

CASCADES EAST RIDE CENTER
Advisory Committee Meeting
Minutes

September 25, 2013

Department of Human Services (DHS) Building
Highland Room, 1135 SW Highland Avenue, Redmond, Oregon

Members Present

Bend Fire Department: Steven O'Malley, Kindra Harms
DHS-APD-Redmond: Douglas Breuer
DHS-Baker/Union/Wallowa: Erin Carpenter
DHS-Baker/Union/Wallowa: Tammy Pierce
DHS-Crook/Deschutes/Jefferson: Therese Helton
DHS-Grant (John Day): Debbie Hueckman
DHS-Malheur (Ontario): Jane Padgett
Full Access-Bend: Sarah Moore
Pacific Source CCO: Molly Mardesich
St. Charles Medical Center: McKenzie Decker, *Chair*

Members Absent

Cent. Oregon Cabulance: Jason Higham, *Vice Chair*
Crook County Veterans Services: Angie Gilley
DHS-APD-Bend: Jane Baer
Harmony House: Cole Mack
Madras City Council: Shannon Poole
Mosaic Medical: Kathy Robinson
User Representative: Chris Aldred

Staff Present

Melanie Ybarra, CERC
Cameron Prow, TYPE-*Write II*

Guests Present

Sarah Wetherton, Dept. of Medical Assistance Programs (DMAP),
Oregon Health Plan (OHP)

A. Welcome & Introductions

Chair Decker called the meeting to order at 1:08 p.m. Mr. Breuer, Ms. Decker, Ms. Harms, Ms. Helton, Ms. Moore, and Mr. O'Malley were present in person. Ms. Carpenter, Ms. Hueckman, Ms. Padgett, Ms. Mardesich, and Ms. Pierce joined the meeting via phone. All present introduced themselves and summarized their involvement with the Advisory Committee. Ms. Ybarra noted that Ms. Wetherton is the DMAP Non-Emergent Medical Transportation (NEMT) policy analyst from OHA in Salem.

B. Adoption of Minutes

Motion 1 (11/0/0): Mr. Breuer moved to accept the July 24, 2013, minutes as written. Ms. Helton seconded the motion which passed unanimously.

C. Brokerage Reports

Ms. Ybarra presented and reviewed ride statistics for May, June, July, and August of 2013 and for the same four-month period a year ago. She explained that the statistics for Ride Center calls include the calls for all the programs CERC supports (Medicaid transportation, Bend Dial-A-Ride, Cascades East Transit [CET] bus system, Veterans Transport Program). The phone system does not provide a means to separate Medicaid call numbers from the other programs also served.

Total Calls Received were higher in 2012 than they have been for 2013. She attributed at least part of this decrease to a change with the CET Community Connector shuttles from a reservation system to a fixed-route schedule where no reservation is required for these trips.

The percentage of Abandoned Calls (people who get tired of waiting and hang up) and Average Wait Time has been increasing. She has reviewed these increases with the Ride Center manager who believes the increases are due to loss of staff members, illness, and vacations. CERC has maintained an "Average Wait Time" much less than the allowed 3 minutes, but it has crept up in recent months. The Ride Center will be working to reduce wait times back down to lower levels. Also available is the

average time a client waits on the phone before hanging up (1:39 minutes in August 2013), though this statistic is not captured in this report. Callers do have the option of leaving a message and being called back.

Ms. Moore suggested that clients calling in on cell phones might be less willing to wait since they have to pay for those minutes.

Mr. O'Malley asked if callers leaving voice messages were counted as "abandoned" calls. Ms. Ybarra said she would research this. *Finding – calls going into voice mail are counted as a completed call.*

Total Medicaid Rides: The number of rides provided in July 2013 (6,467) and August 2013 (6,073) has increased since the lowest-in-many-years number in June 2013 (5,901), but is still not back up to the 2012 ride numbers. In 2012, the rides provided averaged between 6,500 and 7,000 per month. She is unsure what is causing this recent decrease in ride numbers.

% Eligibles Using CERC: The May through August 2013 numbers were lower than for the same period in 2012. However, Unduplicated Clients Served has stayed about the same. Ms. Wetherton, of DMAP, suggests these figures indicating the same number of people are utilizing the system but are visiting their doctors less often might possibly be attributed to the new "Coordinated Care" system.

Provider Complaints dropped to 11 in August 2013. Ms. Ybarra attributed this decrease to the busyness of the staff, who were focused more on answering the phones than writing up complaints because of being short-staffed.

Cancellations: Ms. Ybarra said the 2013 numbers were much higher than those in 2012 due to the OBSS system correctly capturing both "timely" and "last-minute" cancellations. The former TABS system tracked both types of cancellations but only the "timely" cancel numbers were being captured.

Stretcher and Secured transports went up in May through August 2013 from those reported during the same months in 2012, even though overall ride numbers have gone down. "Stretcher" transports in July 2013 were nearly double those of June 2013. Ms. Ybarra was unable to account for this increase but did verify the accuracy of the numbers.

Denials – Total decreased slightly in July 2013 (44) and August 2013 (32) compared to what they were a year ago. Reasons for policy denials include that a client's eligibility expired or that a client wanted to go to a noncovered medical service. These numbers remain fairly consistent. The reason for a capacity denial is usually that the ride was not requested in a timely manner.

No Rides Found – Total by Area (capacity denials) increased significantly for May through August 2013 from the same time a year ago. In 2012, CSRs (Customer Service Representatives) were not considering clients who called in requesting rides with less than a 48-hour notice, and were told CERC was unable to arrange a ride for them, as a denied ride. Ms. Ybarra attributed the high numbers for this statistic in 2013 to her requiring the CSRs to count such clients under "Denials." CERC has basically the same number of providers in 2013 as it had in 2012 and is providing fewer rides overall, but is now counting denials more accurately.

No Provider Available: CERC's inability to provide 4 rides in August 2013 for clients requesting with adequate notice (48 hours) is well under 1% (.0007%). A number of the 13 rides requested timely in July but not provided was caused by drivers attending required training, and so were unavailable. This is still well under 1% of rides requested. CERC makes reasonable attempts, but is not required, to

provide rides for clients giving less than a 48-hour notice for nonurgent rides. Extreme effort is made to meet requests for urgent needs such as an injury, illness, or unanticipated medical need.

Provider Complaints in July 2013 totaled 29, 1 of which was unsubstantiated. Ms. Ybarra said she classifies complaints “unsubstantiated” when it is confirmed the rules have been followed, but the client still is unhappy. (Example: Client is done early, wants an early pickup, but the driver is busy so cannot pick them up until their scheduled time. Client still wants to complain due to having to wait.)

Compliments: Ms. Ybarra said she records complimentary calls when she receives them. The CSRs used to forward these calls to her when she was in the Ride Center, but have not done so since she moved to Bend. When she talked to the CSRs about this, she learned they felt uncomfortable about passing on compliments about themselves.

All Modes Ride Summary Report: “Unspecified” rides are those that the system cannot allocate to a particular county. Portland counties are now being included in this report because the OBSS system identifies rides by individual counties. TriMet used to provide rides for CERC clients when they were in the Portland area for medical services. With the move to coordinated care organizations (CCOs), CERC is now responsible for providing rides to Brokerage clients who need medical services in the Portland area. She has developed providers to handle these rides. CERC provided 82 rides to 28 clients in July 2013 and 60 rides to 29 clients in August 2013 in the Portland area. The number of rides provided by TriMet for CERC clients was previously unknown, and is higher than expected.

Eligible Clients: The number of OHP clients seems to have stabilized. It increased every month for 3 years until May 2013. Ms. Wetherton said that an increase in numbers is generally seen in September when kids go back to school, but that numbers do appear to be leveling off since the recession.

D. Brokerage Update

6. Transportation Provider Changes: Ms. Ybarra reiterated that she has established a couple of providers in the Portland area. In addition, one of the longtime providers in La Pine who is also consistently CERC’s lowest-cost provider (his rates are lower than a taxi ride) and very dependable added a second driver in September. She has never received a complaint about his services and has received several compliments. Hopefully, adding a second driver in La Pine will allow other providers to increase their capacity in Prineville, Madras, and Warm Springs.
7. Driver Training: Ms. Ybarra reported that the trainer has nearly finished his year of training and is working on his schedule for next year. He has one more training scheduled for local providers in Redmond, but all trainings for outlying areas this year have been completed.
1. Continued Transition to Coordinated Care Organizations: Ms. Ybarra said she has had no contact from Eastern Oregon CCO (EOCCO) in the last two months. Pacific Source CCO had hoped to have CERC under contract by October 1, but now plans that transportation for tri-county residents will move under PSCCO by January 1, 2014. For CCO members, CERC will begin billing PSCCO effective January 1, and will direct policy questions to PSCCO instead of DMAP. Karen Friend, Central Oregon Intergovernmental Council’s Deputy Director over Transportation, made a presentation a couple weeks ago to the Central Oregon Health Council, which approved PSCCO to move forward with contracting with CERC to administer the NEMT program.
3. Transition of Medical Mileage Reimbursement Program: Ms. Ybarra said CERC expects to assume responsibility for this program prior to completing the transition to PSCCO. Clients are

eligible for help with medical rides only when they have no other resource for getting to medical appointments. When they have a vehicle, or someone who can drive them, clients are referred to DHS for help with gas money through the Medical Transportation Reimbursement Program. Based on its service area, CERC estimated it may issue up to 4,000 payments per month, which would be a huge workload to assume if checks are issued as the State is currently doing. Instead, CERC plans to issue reimbursements electronically through a US Bank debit card. There will be no charge to either CERC or the clients for this service. The computer program needed for CERC to implement electronic reimbursement was developed by the Medford Brokerage to be compatible with OBSS. A summary of the process which clients will use to access the electronic reimbursement was provided. Next steps include getting the computer program working locally, testing it, and getting DMAP's approval of the Medical Transportation Reimbursement Guide which will go to clients. She handed out the latest draft of this guide to CERC members. Once the guide has been approved, CERC will mail it to clients who have been issued reimbursement checks in the recent past. She will discuss transition with DHS staff once all parts of this program are in place. Clients will get prior authorization from CERC, and verify they attended their medical appointment afterwards. CERC will load the appropriate reimbursement onto the client's card on a weekly basis. She is working to implement CERC reimbursements by November 1, 2013, but cautioned it may be December 1.

Effective January 1, 2014, all OHP-Basic clients will become OHP-Plus, making them eligible for medical rides or travel reimbursement.

Committee members discussed the program and process for clients to receive reimbursements.

Ms. Wetherton explained DMAP is subjecting CERC's Transportation Reimbursement Guide to a higher level of scrutiny due to the CCO transition. DMAP wants to ensure that everything put out about medical transportation is correct and doesn't cause issues elsewhere in the system.

Mr. Breuer suggested that Ms. Ybarra attend the October 17 meeting of DHS case managers and eligibility workers. He will have administrative staff attend so she can speak to everyone at the same time.

2. Central Oregon Volunteer Driver Transition to CERC: Ms. Ybarra reported that CERC has been dispatching all DHS volunteer drivers (about 30) for Medicaid rides for two months. This transition has gone pretty well although there have been a few bumps; she will meet with Ms. Helton later today to resolve some issues. At this time, DHS continues to manage these volunteer drivers. CERC will be using grant funds secured by Karen Friend, Deputy Director for COIC, to set up a COIC Volunteer Driver Program. No changes are planned at this time for the dispatching of DHS volunteer drivers in Grant and Harney Counties as CERC does not yet know if it will be working with EOCCO, and these volunteers, in the future.

Ms. Hueckman reported that she serves on the CCO Advisory Board in John Day and Harney County and has seen indications that EOCCO plans to work with CERC.

Ms. Wetherton cautioned that, due to liability concerns, non-DHS volunteers would not be able to transport children under 12 years old unless an attendant was present. Ms. Ybarra noted that DHS would still have child welfare volunteer drivers available who could be used to meet this special need.

4. Progress with Non-Emergent Ambulance Authorizations: Ms. Ybarra said CERC has been responsible for authorizing Non-Emergent Ambulance rides since July 1, 2013. As of the last CERC meeting on July 24, CERC had not received any Non-Emergent Ambulance calls. Since then, a few calls have been received. The first call CERC handled was very challenging. A quadriplegic, vent-dependent person had an operation in Portland and needed transport home to Eastern Oregon. She summarized the difficulties that occurred due to the family making the decision to take the client home after his surgery. Hospital staff recommended this client remain in Portland until all related medical services had been performed. This information was not shared with CERC until after the transport, which would not have been provided at that time if CERC staff been aware of all the facts. CERC staff are now better prepared with questions to ask when such rides are requested. The number of Non-Emergent Ambulance rides that CERC is handling does not currently appear on any reports. CERC's responsibility is to complete and submit a 405-T authorization form to OHA so the provider can be paid.

Prior to this transport, and since then, the family has requested stretcher car transports for this person, the daughter stating she is trained to monitor his vent and provide any suction and care necessary. There was discussion regarding whether an ambulance transport should be required with vent-dependent persons, with medical personnel present to assist if needed. Mr. O'Malley said he was not an attorney and could not offer legal advice; however, the question would seem to be: Who wants to accept the liability for the patient during transport? He summarized transport options and recommended that CERC implement a mechanism to transfer the liability. Chair Decker suggested that identifying if the patient had a Do Not Resuscitate Order on file might be helpful.

Ms. Wetherton clarified that CCOs will be responsible for NEMT for their members. DMAP will continue to provide guidance and to pay the bills for Non-Emergent Ambulance transports, and NEMT services for open-card members and those with Medicare eligibility. The goal is to make the transition to CCOs as seamless to the client as possible. January 1, 2014, remains most CCOs' "go date." DMAP has extended the date for Umpqua CCO (Douglas County) to July 1, 2014. Other CCOs may seek the same extension. DMAP is working on this with its DHS partners.

5. Veterans Connect Transport Project Update: Ms. Ybarra explained ODOT's intent in making these grant funds available is to help veterans without resources to access medical services, and hopes to justify the ongoing need for funding. These funds are not to be used if the veteran is Medicaid-eligible. CERC is one of three Oregon brokerages providing veteran transports. Veterans are expected to use local VA volunteer transportation resources for local medical care when possible. The grant is being used to fund rides to and from the van that goes to Veterans' Affairs (VA) services in Portland, and to help veterans get to local urgent need medical care when volunteer transport is not available. However, the local volunteer van does not accommodate wheelchairs. Concern has arisen that ineligible people are receiving rides. She will meet with local VA officers next week to review the eligibility criteria for this type of ride.

E. Service and Policy Changes

1. CAWEM – CWX

Ms. Wetherton defined the CAWEM program as Citizen Alien Waived Emergency Medical. Women receiving prenatal care under this program are eligible for NEMT. CWX is the computer category used by DMAP's Management Information System. This program formerly existed only in counties that put up funds to match those provided by the federal government. During the last legislative session, the state of Oregon directed that general fund dollars be used to cover all CAWEM women in the state.

2. Affordable Care Act – Fast-Track Enrollment
Ms. Ybarra handed out a flyer on “fast-track” enrollment for the Oregon Health Plan. This process is available to adult Oregonians who are OHP-eligible and have already qualified for food stamp benefits or health care benefits for their children. Fast-track enrollees will not have to apply through Cover Oregon. As OHP-Plus clients, they will also be eligible for Medicaid transportation benefits or medical mileage reimbursement. Potentially eligible clients will be notified to fill out a fast-track enrollment form so they will become eligible on January 1, 2014.
3. Ms. Ybarra distributed a September 13 e-mail from Bruce Goldberg, MD, Oregon Health Authority Director, entitled “Getting ready for 2014.”

F. Other Business

Bend Fire Department: Mr. O’Malley said he appreciated the opportunity to learn how CERC works and to meet everyone. Ms. Harms is the local resource expert who does ambulance billing.

DHS-Baker/Union/Wallowa: Ms. Pierce reported nothing new, but commended Ms. Ybarra for her responsiveness to policy questions.

DHS-Crook/Deschutes/Jefferson: Ms. Helton reported nothing new.

DHS-Grant (John Day): Ms. Hueckman reported nothing new.

DHS-Malheur (Ontario): Ms. Padgett reported nothing new.

DHS-APD (Redmond): Mr. Breuer reported nothing new.

Full Access (Bend): Ms. Moore reported nothing new except for her excitement about the grant.

Pacific Source CCO: Ms. Mardesich reported nothing new.

St. Charles Medical Center: Ms. Decker reported nothing new.

DMAP, Oregon Health Plan: Ms. Wetherton said she appreciated the opportunity to hear what everyone had to say.

G. Adjournment

The next meeting date is scheduled for 1 p.m., **Tuesday**, November 19, 2013.

With no further business, Chair Decker adjourned the meeting at 2:40 p.m.