

Commonwealth of Pennsylvania
Department of Human Services

MATP Quarterly Administrators Session

July 30, 2025



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Welcome & Overview

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Please make sure your microphone is muted when not speaking



During the presentation, please feel free to add your questions in the chat window



During the Q&A session, please use the 'raise hand' feature to ask a question –or continue to utilize the chat

TEAMS GUIDE



Post Q&A

Raise Hand

Camera (on/off)

Mute (on/off)

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Provide a regular forum to share program and fiscal information with MATP administrators and gather feedback from participants.

Purpose

Gain knowledge, receive and/or provide technical assistance and increase connections across the MATP network.

Hosts

- Gwendolyn Zander, Bureau Director, Managed Care Operations
- Kristen Figueroa, Division Director, Division of Monitoring and Compliance
- Rebekah Leiphart, Medical Assistance Transportation Program Director
- Christopher Stout, Program Supervisor
- Amy Brandt, Director of Division of Budgets and Contracts
- John Taylor, PennDOT Manager of Planning and Technology
- Barry Decker, Division Director, Office of Mental Health and Substance Abuse Services (OMHSAS)
- Robert Hammond, OMHSAS

Topics for future calls will vary and continue to be responsive to questions and feedback from participants. Suggestions are welcomed!

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Report Out

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April QA Call Feedback Form Results

46 Total Respondents

SATISFICATION
96% find QA Calls beneficial
77% satisfied with DHS support



BARRIERS
Few report issues with invites or scheduling conflicts



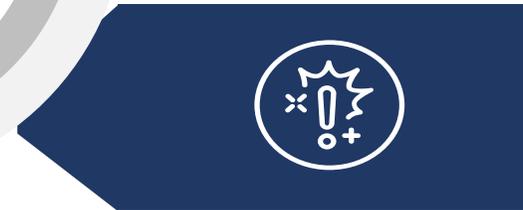
PARTICIPATION
78% attend at least ¼ of calls
Preferred Day: Wednesday



Key Takeaways

PAIN POINTS

- Training/Administrator turnover
- Desire for clearer communication
- Need for more example material
- Faster distribution of materials



USEFULLNESS
74% use the material for staff training
91% materials are easy to relay



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General Reminders

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Urgent Care Facilities

- Urgent Care facilities and walk-in clinics **are eligible locations for MATP**, if all other program criteria are met
- Members **must be enrolled** in an eligible Medical Assistance (MA) category to qualify
- Walk-in appointments are recognized as a **valid appointment type** for MATP
- This **guidance is distinct** from the Urgent Care Policy outlined on pages 30–31 of the Standards & Guidelines (S&G)

Rite Aid Closures

- Rite Aid has **begun closing their stores** and will continue over the coming weeks
- Rite Aid partnered with neighboring pharmacies to **automatically transfer prescriptions**
- The MATP S&G Chapter 7 states MATP **only transports to one of the two closest pharmacies** to the consumer's residence or prescribing doctor

Program Monitor Changes

- Due to staffing changes, there has **been a slight reorganization of PM** staff assignments
- All Administrators should have received **outreach regarding their new PM if applicable**
- The **list of current assignments** is available on the MATP website here: [MATP Staff Directory](#)

Coordination with CAO for Eligibility

- MATP **Administrators should establish a relationship** with their local County Assistance Office (CAO)
 - If you are unsure who your CAO liaison is, contact your Program Manager (PM) for guidance
- If a consumer claims MATP eligibility but Electronic Verification System (EVS) data does not match, the Administrator must contact the CAO to **confirm eligibility before issuing a Written Notice**
 - Refer to page 37 of the Standards & Guidelines (S&G) for details
- All other eligibility concerns should also be directed to the CAO

EDlaaS

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Current Process

Administrators use BES WebBBS to upload 270-files from Ecolane and receive 271-file responses to confirm consumer eligibility

What's Changing?

- The existing Web BBS platform is being phased out and replaced with a **new system** called Gainwell EDI as a Service (EDlaaS)
- Location of Registration and Log Ons
 - **WebBBS → EDlaaS**
- EDlaaS will be the EDI translator for the incoming request and response transactions 270/271 files

Administrator Responsibilities

- **Register existing transmitter ID** by emailing promise_edi_helpdesk@gainwelltechnologies.com
- **MUST indicate** whether you or not you are performing UAT
- The **email must include** the following data elements:
 - Current 9-digit Sender ID for Production
 - Current 9-digit Sender ID for UAT
 - Current 13-digit Provider ID or SubmitterID/Service Location in Production and UAT
 - Contact Name
 - Contact Phone #
 - Contact email address
 - Contact location address

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Additional Information

- **UAT URLs** will be provided and **can be used** right away
- **PROD URLs** will be shared in August and **cannot be used** until the cutover 9/26/2025
- Users who DO NOT receive an initial email from Gainwell are not registered for the DHS listserv
 - Register on Listserv DHS PA [here](#)
- Software vendors must reach out to get their IDs to ensure the software is connected to the new location

Where to Find More Information

[EDIaaS Transition FAQ](#)

[PROMISe Provider Page](#)

Who to Contact

- **PROMISe EDI Helpdesk:**
[promise_ed_helpdesk@gainwelltechnologies.com](mailto:promise_edi_helpdesk@gainwelltechnologies.com)

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Questions?

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Psychiatric Rehabilitation Services

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I. What is Psychiatric Rehabilitation Services?

PRS is a service designed to help individuals that have functional impairment resulting from mental illness to enhance or retain skills and competencies in the life domains of living, learning, working, or socializing. The goal is to achieve success and satisfaction in the domain of choice; and to achieve community integration.

II. What are the types of services offered?

There are 3 types of PRS: **Site Based, Mobile and Clubhouse.**

- Site Based and Clubhouse are facility-based services where the individual goes to a licensed facility to receive services.
- Mobile PRS is where a PRS staff provides psychiatric rehabilitation services to an individual or small group in the community.

III. Are there different collaboration for mental health services?

Some Counties utilize joinder collaborations for the provision of MH services. Administrators may want to investigate additional opportunities for coordination with neighboring Counties, where applicable.

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What is being instituted? What is being changed?

Transportation for PRS which was previously covered by BH-MCOs will now be provided through the MATP program.

When will this become effective?

Transportation for PRS **will not begin this year**. PRS will not be eligible for MATP transportation until Pennsylvania has a CMS approved State Plan Amendment.

PRS is scheduled to be adopted first into the State Plan with a following scheduled effective date. OMHSAS is planning to submit **by** the fall of 2025, with a tentative date of January 1st, 2026 (**pending CMS approval**). Service requirements for MATP will not be instituted until **effective**.

Transportation for consumers receiving these services should **not be treated differently** than transportation for consumers receiving non-psychiatric rehabilitation medical services.

Note: PRS could have a recipient spend multiple hours per visit at a facility. Services and time spent are unique to the recipient and could vary per visit.

Additional resources for PRS

- (Title 55, Chapter 5230): 55 Pa. Code Chapter 5230. [Psychiatric Rehabilitation Services](#)
- **Psychiatric Rehabilitation information on the DHS website:** [Consumer Driven Programs | Department of Human Services | Commonwealth of Pennsylvania](#)
- **Psych Rehab FAQ's** [Psychiatric Rehabilitation Services – Chapter 5230 - Frequently Asked Questions](#)

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Mercer Report Summary:

- Mercer provided an estimate of the fiscal impact of the OMHSAS State Plan Amendment (SPA) for a calendar year
 - PRS costs were identified using procedure code and modifier combinations of:
 - H0036-HB and H2030
- Mercer estimated transportation costs as a % of medical costs and assumed the costs will shift from HealthChoices Behavioral Health to MATP
- The Mercer numbers estimated the cost transitioned to MATP to be \$13,900,000 for the first CY the SPA is in effect

Budgeting Methodology:

- Anticipated PRS trips were accounted for in the County MATP budgets based on PRS claims data and the procedural codes from the Mercer report
- DHS MATP has anticipated additional costs and allocated an increase to the budget for FY25-26
 - This budget increase will be reflected in each County's initial allocation letter for FY25-26

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Methodology

- Analyzed claims data for psych rehabilitation services to understand the impact of PRS transportation on MATP provider operation
 - Used PRS claims data incurred over SFY22-SFY24 (7/1/21 – 6/30/24)

Assumptions

- Claims with the following places of service descriptions were excluded from the analysis:
 - Home
 - Telehealth Provided in Patient's Home
 - Mobile Units
- Claims were identified using following procedure codes provided by Mercer:
 - **H2030** (Mental health clubhouse services, per 15 minutes)
 - **H0036HB** (Community psychiatric supportive treatment, face to face, per 15 minutes)

Caveats

Following slides provide a high-level overview of the analysis. Keep the following in mind while reviewing the analysis:

- Only a portion of PRS claims will use transportation funded by MATP
- PRS consumers may already be MATP eligible under a different covered service
- Recipients may use Psych Rehab Services regularly over a period of time
- There were some reliability concerns with the data received due to hurdles in recording and reporting methods. All potential impacts and forecasting should be considered preliminary, and Administrators should remain flexible with any unforeseen changes in the future.

NOTE:

- Additional County specific data will be communicated by Program Monitors during the county meetings
- Reach out to PMs if there are questions and to request an ad hoc meeting or call

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Overview of Psych Rehab Services (PRS): Key Metrics



Fiscal Year	Distinct PRS Claims	Unique PRS Recipients	Claims per PRS Recipient
SFY21-22	334,920	7,435	45.05
SFY22-23	287,684	6,918	41.58
SFY23-24	222,618	5,281	42.15

Procedure Code	Description	Distinct Claims			Unique Recipients			Claims per PRS Recipient		
		SFY21-22	SFY22-23	SFY23-24	SFY21-22	SFY22-23	SFY23-24	SFY21-22	SFY22-23	SFY23-24
H2030	MH CLUBHOUSE SVC, PER 15 MIN	53,869	56,517	57,642	1,064	1,074	1,194	50.63	52.62	48.28
H0036HB	COMM PSY FACE-FACE PER 15MIN	281,051	231,167	164,976	6,525	5,979	4,222	43.07	38.66	39.08

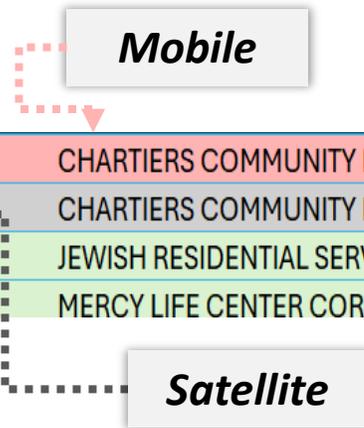
Note: Psychiatric Rehabilitation Services could have a recipient spend multiple hours per visit at a facility. Services and time spent are unique to the recipient and could vary per visit.

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We will be sharing a list of PRS facilities along with this slide deck. As you are reviewing the document consider the following:

- ✓ Licenses for Psychiatric Rehabilitation Services can include more than one location. Additional locations included under the same license are considered satellite locations
- ✓ When determining which location is the primary and which location is a satellite location, refer to the list provided after the call
 - Red rows indicate Mobile Services
 - Gray rows identify Satellite locations
 - Green rows are Primary locations

NOTE:
*There is **no** difference in MATP coverage from Primary and Satellite locations*



CHARTIERS MOBILE PSYCHIATRIC REHABILITATION PROGRAM	CHARTIERS COMMUNITY MENTAL HEALTH AND RETARDATION CTR, INC.	250 MOUNT LEBANON BOULEVARD,
CHARTIERS MOBILE PSYCHIATRIC REHABILITATION PROGRAM	CHARTIERS COMMUNITY MENTAL HEALTH AND RETARDATION CTR, INC.	437 RAILROAD ST,
HOWARD LEVIN CLUBHOUSE	JEWISH RESIDENTIAL SERVICES, INC.	2609 MURRAY AVE, STE 101,
MERCY BEHAVIORAL HEALTH- PSYCHIATRIC REHAB	MERCY LIFE CENTER CORPORATION	101 WEST STATION SQUARE DR.

Primary

For the most up-to-date list of Licensed PRS Facilities, please refer to the DHS website located below:

[Pennsylvania Department of Human Services Provider Directory Search Page](#)

Questions?

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Press Box

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State and Federal legislative and policy updates, as of 7/30/2025

Update

- ❑ Potential impacts of Bill HR 1 (Federal Reconciliation Bill) continue to be analyzed
 - Any future potential budgetary implications will be communicated to all Administrators and stakeholders
 - There is time to prepare – most Medicaid Provisions aim to be implemented late 2026, early 2027
 - Promulgated regulations
 - Litigations
 - Published projected impacts to Pennsylvanians who currently utilize MA services were based on the additional requirements in the legislation (redetermination frequency and additional work requirements) and how those categories were impacted during the PHE unwind



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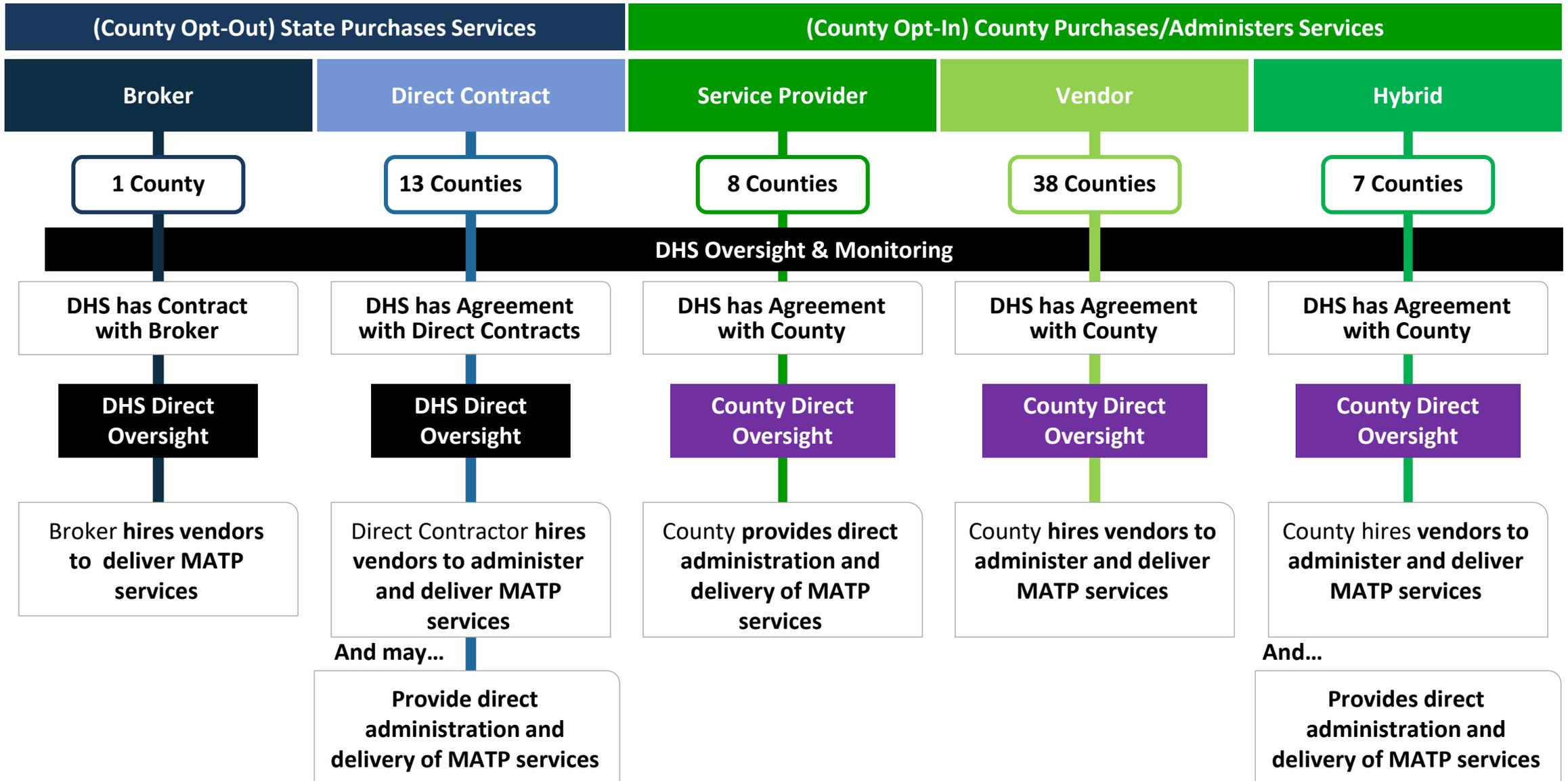
Model Type Overview

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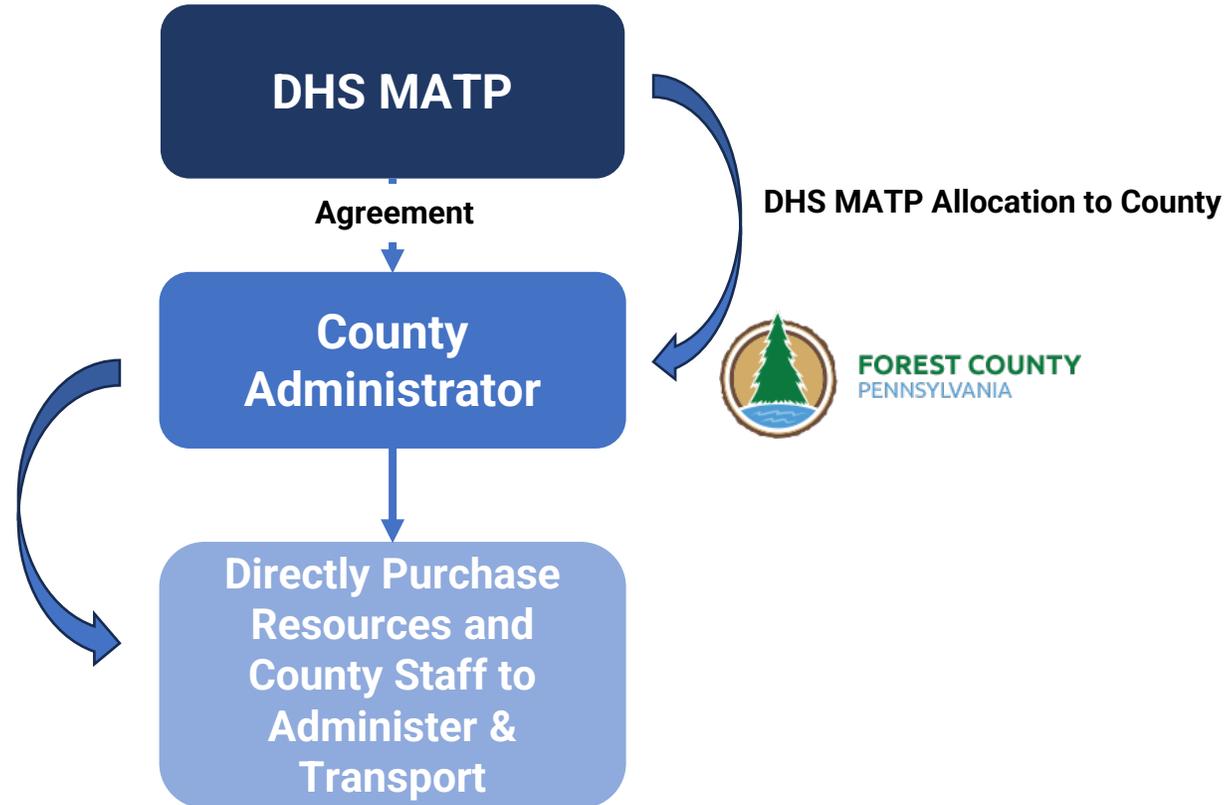
County Opt-In/Out Codified in State Plan for MATP (Attachment 3.1 D)

(County Opt-Out) State Purchases Services		(County Opt-In) County Purchases/Administers Services		
Broker	Direct Contract	Service Provider	Vendor	Hybrid
1 County	13 Counties	8 Counties	38 Counties	7 Counties
DHS has Contract with Broker	DHS has Agreement with Direct Contracts	DHS has Agreement with County	DHS has Agreement with County	DHS has Agreement with County
Per statute, DHS contracts with a specialized third-party Broker to coordinate and administer all NEMT services.	The County has opted out and DHS administers MATP. DHS contracts directly with Vendors to provide NEMT services to consumers in these counties.	The County is responsible for all administrative components and directly provides all transportation services.	The County contracts with a Primary Vendor to provide both administrative and transportation services.	The County Contracts with Primary Vendor(s) to provide some administrative services. The Administrator and/or Primary Vendor(s) may provide some or all transportation services.
Example: Philadelphia	Examples: Lancaster, Berks	Examples: Greene, Forest	Examples: Cambria, Clarion	Examples: Dauphin, Allegheny
Payment: Per Member Per Month	Payment: Fee for Service	Payment: Fee for Service	Payment: Fee for Service	Payment: Fee for Service

County Opt-In/Out Codified in State Plan for MATP (Attachment 3.1 D)



Service Provider Model



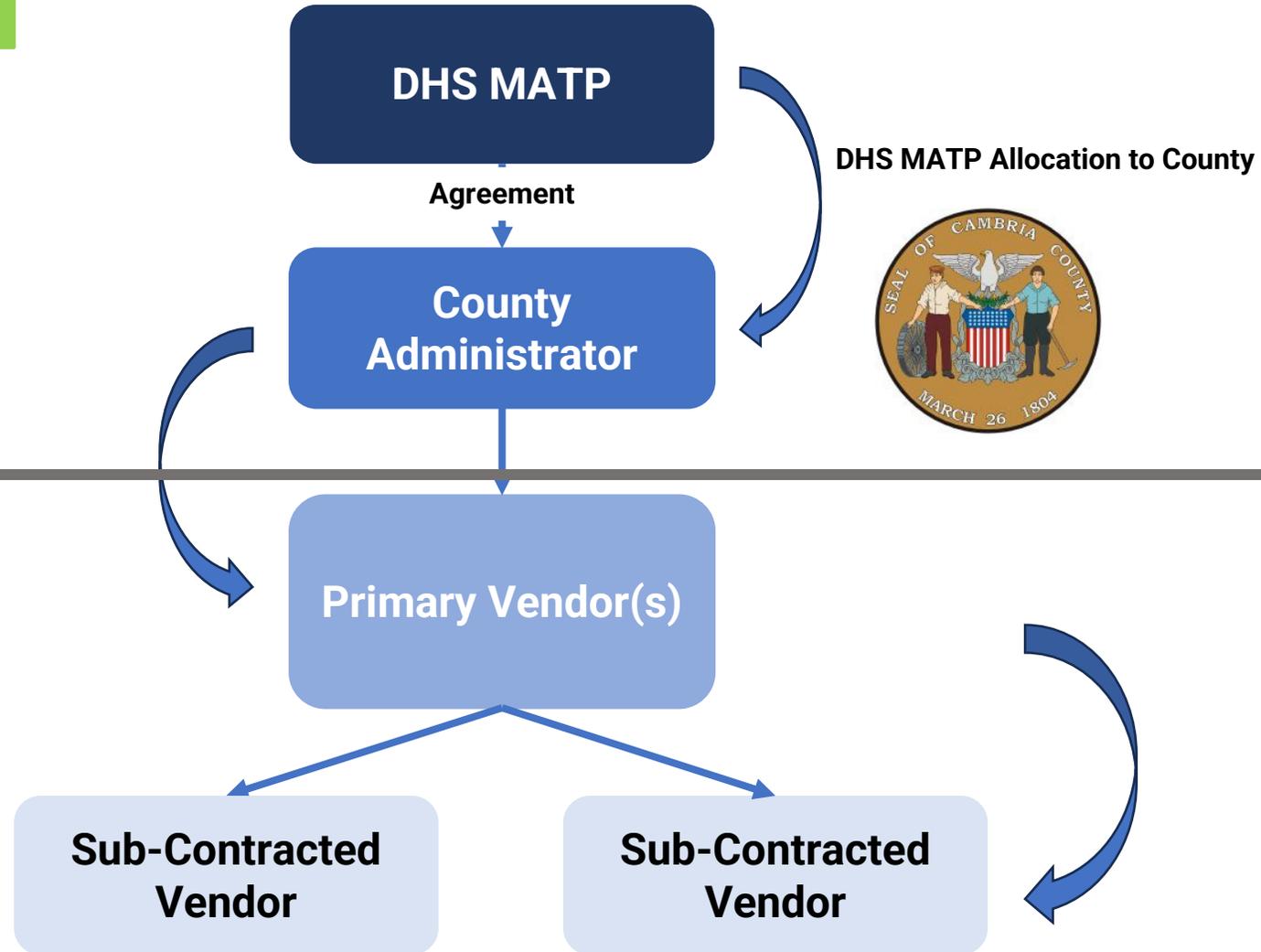
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Administrator (County)

- ✓ Signs Administrator agreement to operate MATP services
- ✓ Adheres to record retention and monitoring requirements
- ✓ Receives funding directly from DHS MATP
- ✓ Responsible for all tiers of MATP services provided within their county
- ✓ Does directly provide MATP services.

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Vendor Model



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Administrator (County)

- ✓ Signs agreement to operate MATP services
- ✓ Provides **oversight** of Primary Vendor
 - ✓ Adheres to record retention and monitoring requirements
- ✓ Receives **funding** directly from DHS MATP
- ✓ Responsible for all tiers of MATP services provided within their county
- Does not directly provide MATP services**

Vendor (Primary Subcontractor)

- ✓ Directly **provides MATP services** to consumers
- ✓ Provides **oversight** of their **internal processes** and that of any subcontractors
- ✓ Adheres to **record retention** and communication responsibilities outlined in sub-contracts
- ✓ Adheres to **Standards and Guidelines** and any **additional requirements outlined** in the sub-contracts

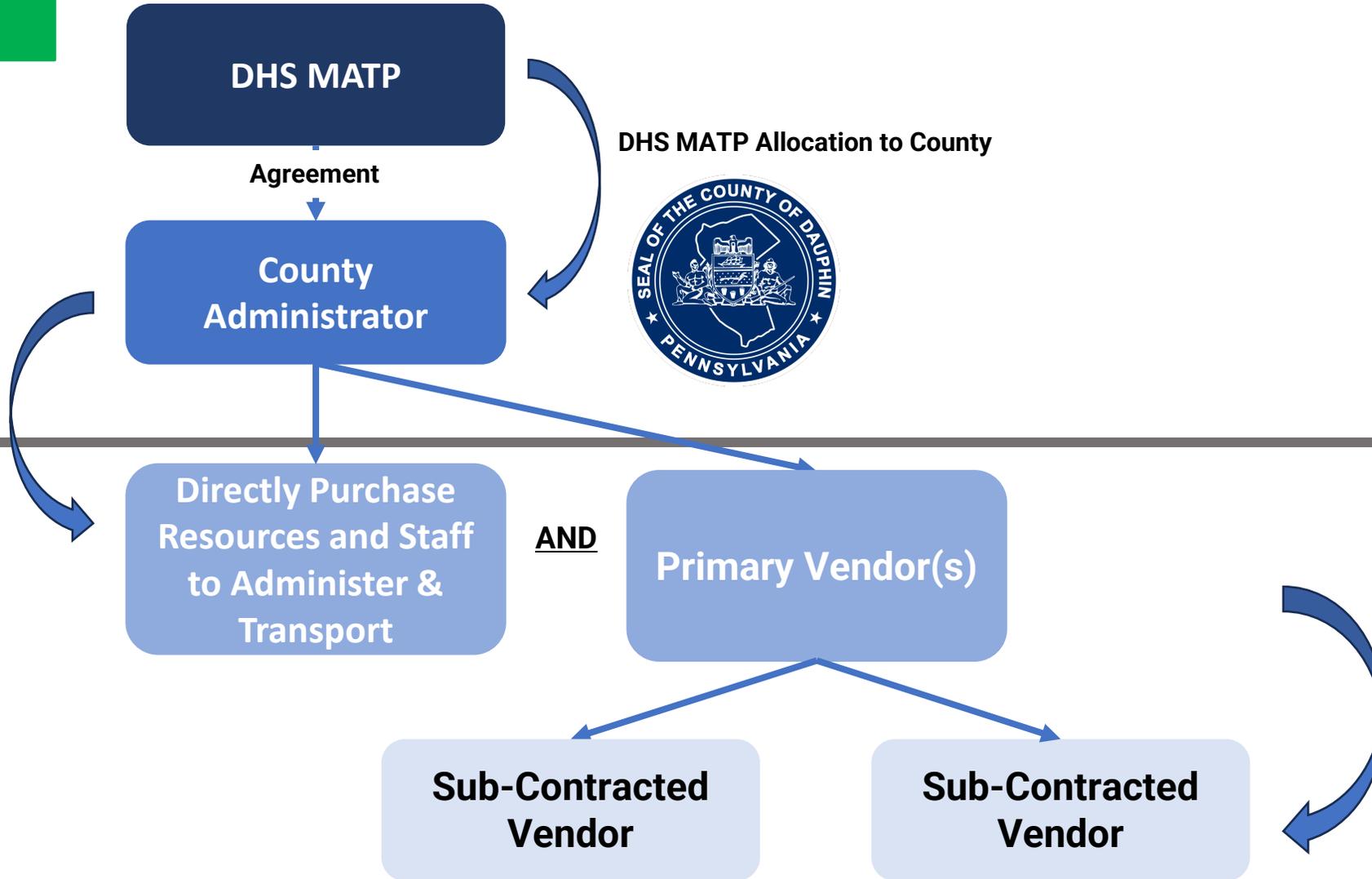
Non-Primary (Subcontractor(s) Optional)

- ✓ Directly provides MATP services to consumers (when contracted)
- ✓ Adheres to **Standards and Guidelines** and any **additional requirements outlined** in the sub-contracts

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MATP Administrator Model

Hybrid Model



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Administrator (County)

- ✓ **Signs agreement** to operate MATP services
- ✓ Provides **oversight** of Primary Vendor
 - ✓ Adheres to record retention and monitoring requirements
- ✓ Receives **funding directly from DHS** MATP
- ✓ Responsible for all tiers of MATP services provided within their county
- Does not directly provide MATP services.**

Vendor (Primary Subcontractor)

- ✓ Directly **provides MATP services** to consumers
- ✓ Provides **oversight** of their **internal processes** and that of any subcontractors
- ✓ Adheres to **record retention** and communication responsibilities outlined in sub-contracts
- ✓ Adheres to **Standards and Guidelines** and any **additional requirements outlined** in the sub-contracts

Non-Primary (Subcontractor(s) Optional)

- ✓ Directly **provides MATP services** to consumers (when **contracted**)
- ✓ Adheres to **Standards and Guidelines** and any **additional requirements** outlined in the sub-contracts

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Direct Contract Model



Opted Out

Berks County

DHS MATP

Agreement
100% State
Purchased
Services

Direct Contract

Opted Out

Lancaster County



**Sub-Contracted
Vendor**

**Sub-Contracted
Vendor**

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Administrator (Direct Contract)

- ✓ **Signs agreement** to operate MATP services
- ✓ Provides **oversight** of Primary Vendor
 - ✓ Adheres to record retention and monitoring requirements
- ✓ Receives **funding directly from DHS** MATP
- ✓ Responsible for all tiers of MATP services provided within their county
- May directly provide MATP services**

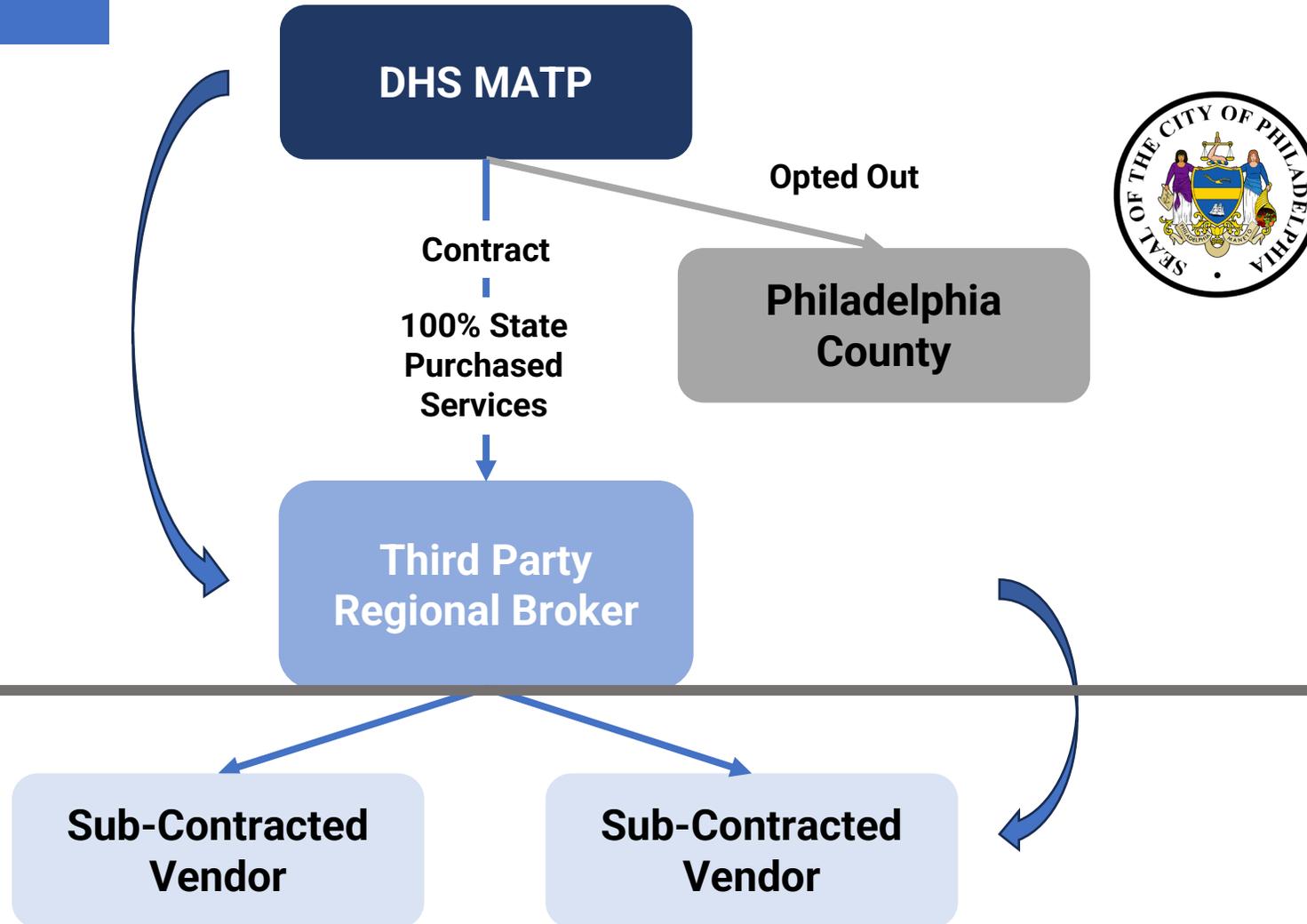
Sub-Contracted Vendor (Subcontractor(s) Optional)

- ✓ Directly **provides MATP services** to consumers
- ✓ Provides **oversight of their internal processes** and that of any subcontractors
- ✓ Adheres to **record retention** and communication responsibilities outlined in sub-contracts
- ✓ Adheres to **Standards and Guidelines** and any **additional requirements outlined** in the sub-contracts

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MATP Administrator Model

Broker Model



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MATP Finance Update

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Background:

- DHS is considering sharing a Quarterly Administrator Report with each county to provide MATP Administrators with a comprehensive summary and analysis of their fiscal reports.
- The report will inform counties:
 - Where their key metrics stand compared to the averages within their model type
 - Where their key metrics stand compared to their previous year's metrics

Ask:

- A feedback form will be sent out to each administrator with the intention to gather insights into how MATP Administrators currently use fiscal reports in their analysis, as well as to collect input on what types of analysis would be most helpful to support their work.
- The form link will be sent out via email following this call or is accessible via the QR code below



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PennDOT Update

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Mileage reimbursement project status

- Development now expected to begin October 2025
- Initial release should follow about 18 months after development begins

Find My Ride updates

- Find My Ride Schedule is being deployed to PennDOT's grantees that use Ecolane
 - 10 of 38 agencies live
 - Rollout should be completed in the first half of 2026
- Find My Ride Apply usage continues to grow
- Find My Ride Apply should have the new MATP HIPAA release form integrated in the next few months

Ecolane SSN cleanup

- An issue has been identified where the Ecolane EDI interface may not check the eligibility for MATP consumers who have incomplete SSNs
 - This occurred in instances where a consumer had an accurate MA ID entered in their Ecolane profile
 - The agency that identified this had Ecolane clean up the SSN data for its consumers
 - Ecolane plans to run a similar process for the rest of the Pennsylvania agencies

Q&A

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Question from Administrator: *Can you provide information regarding the handling of individuals who have been discharged from a skilled nursing facility but do not have a good code for transportation?*

Response: *Administrators must provide verification, either from a caregiver or caseworker, that can confirm the consumer is indeed home and in need of transport. This information should be sent to the Gatekeeper RA account with a CC to the Program Monitor, confirming the consumer's "at home status".*

Do you have any additional questions or comments about topics covered in today's session?

Please use the **Raise Hand** function to ask a question or share a concern

TEAMS GUIDE



Post
Q&A

Raise
Hand

Camera
(on/off)

Mute
(on/off)

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Thank You!

Email us with any suggestions or questions

- Rebekah Leiphart: rleiphart@pa.gov
- Amy Brandt: amybrandt@pa.gov
- Chris Stout: chrstout@pa.gov

Stay tuned for a feedback survey following this call