

CASCADES EAST RIDE CENTER
Advisory Committee Meeting
Minutes

November 19, 2013

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

Members Present

St. Charles Medical Center: McKenzie Decker, *Chair*
Crook County Veterans Services: Angie Gilley
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

Members Absent

Bend Fire Department: Kindra Harms
Cent. Ore. Cabulance: Jason Higham, *Vice-Chair*
DHS-Baker/Union/Wallowa: Theresa Dent
DHS-Harney (Burns): Debbie Quant
DHS-APD (Redmond): Douglas Breuer
Harmony House: Cole Mack
Madras City Council: Shannon Poole
Malheur Council on Aging: Loni Debbin
Mosaic Medical: Kathy Robinson
Pacific Source Health Plans: Kacy Hageman
User Representative: Chris Aldred

Staff Present

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

Guests Present

None

A. Welcome & Introductions

Chair Decker called the meeting to order at 1:16 p.m. after technical difficulties with the V-Con equipment were resolved. Ms. Gilley, Ms. Hueckman, Ms. Padgett, and Ms. Pierce joined the meeting via phone. Everyone present introduced themselves.

B. Adoption of Minutes

Motion 1 (7/0/0): Ms. Helton moved to accept the September 25, 2013, minutes as written. Ms. Moore seconded the motion which passed unanimously.

C. Brokerage Reports

Ms. Ybarra presented and reviewed ride statistics for September and October of 2013, compared them to July and August 2013 and to the same four-month period a year ago.

“Total Medicaid Rides” averaged over 6,500 per month last year, but did not exceed this number for the last four months of 2013. However, the “% Eligibles Using CERC” is about the same, indicating that CERC is serving the same number of people but that they’re not asking for as many rides.

Chair Decker asked if this decrease was due to clients hitting their insurance caps for therapy benefits at this time of year. Ms. Ybarra said this trend has not been seen in past years. At the September 2013 meeting, Sarah Wetherton from DMAP (Department of Medical Assistance Programs) attributed this decrease to Coordinated Care Organizations (CCOs) being implemented.

“Provider Complaints” were lower at 11 per month for both August and September 2013. Ms. Ybarra said this is a good rate, but believes it may be due to the call center being too busy to write up all the complaints. Provider Complaints went back up to 29 in October 2013 which is a more normal rate.

“Secured” and “Stretcher” transports for September and October 2013 were significantly higher than in September and October 2012. Ms. Ybarra said it is unknown what was causing the increase. The Ride Center verifies secured transports are medically necessary before CERC provides the ride.

As was reported at the September 2013 meeting, the number of “Eligible Clients” per month has stopped its monthly increase. In July 2013, there were 47,504 eligible clients, but this number dropped to 47,297 by October 2013. Ms. Ybarra commented it will be interesting to see how many of the Oregon Health Plan-Basic people become eligible in January 2014 and how many of them request Medicaid transportation.

At the September 2013 meeting, Mr. O’Malley asked if callers leaving voice messages were counted as “abandoned” calls. Following research, Ms. Ybarra determined that calls going into voice mail are counted as a “Completed Call” and added this information to the September 2013 minutes.

D. Brokerage Update

1. Staffing Reorganization

Ms. Ybarra reported the Ride Center has been reorganizing from the nonspecialized approach used in the past. This change is intended to address some workload challenges and prepare staff for an increase in ride requests anticipated January 1, 2014, with the added eligible OHP (Oregon Health Plan) members and move to administration of the Transportation Reimbursement Program. Several CSRs (Customer Service Representatives) who focus on Medicaid work have been moved to the COIC building on Bear Creek Road in Bend under her management. CERC is hiring two new CSRs to take calls and she has hired a CSR to work on transportation reimbursements. Calls are expected to increase once CERC begins doing transportation reimbursements for Medicaid clients. She expressed concern that CERC’s “lean” approach to staffing, to avoid future layoffs, may cause the Ride Center to be overwhelmed for a while. As the intentions of Eastern Oregon CCO (EOCCO) are still unknown, planning for staffing has become very difficult.

Ms. Ybarra reported that EOCCO apparently doesn’t want to deal with two separate brokerages. Dan (manager, Mid-Columbia brokerage) informed her he told EOCCO months ago he was willing to provide Medicaid transportation for the entire EOCCO service area, but has heard nothing from EOCCO since. CERC may be providing rides for Medicaid clients in Eastern Oregon for a few more months, as the State has allowed CCOs to delay transition of Medicaid transportation until July 1, 2014.

In response to Chair Decker’s question, Ms. Ybarra said Medicaid clients will use the same phone number to request rides that they are using now.

2. Pacific Source Transition – January 1, 2014, Target

Ms. Ybarra reported meeting with Pacific Source CCO two weeks ago regarding the decision to move transportation under the effective CCO on January 1. Although there is no contract yet, her understanding is that PSCCO is not planning any significant program or service changes right away. This decision requires CERC to assume administration of the Transportation Reimbursement Program (TR) by January 1 also. CERC has not had a chance to test the computer program that will support TR, though the Portland programmer sent her an e-mail in which he said he thought the software will be operable by January 1, 2014. It will be a mad scramble for CERC to get everything operational over the next six weeks to make the change on January 1.

Ms. Padgett asked how Medicaid transportation will change after the transition to PSCCO and expressed confusion about PSCCO’s role vs. Moda’s role in Ontario. Ms. Ybarra explained CERC will still provide transportation in six counties in Eastern Oregon served by MODA Health until July 1, 2014, when MODA takes over administration of Medical Transportation

Reimbursement for these counties. CERC will also continue to work with OHA (Oregon Health Authority) with the fee-for-service/"open" card clients who will remain under the administration of OHA. All counties east of Central Oregon are served by MODA Health. For Central Oregon clients, an update to the OBSS program will allow CSRs to identify who are PSCCO members and who are fee-for-service. CERC doesn't expect to make any changes to services provided for Eastern Oregon counties as OHA will continue to administer transportation services for these members until their CCO transition is complete.

Ms. Moore asked Ms. Ybarra to send e-mail updates regarding the status of the Pacific Source CCO transition.

3. Update on Transition of Travel Reimbursement

Ms. Ybarra said a lot has happened since the September 2013 meeting. Much remains to be done before CERC can assume reimbursement for the tri-county (Deschutes, Crook, Jefferson) area on January 1, 2014, including many changes for Ride Center staff to implement. CERC won't be including Eastern Oregon counties unless MODA Health decides that CERC is to continue providing transportation brokerage services.

CERC's Transportation Reimbursement Client Guide has been in Salem for two months and is still not approved. She has reminded the State that CERC can't assume Medicaid Transportation for PSCCO without being able to administer the Transportation Reimbursement Program, and the Guide is needed to make this transition. The first computer module loaded to use debit cards for reimbursements does not work with CERC's version of OBSS. She is hoping to confirm later today that CERC will be able to use the OBSS programmer's version of TR tracking. He is working to incorporate this into the new software that CERC is getting for the CCO conversion.

Ms. Ybarra passed around a sample Accel-A-Pay card for members attending the meeting in person. Using her own name as a test, she determined that CERC can issue the debit cards for clients through US Bank once registration begins. However, she did not know at this time if the cards can be successfully loaded with funds. The Ride Center will be working to ensure all necessary processes are in place to receive and track reimbursement requests, verify and authorize payments, and load reimbursements onto the debit cards.

E. Service and Policy Changes

1. Transfer of Cases to 5503

Ms. Ybarra said some Medicaid cases have been transferred to the OHA Medicaid Branch (known as 5503) in Salem and will be administered from that branch now. She has instructed Ride Center staff to forward all Medicaid transport denials with the 5503 Branch code to the Processing Center in Salem. Clients needing help are to be directed to contact the 5503 Branch for assistance. When she last met with OHA staff in Salem, she was told that all APD cases would also be transferred to Salem, but that APD workers were not happy about this move. Splitting cases between several branches, with multiple workers, will make it difficult for CERC to help clients resolve challenges.

Ms. Padgett said she understood that OHA had moved all medical cases associated with SSP (Self-Sufficiency Program) to the 5503 Branch and coded them "CT" (case transferred). This means that DHS no longer has worker codes on them for somebody to help these people understand what denial and other notices are about. Ms. Helton confirmed that APD cases are remaining in local branches, at least for a while. Customer service with split cases will be difficult as the local branches will have only part of these cases. These clients are used to talking with local workers about all of their situation and now all medical questions must be directed to the 5503 Branch.

2. Out-of-State Ride Requests

Ms. Padgett said the local health department requested that her office arrange transportation to Sacramento for a burn victim. This case had been transferred to 5503 and no one there seemed to know how to authorize that trip. The health department provided little information, not even the case name. All she knew about the case was that the client had been helped by the Shriners since he was 2 years old and that the Shriners had been billing Medicaid for the transportation that they were providing but never got reimbursed. She asked Ms. Ybarra to issue a written process for DHS branches to follow.

Ms. Ybarra said the out-of-state ride approval process seems to be confusing for everyone. She explained the process to a 5503 worker (Joyce) and referred her to Sarah Wetherton at OHA who would connect Joyce with the people who can authorize such trips. CERC never received a request or notification that this trip was authorized. Transports more than 75 miles outside of Oregon require prior OHA approval. She suggested Ms. Padgett contact the Shriners and explain that reimbursement from Medicaid is available only if they request *prior* authorization from OHA and then schedule the ride through the brokerage. OHA will verify the needed services are not available within Oregon before it grants approval. CERC does maybe two of these out-of-state transports per year. Transports from Ontario to Boise, Idaho, or from La Grande to Walla Walla, Washington, which do not require OHA approval, happen on a regular basis. Medical necessity and referral are always verified. She will ask Ms. Wetherton whom to contact at OHA regarding out-of-state transport requests.

Ms. Hueckman asked what procedure should be used when someone is requesting a ride from John Day to Portland (260 miles to Portland city limits). She has been advised that drivers have to do this in one day and not spend the night. This is difficult to achieve on two-lane roads as the I-84 freeway is only available from Biggs Junction west along the Columbia River. Winter weather can make this trip even longer. Last week, one of her volunteer drivers had a 17-hour day. In addition to 6 hours travel time each way, Portland driving was slowed by a police officer's funeral procession which required other traffic to detour.

Ms. Ybarra confirmed that OHA prefers trips to be made in one day if possible. However, a 17-hour day is not safe for either the driver or the client being transported. People in Baker, Ontario, and Wallowa County are advised to plan on overnight trips when they go to Portland, even though they might prefer to do the trip in one day. The only exception to this is if two volunteers go together, so that one can drive over and the other can drive back. She will remind the CSR who schedules "bid" trips to check out distances via MapQuest. An overnight stay needs to be allowed for trips showing close to 5 hours each way, since volunteer drivers are limited to 10 hours of driving time per day. Ms. Ybarra requested that problems of this nature be reported to her as soon as possible.

3. Meal Reimbursements

Ms. Ybarra explained that brokerages taking on travel reimbursements will also be reimbursing for meals and lodging. OHA reports that how meal reimbursements are being completed varies greatly around the state. Some DHS branches issue meal reimbursements automatically if the client qualifies. Other branches authorize meal reimbursement only if the trip will be an overnight one or if the client requests it for a really long day. Meal reimbursement has the potential to be a lot of work and costly for the State, so OHA is looking to standardize these reimbursements. OHA is currently looking at revising the policy to reimburse for meals only if the client will be away from home a minimum of 8 hours. For trips shorter than 8 hours, clients will be advised to take a lunch with them.

4. Brokerages Modifying Trips or the Conditions Under Which Trips Are Made

Ms. Ybarra said OHA and Brokerages worked with the federal CMS (Center for Medicaid Services) lot in the past several years on how to encourage chronic “no-show” clients to modify their behavior. CMS doesn’t allow State Medicaid transportation services to penalize clients as their no-show behavior may be a result of their medical issues, but ride providers get upset as they’re not paid for “no-shows.” Under a temporary rule being filed by OHA, based on CMS requirements, Brokerages may not make a reasonable modification that will result in denial of a ride or services. Ride restrictions that a brokerage may impose on frequent “no-show” clients include:

- * calling at least 2 hours before the scheduled pickup time to confirm they are going that day or the ride will automatically be canceled;
- * calling only the week before (instead of up to a month) for the next week’s appointments;
- * calling to schedule rides only 2 days before any medical appointment; or
- * requiring an attendant travel with the client for the ride to be scheduled and happen.

F. Planning of 2014 Meeting Schedule

Ms. Ybarra consulted with DHS staff who felt that quarterly meetings would not effectively address their concerns because of timeliness. Following discussion, CERC Advisory Committee members agreed by consensus to continue meeting on the 4th Wednesday of odd-numbered months: January 22, March 26, May 28, July 23, September 24, and November 19, 2014.

Meetings have been held at the Redmond DHS office so that members outside Central Oregon could attend via V-Con. During discussion, it was discovered that most members attending in person are driving from Bend and most members attending by V-Con are no longer on the advisory committee. Ms. Pierce, the only member using V-Con at this time, said she felt that phoning in can work for her. Ms. Gilley stated that either Bend or Redmond can work for her. Chair Decker and Ms. Helton volunteered to work with Ms. Ybarra to research possible meeting places in Bend, where most of the members live, and to make sure that conference-calling will still be available.

G. Other Business

Ms. Ybarra provided two handouts: (1) Frequently Asked Questions about Non-Emergent Medical Transportation and (2) Oregon Health Plan 2014 Fact Sheet.

Crook County Veterans Services: Ms. Gilley reported nothing new.

DHS-Baker/Union/Wallowa: Ms. Pierce reported nothing new.

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

DHS-Grant: Ms. Hueckman reported nothing new.

DHS-Malheur: Ms. Padgett reported nothing new.

Full Access: Ms. Moore reported nothing new.

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

H. Adjournment

The next meeting is scheduled for 1 p.m., Wednesday, January 22, 2014, location to be announced.

With no further business, Chair Decker adjourned the meeting at 2:18 p.m.