

# 2012 Medicaid Transportation Provider Survey Results

December 2012

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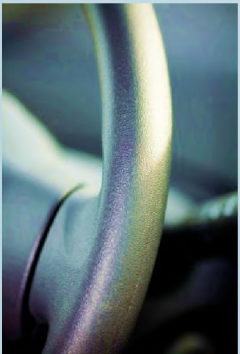
# Background

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# 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





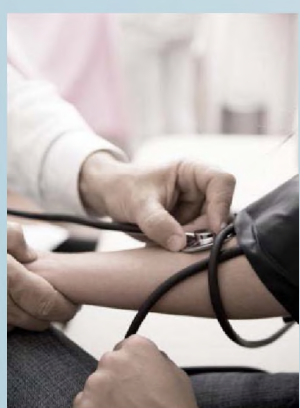
# Methodology

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# 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

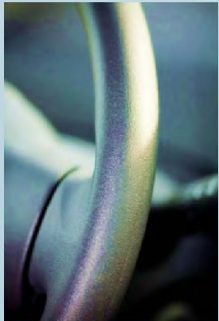
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# Demographics - Provider

- 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

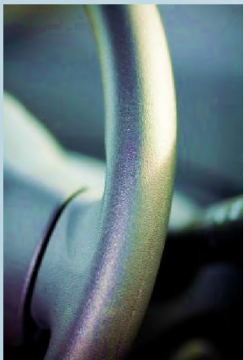
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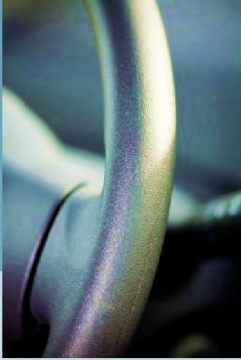
# Experience and Satisfaction

- 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)



# Experience and Satisfaction

## Current broker continued



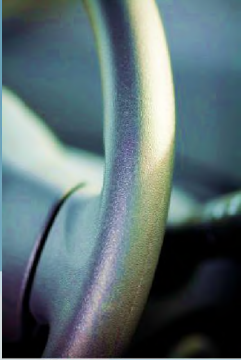
### Almost two-thirds (62%) believe services have not improved for providers

Most Common Positives	Most Common Problems
<ul style="list-style-type: none"><li>• Work with provider to deliver quality service (8); e.g., monitoring - broker visits sites and grades providers, more driver training</li><li>• Get paid on time (3)</li><li>• Electronic billing and web portal (2)</li><li>• Ability to get answers quickly (2)</li><li>• Increased business (2)</li></ul>	<ul style="list-style-type: none"><li>• Lower rates (16), but higher expectations (6) and increased costs, i.e., insurance and gas (8)</li><li>• Reduced or poor communication (9), e.g., slow to return calls, difficult to get management on phone, back &amp; forth confusion</li><li>• Unprofessional staff (5)- faxed information lost or not entered correctly, wrong phone # or address of consumer, rude</li><li>• Poor technology (4)- e.g., fax trip schedules rather than online</li><li>• 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</li><li>• No consumer choice (3) – e.g., previously regular consumers who request my company no longer get assigned</li><li>• Assignment inequities (3)– appear to assign more trips to “favorite providers,” blame computer glitches</li><li>• Paid less frequently</li></ul>



# 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.

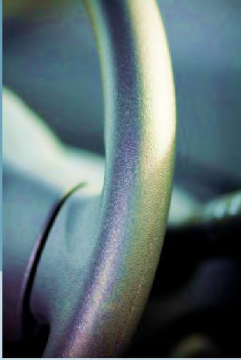
### Scheduling and efficiencies of scale

- 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)

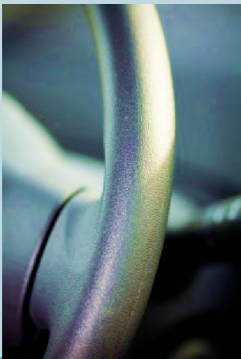
- Timeliness – pay providers weekly
- Competitive rates/cost of operations adjustments –cost of “decent” drivers, increased fuel, insurance
- Rate equity across providers – “favoritism;” distribute trips fairly; equal pay for same trips
- Pay for “no shows” and “deadhead miles” – trips are longer, less 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)

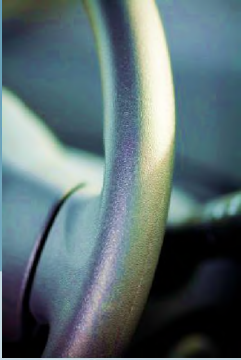
- Allow consumer choice of providers
- Hold consumer accountable for “no shows”
- Verify phone and address of consumer





# 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

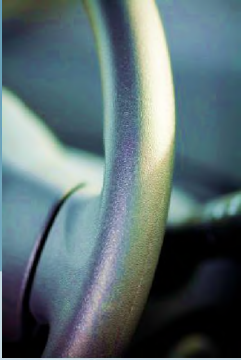
### Communication with providers

- 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

## Swapping Role with SCDHHS (N = 79)



### 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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