



A reading of the MAPOC reports would show that enrollment is up, costs are under control, implementation of medical homes shows improvements, emergency room visits and hospital readmissions are down, and DSS has a great plan for MQISSP. DSS has a very sophisticated strategy to present a positive narrative and/or story about the progress being made by DSS regarding Medicaid.

The narrative and/or story from the Medicaid enrollee perspective is not quite the same. CFC members do not deny or discredit the progress made to implement many reform measures within Medicaid. However, it appears to us that there are many recurring problems that have major impact on our lives that are only addressed by DSS when their positive narrative gets exposed as false. Consider the following examples:

- A. **Logisticare:** When we miss an appointment or are left at one without a ride home, it is not a minor inconvenience. When we compare experiences with our friends and families, we may decide not to use Logisticare because it is so unreliable. DSS knows this. This is not new. In the last few years people and non-profit groups have complained and been told by DSS that they should document the problems. So, they do the documentation and DSS does nothing. Last March Mercer documented the problems and DSS did nothing.

The problem is that all of the confusion, frustration, and anxiety caused by Logisticare's incompetence does not interfere with the DSS narrative that enrollment is up, costs are under control and the reforms of PCMH and MQISSP are moving along nicely.

- B. **Communications:** A CFC survey around oral health showed that 48% of the Husky responders had no idea what the CT Dental Health Partnership (CTDHP) was. CTDHP claims a wonderful benefit that will help Husky folks find a private dentist near them if they have trouble finding one. But, no one knows about it. They publish a newsletter only via e-mail, not the best method to reach us.

Communications are also a major problem with Logisticare. 52 % of Husky survey responders cite that they did not know of Logisticare. How could they!!! According to the Mercer report on Logisticare, "Logisticare's primary method for educating clients about NEMT services is to provide information the first time a client calls to request a trip". How can you initiate the call if you don't know about the service???

The same is true of CT Health Network (CHN). CHN claims to have a wonderful benefit through which CHN will help find a specialist. But, Husky folks don't know about it. At a recent meeting of CFC and DSS representatives, DSS officials explained that the phone numbers of all DSS partners are printed on the back of the HUSKY card. They were surprised to find out that the KSSKY members were told to throw away the card with the numbers and use the new grey one.

Letters from DSS directly concerning applications and redeterminations appear to be written by lawyers for lawyers. They cause confusion and anxiety.

Isn't it a shame that so much effort and resources have been expended to recruit and train physician participants in the PCMH model. It is supposed to be "Patient Centered". However, most Husky members enrolled in a PCMH neither know it nor understand how they are supposed to be active participants in this new reform.

It is very clear that neither DSS nor any of its contracting partners have a consumer friendly communication system in place. Again, because none of the confusion, frustration and anxiety experienced by us because of this lack of consumer friendly communication detracts from the DSS narrative, these communications problems go unresolved.

- C. DSS has great charts showing that progress is being made in the Call Center and in the application/redetermination systems. However, you have all heard about the harm done when you have limited minutes on your phone and you can't get through. You all remember the stories about cartons of applications and redetermination papers sitting in the office unfiled. Well, the percentage of problems may have declined. But, the pain and anguish caused by the numbers of people who can't get through or who have their papers lost is still real and harmful. If the same number of consumer complaints existed with a private insurer, the problems would be solved immediately or heads would roll. However, we can't switch to another insurance company. AGAIN, our fears, frustrations don't impact the DSS story so they don't get the necessary resources.

We would like to challenge MAPOC to look at these issues from our perspective. We would like to challenge MAPOC to stop drinking the DSS Koolaid. Specifically, we challenge MAPOC to:

- a. Force DSS to immediately begin the process of putting the Logisticare contract in a new RFP and that we and other consumer advocates get a chance to make sure that there are acceptable standards and sanctions.
- b. Force DSS to design new consumer friendly communications systems. For itself and all, its contractors.
- c. Force DSS to use the same standards for its Call Center that they put in the Logisticare contract (Standards, however, that not enforced!). Specifically:
  1. 98% of calls received during each month answered within four rings.
  2. Wait time in queue shall not exceed five minutes.
  3. Blocked call rate (busy signal) shall not exceed 5% of total calls received during each month.
  4. Call abandonment shall not exceed 5% of total calls received during each month.

Thank you for your consideration.

January 31, 2016  
Re: Logisticare

To all concerned,

Mention Logisticare to a care manager or a physician's office and the response will often be negative; "transport is not dependable, they arrive too late or not at all". Ask individuals who are dependent upon medical transport and responses vary from having no problems to complaints of missing appointments because transport never arrived, pick-up was too late or was left at the doctors office for hours.

In 2014 I retired from Connecticut Community Care, Inc (CCCI). As part of care management, coordination of services is critical to maintain frail elders/disabled in the community. Included in the service of coordination is assuring that individuals follow-up with their physician as prescribed both to continue needed skilled services and to avoid exacerbation of medical conditions that place them at risk of hospitalization or institutionalization. During my years of dealing with Logisticare medical transportation problems, I recall how attempts to resolve issues were so time intensive. First was allaying the fear, anger and frustration of the elder/disabled individual who struggled to get ready for their medical appointment only to be left waiting for a ride that never arrived or due to late pick-up arrived too late for their appointment then to be told by the physician that the appointment would have to be rescheduled. The time and effort spent coordinating services that would assist individuals to get to and from their medical appointments many times were to no avail, requiring that the process be repeated. Coordination of medical appointments often involves arranging for services in addition to Logisticare transportation. Homemaker or home health services may be necessary to assist the individual to get ready for the appointment. When the transportation does not arrive as scheduled and a medical appointment is missed, it places the individual at risk, is cause for frustration and is a unnecessary expense for the State. The time and effort spent following up with Logisticare could have been spent more constructively Most importantly, the needs of the individual requiring medical transport were not met.

Over time, attempts to resolve scheduling and transportation issues with LogistiCare were met with varied results. Incident reports were filed and patterns of quality issues were reported to Logisticare supervisors and Quality Assurance. At one point, due to numerous complaints, the CHCP manager facilitated meetings with Logisticare, Access Agencies and DSS. Logisticare did implement changes in their scheduling process which helped to reduce complaints but problems of no shows and late pick-ups continued. I recall one incident of an individual with diabetes who had been left at the doctor's office for hours, the physician's office was closed and transportation had not yet arrived. The elder had not eaten and was at risk of low blood sugar. The office nurse provided food and followed up with Logisticare. Another incident involved an individual who used a wheel chair. The chair was not locked in the van, the wheel chair tipped over during transport and the individual sustained an injury.

Currently I serve on the United Connecticut Action for Neighborhoods (UCAN) Board of Directors. At the December meeting board members were informed that community members dependent upon medical transportation were voicing general frustration and dissatisfaction regarding the lack of quality service being provided by Connecticut's contracted provider, Logisticare. I contacted CCCI to inquire if they still encountered problems with Logisticare and I was informed that indeed they do. Following are recent examples of Logisticare medical transportation issues:

1. October 2015 an appointment with Gastrointestinal physician was missed because Logisticare did not arrive. The appointment was rescheduled at a later date for 11:15 AM. The taxi didn't pick her up until 11:17AM. The appointment was again rescheduled at which point the physician's office informed her that if she missed this appointment they would no longer see her. The care manager booked transportation with a private pay agency to ensure she got to appointment.
2. October 2015 individual had a scheduled appointment with her "kidney doctor". Transportation did not arrive. The individual called Logisticare, received an apology for driver not showing up and was told to reschedule her appointment.
3. January 2016 individual called Logisticare the day prior to her appointment informing them of her weight, the manner in which she would need to be transported and that there were many stairs into her home. Logisticare arrived an hour late with a stretcher that could not fit into her bedroom. Logisticare then informed her that 2 people would be unable to transport her and that they would need to call for a second crew but that she would have to pay for the second crew. She missed her appointment and therefore did not receive her prescription for a needed hooyer lift. Because she is 100% dependent on others for transfers the hooyer lift would have provided for safe transfers.
4. January 28, 2016 individual with lymphedema scheduled transportation for 1/29 to be measured for compression stockings. When she called to confirm, Logisticare informed her that transportation was canceled. That same day she attempted to reschedule transportation for 2/5 but was told that Logisticare wasn't accepting requests for more than 3 days out. The care manager then called Logisticare, the appointment was scheduled for 2/5, a confirmation number and pick up time were provided. Logisticare did not arrive for the transport. This was the third failed attempt by this individual to obtain the medically necessary compression stockings. The care manager contacted the Logisticare supervisor who stated vendor was assigned but wasn't sure why vendor did not provide transportation. Her August 2015 appointment had also been missed because Logisticare sent a cab instead of a wheelchair van; the appointment couldn't be rescheduled until October.
5. November 2015 individual had an eye appointment. She stood out in the rain waiting for Logisticare for 30 minutes. The neighbor saw her outside and eventually drove her to the appointment. Thank goodness for a kind-hearted neighbor.

The above examples reflect issues that have placed CHCP frail elder/disabled individuals at risk of harm. UCAN has been made aware of an even broader scope of frustration and dissatisfaction expressed by Connecticut citizens dependent upon medical transportation which relates to a lack of quality service by the state contracted provider, Logisticare. It is my recommendation that the state of Connecticut send out an RFP to other transportation providers who may provide a higher quality of service to the citizens of our state.

Thank you for your consideration.

Cynthia J. Kovak, RN, BSN  
UCAN Board Member  
Concerned Taxpayer  
Former CCCI Regional Director

cc: UCAN, Alta Lash, Executive Director  
CCCI, Molly Rees Gavin, President