Medicaid Managed Care Meeting - Thursday, August 7, 2014

SCC members were invited to the monthly meeting of the Governor's Medicaid Managed Care Commission because transportation was an item on the agenda. Two senior managers from the care organizations were invited to speak about their transportation operations. They did not appear to be well prepared to answer questions about transportation despite the fact that they knew the topic was, if not a main focus, elevated on the agenda for the day. It was disappointing that representatives of the transportation brokers were not present.

The COO of Wellsense was able to respond to an inquiry about the number of transportation providers under contract with them, but his answers were not encouraging. He stated that they had 52 "companies" enrolled and approximately 782 drivers on their roster. Whether these were all dedicated to serving NH beneficiaries was not questioned. He also stated that 66% of the transports that they are reimbursing are to "friends and family". Given the apparent size and scope of that operation, the interests of the 9 or 10 RCC providers are probably not a high priority. Commissioner Toumpas promised to provide a response to an earlier written inquiry from TNH.

The Medicaid Managed Care Commission is focused on the smooth implementation of the legislation. It's not a policymaking body – it is advisory. Considering that nearly 99% of the Medicaid budget is expended on healthcare services, the 1 % that is the typical share of budget allocated to transportation seems to be barely on the radar based on the very limited dialogue at the meeting.

The 2-minute survey result from our in-state providers indicates that not much business is being conducted with the managed care transportation brokers. The relationships with the MMC brokers are not well established and continue to be somewhat chaotic. There are numerous anecdotes about duplicate bookings; possible trip poaching by out-of-area providers; very long travel distances by some of the assigned providers for short trips when transportation could be provided within one of the established NH regions by a qualified operator; differing standards for credentialing between the two broker organizations, and expense of compliance by one of the organizations that include: "over-the-counter" drug testing; CPR and basic first aid training; defensive driver training, carriage of equipment including seat belt extensions and cutters, fire extinguishers and blood-borne pathogen kits, and extensive vehicle inspections, in addition to the background and insurance checks and in-house customer service and safety training that is standard for volunteers. This represents not only an uncompensated expense, but in some cases a new level of liability and risk management that some of the local operators are not willing to undertake for a variety of reasons.

Medicaid transportation is not likely to be elevated as an issue of great concern unless it results in the denial of access to medical services. Coordination with the NH Medicaid program is not likely to occur in the short term. Under the current structure the state has ceded responsibility for it entirely and has a limited stake in it financially. Stating (or re-stating) the obvious, as long as each federally-funded state human service program looks at the cost-benefit of coordinated transportation on a separate programmatic basis rather than globally, coordination among the programs is not going to move forward and the system will remain fragmented.

A question that was glossed-over during the Q&A seemed important: How can an organization like a North Country Transit survive in the long-run and continue to meet the local needs if taxis based in other states travel great distances to do a 10-mile round-trip within their region?(And what was the charge for that?) Is maintaining in-state capacity to provide necessary public services such as transportation as important as assuring that health facilities and physicians are available throughout the state? Is leveraging existing federal funding and the ability to provide services that will be viable for the long-term, regardless of Medicaid care management, a significant issue for the SCC to consider within its mission in the development of transportation policy? *By P. Crocker*