



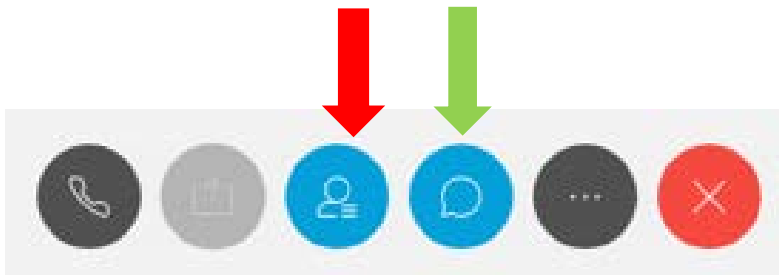
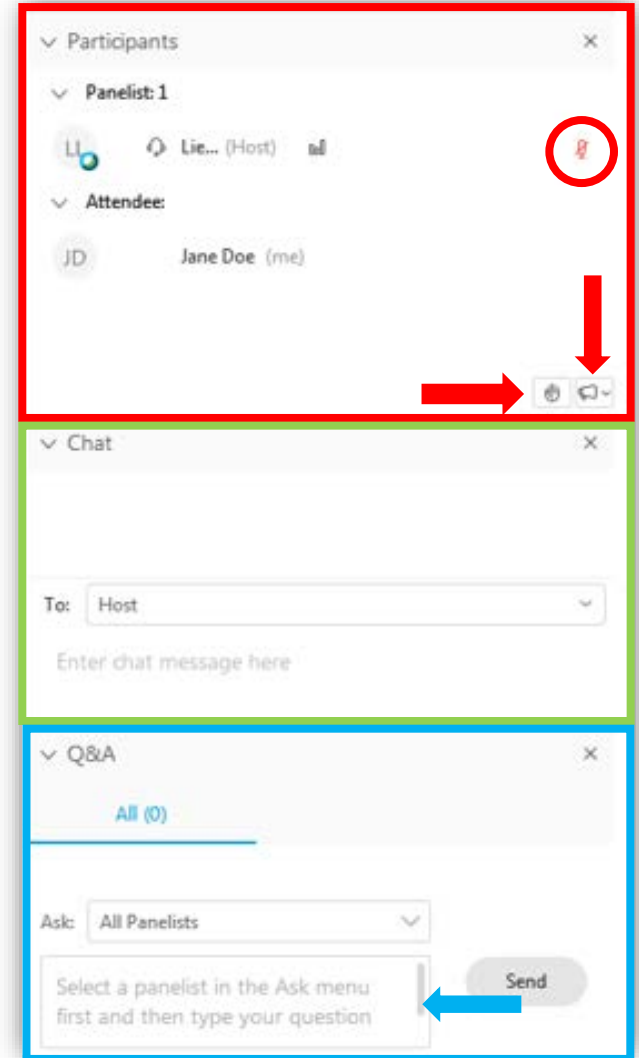
# Wellness and Recovery Provider Roundtable

June 29, 2020

We will be starting momentarily.

# Housekeeping

- This webinar will be recorded.
- All participants have been muted to eliminate any possible noise interference/distraction.
- If you have a question or would like to share your comments during the webinar, **please type your question in the “Q&A” box or click on the “raised hand” icon located in the Participants box.**



# Agenda

- Transportation Benefit (and questions)
- New guidance
- Review of Follow-Up Items
- Provider Questions
- Wrap-up

# Transportation Benefit

- **Travel Time**
  - Reimbursement for staff time to travel to community location to provide services – “travel time”
  - Billed through Claims system
- **Transportation**
  - Benefit for Medi-Cal beneficiaries to get them to your facility to receive services
- **PHC Transportation Benefit for Medi-Cal beneficiaries**



# NMT/NEMT Transportation Benefit

***Aaron Maxwell***, Manager of Transportation Programs

*June 29, 2020*

*Wellness & Recovery*



# Transportation



Emergency  
Medical  
Transportation



Non-  
Emergency  
Medical  
Transportation  
(NEMT)



Non-Medical  
Transportation  
(NMT)



Early Periodic  
Screening,  
Diagnosis &  
Testing  
(EPSDT)\*\*



Maintenance  
&  
Transportation  
for California  
Children's  
Services  
(CCS)\*\*

# Transportation

## Emergency Medical Transportation:

- All ages
- Includes air and ground transport
- A TAR (Treatment Authorization Request) is NOT required
- Must be to the nearest hospital capable of meeting medical needs.
- Transportation to ED for psychiatric crisis evaluation and/or admission to psychiatric facility are covered without a TAR
- **Requested by calling 911**



# Transportation



## Non-Emergency Medical Transportation (NEMT):

- All ages
- TAR is required with Provider Certification Statement (PCS)
  - All TARs are currently processed in PHC's Utilization Management Department.
  - All TARs are reviewed for accuracy to ensure correct mileage, valid pick-up and drop off addresses and that the selected mode of transport is justified by the PCS.
- Door-to-Door assistance required; Medical management during transportation required
- Includes Ambulance, Litter Van, Wheelchair van, etc.
- Medi-Cal certified provider, Medi-Cal covered service
- **PHC Care Coordination: 1-800-809-1350**





# Transportation

## Provider Certification Statement (PCS) Requirements

- All PCS form must include the following:
  - Function Limitations – an explanation of the medical condition preventing the use of standard NMT
  - Dates of Service – cannot exceed 12 months
  - Mode of Transport Needed
  - Certification Statement – a provider signature certifying that medical necessity was used to determine the type of requested transport
- Providers who can sign a PCS include:
  - Physicians (MD, DO)
  - Podiatrists (DPM)
  - Dentists (DDS)
  - Physician Assistants (PA)
  - Nurse Practitioners (NP)
  - Certified Nurse Midwives (CNM)
  - Physical Therapists (PT)
  - Speech Therapists (ST)
  - Occupational Therapists (OT)
  - Optometrists (O.D.)
  - Mental Health or Substance Abuse Providers

Note: The signer on the PCS must be operating within their licensed scope of practice and directing the medical care of the member. within that scope

**PARTNERSHIP HEALTHPLAN of CALIFORNIA**

### Provider Certification Statement (PCS) For Non-Emergency Medical Transportation (NEMT)

In order to appropriately evaluate your request, **complete all form fields** below including **provider signature and date of signature**. If any field is incomplete, further documentation may be requested. **This form constitutes a prescription.** [References: California Code of Regulations (CCR), Title 22, Sections 51003, 51303, 51323, PHC Policy M CCP2016, APL 17-010 and the Medi-Cal Provider Manual]

1. Patient's Name	2. Medi-Cal ID number
3. Dates of Service (DOS) <small>Please complete for the desired date range of NEMT justification. Not to exceed 12 months and dependent on member eligibility.</small>	
4. Patient mobilizes via: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Other (describe)	
5. Functional limitations, (specific physical or mental), that preclude the patient's ability to ambulate without assistance or to be transported by private or public conveyance. <small>(If patient can utilize taxi, public transport or gas mileage reimbursement please indicate this here.)</small>	
<input type="checkbox"/> Patient is wheelchair bound and unable to self-transfer <input type="checkbox"/> Dailys <input type="checkbox"/> Other (describe)	
6. Based on 4 and 5, above, the required mode of transport is:	
<input type="checkbox"/> Public Transport – Member is capable of utilizing local bus or para transit system without assistance	
<input type="checkbox"/> Taxi – Member can get from their home to the vehicle and transfer without assistance	
<input type="checkbox"/> Wheelchair Van – Member must be transported by wheelchair because of disabling physical or mental limitation or is unable to self-transfer	
<input type="checkbox"/> Gurney Van – Member must be transported in a prone or supine position because member is incapable of sitting upright	
<input type="checkbox"/> Ambulance – Member's medical condition prevents the use of other forms of medical transportation (Member requires specialized equipment and/or personnel)	
<input type="checkbox"/> Air Ambulance – Member's medical condition prevents the use of ground transport (describe)	
7. Provider signature (Acceptable signatures: MD, DO, PA, NP, CNM, Physical, Speech & Occupational Therapists, and Mental Health/counselors use disclaimer provided, Personal signature only. No proxy, No stamps). <i>I certify that the information contained above represents an accurate assessment of the patient's medical condition on the date of service.</i>	8. Date
9. Physician Name (print or type)	10. License number
11. Provider specialty (print or type)	12. Telephone number (with area code)
13. Provider address (number, street, city, zip code)	14. Fax Number (with area code)

# Transportation

## Non-Medical Transportation (NMT):

- Went into effect 7/1/17
- Open to all ages
  - Eligibility to this benefit is based on member attestation
  - Members must state that they have no vehicle available in the household and no one available to drive with a valid license in the household.
- No TAR required
- Transport is covered for all Medi-Cal billable appointments and covers pick-ups like pharmacy when mailing is not an option.
- Least costliest mode – mileage reimbursement, bus pass, taxi, train ticket, etc.
- 5 days in advance of appointment
- **MTM: 1-888-828-1254**





# Transportation

## Public Transportation Overrides:

- MTM is required to select the lowest cost and most appropriate mode of transportation, this often means member's are asked to take the bus.
- PHC has provided a list of criteria to MTM outlining when the bus is appropriate. This list can be found on the Bus Exclusion Form”
- If a member doesn't meet the criteria but states they cannot ride the bus MTM will send a “Bus Exclusion Form” to the PCP for completion.

# Transportation

## EPSDT (Early, Periodic Screening, Diagnosis and Testing)

- Under 21 years old
- Medically necessary appointments (screening, diagnosis, treatment; including physical or mental illnesses)
- Mileage Reimbursement is available regardless of the families access to a vehicle
- Parking, Tolls, Meals & Lodging when medically necessary.
- 5 days in advance of appointment
- **MTM: 1-888-828-1254**



# Transportation

## Maintenance and Transportation:

- Under 21 years old
- Benefit for children enrolled in the California Children's Services (CCS) program
- Many of the CCS Transportation benefits have been applied to all EPSDT cases
- CCS Only Benefits
  - Allowances for CCS families to request services retroactively if it was not already known they needed to be calling MTM
  - If a CCS family chooses to go to a facility that is not the closest available to meet the member's medical needs they can receive partial reimbursement.
- **MTM: 1-888-828-1254**



# New Transportation Policies

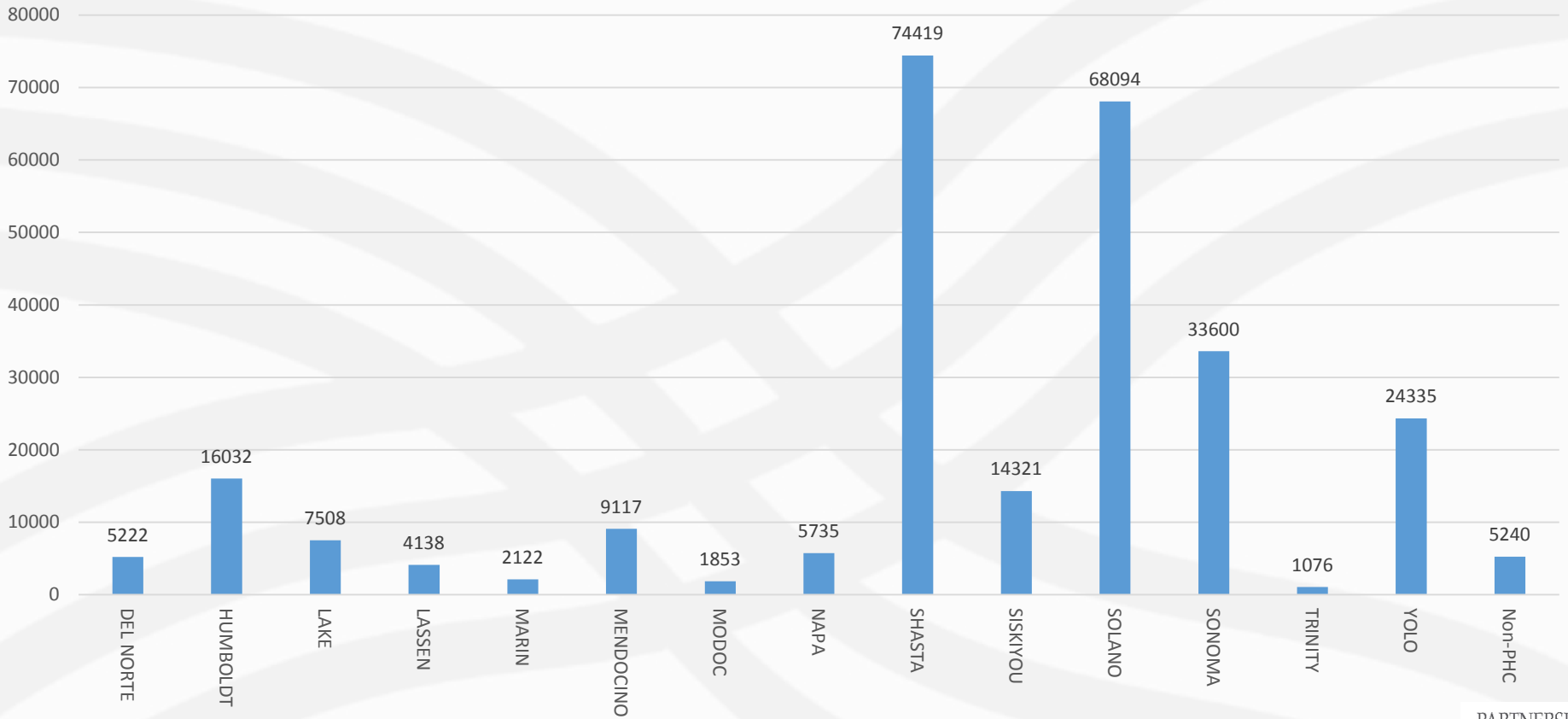
- We now have 3 transportation policies
  - MCCP2016 – NMT/NEMT
  - MCCP2030 – Meals, Lodging, Parking & Tolls
  - MCCP2029 – Emergency Medical Transport
- New Benefits/Changes for 2020
  - Parent/Legal Guardian only transportation is now a benefit for member's under the age of 21 in the following scenarios:
    - When the member is urgently transferred to a higher level of care and a parent/legal guardian cannot ride along
    - When the member is discharged from an inpatient setting and a parent/legal guardian cannot ride along
    - If the family is requesting these services through GMR MTM will retroactively accept these requests up to 30 days from the date of service.
  - Member's now have 90 days to submit credentials for reimbursement services





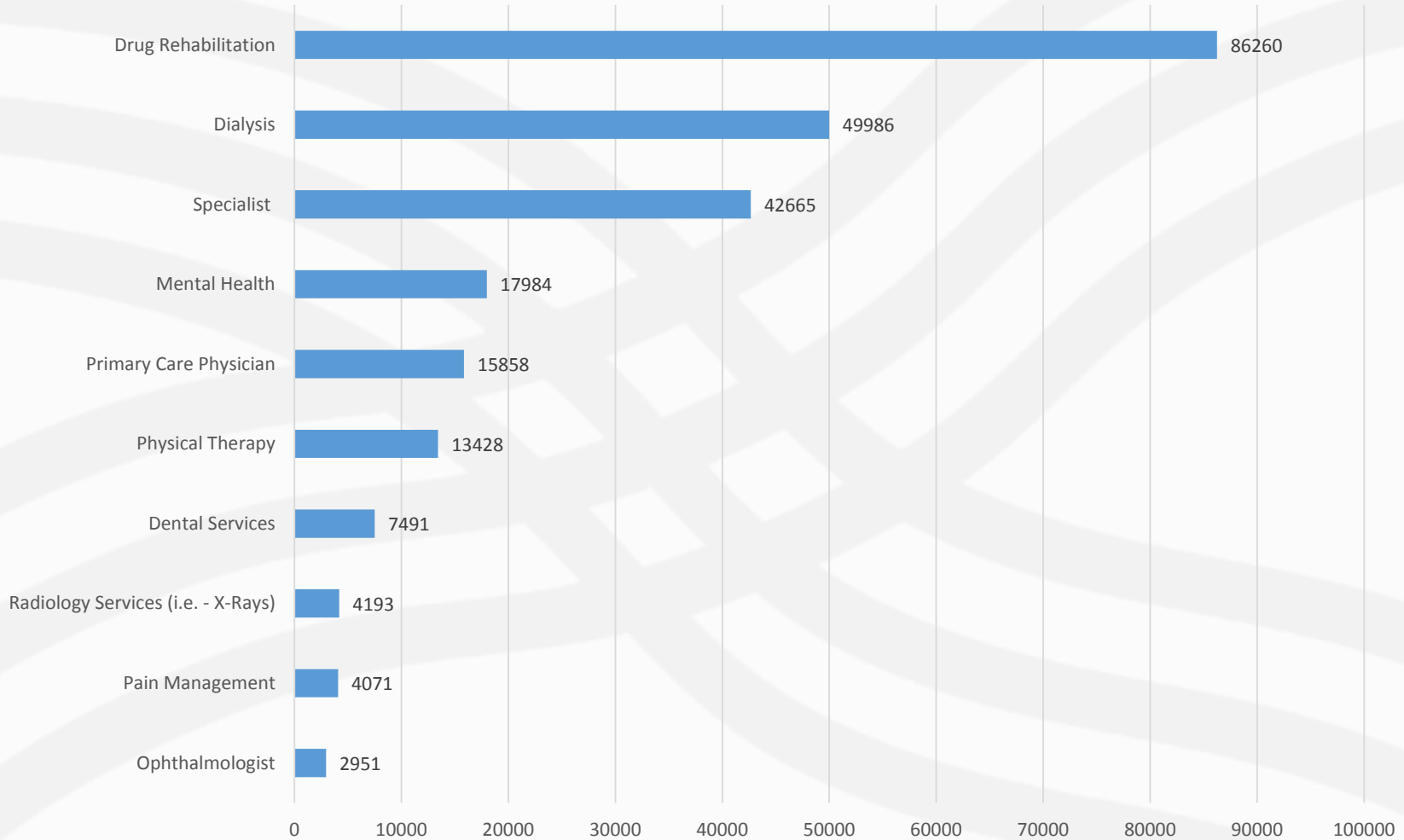
# Utilization By County

2019 MTM - Authorized Trip Legs by County



# Utilization By Appointment Type

2019 MTM - Authorized Trip Legs by Appt Type



# How to Access Transportation Benefits

## How to Connect Patients with Non-Medical Transport (NMT)

Patients or providers can contact MTM at **1-888-828-1254** to arrange NMT services.

## How to Connect Patients with Non-Emergency Medical Transport (NEMT)

Patients and providers can contact PHC Care Coordination at **1-800-809-1350** to be connected with the appropriate NEMT provider.

### Important

A TAR is not required for emergency medical transportation that is provided by ambulance, or helicopter (air ambulance) to a hospital for an emergency condition.

If a member needs emergency transportation, please dial **911**.

# Transportation

## NMT Vendors

- Currently MTM has around 50 active taxi vendors providing trips in our 14 counties
- MTM is currently working on getting an additional 30 vendors fully contracted
- MTM currently uses only Lyft. We could not finalize a contract with Uber as they could not comply with HIPAA rules.
- MTM will work with any taxi vendor willing to meet the criteria set by DHCS and submit a Medi-Cal provider application.
- MTM and PHC rarely remove vendors from the network, but this could occur if DHCS terminates a vendor's certification or if PHC/MTM feels there are service quality issues or potential FWA.

# Non-Medical Transportation Summary

- The most common complaint we receive about transportation generally all have to deal with MTM.
- Total of 303,452 rides in 2019
- Average of 30,000 rides per month
- In 2019 MTM was 99.85% complaint free
- This doesn't mean we don't take complaints seriously. The primary focus of the transportation team is to address these issues.

Utilization Information	Q1-2019	Q2-2019	Q3-2019	Q4-2019	Dec 2019	2019 YTD
# of Eligible Members	1,445,268	1,439,293	1,428,507	1,414,357	468,295	5,727,425
# of Unique Members Utilizing Transportation	7,628	9,234	9,965	9,959	3,210	36,786
# of Total Requested Trip Legs	82,489	101,677	114,785	112,938	35,837	411,889
# of Authorized Trip Legs	57,998	75,739	84,835	84,880	27,471	303,452
# of Member No-Shows	707	1,263	1,971	1,198	437	5,139
% of Member No-Shows	0.86%	1.24%	1.72%	1.06%	1.22%	1.25%
# of Provider No-Shows	295	226	370	283	95	1,174
% of Provider No-Shows	0.36%	0.22%	0.32%	0.25%	0.27%	0.29%
# of Cancelled Trip Legs	6,958	8,160	8,922	9,898	3,164	33,938
# of Denied Trip Legs	2,342	2,579	3,246	2,494	699	10,661
Utilization Rate	4.06%	5.35%	6.08%	6.09%	5.96%	5.39%

Phone Statistics	Q1-2019	Q2-2019	Q3-2019	Q4-2019	Dec 2019	2019 YTD
# of Calls Offered	32,729	36,267	39,304	39,876	12,543	148,176
# of Calls Answered	30,016	35,364	38,304	39,207	12,294	142,891
Abandoned Percent	8.08%	1.45%	1.38%	1.52%	1.77%	2.92%
Average Speed of Answer	105.44	18.57	18.90	18.14	22.15	36.79
% Calls Answered in 30 Seconds	61.43%	87.05%	86.79%	88.36%	87.60%	81.96%

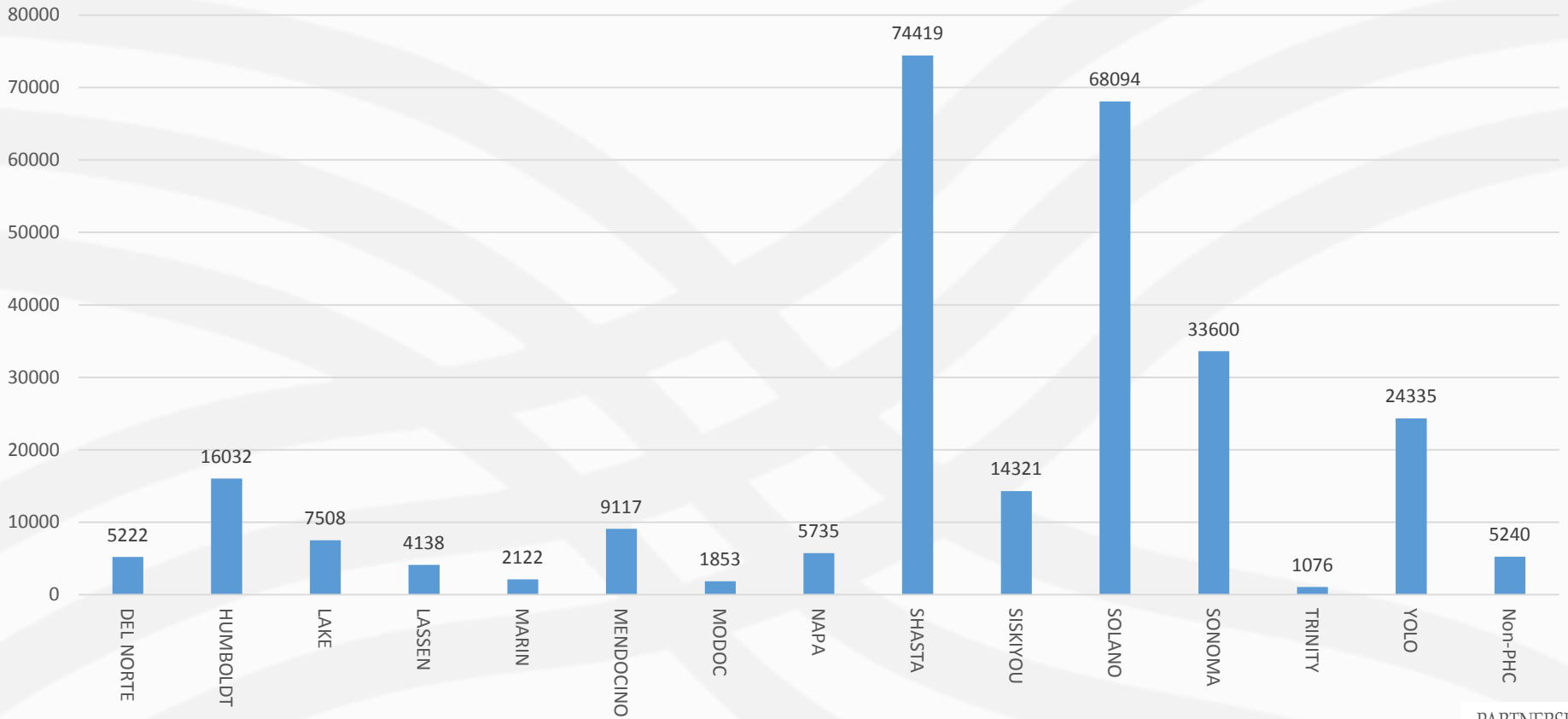
  

Complaint Information	Q1-2019	Q2-2019	Q3-2019	Q4-2019	Dec 2019	2019 YTD
# of Complaints	149	152	177	139	54	617
Complaint Percentage	0.18%	0.15%	0.15%	0.12%	0.15%	0.15%
Complaint-Free Percentage	99.82%	99.85%	99.85%	99.88%	99.85%	99.85%



# Utilization By County

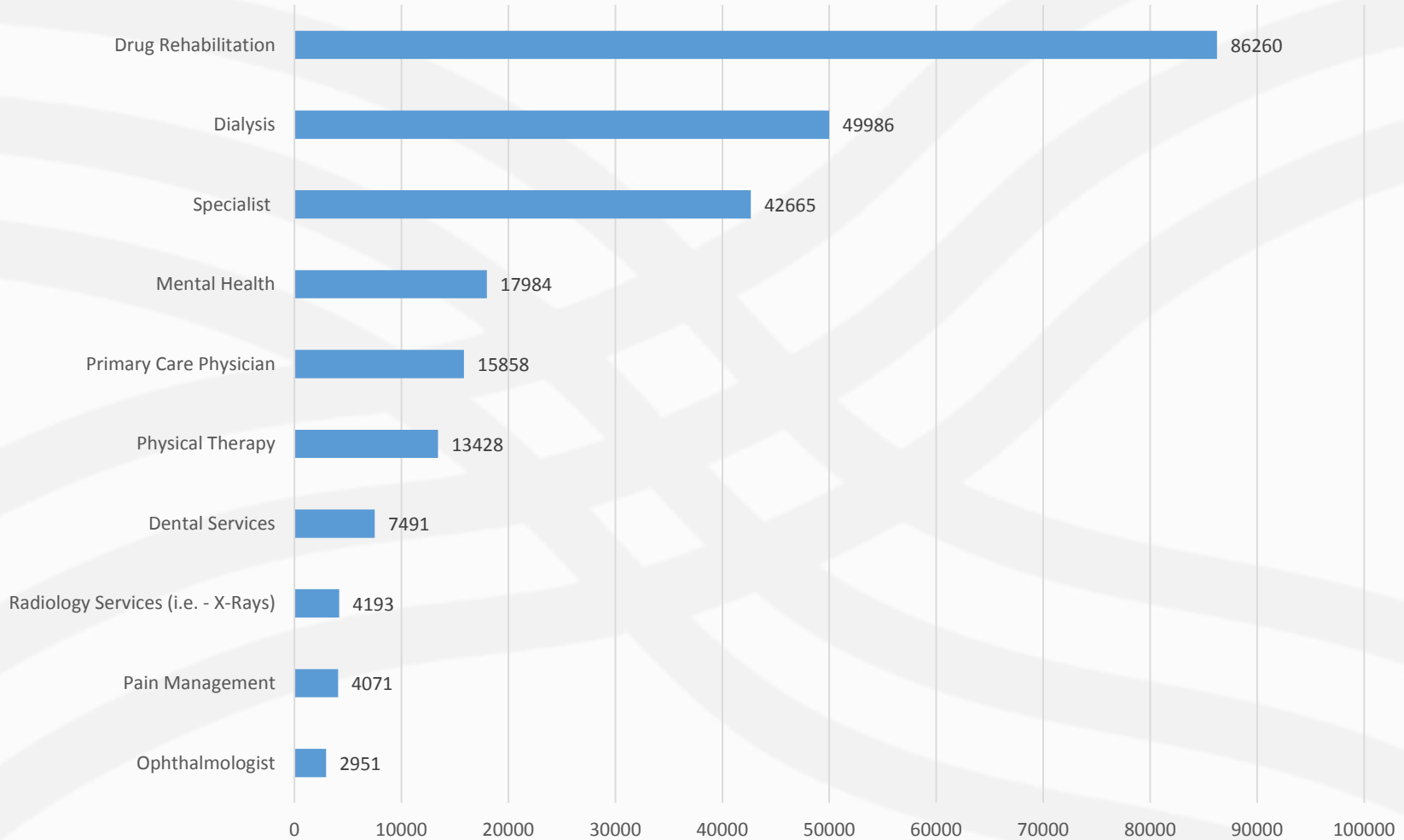
2019 MTM - Authorized Trip Legs by County





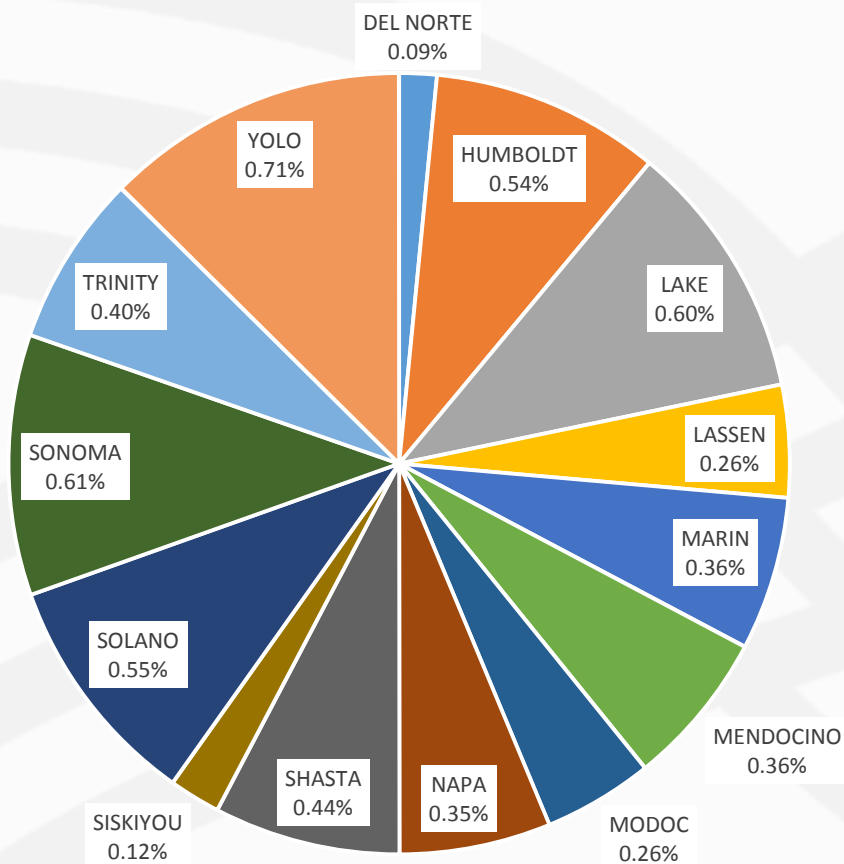
# Utilization By Appointment Type

2019 MTM - Authorized Trip Legs by Appt Type

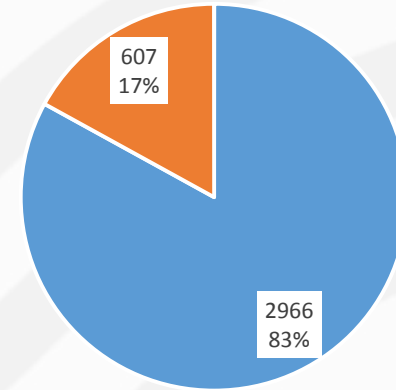


# NMT Vendor No Shows

2019 MTM - Vendor No Show Rates by County



2019 MTM - Member vs Vendor No Shows



Member No Show Vendor No Show

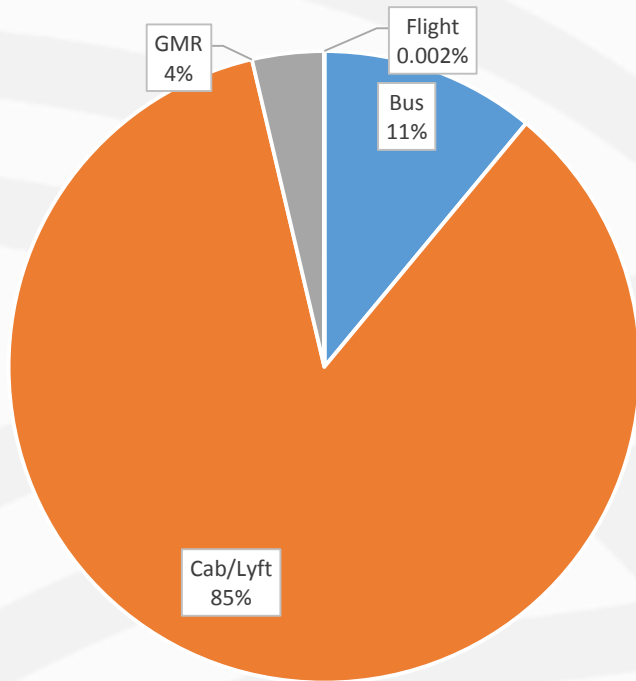
2019 MTM - Scheduled Requests vs Vendor No Shows



Vendor No Show Scheduled Requests

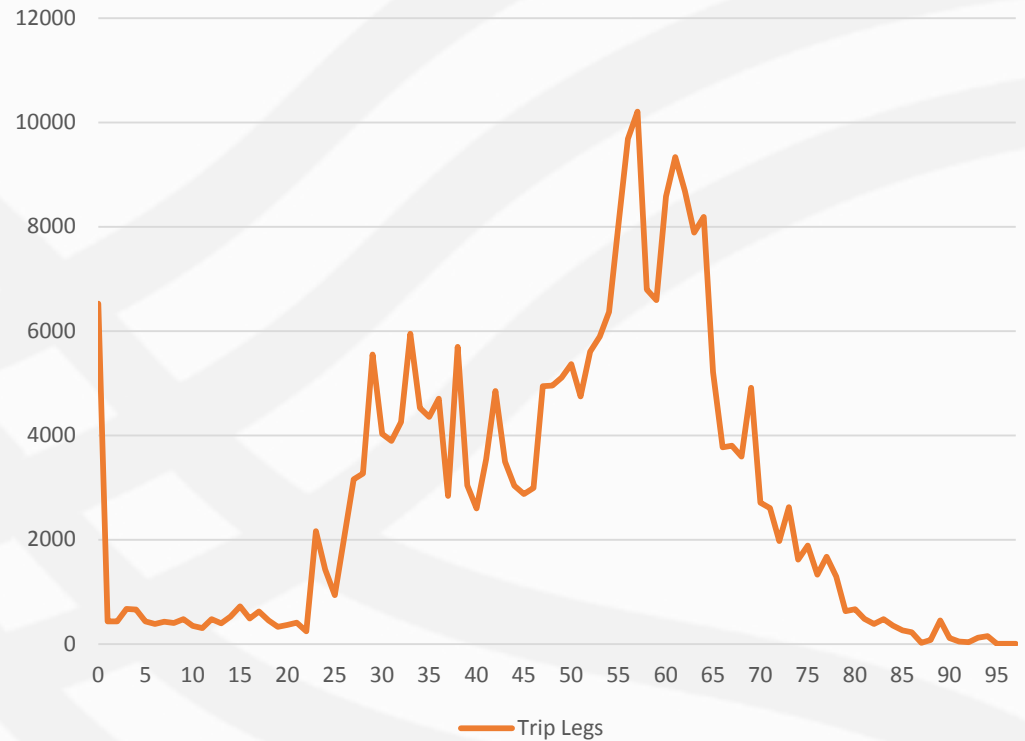
# NMT Utilization By Transport Mode & Age

2019 MTM - Transportation Mode



■ Bus ■ Cab/Lyft ■ GMR ■ Flight

2019 MTM - Trips by Age



# How PHC is Improving the Benefit

- **Gas Mileage Reimbursement through MTM**
  - We have extended the period for members to provide necessary credentials from 60 days to 90 days
  - MTM is currently working toward implementing a “pend” letter that will be issued reminding member’s to submit the credentials for reimbursement or informing them what credentials are still needed
- **Bus Exclusion Form through MTM**
  - MTM is currently working toward bringing the bus override process in house. This means they will no longer require members to call PHC if they do not fit the base criteria for a bus override.
- **MTM Call Backs**
  - MTM answers over 80% of their calls in less than 30 seconds. However on Monday morning their call volume is much higher than normal so PHC is working with MTM to implement a call back feature during peak call times.
  - Call backs will be made same day. Three attempts will be made before a voicemail is left.
- PHC maintains regular meetings with MTM to review ongoing issues and trending grievances with the goal of reducing failed trips and difficulties for members and providers.



# Referrals or Questions

## PHC Transportation Team

**1-800-809-1350**

### Northern Region

Email: [transportationhelpdesk@partnershiphp.org](mailto:transportationhelpdesk@partnershiphp.org)

Fax: 530-351-9055

### Southern Region

Email: [transportationHelpDeskSR@partnershiphp.org](mailto:transportationHelpDeskSR@partnershiphp.org)

Fax: 707-420-7571

*Melissa McCartney, Director, Care Coordination Operations*

*Aaron Maxwell, Transportation Program Manager*

### Northern Region Team – Redding

*Myron Carter, Transportation Specialist*

*Brandi Walker, Transportation Specialist*

### Southern Region Team – Fairfield

*Rosa Silva, Lead Transportation Specialist*

*Nefer Crayton, Transportation Specialist*

*Lizzy Nicolai, Transportation Specialist*

# Questions





# New Guidance

## GRIEVANCE, APPEALS, AND STATE HEARINGS

Partnership HealthPlan of California is committed to helping our members, and the communities we serve, be healthy.



**Your point of view matters!** With that said, you have the right to file a grievance or an appeal on any issue regarding your Medi-Cal benefit. Your grievance should explain your dissatisfaction; why you are not happy with the service you received. You may file an appeal if you disagree with a decision made by PHC or one of its providers. Please note that PHC does not handle issues about your Medi-Cal eligibility. For eligibility issues, contact your County Eligibility Worker.

### What is a Grievance?

A Grievance is when you are unhappy with an experience you had when using your Medi-Cal coverage. An example of a grievance would be if your doctor was rude during your visit.

### What is an Appeal

An Appeal is a member's request for PHC to review a denied or changed benefit. An example of an appeal would be if you disagree with your service being denied.

### How to File a Grievance or Appeal



**1-800-863-4155**

You may file an appeal or grievance by calling us at the number above. Our Member Services department is also available if you have any questions about the grievance process. Bilingual staff is available. PHC uses an interpreter service for members who speak other languages.

You can also file your grievance or appeal online, through the mail, by fax or in person.



Partnership Healthplan of California  
4665 Business Center Drive  
Fairfield, CA 94534  
Attention: Grievance and Appeals Dept.



You may fax to: 1-707-863-4351



You may file online at:  
<http://www.partnershiphp.org>



Fairfield: 4665 Business Center Drive, Fairfield, CA  
Redding: 3688 Avtech Parkway, Redding, CA

### Have You Already Appealed?

#### State Hearing Information

A State Hearing is when a member requests an Administrative Law Judge (ALJ) to review PHC's decision because they are still unhappy. The ALJ will review laws, PHC Policy, testimony, and evidence, then issue a new decision.

#### There are four ways to request a State Hearing:



California State Department of Social Services State Hearing Division  
P.O. Box 944243, Mail Station 9-17-37  
Sacramento, CA 94244-2430



You can call: 1-800-952-5253  
Hearing impaired members may use TTY/TDD by calling 1-800-952-8349



You can fax your request to:  
1-916-651-5210 or 1-916-651-2789



You can turn in a Hearing Request form or your own written request at one of the local County offices

- Grievance and Appeals Form – pdf sent to providers

# New Guidance

- Submitting DATAR – Watch for a separate email “PROVIDER GUIDANCE ---”
- Physician Consultation – For most providers, physician consultation is a billable service (review your contract.) The medical director may contact the UCSF warm line at (844) 326-2626 or via their website

<https://nccc.ucsf.edu/clinician-consultation/substance-use-management/california-substance-use-line/>

# New Guidance

- Special Member – PHC members referred to your residential program who are from another Regional Model county
  - The member shall call Member Services (800-863-4155) to have them placed in Special Member status (H8.) Provider staff may assist, but the request needs to come from the member.
  - The effective date will be from date of admission to expected date of discharge.
  - The member shall call Member Services when the member leaves your program to remove the Special Member status.
  - This allows the member to more easily access physical health services in the county where the residential program is located (or nearest PHC county for Contra Costa placements.)

# New Guidance

- PROVIDER SCREENING – **NEW PROCESS**

Provider screening is allowed in the current State/County contract. Follow these interim procedures while we research and update our processes.

Section V.B. - “iii. The Contractor shall allow beneficiaries to appear in person at any network provider and provide same-day ASAM assessments, if available.

- a. The Contractor shall ensure network providers facilitate a call to the BAL, if the network providers do not have qualified (LPHA or LPHA-supervised and ASAM trained) staff available for beneficiary screening and assessment.”
  - Send your screening tool to Michelle Gazzigli for review.
  - Have the LPHA or LPHA-supervised individual do the screening.
  - Do same day intake.
  - Keep track of these screenings since we will need to report to DHCS.

# Follow-Up: Credentialing

- Credentialing new staff
  - Send requests for credentialing new staff to the [credentialing@partnershiphp.org](mailto:credentialing@partnershiphp.org) inbox. You can send completed forms or request blank forms.
  - Someone will confirm receipt within 24 hours and follow up with the contact if materials are missing or incomplete.
  - The credentialing process is on a monthly cycle with applications being reviewed by PHC's Credentialing Committee.

# Follow-Up: Clinical Issues

- Re-assessment
  - Correction to the Quick Guide – pdf sent to providers
  - Defer to State/County contract which says, “Contractor shall ensure all beneficiaries are reassessed as often as necessary. Comprehensive ASAM assessments are generally valid for 180 days.”
- For beneficiaries in treatment prior to implementation of the DMC-ODS
  - Provider must conduct an ASAM assessment by the due date of the next updated treatment plan or continuing services justification, whichever occurs first.



# Follow-Up: CalOMS

- Paper forms - pdf sent to providers
- CalOMS entry for cutover clients
  - More details are available in a separate email from PHC.
  - Discharge through current county system.
  - Inform PHC when all discharges are complete (no later than July 15).
  - Provide PHC with copies of all cutover client information.
  - PHC will enter all new admissions with a date of July 1, 2020 and will inform providers when complete (no later than July 31).





# Follow-Up: Non-Medi-Cal

- Services to Non-Medi-Cal individuals must be pre-approved by the County of Responsibility.
  - Keep a copy of the approval documentation.
  - Regional Model counties only.
- Provider will bill PHC for services through a separate invoicing process still in development.
- PHC will pay provider/reimbursed by the counties.
- No separate contract between the county and provider is needed (if in the PHC provider network.)



# Follow-Up: Miscellaneous

- Direct Referral List -pdf sent to providers
- Beacon Call Center Phone Number – 855-765-9703
- Final Checklist – Am I ready?
  - CalOMS Cutover
  - ASAM trainings for staff
  - Treatment plans align with Practices Guidelines
  - Be ready for other documentation timelines
  - On-Line Services/Electronic Billing set up
  - Credentialing follow-up if needed
  - Releases on file that list PHC

# Provider Questions

