

October 28, 2016

Daniel Tsai, Assistant Secretary for MassHealth
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, MA 02108

Comments on Proposed Amendments to Rules at 130 CMR 407.000, Transportation Services

Submitted by e-mail to masshealthpublicnotice@state.ma.us

Dear Assistant Secretary Tsai,

These comments are submitted by the undersigned MassHealth providers and MassHealth member advocacy organizations. The Medicaid program requires states to make non-emergency medical transportation available to Medicaid beneficiaries to assure their access to medically necessary services. Our experience as providers and member advocates underscores the important role played by this benefit in assuring access to care for the large number of beneficiaries with extremely low incomes and limited transportation options. Thank you for the opportunity to comment.

Authorization for Transportation § 407.421

Medically necessary transportation

A Provider requesting transportation from a broker must supply “adequate information to determine the medical necessity of the transportation requested and that the member will receive a service covered by MassHealth at the trip’s destination.” 407.421(C)(3). However, the definition of medically necessary clearly pertains to the service to be received at the trip’s destination not the transportation itself. To avoid any confusion, we suggest this section be amended to read: “adequate information to determine the need for the transportation requested and that the member will receive a medically necessary service covered by MassHealth at the trip’s destination.”

Authorizing transportation vs. completing and submitting the form

The proposed regulation states that only an “authorized provider” or other authorized “representative” must complete and submit the PT-1 form. We understand that the regulation limits authorized providers to clinician’s able to make the needed determination that a medically necessary service is required at the trip’s destination. However, clinician’s should not also be required to log into the on-line system and actually complete and submit the form as the language of the regulation seems to require. This is typically the work of case managers, social workers and support staff. We suggest that the regulation clarify that the authorized provider/representative must *authorize* completion and submission of the form but need not complete and submit it him or herself. We suggest the language at 407.421(C)(2) be

amended to read: "A Provider Request for Transportation (PT-1) form must be authorized by an authorized provider, managed care representative, day habilitation program representative, or early intervention program representative and approved by MassHealth." A Provider Bulletin or instruction that accompanies the PT-1 should also make clear that the name entered as the "prescriber" must be an authorized provider or authorized representative and that this individual must have authorized the trip. If the Office of Medicaid requires additional assurance that the trip was appropriately authorized it could revise the PT-1 form to require a certification by the person completing the form that the prescriber whose name is entered on the form authorized its completion and submission.

Reimbursement to Members for Transportation Expenses § 407.431.

The proposed regulation provides for MassHealth members to obtain reimbursement for their public transportation costs in traveling to receive medical services covered by MassHealth. In order to be reimbursed, the member must obtain from the service provider a document that records the date medical services were received and the specific address where the services were received. The proposal limits the individuals who can supply this documentation to authorized providers and other authorized representatives. The rule would no longer allow licensed practical nurses or medical facility social workers to supply the document. We oppose this added barrier to an already cumbersome process for members to be reimbursed. Unlike the PT-1 situation, in the case of reimbursing the member, the service has already been provided. The medical necessity of the visit is a condition for the MassHealth or MassHealth MCO network provider to have delivered the service. Documenting a medical service that has already been provided does not require any clinical expertise. It should suffice that the documentation is on the letterhead of the service provider and produced by an employee of the service provider. Licensed practical nurses, social workers, case managers and office administrative staff should all be able to confirm the time and place of a visit.

Point of Origin and Locality Restrictions § 407.411 (C)

The regulation provides that medical transportation originates from the member's home and proceeds to the location of the medical appointment. The proposed regulation deletes the sentence providing that other points of origin require approval from MassHealth. We urge the Office of Medicaid to make more specific provisions for changes in the point of origin both for travel to a provider and return trips from a provider. There are many reasons why a MassHealth member's point of origin may not be the member's home or may change from the address initially entered on the PT-1 form or shown as the home address in other MassHealth records. Some individuals are homeless and continually moving from place to place. Homeless families who qualify for emergency shelter may be placed in shelter in localities distant from their last stable home. Some individuals undergoing treatment such as chemotherapy may choose to stay with friends during the course of treatment rather than return home each day. Some individuals may have been transferred within a hospital complex and now require pick up from a different building. In many instances, brokers are insistent that they can pick up and deliver only from the home address or only the addresses on the original PT-1.

We suggest the following language in the regulation: Medical transportation originates from the member's home *or other appropriate point of origin* and proceeds to the medical appointment. We also urge the Office of Medicaid to develop a simple way for providers to indicate a change in point of origin by communicating with the broker directly or updating an approved PT-1. At least when the change remains within the same locality as the previously approved point of origin no additional approval should be needed. Instructions on how to handle these situations should be contained in a provider bulletin or other provider training.

Authorizing transportation when no public transportation is available or suitable § 407.411(E)

The regulations recognize that public transportation may not be available for a variety of reasons that are not related to an individual's medical condition. There may be no public transportation that requires a walk of .75 miles or less, or a wait of one hour or less, or two or fewer transfers. The public transportation may exist but may not be suitable to the member's circumstances, for example if a member is destitute and lacks train fare or has other socio-economic barriers. It is a problem that the PT-1 form does not ask for information that corresponds to the rule. The PT-1 form asks "Is there a medical reason the member (or guardian if accompanying a minor) cannot use public transportation?" However, there is no question asking if there is any other reason a member cannot use public transportation. The medical reason question is followed by questions about a need for wheelchair van, escort or service animal, and an instruction to "specify other transportation needs" in a text box. While it is possible for a provider to enter the socio-economic barriers to using public transportation in this text box, many providers assume from the form that transportation assistance is only available if a medical condition precludes use of public transportation. We urge you to add a question to the PT-1 form asking if there are other reasons that the member cannot use public transportation.

Informing members of their rights § 407.407(C).

The regulations state that the agency informs eligible members of the availability of transportation through all applicable member handbooks. § 407.407(C). The current Member Handbook lists "transportation services**" as a covered service and provides in a footnote that "*** *Certain restrictions can be found in the MassHealth regulations at 130 CMR 407.000.*" The Enrollment Handbook contains even less information: it lists emergency transportation as a service that may be covered by a health plan. Neither Handbook includes information about when nonemergency transportation is available or how to obtain it, or when reimbursement for the costs of public transportation is available or how to obtain it. This information should be supplied to members in an easy to understand way, not by citation to the regulation. (A helpful brochure explaining the PT-1 process does exist, but it is not posted in the Member Library section of the MassHealth website. A member would be hard-pressed to find it on the EOHHS Human Services Transportation website: <http://www.mass.gov/eohhs/docs/hst/masshealth-transportation-consumer-brochure.pdf>). Further, with brokers now being primarily responsible for the nonemergency transportation benefit, members should be informed how they may request a reasonable accommodation for a disability from the broker or how to obtain an interpreter to communicate with the broker or driver.

The undersigned organizations look forward to the opportunity to work with the Office of Medicaid further to assure that members and providers understand when transportation assistance is available and how to obtain it. Thank you again for the opportunity to comment. Any questions about these comments can be directed to Vicky Pulos at vpulos@mlri.org, 617-357-0700 Ext. 318.

Yours truly,

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