



DATE: February 28, 2019
TO: Human Services Committee
FROM: Ben Shaiken, Manager of Advocacy & Public Policy, The Alliance
RE: H.B. 7166 An Act Concerning Nonemergency Medical Transportation for Medicaid Beneficiaries

Good afternoon Senator Moore, Representative Abercrombie, Senator Logan, Representative Case and distinguished members of the Human Services Committee:

My name is Ben Shaiken, Manager of Advocacy & Public Policy at the Connecticut Community Nonprofit Alliance (The Alliance). The Alliance is the statewide advocacy organization representing nonprofits, with a membership of more than 300 community organizations and associations. Nonprofits deliver essential services to more than half a million people each year and employ almost 14% of Connecticut's workforce.

Thank you for the opportunity to testify in support of H.B. 7166 An Act Concerning Nonemergency Medical Transportation for Medicaid Beneficiaries. H.B. 7166 would establish a statutory right to timely and appropriate nonemergency medical transportation (NEMT) for Medicaid beneficiaries and provide a more timely avenue for such beneficiaries to appeal coverage lapses.

In 2018, the provision of Non-Emergency Medical Transportation (NEMT) services transitioned from LogistiCare to Veyo. This new contract was sought by DSS to address a history of complaints from Medicaid recipients regarding LogistiCare's service delivery and to provide more economical NEMT services to Connecticut.

It quickly became clear that Veyo was not adequately prepared for the transition. Training and staffing problems with Veyo's call center, ride-scheduling, and bus pass-issuing services prevented many Medicaid beneficiaries from accessing transportation. This led to numerous missed healthcare appointments, jeopardizing the wellbeing and safety of children and adults who rely on NEMT services for behavioral healthcare, addiction treatment, and basic medical care.

One community provider reported 19 scheduled rides for children's Intensive Outpatient (IOP) treatment were not delivered in the first three weeks of Veyo's contract. These children missed out on essential behavioral health services, while the provider lost time and resources that were diverted to addressing transportation issues with Veyo's Quality Assurance team.

Reports from community providers regarding call wait times for ride-scheduling ranged from 20-90 minutes, exceeding of the 3-minute wait-time limit defined in Veyo's contract. This made ride-scheduling inaccessible to many beneficiaries whose cell phones plans have a limited number of minutes and could not afford the cost to wait for this long on hold for each ride. It also cost community providers valuable resources, as they were forced divert staff hours toward waiting on hold to schedule rides and when clients did not arrive for scheduled appointments, were not able to bill for their services.

Even after spending hours on the phone scheduling rides, however, many clients were still not getting picked up for those rides, despite receiving a confirmation number for their ride reservations.

Additionally, many NEMT beneficiaries' transportation needs were misidentified. Many clients who are unable to use public transportation due to mobility issues, cognitive impairments, or simply residing too far from the bus line, were suddenly told they were only eligible for bus passes, even when supplied with signed forms from a healthcare provider stating the client's need for taxi transport.

Medicaid beneficiaries rely on NEMT to get to their health appointments on time, including mental health and substance abuse treatment services for adults and children at community providers. Particularly, people receiving Methadone treatment and engaged in other Medication Assisted Treatment need to get to their appointments, many times every day. In the midst of an opioid epidemic, missing appointments due to transportation issues is a matter of life and death.

DSS has taken action over the past year, demanding a corrective action plan from Veyo specifying how they will come into compliance with their contractual obligations, including reducing call wait times, reducing the number of abandoned calls, and increasing the fulfillment rates of scheduled rides. DSS has been responsive to our members' complaints and has been transparent in their efforts to hold Veyo accountable to their contract. For example, DSS is now monitoring live calls at various intervals throughout the day and is reporting out Veyo's metrics on their website.

DSS has reported that Veyo has made improvements since the corrective action plan was developed, but unfortunately, Medicaid recipients are still reporting significant barriers to accessing care.

NEMT services exist to provide healthcare access to Medicaid beneficiaries, including those most vulnerable to lack of access to healthcare: people with disabilities, people fighting addictions, and people experiencing homelessness. **I urge you to support H.B.7166.**

Thank you for your consideration of this important issue.

Ben Shaiken
Manager of Advocacy & Public Policy
bshaiken@ctnonprofitalliance.org