



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

Interim Meeting Minutes
March 22, 2012-10:00 a.m.

Committee Members in Attendance: Tony Kester, Lynn Stockman, Lydia Hennick, Dr. Keith Guest, Chuck MacNeil, Candace Knight, Del Allen, Michael Egan, Krista Martin, Dawn Hipp, Jim Burr, Philip Willis, Glenn Bullock, and Manny Fonsica,
Via Telephone: Chuck DeZern, Doug Wright, and Shawn Seewald

DHHS Staff: Michael Benecke, Ervin Yarrell, Margaret Riley, Audrey Williams

I. Welcome and Introduction

In the absence of Chairman Jones, Michael Benecke called the meeting to order.

II. Purpose of the Transportation Advisory Committee (TAC)

The purpose of the meeting is to bring attention to any issues concerning the Non-Emergency Medical Transportation (NEMT) program, and seek to improve the program where possible.

III. Meeting Minutes Approval

The request of a committee member was to add the approved previous meeting minutes to the agenda. Minutes for November 17, December 15, and January 23 were and approved and adopted using the Robert's Rule. There was a change in the December 15th minutes, on page 3, section 6- Committee Membership, Public Service Commission (PSC), there was a strike through of Johnathan Teeter's name as a member because based on the House bill Mr. Teeter is not required to be a member of the committee but can participate if he so desire. One of the members said that PSC is a required office of the committee; however it is a different agency from regulatory staff. PSC will be contacted to see if they want to provide representation for the TAC meeting.

IV. Sub-Committee Report on Transportation Provider Survey

The Sub-Committee project was to develop a list of questions for a transportation provider survey to give to DHHS and that information was to be sent by DHHS to USC for review. There were no updates, the survey will be introduced again at the next meeting.

V. Report on Committee Membership Contacts

From the previous meeting DHHS agreed to go through there list of membership they currently have. TAC members: Johnathan Teeter name to be removed, Lynn Stockman, Angel Hechanova, Corette Bedsole, Dr. Keith Guest, Scott Leziask, Barbara Haley, Scott Jones, Tony Kester, Michelle Santilli, Kevin Robinson, Elizabeth Burke, Jimmy Walker, Chuck DeZern, Lydia Hennick, and Shawn Seewald.

Michael Benecke recommended that Ervin Yarrell have his team contact the agency or main organization to get the telephone number for the appropriate people who will be representing the appropriate agency for the TAC meetings.

IV. **Contract Transition and Implementation Update**

a) **Payment to Transportation Providers**

Lynn Stockman (RTA) asked Shawn Seawald (ARM) what percentage of providers had not received payment from ARM. Mr Seawald stated that his company had reached out to 167 transport companies that they utilized, and out of those 167 companies, 21 had not received payment. Mr. Seawald further explained that final payments will be released when the providers returned the signed documentation that was given to them. Mr. Benecke added that the requested signed documentation showed the final payment, once the document was signed and returned, it was proof that ARM did not owe any additional fund to the provider. Mr. Benecke said that the report from ARM was consistent with the information he was receiving regarding provider payments.

In the last January meeting there was a discussion about final payment to the Brokers. Mr Benecke said that DHHS will release final payment to Brokers when all outstanding issues were resolved, such as: (1) payments, (2) counterdate, (3) final reports.

Mr Benecke asked how things were going with Logisticare since the transition. Lydia Hennick (Logisticare) announced that March 22 schedule was the first pay for the providers. The first pay will give the providers an easier way to reconcile their payments for the first one. Lynn Stockman (RTA) mention the conference that some of the committee members and providers had attended. She said that Director Keck attended and conducted the Transportation Association Meeting, after that meeting a group of 40 people stayed and talked about issues and problem with transportation and how to move forward solving them. The conference conversation was moved to the end of the agenda.

b) **Service Delivery**

On the transition date, February 21, the level of issues that were reported was expected.

c) **Communication**

Ms. Hennick said that the key to making the transition work was and is effective communication.

VII **Operational Issues**

a) **Drug Testing Requirements(December 10, 2009 TAC Meeting)**

Under the previous contract all drivers must be tested for drugs one time a year. A question was asked if that was indirect conflict with other legal requirements of the RTA's and other transportation companies and their regulations that they fall under. That information was revised and reviewed and found that there is no conflict if requirements are more than another agency or regulatory entities. DHHS rules are more stringent; therefore, there is no conflict on requirements. Random testing (it's the pool). DHHS contract require annually, that 50% be pooled and tested. Federal requires 25%. A company can make their own rules as long as they meet the contractual requirements of 50%.

b) Emergency Ambulance Transports vs. Non- Emergency Ambulance Transports (NEAT)

Based on the contract between DHHS and the Broker, the Broker is responsible for all non- emergency transport. The agency and possibly MCO's are responsible for all emergency transportation transports. In order for the state to pay for the NEAT transports, the healthcare provider/ ambulance companies will have to go through the 911 systems to set-up transports. One of the key factors is the requirement of the patient's medical need; if the patient cannot wait for more than up to 3 hours, then its' a 911 call, less than 3 days transport, hospital discharge, a request from a doctor to see a member. Continuation of a transport is when a patient has to go to a higher level of care at another facility. If a private ambulance company do a continuation transport, that company will have to go through dispatch to set it up and have supporting documentation to support the transport.

VIII. Program Monitoring Tools / Activities

a) Transportation Broker Performance Report

Reports are included in package for October- December 2011.

Region 1 Logisticare, Mr. Hennick stated that previously there were some concerns with the **Call Center Performance**, but that was on track. Complaints are broken down by issues/ incidents, if there is a trend by a provider there will be a meeting with that provider to see what the problem is. If there is no improvement by the provider is given a correction plan, a formal document stating what needs to be done to improve their performance. If the complaints continue the result will be trips reductions. **In-Time Performance**, have not seen the number of complaints to support as many failures in the delivery times as the number show. Improvements:

- Working with the transportation providers to get time corrected on the manifest.
- Looking at how the transportation providers are logging time on the log sheet, so that it is consistence. Ms. Hennick recommended that the time logged be based off their cell phone or the clock on the van.
- Running a trial with a couple of providers, comparing the GPS data to what the driver log.

Region 2 and 3- Access2Care - Mr. Shawn Seawald, had no comments

Dr. Guest wanted to know what and why was there a trend in trips for the state Mr. Benecke explained that the trend was up 4% per year due to (1) the Medicaid population have gone up, (2) the economic situation are more direr for people so the need for transportation is greater.

b) Transportation Provider Performance Reports (Last Quarter)

Logisticare- Ms Hennick explained overall for:

- Cancellations, no shows- the Broker want to make sure the provider is documenting cancellations. Providers that run only discharges will have a lower cancellation rate than provider who runs standing orders.

- Re-Routes- communicating with the provider to find out what the problem is if re-routes are consistently higher than anticipated.
- Complaints- had a 3% variation. The broker wants to make sure at a ratio level that their transportation provider is held to a consistence ratio.
- In-Time- Performance, a light pick-up time is an area that is being looked at. The standard is 30 minute either side of the pick-up. Dispatchers are using the 15 minutes grace period that is not part of the light pick up time. Mr. Benecke explained that the grace period was not in the new contract on one side of the appointment time; however, that was not a very good way of looking at the time, the client needed to be delivered before their appointment time. Providers will be educated concerning the appointment time for clients.

Tony Kister asked what was acceptable, regarding a provider who's On-Time- Performance was 30% and the Drop- off was 24%. Ms. Hennick explained that ambulance companies run a lot of hospital discharges and it's a three hour window for a pick-up; however, the broker looks at a 45 minute window and the way the standard On-Line- Performance report is prepared, all the trips are processed together. After running some reports the provider got an additional 30 % which gave them a total of 60%. Ms. Hennick said that Logisticare is working with those providers to make adjustments on their On-Time Performance. Mr. Kister said the way it's the presented, Logisticare had no way of knowing the provider On- Time- Performance. Krista Martin said when she is meeting with a Transportation provider she look to see if it's a performance issue or an administrative issue. If the complaint line is showing a 100%, then there is no performance issue. Mr. Kister said the information was misrepresented. Ms. Hennick stated that Logisticare will continue to evaluate how to do it at a discharge level as a whole. Mike Benekce added that the issues concerning discharges will be followed-up because that information will be in the monthly report.

Access2Care- Mr. Seawald said if there were any questions he would answer- There were no questions

c) Transportation Broker Accounts Payable Aging Reports

Ms. Hennick said Logisticare have been working with a couple of providers on a few billing issues, but had got that resolved.

ARM payments had a total of 17000 trips.

d) DHHS Internal Complaint Tracking

Totals are up for the last SFY 2012, 310 vs. previous SFY's, due to the issues that were recorded during the transition in August of 2011, 205, take that out, the complaint rate is close to what it was in the past, also there were fewer complaints in February.

e) Report of Injuries/ Incident

The report is provided to the committee quarterly. The enclosed report, for August 2011 to December 2011 showed that there were no specific transportation providers or brokers that needed to be followed up on. They were both consistence. On the report, injuries are classified in levels and all injuries are reported.

f) Report of Meetings

- Logisticare- Provider Outreach with Transportation Providers

g) Program Review and Field Observation Site Visits

- DHHS has not been out on any site visits. DHHS focus will be doing more site visits.

IX

Advisory Committee- Current Issues/ Concerns

A concern was the gas trend going toward summer and the end of year. The question was asked what will providers do if they can no longer provide transportation services and have to park their vehicles. Mr. Benecke said that DHHS contracts with the brokers and that was an issue for the broker, however in the RFP if there is a fuel issue, it has to escalate beyond the 360 mark and also the Gov.'s level to declare an emergency for fuel. Ms. Hennick said before it gets to that level Logisticare will open the doors for discussion with the providers.

The Medicaid Transportation Facts vs. Misfits Conference

Doug Wright started the conversation by thanking Director Keck for attending the conference. He said the Director Keck explained a lot about what was going on in Medicaid, not only with transportation but other area issue in Medicaid. After Director Keck made his presentation there was a discussion about areas that the brokers system had improved with the medical transportation, and areas that were addressed that had on-going issues. Ervin Yarrell was in attended as a new person.

At request of Director Keck, recommendation from the TAC/Task Committee be sent to him.

Four major areas of concerns:

- a) The lack of ability to Multi-Load in the current environment
 - The assignment pick-up time by the broker seems to be hindering the provider to Multi-Load.
 - Standing Orders- repeat business that comes in on a daily bases, such as dialysis clients.
- b) The Rates of Stain ability-
 - not enough money coming back to the providers to recapitalize their fleet,
 - Trip volumes and No Shows are the key components to sustain stain ability to rate.
- c) Brokers Accountabilities to Providers-
 - Complaints that come to providers, there is no time frame (Providers never know the outcome until months later).

- When there are trips less than 48 hours from time of the appointment there is no verifiable way for the provider to prove they actually received the trip. Providers have the same issue with Re-Routes. Mr. Wright said it was an excellent session well attended by Task/ TAC members and a great opportunity for everyone to work together. There were some big concerns, but a desire on both sides to work them out.
- d) To Much Regulation in the RFP-
- Drivers credentialing
 - Vehicle credentialing.
 - Brokers would like to see in the future, providers having input in helping DHHS write future RFPs.

Ms. Hennick agreed that the conference was positive and Mr. Wright did get a list of those individuals who wanted to participate. It was recommended that the information be brought to the next TAC quarterly meeting. Mr. Wright said in the futures he would like to have meetings in the different regions with both the Providers and Brokers attending. Mr. Benecke stated that part of DHHS contract with the Brokers is that they have a quarterly Regional Advisory Meeting, and that could be the appropriate place to continue that type of meeting. Ms Hennick said that if everyone was in agreement the group that was at the conference could meet in April as an internal group and report at the next quarterly advisory meeting.

Recommendations from the internal group's meeting will also be sent to Director Keck.

Dr. Guest wanted to know if the sub-committed had developed the list of questions that would be sent to the USC School of Public Health for the transportation survey. He recommended that the sub-committee get in touch with the people at USC who will develop and write the questions. Mr. Benecke said originally, the sub-committee was to develop a list of questions to be sent to USC to be revised and / or reworded so that they are not misleading.

The subcommittee members are: Coretta Bedsole, Doug Wright, Lynn Stockman, and Chuck DeZern.

Meeting Adjourned at 12:04 p.m.

Next Regularly Meeting Scheduled for June 28, 2012

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