

January 11, 2018

By E-Mail

Commissioner Roderick Bremby  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105

**Re: Request for Reinstatement of NEMT Quality Assurance Committee**

Dear Commissioner Bremby:

The Department has unilaterally dissolved the Quality Assurance Committee for the Non-Emergency Medicaid Transportation program (NEMT). Given the performance history of the prior vendor, and the long-standing failure of the Department to provide requisite oversight of the NEMT program, and given that the NEMT program is costing the state over \$160 million, the undersigned coalition of Medicaid advocates, consumers and providers write to request that you immediately reinstate the Committee for the reasons provided below.

Quality Assurance Committee

The Quality Assurance Committee of the NEMT program functioned as an accountability body during the life of the prior NEMT contract. The committee was comprised of all sectors of the community that participate in the NEMT program – patients, health care providers, livery (taxi cab) companies, advocates for patients, the Department and the transportation vendor. The Committee met monthly and identified systemic problems, discussed solutions, and provided joint recommendations for policy change, forms, etc. It should be noted that your agency credited the Committee with making significant improvements in the program and, in your letter dated March 23, 2017, you stated “...the Department regards it as essential to convene the Quality Assurance Committee as currently constituted....”, available at <https://ctlegal.org/sites/default/files/files/Bresponse.pdf> (emphasis added).

Deficiencies in DSS Oversight of NEMT Vendor

As you are surely aware, performance problems plagued the prior vendor from the inception of the last contract. Medical directives for transportation were ignored, patients and health care providers experienced long wait times for call center staff, rides were late, rides did not show at all, patients were left stranded, medical providers could not predict when patients would arrive at an appointment, and livery companies were given inaccurate information. The failure to perform resulted not only in inconvenience, but also put patients’ health in jeopardy and resulted in higher costs to the state when medical complications resulted from denied access to early intervention.

The Department failed to provide effective oversight and did not take sufficient action to effectuate improvement in the program. The Department ignored, and failed to disclose, a report by Mercer, Inc. (commissioned by the Department) that noted serious flaws in patient service, compliance with contractual requirements, and data collection. Further, despite feedback from health care providers, patients, advocates and legislators, the Department refused to issue an RFP as the last contract period was coming to a close. The ensuing RFP process, which resulted at least in part from the poor performance by LogistiCare and minimal oversight from DSS, was

unique in Connecticut politics: despite the continuing opposition of the Department, the legislature passed legislation requiring the issuance of a new RFP by unanimous vote; the Governor vetoed the legislation; and, in a historic action, the legislature overrode his veto.

### History of NEMT Oversight or Supervision

From its inception, the Department did not effectively support the mission of the contractually-mandated Quality Assurance Committee. Rather than ensuring that the Committee operate as an independent body, DSS allowed the then-vendor, LogistiCare, to schedule and run the meetings at their headquarters, set the agenda, take the minutes and decide who was allowed to attend the meetings (in violation of the Freedom of Information Act). Despite objections, the Department initially refused to alter this structure and decreed that monthly meetings would be reduced to a bi-monthly schedule and that LogistiCare would continue its administrative role in organizing and controlling the meetings. It was only after a letter to you by advocate members on October 27, 2016 that you conceded that advocates were correct and that the meetings should not be controlled by LogistiCare -- the entity whose work was being evaluated -- but rather by the Department, *see* Letter dated November 10, 2016, available at <https://ctlegal.org/sites/default/files/files/ACresponse.pdf>.

### Quality Assurance Committee Input Essential Under New Contract

Input from the diverse members of the Quality Assurance Committee is essential as we transition to a new broker. Committee members have valuable insight into the successes and failures under the old contract and are a valuable tool for trying to make the system work effectively.

Moreover, numerous serious concerns have come to very public light regarding Veyo's performance failures in **other** states: - failure to provide transportation, failure to appear in a timely fashion, undercutting of taxi reimbursement, etc. (*see* <http://www.spokesman.com/blogs/boise/2017/oct/30/veyo-ending-its-70m-medicaid-transport-contract-idaho/> ; <http://www.idahostatesman.com/news/politics-government/state-politics/article181721806.html> ).

These performance issues must be given close attention by a body dedicated to overseeing the functioning of the program. Moreover, Veyo is relying on an Uber-style transportation model, using drivers who are not required to meet the rigorous requirements for drivers employed by livery companies, which is untried and untested in Connecticut, and one that has caused a series of problems in other states. Such a model must be monitored to evaluate patient safety and driver performance.

Finally, DSS chose to transition to a capitated reimbursement model, a reimbursement plan that requires a heightened level of scrutiny. Under this model, Veyo receives a lump sum per Medicaid patient. Any funds that are not spent on patients are retained by Veyo. The concern is that this creates an incentive to the vendor to provide **less** service so as to generate higher profits. This concern is heightened by Veyo's use of unregulated Uber-style drivers. Oversight is key to ensure that patients are receiving the services to which they are entitled pursuant to federal mandate.

## The Quality Assurance Committee is the Only Existing Committee that Performs Meaningful Accountability for the NEMT Program

The unilateral decision of the Department to abolish the Quality Assurance Committee is detrimental to patients, health care providers, livery companies and everyone involved in the NEMT program. When pressed as to why the elimination was occurring, the response has ranged from 1) MAPOC already has this role, to 2) a new Medicaid members-only Committee will be formed, and 3) Veyo itself will organize and control a new Committee.

The MAPOC has an essential, but very broad, oversight function for all the varied and complex components of the Medicaid programs. During 2017, NEMT was on the MAPOC agenda one time and the discussion lasted thirteen (13) minutes. NEMT will clearly continue to be a component of MAPOC's oversight responsibilities, but the minutia of the operational components of the NEMT program (forms, phone systems, wait times, communication systems, family transport policies, how data is collected, recommendations for improvements based on patient experience, etc.) is beyond the scope of the MAPOC. Moreover, meaningful oversight requires active communication among **all** stakeholders to achieve program improvement. This format does not exist within the MAPOC structure and not all players (for example, the livery companies) serve on MAPOC or any of its subcommittees.

With regard to the suggested alternative of a "patient only" committee, the Department has proved that it cannot be relied upon to effectively develop such an entity. The Department has been tasked with identifying client/recipient members to serve on the Quality Assurance Committee over the four-year active life of the Committee, but has consistently failed to recruit even one active member to regularly attend. Medicaid consumers should be directly involved in any oversight body, but, in order to forge meaningful solutions to NEMT issues, Committee membership necessarily must include all knowledgeable stakeholders.

Finally, reverting to a committee structure where the broker is in charge of its own oversight, a structure you rejected for NEMT in your letter of November 10, 2016 (link provided above), results in a hollow system of "the fox guarding the henhouse." Veyo cannot dictate to and control a committee whose task is oversight of Veyo.

## Conclusion

The NEMT program must have ongoing and effective oversight. If there was ever proof of this need, it is the first two weeks of the 2018 Veyo contract – disabled patients are being denied appropriate modes of transportation in violation of state and federal law, patients aren't getting to appointments, health care providers and patients are experiencing inordinately long phone wait times, patients and health care providers are being given incorrect information, and Veyo's new forms are both internally inconsistent and incorrect with regard to Medicaid law. The state is once again putting the health of its citizens at risk. And, as you noted, even under the previous non-risk contract, the QA Committee was "essential to convene ... as currently constituted." (March 23, 2017 letter, linked above).

Accordingly, we urge you to immediately reinstate the QA Committee and its monthly meetings. If you are unwilling to take this basic step, we intend to pursue legislation establishing a truly independent oversight entity over the Department's NEMT program.

Thank you for your attention to our continuing concerns. Please respond to Bonnie Roswig at [BRoswig@cca-ct.org](mailto:BRoswig@cca-ct.org) or (860) 545-8581.

Respectfully yours,

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