

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Medical Services / Hamilton	1-20-11

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 2000314	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR Ref Log # 279, which is attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 1-31-11
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

Revised 1/27/11, letter attached.

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Ref Log # 278
RECEIVED

Glen K. LaConey

9401 Wilson Boulevard #68

Columbia, South Carolina 29203

JAN 20 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

(803) 714-0817

January 18, 2011

Re: LogisticCare Solutions, LLC

Dear Director:

On January 17, 2011, my mother, Juanita A. Butler, Medicaid #1401651501, and me as her escort, were provided transportation by LogisticCare Solutions, LLC to South Carolina Oncology Associates on Stoneridge Drive in Columbia. At approximately 12:00 p.m., I requested return transportation home. Transportation arrived at approximately 1:40p.m. During our wait, my mother's oxygen supply was depleted. My mother suffers from congestive heart failure and emphysema, and based on her condition, and her depleted oxygen, she began experiencing respiratory distress.

My mother's friend and attorney eagerly awaits the "perfect" opportunity to file suit against LogisticCare, based on any "real and substantial injury" to my mother.

There is no need for a representative from LogisticCare to contact me with more excuses and promises of better service.

Excerpts from this transmittal are being widely disseminated to the public domain.

s/ Glen K. LaConey

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>12-23-10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>1011278</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Claud 1/6/11, see attached letter</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-9-11</i> <input type="checkbox"/> I FOIA DATE DUE _____ <input type="checkbox"/> I Necessary Action		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

RECEIVED

Glen K. LaConey
9401 Wilson Boulevard #68
Columbia, SC 29203
803-714-0817

DEC 23 2010

To: Director, SCDHHS

Re: Transportation Failure

~~MEDICAID ELIGIBILITY~~
~~& BENEFICIARY SERVICES~~
Director's Office / by

On **October 27, 2010**, my mother, Juanita A. Butler, Medicaid #1401651501, was scheduled for transportation through LogistiCare Solutions, LLC from the address above for an **11:15 a.m.** appointment. Transportation arrived at approximately **2:30 p.m.**

On **December 22, 2010**, Butler was scheduled for transportation for a **2:00 p.m.** appointment. During transportation, the driver, named "Johnnie Mae", informed us that the trip log indicated the appointment was for **3:45 p.m.** The driver advised that she had another client scheduled for transportation and that Butler would not arrive for her appointment at a reasonable time; thus, Butler was returned home and canceled her appointment. LogistiCare confirmed that the appointment was scheduled for **2:00 p.m.**

We have had numerous incidents of late/canceled appointments due to the negligence and incompetence of LogistiCare personnel, which have been documented by both your office and LogistiCare. We have become weary of such incidents. If my mother incurs any injury due to the failure of your office and LogistiCare to correct these deficiencies, we would find it necessary to seek legal counsel.

Copies of this transmittal are being widely disseminated to the public domain.

RECEIVED
DEC 23 2010

DEC 23 2010

Glen K. LaConey
9401 Wilson Boulevard #68
Columbia, SC 29203
(803) 714-0817

~~MEDICAID ELIGIBILITY
& BENEFICIARY SERVICES~~
Director's Office

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We have had numerous incidents of missed/late appointments due to LogistiCare's negligence, which have been documented by both your office and LogistiCare over the past seven years. We have become weary of such incidents. If my mother incurs any injury due to the failure of your office and LogistiCare to correct these deficiencies, I would find it necessary to seek legal counsel.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

12/29/10
Auril, PL.
Research and
prepare a draft
response.

Jks, Ben

TO <i>Myers Hamilton</i>	DATE <i>12-23-10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>1011278</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-7-11</i>	
		<input type="checkbox"/> FOIA DATE DUE _____	
		<input type="checkbox"/> Necessary	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPRO (Note reason for disapproval or return to preparer)
1. <i>Reynold G. Hamer</i>	<i>1/6/11</i>	
2.		
3.		
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12/29/10 11:30am
Called Cathy Salva LPT
Ms Salva had completed Per Dot
N. Comp. for Doc. Reassigned
through Provider

12-30/10 11:00am
Cathy called whistled
called # provided. 3 times
left messages. No response
I have set 1/5/11 as call date
date for confirming attempt if
was successful

RECEIVED

DEC 23 2010

Glen K. LaConey
9401 Wilson Boulevard #68
Columbia, SC 29203
803-714-0817

To: Director, SCDHHS

Re: Transportation Failure

~~MEDICAID-ELIGIBILITY
& BENEFICIARY SERVICES~~
Director's Office / by

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Copies of this transmittal are being widely disseminated to the public domain.

*403
319-9946*

RECEIVED

DEC 23 2010

Glen K. LaConey
9401 Wilson Boulevard #68
Columbia, SC 29203
(803) 714-0817

~~MEDICAID ELIGIBILITY
& BENEFITARY SERVICES~~
Director's Office

On **October 27, 2010**, my mother, Juanita A. Butler, Medicaid #1401651501, was scheduled for transportation from the above address for an **11:15 a.m.** appointment through LogistiCare Solutions, LLC. Transportation arrived at approximately **2:30 p.m.**

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December 30, 2010

Dear David,

I have thoroughly researched all trips performed for Mrs. Juanita Butler Medicaid # 1401 651501 from 10/7/2010 through 12/28/2010.

An investigation was made into the concerns raised by Mrs. Butler's son Glen I have tried to contact him to discuss this further however my attempts went unanswered.

I currently have included all trips performed for Mrs. Butler from 10/7/2010 through 12/28 they are as follows:

- 10/7 # 149: No trip notes, no complaints filed. Appointment scheduled for 10:30 "A" leg P/PU 9:41/ "A" leg D/O 10:17
- "B" leg WMR was not contacted by the member or the facility "B" leg P/PU 12:21 and "B" leg D/O 13:30
- 10/13 # 289: No trip notes, no complaints filed. Appointment scheduled for 11:30 "A" leg P/PU 11:00/ "A" leg D/O 11:20
- "B" leg WMR was not contacted by the member or the facility "B" leg P/PU 15:34 and "B" leg D/O 15:47
- 10/15 #2534: No trip notes, no complaints filed. Appointment scheduled for 13:30 "A" leg P/PU 13:03/ "A" leg D/O 13:15
- "B" leg WMR was not contacted by the member or the facility "B" leg P/PU 14:45 and "B" leg D/O 15:20
- 10/19 #1 1500: No trip notes, no complaints filed. Appointment scheduled for 13:15 "A" leg P/PU 12:22/ "A" leg D/O 12:52
- "B" leg WMR was not contacted by the member or the facility "B" leg P/PU 13:09 and "B" leg D/O 14:58
- 10/20 # 105 Members son Glen contacted LGTC to cancel on 10/7 @ 16:38 (appointment rescheduled)
- 10/27 # 9834 Member son Glen contacted LGTC to cancel on 10/27 @13:56 Provider No Show this trip has a complaint (20168529) and the reservation was recovered and performed by another provider.
- 10/27 #17519 No trip notes, no complaints filed. Appointment scheduled for 12:30 this trip was a recovery (see above) and performed by Checker Yellow Cab.
- 11/3 #12740 Member son Glen contacted LGTC to cancel on 11/2 @ 11:59
- 11/5 # 441 Member son Glen contacted LGTC to cancel on 11/2 @ 12:00
- 11/10 #422 No trip notes, no complaints filed. Appointment scheduled for 13:30 this is a verified trip but has not been billed yet. "B" leg WMR was not contacted by the member or the facility.
- 11/15 #16959 Discharge called in to LGTC @ 15:17 no complaints filed. Appointment scheduled for 13:15 "A" leg P/PU 17:20 "A" leg D/O 17:57
- 11/19 #14023 No trip notes, no complaints filed. Appointment scheduled for 12:15 "A" leg P/PU 11:25 "A" leg D/O 11:50
- "B" leg WMR was contacted @ 12:20 "B" leg P/PU 12:52 and "B" leg D/O 13:16
- 11/24 #9521 No trip notes, no complaints filed. Appointment scheduled for 12:30 "A" leg P/PU 11:51 "A" leg D/O 12:40
- "B" leg WMR was contacted @ 13:38 "B" leg P/PU 14:20 and "B" leg D/O 15:09
- 12/22 #629 No trip notes, no complaints filed. Appointment scheduled for 14:00 "A" leg P/PU 13:31 "A" leg D/O 14:20
- "B" leg WMR was not contacted by the member or the facility "B" leg and the B leg has not been paid to date
- 12/23 # 140 Member son Glen contacted LGTC to cancel on 12/20 @ 15:14 he did not give a reason
- 12/28 #10936 No trip notes, no complaints filed. Appointment scheduled for 14:00 this trip has not been billed to date this was all the information on file.

Catherine Sala
Quality Assurance Manager-SC

January 6, 2011

Mr. Glen K. LaConey
9401 Wilson Boulevard, #68
Columbia, South Carolina 29203

Dear Mr. LaConey:

Thank you for your letter received December 23, 2010 regarding Medicaid transportation services for your mother, Mrs. Juanita Butler. We regret the unfortunate incidents that you reported. South Carolina Department of Health and Human Services (SCDHHS) works closely with the transportation brokers to ensure that safe and reliable transportation services are provided.

Upon receipt of your letter, SCDHHS contacted LogistiCare to review and address the concerns you reported. LogistiCare, as regional transportation broker, is responsible for assigning transportation providers in a manner to insure that member's transportation needs are met in a timely and efficient manner. Since the 7th of October, 2010, LogistiCare found only one record of a complaint that matches the instance you mentioned in your letter. In program staff conversations with Ms. Catherine Sala, LogistiCare's Quality Assurance Manager, she indicated several attempts have been made on their part to contact you to discuss further. To date, she states she has had no response from you. Ms. Sala would very much like to discuss the experiences your mother has had with transportation and looks forward to hearing from you. Additionally, she will continue to closely monitor your mother's transportation. You can expect the Broker to take the necessary corrective action if and when issues are brought to their attention.

If you experience any further difficulty with your Medicaid benefit for transportation services, please contact SCDHHS Transportation Manager, David Glesen at (803) 898-0271 or Division Director, Sheila Platts at (803) 898-2613.

Sincerely,


Beverly G. Hamilton
Bureau Director

BGH/gm

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Sheila
↓

ACTION REFERRAL

devid

Please research
+ draft response

TO	DATE
Medical Services/Hamilton	1-20-11

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	400914	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	Ref log # 278, which is attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE 1-31-11
		<input type="checkbox"/> FOIA	DATE DUE _____
		<input type="checkbox"/> Necessary Action	

	APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.	Sheila B. Platts	asp o/b/lu		
2.				
3.				
4.				

RECEIVED

RECEIVED

JAN 21 2011



JAN 21 2011

Division of Medical Support Services



January 27, 2011

Mr. Glen K. LaConey
9401 Wilson Blvd.
Columbia, South Carolina 29203

Dear Mr. LaConey:

Thank you for your letter dated January 18, 2011, regarding Medicaid transportation services for your mother, Mrs. Juanita Butler. We are sorry to hear about the difficulties your mother experienced as you reported to us.

Upon receipt of your letter, the South Carolina Department of Health and Human Services (SCDHHS) contacted LogistiCare to review and address the concerns you reported. LogistiCare, as regional transportation broker, is responsible for assigning transportation providers in a manner to insure that member's transportation needs are met in a timely and efficient manner.

The circumstance around the incident of January 17, 2010 indicates that your mother made it to her appointment without incident, which is our goal. The appointment pickup time was left open, creating what is commonly called a "Will Call" return trip. Our goal for a will call return trip, per the Broker's contract, is one hour. It appears your mother's return ride took longer than one hour to arrive for pick-up; however, given the scope of services provided across the state, we just cannot guarantee that there will not be some delays. We regret that it happened to her and apologize for the delay.

Since our response to your letter received December 23, 2010, Ms. Catherine Sala, LogistiCare's Quality Assurance Manager, indicated she has made repeated attempts to contact you to discuss the matter further. She has left her name and toll free contact number to simplify the communication process. Adherence to HIPAA guidelines prevents Ms. Sala from offering any further information on the answering machine. To date, she has had no response from you.

As was stated in the previous letter, Ms. Sala would very much like to discuss the experiences your mother has had with transportation and looks forward to hearing from you. In researching all contacts concerning your mother, Ms. Sala has not found a record of her Oxygen (O₂) dependency. This information is important in any situation, but critical in circumstances where extra O₂ containers must be securely transported.

You can expect the Broker to take the necessary corrective action if and when issues are brought to their attention. If you experience any further difficulty with your mother's Medicaid benefit for transportation services, please contact SCDHHS Transportation Manager, David Giesen at (803) 898-0271 or Division Director, Sheila Platts at (803) 898-2613.

Sincerely,



Beverly G. Hamilton
Bureau Director

BGH/pw