

Pennsylvania Enrollment Services Webinar Series
Medical Assistance Transportation Program
March, 29 2017

MAURICIO CONDE: Good morning everyone, my name is Mauricio Conde. Welcome to the Pennsylvania Enrollment Services Webinar Series. Today's webinar is titled: Department of Human Services Medical Assistance Transportation Program (MATP).

Before we begin, please know that if you have any questions, you may type them directly into the chat box at the bottom left of your screen, and we'll answer them at the end of the presentation.

Also, please remember that you will have the opportunity to provide us with a survey that we will be able to share with you and we ask you to please take the time to provide your feedback. All of the lines are muted and please note that if you have any questions, that we did not get to answer, we will be able to answer those at the end of this presentation.

Our presenter today is Michael Cvetan, with the Pennsylvania Department of Human Services, Bureau of Managed Care Operations Medical Assistance Transportation Program.

And without further ado, I will turn it over to Michael Cvetan. Thank you Michael.

MICHAEL CVETAN: First of all, I want to thank Maximus for asking the Medical Assistance Transportation Program to be part of this today. The MATP is always interested in assuring the delivery of this message to people who can benefit from the program and to those who will pass this information on to people to whom the program will offer valuable transportation solutions.

Though the MATP is a relatively small part of the overall Medical Assistance (MA) program, its impact to both the MA beneficiary and the overall MA program can be significant.

Last year, across the country, more than 4 million people, including 1 million children, missed or cancelled one or more medical appointments because of a lack of transportation.

This number increases substantially if you also factor in medical appointments that were delayed or rescheduled also because of transportation issues.

Research consistently shows that the lack of transportation is one of the most common barriers to medical services faced by Medicaid beneficiaries.

The Medical Assistance Transportation Program removes this barrier by providing the means of transportation to and from community based medical appointments to a population that often has no other way to get there.

Last year, the MATP transported 112,599 Pennsylvanians, representing just over 1.8% of the state's Medicaid beneficiaries.

The MATP provided over 3.6 million trips, averaging 44 trips per beneficiary. Of these trips, 54.6% were paratransit, 16.4% were mass transit, and 29% were mileage reimbursement trips.

The average MATP trip costs \$12.84.

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A recent Florida State University study found if just 1% of MATP trips result in the avoidance of an emergency room visit, the savings to Medicaid would be \$11.08 for every transportation dollar spent. This is where the positive effect on the overall Medicaid Program manifests and before I move to the next slide, I want to mention the numbers that I just mentioned do not include numbers for Philadelphia so the number of trips would increase and the number of trips per beneficiary would increase if we included those Philadelphia numbers.

The MATP provides transportation for individuals eligible for Medical Assistance who need access to medical care or services and have no other means of transportation. This includes access to occasional medical service needs, access to pediatric or other specialized care. It includes access to ongoing chronic disease and care management including dialysis and methadone maintenance. This is access to care with individual or group medical practices, not emergency room visits.

What this all means is access to preventative care that equates to fewer and shorter hospital stays, ER visits, and a better quality of life for the Medicaid beneficiary.

In 2016, the Kaiser Family Foundation studied 32 states or parts of states in which non-emergency medical transportation was provided by a specific single transportation broker. Included in this study, were the trips provided by the MATP broker in Philadelphia.

Here is where I include the numbers:

The study included just over 59 million trips that were provided to beneficiaries from January through November 2015. The chart on this slide shows the breakdown of medical service destinations and for the most part these reflect Pennsylvania's MATP breakdown as well. 38% of all trips were behavioral health related and that includes methadone maintenance and other addiction related services. 17% were dialysis related; 15% were preventative visits; 7% were visits to specialists; 6% represented physical therapy or rehabilitation visits; 5% were adult day care (this in not, by the way, part of Pennsylvania's MATP), transportation to daycare is not included in Pennsylvania's program; and 12% represents all other medical visits that were supplied.

While there is never a cost to the Medicaid beneficiary, the MATP must give individuals access to qualified providers of the beneficiary's choice who are generally available to and used by other residents of the community or the locality in which the beneficiary resides. The MATP must provide the least costly and most appropriate mode of transportation that is available as determined by the county MATP agency.

The program must use existing transportation services whenever possible and the provided transportation is generally shared with other people.

Upon enrollment to the MATP and periodically as needed, a needs assessment is completed for each beneficiary. From this assessment, a primary transportation mode is determined or re-verified. Either a verification need from a physician or an independently mobility assessment is required for assignment to the para-transit mode. And at any time, with proper verification, transportation modes can temporarily or permanently be changed.

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MATP rules and regulations are the same throughout the state, but the County MATP agencies may have local requirements, procedures, service areas, and operating hours. For example, Erie County in the Northwest has a substantially different transportation provider networks than Greene County in the Southwest. The demographics, the population density and transportation systems are different in each of Centre, Pike, and Chester counties; therefore, they have some local requirements, procedures and operations that are particular to those counties. The County MATP agency must however have a process to review and provide, on a case by case basis, eligible and appropriate trips that fall outside of their local areas, their local office hours or their service area but are within MATP's program requirements.

Eligibility for MATP is solely determined by MA Assistance Category and Program Status Code. That is the code that is assigned to an MA beneficiary through the county assistance office when the beneficiary is approved or re-certified for Medicaid. There are currently 230 combinations of MA Category and Status Codes. 75% of all of these combinations are eligible for the MATP. The remaining 25% breakdown as shown on this chart with the bulk of them being related to long term care or buy-in programs; 4% are department of corrections codes; 3% each for nursing or other residential settings and Veterans or federal programs; and the final 1% are family planning codes. All of the codes within that 25% for various reasons do not have an eligibility for MATP.

At 65 years of age, an MATP beneficiary must be referred to the Senior Shared Ride Program. This is a Pennsylvania Department of Transportation Program, partially funded by lottery dollars. The Shared Ride, with Pennsylvania lottery funds, pays 85% of the standard Shared Ride fare and MATP pays 15% of that standard fare as a Senior Shared Ride sponsor. Once a beneficiary is referred to the Senior Shared Ride Program, that beneficiary and their transportation needs fall under the rules, regulations and procedures for all trips that would occur within Shared Rides published operating hours and service area. But the MATP will still be responsible to provide any eligible trips that cannot be taken within the standard operating areas or hours.

There are some services that are not eligible for MATP transportation. Though not a comprehensive list, here you see non-medical or non-MA compensable services are not eligible. Transportation as part of inpatient treatment need; transportation to sheltered workshops, day care programs, psychological rehab or off-site peer counseling are not eligible for MATP nor is emergency transportation or non-emergency medically necessary transportation. That one means transportation that is non-emergency in nature but because of a medical or technological requirement, the recipient or the beneficiary would still require transportation by ambulance or ambulate with an attendant. Transportation requiring a medical attendant or stretcher services are also not eligible for the MATP.

Door-through-door service is not eligible for the MATP nor are exceptional transportation services defined mostly as transportation requiring air travel, lodging and meals. And of course, transportation during severe weather where transportation is deemed unsafe by the provider.

An escort may accompany an eligible beneficiary if it has been verified that the beneficiary cannot travel independently or if they need an interpreter or light mobility assistance.

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A child may accompany the beneficiary only if there is a need for escort and the child has been verified to meet one of those escort requirements. A child could also accompany an adult if the county MATP or the contracted transportation provider does not charge MATP for that child's transportation.

According to the MATP para-transit pick-up rule, the MATP beneficiary will be picked up within ½ hour window, extending from 15 minutes before to 15 minutes after their scheduled pick-up time. The beneficiary is required to be ready at least 15 minutes before that scheduled pick-up time. If transportation arrives before the pick-up time, the driver must wait until the scheduled pick-up time but if the transportation arrives after the pick-up time, the driver is not required to wait. In this example, the scheduled pick-up time is 8:00, as shown by the blue hands on the clock. That means the driver can arrive anytime between 7:45, as shown by the green hand, or 8:15 as shown by the red, and still be considered on time. The beneficiary's responsibility is to be ready by 7:45. If necessary, the driver will wait until 8:00 for the beneficiary but is required to wait no longer than 8:00. If the driver arrives between 8:00 and 8:15, they will wait only a reasonable amount of time for the beneficiary to appear.

At the medical provider's office, the transportation provider can drop off a beneficiary up to 1 hour before their scheduled appointment. Keep in mind however that there are some rules and conditions in place that permit this time to be extended up to 2 ½ hours. When a beneficiary is being picked up after their medical appointment, there are two possible scenarios. One would be with a pre-set pick-up time, which is a pick-up time that can be reasonably determined when the trip is originally scheduled. The second would be an open or a call on completion pick-up and this is when the pick-up time cannot be accurately predicted when the trip is originally scheduled so the beneficiary will call the MATP upon completion of their medical service and request a pick-up. With this open pick-up, the pick-up clock starts when the MATP is called and the MATP then has one hour to pick up the beneficiary. At the medical service with a pre-scheduled pick-up, the para-transit pick-up rule that we talked about on the previous slide, applies. This slide shows both possibilities. In both medical appointments shown on this slide, the appointment time is 8:00 and in both, the MATP can drop off the beneficiary as early as 7:00. In both of these scenarios, the appointment finishes at 10:15. With an open pick-up, and the MATP being called immediately at the end of the appointment, they have until 11:15 to pick up the recipient. With a pre-scheduled pick-up, pick-up will occur between 10:00 and 10:30 and yes it is possible with a pre-set pick-up time that the driver could arrive prior to the actual completion of the medical appointment. That means careful consideration must be given to the determination of a pick-up time if you are going to schedule it in advance.

Curb-to-curb service is the standard for MATP but door-to-door service is also available on a case-by-case basis. Service level is based on the verified level of service need appropriate for the client's physical and mental capabilities. Again, going back to physician's verification of this need or an independent mobility assessment that this need is here. Door-through-door is not an eligible MATP service.

Methadone maintenance transportation is prescribed by Pennsylvania law and Act 121 says that transportation is provided only to the closest methadone clinic to the beneficiary's home. Exceptions to

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This closest clinic requirement may be requested and may be granted based only on the 4 specifics that are listed in the law and these are medical emergency, physical health, safety issues, or availability of the closest provider. Exception requests are reviewed and approved by the Department. When assessing an exception request, the Department adheres strictly to the four issues that are listed in the law but we will apply as broad of an interpretation of these and of the statements of the requester as we possibly can.

Urgent Care transportation is defined as transportation that is provided for any illness or severe condition, which under reasonable standards of medical practice would be diagnosed and treated within a 24 hour period or if left untreated, could rapidly become a crisis or an emergency situation. The medical service provider must verify before transportation can be provided, that he or she must see the beneficiary as soon as possible because the beneficiary's condition has to be treated within 24 hours or it could rapidly deteriorate. The medical service provider may also certify that avoiding hospitalization depends upon approval of transportation or for a current hospital patient, that their discharge would be substantially delayed until transportation is available.

During normal operating hours of the local MATP transportation provider, urgent care transportation must be arranged within 3 hours of the verification of the need for the urgent care transportation. A visit to an Urgent Care Center is not considered urgent care transportation unless one or more of the listed verifications above is received and the Urgent Care Center is the specified location where the medical service provider will meet the recipient or if that center is the designated back-up when the standard medical service provider is unavailable.

Pharmacy transportation is provided only to obtain prescriptions or to purchase or pick-up medical devices or needs. Pharmacy transportation is provided only to the choice of the two pharmacies closest to the beneficiary's home or to one of the two closest to the prescribing physician's office if the prescription is given during the visit and if the stop is on the way home from that visit. Verification of purchase may be required. In the example on this slide, either of the two closest pharmacies may be used on the way home from the prescribing medical service. Either of the two closest to the beneficiary's home may be used to fill or re-fill prescriptions or purchase medical supplies or devices but the second closest, which here is inside WalMart, verification will be required that the pharmacy was visited or that actual medical devices were purchased. Note there are two other pharmacies shown on this slide and neither of those pharmacies would be eligible as a pharmacy for this particular beneficiary.

Whether you are scheduling your 1st or your 101st MATP trip, the process is easy and simple. All county MATP providers should follow a similar, straight-forward determination of eligibility. The first thing to be determined is, "is the beneficiary eligible?" If it is a no, they are going to stop right there. But if it is a yes, they have to ask "is the requested destination eligible, is it actually an eligible medical service?" If the answer is no, they are going to refer them to the CAO because the County Assistance Office may be able to provide transportation to locations that the MATP cannot. But if the answers is yes, they are going to ask "is this exceptional transportation, is it airfare, does it require and overnight stay?" If the answer is yes, well it goes to the County Assistance Office because they are the ones who handle exceptional transportation. If it is no, then we are going to ask "is there other transportation available,

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is there another program that is no cost to the recipient that they could use instead of MATP?" If the answer is yes, we are going to stop and they are going to that other program. But if the answer is no, we are going to ask "is the beneficiary sanctioned, are they sanctioned from the MATP because of some rule or something that they have done causing them to be sanctioned or are they sanctioned from Medicaid in general?" If the answer is yes, obviously we are going to stop. If the answer is no, we are going to schedule the trip and there is no other thought process that should go in to determining whether or not a recipient gets a trip.

There are 4 MATP regions across the state and there is one assigned dedicated MATP staff for each region. It is the job of that staff member to monitor, review, interpret, advise and generally oversee each local provider's adherence to MATP standards and guidelines and the quality delivery of a valuable transportation service to eligible Pennsylvanians.

This is a chart of our division. It gives you contact information for staff and management as well as listing the MATP website address. Note that the MATP website, MATP.pa.gov has no www. in front of it. All of the information in this presentation, on this slide and on previous slides, for contact information for each of the local MATP providers and a whole lot more information is available on that website, including the complete printing of the MATP standards and guidelines so you can see each and every rule, regulation and guide that the county providers are given.

I want to thank you for the time and the opportunity talk about the MATP and I think what we will do now is take a look at some of your questions and do what we can to answer them.

MAURICIO CONDE: Thank you so much Michael and just so everyone knows, after the meeting, you will receive an email and it will prompt you to take a small survey so your feedback is always appreciated and will also drive other potential topics that we will have in these webinars. You will also have a link to access this PowerPoint presentation and also there will be subsequently a file where you can hear the presentation and also the complete text of the presentation.

There are a couple of questions, two of which I can answer and the two are regarding the copies of the slides. The slides will be available this afternoon on enrollnow.net, it is www.enrollnow.net. If you go on meetings/news you will find the section about the webinars and you will be able to download via PDF this presentation.

There are a couple of other questions that I will read for Mike.

And the first one is, sometimes there are barriers to the initial paperwork assessment, have you thought about ways to better service the population with SMI behavioral health concerns with completing paperwork for the MATP program?

MICHAEL CVETAN: Very good question but not a really valuable concern. If you remember in the slide presentation, I said that eligibility for the MATP is determined by MA status code. So when you initially as a beneficiary go to any county MATP provider, your eligibility is already determined. We don't have to determine eligibility. There is no time lag between your initial contact with any MATP provider in any county and determination of eligibility because you walk in either eligible or not eligible. Our paperwork

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packet is required and a signature on that paperwork packet is required, however, a 30 day timeframe is given for the completion and signature of that paperwork in which we will transport anyone who has medical appointments to those appointments. We can do the assessment and get the signature at the 30 day mark so the paperwork is important, the law requires us to have it on file but it is not necessary to begin transportation and oh by the way, the latest guideline, we give the counties the ability to assess the reasons that they might not get the paperwork back in 30 days and actually add more time to that if they believe it is beneficial to the person requesting service.

MAURICIO CONDE: Thank you so much Michael. There is another question. I have had issues with members that need the pick-up service but the provider will not fill out the provider verification form until they are seen. Do you have a one-time pick-up so they can get that first appointment?

MICHEL CVETAN: Interesting, I have to try to digest what this means. I am going to read this again. Issues with the member that needs pick-up service but the provider will not fill out provider verification. Are we talking the medical provider here, until they are seen? That is a bit of a conundrum because signing paperwork and getting verifications and things to prove eligibility for some service other than MATP is not a function of the MATP. We do not take people to a doctor's office just to get forms signed. If you are talking about validation of visits to a doctor that are eligible for the MATP, we don't ask for verification up front from the recipient. We ask the recipient to provide verification by signature after they visited the doctor. If I am mis-reading this question, please get it to me in a little different manner or explain it a little deeper and if you want to send it to my email address on that slide, please do and I will gladly answer it directly.

MAURICIO CONDE: Sounds good. There are a couple more questions. Does this mean with the pre-schedule pick-up appointment, the individual should be waiting no longer than 15 minutes after the agreed upon pick-up time?

MICHAEL CVETAN: That is correct. We consider for purpose of oversight for the various counties, we consider a driver on time if he shows up anytime within that ½ hour pick-up window. If he shows up after that ½ hour pick-up window, the driver is technically late and we of course, if we find out about it on an onsite visit or from discussions, we would discuss with the county provider the fact that they need to tighten up on that or have their sub-contracted providers tighten up on that. But a driver is considered on time anytime within that ½ hour window.

MAURICIO CONDE: Another question. Will the MATP take patients to the initial methadone maintenance assessment prior to the authorization?

MICHAEL CVETAN: No, I think I sort of mentioned part of that in the answer that I was a little confused on. We do not generally take people, because it is not an eligible MA service, to assessment appointments. However, because we are dealing with methadone maintenance, and because we have a state law that says we must transport only to the closest clinic, we will do whatever is necessary to make sure that the person gets into that closest clinic if that means transporting them to the clinic to make sure they are eligible for the service at that clinic then we will do that transport.

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MAURICIO CONDE: Another question. Could you provide some examples of what diagnosis symptoms would meet the eligibility for Urgent Care transportation outside of calling an ambulance?

MICHAEL CVETAN: Boy personally, I don't someone who wakes up very early in the morning who did not have a cough, cold, a high fever before they went to bed. They called their doctor and the doctor says "well that may be just a cold but because I have been seeing you for a number of years and I know your medical history, that could very rapidly degrade into something that would require your hospitalization" and in that case, the doctor would want to see the patient right away. It is any condition that a doctor tells us would, if not treated within 24 hours, become a crisis situation or require hospitalization. So we don't have a definition of what an urgent care symptom or condition might be, it is a doctor's assessment that because of this patient's medical history, what they are presenting to me over the phone now requires me to see them or within 24 hours they could require hospitalization. We go strictly by the doctor's request. If the doctor says that it is urgent, and he must see them, then we take them to the doctor. That is why there is a 3 hour limitation on it. Is it our contention that if the situation being described to the physician is severe enough for the physician to want to see them on this very quick basis, that we need to get them there within 3 hours. We want to eliminate the possibilities of a doctor perhaps filling the last appointment in the day with something that he may or may not feel is absolutely critical. So we take the doctor's word for it and we say we will have the patient to you within 3 hours and if that meets all of the criteria, then the patient is transported.

MAURICIO CONDE: Is there another phone number that can be accessed when your local MATP organization is not answering or returning calls?

MICHAEL CVETAN: There is not a phone number other than the phone numbers for our monitors but keep in mind that our monitors are not there overnight and you would be able to leave messages for any of the program monitors or management or myself or my peer Ken Porter or even the division director, Tyrone Williams. Our numbers and our emails are listed and we would be very happy to do what we can regarding situations like this. However, keep in mind that the standards and guidelines for the MATP require each county operates a telephone line and have a plan whereby things that are needed when they are not in the office are at least recorded and picked up first thing in the morning. So every county must have a backup plan for when the office is closed.

MAURICIO CONDE: Okay, so I am not sure if this one applies but, under the Community HealthChoices (CHC) scenario, will there be any significant changes to the current MATP eligibility or scheduling process?

MICHAEL CVETAN: No, under CHC as far as we can determine, the only significant change to MATP might be the number of people who are using and who are eligible for the service. But then again, keep in mind, that eligibility is determined other than with us. So our eligibility standards and our scheduling processes should not change.

MAURICIO CONDE: Okay now one of the questions that comes up during the advisory meetings or at the advisory meetings is, is the process for receiving MATP services in the beginning. So I go to the County Assistance Office or I go through a navigator process and become eligible for Medical Assistance,

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and it doesn't mean that I can now just call and say I have an appointment and arrange for pick-up right? I mean is there a form or is there a previous registration that I have to do in order to receive the service?

MICHAEL CVETAN: Actually not. Once you are an MA recipient and your MA codes/program status codes show as eligible code and you need a trip, need a ride, you call your county MATP and they can immediately schedule transportation for you because they have access to all of the necessary verifications and eligibility platforms that are available throughout the Commonwealth to determine whether someone is an MA recipient or not. The paperwork is required but it can be delayed up to 30 days. What is required early on is a needs assessment to determine whether or not you would need para-transit, or whether you can take a fixed route service or whether you are a mileage reimbursement recipient. But that initial trip, prior to any of that paperwork being done, an eligible trip/an eligible recipient, we will transport.

MAURICIO CONDE: Great, another question. Is a visit or ride to the county mental health or drug services program covered under MATP?

MICHAEL CVETAN: Again, it would depend upon the reason for the visit. Many counseling rehabilitation services, I mentioned methadone and that comes under behavioral health, etc., many of those services are eligible for MATP transportation. The only services that are not eligible are services that basically are life skill services and ongoing services where we are going outside of the office to learn life skills and to learn work skills. So they have to be medically related services and they are mental, behavioral or physical health services. If you have a particular service in mind, the local county provider can immediately tell you whether that service is available. The website again, looking at the standards and guidelines has a list of available and non-available services.

MAURICIO CONDE: Another question. Would the MATP program take a patient to a food pantry at a hospital? The patient will also be seeing a dietician.

MICHAEL CVETAN: The dietician and the food pantry would probably be a non-eligible service. I don't know what medical service a dietician would be billing through PROMISE. That is always the bottom line in these medical services. Is this a service that the service provider is going to bill to MA through PROMISE? And if they are, is it a medical service or is it some ancillary service that is not directly medical related. In this specific scenario, the food pantry to the hospital and seeing a dietician is probably not an MA compensable service.

MAURICIO CONDE: Must the customer schedule a side trip to the pharmacy with the MATP provider in advance or can it be done when picked up from the medical appointment?

MICHAEL CVETAN: This is part of the individual differences between counties. In some counties, they would be able to immediately accommodate a trip to the pharmacy on the way home from the doctors but in others, they would have to let the county know in advance that they anticipate a prescription being received and anticipate that diversion if you will on the way back. To get a specific answer to that

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question, you would have to talk to the county in which the trip is being taken. It is our rule in general to try not to deny services so I am sure every county would try their very, very best to provide that stop but they may have a rule in the county because of the availability of transportation or the specific transportation services that you might have to schedule or at least alert them in advance that there could be a stop on the way home.

MAURICIO CONDE: If a person is no longer allowed back to the closes methadone/suboxone clinic or there is an earlier appointment with the further clinic, will MATP provide transport to the further clinic?

MICHAEL CVETAN: Two parts to this question. Number 1, it says methadone/suboxone. Please keep in mind that the law does not mention suboxone so they are not required to go to the closest suboxone clinic. There are fewer of them at this point and they can be further apart so we have to remove those two when we are considering this so I am going to talk only about methadone. If someone is no longer allowed in a methadone clinic and they are not allowed in that methadone clinic because of something that they of their own volition have done, violated a rule, not been able to pass a urine test, etc., the MATP will not and is not obligated to transport them to a more distant clinic. If someone is no longer allowed at that closest clinic because their doctor has prescribed independently for methadone treatment a drug course that is one that the methadone clinic prefers that their recipients not have and they need to change clinics because of that, then the MATP will consider the next closest clinic that has spots or slots available.

MAURICIO CONDE: Do we have to go to the MATP transportation office to get the paperwork?

MICHAEL CVETAN: In most cases, you can call and they will send the paperwork to you and you do not have to show up in person. In a few counties, Allegheny for one, the paperwork is available on their website where you can download it, sign it and send it back to them. Though you can't in Allegheny County transmit it to them online yet, by the end of the year you probably will be able to. I think a number of our counties will move that way. So the answer is no, you don't have to in person and in some counties, they will have to mail it to you and in other counties you will be able to download it from their website.

MAURICIO CONDE: If I understood correctly, it sounds like there should be no delay in an individual accessing the MATP transportation as long as their assigned code is a qualifying code. When we have individuals referred to our MH mental health services in Lancaster County, there are at times delays to the start in services as they have to submit the paperwork to the MATP. Should this be the case or should they be able to get a ride for the earliest appointment available?

MICHAEL CVETAN: There should be no delay because of paperwork with the MATP. If any county is delaying the initial ride when someone applies or the initial rides, plural when someone applies, because paperwork has not been completed, this is something that we would need to address with that county. But no, there should be no delay with that. Again, the paperwork is required, a needs assessment has to be done. If someone does not have an apparent need for para-transit, but we are putting them on para-transit vehicles, a county will at some point say we need to do the needs assessment, we can't schedule any more para-transit because we don't have that verification. But to answer your question directly, no,

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there should be no delay because of paperwork. The only reason paperwork comes up is because there is a state law, 55-PA-2070, that tells us what we must have on file for a recipient. It is an old law, that portion of it is a little outdated because we are now also electronically savvy, but we must adhere to that law so the paperwork becomes important only because they must have it, not to determine eligibility or to give a ride.

MAURICIO CONDE: A client has a car but is in an accident and not able to drive for a month, can this client be eligible for MATP services.

MICHAEL CVETAN: They certainly can. Any county that has a mileage reimbursement recipient who for any reason cannot use the car whether it is a car accident and the car is unusable or whether it is a car accident that disables their right leg so they can't drive, would be eligible for para-transit service. Keep in mind however, there must be verification that they need that para-transit service so a physician must verify that they have that temporary disability or we would have to see an accident report or a mechanic statement that the car is not drivable. They would then temporarily be given the transportation and when the conditions revert to normal again, they would go back to mileage reimbursement.

MAURICIO CONDE: One more frequent question we get during the advisory meetings is the transportation from one zone to another zone or from one county to another county. For example, I live in Luzerne County but I need to go see a dentist in Dauphin County or in Philadelphia, how is that arranged?

MICHAEL CVETAN: The transportation across county lines is something that each county would arrange on their own or with the other counties that would be involved. There is no limitation other than that exceptional transportation where overnight might be required, that kind of thing that is placed on any county MATP as far as distance traveled. They may have local requirements. Erie County for example, their only transportation provider does not leave Erie County, so there is a limitation as to what Erie County can do. However, to get someone to Mercer and Crawford Counties, they could take a look at the Greyhound Bus which would go from the city of Erie to Mercer and then the person in the city of Mercer would have available to them either Crawford Counties volunteer drivers or fixed route transportation from the Greyhound to the doctor's office. In many instances, we have had counties that will transport a recipient to a specific spot on a county line where the other county will then pick up that recipient and continue the transport. I will go back to Crawford County, Crawford County has certain days a week when they will transport from Crawford down into Allegheny County so if an appointment can be arranged on the days that they transport to Allegheny County, that can be arranged. So these are all things that are arranged by the county or counties but we as a program have no limitation on where they can travel or how long. It is up to them to make that determination. Now there are counties out there if you are listening, who at one time, because the state had a budget crunch, we did allow you to put limitations on your service area and you held strictly to those service areas. We have eliminated those over the last couple of years because we are not in that tight of a budget crunch any longer so you can, within the parameters of your service, go wherever is necessary to deliver the service. Keep in mind, that it is a community based service so a recipient from Luzerne County cannot pick a

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dentist who is in Philadelphia and pass 20 or 30 other dentists or more on the way unless there is a specific reason. Unless that dentist in Philadelphia is a specialist of some sort that the recipient needs. They would be required to visit one of the closer facilities. So there is always this need requirement. The rule is, the recipient can have their choice of medical service providers within the community or location that the general public would have. So if the general public has a choice from 20 dentists, the general public living in that Luzerne County area has a choice of 20 dentists, then we would expect that an MA recipient would also choose his dentist from those 20 unless they can demonstrate a need to go to that dentist in Philadelphia.

MAURICIO CONDE: Sounds good. We are coming to a close. Please remember that if you have any other questions, Mike has been gracious enough to provide his email address as well as everybody else within the Medical Assistance Transportation Program. Remember that the presentation slides will be posted on our website, enrollnow.net, and also while you visit the website, please check out the consumer advisory committee meetings which are for the five different zones of HealthChoices and the meetings start as early as next week, starting with the New West on April 5, 2017 and the South West on April 6, 2017. Also, you will receive an email asking you to take a small survey and your feedback is always greatly appreciated. Please remember to tune in next time on May 31, 2017 when we will have Deputy Secretary Jennifer Burnette and Chief of Staff Kevin Hancock who will talk to us about the Community HealthChoices Program. And at this point, the meeting will end, thank you so much.