

CASCADES EAST RIDE CENTER
Advisory Committee Meeting
Central Oregon Intergovernmental Council
Headquarters Building, 334 NE Hawthorne Avenue, Bend, Oregon

DRAFT Minutes

May 25, 2016

Members Present

Abilitree: Peggy Gilbert
Cent. Ore. Veterans Outreach (COVO): Carley Brause
Central Oregon MediTran: Chuck Daugherty
Community Member: Elizabeth Schmitte
DHS-APD (Central Oregon): Lisa “Cissy” Martin
DHS-CAF/CW (Central Oregon): Therese Helton
Pacific Source Health Plans: Molly Taroli, **Chair**
St. Charles Healthcare: Lesley Srikantaiah, **Vice-Chair**

Members Absent

Bend Cab Company: Ben Nichols
Community Member: Tashina Jordan
Crook Co. Pub. Health: Muriel DeLaVergne-Brown
DHS-APD (Central Oregon): Karren Ruesing
Loving Lift Transport: Harry Hall
Mosaic Medical: Lindsey Stailing
Oregon Health Authority: Sarah Wetherson

Guests Present

Jill Sipes, Oregon Department of Human Services (DHS) – Aging & People with Disabilities (APD)

Staff Present

Melanie Ybarra, CERC/COIC (Cascades East Ride Center/Central Oregon Intergovernmental Council)
Tony Morales, CERC Contracts and Volunteer Administrator
Tamara Powell, CERC Policy and Program Administrator
Cameron Prow, TYPE-*Write* II

A. Welcome and Introductions – New Members

Chair Taroli called the meeting to order at 1:08 p.m. Ms. Helton joined the meeting via phone. Mr. Daugherty arrived at 1:21 p.m. after approval of the minutes.

B. Adoption of Minutes – March 2016

Motion 1 (7/0/0): Ms. Srikantaiah moved to adopt the March 23, 2016, minutes as written. Ms. Martin seconded the motion which passed unanimously.

C. Brokerage Reports

Mr. Morales reviewed selected ride statistics for February, March, and April 2016 in Deschutes, Crook, and Jefferson Counties.

Average Wait Time: He credited the lower wait times to Esther Leithauser’s leadership in changing how Customer Service Representatives (CSRs) answer the phone. A customer service group is now developing training for current and future CSRs.

Total Eligible Clients for Month was 19% fee-for-service (FFS) and 81% Pacific Source (PS) clients, The split is normally 14 – 15% for FFS, and 84 - 85% Pacific Source. Klamath County numbers are now being listed separately. (NOTE: It was identified the numbers provided on the report distributed at this meeting were incorrect.they have now been corrected.)

Per OHA, the higher FFS numbers were caused by a temporary bottleneck at OHA, with more redetermination applications than they could keep up with coming in. This caused 20,000 people to temporarily lose their OHP eligibility, which also dis-enrolled them from their CCO membership.

When OHP eligibility is re-established it can take up to two weeks to re-established with their CCO, during this time they were counted as FFS clients. To resolve this issue on a long-term basis, the state is training and authorizing “Assistors” at local sites to not only hand out OHP applications, but also to determine OHP eligibility and get clients set up in the State system.

Ms. Sipes offered to assist CERC staff with obtaining good number for the N Klamath County zip codes served by CERC.

Medicaid Rides Provided by County: Mr. Morales said the number of rides reported for “North Klamath County” represent serving 19 clients. Two clients were served for other CCO’s.

Rider No Shows: Mr. Morales summarized CERC’s new process for reducing no-shows, which can be concerning if the client is not getting needed medical services, but also inconveniences medical facilities and transportation providers, in addition to no payment for their costs incurred. The Quality Assurance person now follows up on every no-show. If the client no-shows a second time, a letter is sent that explains the effect of no-showing, which can result in there being no providers willing to accept ride assignments for the client, so CERC cannot get them to their medical appointments. If the client no-shows a third time, another letter is sent and the client is put on a ride restriction. A common ride restriction (not the only) is to require the client to call to confirm their ride before the appointment. Clients who don’t check in when required are called by the provider; if the client does not confirm they still want their ride, or they don’t answer the phone, the ride is canceled and the provider does not go for the pickup. The Ride Center will track the results of educating clients about consequences of no-show behavior.

Ms. Sipes asked about no-fault exceptions and if these are being tracked. Many APD clients assume the medical provider notifies CERC when they cancel an appointment, or are admitted to the hospital. Miscommunication among multiple medical providers could also be a factor. Mr. Morales said the Quality Assurance person evaluates the reasons for every no-show on a case-by-case basis. Ms. Ybarra assured members that clients would not be penalized due to hospital stays; however, clients (or someone else) need to call the Ride Center if the hospital stay extends longer than a few days. CERC notifies both care providers and clients about the effect of canceled appointments.

Ms. Taroli asked how frequently ride restrictions are imposed. Mr. Morales said the process is new so the information is not yet available.

Total Complaints Received: Mr. Morales said these numbers have gone down a bit, which spoke well for the transportation providers who are trying to provide very good service.

Compliments: Mr. Morales reported receiving two compliments in April, one for a provider and the other for the volunteer driver program. He requested that customer comments (compliments or complaints) be reported to the CSRs. Ms. Ybarra directed that compliments and complaints be reported to CERC’s Kristi Wallace (541-699-4902) to make sure they’re captured in the system. Reasons for CSRs not reporting all compliments received included workload levels and their unwillingness to report a compliment on their own performance.

Veterans Ride Program: Mr. Morales announced that ODOT grant funding would no longer be available starting July 1, 2016. The number of “Veterans Program Rides” varies per month but the Central Oregon Veterans’ Medical Transport Program (flyer shared) does provide rides for an underserved group. The Ride Center is exploring ways to continue this program.

Ms. Sipes asked for a definition of “Unable to Verify Appointment” denials. Ms. Ybarra said most of these denials are due to the client’s not having an appointment because they’ve mistaken the date. At times people are requesting rides to a medical provider where they don’t have an appointment to get to a location close by. The state requires the Ride Center to verify 5%, and CERC is verifying 40-50% per month, focusing on the high-error areas such as mental health appointments, Bend Neurology and Neurology of Bend, and Bend Memorial Clinic’s multiple sites.

D. Follow-Up from Prior Meeting

1. Committee Membership

Ms. Ybarra welcomed Ms. Brause, Ms. Gilbert, Ms. Martin, and Ms. Schmitte as new members to the advisory committee. Ms. Ybarra explained state rules regarding advisory committee membership. Ms. Ruesing is working to get a member from Regency (a care facility).

E. Brokerage Update

1. New Program and Policy Administrators

Ms. Ybarra said her official retirement date is June 1, 2016, but she expected to continue working on a part-time basis during training of her replacements through December 31, 2016. CERC has hired 2 new people to help with program administration:

- ◆ New this meeting – Tamara Powell, Policy and Services Administrator
- ◆ New last meeting – Tony Morales, Contracts and Provider Administrator

2. Client Guide and TR Visit Verification Form Updates

Ms. Ybarra presented updated application forms for travel reimbursement and discussed changes made to improve efficiency and follow-up. Data added to the “Single Visit” form included the client’s phone number and changing “Person Seen” to “Medical Provider Seen.” Changing “Breakfast, Lunch, and Dinner” selections to “Eligible Meals” is expected to reduce the number of denials issued to clients who request all meals, whether eligible for them or not.

Members agreed with the proposed changes.

Ms. Ybarra said the Pacific Source Coordinated Care Organization (PSCCO) stakeholder group was working to update the Medical Transportation Program Guide. The basics of the Travel Reimbursements Program Guide have been blended into this, with a focus on clients first accessing Transportation Reimbursement when resources are available. This guide is to be approved by the state and then printed. It is hoped we will have copies available for distribution by the next CERC Advisory Committee meeting. Once the PSCCO guide is done, she plans to tweak it for use with the FFS clients, and will request comments from advisory committee members before forwarding the draft to the Oregon Health Authority for OHA approval.

Ms. Martin said residents of Mitchell and North Klamath County residents prefer to receive medical services in Bend. She requested clarification on where these residents should submit TR requests. Ms. Ybarra said Mitchell and eastern Oregon residents should apply for TR reimbursement through Transportation Network. If those residents need rides, they should schedule them through Transportation Network. They may choose to contact CERC to provide these rides.

3. Veteran and Ride Match Programs

Ms. Ybarra reported grant funding for both these programs will end on June 30, 2016. CERC is working to identify other funding sources to maintain these programs.

Ms. Brause asked to participate in the group working to restore funding for veterans' rides.

4. One Health Port Support for Pacific Source Members

Ms. Ybarra reported CERC has been granted limited access to Pacific Source member data through One Health Port. CERC uses this system to preauthorize nonemergent medical (ambulance) transports (NEMTs). It can also be used to verify PSCCO member eligibility when the state's system is down, and verify members PCP (primary care provider) assignments. Pacific Source also plans for CERC staff to be able to verify referrals and authorizations through this system, hopefully in the near future.

5. Contract Updates

Mr. Morales reported new insurance requirements for CERC and transportation providers.

Mr. Daugherty said insurance premiums go up every year. Some transportation providers have purchased more liability insurance than required to avoid annual premium changes. Mr. Daugherty expressed his concern that volunteer drivers are not required to carry the same level of insurance even though they're doing similar work.

Ms. Sipes asked if COIC's liability insurance covered volunteer drivers. Ms. Ybarra responded that COIC researched and resolved liability concerns with its insurance company and attorney before taking over the volunteer driver program. COIC verifies that volunteer drivers are aware of and meet their liability insurance requirements.

6. trips@coicsecure.org and returns@coicsecure.org

Ms. Ybarra said the above e-addresses were set up by CERC to address requests while ensuring HIPAA confidentiality is maintained. She said transportation providers can use the "returns" e-mail address to return rides, but need to ensure they are using a secure network. CERC will be testing with a small group of clients setting up rides using the "trips" e-mail address. The information needed by the CSRs to schedule a ride is listed in the Rider's Guide.

F. Service and Policy Challenges

1. Local Service Area Change

Ms. Ybarra explained the state rule for medical services to be in the clients local town or service area (unless needed services are not available locally), and how this can impact PSCCO's focus on achieving good health outcomes for their members. Pacific Source has stated their intent is to assign members to providers within their zip code/town when possible. CERC is honoring Pacific Source's assignment of a member to a provider outside the member's town when this occurs. CERC will continue asking FFS clients to see a local provider. However, if the client is in a rural area, such as La Pine, and has an established PCP in Bend, the Ride Center will not refuse the trip – within reason. If a La Pine client (PSCCO or FFS) wants to see a provider in Prineville or Sisters, CERC will probably not honor that request unless there is a valid reason confirmed for this. Pacific Source clients must still have a referral from their PCP to see a specialist outside their local area.

Ms. Sipes commended CERC for its decision to honor the continuity of care.

Ms. Taroli said that, effective April 1, 2016, PSCCO's behavioral health, including developmentally disabled (DD) and alcohol/drug treatment, members can go to any public or private health provider and do not need to be filtered through their home base. Once DD members are established with a particular provider, that relationship can continue throughout

their lives. At 65, those clients can decide to come to APD (Aging and People with Disabilities) or stay with DD services.

Ms. Sipes requested a written copy of this policy change and commended PSCCO for thinking outside the box in providing care to its members.

Ms. Ybarra confirmed that FFS behavioral health clients must continue to go to Deschutes County Mental Health, Lutheran Community Services, or Best Care for services.

Ms. Sipes said FFS clients were dwindling and soon OHA will have no FFS except fully exempt people, such as tribal members. She stated her belief that the Medicaid (1115) waiver for Medicare clients covered auto-enrollment for dual-diagnoses. The current policy is that you can still receive NEMT if you have Medicare as your primary insurance, Medicaid secondary, but only as an open-card client. She announced a DHS town hall meeting in Bend on May 27, 2016, and urged advisory committee members to support consumer attendance to learn “How Medicaid Affects You and Your Business.”

Ms. Ybarra said CERC does not track dual-diagnosis clients separate from others. OHA currently expects FFS clients to run 5-8% of the population; Central Oregon is running at 14% - 15%. She attributed this higher tri-county numbers to possibly reservation residents who can choose to be exempt.

2. OHA Rule Advisory Committee Update

Ms. Ybarra said OHA recently established three rule advisory committees (RACs) to work on policies that affect transportation. CERC’s transportation providers are required to do annual DMV (Department of Motor Vehicles) checks and criminal history checks for all employees. The RAC dealing with transportation provider policies is concerned about the inconsistency and depth of detail of the checks being done. They are considering if every provider should use the State criminal history check unit, or, should base guidelines be developed for everyone to follow?

Another concern being addressed is the legality of CCO’s citing FFS rules as reasons for denials when they choose to follow the FFS rules. CCOs have their own Medicaid rules which are much more generic than the FFS rules. This is to allow them flexibility with designing services.

3. Ms. Ybarra said one of the topics raised at the last quarterly brokerage meeting with OHA was about hospitals no longer providing oxygen, and wanting the transportation providers to do so. When this issue came up in Central Oregon, she informed St. Charles that clients could self-administer oxygen or their caregivers could, but CERC’s transportation providers could not provide oxygen to clients. St. Charles said it would make providing oxygen part of the discharge planning when a client left the hospital. In other areas, some brokerages asked their transportation providers to start providing oxygen because the hospitals had said they had to. OHA announced it is illegal for transportation providers to administer oxygen to a client unless they have the necessary medical training, such as EMT or paramedic certification.

DMAP also informed her that the memory of the state Medical Management Information System had been doubled, which should reduce downtime and improve access by CERC.

G. Other Business

1. Roundtable Reports

- **Abilitree:** Ms. Gilbert requested a list of commonly used acronyms and a guidebook for policies and procedures. Ms. Ybarra reviewed the basics CERC rules and referred her to the CERC web page for more information, brochures and forms.
- **Bend Cab Company:** No report.
- **Central Oregon MediTran:** Mr. Daugherty reported nothing new.
- **Central Oregon Veterans Outreach:** Ms. Brause reported nothing new.
- **Consumer:** Ms. Schmitte reported nothing new.
- **Crook County Public Health:** No report.

DHS-APD: Ms. Martin reported nothing new.

Ms. Sipes said she had nothing but “kudos” to share. She has been receiving a lot fewer complaints from the outlying areas. Problem-solving has been phenomenal, especially in helping staff resolve problems at a lower level. One of the biggest challenges around Oregon is the best-kept secret of NEMT. Pacific Source has done a great job with educating medical providers that transportation is a Medicaid-eligible service. The grant funding for Innovator Agents (Jill’s position) will end on September 30, 2016. She is training Hannah Miller and will continue to develop plans internally to funnel information which Ms. Martin and Ms. Ruesing can bring to CERC. This will be the last meeting she can physically attend, as she is relocating to Salem, Oregon, on July 1, 2016. She commended advisory committee members and Ms. Ybarra for their assistance and support over the last 2.5 years. This advisory committee has set a best practice standard for consumer input and cross-agency communication.

- **DHS-CAF:** Ms. Helton reported nothing new.
- **Loving Lift:** No report.
- **Mosaic Medical:** No report.
- **Oregon Health Authority:** No report.
- **Pacific Source Health Plans:** Ms. Taroli asked if the Ride Center CSRs were given a list of assistors to help people calling in. Ms. Ybarra confirmed this did happen.
- **St. Charles Health System:** Ms. Srikantaiah reported nothing new.

H. Adjournment

The next meeting is scheduled for Wednesday, July 27, 2016, 1 p.m.

With no further business, Chair Taroli adjourned the meeting at 2:57 p.m.