NEMT Abbreviation

- NEMT is an acronym used to denote Non–emergency Medical transportation services
- Excludes 911 ambulance calls
- Excludes LifeStar/LifeFlight Services
Topics Covered

- Brief Overview of the NEMT Program
- Methodology employed to reorganize the Connecticut Operations Center
  - Evaluation of Connecticut Operations
  - Piloting Change
- Reorganization of the Departments
  - Call Center and Transportation Departments
Topics Covered Cont.’

- Reorganization of Remaining Support Departments
  - Billing Department
  - Quality Assurance
  - Support Positions Added
Topics Covered Cont.

- Technological Improvements
- New Projects
- Program Data
## Meaningful Background Information

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Unduplicated Riders</td>
<td>26,351</td>
</tr>
<tr>
<td>Trips Provided in CY 2014</td>
<td>4,336,518</td>
</tr>
<tr>
<td>Total Trips Provided</td>
<td></td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Quarter 2014</td>
<td>1,033,788</td>
</tr>
<tr>
<td>Cost of Trips</td>
<td></td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Quarter 2014</td>
<td>$15.51 million</td>
</tr>
</tbody>
</table>
Federal regulations (42 CFR 440.170):

- To provide Non-Emergency Medical Transportation for members of the HUSKY A, C and D programs to a Medicaid covered service when no other means of transportation is available.
- NEMT can only be given for a Medicaid covered service.
- Transportation must be the most appropriate and cost effective Level of Service (LOS) needed by each HUSKY Health member being served.
2015 Activities

January 5, 2015:

New management arrived at the Connecticut LogistiCare facility

- **First priority** - evaluate operations:
  - Call Center Performance
  - Improve Training Materials and Presentation
  - Prior Authorization System
  - Claims Processes
  - Quality Assurance/Complaints
Evaluation of Operations

- **Objectives:**
  - create a new workplace culture
  - retain employees

- **Desired outcomes:**
  - improve employee engagement with operations
  - create a member centric environment and delivery system
Focus has been on improving the efficiency of the CT operations

- Teaching and Learning
- Coaching and Mentoring
- Developing Listening Skills
- Professional Demeanor
- Process Improvement
Internal Reorganization

Internal reorganization of units:

- Department names were changed to reflect actual responsibilities and tasks being performed
- Restructured departments and their internal operations to increase efficiency in work flow
- Call Center changes focused on ways to improve employee retention and performance in order to meet all contractual requirements
Internal Reorganization

- **Transportation Unit**
  - efficient trip assignment/routing, improve trip re-routing process, ensure provider network adequacy, and better monitoring of provider performance

- **Utilization/Verification Department**
  - better perform clinical and administrative reviews for Notices of Action

- **Billing/Claims Unit**
  - improve efficiency, timeliness and accuracy of provider claims processing
Internal Reorganization

- Split the call center into functional areas:
  - Reservation line
  - Mass Transit and mileage reimbursement
  - Verification of forms unit

- Staffing Level Configuration
  - Reviewed for the entire Connecticut Operations Center
Call Center

- **Reservation Line**
  - Staff for the reservations and “Where’s My Ride” (first move) lines were combined
  - Created a utilization center for the clinical review of forms
  - Verification center created with separate phone prompt to handle forms processing activities

- **Mass Transit and Mileage Reimbursement**
  - Order and distribute tokens/passes to members and programs
  - Process train pass funds
  - Process gas mileage reimbursement authorization and payment
Call Center

- **Verification Unit**
  - Implemented a dedicated authorization line to provide real-time access for healthcare providers and members to check the receipt of forms and status of trip requests
  - Moved the unit to the Utilization Review Department

- **General Call Center changes:**
  - Automated authorization forms to allow for electronic submission, eliminating manual printing, faxing and handling by staff
  - Cross trained data entry employees to assist with high call volumes during peak times
  - Enhanced training to keep staff up to date with changes
  - Increased engagement between supervisory and line staff
Outcomes

- Reduced wait and hold times experienced by healthcare providers and members
- Reduced incoming reservation center calls by reducing the number of calls abandon and need for call backs
- Improved turn around time to process trip requests
- Created time to make outbound calls to members and healthcare providers
  - Notification of approvals or denials
  - Opportunity to request additional information needed to make timely determinations
Call Center

- **Outcomes**
  - Increased staff productivity by 23% (calls per day per staff increased from 50 to 65 per day)
  - Decreased staff turnover from 47% (2014) to 24% for the first half of 2015
Call Center Stabilization

- Cross trained data entry employees to assist with high call volumes during peak times
- Continued refresher training sessions to keep staff up to date with any changes
- Audited random reservation calls
- Began conducting one on one sessions between supervisors and frontline staff to discuss accomplishments and opportunities for improvements
Transportation Department

- Moved the “Where’s My Ride” (second move) phone line and staff to the call center because of experience with the provider network
- Moved the Next Day, Urgent and Discharge call staff into the Transportation Department due to their specific duties, knowledge of the provider network and service areas
- Dedicated the unit solely to trip routing, re-routing and securing short notice transportation
- Automated through a web based fax system, streamlined the transportation provider cancellation and reroute process for reservations
Transportation Department

- **Outcomes**
  - Increased the time available for securing alternate transportation for members and improved service delivery by 33%
  - Increased ability of providers to take on additional trips requiring same day scheduling
Technological Improvements

- Added FAX Presses to all Departments
- Added each of the forms submitted for the member to the member’s electronic file in the call center system
- Updated the phone system
  - Added a dedicated prompt to the call center incoming line to allow the caller the choice of pre-routing to Authorizations (Verification Unit) or to the Mass Transit Unit in addition to the general reservations line
Billing Department

- CT Operations billing department functions were moved to LogistiCare’s centralized billing center in Virginia.
- Staff members moved to other units to better utilize manpower resources.
- Will be implementing an on-line attestation process.
Quality Assurance Department

- Hired a new manager to solely handle quality assurance related issues
  - Concentrates on:
    - Complaints
    - Training activities
    - Auditing processes
Quality Assurance Activities

- Implemented a new complaint tracking form to improve investigation and reporting of complaints to DSS
- Worked with LogistiCare medical review team to update forms used in CT
- Created an active training module to use with new hires
- Actively working with outreach coordinator to improve communications
- Coordinates with Transportation Department to identify areas for improvements in transportation activities
Quality Assurance Training Activities

- Created and facilitated “Sensitivity and Difficult Caller Training” into all new hire training modules
- Created an enhanced complaint training module to improve the complaint input process by frontline call center representatives
- Dedicated staff to randomly audit calls to improve and ensure quality customer service
- Training plan and checklist developed for improved consistency
- Improving job aids and system directories location for accurate and quick reference opportunities
Other Changes

- Created an internal Employee Action Committee to have employees be an integral part of change and cultivate a better work environment

- Created an Advisory Committee to bring all stakeholders together to evaluate problems and create workable solutions
  - Composed of transportation providers, hospital representatives, members and medical/behavioral health providers
  - Meets monthly on every third Thursday at LogistiCare’s CT Operations Office
Other Changes

- Created a Reporting Manager position
  - Evaluates new processes via data collection and analysis of data/outcomes (Balanced Scorecard Approach)
  - Looks at meaningful outcomes to ensure new processes are working as intended

- Created an Outreach Staff position
  - Provide education of processes to facilities
  - Systems support to all facilities
Pilot Projects

- **Preferred Facility Discharge Providers**
  - Improved times that members had to wait for a ride home from the hospital

- **Direct Call to Transportation Providers**
  - Has improved the wait times after an appointment

- **Chemical Dependency Facility Transition**
  - Has had a beneficial effect on members to decrease travel time each day
Outcome of Pilot Projects

- Dependency Facility Transition
  - LogistiCare and ValueOptions staff evaluated ~1,200 members traveling distances greater than 15 miles by livery for chemical dependency treatment
  - Transitioned 277 members to closer facilities

Remained at Their Current Dependency Facility

- 5 members transitioned to take home services
- 29 members had their own transportation
- 9 members opted for gas mileage reimbursement
- 159 members require further evaluation
  - 23 missing documentation to attend specific programs
Projects

- Stakeholders, LogistiCare and DSS staff finalized individual membership brochures for LogistiCare to distribute

- DSS staff developed a User’s Guide for NEMT Services
Utilization Data

How do we monitor program change and its effect on program performance against the program goals?

Through the use of data analytics which provides feedback on the efficacy of the process changes implemented.
Mode of Transportation (Level of Service)

Months January 2014 - July 2015

Number of NEMT Services

- Livery/sedan
- Wheelchair
- Ambulance
- Mass Transit
- Gas reimbursement
Total Trips Delivered Compared to Membership and Riders

Members, Unduplicated Riders and Trip Volume Comparison 2014 to 2015

Count Numbers

Month

Jan  Feb  Mar  Apr  May  Jun  Average

Member 14
Member 15
Rider 14
Rider 15
Trips 14
Trips 15
Rider No Show

Rider No Show  August 2014 to July 2015

Percentage of Total Number of Trips

Months

August 2014 to July 2015
Call Center Volume

Total Call Volume by Month Comparison 2014 to 2015

Number of Calls

Months

Jan  | Feb  | Mar  | April | May  | June | Avg

2014 | 2015 |
Average Speed to Answer Calls

Average Speed to Answer Comparison
2014 to 2015

<table>
<thead>
<tr>
<th>Months</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>4:48</td>
<td>3:36</td>
</tr>
<tr>
<td>Feb</td>
<td>8:24</td>
<td>7:12</td>
</tr>
<tr>
<td>Mar</td>
<td>4:48</td>
<td>3:36</td>
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<tr>
<td>April</td>
<td>3:36</td>
<td>3:36</td>
</tr>
<tr>
<td>May</td>
<td>4:48</td>
<td>3:36</td>
</tr>
<tr>
<td>June</td>
<td>2:24</td>
<td>2:24</td>
</tr>
<tr>
<td>Average</td>
<td>4:48</td>
<td>3:36</td>
</tr>
</tbody>
</table>
Call Abandonment Rate

Abandonment Rate Comparison 2014 to 2015

Expressed as a Percentage of the Total Calls Received

2014 Aband
2015 Aband

Month
Jan-15  Feb  Mar  Apr  May  Jun  AVG

0.0%  2.0%  4.0%  6.0%  8.0%  10.0%  12.0%  14.0%  16.0%  18.0%  20.0%
Complaints 2014 vs. 2015

<table>
<thead>
<tr>
<th>Months</th>
<th>Complaint Numbers (Count)</th>
<th>Complaints 2014</th>
<th>Complaints 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar</td>
<td></td>
<td>270</td>
<td>190</td>
</tr>
<tr>
<td>Apr</td>
<td></td>
<td>280</td>
<td>200</td>
</tr>
<tr>
<td>May</td>
<td></td>
<td>300</td>
<td>250</td>
</tr>
<tr>
<td>Jun</td>
<td></td>
<td>280</td>
<td>220</td>
</tr>
<tr>
<td>Jul</td>
<td></td>
<td>230</td>
<td>180</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td>270</td>
<td>200</td>
</tr>
</tbody>
</table>
Impact of Changes

- Customer-centric service for both providers and members
- Processes have been streamlined reducing the need for repeat phone calls and form submission
- Real – time information available to members and providers regarding status of submissions and forms
Scheduling Reservations

Phone:
Members  888 - 248 - 9895
Facilities  888 - 866 - 3287

Fax:
- Facilities 866 – 529 - 2138
- Members: not currently available

Online
- Members  *  https://member.logisticare.com
- Facilities  *  https://facility.logisticare.com

*user registration required*
Ongoing Work

- Continue to illicit feedback from members, providers, advocates and other stakeholders regarding where program improvements can be made.
- Continue to use the Balanced Scorecard approach to identify areas for improvement and measure outcomes of change.
- To hold ourselves, transportation providers & LogistiCare accountable for providing timely transportation to our members.
Questions?