verification. * Recommendations for pursuing the use of this technology.	A clear and full understanding of the technology available and the cost required to implement the use of the Medicaid Member's card for trip verification.