

## **Testimony to the Human Services Committee**

### **A Joint Statement in Support of**

#### **HB 5256, An Act Requiring the Department of Social Services to Collect and Maintain Data Concerning the Transportation Needs of Medicaid Recipients**

**Submitted by the Connecticut Hospital Association, Connecticut State Medical Society, LeadingAge Connecticut, Connecticut Association for Healthcare at Home, Connecticut Association of Health Care Facilities, Association of Connecticut Ambulance Providers, and American Medical Response of Connecticut**

**March 8, 2018**

*The Connecticut Hospital Association, Connecticut State Medical Society, LeadingAge Connecticut, Connecticut Association for Healthcare at Home, Connecticut Association of Health Care Facilities, Association of Connecticut Ambulance Providers, and American Medical Response of Connecticut, are pleased to submit this joint statement in support of HB 5256, An Act Requiring the Department of Social Services to Collect and Maintain Data Concerning the Transportation Needs of Medicaid Recipients.*

Non-emergency medical transportation (NEMT) is a vital service within the Medicaid program. On January 1 of this year, the state transitioned to a new NEMT broker and our associations became immediately aware of many truly troubling issues that arose in the aftermath of that transition. We voiced our concerns regarding the impact of those issues on Connecticut's Medicaid program clients and providers and we have been actively working with all parties to seek solutions.

The Department of Social Services and the new NEMT broker, Veyo, acknowledged our concerns and have been working with us to find and implement swift and actionable remedies to improve the NEMT services provided to our residents, patients and clients.

While we have seen improvement in the last two months, the list of issues and concerns that arose during this transition is vast and includes communication breakdowns, insufficient and ineffective call center staffing and response times, prior authorization confusion and breakdowns, unfulfilled and no-show ride requests, and inappropriate transportation dispatches. The resulting harm and injury to residents, patients and clients has been alarming and of grave concern to the providers who care for them.

This troubling experience was all too familiar as we encountered similar issues with the previous broker, LogistiCare, when they first took over the role. Our experience with LogistiCare improved throughout the duration of their contract in part as a result of strong state oversight of their performance. As a result, we have been very vocal in our insistence that there continue to be state oversight of the new NEMT broker's performance as there was of the previous broker's. A key factor in this oversight will be the collection, use and monitoring of performance and client experience data. Therefore, we strongly support this bill before the Human Services Committee today which would require the Department to collect and maintain such data.

In this regard, we recommend the Committee adopt a substitute version of the bill and consider including the full range of data reporting expressed in the attached March 6, 2018 letter submitted to the Council on Medical Assistance Program Oversight (MAPOC).

In closing, we stay committed to working together to improve the non-emergency transportation system that is so vital to our Medicaid patients, residents and clients and we urge the Committee's support of this bill.

Thank you for your consideration of this testimony.

Respectfully submitted by the following organizations:

**Connecticut Hospital Association**

**Connecticut State Medical Society**

**LeadingAge Connecticut**

**Connecticut Association for Healthcare at Home**

**Connecticut Association of Health Care Facilities**

**Association of Connecticut Ambulance Providers**

**American Medical Response of Connecticut**

March 6, 2018

**Re: Suggested Veyo Performance Data for Regular Reporting to MAPOC and Oversight Committees**

Dear Rep. Abercrombie and Senator Gerratana:

We are consumer, advocate and provider members of the MAPOC, and we write to you in response to the invitation at the end of the 2/9/18 MAPOC meeting for suggested regular data reporting from Veyo to the Council, particularly noting where similar data has already been produced to MAPOC either by DSS or by the previous non-emergency medical transportation (NEMT) contractor, LogistiCare. Compliance with the below data requests should help to alleviate the situation by holding the NEMT contractor and DSS accountable.

In addition to setting forth our suggestions, we note exactly which entity has produced the same kind of data in the past, and for which reviewing entity, as well as the DSS-Veyo contract requirement to which each data request applies, where applicable. We also note if the same data has already been requested in the Department's January 26, 2018 Corrective Action Plan (C.A.P) sent to Veyo with a cover letter from Deputy Commissioner Brennan demanding compliance starting on Feb. 13<sup>th</sup>. Almost all of the data below has been requested and provided either to MAPOC or one of its committees, or to the NEMT Quality Assurance Committee, in the past, and much of it is already requested in the C.A.P.

The following system of notation indicates where such data previously was produced by DSS or the previous NEMT broker, LogistiCare, or if the data is specifically required to be produced in the Department's Corrective Action plan as of 2/6/18 (many data items were provided or are required in more than one context).

**Regular Data Reporting Suggestions:**

**1. Data Regarding Veyo Call Center:**

- a. Total number of incoming calls (*Previously provided by DSS to MAPOC in its monthly dashboard regarding its call center, and by LogistiCare to MAPOC's Consumer Access Committee.*)
- b. Average time for a human at the Veyo Member Services Center to answer calls during normal business hours (80% compliance with three minute response required under Contract, Section II.3.A., page 20)(*Previously provided by DSS in its monthly dashboard to MAPOC re its own call center and by LogistiCare to MAPOC's Consumer Access Committee; required to be produced in the C.A.P.*)
- c. Call abandonment rate **and** volume (less than 5% during normal business hours required under Contract Section II.3.B., page 20)(*Previously provided by DSS in its monthly dashboard to MAPOC re its own call center and by LogistiCare to MAPOC's Consumer Access Committee; call abandonment rate required to be produced in the C.A.P.*)

- d. Average wait time **before** call abandonment occurs (*Previously provided by DSS in its monthly dashboard to MAPOC re its own call center.*)
- e. Percentage of calls affirmatively placed on hold for which the average hold time exceeded 3 minutes (average hold times in excess of 3 minutes prohibited by Section III.3.C., page 20)

**2. Data Regarding Volume of Transportation Requested, Provided and Denied:**

- a. Total number of livery or wheelchair van rides requested (*Previously provided by LogistiCare to MAPOC Consumer Access Committee, with respect to urgent and next day trip requests.*)
- b. Total number of livery or wheelchair van rides provided, of those requested (*Previously provided by LogistiCare to NEMT Quality Assurance Committee.*)
- c. Total numbers of Notices of Action issued and numbers issued for each reason (per contractual duty to issue a Notice of Action to any member whose request for transportation services is denied, in whole or in part (including approval of a type of service different from what was requested), or whose services are terminated or suspended, Section VIII.2., pages 34-35, and Section X.6., page 41).

**3. Data Regarding Timeliness of Transportation Service Delivery:**

- a. Total number and percentage of patients picked up after being discharged from a hospital, who were picked up within 3 hours of a receipt of a request from the member, his or her representative, or hospital staff (3 hour pick up required under Section 2.M.4., page 18)
- b. Total number and percentage of patients picked up more than 15 minutes after the scheduled pick up time, for non-hospital discharges (15 minutes required per Section VI.1., page 31)(*Percentage of trips which were timely previously provided by LogistiCare to NEMT Quality Assurance Committee*)
- c. Average wait time for scheduled medical appointment return trips, and total number and percentage of patients picked up more than 30 minutes late (not to exceed 30 minutes per Section VI.3, page 31)( *Percentage of trips which were timely provided previously provided by LogistiCare to NEMT Quality Assurance Committee.*)
- d. Average wait time, and total number and percentage of patients picked up after more than 1 hour, where patient chooses a “will-call” medical appointment return trip, ie, a trip for which the member or provider does not wish to provide a set pick-up time or is unable to do so (contract requirement of maximum one hour wait per Section VI.4., page 31) (*Percentage of trips which were timely provided previously provided by LogistiCare to NEMT Quality Assurance Committee.*)
- e. Total number and percentage of cases where multi-loading in a single vehicle is allowed and used, and where Medicaid members remain in the vehicle for more than 30 minutes longer than the average travel time required to transport an individual using that mode (more than 30 minutes extra prohibited by Section VI.5., page 31).

4. **Data Regarding Staffing Levels:**

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- a. Total staffing of the Connecticut call center
- b. Total staffing of the Arizona call center dedicated to only helping CT callers after hours, or FTEs so dedicated

5. **Data Regarding Complaints Received:**

- a. Number and percentage of complaints compared to total number of trips provided (*Previously produced by LogistiCare to the MAPOC Consumer Access Committee; required to be produced under C.A.P.*)
- b. The number of complaints by provider (*Required to be produced under C.A.P.*), and also by provider type in the case of Uber-style “independent contractors.”
- c. Number of complaints by category (*Previously produced by LogistiCare to the MAPOC Consumer Access Committee; required to be produced under C.A.P.*)
- d. Complaint resolution data (*Required to be produced under C.A.P.*)
- e. Average length of time to resolve complaints (*Required to be produced under C.A.P.*)

We suggest that the data be presented for each week, where possible, but that it not be required to be produced to the MAPOC and its NEMT- related committee more than once per month, to avoid burdening the Department. This is the way it had been regularly presented to the MAPOC in the Department’s long-standing “Dashboard” regarding the performance of its own call center.

While we believe all of this data is important to the MAPOC’s oversight function, we acknowledge it is a fair amount of data. However, it is mostly just a subset of data which Veyo is already required under its contract to produce to DSS, *see* Sections X and XI of the contract (pages 40 through 44)(attached). The reports are due by the 20<sup>th</sup> of the month after the month of service, so the first report is due on 2/20/2018. The Department also has the authority to request “ad hoc” reports, which must be produced within 5 days.

Nevertheless, if our list of suggested regular data reports needs to be pared down, we would urge that at least the first three categories of data be required to be produced to MAPOC indefinitely, so that the company’s claims of “significant improvement” in service delivery can be assessed. At the moment, no one is able to verify any of those claims. As it is ultimately the responsibility of DSS to ensure that NEMT services are timely and appropriately provided, no matter with whom it contracts, this is basic data that DSS should be obtaining on its own anyway and it is data which the council needs on a regular basis to hold DSS accountable for discharging that responsibility.

Finally, especially in light of the need to analyze and drill down into all of this data, we wanted to support the request of many consumers, consumer advocates and providers that the NEMT Quality Assurance Committee, which used to receive this kind of detailed data before it

was unilaterally disbanded by DSS in December, be immediately reinstated. No other oversight or supervisory body is able to accomplish what this group did, or satisfies the basic criteria which made it effective, namely:

1. Monthly meetings
2. Meetings dedicated entirely to NEMT
3. Participation by all stakeholders, including cab companies, consumers and consumer advocates
4. Mandatory participation by both DSS and the NEMT contractor

Thank you for considering all of these suggestions.

Respectfully yours,

Kristen Noelle Hatcher  
Connecticut Legal Services

Ellen Andrews  
Conn. Health Policy Project

Marie Allen  
Southwestern CT Agency on Aging

Mory Hernandez  
Bridgeport Child Advocacy Coalition

Kelly Phenix  
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Cathy Risigo-Wickline  
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Bonita Grubbs  
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Matthew Barrett  
CT Association of Healthcare Facilities

Tracy Wodatch  
CT Association for Health Care at Home

Enc.

cc: Rich Eighme, MAPOC Staff  
Commissioner Roderick Bremby  
Kate McEvoy, Medicaid Director  
Dave Coppock, Veyo Connecticut Market Director