

Hunter's Ambulance Service, Inc.

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Executive Offices, 450 West Main Street, Meriden, CT 06451

203-235-3369 P 203-514-5122 F

www.huntersamb.com

Testimony of David Lowell, Chief Operating Officer, Hunter's Ambulance Service

In Support of

HB 7166 (Raised), AN ACT CONCERNING NONEMERGENCY MEDICAL TRANSPORTATION FOR MEDICAID BENEFICIARIES

Human Services Committee Hearing, February 28, 2019

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

I appreciate the opportunity to offer testimony in support of **HB 7166 (Raised), AN ACT CONCERNING NONEMERGENCY MEDICAL TRANSPORTATION FOR MEDICAID BENEFICIARIES.**

Hunter's Ambulance Service is an employee owned company celebrating our fifty-sixth (56) year servicing the emergency medical and non-emergency medical needs of individuals throughout Connecticut. Founded in 1963 by Vern and Barbara Hunter, our organization, through the professionalism of our employees, prides itself on living true to our motto "concern for others" each and every day.

I commend the committee for raising this bill as the current state of the NEMT program in Connecticut remains fractured. I would like specifically thank Representatives Abercrombie and Steinberg for their tireless efforts this past year holding formal meetings, listening to and advocating for providers and patients, and demanding accountability for a better NEMT system.

The purpose of my testimony is not to re live the many horror stories from the past year, but rather to briefly highlight the impact the mis-managed NEMT program has had on our business, and to punctuate the need for legislative involvement that compels DSS to design and manage a better patient-centered NEMT program with controls that allow a timely resolution to problems up to and including removal of the broker.

Prior to January 2018, I and my colleagues met with representatives from the current broker, VEYO, to introduce ourselves and discuss capacities, capabilities, and service history under the NEMT program. I have broken up the remainder of my testimony into two transportation types for ease in explanation:

NEMT-Wheelchair

At the time of the transition to Veyo January 01, 2018 (and for many years prior) our company employed the necessary staff to effectively operate forty-two (42) wheel chair vans.

Specializing in Medical and Special Needs Transportation Services
Ambulance ~ Wheel Chair Vans / Buses ~ Student Transportation Vehicles

Prior to Veyo we were typically assigned and completed nearly 300 wheelchair transports per day. These transports were medically necessary, and in geographic locations that made sense from an efficiency and system capacity standpoint.

The volume and location of calls assigned to our company changed dramatically as soon as Veyo took over. Our volume dropped dramatically and areas of the state that we were assigned calls were not consistent with our previous areas, they were scattered, inconsistent and quite a distance from our core of operations.

We immediately and persistently communicated with the broker and DSS. We also participated in many meetings with transportation providers, health care practitioners, the broker, DSS, and patient advocates to voice concerns and offer suggestions.

During these months, Patients were stranded throughout the state and nearly half of my fleet was grounded as a result of poor call management and distribution by the broker.

Perhaps one of the most concerning operational aspects of this mis-management is that Veyo brought in out of state transportation providers immediately in January (attachment A). Veyo created a "rescue" program endorsed by DSS where this out of state provider was the only provider allowed to "rescue" a stranded wheelchair patient, all the while my vans (and vans of other existing well-established Connecticut companies) were parked, staffed and available.

In addition, Veyo was permitted to advertise and offer employment opportunities to individuals as "Independent drivers", stating that they can set their own hours and control their income (Attachment B). The previous NEMT contract between DSS and the broker prohibited the broker from also being a transportation provider. I imagine their was sound legal and principled business reasons for this.

Sadly, patients missed appointments, patients were stranded, patients were hospitalized, and established Connecticut medical transportation providers have been negatively impacted.

in May of 2018 and as a direct result of the mis-management and lack of oversight of NEMT, we were forced to make a very difficult decision for the first time in 56 years of providing high quality, professional and safe medical transportation to lay off 20 employees and sell a majority of our wheelchair vans.

NEMT-Ambulance

Several meetings were held prior to January 2018 with representatives from Veyo and DSS at the request of the ambulance providers. The purpose of these meetings was to describe the nature of the ambulance transports and the importance of solid procedures that permitted the hospitals to directly communicate with the ambulance companies as had been the practice. The ambulance providers explained with great detail the reasons the protocols had existed, the integrity of the medical necessity screening process, and the hospital and patient-centered reasons that such procedures needed to be continued.

In spite of these proactive communications, there were numerous issues with scheduling, authorization and paying ambulance providers. These issues lasted for most of 2018 and caused for multiple meetings, demands for payments, extensions of hospital referral agreements, etc.. The responsibility for these issues was shared between Veyo and DSS and was very difficult and frustrating to go through. As of today, I can state with an abundance of caution that the majority of the ambulance-related NEMT issues have been resolved 1 year later.

Questions remain: Why was this allowed to happen? Why were patient's treated so terribly? Why were out of state providers allowed to immediately come in and displace Connecticut providers? Why was this crisis allowed to be manufactured by the broker? Why was DSS allowed to be complicit in this mis-management? Why didn't DSS act more assertively with more deliberate corrective actions?

For these reasons, I support HB 7166 (raised) because I believe the language provides a basis of legislative controls that are essential in the absence of sufficient administrative oversight of NEMT.

Thank you,

David D. Lowell

David D. Lowell, Executive Vice President
Chief Operating Officer
davidl@huntersamb.com
203-537-5111

Attachment A

Pictures taken: January 21, 2018 (21 days into the new contract)

Location: Hospital of Central Connecticut, New Britain, CT.



Wisconsin Area Code(s)



Attachment B

Employment solicitations by Veyo,

March 2018

