

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

Minutes
March 23, 2016

Members Present

Bend Cab Company: Ben Nichols
Central Oregon MediTran: Chuck Daugherty
Crook County Public Health: Muriel DeLaVergne-Brown
DHS-CAF/CW (Central Oregon): Therese Helton
Loving Lift Transport: Harry Hall
Pacific Source Health Plans: Molly Taroli, **Chair**
St. Charles Health System: Lesley Srikantaiah, **Vice-Chair**

Members Absent

Disability Advocate: Vacant
Care Facility: Vacant
Consumer: Tashina Jordan
Veterans Representative: Vacant
DHS-APD (Cent. Oregon): Karren Ruesing
Mosaic Medical: Lindsay Stailing
Oregon Health Authority: Sarah Wetherson

Guests Present

Dawn Frey, Pacific Source Coordinated Care Organization (PSCCO) Community Solutions

Staff Present

Melanie Ybarra, CERC/COIC (Cascades East Ride Center/Central Oregon Intergovernmental Council)
Transportation Brokerage Manager
Tony Morales, CERC Contracts and Services Administrator
Cameron Prow, TYPE-*Write II*

A. Welcome and Introductions

Chair Taroli called the meeting to order at 1:03 p.m. with five members present. She introduced herself as newly married and announced she had been promoted to a new role within Pacific Source: CCO Project Coordinator for Central Oregon. Everyone introduced themselves. Ms. Helton arrived at 1:12 p.m. and Mr. Hall at 1:15 p.m. after approval of the minutes.

B. Adoption of Minutes

Motion 1 (6/0/0): Ms. DeLaVergne-Brown moved to accept the November 18, 2015, minutes. Mr. Daugherty seconded the motion, which passed unanimously.

C. Brokerage Reports

Ms. Ybarra reviewed selected ride statistics in Deschutes, Crook, and Jefferson Counties for October, November, and December 2015 and for January and February 2016. The new format contains data that was previously captured on several reports. This format does not show a comparison to numbers a year-ago due to changes in data and the reporting system. She provided a fuller explanation of the numbers to give everyone a basic understanding of the new report format.

Total Calls Received appear to be steady. November was a bit lower which might be due to the phone system not working for a few days.

Average Wait Time was just under a minute in October but was generally steady for the next four months.

Medicaid Rides Provided by County: Data from North Klamath County (Gilchrist, Crescent) that used to be included as part of Deschutes County data are now tracked separately. Numbers for North Klamath County are low. Jefferson County has a larger Medicaid population than does Crook County, but ride numbers and clients using the program are usually less, or similar, to Crook County utilization numbers.

Total Medicaid Rides Provided have been higher than they were 18 months ago at 5,000-6,000. The wheelchair population doesn't seem to be increasing, just the ambulatory population. The percentage of "Volunteer Ambulatory Rides Provided" has remained fairly consistent. "Stretcher" rides have been up and down (6, 10, 21, 23, 9). "Secured" rides went from 0 in October to 3, 4, 6, and 4 for November through February. "Fixed Route Bus" (Bend) dropped from 318 in October to 199 in February. Ms. Ybarra said lack of support from medical providers for clients riding the bus was a contributing factor. The dialysis center and Deschutes County Behavioral Health (DCBH) wrote letters, requesting their clients not be assigned to the bus. DCBH rationale for this position is that "show rates" are better when these clients have individual rides. Ms. Ybarra recommended continuing education of clients and medical service providers about advantages of riding the bus; clients provided a bus pass for medical visits can also use their bus passes for other needs. Bus training and helping clients feel comfortable about riding the bus may be helpful also. Acceptable reasons for not using the bus when a bus pass has been issued included client sickness and very poor weather.

OHP Eligibles: Ms. Ybarra presented an extra handout that showed by month the State's total number of OHP (Oregon Health Plan)-eligible clients in Crook, Deschutes, and Jefferson Counties as well as Pacific Source and Fee-For-Service (FFS) clients. OHA expects OHP FFS clients to be 5-8%, with everyone else having their care managed by a CCO. Central Oregon FFS numbers are at 14%. She attributed Central Oregon's higher FFS rate, in part, to the Warm Springs Reservation. Tribal members can opt out of managed care. There are several reasons OHP clients may not be assigned a CCO to manage their care.

Committee members suggested the 14% figure might be due to a client's type of diagnosis, being temporarily disenrolled by a CCO, or being retired with access to a health care plan in another area. Reasons for nonenrollment included clients not filing their recertification paperwork timely, lack of understanding about how the system works, being intimidated by the complexity of the system, and waiting until they're sick to access the system. Ms. Ybarra said CERC is often the first to inform clients that they are no longer eligible. The Ride Center advises such clients to contact either OHA (5503) or the appropriate DHS (Oregon Department of Human Services) branch office.

Travel Reimbursement Ride Payments: The tracking has been updated to show TR rides *scheduled and paid in the report month plus rides scheduled in a prior month but paid in the report month*. Numbers were being underreported by capturing only current-month TR payments.

Cancellations used to average 2,000 per month but are running higher. The number of appointments missed would be half this number since usually each trip includes two rides. In March, Pacific Source requested the Ride Center track the number of same-day cancellations versus those done in advance. Those figures should be available at the May meeting.

Ms. DeLaVergne-Brown asked why the cancellation rate was so high. Ms. Ybarra said there are many reasons. CSRs (Customer Service Representatives) could try to ask clients, without upsetting them, why they are canceling so the Ride Center can get information on this.

Rider No Shows seem to be increasing. This is a significant concern for medical providers. Ms. Ybarra summarized the new process used by CERC to encourage clients not to no-show. CSRs are to inform the Quality Assurance (QA) Specialist of every no-show. If the QA person determines the client has a pattern of no-showing, she will send a letter educating the client on the impact of no-shows and what can happen if no-shows continue. If the client continues to no-show after the 1st letter has been received, CERC will move forward and send a 2nd letter, putting the client on ride restrictions with the hope of reducing the no-show rate.

Provider Missed Trips: Ms. Ybarra said Pacific Source's goal was for this rate to be 0. There are multiple reasons that transportation providers miss trips and it's not always the provider's fault. At times the Ride Center does something incorrectly and the result is the provider misses the pickup. All missed trips are tracked and addressed as soon as possible.

Facility Holiday Closure and Facility Weather Closure are new statistics the Ride Center is using to help capture all the work CERC does. "Holiday closure" rides occur when the client schedules an appointment for a holiday, the facility later notifies the Ride Center it won't be open, and the ride is canceled. A few medical facilities closed in November and December due to weather, causing trips to be canceled.

Nonbilled Rides Showing Provided can be the result of several things:

- Clients who have received a ride by a transport provider but the provider has not yet billed CERC.
- Travel reimbursement trips – the client has 45 days after the visit to submit their visit verification for payment to be issued.
- If a driver fails to report a trip as a "no-show" or "cancel," it sits in the system as a provided but unpaid ride. CERC is working to identify these and get the coding adjusted so tracking will be accurate.

Shared Rides: Sharing rides is now a challenge for CERC. When all rides were billed to OHA, the system was set up to attribute all ride costs to the primary rider except for a small shared-ride fee coded to the secondary rider. Under CERC's new multiple funding source structure, the system default cannot be used or one funding source might be picking up the cost of another rider under a different funding source. CSRs are doing manual calculations at this time. This is a very labor-intensive process. Shared rides are lower and will continue to be so until the computer system has been updated to accommodate CERC's multiple funding source structure (see Brokerage Updates).

After Hours Rides are rides that occur in the evenings or on weekends or holidays. These numbers have been fairly consistent.

Total Complaints Received go up and down but are fairly consistent. A handout was provided showing the different complaints by provider. Mr. Hall said some complaints have no merit. He cited an example where the client complained about his driver not stopping at a stop sign that allowed right turns without stopping. Ms. Ybarra explained CERC is required to report all complaints received, whether they are found to be valid or not.

Unduplicated Clients Served: Previously, this report showed the percentage of people by county who were accessing benefits. That part of the report is not generated under the new report system. Ms. Ybarra said she could try to get it back if members wanted to see this level of detail.

Ride Policy Denials – Total: These have gone up, but most are due to clients determined "Not Eligible" or because of "Unable to Verify Appointment."

Capacity Denials: November and December were a bit higher, primarily due to “Same Day Ride Request” denials during inclement weather. Providers are unable to accept as many last-minute ride requests when the roads are bad as they struggle to deal with their prescheduled rides.

Ride Match Rides ranged from 40 to 59 per month over the five-month period. Funding for this program will end on June 30, 2016, and COIC Deputy Director Karen Friend is looking for an alternate source.

Veterans Program Rides: Numbers went up and down (66, 49, 101, 127, 30). She was unable to account for the very low ride number in February. ODOT has informed CERC that it will not extend the grant covering rides for veterans past June 30, 2016. CERC is pursuing other funding.

DHS Special Pay Rides occur infrequently. They are non-Medicaid, requested and paid for by DHS.

Non Emergent Ambulance Trips Authorized: CERC authorizes Non Emergent Ambulance (medical) Trips (NEMT) for OHA and Pacific Source, but does not contract with or pay the providers. There are usually less than 10 per month, but this numbers were higher in November.

Total CERC Volunteer Trips Provided: This number includes all Medicaid, Veterans, and Ride Match rides provided by volunteer drivers.

Committee members agreed that the level of detail provided in this report was acceptable.

D. Follow-Up from Prior Meeting

1. Committee Membership

- **Abilitree:** No representative at this time. Ms. Taroli said she will reach out to Peggy Gilbert since Jennifer Morgan is no longer available.
- **Central Oregon Independent Physicians Association:** No representative at this time. Ms. Taroli said the contact she had for COIPA was not available.
- **Central Oregon Veterans Outreach:** Chair Taroli volunteered to contact COVO.
- **Full Access:** No representative at this time. Ms. Ybarra reported trying to contact Sarah Moore several times but recently her email address came back as “undeliverable.” Attempts to contact other people at this organization have also been unsuccessful.
- **Mosaic Medical:** Ms. Ybarra announced Lindsay Stailing is the new representative who hopes to attend the May meeting.
- **Regency** (assisted living facility): No representative at this time. Ms. Ybarra has been unable to contact Michelle Thompson and will follow up with Ms. Ruesing who recommended Ms. Thompson.

E. Brokerage Update

1. Some Restructuring

Driver Training: Ms. Ybarra said Pacific Source requires new drivers to complete all training before they start driving. CERC has increased its training schedule to assure that new drivers can complete all needed training within a maximum of six weeks of being hired. A new training session – including PASS, First Aid, NEMT, and HIPAA – is scheduled in May. Transportation providers are requesting *immediate* training for drivers through the regular

process. CERC has set up alternate processes that will work so providers can get new drivers on board without delay, but does offer all classes every six weeks. Drivers who haven't successfully completed all training won't be allowed to drive.

Ms. Helton requested a copy of the training list as DHS is trying to recruit dual drivers.

Staff Changes: Ms. Ybarra introduced Mr. Morales, Contracts and Volunteer Drivers Program Administrator. CERC is recruiting for a Policy and Services Program Administrator. She is retiring on June 1, 2016, but will continue working on a part-time basis through the end of 2016. Once trained, these two new positions will do much of the day-to-day management. Some work done in the CERC Administration office at the Bear Creek facility has been moved back to the call center.

All transportation provider contracts have been updated to include the new Pacific Source requirements, and most of the new training due to those changes has been completed.

Mr. Morales requested that any issues associated with the providers and volunteer drivers program be directed to him. He summarized his employment background (U.S. Army, St. Charles Medical Center, behavioral health program for teens) and education (Bachelor's degree in History, Masters in Theology, Masters in Business Administration).

Provider Meetings: Providers expressed interest at a meeting with CERC in February about having regular provider meetings. Ms. Ybarra said she emailed this idea to providers in June 2015 but had only one response. She attributed the new interest to the number of recent changes. CERC will work toward regular provider meetings.

OBSS: CERC uses the Oregon Brokerage Scheduling System (OBSS) to administer services, schedule and bill for rides, and track data. Previously, OHA contracted with Tri-Met to maintain and update this software for all brokerages. This resource was lost when Tri-Met closed its brokerage. The person who originally developed that program has now agreed to contract with the brokerages still using OBSS. Over the next two years, this person will handle updates and develop system documentation so others can maintain the system in the future.

2. Client Guide

Ms. Ybarra said Pacific Source wants to revise CERC's current client guide, which was developed by OHA. One of the many challenges ahead includes maintaining a separate and different guide for OHA FFS clients who will have some different rules.

3. Pacific Source Services vs. OHA Client Services

Ms. Ybarra said OHA rules require clients to obtain medical services in their local area. Exceptions are allowed only if clients are referred and the need is based on medical necessity. Pacific Source is willing to transport clients to other areas for medical service to assure they get care. Until an agreement is established, CERC will transport current Pacific Source clients to their established providers and get guidance from Pacific Source on criteria for transporting a new Pacific Source client without an established provider. She doesn't know yet how that will work, but discussion is continuing and she will keep members informed. Based on a comparison done previously by the Ride Center, transporting clients to providers outside their local area adds an average of \$140 per trip to the transportation cost. Nonambulatory trips are significantly more expensive than ambulatory ones.

Ms. DeLaVergne-Brown said she supported allowing clients to keep established relationships with their medical providers.

Ms. Taroli pointed out this is necessary at times when an OHP client has been “fired” by local medical providers and must go out of the local area to receive services.

Mr. Nichols asked how CERC would mediate the difference in caliber of medical services in one town versus another. Ms. Ybarra said the rule currently was that clients can go to any provider they want, but will have to make their own travel arrangements if they choose a provider outside of their local area. To get CERC’s help with transportation, the client needs to choose a local provider.

F. Service and Policy Challenges

1. Proposed Rules

Ms. Ybarra said OHA has convened several Rules Advisory Committees which will be looking at adjustments to current rules. One rule has to do with the criminal history check process, which could impact transportation providers. Another is to add a rule allowing CCOs to utilize the FFS rule numbers when they choose to follow the FFS rule. She will update committee members when she has more information.

2. No Vaping Signs

Ms. DeLaVergne-Brown said Crook County is changing all smoke-free signs to include tobacco and e-cigarettes. The e-cigarette tax did not pass in the Oregon Legislature due to a strong lobby.

G. Other Business

1. Oxygen Needs of Patients

Ms. Ybarra asked Ms. Srikantaiah to remind social workers at St. Charles to identify patients who need oxygen so it will be there when the transportation provider arrives. Several incidents have occurred where the provider had to come back several hours later because the client didn’t have oxygen. The social workers expected the driver to provide the oxygen and drivers are not able to do this.

2. Ride Denials When Clients Self-Discharge

Ms. Ybarra reported a client in the hospital was denied a ride because of not being discharged by the doctor at the time the ride was requested. The CSR who denied this ride previously worked for a health insurance company that required patients to pay for medical treatment if they self-discharged, so she thought this was universal across all insurance companies. Ride Center staff have been instructed that clients have the right to self-discharge without completing treatment; they do not have to wait for a doctor’s agreement. The new Ride Center policy is that the CSR receiving the ride request will notify the social worker on duty that the patient is self-discharging so they can ensure they are ready for transport.

Ms. DeLaVergne-Brown stressed the importance of medical staff knowing what is happening in case the person wanting to self-discharge is unable to comprehend the consequences of this action.

Ms. Srikantaiah said nurses, doctors, and social workers will usually assist a person who is self-discharging even if doing so is against medical orders.

3. CCO and Brokerage Maps
Ms. Ybarra presented a map of Coordinated Care Organization Service Areas and a list of Non-Emergent Transportation Brokerages for Oregon Health Plan Members which included phone numbers.
2. Roundtable Reports
 - **Bend Cab Company:** Mr. Nichols reported nothing new.
 - **Central Oregon MediTran:** Mr. Daugherty reported nothing new.
 - **Consumer:** No report.
 - **Crook County Public Health:** Ms. DeLaVergne-Brown reported the county completed its community health assessment and this was posted on the Central Oregon Health Council website. A regional health improvement plan was created to address social determinants of health which is being done by seven workgroups. She is leading the Maternal, Child, and Reproductive Health Workgroup. Each workgroup is tasked with identifying opportunities to really improve health in the region and reaching consensus on how that will be achieved. Ms. Taroli said she was involved with the Social Determinants Workgroup. She offered to provide a list of workgroups throughout Oregon for anyone interested.
 - **DHS-APD:** No report.
 - **DHS-CAF:** Ms. Helton said she was glad that DHS and CERC would get more dual drivers.
 - **Loving Lift:** Mr. Hall reported a problem in transporting clients in wheelchairs who are on oxygen. The oxygen bottle must be a small one that can be fastened to the chair as he has no way to properly secure the larger tanks for safe transport in his vehicle.
 - **Oregon Health Authority:** No report.
 - **PSCCO Community Solutions:** Ms. Frey reported nothing new.
 - **St. Charles Health System:** Ms. Srikantaiah reported the hospital has been struggling with how to get Medicare patients who come in by Life Flight or ambulance home again. These clients are being denied a ride home because they're receiving service outside their local area. However, coming to Bend for medical care was not their choice. Ms. Ybarra said the brokerage can help with trips home if the client is on Medicaid. CERC's providers would probably be willing to transport non-Medicaid patients if funding is available.

H. Adjournment

The next meeting is scheduled for Wednesday, May 25, 2016, 1 p.m. Ms. DeLaVergne-Brown said she would miss the May meeting. With no further business, Chair Taroli adjourned the meeting at 2:33 p.m.