

SC DHHS  
Broker Report Card



South Carolina Department of Health and Human Services  
Broker Performance Report

LogistiCare  
March 2017

Transportation Metrics	Performance Goal	January 2017 Final	February 2017 Final	March 2017 Final
Unduplicated Beneficiaries		27,660	27,289	27,941
<b>Total trips provided by type of transportation</b>		<b>158,504</b>	<b>151,071</b>	<b>170,129</b>
• Non-Emergency Ambulatory Sedan/Van Trips		113,263	108,778	122,466
• Wheelchair Trips		20,269	19,155	21,639
• Stretcher Trips		2,847	2,430	2,996
• Individual Transportation Gas Trip		21,235	19,867	22,056
• Non-Emergency Ambulance ALS		114	95	108
• Non-Emergency Ambulance BLS		120	102	144
• Public Transportation Bus Trip		656	644	720
<b>Total Over Night Trips Arranged</b>		<b>111</b>	<b>85</b>	<b>89</b>
<b>Total Extra Passengers</b>		<b>21,613</b>	<b>19,352</b>	<b>20,778</b>
• Provider No-Shows as Percentage of Total Trips	<=0.25%	0.39%	0.31%	0.26%
• Number of Pickups On Time (A Leg)		60,982	58,731	66,082
• Number of Deliveries On Time (A Leg)		57,671	55,237	61,822
• Number of Pickups On Time (B Leg)		55,667	53,436	59,883
• Number of Trips Within Ride Time (All Trips)		137,778	131,536	148,088
• Percent of Pickups On Time (A Leg)	>= 90%	88.24%	88.71%	88.78%
• Percent of Deliveries On Time (A Leg)	>= 95%	83.50%	83.56%	83.14%
• Percent of Pickups On Time (B Leg)	>= 90%	86.72%	87.01%	86.39%
• Percent of Trips Within Ride Time (All Trips)	>= 99%	99.62%	99.64%	99.60%
<b>Actual number of calls</b>		<b>94,781</b>	<b>87,595</b>	<b>97,450</b>
• Average phone calls daily		4,513	4,380	4,237
• Average Answer Speed	< 1:00	0:00:34	0:00:29	0:00:26
• Average Talk Time		0:04:29	0:04:32	0:05:01
• Average Time On Hold	<= 3:00	0:01:46	0:01:42	0:01:40
• Average time on hold before abandonment	< 1:30	0:00:55	0:00:54	0:01:09
• Average number of calls abandoned daily		90	70	53
• Percentage of calls abandoned daily	< 5.0%	1.99%	1.59%	1.25%
<b>Total number of complaints by type - Valid</b>		<b>5,924</b>	<b>5,570</b>	<b>5,944</b>
• Provider No-Show		540	411	381
• Timeliness		2,738	2,730	2,796
• Other Stakeholders		2,448	2,308	2,576
• Call Center Operations		40	20	25
• Driver Behavior		4	4	12
• Provider Service Quality		7	9	5
• Miscellaneous		122	73	127
• Rider Injury / Incident		25	15	22
• Valid Complaints as percentage of total trips		3.74%	3.69%	3.49%
<b>Total number of complaints by type - Invalid &amp; Other</b>		<b>192</b>	<b>147</b>	<b>189</b>
• Provider No-Show		17	15	19
• Timeliness		35	40	47
• Other Stakeholders		69	42	56
• Call Center Operations		20	15	6
• Driver Behavior		5	5	20
• Provider Service Quality		4	4	6
• Miscellaneous		35	18	23
• Rider Injury / Incident		7	8	12
• Invalid & Other Complaints as percentage of total trips		0.12%	0.10%	0.11%
<b>Total number of denials by type</b>		<b>5,392</b>	<b>4,843</b>	<b>5,489</b>
• Non-Urgent / Under Days of Notice		1,542	1,293	1,424
• Non-Covered Service		476	438	563
• Ineligible For Transport		288	303	386
• Unable to Confirm Medical Appointment w/ Provider		191	196	152
• Does Not Meet Transportation Protocols		11	12	8
• Incomplete Information		2,224	2,006	2,303
• Needs Emergency Services		3	4	5
• Beneficiary Has Medicare Part B or Other Coverage		657	591	648
• Denials as percentage of total trips		3.40%	3.21%	3.23%

Average Last Three Months	Average SFY 2017	Average SFY 2016	Totals SYF 2017	Totals SFY 2016
27,630	27,379	27,372	67,200	76,868
159,901	158,339	159,385	1,425,049	1,912,616
114,836	113,934	116,315	1,025,406	1,395,783
20,354	20,150	20,207	181,353	242,485
2,758	2,873	2,816	25,860	33,791
21,053	20,519	19,279	184,675	231,345
106	104	82	935	978
122	121	109	1,089	1,313
673	637	577	5,731	6,921
95	90	76	807	910
20,581	20,544	18,315	184,898	219,775
0.32%	0.31%	0.21%	--	--
61,932	61,855	67,240	556,694	806,881
58,243	58,513	65,036	526,614	780,432
56,329	56,161	60,843	505,445	730,117
139,134	138,119	146,335	1,243,069	1,756,018
88.58%	89.02%	90.83%	--	--
83.40%	84.36%	88.22%	--	--
86.71%	86.91%	90.05%	--	--
99.62%	99.67%	99.71%	--	--
93,275	89,828	91,438	808,454	1,097,260
4,377	4,232	4,275	--	--
0:00:30	0:00:58	0:02:45	--	--
0:04:30	0:04:35	0:04:27	--	--
0:01:43	0:01:47	0:01:44	--	--
0:00:59	0:01:09	0:02:06	--	--
71	142	439	--	--
1.61%	3.33%	10.16%	--	--
5,813	6,041	3,556	54,371	42,672
444	423	299	3,803	3,592
2,755	2,260	1,696	20,343	20,356
2,444	3,201	1,423	28,808	17,080
28	26	36	234	433
7	7	6	67	77
7	11	9	98	109
107	96	62	863	749
21	18	23	165	275
3.64%	3.81%	2.23%	--	--
176	199	209	1,790	2,510
17	24	41	219	489
41	41	50	371	605
56	63	27	567	318
14	12	14	105	173
10	10	15	86	177
5	5	10	47	117
25	33	41	301	491
9	10	12	94	140
0.11%	0.13%	0.13%	--	--
5,241	5,048	4,760	45,432	57,123
1,420	1,425	1,143	12,822	13,721
492	460	443	4,137	5,316
326	277	299	2,492	3,585
180	187	150	1,687	1,803
10	13	8	114	92
2,178	2,072	2,115	18,646	25,381
4	6	6	53	77
632	609	596	5,481	7,148
3.28%	3.19%	2.99%	--	--

Note: Metrics are preliminary until claims resolution process is complete.

-- Indicates that Fiscal Year Totals are inappropriate to calculate for a percentage or time measure.

## Explanation of Complaint & Denial Categories

### COMPLAINTS:

#### Provider No Show

##### Timeliness

- o Transportation Provider Early
- o Transportation Provider Late

#### Other Stakeholders

- o Facility Issues
- o Rider Issues
- o Rider No Show
- o Suspected Rider Fraud & Abuse

#### Call Center Operations

- o LogistiCare Issues
- o LogistiCare Employee Issues

#### Driver Behavior

- o Subcontractor Courtesy
- o Transportation Provider Employee

#### Provider Service Quality

- o Subcontractor Safety
- o Suspected TP Fraud & Abuse
- o Vehicle Issue

#### Miscellaneous

- o Re-Route
- o Transportation Provider

#### Rider Injury/Incident

- o Injuries
- o Incident Rider

### DENIALS:

#### Non-Urgent/Under Days of Notice

- o Lacks 2-Day Notice
- o Lacks 3-Day Notice

#### Non Covered Service

- o Not Covered
- o Breast Reconstruction
- o Dental Care 21 and Over\*
- o Free Services
- o Gastric Bypass Pre-Auth
- o Orthotic Device Pre Auth
- o Hospital to Hospital (Unless a higher level of hospital service)

#### Ineligible for Service

- o Not Eligible
- o Crisis or Disaster
- o Recipient Not In Service Area
- o No Primary Care Physician Referral

#### Unable to Verify Medical Appointment

#### Does Not Meet Transportation Protocol

- o Minor without Escort
- o Refused Public Transit
- o Uncooperative Behavior, e.g., Abusive, Violent, Safety Risk

#### Incomplete Information

#### Needs Emergency Services

- o Needs 9-1-1

#### Beneficiary Has Medicare Part B

\* Approval pending additional verification. Annual Adult benefit is \$750.00

\* Denials are calculated with Gross Data (Verified Paid and Non-Paid Trips)

**Trip Summary**

Jan-17					
Provider Type	Number of Trips	Provider Reroute Percentage	Complaint Free Percentage	On Time Performance (A Leg P/U)	On Time Performance (A Leg D/O)
<b>Metric</b>		<b>&lt;2%</b>	<b>&gt;=99.81%</b>	<b>&gt;=90%</b>	<b>&gt;=95%</b>
Ambulance	17077	39.75%	98.53%	92.97%	87.77%
Commercial	134002	17.00%	98.42%	89.81%	85.29%
Private	16143	0.28%	99.99%	89.52%	97.06%
Transit	24092	9.29%	99.44%	86.64%	83.82%
Volunteer	515	8.79%	98.09%	94.80%	85.14%
Feb-17					
Provider Type	Number of Trips	Provider Reroute Percentage	Complaint Free Percentage	On Time Performance (A Leg P/U)	On Time Performance (A Leg D/O)
<b>Metric</b>		<b>&lt;2%</b>	<b>&gt;=99.81%</b>	<b>&gt;=90%</b>	<b>&gt;=95%</b>
Ambulance	15386	41.37%	99.42%	89.66%	82.98%
Commercial	126067	23.60%	98.37%	89.82%	85.16%
Private	15093	0.09%	100.00%	84.93%	95.46%
Transit	22515	10.25%	99.30%	86.45%	84.66%
Volunteer	511	7.54%	98.88%	94.97%	85.77%
Mar-17					
Provider Type	Number of Trips	Provider Reroute Percentage	Complaint Free Percentage	On Time Performance (A Leg P/U)	On Time Performance (A Leg D/O)
<b>Metric</b>		<b>&lt;2%</b>	<b>&gt;=99.81%</b>	<b>&gt;=90%</b>	<b>&gt;=95%</b>
Ambulance	17042	61.23%	99.36%	93.20%	86.92%
Commercial	139353	14.80%	98.40%	89.14%	82.98%
Private	17390	0.35%	100.00%	85.28%	91.78%
Transit	25736	13.96%	99.31%	86.96%	84.43%
Volunteer	510	6.26%	98.76%	98.17%	88.60%
3rd Quarter SFY 2016 - 2017					
Provider Type	Number of Trips	Provider Reroute Percentage	Complaint Free Percentage	On Time Performance (A Leg P/U)	On Time Performance (A Leg D/O)
<b>Metric</b>		<b>&lt;2%</b>	<b>&gt;=99.81%</b>	<b>&gt;=90%</b>	<b>&gt;=95%</b>
Ambulance	49505	47.45%	99.10%	91.94%	85.89%
Commercial	399422	18.43%	98.39%	89.59%	84.46%
Private	48626	0.24%	100.00%	86.48%	94.64%
Transit	72343	11.17%	99.35%	86.68%	84.30%
Volunteer	1536	7.60%	98.55%	95.95%	86.47%

Complaints By Provider Type

Transportation Metrics	Jan 2017	Feb 2017	Mar 2017	Average Last Three Months	Average SFY 2017	Totals SFY 2017
<b>Total Trips Provided - Ambulance</b>	17,077	15,386	17,042	16,502	17,306	155,755
• Provider No-Show	22	15	26	21	24	213
• Timeliness	92	124	146	121	112	1,007
• Other Stakeholders	94	88	107	96	146	1,318
• Call Center Operations	4	3	1	3	3	30
• Driver Behavior	1	0	0	0	0	4
• Provider Service Quality	1	0	0	0	1	8
• Miscellaneous	3	3	3	3	3	31
• Rider Injury / Incident	2	0	0	1	1	11
<b>Total Valid Complaints by Provider Type - Ambulance</b>	219	233	283	245	291	2,622
<b>Total Invalid Complaints by Provider Type - Ambulance</b>	8	6	2	5	7	61
<b>Valid Ambulance Complaints as % of Total Ambulance Trips</b>	1.28%	1.51%	1.66%	1.49%	1.67%	-
<b>Total Trips Provided - Commercial</b>	134,002	126,067	139,353	133,141	137,023	1,233,203
• Provider No-Show	337	343	292	324	342	3,081
• Timeliness	1,544	2,384	2,393	2,107	1,867	16,805
• Other Stakeholders	2,458	1,720	1,910	2,029	2,400	21,597
• Call Center Operations	20	13	15	16	17	149
• Driver Behavior	7	3	12	7	7	66
• Provider Service Quality	10	8	5	8	10	94
• Miscellaneous	95	64	115	91	85	765
• Rider Injury / Incident	18	10	17	15	14	128
<b>Total Valid Complaints by Provider Type - Commercial</b>	4,489	4,545	4,759	4,598	4,854	43,685
<b>Total Invalid Complaints by Provider Type - Commercial</b>	132	87	101	107	94	847
<b>Valid Commercial Complaints as % of Total Commercial Trips</b>	3.35%	3.61%	3.42%	3.46%	3.54%	-
<b>Total Trips Provided - Private</b>	16,143	15,093	17,390	16,209	16,219	145,968
• Provider No-Show	0	0	0	0	0	4
• Timeliness	0	1	0	0	2	17
• Other Stakeholders	0	3	10	4	3	24
• Call Center Operations	0	0	2	1	0	2
• Driver Behavior	0	0	0	0	0	0
• Provider Service Quality	0	0	0	0	0	0
• Miscellaneous	0	0	2	1	0	2
• Rider Injury / Incident	0	0	0	0	0	0
<b>Total Valid Complaints by Provider Type - Private</b>	0	4	14	6	5	49
<b>Total Invalid Complaints by Provider Type - Private</b>	0	0	0	0	1	5
<b>Valid Private Complaints as % of Total Private Trips</b>	0.00%	0.03%	0.08%	0.04%	0.03%	-
<b>Total Trips Provided - Transit</b>	24,092	22,515	25,736	24,114	24,503	220,530
• Provider No-Show	26	33	32	30	28	251
• Timeliness	144	215	253	204	172	1,546
• Other Stakeholders	561	448	501	503	518	4,666
• Call Center Operations	2	1	5	3	2	16
• Driver Behavior	0	1	0	0	0	2
• Provider Service Quality	0	1	0	0	0	3
• Miscellaneous	10	5	6	7	6	51
• Rider Injury / Incident	1	4	4	3	3	23
<b>Total Valid Complaints by Provider Type - Transit</b>	744	708	801	751	762	6,858
<b>Total Invalid Complaints by Provider Type - Transit</b>	23	23	18	21	18	164
<b>Valid Transit Complaints as % of Total Transit Trips</b>	3.09%	3.14%	3.11%	3.12%	3.10%	-
<b>Total Trips Provided - Volunteer</b>	515	511	510	512	594	5,347
• Provider No-Show	3	6	5	5	4	38
• Timeliness	2	1	1	1	2	14
• Other Stakeholders	24	14	17	18	18	164
• Call Center Operations	1	0	0	0	1	6
• Driver Behavior	0	0	0	0	0	0
• Provider Service Quality	1	0	0	0	0	3
• Miscellaneous	1	1	1	1	1	5
• Rider Injury / Incident	0	1	1	1	0	2
<b>Total Valid Complaints by Provider Type - Volunteer</b>	32	23	25	27	26	232
<b>Total Invalid Complaints by Provider Type - Volunteer</b>	0	1	1	1	1	7
<b>Valid Volunteer Complaints as % of Total Volunteer Trips</b>	6.21%	4.50%	4.90%	5.21%	4.34%	-
<b>All Providers</b>						
<b>Total trips provided</b>	191,829	179,572	200,031	190,477	195,645	1,760,803
<b>Total Valid complaints</b>	5,484	5,513	5,882	5,626	5,938	53,443
<b>Total Invalid complaints</b>	163	117	122	134	138	1,238
<b>Valid Complaints as percentage of total trips</b>	0.08%	0.07%	0.06%	0.07%	0.07%	-

**Prompt Payment Aging Report By Invoice Received Date**

01/01/2017 to 03/31/2017

Some Broker Clients, Some Transportation Providers

*\* May include invoices with future check dates \****Report Totals****Provider Payments****Days To Pay**

<b>Days From Invoice Submission To AP</b>	<b>Average Days</b>	<b>Number Of Trips Billed</b>	<b>Percent</b>	<b>Trips Denied</b>	<b>Denied As Percent Of Billed</b>
<b>0-30 Days</b>	19	478,118	99.51%	6,303	1.32%
<b>31-60 Days</b>	45	2,344	0.49%	48	2.05%
<b>61-90 Days</b>	0	0	0.00%	0	0.00%
<b>&gt; 90 Days</b>	0	0	0.00%	0	0.00%
	<b>19</b>	<b>480,462</b>	<b>100.00%</b>	<b>6,351</b>	

**Provider Billing****Days To Invoice**

<b>Days From Date Of Service To Invoice Submission</b>	<b>Average Days</b>	<b>Number Of Trips Billed</b>	<b>Percent</b>	<b>Number Of Transportation Providers</b>
<b>0-30 Days</b>	11	434,410	90.42%	165
<b>31-60 Days</b>	42	32,060	6.67%	104
<b>61-90 Days</b>	72	7,518	1.56%	48
<b>91-120 Days</b>	103	2,281	0.47%	21
<b>121-150 Days</b>	134	1,265	0.26%	12
<b>&gt; 150 Days</b>	225	2,928	0.61%	13
	<b>16</b>	<b>480,462</b>	<b>100.00%</b>	

LogistiCare Quarterly Provider Retention

Quarter SFY	Total Active Provider Sites at Beginning of Quarter (a)	# of New Sites Added (b)	# of Terminated Sites		# of Active Provider Sites at End of Quarter (e)	% Provider Sites Terminated ((c+d)/a)	% Provider Sites Added (b/a)
			Broker Initiated (c)	Provider Initiated (d)			
Quarter 3, 2015	154	12	5	1	160	3.90%	7.79%
Quarter 4, 2015	160	6	6	3	157	5.63%	3.75%
Quarter 1, 2016	157	9	3	3	160	3.82%	5.73%
Quarter 2, 2016	160	5	5	1	159	3.75%	3.13%
Quarter 3, 2016	159	1	4	5	151	5.66%	0.63%
Quarter 4, 2016	151	6	1	0	156	0.66%	3.97%
Quarter 1, 2017	156	12	3	3	162	3.85%	7.69%
Quarter 2, 2017	162	0	5	1	156	3.70%	0.00%
Quarter 3, 2017	156	3	6	6	147	7.69%	1.92%
<b>TOTAL</b>	n/a	51	38	23	n/a	n/a	n/a

\* Number of active sites at the end of a given quarter is the total active sites for the beginning of the next quarter.

Note: Only full contracts are represented.

**NEMT Incidents and Injuries by Provider Contribution**  
**January through March, 2017**

<b>Injury Severity</b>	Provider Contributed Yes	Provider Contributed No	Total	Percent of Total Valid Complaints for the Quarter <b>17,438</b>	Percent of Total Paid Trips for the Quarter <b>479,704</b>
Injury - 1 (most severe)	0	0	0	0.0000	0.0000
Injury - 2	17	11	28	0.1606	0.0058
Injury - 3 (least severe)	6	4	10	0.0573	0.0021
Total Injuries	<b>23</b>	<b>15</b>	<b>38</b>	<b>0.2179</b>	<b>0.0079</b>

<b>Incident Severity</b>	Provider Contributed Yes	Provider Contributed No	Total	Percent of Total Valid Complaints for the Quarter <b>17,438</b>	Percent of Total Paid Trips for the Quarter <b>479,704</b>
Incident - 1 (most severe)	0	9	9	0.0516	0.0019
Incident - 2	7	2	9	0.0516	0.0019
Incident - 3 (least severe)	14	23	37	0.2122	0.0077
Total Incidents	<b>21</b>	<b>34</b>	<b>55</b>	<b>0.3154</b>	<b>0.0115</b>

**Injury Severity Criteria:**

- 1= Severe: Traumatic injury or loss of life.
- 2= Moderately Severe: Hospital visit without stay; Ambulance called to scene and transported to ER; Went to ER within 72 hours.
- 3= Non-severe: Bumps or bruises; First Aid; Member notified Broker within 72 hours of injury.

**Incident Severity Criteria:**

- 1= Medical Episode not caused by injury.
- 2= Accident without bodily injury; Law enforcement involvement (behavioral or physical).
- 3= Non-severe incident reported to broker past 72 hours; Member/Escort contributed to behavioral/physical incident;  
Non-severe incident effecting member.

Note: In Quarter Three of Fiscal Year 2017, the Broker and DHHS three member panel determined 2 incidents/injuries to have insufficient information or lack of communication from the member, member's family, or authorized representative. The aforementioned incidents/injuries are not included in the total count for the specific Quarter.

Note: Incident and Injury complaints can be from paid and non-paid claims.

# Report of Meetings

## Monthly Agency / Broker Meetings (DHHS, LGTC)

SFY 2016/2017	April	May	June	July	August	September	October	November	December	January '17	February	March
	x	x	x	x	x	x	x	x	x	x	x	x

## Quarterly Transportation Advisory Council Meetings (TAC)

SFY 2016/2017	June	September	December	March	June
	x	x	x	X	Scheduled

## Quarterly Inter-Agency Meetings (DHHS, SCDOT, OAG, DHEC, ORS, LGTC)

SFY 2016/2017	June	September	December	March	June
	x	x	x	Rescheduled	x

## Quarterly Advisory Regional Meetings (DHHS, LGTC, HealthCare Providers, Transportation Providers, Members)

SFY 2016/2017	September	December	March	June	August	SFY 2016/2017	September	December	March	June	August
Region 1	x	x	x	x	Scheduled	Region 3	x	x	x	x	Scheduled
SFY 2016/2017	September	December	March	June	August	SFY 2016/2017	September	December	March	June	August
Region 2	x	x	x	x	Scheduled	Region 3.1	x	x	x	x	Scheduled

## Program Review Site Visits (Unannounced Field Operations "Blitz" LGTC-DHHS)

SFY 2016/2017	April	May	June	July '16	August	September	October	November	December	January '17	February	March
Area Visited (1)	Florence	Greenville	Allendale	Individual	Individual	Individual	Columbia~	Hampton	Greenville	Aiken		Myrtle Beach
Area Visited (2)								Colleton				

\*DHEC participated

^ORS participated

~DHHS participated

## HealthCare Community Individual Outreach (LGTC)

SFY 2016/2017	April	May	June	July '16	August	September	October	November	December	January '17	February	March
Dialysis	15	18	12	12	21	6	4	5	6	23	12	24
Mental Health	7	3	10	2	6	2	2	0	3	4	5	4
Other	9	8	15	7	10	6	36	30	10	24	21	17



	<u>Jan-17</u>	<u>Feb-17</u>	<u>Mar-17</u>	<u>TOTAL/Average</u>
Total Cancellations	41,493	38,788	42,428	122,709
RNS Cancellations	3,830	3,616	4,060	11,506
RNS Cancellation Percentage	9.23%	9.32%	9.56%	9.37%
RNS Complaints	2,380	2,231	2,486	7097
RNS Complaint Percentage based of TOTAL Cancellations	5.73%	5.75%	5.85%	5.78%
RNS Complaint Percentage based of RNS Cancellations	62.14%	61.69%	61.23%	61.69%
Gross Trips	233,876	220,486	245,758	700,120
RNS Complaint Percentage based on Gross Trips	1.01%	1.01%	1.01%	1.01%
RNS Cancellation Percentage based on Gross Trips	1.63%	1.64%	1.65%	1.64%
	<u>Jan-17</u>	<u>Feb-17</u>	<u>Mar-17</u>	<u>TOTAL/Average</u>
Repeat RNS Complaints (3 or more valid RNS Complaints in a 30 day period)	90	83	88	261
Percent of repeat complaints from All RNS complaints	3.78%	3.72%	3.53%	3.68%
Percent of Repeat RNS Complaints compared to gross trip volume	0.03%	0.03%	0.03%	0.03%
12 Repeat Members	Of those 261 repeat offenses 12 carried over to February and March continuing their habitual RNS behavior.			
Percent of 12 Repeat offenders compared to all RNS complaints	0.16%			
Percent of 12 Repeat offenders compared to Gross Trips	0.00%			
Percent of 12 Repeat offenders compared to Total Cancellations	0.00%			
Percent of 12 Repeat offenders compared to Total RNS cancellations	0.10%			



**TO:** TRANSPORTATION PROVIDER  
**FROM:** LYDIA HENNICK-SOUTH CAROLINA GENERAL MANAGER  
**SUBJECT:** SOUTH CAROLINA DHHS NEMT SUPPLEMENTAL PAYMENTS  
**DATE:** JANUARY 26, 2017  
**CC:** SOUTH CAROLINA DEPT OF HEALTH AND HUMAN SERVICES

The South Carolina Department of Health and Human Services (SCDHHS) has increased the amount of funds available for Non-Emergency Medical Transportation (NEMT) providers. The increase reflects an amount of \$681,285 per month beginning with paid trips beginning on Dates of Service January 1, 2017 and continuing until such time as a new NEMT procurement is awarded. These supplemental funds will be allocated to transportation providers fully contracted with LogistiCare for the delivery of ambulatory, wheelchair, stretcher, basic life support and advanced life support services.

Details of the actual payout methodology will be provided prior to the first supplemental payment. The entire supplemental amount is expected to be paid out monthly in a payment with a unique Invoice Number using standardized methodology. Payment disbursement dates will follow our published payment schedule (see attached).

To allow for a timely payment of these supplemental funds, NEMT providers will be required to submit their trips for each month prior to the end of the following month (i.e. February 2017 trips are due to LogistiCare no later than March 31, 2017). Any trips not submitted to LogistiCare within these time frames will NOT be eligible for any of the supplemental payment.

To begin paying NEMT providers the supplemental payment as soon as possible, it is necessary to adjust the payment cycle for January 2017 only. Billings for all ambulatory, wheelchair, stretcher, basic life support and advanced life support services provided from January 1, 2017 – January 15, 2017 are due to LogistiCare NO LATER than February 9, 2017. Trips for services in the second half of January 2017 must be submitted to LogistiCare on the established cycle by the end of February 2017. This one-time adjustment to the process will enable a more timely payment to the NEMT providers.

The normal trip payment will follow typical payment schedules and contractual rates. LogistiCare will follow their typical payment schedule. The additional payment will be made for the supplemental amount in the same format as the original payment (i.e. if the original payment was by EFT, the supplemental will also be by EFT).

<b>2017 SC DHHS NEMT SUPPLEMENTAL PAYMENTS SCHEDULE</b>		
<b>Dates of Service/Trip Date</b>	<b>Invoices Due to Claims</b>	<b>Payment Disbursement Date</b>
January 1-January 15, 2017	Thursday, February 09, 2017	Friday, February 24, 2017
January 16-January 31, 2017	Thursday, March 9, 2017	Friday, March 24, 2017
February 1-28, 2017	Friday, March 31, 2017	Friday, April 21, 2017
March 1-31, 2017	Friday, April 28, 2017	Friday, May 19, 2017
April 1-30, 2017	Wednesday, May 31, 2017	Friday, June 30, 2017
May 1-31, 2017	Friday, June 30, 2017	Friday, July 28, 2017
June 1-30, 2017	Monday, July 31, 2017	Friday, August 25, 2017
July 1-31, 2017	Thursday, August 31, 2017	Friday, September 22, 2017
August 1-31, 2017	Friday, September 29, 2017	Friday, October 20, 2017
September 1-30, 2017	Tuesday, October 31, 2017	Friday, November 17, 2017
October 1-31, 2017	Thursday, November 30, 2017	Friday, December 29, 2017
November 1-30, 2017	Friday, December 29, 2017	Friday, January 26, 2018*
December 1-31, 2017	Wednesday, January 31, 2018	Friday, February 23, 2018*

\*Subject to change based on 2018 provider payment schedule publication

## South Carolina DHHS NEMT Supplemental Payments Overview

South Carolina Department of Health and Human Services (DHHS) has increased the amount of funds available for Non-Emergency Medical Transportation (NEMT) Providers. The increase reflects an amount of \$8,175,000 for trips in calendar year 2017, continuing until such time as a new NEMT procurement is awarded. These supplemental funds will be exclusively allocated to transportation providers fully contracted with LogistiCare for the delivery of ambulatory, wheelchair, stretcher, basic life support and advanced life support services.

To be equitable in the allocation of the payments, the funds will be allocated to each Level of Service (LOS) based on dollars historically paid for those Levels of Service. The payment will be allocated to fully contracted Transportation Providers and will be dispersed based upon the level of service and the count of trips completed.

LogistiCare abides by the following schedule to manage the Supplemental Payments:

- a. Ambulatory \$456,460.95
  - i. For all verified-paid trips between 0 and 5 miles, \$4.50 will be allocated per trip
  - ii. For all verified-paid trips between 6 and 10 miles, \$3.50 will be allocated per trip
  - iii. For all verified-paid trips between 11 and 20 miles, \$2.50 will be allocated per trip
  - iv. For all verified-paid trips over 20 miles, the total remaining funds will be divided evenly between the total number of trips over 20 miles
- b. Wheelchair \$122,631.30
  - i. For all verified-paid trips between 0 and 5 miles, \$5 will be allocated per trip
  - ii. For all verified-paid trips between 6 and 10 miles, \$4 will be allocated per trip
  - iii. For all verified-paid trips between 11 and 20 miles, \$3 will be allocated per trip
  - iv. For all verified-paid trips over 20 miles, the total remaining funds will be divided evenly between the total number of trips over 20 miles
- c. Stretcher \$88,567.05
  - i. For all verified-paid trips between 0 and 20 miles, \$30 will be allocated per trip
  - ii. For all verified-paid trips over 20 miles, the total remaining funds will be divided evenly between the total number of trips over 20 miles
- d. BLS \$6,812.85
  - i. For all verified-paid trips between 0 and 20 miles, \$48 will be allocated per trip
  - ii. For all verified-paid trips over 20 miles, the total remaining funds will be divided evenly between the total number of trips over 20 miles
- e. ALS \$6,812.85
  - i. For all verified-paid trips between 0 and 20 miles, \$55 will be allocated per trip
  - ii. For all verified-paid trips between over 20 miles, the total remaining funds will be divided evenly between the total number of trips over 20 miles

LogistiCare has reviewed the January 2017 Supplemental Payments and found that not all trips were included. While we are generating detailed reports by Transportation Provider to allow you to reconcile, I wanted to ensure you had an email in your inbox before tomorrow's disbursement.

After careful review with SCDHHS, we are reconciling January for any providers who were either 'over' or 'under' paid. Both the reconciliation for January and the February payment will be made on the April 21, 2017 check run. You will see these as separate invoice numbers.

While payment details were not designed as part of this Program, we feel it is incredibly important to provide you with details on January and February trips for transparency. When detailed reports for January are distributed, you will see the trips marked with "N/A" were inadvertently excluded and the trips marked with "11.96" were included at a rate higher than they should have been. All trips on the report were included in the reconciliation at a rate of \$5.02 per trip. We are endeavoring to distribute the payment details ASAP and will send no later than April 26<sup>th</sup>.

February trips are being processed at a \$5.26 reimbursement rate per trip.

As a point of clarification, the Supplemental Payment Program is only for the trips that are run through the SC DHHS program and does not include reimbursement for any other Clients that LogistiCare contracts with.

Please accept our apologies for the confusion, and thank you for your patience in allowing us to work out both a reconciliation and safeguards to prevent a similar error from repeating itself.

Have a good evening.  
Lydia Hennick  
General Manager-SC  
LogistiCare Solutions, LLC  
866-910-7684 Ext 2201  
(Internal Direct Dial 14322201)  
[www.LogistiCare.com](http://www.LogistiCare.com)

**PRIVACY NOTICE:** This message, together with any attachments, is intended only for the use of the individual or entity to which it is addressed. It may contain information that is confidential and prohibited from disclosure. If you are not the intended recipient, you are hereby notified that any dissemination or copying of this message or any attachment is strictly prohibited. If you have received this message in error, please notify the original sender immediately by telephone or by return e-mail and delete this message, along with any attachments, from your computer.