

## Center for *Children's* Advocacy

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### **Testimony of Bonnie B. Roswig, Senior Staff Attorney, Center for Children's Advocacy to the Human Services Committee regarding HB 5437 An Act Concerning Non-emergency Medical Transportation for Medicaid Recipients**

March 3, 2016

Senator Moore, Representative Abercrombie, members of the Public Services Committee, thank you for the opportunity to provide testimony regarding HB 5437, An Act Concerning Non-emergency Medical Transportation for Medicaid Recipients.

This testimony is submitted on behalf of the Medical-Legal Partnership Project of the Center for Children's Advocacy, a non-profit organization representing Connecticut's most at-risk youth. The Medical-Legal Partnership Project is collaboration of the Center for Children's Advocacy and area pediatric health care facilities around the state committed to meeting the needs of Connecticut's most vulnerable children. We submit this testimony in reference to House Bill 5437 based on our overwhelming concern regarding the manner in which the Non-emergency Medical Transportation program (NEMT) program for Medicaid enrollees is administered in Connecticut.



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### **Connecticut Expendes Tens of Millions of Dollars on NEMT Contractor Whose Performance Level is Unacceptable**

Over 25 million dollars will have been paid to Logisticare Solutions, Inc. over the four year life of the contract to administer the NEMT program – this expenditure is just the administrative cost and does not include the actual cost of the transportation itself. The contract also contemplates that Logisticare will receive a 7.5% yearly bonus. In spite of this extraordinary expenditure, Logisticare's level of performance is abysmal: patient prescheduled rides arrive hours late or not at all, patients and medical providers spend hours on the phone waiting for transportation to be arranged, requests by medical providers for contractually contemplated exceptions to transportation protocol such as requests for transportation in less than 48 hours are questioned and denied, complaints are not appropriately recorded and Notices of Action are not adequately sent.

Despite ongoing attempts to provide feedback, Logisticare continues to maintain that they are complying with their obligations under the contract and further insist that any issue that arises is the fault of the medical provider or the Medicaid recipient.

### **NEMT Contract Requires Revision to Include Meaningful Reporting Requirements, Data Collection, Staff Training and Significant Sanctions for Failure to Perform**

The current NEMT contract must be amended to include reporting requirements, data collection, training for staff and meaningful sanctions for failure to comply with the terms of the contract. There are extensive concerns about the existing contract, but some areas of performance that need to be addressed include:

- 1) excessive wait times for transportation
- 2) level of service determinations not being properly conducted (i.e. cab verses bus, when a Medicaid recipient is too medically fragile to have another unrelated Medicaid recipient ride in the same cab, etc.)
- 3) judgment of medical providers regarding the need for urgent transportation not being met

- 4) recording of and responding to complaints
- 5) issuance of Notices of Action
- 6) Call Center performance

### **Weakness in NEMT Contract and Poor Contractor (Logisticare) Performance Impacts Patient Access to Medical Treatment**

The failure of Logisticare to adequately administer the NEMT program fundamentally impacts access to requisite medical care for Medicaid recipients and puts their health at risk. Specific cases in the last eight weeks include:

- 1) a four year old child who was forced to ride to the hospital for chemotherapy in a cab with unrelated Medicaid recipients – even though Logisticare had written instructions that the child was not allowed to share a ride, and despite ongoing direct interventions with Logisticare to remedy this issue over the last year
- 2) a parent who was refused transportation to the hospital to be with his child in the neo-natal intensive care unit
- 3) a child newly diagnosed with diabetes whose need to get to the hospital for training was refused because he and his family needed to get to the hospital in less than 48 hours.

In January of 2016, medical professionals and case managers from entities such as Catholic Charities, Columbus House and Community Mental Health Affiliates related experiences of clients refused transportation; cabs arriving after health centers closed leaving patients, including children and patients with mental health disabilities, in the cold and dark waiting for cabs; inappropriate denials of transportation and urgent transportation requests, etc. Further, medical providers universally report extensive wait times on the phone, inappropriate refusals of requests for urgent transportation and denials of particular level of service and unacceptable treatment by Logisticare call staff.

### **Contract Should Be Substantially Improved**

In order to most fully protect the rights of Medicaid recipients, the NEMT contract must be substantially amended so that it requires meaningful compliance, reporting, and sanctions. In lieu of that, an RFP at the conclusion of the current contract period (12/31/2016) should be considered.

### **Proposed Substitute Language**

Attached to this testimony please find proposed substitute language for HB 5437 prepared by advocates.

Respectfully submitted,

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## **Proposed Substitute Language for HB 5437**

Section 1: The Commissioner of Social Services shall enter into a revised contract for non-emergency medical transportation services with its existing contractor addressing deficiencies in the current contract in terms of contractual performance standards, reporting requirements and sanctions, by October 1, 2016. The areas that must be addressed in such revised contract shall include, but not be limited to: excessive client wait times for livery transportation and no shows of such transportation, level of service determinations not being properly conducted, providers' judgement on need for urgent care appointments with less than 48 hours notice not being respected, recording and responding to complaints, issuance of notices of action, performance by the contractor's call center, and requirements for the quality assurance committee.

Section 2: If no such revised contract is entered into by October 1, 2016, then a request for proposals for a new NEMT contractor shall be issued by December 1, 2016. ”

Section 3: By October 1, 2016, the Commissioner of Social Services shall report to the two standing legislative committees of cognizance regarding human services, and to the two oversight subcommittees of the Council on Medical Assistance Program Oversight and the Behavioral Health Partnership Oversight Council concerned with coordination of care and consumer access, monthly data collected from its current contractor for non-emergency medical transportation, for each of the months from January 1, 2015 to July 1, 2016, with respect to:

- (a) Percentage of all rides provided by the current NEMT contractor where the livery service was over 15 minutes late in picking up an enrollee to take him or her to a scheduled medical appointment, the total number of rides which were late in this fashion, and data on the industry standard(s) for permissible percentage of rides being late to this degree.
- (b) Percentage of all rides scheduled by enrollees with the NEMT contractor as to which no transportation provider arrived, total number of rides which did not arrive at all, and data on the industry standard(s) for the permissible percentages of such no show rides.
- (c) Percentage of all rides provided by the current NEMT contractor where the livery service arrived over 45 minutes past the time that a return trip from a medical appointment has been requested, total number of rides which were late in this fashion, and data on the industry standards for permissible percentage of return rides late to this degree.
- (d) Level of compliance by current NEMT contractor with the requirement of timely written notice when requested rides are denied, partially denied, terminated or reduced for any reason, including, but not limited to, situations where the contractor determines that public transportation is sufficient and denies livery

service, the contractor states that less than 48 hour advance notice has been provided, the contractor rejects a treating provider's judgement that a medical appointment is urgently needed and is therefore exempt from the 48 hour advance notice requirement, the contractor rejects transportation to a particular provider as not being the closest available provider.

- (e) Call center performance, in terms of average wait times when calling the center, longest wait time, average and maximum wait times before speaking with an in-person employee contractor, and average and maximum wait times before matters are resolved.
- (f) Detailed breakdown of complaints regarding NEMT services received by the current contractor for the Department and a report on what the NEMT contractor has done to address each category of complaint, including, but not limited to, complaints about (1) late arrival of transportation services; (2) no show of transportation services; (3) late arrival of return transportation services; (4) denials of transportation services where the contractor says the person did not call at least 48 hours in advance for livery services; (5) denials where the contractor refused to provide a ride to a medical appointment with less than 48 hours notice when the provider said this was urgently needed; (6) call center inaccessibility; (7) failure of the contractor to issue a written notice of action when requested services were denied, partially denied, terminated or reduced.
- (g) All actions the Department's current contractor has taken to address the problems of (1) untimely pick-ups and no shows among its contracted transportation providers, (2) failing to record complaints from enrollees and providers; (3) failing to issue written notices of action whenever transportation services are denied, in whole or in part, terminated or reduced, (4) failing to provide to the Department contractually required reports; (5) failing to respect medical providers' judgement about the urgent need for a medical appointment exempting an enrollee from providing 48 hours advance notice.