



Association of Connecticut Ambulance Providers

Aetna Ambulance :- Ambulance Service of Manchester :- American Ambulance Service
Campion Ambulance Service :- Hunter's Ambulance Service

Testimony of David Lowell, President

Human Services Committee, Thursday, March 03, 2016

H.B. No. 5437 (RAISED) AN ACT CONCERNING NONEMERGENCY MEDICAL TRANSPORTATION FOR MEDICAID RECIPIENTS.

Senator Moore, Representative Abercrombie, and members of the Human Services Committee,

My name is David Lowell, President of the Association of Connecticut Ambulance Providers and Executive Vice President and Chief Operating Officer of Hunter's Ambulance Service, Inc. I would like to offer testimony in support of H.B. No. 5437 (RAISED) AN ACT CONCERNING NONEMERGENCY MEDICAL TRANSPORTATION FOR MEDICAID RECIPIENTS.

The Non-Emergency Medical Transportation (NEMT) system administered under contract by one or more "brokers" has been a broken system since the day it began in the late 90's. While the State may boast that we have achieved substantial savings by using the various models of the brokered transportation through the years, I would argue that there have been and continue to be significant costs to the consumers using the system and providers who provide the transportation.

NEMT currently includes livery, wheel chair and ambulance (non-emergency) types of transportation services to Medicaid recipients. The type of transportation is dependent upon the recipient's ability to travel safely in the lowest cost model where their medical/disability needs are met. The broker's role is to verify eligibility, determine proper mode of transportation, select an authorized provider, schedule and authorize the trip. While this sounds fairly simple, this process has been plagued with persistent issues which include (and are not limited to):

- Failure to provide authorizations for trips in advance *and* for extended periods of time after the provider has provided the trip.
- Processing delays for authorized trips causing substantial delays in payments to providers.
- Improper selection of type of transport for a beneficiary causing delays, missed appointments and creating potential for patient care issues.
- Assignment of trips to providers from distances away from the recipient's area, bypassing providers available locally.
- Poor communication and implementations of procedures that are inconsistent with Medicare-Medicaid standards of practice and reimbursement.
- Delays in forward movement of patients from hospitals, particularly emergency departments, with requirements for those facilities to schedule ambulance transports/discharges through the broker rather than the ambulance company.
- The broker measures performance and threatens sanctions against providers for performance measures not within the providers control.

These represent a few critical recurrent issues that must be fixed with sustainable solutions as we move forward.

The members of our association are experts in the field of determining medical necessity, assessment and assignment of the correct, most appropriate and lowest cost mode of transportation and are prepared to participate in a study and work cooperatively toward resolutions that once and for all treat the recipients and providers fairly.

We encourage passage of HB 5437, and to a comprehensive review process that addresses stakeholders concerns one and for all.

Thank you for your time and consideration.

David D. Lowell, President

A handwritten signature in black ink, appearing to read "David D. Lowell", written in a cursive style.

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