



South Carolina Department of Health and Human Services  
1801 Main Street, Columbia, South Carolina, 29201- 8206  
11<sup>th</sup> Floor Conference Room

Transportation Advisory Committee  
Meeting Minutes  
June 27, 2013

**Committee Members in Attendance:** Lydia Hennick, Coretta Bedsole, Douglas Wright, Lynn Stockman, Scott Lesiak, Gloria Prevost, Crystal Hart

**Committee Members via Telephone:** Heath Hill, Dr. Keith Guest

**Others in Attendance:** Denise Rivers, Krista Martin, Rhonda Goodman, Teresa Martin, Heather Smith

**DHHS Staff:** Michael Benecke, Zenovia Vaughn, Audrey Williams

I. **Welcome and Introductions**

Coretta Bedsole, Chairperson called the meeting to order.

II. **Purpose of the Transportation Advisory Committee (TAC)**

Michael Benecke read the first paragraph of the bill that established the committee and outlines the purpose of the committee.

Coretta Bedsole, as the newly elected Chairperson, shared her vision of what the Transportation Advisory Committee should be. If we are going to spend our time as an advisory committee I want our committee to be functional and useful to the process. The vision of what the committee should be is based on legislative intent and parameters of statutes. The single most important thing for each of us to remember is that we represent a group of individuals, an organization, a trade association, or non-profit organization. That means we are the liaison to our respective organization or entities. It is our responsibility to report back to the constituencies we represent what happens in these meetings. The transportation system has been controversial and there are some challenges and problems with the system but part of that controversy is due to inaccurate information. One of the things committee members can do is make sure that we are as well informed as possible by fully participating in the process and asking questions with DHHS and LogistiCare and in turn being part of the educational process back to our respective organization so they can better understand what is going on. For example, based on the contract there are some things DHHS cannot do. We need to know what those things are and be able to report back to our constituencies so that we can have a fuller, healthier, better educated discussion. Also, it is our responsibility to

advise DHHS if we see a problem and we need to make sure that we share that either collectively or individually with the DHHS. Ms. Bedsole complimented Mr. Benecke and Ms. Vaughn on that, because I frequently bring challenges or items of interest or concerns, and working with the agency we have been able to address almost all those concerns on case by case bases. So I suspect most of you are already doing that, if not, I strongly encourage you to do so. An advisory committee is only as good as the information that we receive and the information we get back in return. I think of the TAC as one small component of a problem solving team. Please keep that in mind as we go forward. She thanked the members for serving on the committee and said the best way to face challenges and concerns is to talk about them collectively as a group and work together on solutions.

**III. Meeting Minutes Approval- March 28**

The committee approved the meeting minutes for March 28, 2013.

**IV. TAC Committee Vice- Chairperson Election**

Dr. Keith Guest was elected as the new Vice Chairperson.

**V. Transportation Provider Survey- Update**

Mr. Benecke asked about the information TAC members were to send to him regarding the top ten items from the survey comments. Each member was to select their top ten items of concern and send them to DHHS. The detailed list will be resent to the members via email. Ms. Bedsole made a recommendation that a deadline be set for July 31<sup>st</sup> to respond back to the agency so that they can compile the information before the next TAC meeting.

**VI. Transportation Provider Performance Reports- Sub Committee Update**

Lydia Hennick chaired a sub-committee which included Krista Martin of LogistiCare, Scott Lesiak who represented the EMS Association, and Lynn Stockman representing the South Carolina Transportation Association to discuss and develop a new Transportation Provider Performance Report. A Copy of the draft was given to the committee. The sub-committee considered performance information that is included in the RFP from a provider's standpoint.

The other key information that was looked at was a grading scale that would be beneficial to a transportation provider and their leadership team. We discussed more of a grading scale geared toward a meet expectation or need improvement standpoint. Committee members were asked to review the draft and to provide feedback on the ease of understanding the content and meaning. The goal of the report is to have a tool that is useful to transportation providers, TAC members and other interested parties that may have access to the reports.

One of the key performance indicators that we wanted to capture in a standard way are complaints. There are two categories of complaints:

**1. Valid complaint percentage** – which is the number of complaints compared to total trip volume. While the complaint percentage is not a specific performance measure for SCDHHS, it is something the Broker has in their contract with the provider to make sure the valid complaint percentage is evaluated.

Mr. Benecke indicated that SCDHHS does not have a performance standard for the valid complaint percentage in their contract with the Broker. The reason SCDHHS does not have a standard is that the agency did not want to have any disincentive for recording all complaints.

**2. Provider No Show Percentage** – the contract requirement is for this to be less than a quarter percent (0.25%) of trips on a daily basis. The sub-committee wanted to make sure that specific complaint information is captured on the provider report card.

Scott Lesiak directed the committee's attention to the second page of the draft that showed the scoring percentage. The providers can get an Exceed Standard, Meets Standard, Needs Development and Unsatisfactory performance types. Mr. Lesiak said from a provider perspective we are here to service the beneficiaries for Medicaid and what the contract provides. We talked about what the standards should be that were outside the performance measures in the contract the state has with the Broker, those are not changeable.

Ms. Hennick said there was good discussion about possibilities that could be made as recommendation, the point of the discussions were based off of today, and today's information and today's contract. It does not mean the template cannot be used going forward on different measurement. The template itself and the criteria are what our goal is. Ms. Bedsole asked if the contract parameters changed during the RFP process could the template be altered to include those other benchmarks within the contract. Ms. Hennick said that the standard column and the grading scale can be edited or changed if the standard changes

**On-Time Performance** is an area of specific focus for the broker. The On-Time performance consisted of four categories: A-Leg Pick Up, A-Leg Drop Off, B-leg Return, and Ride time; the ride time refers to the time the member is on board a vehicle from point A to B. There was some discussion to include the statewide average for South Carolina, which we included that same evaluation on whether or not the provider meets any of the four standards. Mr. Wright mentioned that the appointment time was not on the form. Ms. Hennick replied saying that would be the A- Leg Drop off. Mr. Wright said he thought that was supposed to be five minutes before the appointment time. Ms. Hennick replied it could be three to five minutes depending on the level of service.

Ms. Hennick explained that an A Leg Drop Off measure is the 45 minute window before the scheduled drop off time as long as the facility is opened. If someone is dropped off an hour before it would affect the A Leg drop off measure, if they were dropped off after the scheduled drop off time and therefore the member is late for their appointment then it would also count in that area.

Mr. Lesiak asked if the broker could add in parenthesis "appointment time". Ms. Martin said could do that but it would not be 100% accurate; an A-Leg can be different if there is someone at a facility that is only transported home. We can add in parenthesis "generally appointments" or something along those lines. Hospital discharge, for example, somebody brought the member to their appointment, but they only need transportation from treating facility to residence, those are one way trips, and because it's the first leg associated with that business day it is an A Leg.

Ms. Bedsole asked how complicated is it to back out those types of trips. Ms. Hennick replied to do it for the small percentage of people it would be a lot more time involved than the return. Ms. Martin added that 2% would probably be hospital discharges which would be easy to pull out. The 1% would be things like sleep studies that are considered a one way A Leg because if it is a new date it is an A Leg. Ms. Bedsole suggested that we add a footnote with an explanation of what an A-Leg and a B-Leg is.

Mr. Lesiak wanted to know if the providers were still getting graded on the A Legs for discharges and sleep study drop-offs. Ms. Hennick said the discharges and trips like that are evaluated as an urgent care short notice, with a 3 hour window; they are pulled out and we grade them in the 3 hour window because they are urgent trips.

Ms. Hart asked if it was possible on hospital discharges and returned trips that there could be added a trip AA-Leg or a Z-Leg. Ms. Hennick replied saying for them to do a Z-Leg they would have to add 26 legs in there system and canceling out the first 25 to get to the Z Leg. Mr. Benecke asked if there are three legs of a trip, the third leg is a C. Ms. Hennick said it goes by letters; it's added on to the same person's transportation for that day.

**Compliance is made up of three categories:** Insurance, Driver Compliance, and Vehicle Compliance all three have clear guidelines for being fully compliant. All the credentials have to be met 100% and all documentation has to be up to date in the Broker's system for a provider to be evaluated at a 100%.

Ms. Bedsole asked if the driver compliance includes concerns we heard expressed about some drivers treating consumers with respect. Is it those kinds of issues? Ms. Hennick stated this is from a background check standpoint for things like drug testing, training documents, physicals and annual training. Mr. Benecke asked if vehicles that were redlined are represented on the report. It will be recorded as a valid complaint as a vehicle issue. Mr. Benecke asked if a vehicle is red lined for two days is that going to

show up on the report. Ms. Martin replied if a vehicle is redlined by the Broker it will lower the score. If a provider pulls the vehicle for maintenance reasons it does not lower the score. Mr. Benecke said he wanted to make sure there was some visibility of when that happens.

Mr. Wright stated that the report does not show the things it needs to show, for instance; if you don't have insurance on a vehicle that is not going to be on the road, and if the driver is not in compliance, that driver is not going to be driving. Mr. Benecke stated that when an inspection is conducted and either the driver or the vehicle is not in compliance, we want to see that on the report. Mr. Lesiak gave an example; if you have 150 drivers and two need drug tests, and they are not scheduled to drive until they get their drug test, will that lower the score? Ms. Hennick stated the Broker is looking at the active status. If the driver does not have an up to date drug screen, then that person should not be on the road, and what the Broker sees in their system, you have an active driver not in compliance. That information will be sent to the transportation provider letting them know that driver is not in compliance with the Brokers requirement.

Mr. Benecke asked if the broker uses available vehicle capacity when assigning trips to transportation providers. In order for that vehicle to be available it has to be credentialed and active. So if you have a vehicle that is not available and the broker thinks it is, will the Broker over assign trips to the transportation provider because they think the vehicle is available when it is actually in the shop? Ms. Martin stated that the number of vehicles is entered into the system. Ms. Hennick said that the intention is to get something that will work across the network.

Mr. Benecke had another question regarding the report. It was mentioned that the report will go to the Legislators. DHHS does not get the report. We get the summaries that the committee asked for on a quarterly basis. If a report is sent to a Legislator it is not going through SCDHHS because we do not get a copy of the report. The report submitted to the TAC does not include the name of the transportation provider. Mr. Wright said if the report is published it needs to be understood at a glance, and not have someone explain it to them. Mr. Wright made a recommendation to look at the report again. Ms. Bedsole said the original intent of the document or understanding of the document was to streamline the information we are given as members of the transportation advisory committee. The document is supposed to be a summary of information appropriate for the members of the advisory committee.

Ms. Bedsole stated she and Mr. Lesiak had conversations about the report and had expressed interest of the committee to streamline the information given so it can be more useful. Lynn Stockman stated that she and some other committee members worked together to create a report that would not throw a negative on the providers from a number standpoint. Ms. Hennick said that there are other data that support the goal for what Ms. Stockman mentioned that she wanted to talk about. The additional data is important to the transportation providers, but it also varies based on the type of

provider they are, the level of service they offer, their coverage area and the number of trips they run.

The cancellation percentage is based on the comparison to all of the transportation provider's trips; and includes Rider No Shows and rescheduled appointments. We want to evaluate those to make sure they are reported appropriately.

If the reroute percentage is very high, we may want to do a better job of initial assignment of trips. From an owner or director's standpoint, it would help them not to turn back trips that they actually could have taken.

The committee reviewed the Safety Issues per Miles Ratio Contributory / Non Contributory. Those are being evaluated now in the market and are based on a comparison to how many miles a vehicle actually took.

Rider No Show Complaint / Cancellation percentage- There are two different numbers, because every Rider No Show has a complaint filed against them, so both were included to give that information and feedback.

Ms. Bedsole asked if the sub-committee was in unanimous agreement with the draft of the new provider performance report. Ms. Bedsole also asked if the information is what SCDHHS wants on the report. Mr. Benecke restated that SCDHHS does not get the individual transportation provider reports for every transportation provider. What SCDHHS does get is the Transportation Provider Quarterly Report that the TAC members asked for. Once the new Transportation Provider Performance Report is completed and accepted, then adjustments can be made to the Transportation Quarterly Report to reflect changes and that is what will be available to the TAC members and the public.

Ms. Bedsole asked if there was a motion from the Sub-Committee to the TAC that we adopt this document as the bases for future reporting. Before motion was made for approval Ms. Hennick stated that they will pull together some of the changes discussed and include those in a revised report. Ms. Bedsole asked Ms. Hennick, on behalf of the sub-committee are you making a motion to the full committee to accept this with the recommendations stated during this discussion as the new bases for reporting.

The sub-committee report was approved by the TAC.

Ms. Bedsole suggested as a next step, that the committee try out the report at the September meeting. Ms. Hennick indicated that some of the data for the September meeting will have already been completed using the previous report template. The new template for the quarterly report can be ready for approval at the next TAC meeting in September. The July, August, September data would be prepared for the December meeting using the new template. Mr. Benecke stated that the new template should

have definitions for all of the data reported. Ms. Bedsole thanked the sub-committee for their hard work and the effort they put in to creating the report.

## **VII. Member Survey**

Mr. Benecke stated for those people that called into the meeting, once the member survey is approved it will be posted to the DHHS website, and a notice will be sent to the members letting them know it has been posted.

Dr. Kathy Mayfield-Smith with the University of South Carolina, Institute for Families in Society presented the results of the Consumer Medicaid Transportation survey. A similar survey for members was conducted in 2009. The purpose of the survey was to assess the consumer's awareness of the Medicaid transportation services and to assess their experience and satisfaction with the current services.

### **Demographic Characteristics**

The group responding to the survey totaled 271. When the preliminary data was given to the agency, there was a concern that the 271 responses were not enough. Ms. Smith stated they went back and looked at that population that responded and how it compared to the larger population to be sure that the results were valid. She felt confident that it is comparable to the group that is using transportation services for Medicaid.

- The geographic distribution is comparable to all transportation users. One of the things the University has begun to do with all the Medicaid data is to look at it in the context of deprivation areas within South Carolina and identify the more challenging areas. Deprivation was looked at by rural versus urban and not just at a county level. They characterize the population statewide and looked at the Medicaid population in that context. The map shows the distribution of those who responded to the survey and that they fall in the areas that have higher deprivation, more poverty, high unemployment rates and higher chronic disease rates.
- Age and Gender distribution, all ages used transportation, however the majority of transportation users are in the adult population and only about 16% are less than 18 years of age.
- Education and Race distribution, most of the users have a high school level of education or less, although some people with higher education levels are using it as well. The distribution by race shows that the majority are African Americans with 68%, 28% white, 4% Hispanic.

### **Transportation Usage**

For those who completed the survey, 71% had used transportation in the last 6 months. The majority of those responding have used it multiple times. Mr. Benecke asked if the

survey sample was pulled from records that showed the client used transportation in the past, not within the past 6 months. Ms. Smith stated they used records for calendar year 2012. Only 10% used transportation 1 time and the rest had used it 2 times and some more than 20 times.

- Reasons for using transportation include; to get to doctor appointments, or clinics, Adult Day Care, Club House (people who have mental issues- a day program) or return trips. Mr. Benecke had a question regarding people who responded. Our data show that the reason for transportation is a lot different than the survey responses. About 60% go for subscription trips or to adult day, behavioral health and dialysis. Ms. Hennick added that was an accurate statement, but if we are only looking at unduplicated riders. For example dialysis which may have been the 20 trips would be one answer that would affect those numbers. Ms. Bedsole mentioned there was a point made that in some cases those who were surveyed might not have realized that their medical doctor's appointment may have been their dialysis appointment. A lot of older people call everything their doctor's appointment. Mr. Benecke asked if the information could have some explanation to make sure that is understood since it will be for public information. Ms. Smith asked if they wanted the slide to be a part of the survey. The consensus was to remove the slide.

- In the past 6 months, who arranged transportation for you? Only about 45% make transportation arrangement for themselves and the rest is coordinated by someone else.

- Reasons for not using transportation in the past 6 months, 31% felt they didn't need it. 3% didn't know about the service, 3 % had negative experiences.

#### Consumer Experience and Satisfaction

- In the past six months, did the Medicaid transportation services meet your needs? 74% always, 9% usually, 2 %never, 4% sometimes.

- On a scale of 0-10 (10 is best), how would you rate Medicaid transportation Services? 51% rated it as the best (a 10), 10% rated it very good (a 9), 10% rated it with an 8, and 1% rated it as the worse (a 0). Another 11% that was rated from one to six, which is considered not very good. Mr. Benecke asked if the numbers were close to the numbers in the year 2009, which he thought were, about 88%.

- How satisfied are you with the variety of things related to transportation? Able to get to the destination, 73 % were satisfied; the comfort of the vehicle, 78% were satisfied; the vehicle was reliable, 68% were satisfied; in good working condition, 72% were satisfied; the vehicle was easy to get in and out, 74% were satisfied.



- In the past 6 months, did you experience difficulty with the Medicaid Transportation Services? 26 % said yes; 71% said no; the remaining did not know.
- What type of difficulties have you experienced with Medicaid Transportation Services? Of those that experience some problems, the reasons given were; 74% said it did not run on time or there was a long wait; 65% had problems with being able to schedule 3 days in advance; 55% said they missed their appointment; 27% had difficulty scheduling.
- There were two related to disability questions; 24% said it was difficult to use if they had a disability; 16% specifically said the vehicle did not accommodate specialized equipment. A question was asked for clarification on the people who answered “yes”. The ones that answered “yes” are the ones that experienced problems with transportation. Ms. Hennick asked if the questions were multiple choice questions. Ms. Smith stated that the responses were compiled from answers in various question categories.
- In past 6 months, 10% of the respondents said they filed a complaint.
- Of those who filed a complaint, 37% said it is still not resolved; 42% said they received a response and a correction; 5% said there was no response; 5% said there was a response with a reason. Respondents were asked if they were satisfied with the process; 72% were satisfied; 28% were not satisfied. Mr. Benecke stated he didn’t know if we can make the assumption that they went through the appropriate process to file a complaint with the appropriate entity to get the results. The question was asked what it meant by response from the provider. That question will have to be looked at to determine what type of provider is in question. There were concerns regarding issues that had not been resolved in the 6 month and if they had not been resolved, who do they report that too. Another question, how do you get 37%, still not solved and only 28% dissatisfied with the response? Ms. Smith stated those were the ones that actually got a response.
- Compared to 6 months ago, how would you rate the Medicaid Transportation Services? 45% response was much better; 16% response somewhat better; 32 % about the same; 2% somewhat worse; 1% much worse, 4% did not know. A question was asked if this included the conversion of Region 2 and 3. The data set was from year 2012, if they had problems with one of the former brokers that response would be included in the survey. Mr. Benecke asked Ms. Smith to look at the numbers to find out if there is a significant difference in the responses for Region1 versus Region 2 and 3, because Region 2 and 3 had a change in broker.

Summary- Key Findings discussed in the previous slides.

- Most users use transportation multiple times
- Most indicated high levels of satisfaction
- Over ¼ experienced difficulties
- Over ½ indicated improvement compared to 6 months ago

CAHP Annual Survey- Transportation Questions (Results) 3195 surveyed

- 74% = 2376, know that Medicaid providers help with transportation
- 20% = 476, used transportation in the last 6 months
- Most got help when they called LogistiCare; 69% always, 11% usually, and 6 % never
- Most (84%) indicated it met their needs; 71% always, 13% usually, 1% never

Ms. Bedsole asked Ms. Smith to work with Ms. Vaughn and Mr. Benecke on the best way to get the information that the committee asked for and to include an update for the TAC prior to posting.

#### **VIII. Update on Stakeholder Follow Up Meeting Held on June 24, 2013**

Mr. Benecke gave a brief run-down of the meeting. There were not as many attendees as there were for the previous two meetings. Twenty five people attended; 8 representing transportation providers; 7 representing health care providers; 7 DHHS employees; 2 representing Brokers; 1 advocate for members. We want to thank all of those people who have attended the meetings previously and have shared their thoughts with the agency. That information has been very valuable. Hopefully, in the next few months you will see some results from your input to the agency.

#### **IX. The Program Monitoring Tools/ Activities**

Ms. Bedsole asked with the permission of the committee that they skip discussing the Program Monitoring Tools/ Activities reports. Those were sent via email prior to the meeting. Ms. Hennick did mentioned that there have been some improvements in the on the on-time performance, and that the Broker is also monitoring from a complaint perspective. Mr. Benecke commented on the issue of provider no-shows. We need to identify things to work on for improving the no-show percentage.

Ms. Bedsole made a suggestion regarding the Providers No Shows, since it is a critical piece; make it an agenda item in the September TAC meeting. That way we can get some input from the Providers and LogistCare.

**X. Advisory Committee- Current Issues/ Concerns**

Mr. Wright complimented Ms. Hennick regarding several issues they are working on to improve relations with LogistiCare and the Providers. One in particular is the scores on the provider's Re-Routes percentages.

Mr. Lesiak stated they were also working with Logisticare on an issue and once it is resolved they will share that information DHHS.

Ms. Stockman asked Mr. Benecke about the RFP. Mr. Benecke stated that no final decisions have been made regarding an RFP.

Meeting adjourned at 12:00 p.m.

Next meeting is scheduled for September 26, 2013

1801 Main Street, Columbia, South Carolina, 10:00 a.m.

11<sup>th</sup> Floor Conference Room