



September 2, 2015

Non-Emergency Medical Transportation Audit
Joint Legislative Audit Committee
Representative Peter Barca

Chairman Cowles, Chairwoman Kerkman, and members of the Joint Legislative Audit Committee, thank you for the opportunity to testify on this audit of the state's Non-Emergency Medical Transportation program.

I requested this audit of Non-Emergency Medical Transportation with a bipartisan group of 54 legislators because of the frequent and troubling complaints we received from our constituents that use the service and local transportation providers.

The Non-Emergency Medical Transportation program has been plagued with major problems since its implementation, initially under the contract with Logisticare, and more recently with MTM. The people who rely on the medical transportation program are often children, elderly or have serious health conditions. Some require time-sensitive treatments like dialysis, yet they are often late to appointments or abandoned at appointments without a ride.

The audit notes some of the concerning instances that have been reported. A paralyzed recipient in Richland County was unable to get a ride to a surgery appointment, a cognitively disabled recipient in Dane County was forced to walk home in the rain when a driver never arrived, a Milwaukee County recipient missed three dialysis appointments in three weeks because drivers were late or failed to arrive, a Lincoln County recipient had to reschedule a surgery because of lack of transportation, and a 10 year old child spent an unknown amount of time outside of a closed medical facility until a staff member arrived.

The audit shows nearly 43% of those surveyed confirmed they missed or had to reschedule one or more appointments for them or their children due to a driver that never arrived. Nearly half confirmed that they or their child were late for one or more appointment due to a late driver. Further, 6.4% of those surveyed stated their health care provider has stopped seeing them or their children because MTM caused them to miss or be late for scheduled appointments.

Getting to appointments is only half the issue. Nearly 57% of those surveyed said they or their children were picked up 15 minutes late or more after an appointment, and over 26% stated a return driver never arrived. More than 1% of those surveyed reported they have stopped using NEMT services altogether due to concerns about MTM's reliability, timeliness, and quality of service.

Records show the company failed to meet the contractually required standard for complaint-free trips in 8 out of the 11 months reviewed by the Audit Bureau. A quarter of confirmed complaints involved drivers never arriving for the trip. Complaints are also not addressed in a timely manner, with more than 2/3 of complaints failing to meet 10-day timeliness standards for responding to a complainant.

In addition to trouble with the service, there have also been complaints about the company's ride scheduling call center's responsiveness. The report found that from April 2014 to September 2014 that call abandonment rates, when a recipient hangs up due to an extended waiting period, increased every month and more than doubled from 11.8% to 24.1% of calls. This resulted in DHS implementing a corrective action plan with the company to attempt to get MTM to meet their contractual obligation. Beyond an inconvenience for those trying to schedule their rides, these long wait times create a fiscal burden by wasting monthly cell phone minutes for those with limited means who rely on a their cellular phone as their primary telephone.

The report also discusses the concerns of local transportation providers. These small businesses have expressed a concern that MTM has not been a fair partner in administering this program, limiting the number of rides placed unless they substantially drop their rates and instead using problematic, less reputable providers that leave our constituents without a ride to or from an appointment. Documentation provided to the Audit Bureau shows that at MTM at times provided inaccurate or untimely information on trip assignments. Local providers also have noted that billing is at times incorrect, sometimes listing a trip for just one cent. If providers don't contact MTM for a correction prior to the trip, they report they could only get the lower, incorrect payment.

The reason the state chose to pursue a privatization of this service was to reduce the cost. Yet the audit confirms our concerns about any cost savings for the state associated with this model, as we have seen costs increase. The annual overall NEMT costs have increased by \$11.7 million a year from \$44.4 million in FY 2009-10 to \$56.1 million in FY 2013-14.

It is clear that our medical transportation program is in need of a serious overhaul to ensure the needs of our residents are being met and taxpayers are getting the best deal possible. I ask my legislative colleagues to join me in considering alternatives that can better serve the Wisconsinites that rely on this service.

Thank you for holding this hearing on this important matter.

September 2nd, 2015

Samantha Kerkman, Co-chairperson
Room 315 North
State Capitol
Madison, WI 53708

Robert Cowles, Co-chairperson
Room 118 South
State Capitol
Madison, WI 53707-7882

Dear Chairpersons Kerkman and Cowles:

My name is Virginia Rodgers and I am a user of Nonemergency Medical Transportation (NEMT) services in Wisconsin. I am concerned that the current contract holder, Medical Transportation Management (MTM), does not follow through in the matter of scheduling rides with local transportation providers for NEMT users.

When a ride is called in to MTM, my aide makes sure that the ride details are repeated back to her. However, when my aide confirms the ride information that MTM provided with the actual transportation provider, the transportation provider has different ride information.

MTM oftentimes gets the times of rides wrong and, as a result, I have been late to medical appointments because of this. Additionally, when my aide or I call ahead to cancel a trip, MTM does not relay the information to the transportation provider and the provider will still show up for the cancelled ride. Finally, when I inform MTM of the mistakes that were made, MTM blames me.

Thank you for considering my testimony.

Virginia Rodgers
8218 14th Ave Apt 1
Kenosha, WI 53143-6370



The **Wisconsin Aging Advocacy Network** is a collaborative group of individuals and associations working with and for Wisconsin's older adults to shape public policy to improve their quality of life.

Core member organizations:

Aging and Disability Professionals Association of Wisconsin (ADPAW)

Alzheimer's Association SE Wisconsin Chapter

Wisconsin Adult Day Services Association (WADSA)

Wisconsin Association of Area Agencies on Aging (W4A)

Wisconsin Association of Benefit Specialists (WABS)

Wisconsin Association of Nutrition Directors (WAND)

Wisconsin Association of Senior Centers (WASC)

Contact WAAN

1414 MacArthur Rd.,
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Madison, WI 53714
(608) 243-5670

Testimony of

**Janet L. Zander, Advocacy & Public Policy Coordinator
On behalf of the Wisconsin Aging Advocacy Network**

Audit Report 15-4: Non-Emergency Medical Transportation

Before the Joint Legislative Audit Committee

September 2, 2015

Chairpersons Cowles and Kerkman and members of the Joint Legislative Audit Committee:

Thank you for this opportunity to comment on the non-emergency medical transportation (NEMT) final audit report released earlier this spring. My name is Janet Zander. I am the Advocacy & Public Policy Coordinator for the Greater Wisconsin Agency on Aging Resources, one of three Area Agencies on Aging in Wisconsin and a member of the Wisconsin Aging Advocacy Network (WAAN). I am here today, to provide testimony on behalf of this network which is a collaborative group of older adults and professional aging associations and organizations.

Transportation is critical to supporting optimal aging. Meeting the mobility needs of older people who do not drive is key to ensuring they do not lose access to essential services, become socially excluded from their communities or experience further reductions in independence.

DHS indicated the use of a transportation broker is intended to accomplish several goals including, but not limited to, improving access to NEMT services statewide and reducing costs (pg. 15). The current Medicaid (MA) NEMT brokerage system does not appear to have achieved either of these goals. While the current broker paid transportation providers 4.7% less than the previous broker (pg. 23), the overall payment to the broker has increased by \$11.7 million since 2009. In fact, transportation providers who must comply with state established MA reimbursement rates have seen no increase in the reimbursement rate since the early 1990s. The audit report further revealed approximately 4% of the brokerage system providers accounted for nearly 40% of the current broker's total transportation provider payments (pg. 24).

This combination of inadequate provider reimbursement and imbalanced distribution of rides has led to further erosion of the state's transportation infrastructure. Prior to the brokerage system, **Wisconsin had approximately 200 specialized medical vehicle (SMV) providers.** Today, there are **only about 80 providers operating in the state,** with well over half of those providers operating in the southeast region. The current brokerage model has resulted in a fragmentation of local transportation systems. It has driven up costs of non-NEMT transportation and services to the non-MA population. It has reduced the number of providers thereby making rural transportation an even greater challenge and has moved us further away from development of coordinated transportation systems that are able to take a holistic approach to meeting individual mobility needs.

One in five Wisconsin residents aged 65 and older does not drive. Men outlive their driving ability by an average of six years and women by 10. This is a significant amount of time to rely on others in order to get to essential services and to stay connected to the community. Without transportation older adults - regardless of payment source- cannot get preventive and routine care needed to prevent hospitalization and other emergencies. As a result, that can often lead to a need for nursing home care. Effective transportation services are critical to achieving better health outcomes. **Without an effective system, many Wisconsin seniors will not get the care and services needed to remain living in the community and will instead find themselves in need of more invasive and expensive medical and long term care that will quickly drive them into the Medicaid system.**

Representatives Cowles and Kerkman and members of the Joint Legislative Audit Committee, thank you for this opportunity to comment on these important issues. We look forward to continuing to work with you to improve transportation services across the state to better meet the mobility needs of older adults and others whose quality of life depend upon a strong transportation system.

Contact: Janet Zander, Advocacy & Public Policy Coordinator
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options

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September 2, 2015

Re: Hearing on NEMT Brokerage Audit

Dear Senator Cowles, Representative Kerkman, and Members of the Joint Legislative Audit Committee;

I would like to thank the Committee for holding this hearing and giving the public a chance to speak on the audit of the NEMT brokerage. I also want to thank you for requesting the audit last year, and thank the Legislative Audit Bureau for all the work that went into completing the audit.

I am testifying today while wearing four different hats, IL Coordinator at Options for Independent Living, Vice-Chair of the Governor's Committee for People with Disabilities, an advocate, and a person with a disability. But my message is the same...the current system is not working for consumers and is costing taxpayers more money.

All of you are aware of the problems that exist with the current NEMT brokerage system, so I will not be telling you anything you have not already heard from your constituents, from advocates, and now from the audit bureau. But I would like to go on record and point out a few items from the audit that I believe are crucial:

LAB found that from August 2013 through June 2014, MTM was unable to schedule 942 trips for recipients because no vehicle was available. This included at least 164 trips in which recipients had called three or more business days in advance of their appointments.

One possible reason for this could be:

- The medical transportation provider infrastructure has significantly decreased across the state causing not only lost jobs, but inadequate transportation options for those who need it. There were close to 400 medical transportation providers in WI prior to the brokerage, there are now fewer than 80 and the majority of those are located in southeastern Wisconsin leaving very few for the rest of the state.

LAB also found 4,154 instances in which transportation providers did not arrive for a scheduled trip.

One possible reason for this could be:

- The broker is paid a set amount by DHS for before providing services to MA recipients. This is an incentive for the brokerage to provide fewer rides in an effort to make more money. I have worked with consumers who have had rides not show up. When we perform three-way calls to find out why, the



consumer and I have been told by the provider, "I never received a ride reservation." When we call MTM we are told "you cancelled the ride," when the consumer did not cancel.

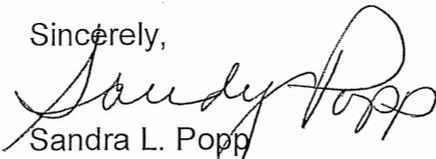
No matter what the reason for the above, it all results in inadequate and ineffective health care for 1000's of MA recipients across our state.

I want to point out one more item that was not covered by the audit, but is still very relevant to this discussion. Consumers are very frustrated with the system and are now turning to other alternatives to try to get to their medical appointments. They are using their local transit systems, their Commission on Aging or Elderly Services Volunteer Driver programs, or ride voucher programs through a mobility manager, which are funded from our tax dollars through Federal and State government. All these programs are being utilized by a person on MA, when MTM was already paid to transport the person. To simplify, taxpayers are paying twice for this service. This is called "double dipping"; and this is happening across the state, especially in rural areas where transportation providers through MTM are scarce or non-existent.

With that said, none of what I have talked about today is more important than getting consumers on MA who need medical transportation to that medical appointment. We can discuss the audit, the failures of the brokerage, the increased tax dollars paid to MTM, the loss of infrastructure, etc. But unless something is done to change the current transportation model, lives will continue to be in jeopardy and money will continue to be wasted.

Thank you for your time and consideration,

Sincerely,

A handwritten signature in cursive script that reads "Sandra L. Popp". The signature is written in black ink and is positioned above the printed name.

Sandra L. Popp
IL Coordinator

Vice-Chair, Governor's Committee for People with Disabilities

In the event that I am unable to stay until it is my turn to speak, please have my testimony entered into the record of the Audit Committee for September 2, 2015.

September 2, 2015

Joint Legislative Audit Committee, State of Wisconsin
Chairs: Senator Robert Cowles, Representative Samantha Kerkman

Testimony: Joint Audit Committee Hearing – NEMT Services Audit

Dear Members of the Joint Legislative Audit Committee:

Thank you for holding this hearing after the completed review of the provision of non-emergency medical transportation (NEMT) services to Medical Assistance recipients under the current brokerage system. We are grateful to the Legislative Audit Bureau for their efforts to analyze data from the NEMT program across its various iterations.

I represent the Wisconsin Urban & Rural Transit Association and its members across the state. Our members participate in and depend on the previously thriving network of public and private transportation companies to serve the public: our seniors, people with disabilities, and students and workers.

Counties and municipalities either provide services directly or contract for services using the very same network of companies that the NEMT program does. By doing so, we are also able to pair rides from different programs but with similar locations to run resource-efficient services across regions of the state. NEMT is no longer part of that system because of the NEMT brokerage.

While the audit recommendations lend credence to the anecdotal complaints about the current provision of NEMT services, it does so within the vacuum of the program itself. The recommendations presented by the Audit Bureau do not address these systemic issues:

Trip Shedding & Paying Twice for the Same Services

Looking at page 29 of the audit, a clear example shows that the state is paying for these services twice. The audit estimates that in one year, Madison Metro provided 5,054 trips at an expense of \$157,000 based on the trips they could identify as eligible for an NEMT ride. These

trips were not coordinated or contracted by the broker, but were shed on to the public mass transit system. The audit further states that,

“Because it is possible these types of trips could have been provided through NEMT services at no additional cost to the State or to local governments, the additional expenditures borne by municipalities providing such trips may represent an added cost.”

It is an added cost. Not just to Madison Metro, but to every other public transit system in the state where this is happening, from shared ride taxis, to rural and urban transit, and county programs. The taxpayer is paying twice for these trips: one to the broker under the capitated rate arrangement, and once for the county and municipal transit programs. And, the riders are paying fares out of pocket. There is no means for public transit systems or counties to collect the cost of providing these trips back from the NEMT program without a contracted relationship with the broker.

No ability to coordinate trips on the regional basis across different programs for efficiency

- Extensive use of volunteers by the broker saves the broker money, but does not contribute to the transportation network because other programs can't reach those volunteers.
- Forcing providers out of business and bringing in providers that only work for the broker reduces the transportation options of private citizens that would hire a taxi or pay a fare for other trips.
- Other programs depend on private providers to bid on government transportation contracts so it is necessary to develop many providers to maintain a competitive market place. The broker silos these companies because the trips are not compatible, or predictable.

Narrative doesn't match the level of concern presented by the data

Data from the audit must be considered in context for what it means to real people.

From the audit (page 62):

“A total of 40.9 percent of respondents indicated they or their children missed or had to reschedule appointments because drivers were more than 15 minutes late.”

It can take months to get another appointment. This is not addressed in the audit.

From the audit (page 62):

“...(6.4 percent) indicated that a health care provider had discontinued seeing them or their children because they had been late for, or missed, too many appointments due to drivers being more than 15 minutes late or never arriving to pick them up.”

Given how hard it is to even get an appointment with a doctor that takes Medicaid, it is a crisis when the doctor terminates the relationship with the patient. To have that happen over the ability to get an on-time ride is negligent. This is not addressed in the audit.

From the audit (page 63, Table 15):

“... 26.3% of respondents reported return trips where the drivers never returned and 56.8% of respondents reported return trips where the driver took more than 15 minutes late to return (15 minutes as the established standard).”

Would you be ok if your family member was stranded for 1 in every 4 one-way trips they took? And, how are these patients getting home and who ends up paying for it? This is not addressed in the audit.

No Local Responsiveness

From the audit (page 44):

“MTM did not meet timeliness standards in responding to over two-thirds of the 12,748 complaints it received from August 2013 through June 2014.”

Based on personal experience, MTM was most responsive to complaints when receiving calls from state legislators’ offices on behalf of their constituents. Again, that is not addressed in the audit.

Please consider that these are needs that are not being met by the current system of NEMT

- Trip Shedding & Paying Twice for the Same Services,
- No ability to coordinate trips on the regional basis across different programs for efficiency,
- Narrative doesn’t match the level of concern presented by the data, and
- No Local Responsiveness.

WURTA members work proactively to improve transit systems across the state by staying connected with legislation and issues that affect WI transportation. The provision of NEMT services is of great concern to our transportation infrastructure. Wisconsin can do better.

Sincerely,

Crystal Martin

President, Wisconsin Urban & Rural Transit Association



Greater Wisconsin
Agency on Aging Resources, Inc.

Testimony: Audit Report 15-4: Non-Emergency Medical Transportation

Thank you Co-chair Cowles and Co-chair Kerkman and members of the Joint Audit Committee for requesting this audit and for the opportunity to comment on the final report. I also want to thank the team at LAB for their diligent work to gather and compile the data on this complicated program. Congratulations on your 50 year history of high quality and unbiased work.

The data within the report quantifies many of the stories advocates have been hearing from across the state by affected members, families and providers. The recommendations address some complaint procedure issues and begins to address some policies within the program. While these can lead to some improvement within the current system structure, the data points to other systemic problems.

The payment to the broker has increased by \$11.7 million dollars since 2009. This increase is despite providers getting 4.7% less in reimbursement (pg. 23) and other providers of MA transportation like Specialized Medical Vehicles, nursing homes and Family Care MCOs seeing no increase in reimbursement since the early 90s. Unlike the broker, these MA providers only get reimbursed once they provide an actual ride. The broker gets paid regardless of the number of rides provided thereby incentivizing denial of rides (pg. 15). How will the state rectify these inequities for the provision of NEMT and instead incentivize the provision of rides?

Wisconsin has a history of strong provider networks that rely on coordination and reasonable distribution of rides. The report indicates only 10 of the 244 contracted providers in the state account for nearly 40% of the rides by the broker (pg. 24) and over half of all providers responding are dissatisfied or very dissatisfied with the program (pg. 69). These are the providers the community relies on for all transportation needs. They are the ones seeing the individual, escorting them to their appointments, developing the relationships that prevent system abuse and increase natural supports for these individuals, especially in highly rural areas. The operating model of the brokerage has disrupted the state's transportation system, not only for MA members, but anyone needing transportation including nursing home residents on MA and Family Care members who do not get their rides through the broker. If the broker is having problems securing rides in areas like Bayfield, Florence and Iron Counties (pg. 74), imagine the difficulties of anyone else trying to get a ride to a medical appointment or to work or shopping. How will our provider network be kept from deteriorating further and remain strong for anyone needing transportation throughout the state?

Oversight by DHS has improved since the implementation of the program as evidenced by the analysis of complaint rulings changed by DHS (pg. 50), however the vendor remains non-compliant on timeliness of resolving complaints. (pg. 44). The LAB finding that some complaints were substantiated despite insufficient evidence (pg. 48) highlights the need for a true third party transportation advocate. What steps will be taken to ensure 3rd party objective oversight that gives members a place to be heard and helped and gathers feedback for continual program improvement?

If you are left stranded away from home even once, how likely are you to continue relying on the transportation service that got you there? One quarter of survey respondents indicated they were not

picked from their appointment at least once. It is no wonder that of respondents, almost 7% discontinued using the program (pg. 64). How do we address the lack of reliability and customer confidence in this program that ends up resulting in people using other tax funded programs or just not seeking medical help they need?

Ultimately, this program is about ensuring health outcomes by providing the Federally-required access to Medicaid services. We hope to continue to engage with DHS and the legislature to improve this program. Transportation is complex and the report reflects some of those complexities. It provides excellent data about some of the issues we know are happening, but we must remember that each transportation provider is a WI business and each of those numbers, each trip leg, each ride is a person.

Thank you,

Carrie Porter
Transportation Specialist
Greater WI Agency on Aging Resources, Inc.
608-228-8092
Carrie.Porter@gwaar.org

Transportation for Medicaid Card Members, Long-Term Care Programs and Private Pay

	Medicaid Card Services – statewide brokerage	Nursing home residents (exempt from brokerage)	Family Care (exempt from brokerage)	IRIS	Non-Medicaid recipient
Ambulance - emergency	Available through MC & MA.	Available through MC, MA, private pay or private insurance.	Available through MC or MA.	Available through MC & MA.	Available through MC or private insurance.
NEMT Medical – Non-emergency Ambulance	Non-emergency transport available through the broker.	Available through MC, MA, private pay or private insurance.	Non-emergency transport available through FC benefit package.	Non-emergency transport available through the broker.	Available through MC or private health insurance.
NEMT Medical – Specialized Medical Vehicle (SMV)	Available through the broker using licensed/certified SMV.	MA card service available via nursing home or licensed SMV. Non-MA through private payment.	Available through FC benefit package through contracted providers.	Available through the broker as a MA card service using licensed/certified SMV.	Private pay through SMV providers.
NEMT Medical – Common Carrier	Available through the broker using contracted providers.	MA card service available via nursing home or contracted provider. Non-MA through private payment.	Available through FC benefit package through contracted providers.	Available through the broker as a MA card service.	Private pay using local providers.
Non-Medical – SMV, Common Carrier. (work, groceries, shopping)	Not available as a MA covered service.	Not available as a MA covered service. Available through private payment.	Available through FC benefit package through contracted providers if in service plan.	Available as a covered service.	Private pay using local providers.

- Apx. 80 SMV providers operate in WI, almost 50 of those operating in SE WI. This is a reduction from about 200 prior to the brokerage.
- Common carriers include taxi, volunteer drivers, transit and paratransit, and other human service providers like aging program buses.
- Nursing homes, SMV providers, and Family Care MCOs can bill the state for nursing home resident MA transportation.

NEMT = non-emergency medical transportation, MA = Medicaid, MC = Medicare, FC = Family Care, MCO = Managed Care Organization, SMV = Specialized Medical Vehicle

****The above chart is intended to clarify general transportation coverage and there may be exceptions within each category or benefit.****

ROCK COUNTY, WISCONSIN



COUNCIL ON AGING
51 South Main Street (mailing)
Janesville, WI 53545
3328 U.S. Highway 51 North (location)
608-757-5472
608-758-8472 (fax)

DATE: September 2, 2015

TO: Senator Cowles (Co-Chair)
Representative Kerkman (Co-Chair)
Representative Macco (Vice-Chair)
Senator Darling
Senator Lazich
Senator Vinehout
Senator Bewley
Representative Nygren
Representative Sargent
Representative Berceau

FROM: Molly Nolte, Rock County Mobility Manager
Joyce Lubben, Director, Rock County Council on Aging

RE: Audit Report 15-4: Non-Emergency Medical Transportation

On behalf of the Rock County Council on Aging, the Rock County Transportation Coordinating Committee, and those eligible residents of our county, we wish to express our appreciation to the Joint Legislative Audit Committee for holding this public hearing on the current state of non-emergency medical transportation in Wisconsin. We have been concerned for a very long time about the model of transportation brokerage as it has not served qualified Wisconsin residents well no matter which company holds the state contract. It is our duty to advocate for those who are unable to speak for themselves.

Earlier this year, a meeting was held with healthcare providers regarding transportation needs in Rock County, particularly transportation for hospital discharge. During that meeting, many issues came up regarding MTM's management of the NEMT program, both from transportation providers and from healthcare workers speaking on behalf of their patients. As a result, a "town hall" meeting was held with MTM executives. MTM customers, social workers, elected officials, etc. voiced their concerns about the quality of service – and in some cases no service at all – provided by MTM.

Consistent with the results of Audit Report 15-4 sections "Complaints about NEMT Services," and "Satisfaction with NEMT Services," Rock County experienced similar complaints that have occurred state-wide. (Reference pages #43-57, 59-72).

Examples of complaints include:

- transportation providers repeatedly not showing up to pick up their scheduled riders (page 62);
- transportation providers labeling customers as “no shows” when they themselves were over an hour late (pages 54, 62);
- inaccessible vehicles sent to pick up clients with walkers and wheelchairs (page 53);
- riders having to wait up to three hours to be picked up after an appointment (page 62);
- waiting on a curb for three hours for vehicle maintenance issues to be resolved (page 54);
- receiving no follow-up after a formal complaint is filed (page 44); and,
- general consensus among some senior care facilities that they no longer request transportation from MTM for their qualified residents due to past experiences (page 64).

Several months after the town hall meeting, a second meeting with the healthcare providers was held to discuss any changes they may have experienced over the course of several months. As a result, it was found that the transportation problems in Rock County were generally the same since the initial meeting, and the situation had not noticeably improved.

This meeting focused on the financial implications from a lack of reliable transportation. The group discussed the monetary value of a missed ride, causing the client to miss their doctor appointment, while the healthcare staff is standing by and being paid to wait for a patient that is not going to show up because they did not get a ride. Local hospital representatives said being unable to discharge a patient because their ride is not there is expensive. A three hour wait at the hospital is extremely costly (page 62).

Just as found in Audit Report 15-4 in subsection “Other Transportation Services,” there are cases where qualified individuals choose to privately pay Rock County Transit for transportation rather than deal with the confusing and ineffective brokerage system. This not only happens in Rock County, but state-wide. When this occurs, there is “double-dipping” of public dollars since state 85.21 funds and county tax dollars are used to subsidize these trips, all the while MTM is being paid in full for a service they did not provide. (Reference pages 28-29) Local taxpayers do not appreciate this misuse of already stretched county tax levy.

While qualified NEMT individuals have not been served well, it should be noted that self-paying individuals are also not served well since Rock County has lost transportation providers due to practices of LogistiCare and MTM. Transportation providers cannot operate a profitable business under the terms offered by these companies. This also results in a loss of jobs within the County. The poorly run brokerage system has implications beyond the NEMT program.

While Rock County’s advocacy on the NEMT issue has improved communication and follow-up with certain MTM representatives, we also maintain that many of the ongoing issues that led to Audit Report 15-4 are continuing and still need to be addressed and reconciled, not only in Rock County, but throughout the entire state of Wisconsin.



Survival Coalition

of Wisconsin Disability Organizations

101 East Wilson Street, Room 219, Madison, Wisconsin 53703
Voice: 608/266-7826 Fax: 608/267-3906

2 September 2015

To: Joint Legislative Audit Committee
Hon. Robert L. Cowles, Senate Co-Chair
Hon. Samantha Kerkman, Assembly Co-Chair

From: Survival Coalition of Wisconsin Disability Organizations

Re: LAB Report 15-4 – NEMT Services

Thank you for the opportunity to provide testimony with respect to the Audit of the Non-Emergency Medical Transportation program. I would like to present this testimony on behalf of Survival Coalition of Wisconsin Disability Organizations. Survival Coalition is interested in NEMT and the audit because its member organizations have had significantly increased work due to problem with the system in the past several years.

There are more than 650,000 people with disabilities living in Wisconsin. 224,000 of them are eligible for Medical Assistance under the "EBD" benefit. Others are eligible as childless adults or under other eligibility categories. Most are unable to get medical care and other services without transportation assistance and have had difficulties getting that assistance under the brokerage. In addition, our members are concerned about the impact the NEMT brokerage has had on the system of SMV and common carriers providing rides of all types for people with disabilities in the state and its ability to continue its level of service.

Several questions struck us in reviewing the Audit. Perhaps the most significant result from the fact that DHS and the broker rely on contractor reports as shown in the report. These reports count only "substantiated complaints" on service deficiencies¹. This practice under-counts ride denials, vehicle no-shows and other problems for several reasons, perhaps most importantly because not everyone experiencing a denial or other service problem files a complaint for each problem.

The audit, however, shows two other methods to provide a more accurate count on service deficiencies. In some cases, LAB staff reviewed ride data to determine service deficiencies. The audit bureau also sent surveys to a sample of people who used NEMT services between January and June 2014. (p. 59) They received 773 responses. The surveys identified service problems, their impact on consumers and

¹ "We found that MTM does not directly measure the percentage of complaint-free trips. Instead, it estimates the percentage of trips with substantiated complaints by dividing the total number of substantiated complaints it receives by the total number of completed trips. Data that would allow us to calculate a more precise percentage of complaint-free trips were not readily available." Audit Report at 45

satisfaction, among other topics. We focus on three types of problems in this testimony: Service denials, "No-shows" and late pick-ups.

We can compare performance data identified by the consumer survey with complaint data to estimate performance issues. From this analysis, it appears that the reporting system used by DHS and MTM for reporting ride denials substantially under-reports problems such as ride denials and vehicle no-shows.

- The report discloses 942 substantiated complaints where MTM failed to schedule a ride in its first 11 months. (p. 47)
- Survey results show these substantiated complaints undercount ride denials.
 - 222 of 773 survey responses (29%) were people "told they were not able to receive a ride or be reimbursed for a ride for themselves or their children..." (p. 59-60)
 - "Most" of these were "because they had not called more than two business days in advance to schedule transportation for a non-urgent appointment, as required, or because the trip was not to a service covered by Medical Assistance." (p. 60)
- Approximately 69,300 people used NEMT during those 11 months (p. 12).
 - Applying the survey percentages to this population, there were likely more than 19,900 (29%) people told they were not able to receive a ride reimbursed by the program.
 - The bureau did not state how many of the ride denials were explained by program conditions but from the reported information, as many as 9,750 (49% of those "told") were eligible for ride.

Looking at the data on number of times people were "told they were not able to receive a ride..." during MTM's first 11 months², the survey information indicates significantly more ride denials than substantiated complaints. MTM's report of 942 consumer substantiated complaints of "No Vehicle Available" may count under 10% of trip denials to eligible riders when compared with survey results.

The LAB also looked at instances where no vehicle came after being scheduled with MTM and the consumer ("no-shows").

- The report identifies 2,262 substantiated complaints under the category "Driver Never Arrived" in the first 11 months of its contract (p. 47)
- The report also indicates that bureau staff identified 4,154 substantiated complaints where MTM contract providers failed to show for a ride in its first 11 months. (p. 77)

The participant survey showed that 42.8% of responding consumers missed or rescheduled appointments because the driver never arrived during the first 6 months of 2014. (p. 62) Extended to the number of NEMT users, this would mean many more users missed or rescheduled at least one appointment due to no-shows. As with failures to schedule a ride by MTM, counting substantiated complaints substantially undercounts actual no-shows.

² 8.7% 1 time, 9.6% 2 times, 5.0% 3 times, 7.7% 4 or more times. (p. 61)

The report included information on late trips that shows a similar pattern to failures to schedule a ride and vehicle no-shows.

- During the first 11 months of MTM's contract, MTM reported 2,011 substantiated complaints that a driver was late. (p. 47)
- During the same period, the bureau found, excluding return trips and those deemed "apparently erroneous," transportation providers reported arriving: more than 15 minutes late for 55,320 trips (8.7 percent); more than 30 minutes late for 22,507 trips (3.5 percent); and more than 60 minutes late for 5,648 trips (0.9 percent). (p. 80)
- Complaints identified less than 4% of the late trips LAB staff identified using system data provided by MTM.
 - During this period, LAB found these late pick-ups resulted in 11,218 trips arriving more than 15 minutes late for an appointment. (p. 80)
 - LAB also found that 47.1% of surveyed recipients were late for at least one appointment and 40.9% missed or had to reschedule at least one appointment because the ride arrived late for pick-up from January through June 2014. (p. 62)

Both the bureau's analysis and survey results extended to the number of riders show that "substantiated complaints" provides a seriously inadequate measure of late trips.

The report shows that the use of "substantiated complaints" to assess contract performance significantly undercounts the failure of the broker and its contractors to provide rides as required by the contract. *In addition to the recommendations provided by the bureau in its report, the committee should recommend that the Department of Health Services require the broker to report more information on denial of any trip request and use that information to assess contract performance. The committee should also clarify that the recommendations on p. 81 of the report regarding vehicle no-shows and late pick-ups must be based on actual performance rather than reports of substantiated complaints.*

DHS indicated the use of a transportation broker is intended to accomplish several goals, including:

- improving access to and the quality of NEMT services statewide;
- providing for the uniform application of NEMT policies across the state;
- reducing costs by ensuring travel is provided through the most economical mode of transportation; and
- reducing instances of fraud and abuse. (p. 15).

One can quibble about whether all of these goals are sufficient or the most significant. How well the program achieved any of these goals is not well demonstrated in the report. Moreover, the report demonstrates that the cost of this program has substantially increased the cost of non-emergency rides for those not enrolled in long-term care programs. (p. 22)

The report virtually ignores the payment system in which the broker is paid per eligible person. The state pays the broker for all non-emergency rides, including those for which a consumer does not receive a ride or a timely ride. This payment

system creates a perverse incentive to discourage consumers from obtaining rides through the broker.

We have ignored provider-side issues and the impact of this program on the systems of common carrier and SMV providers in this testimony. Those issues merit further study because they are crucial to the long-term success of programs such as NEMT services. In light of the information presented in the report, broader recommendations are necessary to ensure that the state's MA beneficiaries actually receive the service for which the state is paying.

Thank you for considering these recommendations and for supporting access to medical services for people with disabilities who are eligible for medical assistance.

Survival Co-Chairs:

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* * *

Survival Coalition is comprised of more than 30 statewide disability organizations that advocate and support policies and practices that lead to the full inclusion, participation, and contribution of people living with disability.



WISCONSIN BOARD FOR PEOPLE
WITH DEVELOPMENTAL DISABILITIES

September 2, 2015

Joint Legislative Audit Committee

Senator Robert Cowles, Co-Chair
Room 118 S, State Capitol
Madison, WI 53707

Representative Kerkman
Room 315 N, State Capitol
Madison, WI 53708

RE: Non-Emergency Medical Transportation Audit

Dear Co-Chair Cowles, Co-Chair Kerkman and members of the committee:

Thank you for your examination of the Non-Emergency Medical Transportation (NEMT) program audit. The Wisconsin Board for People with Developmental Disabilities (BPDD) requests that our testimony be entered into the record.

Transportation in general is consistently identified as the number one challenge impacting employment options and independent living by people with disabilities. The more narrowly focused NEMT program, which provides rides to and from medical appointments, is a frequent source of frustration.

When rides don't come or are late, it can cause other disruptions in an individual's life, and a ripple effect that touches families, in-home care providers, and medical professionals. This is more than an inconvenience.

An example from this spring that BPDD has become aware of illustrates the consequences of administrative failure. A young woman with a disability from Green Bay owns her own client focused business, she also has a medical condition that needs a specialist's attention. The closest specialist is in Milwaukee, a 2.5 hour ride away. Due to patient demand, the availability of the specialist is limited and the earliest available appointment is scheduled weeks in advance. The young woman clears her schedule for that day—which means she is not able to serve clients or run her business—and arranges for an NEMT ride.

Her personal care worker accommodates the appointment by adjusting their schedule, which in turn means the personal care agency has to ensure that any adjustments do not result in disruption or late service for other clients. The NEMT pick up time comes and the ride does not arrive. After several calls to ask about the ride, it arrives an hour late for a two and half hour drive to Milwaukee. The NEMT ride arrives at the hospital an hour late for the appointment. The specialist has had to move on to other patients with scheduled appointments; there is no ability to reschedule for that day. NEMT does not arrive to pick up the woman. After several more calls and waiting for two hours another NEMT ride arrives to transport her back to Green Bay. At the end of a 10 hour day, access to medical care was not achieved, the specialist lost time that could have been scheduled for

another patient, and the patient—in addition to having to repeat the same attempt at getting to another appointment in the future—lost time and wages.

BPDD believes that the incidences of substantiated complaints and service deficiencies may not reflect the total number of incidences that occur. We are aware of some people with disabilities who have expressed such frustration with NEMT that they no longer file formal complaints with MTM. Nevertheless, there are important findings in the audit, which we have summarized below.

- From August 2013 through June 2014, LAB found **55,320 instances** in which transportation providers arrived more than 15 minutes late to take recipients to their appointments.
- LAB found that from August 2013 through June 2014, MTM was **unable to schedule 942 trips** for recipients because no vehicle was available, including at least 164 trips in which recipients had called three or more business days in advance of their appointments.
- From August 2013 through June 2014, LAB found **4,154 instances** in which a transportation provider did not arrive to transport a recipient to an appointment or to provide a ride home, including 2,026 trips (48.8 percent) that were scheduled three or more business days in advance.
- Transportation providers reported arriving **more than 15 minutes late for 55,320** (8.7 percent) of the trips they provided from August 2013 through June 2014 to recipient appointments. Of these trips, 20.3 percent resulted in the recipients being more than 15 minutes late for their appointments.
- Of 103,431 calls made to MTM's call center in June 2014, 14.3 percent (or **14,480 calls**) were abandoned before they were answered.

It is unknown how many of 942 trips that were unable to be scheduled, the 4,154 instances where a scheduled ride did not arrive, or the 55,320 instances where riders arrived more than 15 minutes late resulted in medical care not being delivered or an appointment that was unable to be fulfilled that day. Given the volume of patients scheduled, we assume many of these instances resulted in appointments that needed to be rescheduled.

BPDD assumes there are costs to hospitals when medical professional's time is not used and a cost to other patients who could have been scheduled in place of a no-show. Since NEMT is billed on a per ride basis, any rides that do not show or arrive late causing patients to miss appointments cause additional billed rides to be needed.

The Legislative Audit Bureau identified several recommendations in its audit report; BPDD supports these and recommends the committee also require the *Department of Health Services to require the broker to report on the reason for denial of any trip request and use that information to assess contract performance. The committee should also clarify that the recommendations on p. 81 of the report regarding vehicle no-shows and late pick-ups must be based on actual performance rather than reports of substantiated complaints.*

In addition to the recommendations of the audit, BPDD believes that other methods of billing and transportation delivery outside of the broker may be worth consideration to improve the ability for people with disabilities to access health care:

- **Direct DHS to implement "Pay for Performance" billing for all NEMT rides.** Currently the broker is paid for all rides, regardless of whether the ride shows up or gets a rider to their destination late. BPDD recommends no payment be made if a ride does not show, and a sliding scale penalty be imposed that reduces payment the later the ride is with no payment due if the ride results in a patient missing a scheduled appointment.

- Explore the allowance of health care facilities to coordinate and schedule their own NEMT rides in conjunction with the appointments they set up.
- Explore Uber/Lyft drivers as acceptable Medicaid payees.
- Explore use of Medicaid dollars to purchase fare cards. Public transit systems are generally a lower-cost alternative than other Medicaid funded single-ride/single-purpose programs. For individuals with access to accessible public transportation, fare cards may offer individuals the ability to determine and stick to their own schedule.

The BPDD is charged under the federal Developmental Disabilities Assistance and Bill of Rights Act with advocacy, capacity building, and systems change to improve self-determination, independence, productivity, and integration and inclusion in all facets of community life for people with developmental disabilities. Our role is to seek continuous improvement across all systems—education, transportation, health care, employment, etc.—that touch the lives of people with disabilities. Our work requires us to have a long-term vision of public policy that not only sees current systems as they are, but how these systems could be made better for current and future generations of people with disabilities.

Thank you for your consideration,

A handwritten signature in cursive script that reads "Beth Swedeen".

Beth Swedeen, Executive Director
Wisconsin Board for People with Developmental Disabilities

Written Testimony to the Joint Legislative Audit Committee
Regarding the Non-Emergency Medical Transportation (NEMT) Audit
Submitted on Behalf of the Brown County Transportation Coordinating Committee (TCC) by
Brown County TCC Chairperson Cole Runge
September 2, 2015

On June 8, 2015, the Brown County Transportation Coordinating Committee (TCC) discussed the report issued in May by the Legislative Audit Bureau regarding its review of the provision of Non-Emergency Medical Transportation (NEMT) services to Medical Assistance (MA) recipients. The TCC also discussed the response to the report from the Wisconsin Department of Health Services (DHS).

It was the consensus of the TCC members who were present at the June 8 meeting that the Legislative Audit Bureau's review was thorough. However, the members were concerned that the recommendations for addressing the problems identified during the review will not result in Medical Transportation Management, Inc. (MTM) improving many of its services to NEMT clients. It was also the consensus of the members that the DHS's responses to the review's recommendations are concerning for the same reason. The TCC members' specific concerns are summarized below.

Late Pick-Ups and Vehicle No-Shows

In a letter from the TCC to the Legislative Audit Bureau dated November 5, 2014, it was stated that one of the most significant problems experienced by NEMT clients is arriving late for or missing medical appointments because their scheduled rides arrive late to pick them up or do not arrive at all. The letter also stated that these late pick-ups and vehicle "no-shows" have resulted in clients being dropped by their medical providers because they did not arrive for their appointments on time or missed the appointments altogether.

The NEMT review report acknowledges that late pick-ups and vehicle no-shows occurred thousands of times throughout the state during the August 2013 through June 2014 review period. The report also states that:

- DHS's rationale for not including vehicle no-show reduction efforts in a corrective action plan was incorrect based on the terms of its contract with MTM.
- Health care appointments missed because of late pick-ups and vehicle no-shows are as harmful to clients as other MTM performance problems for which liquidated damages have been assessed.

- The statewide client survey conducted during the review confirmed that many clients who arrived late for or missed their appointments because of late pick-ups and vehicle no-shows have been dropped by their medical providers.
- Health care appointments that are missed because clients arrive late or do not arrive at all could increase the state's Medical Assistance costs.

The report then recommends establishing standards for the number or percentage of late pick-ups and vehicle no-shows, developing a corrective action plan, and reporting the results of these efforts to the Joint Legislative Audit Committee by December 1, 2015.

Although these recommended actions *may* correct this significant client service problem, the TCC members present at the June 8 meeting were concerned that the report does not recommend that DHS use incentives and/or penalties to maximize the likelihood that MTM will correct this problem. The members were also concerned that DHS's intention to only establish and monitor MTM's compliance with new metrics regarding late rides and no-shows will not be enough to prompt MTM to correct this problem.

Other Concerns

The TCC's November 5, 2014, letter also stated that TCC members have been told by clients, their caregivers, or other specialized transportation coordinators that:

- The trip scheduling process typically takes a long time to complete.
- The number and types of questions that are asked of each potential rider before a trip is authorized appear to be designed to discourage eligible clients from taking Medicaid-funded trips.
- Clients and transportation providers feel they are often blamed for missed trips that appear to have been caused by problems with MTM's client authorization, trip scheduling, and transportation provider assignment processes.

The TCC members present at the June 8 meeting were concerned that the review report does not recommend specific actions that will maximize the likelihood that these problems will be adequately addressed. DHS's response was also concerning to the members because the department indicates that it only intends to explore developing additional call center performance standards and work on incorporating the review's recommendations into its complaint process.

The TCC members present at the June 8 meeting expressed their strong support for DHS developing and implementing effective methods of correcting these and other client service problems that were identified during the NEMT review. The members also strongly supported the review's recommendation that DHS report the results of its efforts to reduce late pick-ups and vehicle no-shows as well as the effectiveness of its caller hold time corrective action plan to the Joint Legislative Audit Committee by December 1, 2015.

Thank you for your efforts to improve the provision of NEMT services in Wisconsin.