

**ALASKA COMMUNITY AND PUBLIC TRANSPORTATION ADVISORY BOARD
SUBCOMMITTEE MEETING: Barriers to Coordination/Medical Resources
Thursday, December 13, 2012
Participants: Bill Herman, Doug Bridges, Camille Ferguson, Connie Sipe**

CTTF Action Plan Goal 3:

The State of Alaska and federally recognized tribes are able to identify and account for resources spent on human service and public transportation, identify and address barriers to the coordination of those resources, and leverage those funds as appropriate.

Team Objective:

- Secure status on action items.
- Review Medicaid Transportation PowerPoint for shared understanding.

Note: Action items from last meeting in italics. New action items highlighted in yellow.

Status of Action Item

Camille: Approach the TRB and specifically ask: How much IHS money is used in Alaska for medical transportation? Where in Alaska does that money go and for what kinds of services is it allocated? Is there a FY2012 report that shows how and where that money was spent?

Camille called TRB and was referred to IHS in Anchorage; directed to Director of Finance. Seem to not know what they spend in transportation. Still waiting to hear back. Asked how much are you spending in medical transportation throughout the state? After several referrals, waiting to hear from Laney Fox.

- Can congressional delegation help? Avoid for now.
- Funding received for transportation is compacted to the tribe. Most areas have consortiums where most villages in that region assign their IHS benefits. We would have to go to each consortium or anyone who has taken that money and ask them directly. May need to ask for list of consortiums/tribes receiving funding for IHS medical transportation.
- Work both ends - macro amount and consortium level for more information.
- Don't know if there is a macro amount available. Might not be listed as a separate budget item. 638 compacting contracting. Might be more like a managed care contract - capitated money and recipients - go do what you have to and what you can.
- Ask Jay Livey or Mira Munson (work with consortiums)
- Clarify question - ask if transportation is a separate item in the contracts - is it an activity they have to report.
- RPMS - data base - might be able to tell us what kind of information they have about clients we might be able to coordinate on. Input on sessions, etc. May or may not report on transportation.
- Still hoping Director can help me.

ACTION:

Camille to follow-up and report about results of IHS transportation funding investigation at next meeting

Doug, Camille, Bill: Review information that was provided last year re Medicaid and the data gathering spreadsheet generated by the CTTF.

Purpose of this call. Will meet next week with their transportation group. Bill is collecting questions to take to that meeting (reference separate document). Group talked through the slides. Comments and topics of discussion included:

- Transporting people from Sitka to Anchorage for dental services...why not do it here?
- No enrolled dental providers for adults in Medicaid. Could be that they need special care. Requires prior authorization. Personal care can accompany but time not paid and sometimes requires nearly 24 hours in one trip.
- From airports, using taxis and getting vouchers but no contracts with paratransit providers or public transit providers who could provide paratransit
- Outside airlines in the state and interior Alaska bus lines, no transit systems are doing any Medicaid medical transportation, all going to taxi cabs. One of the rules is to use most appropriate, cost effective resource. In many cases transit system can provide that service and probably more appropriate and responsive. Opportunity to save money.
- This is our goal. We need to offer solutions.
- In community where services are not available - state could save money if they just contract with a local dentist and pay out of general funds - would have spent less than 2 people going to Juneau and 50% paid out of Medicaid. State would spend less money in general fund match by paying completely out of general fund match.
- Margaret Brodie - these the kinds of things she's interested in her Division working on.
- Travel and process an incredible burden on clients.
- Dental diagnosis and assessment before treatment and dentist gets prior authorization for treatment. General medical does not require prior authorization.
- In Anchorage person who can't get out for themselves and has no help, call and ambulance service and Medicaid pays. Will come to door but will not come in and help transport (not an emergency ambulance). Agencies then show up to help them on and off.
- We're just beginning the conversation...good overview.
- Regarding presentation: Need more detail on providers (numbers). Let's break out and get into the numbers more and see who/what type, wheel chair accessible, etc.
- Plan of care must indicate where they can access services
- If someone is traveling through one community to another....can't bill Medicaid unless they are certified to get services in that community.
- Prior authorization only lets client use what ground vendors are approved (coupons) instead of waiver money (public transportation) for a trip they didn't know about when they wrote the plan of care. When waiver clients travel out of their own community the transportation needs more scrutiny and approval.

- Trying to do diligence but becomes more costly. Medicaid waiver not accessible anywhere but original community.
- Will be an iterative process - need to have the conversation.
- Regarding presentation: are these waived and non-waived? Just subgrouping. If this is right, waiver is 1/12th of the total travel. How are the waiver/non-waiver mixed? Get the waiver piece broken out.
- Need clarification regarding numbers/math.
- Unit - one-way trip for waiver
- Clarify cost per unit at \$79 - must be all transport. AnchorRides has highest MX cost per unit in the state at \$28. This math indicates \$79. This can't be waiver transport. Tease out ground transportation, waiver, air, lodging, etc.
- Could be all transportation for Medicaid transportation clients.

Concerned about what they will be willing to share.

Get someone from Medicaid on this work group.

Questions - prepare to turn into problem statements.

Talking about transportation that is meaningful for health care to Medicaid clients and finding ways to save money.

ACTION:

Bill will meet with Medicaid and get clarification to the series of discussion questions he has prepared in response to this review and also seek a Medicaid participant on Work Group.

Connie will start developing problem statements in a manner that tells a brief story, defines the problem/gap to address, and initiates the opportunity to develop a solution.

Doug: Provide definition of Medical Medicaid and Medicaid waiver transportation

Doug will present and group will review at next meeting.

Bill: Work with Margaret Brodie - Division Director of Health Care Services: explore where to go for more information; inquire about someone from Medicaid participating on the subcommittee

Addressed in conversation/action resulting from review of Medicaid presentation.

Camille: See if someone from TRB would be on subcommittee; ask Connie Sipe to be on subcommittee

Connie Sipe joined the group at this meeting. TRB indicated they are too busy right now.

Regular Meeting Date:

- December 27, 2012 1:30-2:30
- Report out: Doug, Camille, Bill
- Connie - share draft problem statements