2012 Medicaid Transportation Provider Survey Results

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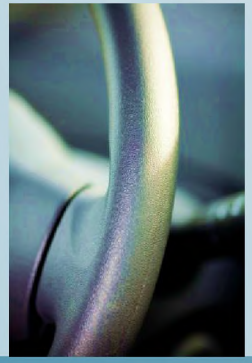
Background

Objective

- Conduct a survey of SCDHHS Non-Emergency Medical Transportation (NEMT) Providers to:
  - Assess state of NEMT provider network
  - Assess provider experience and satisfaction
  - Gather input and recommendations for improvement



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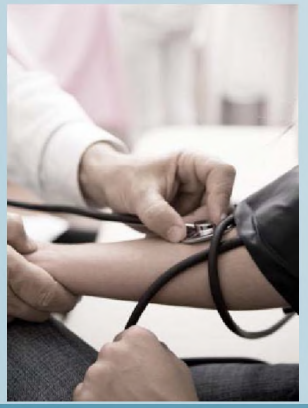
Methodology

Survey and Data Collection

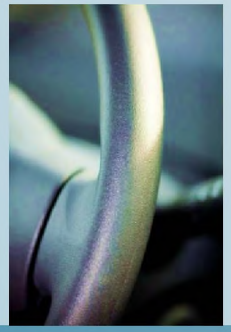
- 21 Question survey
- Combination standard response and open-ended questions
- Population of 151 NEMT providers
    - Mixed method data collection:
        - Mailed letter and survey
        - Telephone follow-up
    - 1-800# for call backs/questions



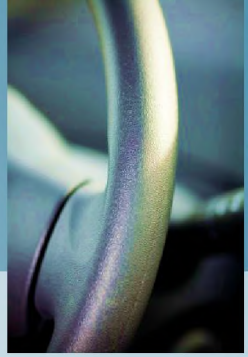
Demographics

Demographics - Provider

- 95 providers completed surveys for a 63% return rate (95/151)
  - 58% (88) continue to provide NEMT
  - 5% (7) no longer provide NEMT
- Service areas range from single county to entire state
- Provider types
  - For-profits (70%)
  - Non-profits (24%)
  - Regional Transit Authority-RTA (2%)
- Time providing NEMT
  - Most (64%) have provided NEMT for between 1-5 yrs.
  - Average number of years providing transportation is 8
  - Range is 3 months – 40 years
  - Some (6%) have provided for less than 1 year



Demographics - Fleet

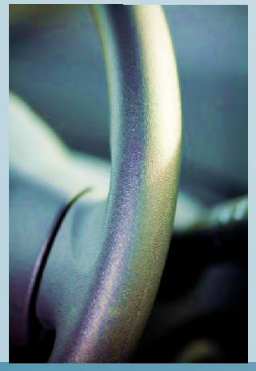


Vehicle Type	# providers with vehicles for Medicaid	Total # of vehicles	Approx. # vehicles for Medicaid NEMT	Range of # of vehicles	Average Age of vehicles	Range of age of vehicles
Sedan, ambulatory	30	127	113	1 - 10	6.6	<1 – 16 years
Van/bus, ambulatory	48	361	315	1 - 35	6.2	<1 – 15 years
Van/bus, wheelchair accessible	46	474	463	1 - 80	6.3	1 – 15 years
Ambulance	25	385	261	1 - 85	6.8	3 – 15 years

- Providers utilize a variety of vehicles
- Most common vehicles are accessible/ambulatory vans
- Average age of vehicles is about 6.5 years (<1 – 16 yrs.)

Demographics - Fleet

- Ability to replace vehicles in fleet
  - A majority (72%) are able to replace their vehicles
  - For-profit (79%) and RTA (100%) providers are more comfortable in their ability to replace vehicles than non-profit (48%) providers
  - 8% have of all major concerns about ability to maintain safety and reliability
- Criteria used to replace/cycle vehicles



  - Most (90%) providers use general condition of the vehicle
  - Approximately half (54%) use mileage and age (51%) of vehicle

Demographics - Trips

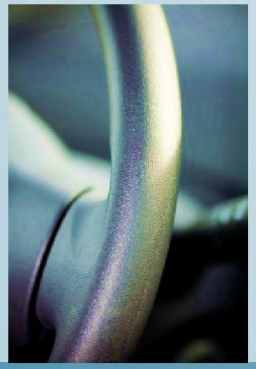
Number of Trip Made per day	Average	Range
Weekdays	69	0 - 197
Saturday	19	0 - 197
Sunday	2	0 - 60

- Most (69%) providers would prefer to make more trips [For-profits and RTAs (75%); Non-profits (52%)]
- 28% have about the right amount; only 2% want less
- Change in number of trips since February 2012
  - 31% have increased
  - 44% have decreased

Results

Experience and Satisfaction

- With your business/organization
  - Most providers (67%) expect business to expand in next 5 years
  - Feelings about quality of participation in Medicaid NEMT varies with 37% indicating it has remained stable; 33% indicating it has declined and 29% indicating it has improved
  - Single biggest threat to business: low reimbursements and higher operating costs (22), lack of trips (15)
- With Current broker
  - Less than half (39%) believe services for consumers have improved
    - Most common problems include: lack of consumer choice of provider (11), poor communication (7), lower availability of providers (7), missed appointments (5), long waits to be picked up, don't schedule trips with less than 3 days notice even if resources available, scheduling problems such as mix-ups and no standing orders (5), and technology problems (use of faxes, phone system complicated for seniors)
    - Most common improvements include: On-time performance (7), level of accountability of providers better (4), higher safety standards (3), educating consumers on policy and procedures (2), allows scheduling appointments in advance, more organized (2)



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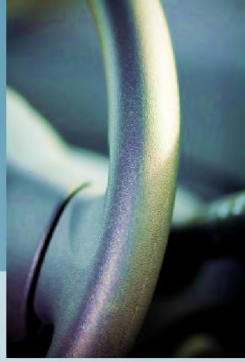
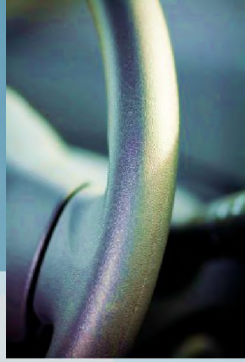
Experience and Satisfaction
Current broker continued



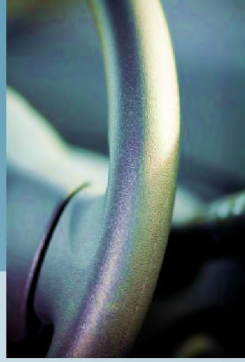
Almost two-thirds (62%) believe services have not improved for providers	
Most Common Positives	Most Common Problems
• **Work with provider to deliver quality service (8); e.g., monitoring - broker visits sites and grades providers, more driver training** • **Get paid on time (3)** • **Electronic billing and web portal (2)** • **Ability to get answers quickly (2)** • **Increased business (2)**	• Lower rates (16), but higher expectations (6) and increased costs, i.e., insurance and gas (8) • Reduced or poor communication (9), e.g., slow to return calls, difficult to get management on phone, back & forth confusion • Unprofessional staff (5)- faxed information lost or not entered correctly, wrong phone # or address of consumer, rude • Poor technology (4)- e.g., fax trip schedules rather than online • Less cost effective (7)- don't coordinate rides so provider can transport more than one person to same location, require previously local providers to go outside service area – up to 80 miles for pick-up, out-of-county providers transport to my area when I am available), don't pay for "deadhead" miles • No consumer choice (3) – e.g., previously regular consumers who request my company no longer get assigned • Assignment inequities (3)– appear to assign more trips to "favorite providers," blame computer glitches • Paid less frequently

Recommendations
Changes to System to allow provider success



Adequate reimbursement	• DHHS should set a standard minimum rate taking into consideration avg. cost of running a vehicle per day; make broker pay fuel reimbursements as promised • Minimize distance traveled out of local area; pay all providers same rate for same level of service • Increase trips; consider costs of operation adjustments (e.g., gas) • Pay for A leg when consumer is "no show" especially on longer distance trip
Improve broker IT/other systems	• Require better IT system • Provide user-friendly website allowing providers to accept/reject trips (to build own manifest) • Better billing system; be able to electronically access pick-up times that broker puts in system
Improve communication between broker and provider/facilities	• More 2-way communication to promotes systematic approach for allocating work flow and volume • Better communication and wider window of times available for provider to call • Better responsiveness to calls/questions • Monitor fax machine; • Have a contract with facilities so they know who to call, etc.
Scheduling and efficiencies of scale	• More flexibility to multi-load, assign multiple trips from same area going in same direction • Better system to schedule and route trips to have volume and make trips more comfortable • Allow providers flexibility in scheduling • Person responsible for scheduling trips should be educated on trip areas and needs of consumers (e.g., high medical need with appropriate provider)

Recommendations
Swapping Role with Broker (120 responses)



Improve Operational Efficiency (N = 45)

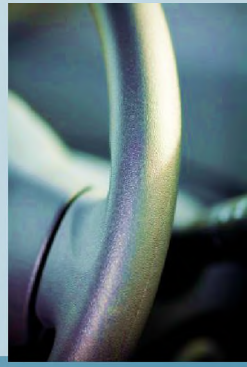
- Scheduling/Coordination of trips (#1 recommendation) - coordinate by zip code, facility and distance to allow multi-loading, book local trips with local providers first, allow 30 day advance scheduling and provider to see; allow scheduling within 3 days if providers can do; get rid of or be flexible with pick-up times
- Administrative - minimize paperwork, more assistance in learning procedures, easier process to get drivers/EMTs approved, consolidate inspections (1 company's busses inspected by 3 agencies last spring); create better billing system, reduce paperwork, problems with fax machine
- Improve/better use of technology – use better technology for scheduling; system to allow providers to select trips 30 days in advance; interactive website so providers can posts trips and pickup trips others cannot service; and re-implement system that allows exchange between providers and transporters
- Education of staff – train on service area (maps/locations in relation to provider and facility), customers' needs; provider capacity/ability; have a route manager trained in efficient route management; train on good customer service (e.g., phone etiquette, rudeness)

Recommendations
Swapping Role with Broker (120 responses)

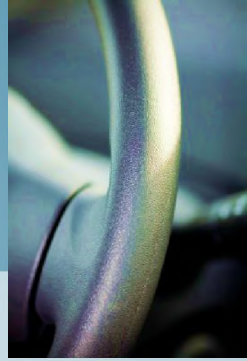
Improve Reimbursements/rate (N = 25)
- Timeliness – pay providers weekly
- Competitive rates/cost of operations adjustments –cost of "decent" drivers, increased fuel, insurance
- Rate equity across providers – "favoritism;" distribute trips fairly; equal pay for same trips
- Pay for "no shows" and "deadhead miles" – trips are longer, less multi-loading of riders
- Provide loans/incentives to providers who perform well to help develop

Improve relations/communication with providers (N = 23)
- Build better relationship with providers – consider providers as partners, not "work horses"
- Designate a service representative for providers – increase availability, responsiveness
- Timely notice of procedural changes – communicate between quarterly meetings
- Meet with providers to get input, discuss their needs and know them and their capabilities
- Improve customer service
- Have independent organization address complaints between providers and broker

Customer care (N = 21)
- Allow consumer choice of providers
- Hold consumer accountable for "no shows"
- Verify phone and address of consumer



Recommendations
Swapping Role with SCDHHS (N = 79)



Changes to Brokerage System

- Eliminate broker and return to DHHS
- Set standards for broker (e.g., timely notification to providers, equal pay for same service, timely reimbursement of providers, extended hours for provider assistance after hours)
- Monitor broker and hold accountable
- Ensure all transportation is under broker system including Councils on Aging
- Hire more field agents to monitor transportation providers behavior and compliance
- Allow DHEC EMS to oversee ambulances
- Revisit report cards – a lot of the information does not reflect provider work
- Permit background check conducted by other state agencies (e.g., DSS child care, foster parents) to be used for transportation

Communication with providers

- Get input from providers – survey is good start, meet with providers (without broker) regularly
- Facilitate meeting of broker and providers to collectively find ways to improve efficiency/quality

Recommendations
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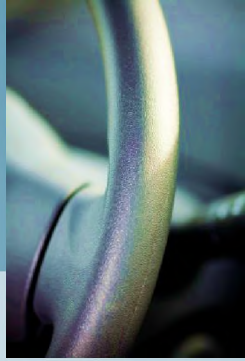


Reimbursement rates

- Develop pay for performance incentives with input from providers to support improved quality
- Set minimum rate that supports safe operations – Assist providers to negotiate COL adjustments
- Permit multiple transporters a day for transportation (e.g., parent transports to treatment; facility transports home)

Consumer Care

- Get consumer input and opinions to gather more than just complaints
- Provide a hotline to make transportation more accessible
- Provide a ride reservation and “Where’s My Ride?” number that remains the same when brokers change to avoid confusion for consumer

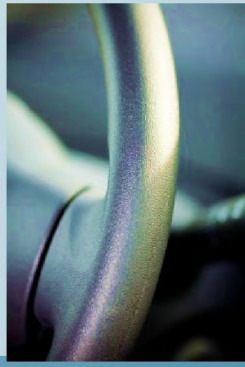
Recommendations - Swapping Role with a Medicaid provider/facility (N = 66)

Consumer Care

- Communicate with transportation provider to address issues before complaining
- Push for choice of provider
- Ensure broker has updated information on member
- See patients at scheduled time (especially dialysis)
- Nursing/rehabilitation facilities have members ready on time
- Exhibit patience for unforeseen events (e.g., trains)

Operations - cost efficiencies

- Work to schedule more Medicaid patients during same hours
- Schedule of standing orders and notify broker when patient no longer comes to facility
- Train staff on Medicaid transportation procedures and how transportation providers operate



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