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Date: September 17, 2024

Time: 9:00 a.m. – 12:00 p.m.

Event: OLTL Transportation Summit 3

>> SPEAKER: It's 8:56. We are going to let people joining here. We'll get started in about five minutes.

>> Recording in progress.

>> RANDY NOLEN: Good morning folks. This is Randy Nolan from the Office of Long Term Living. It's 9:02 so we're going to go ahead and get started. A couple housekeeping items. Before we go forward. Just so you know this meeting is being recorded so the people that can't make the meeting will be able to view the recording in the future. So if you do not want to be recorded, this would be your opportunity to leave the meeting. The other pieces that are set the department is recording but nobody else can record this meeting. With the amount of people we have at this meeting, we don't have consent for private individuals to record the meeting so the meeting is only being recorded by the department. If you are utilizing some type of recording devices, please turn it off. We will go ahead and get started. I want to give a little overview of the meeting and the purpose of the meeting. Obviously, this meeting has been a long time in the making as we waited to be able to get Zoom license so that we could properly utilize the technology so everybody could participate in the meeting.

If You have any issues with the meeting or sound quality of the meeting please put it in chat and let me know. The goal of the meeting is to talk about transportation related issues and concerns that participants and providers have with the system. We have no set presentations being done. It is mainly an opportunity for people to voice their concerns, their issues, their good things with transportation. We do have staff on from various entities. The CHC-MCO's are on, the transportation brokers are on the meeting. So they will hear things. We have staff from Penn.com Medical Assistance Transportation Program, staff from Philadelphia transportation, Septa is also on. So if you have questions or comments we have a lot of individuals that will follow up with you. I have some questions that were submitted and we'll over those. There weren't many that were submitted to the account prior to the meeting. You can ask questions in a couple different means. You can put it in chat and you can raise your hand and we will unmute you. So that you can ask your question. If you don't feel comfortable asking questions through the format today, you can always continue to ask questions through the email address that we gave you and Courtney will follow up with me and we'll get questions answered. We will probably try to do a Q&A from the meeting depending on how the format goes so we'll though ahead and try to do that. With that being said, just so you know the deputy secretary Julia Marcella is also here with me. So we have staff here from LTO that can answer any questions you have also. I checked with Juliet. She's taking the quiet approach this morning. We'll go through and I'll leave it up to whoever wants to start asking the question or making a comment.

>> SPEAKER: Good morning. Are you able to hear me?

>> RANDY NOLEN: Yes.

>> SPEAKER: Good morning. My name is Fonda Frazier the owner of CSEs's CNP transportation company out here in Ya, Pennsylvania. The issue that I have been running into like major-league with transportation as I have to do all the requirements to become a provider for Office of Long

Term Living. Now I've been to other meetings and I was told to reach out to the MCOs to get credentialing to be able to get contracting work. Well, with nonemergency medical transportation, the issue I'm running into is a lot of the MCOs are using brokers. Now the brokers, they don't require none of the information that the office of long-term living is offering. But they're more like a third-party that they're getting your work, but their knowledge rate is so awful where you're pretty much doing the trips for free . That's why went the difficult way that I went to become a transportation provider. With the waiver programs. But it seems like with all the MCOs. They're all dealing with the brokers. How do I get around that? Because their knowledge rate, it's a dollar and something. That's Not even my PUC great. so that has been a major, major frustration and challenge where I cannot keep my transportation company moving because of stipulations like this.

>> RANDY NOLEN: Thanks Fonda . The MCOs are on the line. I don't know if they want to follow up or if they want to follow-up be -- with you after the meeting but that's certainly a discussion we can have with the three MCOs. You are right, they do use a broker. AmeriHealth, Keystone and PHW use ATM and you use a CTS so you've seen this. Are you seeing this as an issue with both of the brokers?

>> SPEAKER: A major issue. Yes, sir . It's a major issue.

>> RANDY NOLEN: Okay. I'll have some follow-up discussions with the MCOs and ask them to reach out to you.

>> SPEAKER: Okay.

>> RANDY NOLEN: What was the name of your company?

>> SPEAKER: Excuse me at. I'm sorry. I don't want to interrupt. I'm sorry. I want you to follow-up but is there any way that we can have this out loud? I'm not having the same issue as in OLTL provider for transportation so is there anyway we can talk about this out loud just for everybody. I'm sorry. I'm unmuted again.

>> SPEAKER: I'm another provider too and I think this is an ongoing problem. I don't think it requires siloed conversation. Whether it's something that can be talked on this color another call but this is an ongoing issue specifically with MTM.

>> RANDY NOLEN: First question back to you Fonda. What was the name of your company?

>> SPEAKER: It's NCCC the ampersand sign and PS and Paul transportation company LLC.

>> RANDY NOLEN: Candace, what's the name of your company?

>> SPEAKER: Helping hands transportation.

>> RANDY NOLEN: I'm going to ask MCOs to talk a little bit about this and what their process is with the brokers they use so I'll go ahead and start with who's on from AmeriHealth Keystone?

>> SPEAKER: Javier is on from AmeriHealth. Sorry. Is there someone else?

>> SPEAKER: Go ahead Javier.

>> SPEAKER: Sorry Frank. From AmeriHealth keratitis as Randy mentioned we do subcontract out with MTM medical transportation management. They are our broker for our MTO so we work very closely with them to make sure we have appropriate network and make sure that we are contracting with providers throughout the state . We do delegate the contracting piece to MTM so a lot of your negotiations or rate conversations would be directly with in our case with MTM. Obviously for another health plan it may be CTS but we would encourage you to work with MTM. I know they have a provider network team that works together with the providers so if there is a question, if there is something that needs to be worked out, I know that team very well and I know they're willing to work with the providers.

>> RANDY NOLEN: Javier, do you work closely with MTM as far as ratesetting or is it MTM that sets the rate on their?

>> SPEAKER: We do have line of sight to rate but MTM will manage those reat.

>> SPEAKER: Randy this is Brian from MTM if I can for one moment please. Thank you sir. Fonda my name is Brian Arnold regional director for MTM. And I will be reaching out and I put my direct email in this Jets you have a method to get a hold of me but just for the audience since we want to talk out loud on this, you operate in the southeast, Philadelphia area?

>> SPEAKER: Yes, Frank. Did you also note to reach out to me to connect to me with MTM and that that has been an awful that experience. I remember your name .

>> SPEAKER: Fonda, I'm gonna follow up with you myself and we will make sure this gets resolved but for the audience as a whole I can tell you MTM operates across the state and our current -- I'm looking at ambulatory rate only on a cost per mile rate basis is going to be around four dollars per mile and that's across all of our network across the whole state that's average cost per mile. So when you look at it our trip distance is typically shorter because of a lot of our work is in the southeast so you if you operate in the southeast some transportation providers average six, 7 miles per trip and that's can B average cost per mile. Fonda I will follow up with you directly to make sure we make this work and I apologize for any frustrations you've had.

>> SPEAKER: Thank you so much, Brian.

>> SPEAKER: You welcome -- you're welcome. Thank you for the question.

>> RANDY NOLEN: Pennsylvania health and wellness, can you address the issue?

>> SPEAKER: Hi Randy. It's Angela speaking on the behalf of PL -- PA Health and Wellness and I work closely with Brian and his team and I would offer the same point of contact. Very happy to have our providers reach out to interested providers will reach out to MTM and work through the steps to get in network . It's very similar to the process that's all ready been described.

>> RANDY NOLEN: UPMC, can you talk a little bit about what you're doing and what CTS is doing?

>> SPEAKER: It's Andrea Farrell from UPMC health plan I do have some other folks on the call with me . But I will get started and we do function the same way CTS is a broker for our transportation. They do handle their contacts internally although UPMC does have complete discussions and coverage of the CTS contracting etc. I do see Chris Knaff on. Chris, do you want to jump on quickly?

>> SPEAKER: Sure. I worked with helping hands. Fonda, I'm not sure I've heard from you at all. And certainly we have no providers sub \$2 a mile. So I just wanted to start there. But then again, in areas that are over served with providers, the rate might be on the lower end . But again above \$2 or above and in underserved areas where there's very, very few providers, we may have to stretch the rate because there's additional cost for those providers. There's not as many trips in their areas so there's a lot of factors that go into how we set rate . One of it is based on how many providers are in a particular area and where that area is whether it's rural or urban. And we would definitely be glad to talk with both of you guys on where you are with your rate. But again, we have no providers below \$2 per mile.

>> SPEAKER: Can I follow-up? (Indiscernible) Benjamin's transportation. I have a question. The three companies that were just listed you guys are saying you know directly contract with smaller transportation companies. Is that what was said?

>> SPEAKER: First CTS that's incorrect. We have a lot of small companies. Owner operator one car.

>> SPEAKER: I'm not talking about CTS. I'm not talking about the brokers. I'm talking about the MCOs.

>> SPEAKER: It's Andrea Farrell from UPMC . I'll jump in. The MCOs contract with the broker to contract with a transportation company. The broker is our means of facilitating the transportation occurs. The scheduling, the contracting of the scheduling of the transportation providers, everything along those lines so the MCOs are contracted with NRK -- in our case CTS CTS then handles the

contracting with the transportation providers.

>> SPEAKER: You don't contract directly with strong -- small transportation n partners?

>> SPEAKER: (Microphone Interference) through CTS.

>> SPEAKER: I'm sorry. I didn't get any of that >> SPEAKER: I can answer that. UPMC does not directly contract with any transportation providers for the CHC plan. All providers are contracted with CTS. And we do contract with individual small providers.

>> SPEAKER: Okay. Quick question. I'm sorry. I think she said at the beginning that we couldn't contract with the broker without doing all the paper that we did for Medicaid waivers to be able to contract directly with the MCOs . But we did all that work, did all the policies and then we did everything we were supposed to do to get our approval to the Office of Long Term Living and we still have a contract through a broker so we are never get a contract directly with MCOs?

>> SPEAKER: For CHC --

>> SPEAKER: I'm trying to understand.

>> SPEAKER: For CHC that's correct. For that plan that's correct. You would be definitely going through a broker.

>> SPEAKER: Okay. Thank you. For helping me understand that.

>> SPEAKER: My name is Samantha Perry . I'm director of an adult day center in Lancaster County, and I wanted to just make sure I understand. The MCOs, is AmeriHealth on the call as well?

>> RANDY NOLEN: Yes, they are.

>> SPEAKER: AmeriHealth would contract with a broker and then the broker is the one who contracts with MTM. And so if there's an issue with authorizations and rides being dropped, who is the person that is supposed to solve that? My clients have -- all of my clients that are using AmeriHealth and MTM are having significant transportation issues. And they talk to MTM and they say one thing and then they talk to AmeriHealth and you guys tell them something else and they're using Lyft currently for adults with cognitive concerns, with mobility concerns . Families are having to take off work because they don't trust using Lyft to get their loved one to our center. Back home, it's really no one can seem to be able to help them. So who is the responsible party to work out the issues between the authorization and the contracts?

>> RANDY NOLEN: AmeriHealth, I'm gonna put you on the spot to answer that.

>> SPEAKER: It's Frank Santoro with AmeriHealth Caritas . Thank you for bringing this up. A couple of things. Lyft, Uber, they are options, but only for those participants who would want to use them . I wouldn't say it would be the first option for most or appropriate for most, but it is an option for participants who want to use it. Secondly, if there is an authorization issue, that would be handled by the service coordinator . The service coordinator is responsible for putting in authorizations for transportation . We are looking to and have active discussion here of how we can quote unquote marry up our social day authorization with transportation systematically. We're really trying to do that so these don't quote unquote drop but there are issues, that would be the service coordinator to make sure that the authorization is in. Now the specific mode of transportation or Lyft versus cab versus car lift, that would be specifically handled by or through MTM. That's what we're contracting with them for. I hope that's helpful.

>> SPEAKER: Thank you. If the service coordinator fixed the authorization and it was submitted, is it required that MTM pick services back up? Or is it then going back into a rate negotiation contract at that point?

>> SPEAKER: There shouldn't be a rate negotiation. MTM should schedule that transportation moving forward.

>> SPEAKER: Okay, because that has not happened . I have some detailed accounts from this

particular family that I would love to send to whoever is the best person. But the family is still having to take off and -- of work to come and get them because MTM is refusing with the authorization.

>> SPEAKER: Great. could you just tell me again the adult day or social day that you work with?

>> SPEAKER: Daybreak at garden spot village.

>> SPEAKER: Daybreak at garden spot?

>> SPEAKER: Yes.

>> SPEAKER: I will reach out to -- later today to discuss so we don't talk about that specific PHI on the call if that's okay with you.

>> SPEAKER: Absolutely. Thank you so much >> SPEAKER: Thank you.

>> RANDY NOLEN: PHW can you respond on this issue?

>> SPEAKER: Similar our simple -- service coordinators would work with the participants to ensure they have a transportation plan and that's fully articulated within their PCS P. Beyond that, the service coordinator can help to resolve it. MTM also has a customer service line and so does PHW. We have a one number customer service line where you can go and a customer service advocate will help with any of the issues that you're experiencing or any needs you may have. If you find you're unsatisfied with the service in any way, you can file a complaint and we have a complaints team that will investigate and help to resolve it. And MTM does something similar when they receive a complaint. We only use Uber or Lyft or only allow for the use of them within our MTM agreement through as service recovery but not as a primary mode of transportation. Let me know if there's anything else I can help with there. I could throw our complaint number in the chat as well.

>> RANDY NOLEN: Okay.

>> SPEAKER: I was going to ask if UPMC can address the same issue. This is Mr. Patel. I have a similar question in the chat about customers switch MCOs. It seems like their service is being dropped for transportation and they don't resume until the authorization has been put in. Or rights cannot be scheduled through UPMC service coordination until that authorization so there's a break in services. Would appreciate any help on that.

>> RANDY NOLEN: We'll address that . The first thing I want is to have UPMC address the other two MCOs. Intreo?

>> SPEAKER: We do not use Lyft for the adult day. We use the appropriate transportation when it does relate to adult day. I'm going to need to get back on the unless one of my colleagues is on the phone and can address it the authorizations when transitioning from one MCO to another. That one I definitely want to have somebody else address so we can address that separately unless somebody on the call from UPMC can jump in on that one. I just am not comfortable seeing exactly how that transition was occurring as it relates to that transportation . We have CTS on the phone who can also jump in, but we are transportation as it relates to adult day is the same as any other transportation only it is heading to adult day. We just ask that the adult day providers and the transportation providers remember when requesting an offer that you do need to request both authorizations. The authorization for transportation does not automatically go immediately with an adult day authorization. So I do want to make that point. I will open it up to anyone else at UPMC who might want to comment or CTS.

>> SPEAKER: I can speak for CTS. Yes, that does occur. Hiram, as you know. I am the point person for all of our ABC providers. In the instance where a file would come over late to UPMC and the trip does not get into the portal and the member needs to be transported, we do have a process worked out that we continually look to improve. But for those trips out of portal that don't get in in time prior to the actual date of service, we have our providers submit a monthly spreadsheet of those trips and then UPMC takes a look at those, ensures eligibility, authorization, point of care and then once approved, those trips are manually processed at CTS and the provider is paid. It's an extra step. We

do realize that. But there are those instances where UPMC may get a late file of members transferring over to the UPMC plan or in other situations, a member subscription may lapse. They haven't talked with the service coordinator. The service coordinator hasn't renewed the subscription. We've talked with our members, providers that they could see trips 10 days out so if they've been taking a member for two years and all of a sudden trips are down to 10, nine, eight, we encourage them get on the phone to us and we have a protocol where they will send us an email saying Mary Smith's trips are starting to miss from the portal.

What's The status on her subscription renewal? Then we work with UPMC to get a heads up and try to get that into the portal prior to missing any dates of service. Again, it does occur. We do have a plan in place and a process but we always are looking to improve that. It could be smoother and it could be quicker and that is something that we talk with UPMC frequently.

>> SPEAKER: I'm sorry Chris. I thought that process that UPMC stopped doing that as of January this year. I was never told that they resumed those kind of back payments I would call them.

>> SPEAKER: Yeah. Initially --

>> SPEAKER: I was never told that. This was still in place so I never submitted anything as of January.

>> SPEAKER: I'll talk to offline but I thought you had submitted a couple files but we can talk off-line.

>> SPEAKER: It's Andrea from UPMC. You can also drop myself or in.[name?] An email. I know you know both of us pretty well.

>> SPEAKER: I'm not sure if you are referring to me but I already sent an email to you and Joshua an email about this particular example last week.

>> SPEAKER: I was out for a few days but I'll follow up on it. Thanks.

>> SPEAKER: Appreciate it.

>> RANDY NOLEN: Thank you. I'm going to -- there's a couple questions in the chat so I'm going to go through those. First one is from Jacob reader how can participants get access to same-day rides for nonmedical transportation? I'm going to ask the MCOs to answer that . Andrea, can you and CTS weigh in on that?

>> SPEAKER: We certainly can. We always have the hotline that can be contacted for our service coordination so that they can assist with last-minute transportation such as that. I'm gonna let CTS jump in because since it's really being coordinated there, I think it's better or if I have somebody else on who wants to add anything, please jump in on that one.

>> SPEAKER: This is Chris from CTS. I'm sorry. My audio went out. I didn't hear the actual question.

>> RANDY NOLEN: How can participants get access to same-day rides for nonmedical transportation?

>> SPEAKER: So our members typically aren't calling us. They are calling their service coordination. Then that will come over to us and instead of being put in the portal, since it's same-day and it's timely, the UPMC service coordinator will call into our call center and we'll use our best effort to get the transportation covered and we typically are successful with that.

>> RANDY NOLEN: PHW, how are you handling same-day requests?

>> SPEAKER: We have a process where the participant would just call into MTM customer service line to schedule P transportation. Their service coordinator is also able to call that line. If someone were to call our line directly, we can warm transfer to the customer service line and help them to schedule transportation same-day . We do recommend advance notice when possible . That's how we can ensure the best service delivery.

>> RANDY NOLEN: AmeriHealth?

>> SPEAKER: Good morning renderer -- Randy it's Heather Lawson. We have something very similar when there's a need for transport same-day. They can reach out to -- participants can reach out to the service coordinators as well as reach out directly to MTM. There are also times were myself and Javier who spoke to earlier are contacted directly by his coordinator's and we will reach out directly to Monique and Brian at MTM with an urgent ride need. I don't know if Brian wants to jump in but that's how we work at -- with them on our side at AmeriHealth.

>> RANDY NOLEN: Brian do you have anything else to add?

>> SPEAKER: They did a very good job. That is our policy and procedure. Thank you for the question.

>> RANDY NOLEN: The next question in the chat is K Blake are and we may need to talk about this offline. You're working with a 14-year-old who has autism. He's in school but is going to work part-time. Because of his AG's not eligible for share ride or other transportation. He was in a rural area. He's probably 14. He is not going to fall under CHC so can you send that to me in a separate email Kate and I'll follow up with you?

>> SPEAKER: Okay.

>> SPEAKER: Good morning. Can I ask a question? I did put a question in that chat. My name is Me;ChanaMorris and rname director of a home health care and hospice. We have participants were not aware or not sure if they are eligible for transportation. Are they automatically have been eligible if they're participants of those CHC waiver program? Because they're requiring caregivers to use their personal resources to get them to and from. And that's not the best our safest option for home care agencies at this point due to the liability to patient and care staff. How do I make sure they get the right information or requested from the service coordinator? Can anybody help with that question?

>> RANDY NOLEN: It should be part of the person-centered service plan for the individual and it should be discussed with the service coordinator. Beyond the plan if it is on the plan and the services are available services through those CHC program, transportation is one of the services that's available to all of our participants who needed. I'm gonna start with AmeriHealth Keystone.

>> SPEAKER: Good morning. This is Heather again. Exactly what Randy said. If the participant has goals to be in the community and has a need then the service coordinator would assess with the participant for nonmedical transportation benefits so I would encourage them if you have participants in AmeriHealth that reach out to the service coordinator and we can start that process of assessing if the participant wishes to care plan for that need.

>> SPEAKER: Thank you persever thatso much for that information. That was most helpful.

>> SPEAKER: For PHW we would echo that response. Similar process . The participant would work with the service coordinator and express the need, and the service coordinator will help to attach it to a goal within the PCSP and then if the home care worker personal assistant, if they were doing some travel together, they can and the person could do a plus one on their ride. But otherwise, I think the password or could get paid to provide transportation. There's a code for that. They just can't bill for two services at one time. It would be either/or.

>> SPEAKER: To PMC we mirror the same that both AmeriHealth and PHW have stated.

>> SPEAKER: Okay. But I wanted to ask in addition to that. Is it okay for the provider, is it okay for my stuff to reach out to the service coordinator to support the participant and help us facilitate this process? Can we advocate on their behalf that they need these rights? rides? Because we have a lot of caregivers that are providing from their resources and we pay them a rate, but it's not enough that we can cover the transportation or they're going to send all of those different things where we have participants asking to go well out of their local range for that type of support. Is it okay that we coordinate with the service coordinator? Are we able to ask on their behalf if we know that it's

something that they need?

>> RANDY NOLEN: You should be because you're part of the person-centered planning team for the participant so you should be able to ask and have that discussion with the SCs as they care plan is being set up.

>> SPEAKER: Agreed.

>> SPEAKER: I just included that in the chat >> SPEAKER: That's helpful. I didn't want it to be a conflict of interest on my behalf so that's why I asked . I appreciate it. Thank you so much.

>> SPEAKER: My name is Daniel Hawkes can I piggyback on her question?

>> RANDY NOLEN: Sure.

>> SPEAKER: I just heard that basically if we would provide -- my name is Daniel. I work for traditional home care in Harrisburg and we have a lot of individuals in the Perry County area and surrounding that are remote . I just wanted to clarify that what you're saying is that is the home care agency, if we provide transportation services, we can actually bill for that. We just could not provide for the caregiver services at the same time. However, there are a lot of times where our caregivers are doing both jobs just because of the fact that we have an individual who is incontinent instead of allowing them to sit in a soiled brief, they'll either stop at a gas station and provide care services and then go back to doing transport. The other part of that question is when you have an individual who is independently using share ride and they are going to a doctor's appointment, it would benefit them to have a caregiver that could either ride with them or could take them themselves because of those incontinence issues. A lot of times when their share rides there is that our, two hours before, to our after weight where they are waiting for the Pera transport to go back and pick them up and then they're sitting again sometimes four hours in soiled briefs and things but that's usually when they're traveling ndependently.

>> RANDY NOLEN: Maybe go through more for comments. Jacob and Jessica, you've got some comments about MTM. I'm not gonna discuss those openly. I'm going to ask that AmeriHealth and PHW reach out to you to further discuss what issues and concerns that you're having.

>> SPEAKER: My name is Alicia Wilson. Can I ask a question? I'm the director at the Marquis partial program in Harrisburg and I'm actually reaching out because we've been having issues with our consumers getting to the programs late or to the program late or getting picked up early. Well before they're supposed to leave. The way our program works is we're paid based on units with how long someone is out the program. We do have half-day clients. We also have full day clients. We've been struggling because example, this past Friday, we want our consumers to be there no later than 9 o'clock. We had three get dropped off at 9:30 and that's consistent. It's almost daily we have a couple coming in late. And then for some of our consumers who leave at 2 o'clock end up getting picked up at 1 o'clock. There were four or five of them that were picked up at 1:00 on Friday so it's affecting our units but it's also that we are a mental health facility so it definitely affects some of our consumers who really want to be there on time, want to be at the program.

We've Actually had some who had kind of breakdowns because they got there late . So I was wondering for Pat share that we use here in Harrisburg or share ride, who is a contact person I can reach out to because I've tried talking to the drivers. I've tried talking to a supervisor. We reached out to believe he was a director and we're not getting anywhere. This has been an ongoing issue for quite a few months now.

>> RANDY NOLEN: Transport through share ride?

>> SPEAKER: Yes.

>> RANDY NOLEN: Alright. Unfortunately I I think the individual who -- could talk about that is John Taylor from PennDOT .

>> SPEAKER: I'm on now.

>> RANDY NOLEN: You're on Jon?

>> SPEAKER: I apologize. I might've missed part of the question. Is it who is the right person to talk with four capillary transit service?

>> SPEAKER: Yes.

>> SPEAKER: Actually Sherry well from rapid transit is on the line and she said you could reach out to her. She's their -- I don't want to get her exact positioning correct. I was going to say ability manager but I don't know if that's quite right.

>> SPEAKER: Senior project manager.

>> SPEAKER: I'll definitely reach out to you Sherry. Thank you.

>> SPEAKER: Thank you and thank you John Taylor.

>> SPEAKER: Hi. I don't know if I can speak. My name is Sheriff and I have some questions. From what I'm representing a (Indiscernible) home care agency and from what I'm hearing it does not sound to be there is a straight way or a path for a client or consumer in a nonmedical home care services to be able to set up this transportation. Part of my concern also is that I'm not sure that all of the participants are in fact aware that the state is providing this transportation. I hear that the (Indiscernible) are aware but I don't know the participants themselves are aware, all the participants. Because we are beginning to run into situations because the caregivers have been pressured to drive the clients.

Of Course you know we have prohibitions here to prevent possible liability situations that arise on caregiver driving clients. I've spoken to quite a number of agencies but each one of these agencies (Indiscernible) because the caregiver drove, the client got into an accident. What happened is the client even died in that transportation situation that was happening. Why the caregiver or whoever is responsible at that particular (Indiscernible) with our agency. I'm beginning to see that this transportation issue is too sensitive and too serious and I don't know that participants are getting enough awareness in order to prevent the caregivers from having to do the transportation so my question is I hear that a couple of providers have asked this morning to say how do they get access? I'm also continuing to see go to (Indiscernible). Sometimes you can't even hear from them for weeks for an issue. They say go to the MCOs. You call on the MCOs and the MCOs pass you to the SC. You've got to wait. They take a message and send that message back and they are gonna reach back to you and the client, if the client needs transportation, is there any direct way they can call I think I hear MTM or I hear CTC . Is there any way they are allowed to Karl that service directly if her any reason they are not able to reach up their service coordinator?

>> RANDY NOLEN: MCOs I'm going to allow you or the brokers to answer that question. Basically, what is the most direct way to get communication through? I agree that you leave a message for AFC if it takes three or four days to get back to them, then the transportation need may have already passed. Is there a way to expedite this to ensure that people are getting responses in a timely manner?

>> SPEAKER: Good morning. We have a member services line so they are able to help to connect participants and callers with the service coordinator and Mr. the supervisor and we are able to get that to appropriate team members.

>> SPEAKER: For PHW AMPA main customer service line and the participant can speak with a customer service advocate. We also have transportation specialists that can get on the line. We can warm transfer a call to a service coordinator . If the service coordinator's tied up in a home visit or something like that we can get a call back to the participant within a timeframe that meets their needs and they can also call MTM directly as well. There's a number of avenues the participant can pursue in order to get transportation scheduled.

>> RANDY NOLEN: UPMC?

>> SPEAKER: We mirror that process. We do have our members services team that any member can reach. And we do have SC hotlines that they can contact . Member services probably is the quickest route to ensure that you do get somebody that answers the phone, but they are all trained on being able to assist with any of the needs that a member has that might call in.

>> RANDY NOLEN: The other piece of the question is participant education. How are the MCOs educating participants of how to utilize transportation services and how to contact the MCOs to make sure that they can utilize them?

>> SPEAKER: It's UPMC. I'll jump back in. as I said, we train our members services team so they come in. All of the service coordinator's are also trained. We leave behind information that we develop so that we can leave something behind it so the member has the information on who to call, when based on whatever that situation might be. Edovo service coordinators will speak openly to the members about transportation needs and what fits onto the service plan.

>> SPEAKER: Can I ask a question really quick as it relates to the service coordinator's? I'm sorry if I cut anyone off, but it is a huge concern out here with timely response for the service coordinator or getting in contact with them as I know that they are assigned to a caseload so they have multiple participants that they're servicing and supporting with resources. But it's hard to fathom that they would be available to respond to an urgent need of transportation when they don't respond to urgent matters as it relates to the participant or when the provider is reaching out. It can be days, more than a 48 hour window, when a participant or a provider receives a call back from a service coordinator. Not to mention that a lot of times, as the director of this organization that I represent, when I'm speaking to a service coordinator about policies and procedures under the guidelines of OLTL or the Department of Health, they're not knowledgeable.

They Don't know what they're talking about and it's often a battle where have to say hey, can I please speak to a supervisor or someone else that's in charge because you are not aware and you are leading my participants down a wrong path and their care needs are most definitely my concern first because I'm holding a huge liability for them and you're telling them something or giving them information that is not true so their knowledge is questionable at this time. A lot of my participants when I say are not aware of their transportation benefits, it is so true as I'm reading these notes here. In the questions and concerns that are being put up in the chat. A lot of patients are not aware and they are putting a go of the responsibility on their care staff which is a huge liability for the companies out there so it's something that seriously needs to be addressed because people are getting into car accidents. People are losing their lives and organizations are being sued from Workmen's Comp. standpoint and also from a patient liability standpoint so this is a huge concern for organizations like myself.

>> SPEAKER: It's you PML emphasize that -- we would like when it's an emergency that we do have our member services team set up that will answer that call and are trained to assist. So if it's an emergency and you cannot reach the service coordinator then I highly suggest the member go through our member services line.

>> SPEAKER: Thank you for that. And thanks to the individual that raised the comments. All very helpful context. I would just underscore for PHW in a similar way the service coordinator is really helping the participant to navigate what the services needed are, what makes for a really effective person-centered plan for them and how to access those services. In addition, they follow up with the participant to make sure that they are accessing their services and their services are being delivered, answer any questions. If something comes up where the participant just has questions or is uncertain or having an issue and they need to speak with a service coordinator right away about transportation or anything else for that matter, they can call into our call center. If they can't reach the service coordinator right then and there, they were certainly attempted but if they can we always

have a service coronation supervisor on call. You can always speak to his service coordinator when you call in . Additionally, we promote transportation and how to access transportation within our participant advisory committee and our participant handbook and in newsletters and there is a link to MTM site to schedule transportation right on our website and as I mentioned on our call center we do have those transportation customer service advocates as well and they have expertise in this. All the MCOs I'm sure have escalation protocols. I know we do so if we run into an issue or something that's a really unique circumstance and we need to get in touch with the leader or someone who can really solve a more complicated problem at MTM, we have those contacts as well. Again a lot of options here.

>> SPEAKER: Thank you so very much for that.

>> SPEAKER: Good morning. If I may jump in for AmeriHealth, we like the other plans have said -- we train our service coordinators and all the services that are offered and when we have our assessments with participants we talk about all the services that could help her to n's meat independent living goals or person-centered in a minute living goals. ...Transportation That looks at what the goals are, where folks are going how can we best assist to get those service authorizations completed. And approved. In addition to the contact center I mentioned earlier, when folks call into the member services line if they need to have a service coordinator more immediate need met, when transportation needs are called and we do have folks on that line who communicate directly with MTM and try to troubleshoot if there's authorizations or if there's a ride needed. If they are unable to meet it at that point that does come over to the service coordinator and as mentioned previously have our service coordinator supervisors who are also included on those emails and for those very high types of escalations, we do encourage our teams to reach out to their director so it might be one of my directors or myself directly working with Javier and Brian as mentioned earlier because that's how we work on the AmeriHealth side of this. Thank you. Thank you for the question.

>> SPEAKER: Randy can I jump in? It's George Gilmer. I we are ...the MCOs. When we started in the beginning of the pandemic. It's been a total fiasco. For myself with one of AmeriHealth Caritas stating I've found something different and with what MTM is stating I find something different so let me start with MTM because that's your largest broker and where the problems ensued from. NTM understanding the Pennsylvania contract . For myself, I had both community rides and medical. And there's two accounts. So when the person at MTM goes into look at my account, they've been constantly confused because in MTM, they cannot remove account that is put inappropriately in a dummy account so they go into this account and say I have no rights. And this is on a regular basis I get this. You have no approvals. You have no rights.

Then They'll say I need a service coordinator to put rides in. When I have a service coordinator on the phone, they say please do an override. So an override is done with the supervisor at MTM and in a very convoluted process and then a trip put in. This has happened to me this past month where I was told you have no rides and then I finally get to another staff at MTM and they say there's another subaccount so I could have 16 accounts in MTM and the person at MTM has to find the account that has the approvals and have both approvals in it, both the community and the medical. That's an immense amount of confusion right there and MTM does not solve that. They have that and the person cannot remove an account. MTM has not put that into their software. As far as AmeriHealth Caritas I've had the problems additionally. I was told my service coordinator because I needed a medical right and it got canceled by MTM. This was an immensely emergent -- not emergency but emergent that I needed to get to the doctors. I did not get to the doctors that time. Then I was told to call the AmeriHealth Caritas participant hotline so I called that evening and like was stated to talk to a service coordinator, supervisor that supposed to be on the staff. The lady that

answered the phone, Crystal, tried to get seven different service coordinators supervisors on the participant hotline and none of them were available. She elevated it to a complaint because she was so upset with it that there was nobody available and of course no one got back to me from AmeriHealth Caritas. Later I get this appeal. Generated by this person out AmeriHealth Caritas and I'm saying really I don't want to have any part in the appeal in this process. If this is a breakdown in what AmeriHealth Caritas is doing, they shouldn't be involving the client in their problems. They should do their housekeeping. That's gone over unfortunately like crickets. Then I get my service coordinator who says we're not responsible for MTM. They are not a subcontractor to us. There's an immense amount of confusion and all these confusions lead to the immense amount of problems that you're hearing throughout this entire almost our already. The different agencies that are trying to interact and do these things on behalf of the participants, yes, they're having problems because of these confusions. It isn't done in a cogent way. These things can be done policy wise and cleaned up, but it isn't hasn't been happening. OLTL doesn't want to have the oversight. I've had conversations with you, Mike Wilkerson, Brian Arnold and it still continues to pump confusion. In your system. How are you going to address that? How are you going to address the other things like the Uber and to the Lyft rides that are not in an area where they're really ADA compliant?

There's an immense amount of problems. You really need to have this done on an ongoing basis. One transportation call and however many times trying to get these issues is certainly not gonna get this done today. These have been ongoing issues that have not been addressed programmatically in all the areas that they should be done. MTM isn't doing it. MTM and MTM now has taken on another partner and they've changed my ability to -- be a managed-care member to a community member. And the persons don't know what they're doing. I've got that person the other day in the background. The smoke detector is chirping. When the smoke detector is chirping and when I called back another day and the smoke detector is chirping because the battery can't be changed, I have no confidence that person is going to be able to schedule a ride. Then I'm being told to get your service coordinator supervisor on to make sure your rides are approved. We do that and even then I call back again. You don't have any rides approved. So there should be some simplicity brought to this that isn't there. Why?

>> RANDY NOLEN: Thanks George. I don't know AmeriHealth if you want to follow-up or follow up with George after the call?

>> SPEAKER: Hi Randy. We'll follow-up with George and also MTM and our folks here.

>> SPEAKER: Randy this is Leslie from Pasa could I make a comment and ask a question?

>> RANDY NOLEN: Sure.

>> SPEAKER: I wanted to reiterate a little bit what Samantha Perry had said. First of all for everyone else, I'm with PATSA representing adult day programs of Pennsylvania. I just wanted to be clear that what Samantha was explaining with the confusion between Keystone and MTM and trying to sort problems out for the riders is more extensive than just her center. We get a lot of calls through PADSA for the same issue that communication between the two has been problematic. So I just wanted to mention that. But the question that I have is due adult day waiver consumers have a choice of transportation provider? Just like any other waiver service? Is there a choice? Can an adult day participant choose their transportation provider?

>> RANDY NOLEN: Yes. All participants have choice of providers as long as it's a provider within the area and it can provide the services. I'll let each of the MCOs talk a little bit how they ensure choice in the transportation realm for their customers. AmeriHealth?

>> SPEAKER: Randy it's Frank. Yes, they do have choice in transportation provider as you mentioned. They would have to make that known to MTM and MTM I believe can put a note in their

file. Brian Arnold from MTM, can you confirm that please?

>> SPEAKER: Hey Frank . From the MTM side, we have been contracted and brokered to provide the most appropriate transportation to the members for AmeriHealth what and wellness. Within reason, there can be some accommodation, but there is no guarantee to your point Frank that transportation provider may be the most appropriate by definition. That's where MTM stands on scheduling rides.

>> SPEAKER: What's been happening is, and this is what we're getting feedback from our members is that MTM has been changing transportation providers for adult day participants without their knowledge and without any communication to either families, participants or centers. We're getting two different stories a little bit. I'm not exactly sure that there really is a choice, and I believe in our members believe that there needs to be or that it's a requirement that there be a choice if the consumer wants a particular transportation provider.

>> SPEAKER: With the choices, how is that being conveyed to clients and families? With the couple, all of our ones are actually under AmeriHealth that are having the issues. AmeriHealth and MTM. Say we have one company that is dropping the ride. Are they told that okay, there's a choice for another provider since this one is not providing at this time? How is that information told to the families?

>> RANDY NOLEN: Frank, can you follow up on that?

>> SPEAKER: I'm just thinking if someone scheduled a call, a trip from that provider that normally would be providing the services and available. I don't think MTM calls and says I've got four or five other providers. Would you want me to send? I think they just dispatch another provider. Brian, do you want to weigh in on that?

>> SPEAKER: Frank Oz sorry, I didn't follow there. Dispatching another vehicle for what reason please?

>> SPEAKER: Addressing Sam's question . If a transportation provider is not available, how does the family member or how does the participant -- do you get to them first and say hey, ABC can't send a transportation today, but you have a choice of five other providers? Or do you just dispatch another provider.

>> SPEAKER: We schedule the most appropriate transportation provider for that trip and the member should receive a call the evening prior and possibly even the day of the transportation from the company that will be transporting the member so that's how that's scheduled then communicated to those members.

>> SPEAKER: But in the instance -- one of my members right now, they have been using Reading cab or Reading taxi. Under MTM and there were issues with the authorization and Reading company either isn't picking them up or say they don't have drivers. But there's been no okay, you could use this person since Reading taxi doesn't have somebody. I don't think that it's being communicated to families that they have a choice .

>> SPEAKER: Sam, can I follow up with you directly? I've got a couple concerns here that sounds like we may need to talk.

>> SPEAKER: Yeah.

>> SPEAKER: I'll message you my phone number and we'll talk directly so we can talk directly about this and resolve all these issues.

>> SPEAKER: This is Leslee. The other situation other than what Sam is describing with somebody not being able to fulfill a ride, I'm speaking of centers that have contacted us that there is a transportation provider Existing and they are able to provide the rides and they have been providing the rides but then they are pulled and another company is trying to be substituted without any knowledge of anyone for any known reason. So it's not a choice. It's just happening. That's what I'm

referring to.

>> RANDY NOLEN: AmeriHealth, Brian, can you guys discuss what happens in that situation and why you would be -- if the company is available that is being used and you switch to a different company why that's being done?

>> SPEAKER: Yeah Randy. There are different reasons that that could happen from our standpoint. One that Leslie's probably speaking about -- hi Leslie -- is the possibility of trying to diversify to make sure we do not have too many trips with one transportation provider and thus trying to spread the trips over multiple transportation providers too minimize any risk at that point so that could be part of it. The transportation provider hypothetically may not be the case for Leslie may not want to service that facility and maybe they haven't been transparent with that facility . But there's varying reasons but for Leslie specifically know for hers it was diversification . We're trying to spread trips across many multiple transportation providers here in our market.

>> SPEAKER: That brings me back to the same question. Does the participant have a choice? When you're going to pull those rides and the participants say I require -- I request XYZ company, I don't want that change, are they permitted to do that?

>> RANDY NOLEN: From the departments perspective, yes.

>> SPEAKER: Okay.

>> RANDY NOLEN: I see a couple hands raised . Jeff Iseman.

>> SPEAKER: Jeff Iseman from PA SILC and I put my first question in the chat . The first one is on quality improvement. We hear about that in different meetings with OLTL and I know in the ODP side Kristin Ahrens has put something out in their contract with providers for certain home community-based services. Or we going to start hearing or seeing any quality related metrics concerning transportation? Is that something that's being looked at for the next three years since we're -- what was what was it 25, 27 I think we're gonna have five MCOs for CHC instead of three. Thanks.

>> RANDY NOLEN: We look at a variety of quality metrics relative to the CHC program. Certainly transportation is one of the ones that's on our list that we're looking at Sue you should see some further stuff coming out in regards to a variety of quality metrics for the program.

>> SPEAKER: Can those be shared at some of the LTSS meetings and publicly so people can see the performance of different metrics? And providers?

>> RANDY NOLEN: Yeah. We'll have that discussion as we set the agenda for those meetings. With the subcommunities there so we can have those discussions with them.

>> SPEAKER: My second question, and I'll have to get offer another meeting shortly, are they looking at adding perhaps transportation brokers? Right now we have the two that are on here which is great . We are going to have five MCOs right now for the next three years of CHC. Is there discussions at this point about maybe adding an additional transportation broker? Or is that still being determined?

>> RANDY NOLEN: That's still being determined. That's something we can discuss as the program moves forward.

>> SPEAKER: Okay, thank you.

>> RANDY NOLEN: John -- I'm sorry Jon, you had your hand raised earlier. I don't know if you still had a comment. Unless we lost Jon. I'm not sure. Timothy West you have your hand raised.

>> SPEAKER: Yes. This is not Timothy, but I'm using Timothy's computer to ask the question because mine on the blitz but this is Megan Murray for roads to freedom Center for Independent Living. My question is what is Pennsylvania Department of Human Services OLTL and MATP considering on doing regarding subcontracting with transportation network companies? Such as Uber and Lyft, and will accessibility concerns be addressed?

>> RANDY NOLEN: From the departments perspective, we have ongoing conversations with the MCOs in regards to transportation networks and the use of Lyft and Uber. We don't overly encourage the use of those Lyft and Uber but we know it's a resource out there. I'm not sure where we're going to go as we move forward with this. Certainly that's something that we'll consider.

>> SPEAKER: Randy, do you want (Microphone Interference) on that? This is Stephanie.

>> RANDY NOLEN: Go ahead Daphne.

>> SPEAKER: In some of the larger cities like Allegheny County in Philadelphia they both have contracts or both use Uber and Lyft. quite a bit. They actually use the accessible portion of Uber and Lyft for many of the rights because I think it's Uber wave and Lyft health maybe. I can't remember the exact branch of Uber and Lyft. They do have accessible options. In Philadelphia the broker motive care has a national contract with Uber and Lyft and they also are able to schedule directly through Uber so the consumer doesn't have to pay for the right upfront. In Allegheny, they do the same thing. They utilize it generally for off hours like if somebody has dialysis and needs to be there late. They'll use Uber to get someone home and they do use both regular Uber and Lyft and the accessible Uber and Lyft . Not every county has access to Uber and Lyft as an option so it's really only in the areas that are more concentrated and have more concentrated population . I know that other counties have been looking into contracting, but it's quite a lengthy process to get a specific contract with Uber and left . I think it depends on the -- it depends on the area and the availability of Uber and Lyft. In Philadelphia it's been a very good way of supplementing paratransit rides for people who can use -- can't use mass transit don't have access to mileage reimbursement. They are able to use Uber and Lyft for many rides that they might not have subcontractors to provide at the time.

It's -- I know that CMS which is our federal oversight has urged us to look into how to utilize transportation network companies more easily, and so I know that we've been looking at that. But in Pennsylvania, there are a lot of areas that Uber and Lyft are not available. They'd be very expensive if they were. So urban areas are using them more than other areas, and I would say that as Uber and Lyft becomes more available, then more of our counties are going to be looking at using that. That's for MATP only though . I hope that answered at least something. Now I will tell you that Uber and Lyft also have, they have insurance requirements for their drivers. They also have credentialing . The credentialing goes through the Uber and Lyft corporations. Those safety issues are addressed in that way. Do you have any other questions about the MATP portion of it? Please feel free to reach out to us if you have any questions about Uber and Lyft being used or any portion of the MATP. You can either contact me or you can contact Chris Stout . Both of us are available to take questions or concerns. Okay?

>> RANDY NOLEN: Thanks, Daphne. Laura Renninger, you have your hand raised.

>> SPEAKER: My name is Laura. I work with an ambulance company in Philadelphia. I actually have two questions. My first question is we do a large number of transports from a hospital to nursing facilities. And the hospitals reach out to us directly as their contractor provider. Now we have been directed by the state for Medicaid patients in their MCOs to bill the nursing facility if the patient is returning on a bed hold. The only problem is there is no place for us to identify this information or we're just unaware of where to identify this either through the promise website or through any of the.[word?] Portal so I was hoping to see if we could get some clarity on that.

>> RANDY NOLEN: I'm going to let the MCOs follow up on that. Angela?

>> SPEAKER: Sorry Randy. You mind repeating the question?

>> SPEAKER: We were trying to find clarity on where we identify if a patient or where they're discharged from hospital to a nursing facility if they are out on a bed hold or if this is a new admission to the nursing facility so we can billthe claim correctly.

>> SPEAKER: I think I'm gonna have to take that back and find out for you. Laura, do you mind putting your contact information in the chat or I can put my email in the chat and you can email me and I can follow-up for you?

>> SPEAKER: Yeah, of course.

>> SPEAKER: Sorry about that.

>> SPEAKER: My second question is with the 2024 rate increase for ambulance transportation, we still have some MCOs that are still paying the 2023 rates and we've been doing claim project after claim project and it's now September. We are just trying to figure out where we go to get everything finalized to be paying out the correct rate.

>> SPEAKER: Laura, it's Frank's intro with AmeriHealth Caritas. Our rates have been loaded and there's always an off chance some but he got skipped, but usually not because we didn't validate that. Do you have a specific account executive that you work with at AmeriHealth Keystone?

>> SPEAKER: Yes, we do.

>> SPEAKER: Please raise that to he or she and they will research that for you.

>> SPEAKER: Okay. Will do. Thank you.

>> SPEAKER: Thank you, Laura.

>> SPEAKER: Same thing for UPMC. Our rates have been loaded. We did have to go back and retro back to 1/1 so we are in the process of either adjusting all of those claims or we are handling the payment back in a separate way so if you've not heard anything, you can either contact me or your provider account executive and we will take action on that quickly.

>> SPEAKER: Perfect. Thank you.

>> SPEAKER: Same for PHW. We retro back to 1/1 so there shouldn't be anything outstanding, but if there's issues, please engage with us and we'll fix it quickly for you.

>> SPEAKER: Okay, thank you so much.

>> SPEAKER: I do see another hand raised. Vincenza?

>> SPEAKER: Good morning. So I use F1 50 for some of the disability obviously for F1 50 and I use a wheelchair. Listening to the conversation and mostly it's about medical and MCOs. And CHC's. But F1 50 is not part of any of that. I live in dolphin County so I would call rabbit, but I don't use transportation that much because of the unreliability and always being late. I work and I can afford to have that . So my question is what about other forms of transportation like the bus, city cab, rabbit? Will they be ever accessible that people could just catch a bus if they are able to get to a bus stop with their wheelchair? The Uber and Lyft really has me interested so that I can go to the movie or shopping, be social . So these are my questions . Same-day rights would be great.

>> RANDY NOLEN: Jon, can you talk about the accessibility of public transportation like the cat bus?

>> SPEAKER: Yeah. Sure. The cat buses should be fully accessible by someone in a wheelchair . Maybe there's a certain stops that for one reason or another the person in the wheelchair can't use the lift that the vehicles are enabled with and in those cases, there's a supplemental service called ADA company paratransit which the cat should be given the person door-to-door transportation in this situation so the service should be fully accessible from that standpoint.

>> SPEAKER: The path train is pretty limited in the hours they do and it's not on demand so if I could get on a bus stop and know all the buses have a lift, that would give me freedom to travel and people with wheelchairs. You see that in the future, all buses to be accessible?

>> SPEAKER: All of the rapid transit vehicles are accessible for individuals who utilize wheelchairs . If you're talking about accessibility being on demand, we offer a shared ride service that it's not the same thing. So we don't offer one on demand transportation outside the small pockets we offer microtransit.

>> SPEAKER: I'm looking at a regular bus.

>> SPEAKER: Those vehicles are accessible. I'm not sure I'm understanding your question. I'm sorry.

>> SPEAKER: Emily not using the right word? Public buses . They stop and they pick you up if you're at a bus stop, but not all buses are equipped with a wheelchair lift.

>> SPEAKER: All of our vehicles have wheelchair lifts. They do. If there's an issue you're experiencing I would encourage you to reach out to me directly and I can speak with you about those and figure out what's going on because all of our vehicles do have lifts on them.

>> SPEAKER: Oh great. So to go to the mall or anything like that?

>> SPEAKER: Yes.

>> SPEAKER: Great. Thank you.

>> SPEAKER: Absolutely.

>> SPEAKER: Okay, thank you.

>> RANDY NOLEN: Kathy Herzog.

>> SPEAKER: Hello. I'm Kathy Herzog. I'm in Erie, Pennsylvania. Transportation for people with disabilities is really horrible and it's gotten incrementally worse since managed-care has taken over . We are now relegated to using whatever transportation provider or coordinator that the MCO that we happen to be in uses. And I have just switched from one managed-care entity to another and literally it has taken me five days and six hours on the phone to schedule a ride for myself and the person that lives with me with a disability to go to the 30th anniversary of voices for independence tonight. I am absolutely flabbergasted at the Royal runaround that I have received to get this ride . In addition, I always have to fight to get the transportation that I wish to have . For example, we used to be able to get the complementary paratransit lift tickets that were for our local transit bus as Vinnie was discussing a moment ago. And distance travel like to wherever we wanted to go. I used to be able to schedule ahead. Now I'm in a different MCO. Now I can't schedule had more than 10 days in advance, and in fact after today, I'm thinking of even switching MCOs again because I travel frequently and the complications that I have to go through are absolutely ridiculous . I am just inside out right now . I would like to express my extreme frustration over how long it's taking me to schedule for two people to ride in the same vehicle. One entity says you can go with your aid. He and I travel together frequently and we take one person as an aide.

The New MCO says we can't do that. That each person has to go separately. Instead of doing that I said okay, can he go as my aid? Or as my companion? They said yes. But then that information wasn't passed over to CTS and then yesterday, I thought everything was arranged and finalized and I get a call this morning from the transportation provider who said that they cannot transport my friend who happens to be also using a powered wheelchair now unless he was using a manual wheelchair that could be folded up and put in the seat between us. Because it was their policy that if he used a power wheelchair that he would have to self-pay, which I personally felt was discrimination by the provider. But that was resolved because they put me on a three way phone call with the managed-care company and they added I roommate person as an extra participant and then apparently they are going to overlook the contract rules that say that each participant must travel independently in their vehicle. I don't understand why participants who travel together need to travel separately in their separate vehicles . It seems like it's an absolute waste of taxpayers dollars with regard to that.

Also I'm concerned that these transportation meetings and other meetings affecting people with disabilities are being scheduled at such early hours as nine to 11. Most people with disabilities including myself are not able to get up and move around . I see there's 243 people on this call. But I think you'd have a lot more people available if you could schedule it at a lot more reasonable time.

A little bit later in the day. A lot of these things are done to discriminate against us as a population. And I'm 60 now. I'm getting really tired of fighting the same fights over and over and over again, and I will be submitting my written notes once again to my UPMC provider . Seriously, you guys have to look at our options and we need to have options . We need to have much better options . I do like the fact that we can go door to door and not have to ride around for 16,000 hours . But at what expense? I hope to goodness that my MCO provider does not discriminate and I request multiple transportation options . One of the things that I've been given in the past is a 30 day ride pass but they have to send it every 30 days and after 30 days, it expires.

I Just want a 20 ride pass. That's only 20 some dollars. I don't go on the regular public bus that often but I want the option to do so and I want the option to do so at a tax saving amount to the taxpayers. Because I was at one time a taxpayer and I understand the value of money . So I hope that consumers are given more options . If they want to take Greyhound, they should. If they want to take an airplane, they should. If they want to use their vehicle, they should check wheelchair accessible vans should be covered also and our drivers or attendance should be paid when they're driving those fans. They should not have to clock out as an attendant and then clock in as a driver and get paid less money per hour or vice versa, whatever the rates are right now. that should not be a requirement. The attendants are waiting with us. They should be paid just like any other person . There's just a multitude of things that I could go on forever. I'm not going to do that. But these are my main issues right now . Consumers need to have options. We need to have choices. And they need to be valuable choices. We need to be able to travel together or alone. We need to be able to travel with or without our attendants. And we need to have the ability to do these things easily. When You have to call a provider and you can't schedule directly with the broker or the transportation broker, it's a royal pain in the ass. I had a whole bunch of people that I was connected with before so when I needed to schedule a ride, I could confirm and I could plug it in on the internet Myself. Make sure the facts were in there correctly and accurately and not have to go through 45,000 steps just to make sure that I got a ride. Tonight is a very important ride, and I can't miss it. And I hope to goodness everything goes off okay. Because if it doesn't, you'll will be hearing from me again. Thank you.

>> RANDY NOLEN: Kathy, you are currently with UPMC. Is that right?

>> SPEAKER: I just switched UPMC on September 1 and I am absolutely livid . I am livid right now. I was told yesterday that my ride was scheduled, okay? And that everything was fine, and around 9 o'clock this morning, I got a call from the provider, and they said that they would not transport my companion person that UPMC insisted had to be listed as -- not as a consumer participant because if he was listed as a consumer participant, then somebody would've had to send two vans to take us to the same place. Which would've been absolutely stupid. If they have a big enough vehicle. It's really stupid to take two vans and not allow one attendant to travel with us . It's just nuts . The other MCO actually, even though it was one of the worst in the state, actually had a much better transportation system. Than this one does. And I can't -- I have hours of notes that I've taken on what it's taken me to get to go from my house 10, 12 walks north to get to the Warner Theatre for tonight's celebration of voices for independence's 30th anniversary. It should not take me five days and six hours and two and three hours on the phone at each call on hold or having to sit by my phone for another three hours while somebody calls me back to confirm that yes, we can do it and then yesterday yes, we can do it.

9 AM today, no, we can't. And here's what we need you to do to get you both on the same right. Then the other thing I was told was just -- hold on one second. This gets even better. Hang on. We have schedule 48 hours in advance, which if we schedule with our local pickup of the paratransit service, which we used to do and we use to cover easily under this stuff, then we could schedule up

to 5 o'clock the day before. Which would be great. That would be awesome. But that's not allowed anymore. There's so many things that have been taken away from us that it isn't funny. It's just beyond ridiculous. So we have to schedule a minimum of 48 hours, and depending on your MCO, it's longer than that. Which is absolutely ridiculous. Now I completely lost my notes. I'm so sorry. But now we have to schedule -- right now I have to schedule less than 10 days in advance, and depending on where I'm going I need to schedule further. When I was with AmeriHealth Caritas, I had to get permission to travel 28 miles away from my house but out-of-state.

Which Was ridiculous. Unfortunately due to illness, I didn't get to make that trip this summer once I got it approved. I couldn't make it because of illness. And then I always had to go through weeks and weeks of trying to get permission to go from my house greater than 100 miles to get to my board meeting. Finally after two or three years, we got that result. With AmeriHealth Caritas, but that was a pain in the butt too. There's just so many things that are absolutely ridiculous so we have 48 hour schedules. We have to get there in a certain amount of time. Depending on who the transportation provider is, they'll only wait for you for 10 minutes and if you're not they are, they'll cancel your ride. Then they have a card that they'll give to you and they have up to an hour to come and pick you up after that. After you're done. You're supposed to call when you're done which is nice that you can call when you're done. But I'm usually done when I'm done and I just need to be picked up. Not told not only do I have to be done when I'm done, but now I need to call. So hopefully I don't have to do that. I can just tell them, get me at the time I told you that's when I'm going to be done.

48 Hours in advance for calling and registration. That's a little shorter than the other one and that's a good thing. I'm so flustered at all of this that it's ridiculous. It really is. It's just ridiculous. I can't even find my notes. It's so much stuff here that it's all gone. I apologize. I wasn't even going to be on this trip because it was too early for me to get here.

>> RANDY NOLEN: Alright. Thanks, Kathy. To address the issue about the phone call, we have discussed this internally and we will make every attempt with scheduling calls that they are later in the day for everybody. We found that common a few times so we discussed that internally. It was just trying to get this thing schedule. We couldn't have done it today, this might've gotten pushed out another month or so, so we will make sure we take that into consideration in the future. One thing I wanted to address right away is for UPMC to reach out to you to guarantee and ensure that your transportation will be set up and is set up for tonight.

>> SPEAKER: It is. I've already got that guaranteed. I've spoken -- they went in a three-way conversation today with the provider that is going to provide it. And it was the office manager of the provider with whom I spoke, and she was on a three-way call with me. She's the one that initiated the three-way call because otherwise they were not going to transport the two of us. They wanted him to self-pay and I'm like he's a participant also. But when I tried to talk to the UPMC scheduler -- and that's the thing, you can't talk directly with the CTS people. You have to talk with UPMC service coordinating entity and only them. They are the only ones that can take that call. And arrange that ride. That's just nuts. I'm used to the other system where I can just put my information in, make a screen capture of it, say it's been done and then just email that screen capture to the broker and say hey, can you please check on my ride? Now for me, that was easier and I know there's some consumers here that keep getting sent to the wrong address. Because who is ever entering it in for them is getting the wrong information or the wrong ZIP Code or something stupid frequently.

That stuff shouldn't happen. We're in 2024, people. And I had better transportation services in 1989 and the early 90s I could fly on an airplane with my attendant. I could use my transportation budget over two months. I had a set amount. I could use it to buy a plane ticket. I could use it to buy a Greyhound bus. I could use it to buy the EMT a lift tickets for ADA transportation. I could use it for

any number of things. And now I'm getting set up with the new MCO and I said to them I want bus fare cards and I want the door to door and I want this and I want that they were like whoa, we don't normally do that. I said guess what? You're going to do it. Because I am the participant and this is what I've been getting for the last hundred thousand years. And this is what I expect. And I believe that there should be no change except for maybe a positive change because like I said, I've been trying to get 20 ride bus passes and every MCO I've talked to said we'd rather spend \$53 and give you 30 day bus pass and diffuse it once and it's done, we will just by 30 day passes. 30 day passes and then they expire. At 20 ride bus pass you can use it for 20 years as long as they don't change their system.

It's Much more economical to spend \$28 for 20 ride bus pass that's not going to expire each month. I understand certain things, but there's certain things I don't understand. And I'm trying to maintain proper spending. I'm trying to stay within the thing. And here's the other thing too. I'm so sorry. I just need to let you know. Had I not called yesterday to confirm that I had or did not have a ride, I would've never known. I would've been still sitting here waiting for 5 o'clock to roll around and somebody pick me up . I had to call. That should not be. The consumer when they schedule a ride, it should be scheduled. They should be booked and it should be done. And we should not have to keep calling and tracing everybody down. To make sure our rides are booked. We should not have to do that. Once it's done, it's done. It's good. I don't have the time or the energy to spend five, six days and six hours to book a ride from my house to downtown . The only reason I'm doing that is because getting colder at night here in Erie and I don't think I can get back and my chair is broken down and I know I don't have enough battery juice to get from downtown to Erie back to my house. Otherwise, I'd rather roll than deal with this . I'd rather roll . So I'm done. I see other people want to talk. I'm sorry. I'm just done.

>> RANDY NOLEN: Thanks Kathy. Some of the points you make up almond sure UPMC follows up with you. Just a general overview. There's a lot of questions in the chat in regards to the need for three hours or longer to reserve a ride. We are discussing not internally within the department. It is part of what we will be discussing with the MCOs as we move forward to try to improve that timeliness . The other side of it that Kathy brought a little bit is the window to only be able to schedule rides 10 days in advance. We're going to have some more discussion about that with the MCOs and brokers especially for people who have consistent rights that this is where they go every week at the same time, this same place and everything like that. It is part of our watch list of what we are looking at and discussing as we move forward. I just wanted to check. Brian, did you see the note from (Indiscernible) .

>> SPEAKER: Randy went unmute right after you said my name so sorry.

>> RANDY NOLEN: I just wanted to see if you saw the message from Kurt lute about the transportation.

>> SPEAKER: Yes.

>> RANDY NOLEN: You'll follow up on that.

>> SPEAKER: I have. We've already got emails back-and-forth so yes, we will be following up with Kurt.

>> RANDY NOLEN: Thank you.

>> SPEAKER: You're welcome.

>> SPEAKER: One.

>> RANDY NOLEN: One question from Candace raised do we have transit and.[word?] Care on the line? I don't think we do. You are saying it's impossible to become a provider with them. Daphne, can you follow up on that?

>> SPEAKER: Did you say Daphne?

>> RANDY NOLEN: Yes.

>> SPEAKER: I don't know that we work with those. Those two providers.

>> SPEAKER: Daphne, this is Chris also with MATP. Mode of care is the provider in Philadelphia that I think you said Transnet is in Montgomery County then. With MATP, every county is responsible for administering the medical assistance transportation program and because of this, they also are responsible for determining who they choose to subcontract with and in some counties they don't subcontract with anybody at all. So if you wanted to reach out to me or Daphne directly after this, whoever asked that question, we can provide information regarding mode of care potentially becoming a subcontractor with them. But I can say that as of right now, Transnet is not currently looking to add subcontractors and that's information as of only a month ago. They haven't really changed that perspective here in a couple years. But I'll put my email in the chat here and you can absolutely send me an email and I will give you some background and information on mode of care in Philadelphia.

>> RANDY NOLEN: Thanks Chris.

>> SPEAKER: I didn't hear the mode of care part. I just heard Transnet. I don't know what I was thinking.

>> SPEAKER: They go by suburban transit more when we interact with them.

>> SPEAKER: I just didn't connect anything or it didn't dawn on me. But I know that motive care is actually looking at getting subcontractors and we can provide that information of how to contact and we can also provide some information on what's necessary to be.

>> SPEAKER: Contacts for transportation so we can do individual follow-up with each person? That's what I would like for myself so that I can contact each party so that I can get some additional clarity.

>> RANDY NOLEN: Yeah. I can ask all three MCOs and the two brokers to put their contact information. I think Brian Arnold already did but if folks can do that so that people have access to they should be contacting.

>> SPEAKER: That's great. I tried to go through all the messages to see if I can grab everybody. I got some of them, but I don't know if we can put together a list and send it out email. Howie got this invite if that could be done.

>> RANDY NOLEN: Yeah. We can do that as we do the notes at the end of the meeting. We'll do that piece.

>> SPEAKER: Thank you so much.

>> RANDY NOLEN: A number of questions and comments have come up in regards to participant education, understanding their transportation benefits. Again we talked a lot about that. But I'll charge the MCOs to work with their SCs to better educate on the benefits of transportation both medical and nonmedical. So we can continue to improve that part of the process so that people do have an understanding of what the services are that are available, how they can use them, how they can access them so we will make sure that that is an issue. I know getting all of the SCs on the same page to try to get sit transportation set up can be difficult sometimes but there are participant hotlines and other ways to escalate those issues when a person needs a service right away. Make sure we're educating participants on that also. One comment is received notices they cannot schedule same day rides. Service coordinators did not know how to set that up. That's part of the discussion that we had so we will work with the MCOs on that to try to improve that process. Is there a transportation limit daily or monthly for the CHC HCBS participant? That would depend on the person-centered service plan.

The Participant should work with the service coordinator to determine the transportation needs of the individual and if they like to do things three days a week or five days a week or they go to

church every Sunday, that should be included on their care plan and the appropriate authorization should be in the system to cover that . If they want to go somewhere three days a week or 25 days a month, that should all be included in their service plan to make sure those service authorizations are in the system.

>> SPEAKER: Could I jump in again Randy? This is George Gilmer.

>> RANDY NOLEN: Go ahead George.

>> SPEAKER: Because over quite a number of years there doesn't seem to be motivation to make sure that these rights happen. And as well illustrated on 10 days, we can't schedule things in advance for transportation and it's being sloughed off time and time again . Let's talk about voting and voting rights . an election interference. So if it's not being addressed at the level where we need medicals, the right to death, whatever it happens, some how all these things are fumbled and bumbled, let's talk about elections and denying people with disabilities the ability to go and vote when they want to. Either by ballot if they want to or in person. Being able to schedule a ride and not having to have a certain amount of approval of rights if you need to go vote. That should be sacrosanct and that should be addressed and that should be predominant and leading the pathway to some clarity in this transportation confusion and degradation. Thank you.

>> RANDY NOLEN: Thanks, George. The question is how does the agency bill for transportation services as a pass provider? MCOs, what are you directing the agencies to do in this situation? Dyno service (Multiple People Speaking).

>> SPEAKER: It's Frank Santoro from AmeriHealth. To my knowledge, no paths agency is contracted for transportation so they would not be reimbursed by us for that service. As they have stated on this call, it's inappropriate for them with their legal issues and such for them to transport them. I'm not sure why they would be looking to us to pay for a service that they don't think they should be providing anyway.

>> RANDY NOLEN: Jennifer, do you have any follow-up to that, follow-up question? I'm going to call a comment from Jasmine blue. I have patients who need transportation to get to doctors visits. AmeriHealth service coordinator tells me that the patient can use rabbit transit. Rabbit transit is through MATP. Rabbit will not go to the patient's room and get them to the curb. Rabbit is only curb to curb service. Patients is wheelchair-bound and cannot get to the main floor themselves. Service coordinator suggest an aide helping the patient. What do we do with its curb to curb is the question and how do we resolve the issue to make sure the participant is being safely transported in that situation?

>> SPEAKER: Randy, is this an MATP issue? Because MATP is curb to curb, but in some cases we can do door to door. But the drivers for MHT -- MATP are not able to go into the home because of liability issues. If you would have an aide, the aid would probably have to provide the assistance getting to the door.

>> SPEAKER: Hi. This is Jasmine just to clarify. The aids don't show up. A lot of my participants don't have aids that are reliable so that's being a big barrier that I've seen. And then when I talked to the service coordinator about this being a barrier, can you get me a wheelchair transport set up, can we do something else? I'm told that that's not an option. Then my patients are not going to their doctor's appointments and there is no resolution . In this situation I was eventually able to talk to the supervisor after the service coordinator hung up on me . But is there typically a resolution? Is there a form I can do? What can I do to make sure that doesn't happen for a patient because I know every plan has a different protocol?

>> RANDY NOLEN: I'm going to turn it over to AmeriHealth. Let's discuss what you do in this situation when MATP is not appropriate because of the situation. How are you changing or allowing transportation in a different mode to ensure the safety of the participant?

>> SPEAKER: Randy, when a participant is unable to use MATP whether it be a stretcher ambulance situation, we do work with MTM's to schedule the ride . They're able to assist with the stretcher ambulance part of what's needed.

>> SPEAKER: But what if they don't necessarily need an ambulance. For this patient they could do a wheelchair . They didn't have to be lying down so what do you do in that situation?

>> SPEAKER: If the patient is unable to use MATP for any type of reason, I apologize I use stretcher ambulance as an example. Then we are able to work with MTM to schedule a ride. I don't know if Brian or Javier if you want to jump in but that's what we are able to work there. And also I can leave my email in the chat and if you could send may the example that you spoke of with the service coordinator and the supervisor, out also have to give them some education. That would be great.

>> SPEAKER: Yep, I can do that.

>> SPEAKER: Jasmine, this is Brian. With the MTM we do get requests for when MATP cannot complete the transport and it's pretty regular occurrence. We complete those transports for both of our MCOs in the state of Pennsylvania regularly so they reach out to us and we complete the trip.

>> SPEAKER: Just make sure is there a certain form? Because it's honestly happened a lot more with AmeriHealth than the other providers because I know it can happen so is there a form that's needed? Is there something else I can do besides going back-and-forth with the service coordinator?

>> SPEAKER: I would do -- differ to Heather on that. It would require approval on their side or else MTM cannot complete the transport.

>> SPEAKER: Thank you.

>> SPEAKER: As Brian said with situations like this we do sort of a blanket type of approval but it does take -- we have to put it through with MTM first so they can provide the ride as well. But if there are certain situations that preclude somebody from being able to use the MATP then that something that the service coordinator would be able to also glean through their quarterly assessments are when we have to talk about transportation. So we can also -- if you have examples where this is something that more regularly occurring situation then I would also encourage you to talk to the service coordinator and I can also check to them as well.

>> SPEAKER: It's Frank. Man jump in for a moment? Jasmine, you started the discussion with talking about some of the DC W's or AIDS who aren't there or are unreliable and to me, that's concerning. Perhaps if this is really the root of the cause and the participant is going without services from a DCW standpoint, perhaps either A working with that agency or B finding a different agency that is more reliable or C seeing if this person or participants would be interested in a participant directed model of care may solve or help alleviate the DCW issue.

>> SPEAKER: Thank you. I'm sure there's probably a lot of people on the phone call that are well aware that aids -- that's a problem for a lot of people. I work with several service coordinators . I'm a social worker through different family doctor offices, and sometimes the aids just aren't reliable and it's just blanket so I have a lot of patients going without care so that we do have a conversation about either trying to get another agency which can be difficult or having them use members or friends to be that agency but sometimes they just don't have those resources . So it really puts a lot of my patients in situations where I'm having these conversations of safety and maybe we need to look at you going to a nursing home which is not the answer. We know people have a right to live in their home and to do well and function and going to a facility is not an answer and I know that. Aids definitely is a big problem which I know this is not for that. This is for transportation but it also corresponds with one of the barriers I'm seeing.

>> SPEAKER: Thank you.

>> RANDY NOLEN: I've got a hand raised. Cindy Haggard?

>> SPEAKER: Hi Randy. My name is Cindy and I'm from accessibility . We're a pass provider in Southwest here and I think one of the issues that we're having and in forms like this I'm hearing it a little bit from everyone is there is a breakdown because we're trying to provide services to our participants and they do have transportation in their plan, care plans. And more often than not I did a survey of my supervisors about 95% of our participants use our attendance to take them to doctor's appointments and places they need to go because we're more reliable than the transportation services out there. Unfortunately then too we incur the cost of reimbursing their mileage to do so which we do . We want to do what's in the best interest of the participant, but as Frank I think had mentioned before, we're not contracted to be able to bill for transportation either. I think one of the issues is we oftentimes go into a participants home. We prepare them to go on whatever appointment they have and then Forest Service to pick them up and then just to send them on their way isn't always the best. I realize you can't double bill, but most of our participants do need to continue to have help after they're prepared for whatever appointment they are going on. I Think that's where the breakdown is is the service actually stops where we're providing care for them when the car picks them up. And that's an issue. While we're taking them out on their trips because that's how they feel more safe, they feel it's more reliable with a trusted attendant that they're used to . That's where the breakdown is because then we incur the extra cost of paying our attendance mileage to do so. I think that's the breakdown is that one's they're in the car, then they're not getting caring longer. Any thoughts to being able to reimburse pass providers for doing the transportation themselves?

>> RANDY NOLEN: That discussion has come up several times . Part of the difficulty you find is you can't bill for PAS and transportation at the same time. So that's certainly part of the issue. I know there's discussion at many different levels. We will take it back and discuss with our policy folks. But we have to look at the regulations surrounding that.

>> RANDY NOLEN: There was a question that came in from'sKelly from an employment support agency in the southeast. She has a question for Keystone. About what the process for same-day rides and submitting issues with transportation for the MCO is. Is it employment provider she frequently deals with participants having issues with MTM that results in them arriving late to work or rides cancel on them completely and they have to pay out-of-pocket for Uber or left to get out to work on time which is unfair for them and unfair for their jobs because it puts up your good jobs in jeopardy because they don't have reliable transportation. Looking for AmeriHealth or Keystone to address this.

>> RANDY NOLEN: Good morning.

>> SPEAKER: Good morning. Situations I would encourage and again I can share my email address . If you could share names obviously and then we can also talk to MTM but I'd be happy to talk through and have conversations with ADCs and PAS and different organizations regularly to address these types of situations so would love to connect to discuss the barriers with employment that are resulting because of the transportation gap. I can share my information with you.

>> RANDY NOLEN: Go ahead Kelly.

>> SPEAKER: Thanks Heather. I would appreciate that. It's more often definitely an issue again where it causes unnecessary stress for the individual and they shouldn't have to be dealing with that when they're already trying to get to work on time. And we often as the employment provider, this information, they relay this to us and they don't know who to reach out to so I just want to be better informed to be able to help them in those moments and direct them on who they should be contacting when they have those issues.

>> SPEAKER: Absolutely and again they can always contact their service coordinator or member

services but I think having a one-off conversation with you and I that we can get to the bottom of if there's something that maybe we need to bring MTM into the conversation. Is there an authorization issue? I think there's a couple things that you could discuss but would love to get something on the books.

>> SPEAKER: Great. Thank you. I'll keep a eye out for your contact information and then reach out to you directly.

>> SPEAKER: Thank you.

>> RANDY NOLEN: I'm just trying to go through. A lot of the comments are duplicate tips on trying to get there as many as possible. Do we have any other -- I don't see any other hands raised. Paula, do you see any hands raised?

>> SPEAKER: I do not, Randy.

>> RANDY NOLEN: Thank you.

>> SPEAKER: A question Randy.

>> RANDY NOLEN: Yes.

>> SPEAKER: This is fond of Fraser again from CCC&P transportation company. I've been listening and I hear there's a major issue with the transportation need and with -- I don't understand is why is that transportation companies on here lacking work when the need is so great . I'm in a rural area and I can't get hardly no business as a DBE certified women-owned business and have taken all the required steps that I don't understand how come the regular transportation companies like mine is lacking terribly in the transportation field when the need is great? That's my question.

>> RANDY NOLEN: Found a car you contracted with all three of the MCOs?

>> SPEAKER: Yes. When you use the word contracted, that is more so than getting a contract. All the MCOs deal with the brokers. None of the brokers do contracts . They cannot guarantee you a level of rides a day. And the issue also is the high coverage that they need with the insurance is crazy. They want you to meet all their requirements, but your bills are through the roof and when there is a major need with transportation . For instance, I can't keep drivers and the reason why I can't keep drivers because it's not enough rides . Yes, I've been on with CTS, with AmeriHealth and again they're all through the brokers . None of it to me is making any sense. I just need it to make sense. And it's not making any sense.

>> RANDY NOLEN: MCOs or MTM, CTS, any comments for that, feedback? is this something you can reach out to Fonda to discuss?

>> SPEAKER: This is Earl . Can you hear me? Fonda it's Earl you MPC health plan. I'm familiar with your company. I'm going to try to reach out to CTS and see what volume you are seeing. I'm not sure what the volume is in our county right?

>> SPEAKER: I can cover West Moreland, Alleghanian, Washington, Fayette and Butler County. I'm approved for all five of those counties . Now after the gentleman that reached out to me, I worked with him prior to me getting approved with Office of Long Term Living and that's Jim Petro . Now the issue again was getting one or two trips a week, and they only pay both so much when they want your insurance to be through the roof . How can you afford anything like this? It makes no sense to want a million-dollar insurance coverage . Any other transportation company on here will be able to identify with this statement I'm about to make. The insurance for a transportation company is very, very, very costly. That's just the insurance. That ain't even talking about the fuel . That ain't even speaking about also the pain and send the repairs . That's why one of the issues also is the knowledge rate . It just is not feasible. That's why Uber and Lyft gets the majority of the business because that's a rideshare . They don't have those expenses. They're most definitely gonna go with the least costly.

And I understand it . I get it. I used to drive for Uber and Lyft . They most definitely are not

guaranteed rides . You drive when you want to drive. Our companies that have transportation companies, we give more of a guarantee . If we say our company is going to be there, we have a driver, that's our word . The rideshares are strictly that. They can take the trip or they can't take it on or they don't got to take the trip.

>> SPEAKER: Let me say this to you Fonda . I'm going to reach out to you directly and have Jim Petro with me but to respond to your statement about using lift or rideshare's, UPMC health plan Lyft we don't use Uber boatlift is probably less than 8% of our total volume. We don't use it because it's unreliable in our minds. That being said, I'm just not sure I understand your situation. Now I think you're headquartered in West Moreland County.

>> SPEAKER: Yes. I'm headquartered in West Moreland County.

>> SPEAKER: If we have trips in Allegheny County, there's a cost associated with getting you from West Moreland to Allegheny County and then getting you the ride completed and then getting you West Moreland County so that's gonna be issue. But let me save time here on the call. Jim and I will reach out to you together can't talk it through, try to understand what your volume is and see if we can't get something settled for you.

>> SPEAKER: Thank you so much. For even understand my frustration.

>> SPEAKER: Understood. Thank you. Thank you Randy.

>> SPEAKER: Thanks.

>> SPEAKER: This is Brian from MTM. I know we messaged earlier so we will also be reaching out to see if we can add some work to you also. Look forward to the conversation.

>> SPEAKER: Thank you guys so much . I would greatly, greatly appreciate it. But thank you so much and y'all most definitely hear my frustration because I'm literally going crazy over here.

>> RANDY NOLEN: Thanks. Question came up could the MCOs EC plans have transportation specialist roles added to help assist with transportation related concerns? MCOs, you want to discuss that a little bit on what transportation coordinators you have and specialists to handle this or are you doing that? PHW? Angela, can you address that? As Angela? How about UPMC. Can you address that?

>> SPEAKER: This is Andrea. There's David. Thank you.

>> SPEAKER: Sorry Andrea. This is David from UPMC. We do have members of our service coordination team better service coordination associates that specialize in supporting transportation so they work in conjunction with the participants and service coordinators as well as our transportation vendor of CTS. To schedule trips. They will also assist in making outbound calls for participants and confirming that trips are scheduled so we do have a dedicated team that can be accessed through our service coordination line.

>> RANDY NOLEN: AmeriHealth, can you address that?

>> SPEAKER: While we don't have what would be considered transportation specialists, we do have service coordinators receiving ongoing training. We have some SMEs within our teams who are able to troubleshoot and discuss some of the transportation issues that arise. But the question as we continue to have conversations about medical transportation how to best support our participants.

>> RANDY NOLEN: PHW?

>> SPEAKER: This is Cassandra . We do have a transportation SMEteam that's helps to support participants. They work directly with MTM as well as the call center to help to support any participants with escalation needs. We also have a transportation inbox as well that that team manages to help to support transportation needs as well.

>> RANDY NOLEN: Thank you. comment from David and the last name is cut off. Can you provide contact for anyone knowledgeable about the topic of skilled nursing facility transportation? You can

send it to me and it's Rolan @PA.gov. . Can you put my email and chat? We are going to put my email in the chat for the two or three people in Pennsylvania who don't already have it. Juliet goes to every meeting and gives out my email address. Not hers, mine. A lot of the contacts from the MCOs are now in the chat So hopefully that -- we will make sure we will send those out in an email after the meeting. One of the comments and George brought this up and it came up again transportation brokers should adjust scheduling as it relates to setting up rights with the election coming up. We should be able to set this up in advance of the 10 days and I agree. We know in the election is. It's a set date. So I would encourage the MCOs to have the SCs reach out to participants if they want to go out and vote in the election and then work with the brokers to set up the transportation in advance to make sure that it is accomplished so people can get out to vote. I'm going to challenge or ask the MCOs to do that and put that process into place so that people have access to get to being able to get out and vote. Thank you Randy. .

>> SPEAKER: Thank you Randy.

>> RANDY NOLEN: Sure. Do we have anyone else who has hands raised or any comments right now as I go through the comments in the chat?

>> SPEAKER: Hi. This is Amy Rivera with Bayata pediatrics and adult home healthcare. I just had a question. I was doing a few notes and I'm kind of like a newbie as far as trying to have a crash course in all of these acronyms and services and everything. But I do have clients that are in the aging out process where they're getting transportation to go to a facility but they're also a client in home healthcare. One of the things I have coming up in January is a client that's going to need transportation. They do live in a rural area but to go to the city we be to a facility if that's where they choose to go for sure. For a daycare program. It just kind of seems like we're limited as the theme seems to be with transport. We are in the Erie, Cory, Union City kind of area. We have the Lyft but they don't really go that far out there and I just didn't know if there was a list of maybe other places we don't even know or aren't aware of that might even be trying to start a business and they could help us with that as well in case our aid that is with them can't drive them. I've heard in this seminar today as well that since our clients do have their bone home health aides that they work well with but maybe they can't drive them.

They Don't have their Van or anything like that either and she's in a wheelchair. But I guess it's just more learning everything into the ins and outs and there has seemed to be a turnover in different managers as well so I don't know if it's just a knowledge deficit in combination of not knowing all the resources that are available and that are actually working for maybe other people and if I could somehow have that emailed to me, that would be helpful. Just to try to help out that population as well and have answers for our clients.

>> RANDY NOLEN: Thanks Amy. I'm going to ask the MCOs and of brokers to elaborate a little bit about what they have on their website as far as services that they provide and their providers. If you guys can talk a little bit about that and do a little education on that? I'll go with AmeriHealth first this time. Either Frank or Brian, can you talk a little bit how agencies would know what providers are out there?

>> SPEAKER: Sure Randy. I'll take it. From our standpoint with MTM scheduling transport to and from facilities, we are tasked to have a full and adequate network at all times. From your standpoint, Amy, you should just be able to contact us with information for the pickup, drop-off, appointment times and we will have someone to transport to and from your facility for you. Less burden on you at that point. We'll take care of scheduling and make sure you aware who the transportation provider is to and from >> SPEAKER: Okay. I don't even know who to -- an email for that or contact number or something even?

>> SPEAKER: Yeah. Let me drop my email in here again Amy and I'll get you to the right people on

my team to make sure we can take care of you.

>> SPEAKER: Thanks.

>> SPEAKER: You're welcome.

>> RANDY NOLEN:

>> SPEAKER: The same goes for CTS . We have a robust network and that's our job to find a provider . But certainly if you want to reach out to me, I can let you know what providers we have in any given area.

>> SPEAKER: Okay.

>> SPEAKER: Amy this is Chris with medical assistance transportation. I heard you say Erie County, correct?

>> SPEAKER: Yes.

>> SPEAKER: The location that your consumer is trying to go to, are they also within Erie County?

>> SPEAKER: Yes.

>> SPEAKER: If that's the case, depending on any kind of special needs or limitations your consumer has, if they don't have anything that would limit medical assistance transportation's ability to bring them, MATP should be able to do those trips for you. So I think I heard you mention Lyft. In saying that they don't go a certain wherever. If the consumer is in Erie and they are going within Erie, Erie County MATP should be able to complete that trip. If they are telling you for whatever reason that they can't, I'd be very interested in what that reason is. Possibly need tab some follow-up conversations with that program. But I would definitely encourage you to apply for medical assistance transportation for that specific consumer and any other consumers you're working with.

>> SPEAKER: I appreciate that feedback because the only thing I know like I said I've been diving into all this is the client has something like a double waiver and in unlimited hours and stuff like that but I just don't know how to connect them to get the transportation that they need. We have an Erie County care manager whose very well versed as well, but is sometimes just actually getting who is really doing it and when and just the transportation in itself because they don't have a van or anything and they are about 1/2 hour away so that's why I wondered.

>> SPEAKER: I just dropped a link in the chat to PennDOT's website find my right apply. You can apply for medical assistance transportation through that website super easily. Erie also has a kind of application online that you can access as well. But feel free to reach out with any other questions or concerns. Obviously, our program is different than the bulk of what's been discussed here. Since this is OLTL type stuff. But please reach out for any questions about MATP itself >> SPEAKER: Thank you.

>> RANDY NOLEN: Any other questions or comments? I think we've been through everything in chat and a lot of it I talked about the major themes that we went through . A lot of information has been put out there. So make sure we get some lists out to you. Any other questions or anything else? I do have a couple questions that came in that we will answer back out but I didn't know if anybody else on the call had any questions.

>> SPEAKER: If I can make another comment, Randy, George Gilmer. I hope there's no squirrely confusion in trying to also additionally with the people going to vote and hope there was a tsunami of people that it's all hands on deck need for providers and transportation to provide those rights to the polls that there is no impediments to bring somebody along with you to help you to vote. That is not an issue. Now to diverge for a second here and those providers that do that, one of the providers I had was oriental cares. They got blacklisted somehow from MTM and they don't know why. They would do whatever was that was needed to bring their system up-to-date, but they had nothing and no feedback. And then that leaves me wondering . Is this because MTM is trying to and is becoming a monopoly to eliminate certain smaller subcontractors or contractors rather than larger

companies that might be like ride for help?

Is It a certain amount of bands -- van, drivers that they wish to work with? Or is there elimination? Is there a cutpoint? Cannot be answered.

>> SPEAKER: I'll be led to answer that as far as the reason that oriental care is longer in our network is not something I can divulge on this call but I can guarantee you there was a businesses vision that had to be made in the safety of our members and our MCOs. That's as far as I can go with that. But we do have transportation providers and that one has been removed from the option and some transportation operators are as small as a single car. There is a need for transportation no matter the size no matter where it's at. We are always looking to on board and never discriminate anyone and we have contractual standards that each transportation provider has to meet and if they do not, they cannot be part of our network.

>> SPEAKER: Why is it that they are confused as to why they were eliminated? Is there a reason in the beginning that they didn't have a clear understanding of what they needed to do and provide?

>> SPEAKER: I can't speak for what they shared with you George. I can speak on the clarity of the decision that we gave them and the directive. That's as far as I can go with that. Sorry.

>> SPEAKER: Okay. And I appreciate that, but they are driving for other MCOs.

>> SPEAKER: They may be able to do that. We have transportation providers that work for other MCOs . It doesn't mean they have to work with us. Yeah, there are transportation providers that work with CTS only and with us only as well.

>> SPEAKER: The reason I ask of course it's because a lot of times it seems like there is not enough transportation providers to provide the adequate transportation. And of course, that's a concern.

>> RANDY NOLEN: Kathy, I see your hand is raised >> SPEAKER: Yes. I'm sorry. My voice is going out. I was told by the MCO that we have a choice of providers, but I only know of two providers in my area that I've ridden with . Actually three, because I'm not going with another provider but I usually choose the other two providers because I know they have bigger vehicles. If the consumers are given a choice of provider but we don't know who all those providers are available to us in our area so I thought that was kind of a different, unique kind of thing. Although before I did make my switch, I did ask the various providers that I rode with if they contracted with CTS so that I would know that I would be able to at least ask for them or try to get them. I just want you all to know that it's definitely a night and day experience between the two . How do we as consumers know who to ask for? Because we don't have that list of providers.

>> RANDY NOLEN: If you know who will provider is you can certainly ask the SC . BSC should be able to provide you a list of the transportation providers in network. They should be able to point you to the website that lists all of their providers out there. Daughter in the network so it should be coming from the SC from the MCOs who can provide you that information.

>> SPEAKER: Right. And I look up as CTS I didn't find anything. When I went to the CTS website, I dialed the main number. The main number said that I had to call the number on the back of my member ID card. I was alone. I didn't have an attendant with me at the time and I couldn't get my member ID card to call the number on the back. So that was also a problem because it didn't just switch me over to the number that I needed to reach . There's so many different levels of issues. And I didn't put it in chat. Is there a portal or something that we can schedule rights through with CTS? Because I'm a night person. I'm not a morning person and usually by the time I'm up and ready to go and do stuff, it's close to five depending on what my activities are. I may be in meetings all day and might not get back to my house until almost 5 and then it's kind of late to be scheduling or maybe some of those schedulers through the MCOs can do that after five. I don't know. I'm still new to this new MCO . Don't know what the limitations are, but be nice if there were websites that

would give us some more information on how to do some of these things.

>> RANDY NOLEN: Chris from CTS, can you discuss that?

>> SPEAKER: Yeah Randy. CTS does not interface with the CHC members directly. All our communications come through the UPMC service coordinator and more specifically through the portal. That would be something that UPMC would have to talk about as far as any kind of access they may provide for members to request or review transportation requests.

>> RANDY NOLEN: Thanks. Earl, can you discuss that then?

>> SPEAKER: Yeah. I can tell you that UPMC health plan it has to or UPMC health choices it has to go to the service coordinator and I understand Kathy your issue with the after hours. I'm not sure what those hours are. But there is an after hours like a mailbox, CHC mailbox that you can use to get a message to a service coordinator or SC and articulate your question or your concern so if you have a specific provider. I think you mentioned have two providers that you prefer to use. You can share that with them. They will communicate with CTS and give them your preferences, Kathy. If they are in our network absolutely you can use them. As long as they accept the transportation request. Otherwise, CTS would provide the transportation with one of their local transportation providers. Does that answer your question?

>> SPEAKER: Somewhat. In my case, it didn't filter down to anybody when I put the request in on Thursday, and when I called again on Monday, there was still nobody assigned. To pick up my ride. There's just no way to know who else is available. I knew if the third provider because my Medicare actually use them prior to this. But I do know that their vehicles are much smaller. Most of their vehicles are smaller. They do happen to have a larger vehicle that will accommodate two wheelchairs.

>> SPEAKER: Can you tell me who that provider is Kathy?

>> SPEAKER: Its ties healthy healers.

>> SPEAKER: That's in our network and actually what CTS does Kathy is put into your file and their system that that's your preference and CTS --

>> SPEAKER: No, they are not my preference.

>> SPEAKER: That was my question. Who are the two dividers you prefer?

>> SPEAKER: My primary provider that I absolutely love is a ANR transport out of Bradford which I think it's Bradford. It's some ridiculously faraway place where they would send a driver two hours to pick me up in Erie to drive me 3 miles and then wait and then drive me three hours back to my house. When that first started, that was phenomenally insane to my mind. It just didn't process. But they are the absolute best transportation. The other one that I find is really, really good, however it's extremely expensive if you do private pay, is right -- ride for health but they also have vehicles but the thing is is some of the vehicles are low. They're minivans with rear entrance and to some of the other vans are the bigger ones like the multiple passenger vehicles.

>> SPEAKER: Those vehicles --

>> SPEAKER: You can't travel with lift also. Depending where I'm going. If I'm going somewhere where good to be all day I need to bring my lift with me so I can use the bathroom.

>> SPEAKER: Those vehicles capable of transporting multiple wheelchairs are becoming less available. A lot of the commercial providers excluding MATP has moved to those smaller caravan type rear entry way they can only come in one wheelchair. All the providers that you mentioned ANR is in network and I think ANR they left the hearing market and I think they just returned. I just talked to their leadership and I think they returned to the eerie market. Ride for health is there >>

SPEAKER: I've been using ANR for years. They still serve hearing.

>> SPEAKER: They've got a very small operation there but I know that they're trying to expand. All those things that you need, the larger vehicle or that you request, the larger vehicle and the

preferred provider can all go into the CTS portal and that should be readily available . I'm sorry?

>> SPEAKER: I apologize. That was my phone ringing.

>> SPEAKER: All those things should be able to go or can go into the CTS portal and they should easily be able to look at that and say Kathy wants to use ANR or Kathy once use wide f-- ride or health . She requests a larger vehicle that can accommodate two wheelchairs. Whatever those needs are. But let me quickly tell you that I've researched the transport for tonight and everything's set with ties . They are going to try to send you one large vehicle if they can. You'll have two vehicles if they have to but they will try to get one large vehicle to accommodate both chairs.

>> SPEAKER: Okay.

>> SPEAKER: Kathy, this is Chris from CTS. I just want you to know currently UPMC has documented your account that again as was mentioned ANR and ride for health were documented as preferred providers and it's also documented you typically have two power wheelchairs for you yourself in your escort that need to accompany whatever you're transporting. That's the way it came over from UPMC for us. If there are other preferred providers, we can certainly add that to your profile, and as far as providers in your area, there's probably seven in the Erie area .

>> SPEAKER: I don't know of any of the others because I haven't ridden with any of the others.

>> SPEAKER: My contact information is in the chat if you want to send me an email. I'd be glad to send you a list of providers that we have.

>> SPEAKER: Yeah. And consumers shouldn't be left hanging until the last minute to know whether or not we have a ride confirmed.

>> SPEAKER: Totally agrees with you .

>> SPEAKER: There needs to be away we know in advance.

>> SPEAKER: Sometimes the last minute is really due to the provider or no provider having accepted until the last minute. CTS will work up to the Varian to try to secure provider. If no one accepts it early on when you make the request . So keep working on trying to find a provider that has spacing their schedule and configure transport in both legs to take and return. Sometimes that doesn't happen until late in the game and that's when they're going to make notification to you. I'm not making excuses.

>> SPEAKER: Maybe they should notice -- notify us and say we are still trying to find a provider. Don't leave us hanging. In Erie, I could have very easily yesterday had I known before 5 PM I could have very easily called the Erie EMT lift and scheduled with them. But ties didn't get back to me until after 4:30 and at that point in time, I could no longer contact the EMTA lift to schedule that ride with them.

>> SPEAKER: EMT a is a shared ride service?

>> SPEAKER: That would've been the shared ride service which I use to use which at this point in time is a lot more friendly . It has a day before scheduling because sometimes things come up in an emergency situation and how are you going to get there? It's just a frustrating situation for consumers to be left hanging and not have my attendants asking me okay, where do I need to be and when do I need to be there because they need to get me on the vehicle and out the door of my house . Then they have to race down to the theater and find parking for themselves and try to meet me at the destination where the driver is going to let me off and I have no idea exactly where that's going to be. Hopefully somewhere in front of the theater. But there's all these mitigating situations between here and there that we need to do and the reason we needed to do that is because the aid as I was told was not allowed to ride with me because my aid quote unquote is the person in the wheelchair. But we're both consumers and we kind of help each other out.

I Have to help him steer his chair because he's a new driver of a powered wheelchair. So I need to be with him to help him guide his direction with how to steer . Verbally I just instruct him . Turn this

weigh in that way. But it's an issue and one other issue I just wanted to mention too is that as an advocate, I frequently go to places that are medical in nature because I am the advocate and/or power of attorney for the individuals. So please don't cancel my ride if I make a trip to a medical facility. I'm on lots of boards and committees and I frequently end up at hospitals or other medical facility places for nonmedical trips. I think other advocates here will agree with me. That that does happen and we don't want our rights cancel because it appears to be a medical trip when in fact it is not.

>> SPEAKER: Points taken. I know there are many represented UPMC Community HealthChoices were taking notes as well as I am. Your points are well taken. I appreciate sharing and mirth regard to our previous conversation about your preferred provider and dual wheelchair need, I'll be having a conversation with CTS personally.

>> SPEAKER: It's not and always need. It's a sometimes need. Also (Indiscernible).

>> RANDY NOLEN: Folks, we've come to the end of our time today. We've had a fairly robust discussion over the last three hours. A lot of issues have come up. Centered around the interaction of how the brokers are working with participants, how the SCs are trained on transportation services and making sure that they're educating participants unavailable services. A lot of discussion centered around timing to schedule trips, whether it has to be for eight hours. Can it be this time period? What about when someone needs not o'clock this morning that they need to be somewhere at 3 o'clock in the afternoon. How do we make sure that's happening so a lot of issues that we are going to look at as we move forward with the run of the program. I appreciate everybody's input. Like I said, the recording will be done and get some notes from the meetings out. We will work on getting those out to everybody but I appreciate everybody jumping on the call today. I thank everybody for their input and feedback and I'm going to turn it over to Juliet to end the wrapping moments here. Thanks Juliet. Thanks folks. We'll talk soon.

>> Recording stopped.

(End Of Session)