**South Carolina Department of Health and Human Services**

**Transportation Advisory Committee**

**Meeting Minutes**

**June 28, 2018**

**Committee Members in Attendance**:

Lydia Hennick - Member of the Brokering Company operating the Medicaid Transportation

Lynn Stockman - Rural Transportation Association

Doug Wright - South Carolina Association Council on Aging Directors

Troy Sapp - Transportation Providers

**Committee Members via Telephone**:

Gloria Prevost – Consumer Representative

Henry Lewis – South Carolina Emergency Medical Service Association

Susan Luberoff – South Carolina Medical Association

Ken Welch – South Carolina Non-Emergency

**Guests in Attendance**:

Billy Tolbert – LogistiCare

Krista Martin - LogistiCare

Tom Allen (Phone) – Office of Regulatory Staff

**SCDHHS Staff**:

Courtney Sanders – Transportation Contract Monitor

Stacey Shull – Senior Consultant for Health Programs

1. **Welcome and Introductions:** Courtney Sanders of the SCDHHS called the meeting to order.
2. **Purpose of the Transportation Advisory Committee (TAC): (Skipped)** The purpose of the TAC meetings is to meet quarterly to review performance reports and to make recommendations to resolve issues or complaints. TAC members discussed removing as a standing agenda item. Seconded, and so ordered.
3. **Meeting Minutes Approval:** The committee approved the meeting minutes for March 08, 2018.
4. **NEMT Updates**

* 1. **Procurement Update:** The RFP is being drafted and SCDHHS is observing the quite period per procurement law and regulation.

1. **Program Monitoring Tools / Activities**
   1. **Transportation Broker Performance Reports (January - March 2018) – Trips, Denials, and Complaints Statewide (SFY 2018):** LogistiCare stated the call center performance numbers were higher than they liked. However, they worked on getting the numbers aligned with the performance metrics. On time performance is always a concern, due to the possibility of missed appointments. LogistiCare presented data regarding on time performance later in the meeting; please see Section VI.
   2. **Transportation Provider Performance Reports**: No comments or discussion
   3. **Complaint by Provider Type:** No comments or discussion.
   4. **Transportation Broker Accounts Payable Aging Report:** No comments or discussion.
   5. **Transportation Provider Retention:** No comments or discussion.
   6. **Report of Injuries / Incidents:** No comments or discussion.
   7. **Report of Meetings:** No comments or discussion.
2. **Advisory Committee – Current Issues/Concerns:**
3. **TAC Departures and Vacancies:**

**History:** At the June 22, 2017 meeting, Coretta announced that at the end of the year she is resigning from TAC. TAC members will work with SCDHHS to nominate a replacement over the coming months and future meeting. Wallace Cunningham of AARP, possible nomination for the TAC, was scheduled to attend the June TAC meeting. However, due to unforeseen circumstances, Mr. Cunningham was unable to attend. On March 05, 2018, Courtney received communication from Dr. Guest tendering his resignation from the TAC. Courtney communicated with Ms. Brannon at the SCMA and a new representative will be appointed during their upcoming board meeting.

**Current Updates:** On May 01, 2018, Ms. Brannon stated the SCMA appointed Dr. Susan Luberoff for representation. On June 22, 2018 Wallace Cunningham stated he would be out of the office for an extended period of time and directed me to the State Director Teresa Arnold. On June 25, 2018 Nikki Hutchinson was appointed for the vacancy on the TAC by AARP. Courtney addressed the TAC about attendance of other groups. The Office on Aging in the Lt. Governor’s Office has not been represented for an extended period of time; the appointee Ms. Waller, is no longer with the office. Doug and Lynn are going to reach out to Darryl Broome with Lt. Governor’s Office. The South Carolina Adult Day Coalition is no longer in existence and will be removed from the list of representatives. The Public Service Commission is no longer in the realm of NEMT. Based on the statements of TAC and Tom with ORS, the TAC deemed it appropriate to remove PSC from the list of representative and include ORS. Tom Allen will represent ORS.

1. **Customer Service Calls to Providers:** In the March 08, 2018 meeting Doug questioned the quantity of calls LogistiCare Customer Service Representatives (CSR’s) make to providers when the member is within performance metrics but is inquiring of an estimated time of arrival (ETA). Doug states the calls are costly and unnecessary. Doug inquired about starting a pilot program, volunteering his transportation company as a case study. SCDHHS will discuss with LogistiCare the cost and ramifications of not calling the providers in relation to the member and operations. An update will be provided at the June Meeting.

Per On Time Performance metrics the transportation providers can arrive 30 minutes prior to scheduled pick up time and 30 minutes after the scheduled pick up time. LogistiCare CSR’s only call the providers 15 minutes past the scheduled pick up time. This call to providers is to ensure the trip is on their manifest and have every intention in completing the trip. Additionally, if the provider communicates they are unable to complete the trip. It allows LogistiCare to recover the trip to ensure the member does not miss their appointment. After discussion with LogistiCare, TAC and SCDHHS, calls will continue.

1. **On Time Performance – “Too Early”:** Per contract, if a member arrives any earlier than 45 minutes prior to their appointment time, but not prior to the opening of the facility, they are considered not on time. This negatively affects the on time performance metrics. LogistiCare complied a report regarding ‘too early’ drop offs to determine the actual effect on the metric. Drop off times are padded upon scheduling to develop the scheduled pick up time; Ambulatory is 3 minutes, Wheelchair is 5 minutes and Stretcher and higher levels of service are 10 minutes. Below are modified performance metrics, if the 45 minute rule is not applied. Additionally, the +5 and +15 represents allowing 5 or 15 minutes past scheduled pick up time; example if the scheduled drop off time is 8:00 a.m. then +5 will allow for the member to be dropped by 8:05 a.m. and be considered on time.

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| **Timing** | **On Time Performance Metric** |
| Any Early | 91% |
| Any Early + 5 | 93.5% |
| Any Early + 15 | 96.2% |

The contract expects the members to be dropped off to their scheduled appointment by the scheduled drop off time 95% of the time. Currently the metrics are in the low eighty percent. As you can see from the numbers, if we allow the members to be dropped off 45 minutes or greater, prior to their appointment, the metric will greatly improve. The scheduled drop off time is already ‘padded’ based on level of services. Allowing the member to arrive past their appointment time is not acceptable. Members in large are making their appointments and being see by their medical professionals. Less than 4% of members or arriving beyond 15 minutes. The ‘too early’ issue will be a discussion item for the upcoming RFP.

Troy with Spartanburg addressed some concerns regarding retro reimbursement and transportation. If a member is pending Medicaid, their eligibility can be retroed back to a calendar year. The Transportation Provider contract with the Broker states that all claims have to be billed within 90 days and trips within 14 days of dates of service. Troy is hoping that a fix will be made available in the new RFP.

The meeting adjourned at 11:40 a.m.