

Testimony of

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Supporting

*HB 7166: An Act Concerning Nonemergency Medical Transportation for Medicaid Beneficiaries*  
Human Services Committee  
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Thank you for the opportunity to provide comments in support of House Bill 7166: An Act Concerning Nonemergency Medical Transportation for Medicaid Beneficiaries.

On behalf of the Community Health Center Association of Connecticut (CHCACT), and its sixteen member federally-qualified health centers, I want to thank the Committee for raising this bill on this critical issue. Connecticut's federally-qualified health centers serve almost 400,000 people each year, providing medical, behavioral health and dental care in over 100 locations across the state. Of those patients, approximately 62% are Medicaid enrollees; unfortunately, the health centers know too well the problems that have been ongoing around transportation over the past year.

**CHCACT supports this bill**, which would create a statutory right for Medicaid enrollees to have timely and appropriate transportation to medical appointments.

As this Committee knows, we have struggled with the provision of nonemergency medical transportation for years. Problems have included getting patients to appointments (early, late or no pickups), getting patients from appointments (delayed pickups), and providing the appropriate transportation mode (bus versus car, required solo trips). Unfortunately, despite a new RFP and a new contractor, these problems have persisted.

The recent Nonemergency Medical Transportation Working Group provided a forum to discuss these issues in public; however, it is not easy to identify any improvements that have taken place over the past year. We continue to hear stories of transplant patients missing appointments, people missing needed behavioral health visits, of people waiting hours and hours after a scheduled pick-up to be brought home. Unfortunately, the existing contract does not contain any meaningful enforcement, which leads us to this proposal.

Here are a few of the stories I received from health centers across the state:

1) TOO-EARLY PICK-UP TO APPOINTMENT: "A patient had scheduled a 9:00am home pickup for a 10am appointment at our health center. The patient waited for over 60 minutes, missed her appointment and needed to find a new means of transportation to the health center. Once at the health center, this patient explained her situation to our front desk staff, Tamara, who was able to reschedule her as a walk-in patient. Tamara continued talking with the patient who had a voicemail confirming a 9am pick up. The patient asked Tamara if she would be able to call

the company and advocate on her behalf. Tamara called the Veyo service line, and after waiting for a significant time period, she was finally patched through to a representative who explained that this patient missed an 8:30am pick up time. During this call, Tamara was able to reference the confirmation voicemail outlining a 9am pick up and also referenced a confirmation text message which was sent to the patient. Veyo was not able to offer the patient an explanation and stood strong in its stance that Veyo made no error in attempting to pick up the patient at 8:30am.”

2) DELAYED PICK-UPS FROM APPOINTMENTS: “It is not uncommon for our front desk staff to arrange a patient pickup after a morning appointment (9am-11am) and for the patient to be found waiting for transportation home well after lunch hours have passed.”

3) DELAYED PICK-UPS FROM APPOINTMENTS: “On Friday, 2/1/19 a patient was scheduled at 2:45 PM to be taken home from an appointment at Southwest Community Health Center. She is a confused 80-year-old woman in a wheelchair, who was accompanied by a health worker. She sat in our waiting room waiting for transportation for hours! Her health worker called Veyo multiple times and her son even called from home but no ride came. The health center closed at 4:30 PM, and two employees waited hours after closing for her transportation. [The health center CEO] finally called Veyo at 6PM myself to speak with a supervisor. After another 20 minutes, this poor woman was finally taken home at 6:20 PM hungry, very tired and uncomfortable from sitting so long.”

4) INCONSISTENT TRAINING OF VEYO REPS/MISINFORMATION: “Something else that just came up the other day was the issue of people with HUSKY as their secondary insurance ‘not being eligible to utilize Veyo.’ One of my Case Managers had heard this from one of the Clinical Coordinators directly, but when I inquired about it, the response was ‘HUSKY just has to be active. They can have both and doesn't matter if it's primary or secondary. I apologize for the miscommunication on my end. I clarified with our eligibility agents.’ I shared my concern that, if she was under the impression that people with HUSKY as a secondary were not eligible for Veyo transportation, how many other people were under the same impression/were told by representatives that this was the case? I am just concerned that there are people that may have been misinformed and are now thinking they are not eligible for this service, and are missing out on this transportation service.”

5) OTHER ISSUES: Health centers also tell us that, when calling for a ride, the automated system is complicated and repetitive and takes a long time to get through to a dispatch person. And, once someone reaches a Veyo staff person, they often are asked the same questions multiple times.

I hope this Committee will take significant action to improve our system. Thank you for your consideration and your hard work on behalf of Connecticut residents. Please feel free to reach out with any questions: [dpolun@chcact.org](mailto:dpolun@chcact.org) or 860.667.7820.