

Commonwealth of Pennsylvania Department of Human Services

MATP Quarterly Administrators Session

January 25, 3023



Welcome!

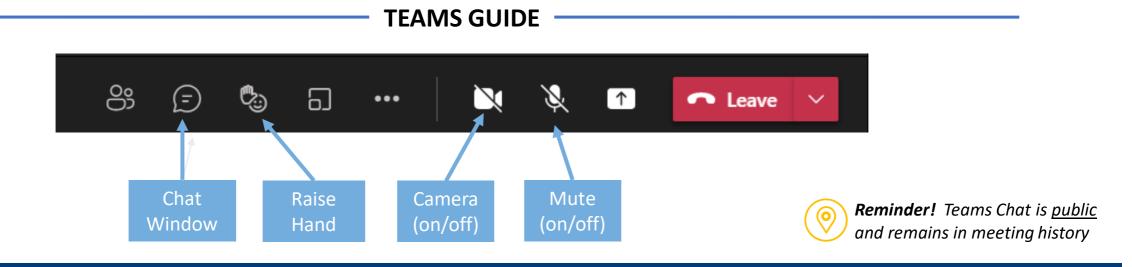








Please make sure your microphone is muted when not speaking During the presentation, please feel free to add your questions in the chat window During the Q&A session, please use the 'raise hand' feature to ask a question –or continue to utilize the chat





Welcome & Overview



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.

- Gwendolyn Zander, Bureau Director, Managed Care Operations
- Tammi Carter, MATP Program Director
- Daphne Simeonoff, MATP Program Supervisor
- Amy Brandt, Director, Division of Budgets and Contracts
- Danielle Spila, Bureau Director, Public Transportation
- John Taylor, Mass Transit Manager, Bureau of Public Transportation

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

Hosts



Торіс	Speaker	
Welcome	Tammi Carter	
Administrative Processes	Tammi Carter	
PennDOT Updates	John Taylor	
BFM Updates	Amy Brandt	
Q&A	Tammi Carter, Daphne Simeonoff	
Conclusion	Tammi Carter	



Administrative Processes



Purpose of the survey:

- To better understand the availability of bariatric transportation services statewide
- To get a window on what is happening on the ground regarding the assignment of multiple modes of transportation
- To better understand verification practices both ride and compensability across the MATP service

Survey requested information regarding:

- Availability of services for bariatric riders
- Review of availability of multiple modes of transportation for riders
- Grantee/MATP Provider verification processes for public, paratransit service and ride hailing, as well as MA compensability
- Feedback on the potential cost impact of S&G policies

Survey response rate:

- The survey received 53 responses from 50 unique Grantees/Providers
- Participation rate was very good

Next Steps:

Use survey results to inform revisions to the S&G

MATP Data Request 12/2022



Bariatric Transportation

Availability of transportation to riders who require accommodations due to their size:

- 1/3 *Can and do* provide services for their larger riders
- 1/3 *Cannot* provide services for their larger riders
- 1/3 *Have limited capacity* to provide services for their larger riders

Key Takeaway: Many providers indicate that they either have access to options or will work with the rider to ensure their transportation needs are met

Modes of Transportation

- Most respondents are assigning multiple modes of transportation to a single rider
- Most respondents that assign multiple modes to a single rider consider it necessary to most efficiently meet their riders' needs
- For those respondents who expressed concerns about assigning multiple modes of transportation, concerns centered around logistical issues

Key Takeaway: Many providers are already assigning this option. Providers not offering multiple modes may need some time to adjust logistically

Ride Hailing - Taxi/Uber/Lyft

75% of respondents do not use or have these services available locally

Key Takeaway: Most providers are not utilizing this service

MATP Data Request 12/2022

Verification Processes

Public Transportation

>25% Grantees/ Providers are verifying 100% of public transportation rides

Most respondents are looking for documentation from the medical office for verification purposes

Respondents indicate they will accept documentation from the rider and/or directly from the medical offices

Key Takeaway: many providers are looking for documentation to confirm rides

Paratransit

Verifications run the gamut from 100% to none

- Half of the providers are verifying less than 25% of rides
- 16 providers < 5%
- ~70% are both pre- and postverifying paratransit trips
- Most are looking for verification directly from medical providers
 - Documentation
 - Verbal

Key Takeaway: providers are all over the board verifying paratransit rides

Key Takeaways:

- Many observe that there are considerable resources committed to the verification processes
- There is an opportunity to clarify verification expectations with regards to all modes of transportation
- There is an additional opportunity to provide guidance for processes as well



MATP Data Request 12/2022

Cost Impact

What MATP policies/processes are too restrictive and why?

- ~50% do not find any too restrictive
- Some would like greater discretion to address issues that create organizational stress – no shows, mileage reimbursement rates, administrative processes
- 4 find the processes not restrictive enough

Key Takeaway: most would like greater clarity of policies/processes

What MATP program and financial policies/processes directly contribute to cost increases?

- Variables reflecting the economy were cited by ~25% of respondents – fuel costs, driver shortages, pay rates, etc.
- Administrative processes (including verification processes) and an inability to exercise discretion in areas like no shows
- 2 would like to see rider choice limited/1 would like to see it expanded

Key Takeaway: streamlining verification processes could ease some of the burden

Key Takeaways:

 There is an opportunity to provide further guidance that outlines the extent of the Grantee/ MATP Providers responsibilities/ requirements regarding verification processes





Updates: PennDOT



• Goals of the new online service

- Simplify and bring consistency to the process by which Medicaid consumers request mileage and fixed route reimbursements
- Streamline the administration of MATP fixed route and mileage reimbursements

• Where we are in the process

- Initial business requirements -> procurement -> detailed business requirements -> development -> testing -> training -> implementation
- Plan for agency input



Common Challenges...



Staff facing login issues



Consumers need assistance filling applications out



Staff unfamiliar with the system

Are there additional challenges and/or questions? Please unmute and share or add them in the chat

PennDOT Technical Assistance



Setup individual sessions with Grantees/ Providers to resolve login and other technical issues



Conduct training sessions for staff to familiarize them with the system and be able to assist consumers with the applications

If you would like to sign up for any of these sessions, please send an email to John Taylor (tjohn@pa.gov)



Updates: BFM

Todays Topics

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List of topics that we will review today

MATP Overview

2 County Reporting and Deadlines

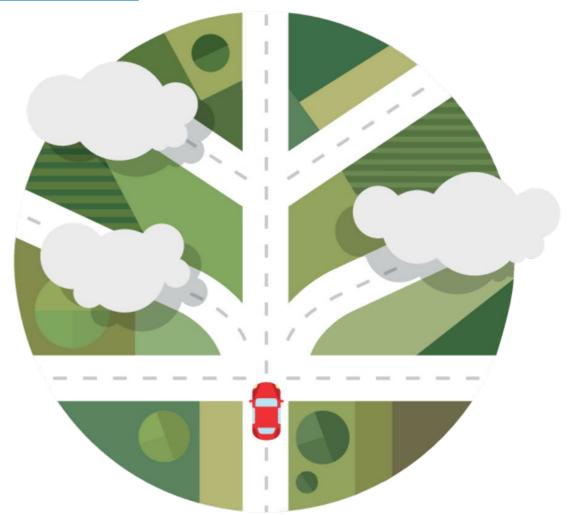
3 Common Mistakes Found on Reporting

County Reporting Documents and Dashboard

5 MATP Updates







4



The Department provides non-emergency medical transportation services through the Medical Assistance Transportation Program (MATP)

Each county administers the MATP program on behalf of DHS and the State distributes funding to each entity providing MATP services based on how the program is administered and delivered in that county.

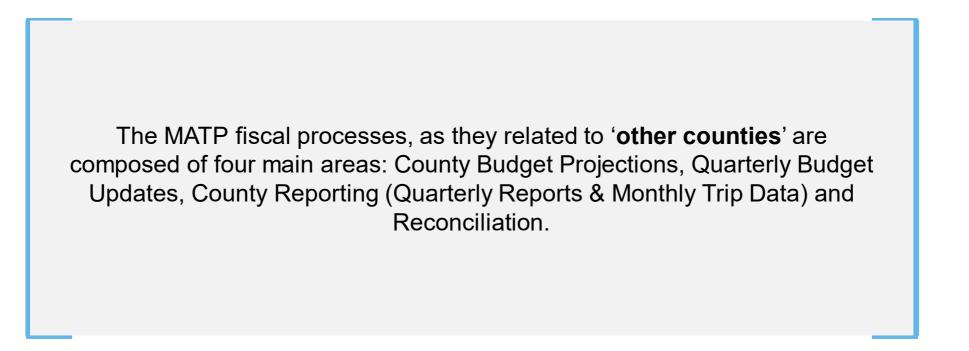
- For purposes of implementation and compensation for MATP services there are three main models:
 - ✓ Broker Model currently only exists in Philadelphia and broker administers the program for the county
 - ✓ <u>Sole Source Model</u> Sole Source administers the program for the county
 - ✓ <u>Other Counties</u> county administers the service directly or subcontracts the transportation
 - Vendor: Subcontracts the transportation
 - Service Provider: County administers transportation service
 - Hybrid: A blended transportation approach where county administers transportation and subcontracts as well

Fiscally, the main responsibilities are held by DHS Bureau of Fiscal Management (BFM) which include the budgeting and allocation of funding for MATP; the monitoring and calculation of the actual costs of the program; and the distribution of payments to the counties, broker and sole source vendor.

This deck provides a look into the reporting timelines and requirements for the "**Other County**" models and offers insight into some of the common mistakes found on reporting.



To ensure proper funding of the MATP program there are several processes and reports which are used to monitor and calculate the actual costs of the program.



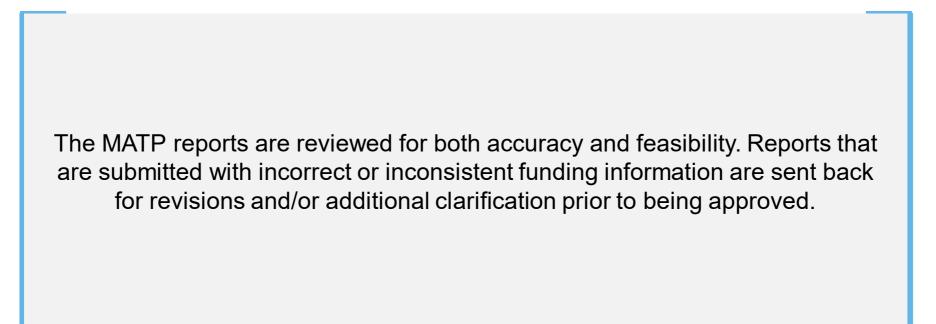
The following slide provides a look at the different areas of county reporting, what those areas are used for and when they are due throughout the fiscal year.



Reporting & Agreements	Steps	Deadlines
County Budget Projections	County(s) submit estimates of anticipated MATP services spending for upcoming fiscal year based on prior utilization for review to DHS	Occurs annually between the months of March and May
Initial Allocations & Grant Agreements	Once fiscal year budget is established allocations are provided to pre-fund the program. Require a signed allocation and grant agreement in order to secure funding	Signed Allocation and Grant Agreements are due in by 08/31 of each year
Throughout the year County projected budgets may change. If a county is <u>over</u> or <u>under</u> spending, then, staff will revise the county's allocation. Such is accomplished via a revised allocation action memo process. Staff continuously compare the county's actual spending, based on quarterly cost reports, with its project budget.		
Quarterly Cost Reporting	Counties report their actual costs incurred for each Quarter	Each cost report is due the last day of the proceeding month after a quarter ends, apart from Q4 which is due 2 months after the quarter ends
Quarter 1	Costs incurred during the months of July-Sep	Due 10/31 of year
Quarter 2	Costs incurred during the months of Oct-Dec	Due 01/31 of each year
Quarter 3	Costs incurred during the months of Jan-Mar	Due 04/30 of each year
Quarter 4	Costs incurred during the months of Apr-Jun	Due 08/31 of each year
Monthly Trip Data	Counties report their monthly trip data on a month and one-half basis. (e.g., July data would be loaded on the 15 th -30 th of September. August data would be loaded 15 th -31 st of October.)	Due 45 days after the reported month has ended
Reconciliation	The Reconciliation report contains data on actual expenses and trips and is used to calculate whether the county is owed additional payment or is required to refund the payment to the state.	Due 08/31 of each year



There are common mistakes, and omissions, found when reviewing the reports submitted to DHS which require additional corrections prior to approving the reports. These mistakes, if not immediately revised, can cause a delay in payment processing.



The following slide provides a look at the common mistakes found on county reporting, to bring awareness and limit the amount of time that it takes to approve reports.

Common Mistakes Found on County Reporting



The following items require additional clarification, revisions and may delay the reporting process.



Quarterly Cost Reports

- Cost report information does not match information provided on supplemental documents
- Trip rate does not match contract
- Total funding for a previous quarter has been changed
- Ineligible trips are not deducted properly
- Misc. costs do not include
 narrative



Senior Shared Ride & Invoices

- Information does not match what is being provided on cost report
- Totals provided on the summary sheet do no align with the monthly sheets
- Large variance between what is being reported and what has been reported historically
- Incorrect format is being submitted to DHS



Monthly Trip Data

- Counties are failing to submit the data as required
- Data submitted is partial and does not include all trips
- Incorrect Recipient ID numbers, trip dates, etc., result in trips being flagged as ineligible



Reconciliation Report

- Total funding is not captured properly on the reconciliation tab
- Total payments do not properly display the total payments made to counties throughout the year
- Trips, unduplicated consumers and time study personnel has changed from what was previously reported

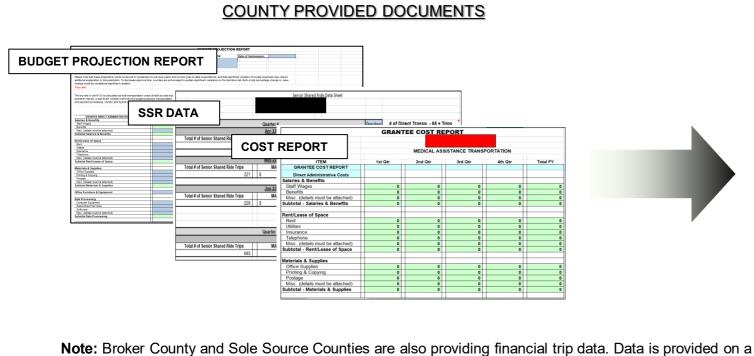
Note: All reports will be returned if they are submitted with the incorrect fiscal year, incorrect county name and/or incorrect quarter when being submitted to DHS.

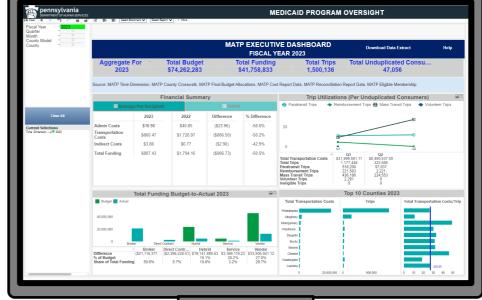
1/25/2023

County Reporting Documents and Dashboard



Reporting accuracy and timeliness plays an important role in how the Department maintains and trends financial trip Data. The Department is utilizing the Medicaid Enterprise Monitoring Module to (MEMM) Dashboard to support oversight of the MATP program.





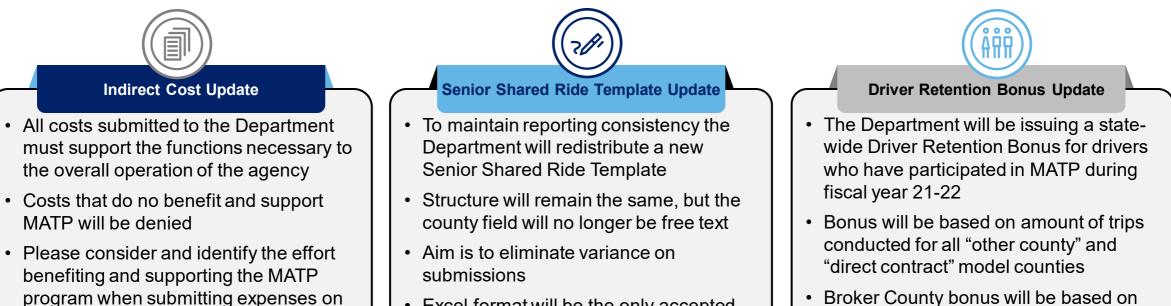
MEMM DASHBOARD

Note: Broker County and Sole Source Counties are also providing financial trip data. Data is provided on a monthly basis.

MATP Updates

pennsylvania DEPARTMENT OF HUMAN SERVICES

The Department is carrying out new reporting review standards and will also distribute a bonus to MATP drivers to help drive retention within the program. The following updates have been communicated, or will be, communicated in the near future.



 Excel format will be the only accepted format Broker County bonus will be based on per member per month rate

cost reports

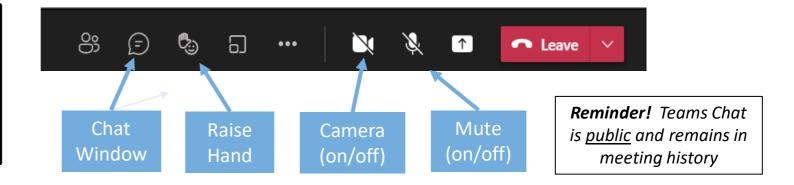




Do you have any questions or comments?

TEAMS GUIDE

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



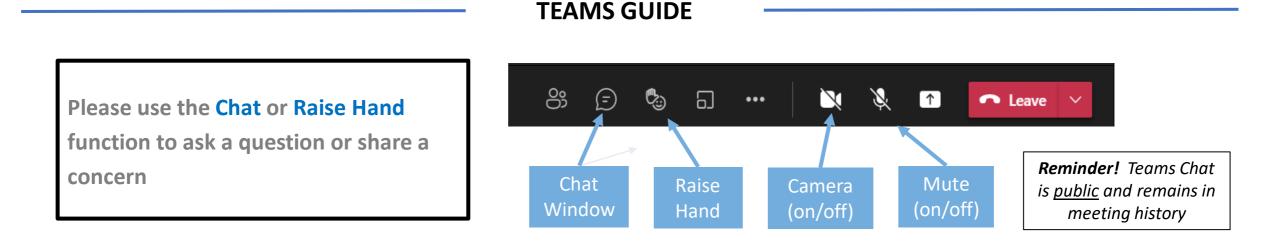


Q&A





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





Thank You!

Email us with any suggestions or questions.

Stay tuned for a feedback survey immediately following this call!

- Tammi Carter: <u>tacarter@pa.gov</u>
- Daphne Simeonoff: <u>daphsimeon@pa.gov</u>
- Amy Brandt: <u>amybrandt@pa.gov</u>