

Thank you for the opportunity to provide written testimony on the FY 2024 Health and Medicaid budget. We are writing to urge the Legislature to exclude the Managed Long-Term Care (“MTLC”) population from the non-emergency medical transportation (“NEMT”) Broker system in the enacted budget for FY 2024.

Background:

Non-emergency medical transportation (NEMT) is an important benefit for people who need assistance getting to and from medical appointments. NEMT is a covered benefit for Medicaid consumers, and offers transportation services to patients who face extraordinary barriers getting to their medical appointments. Those barriers can include not having a valid driver’s license, not having a working vehicle in the household, being unable to travel or wait for services alone, or having a physical, cognitive, mental, or developmental limitation.

Transportation is a core social determinant of health, or factor that impacts patient health that is not linked with disease burden or genetic makeup. The social determinants of health account for about 40 percent of patient health, according to a 2017 AHA [report](#), meaning that supporting patient transportation can have a serious impact on patient wellness. Missed appointments seriously impact patient health. Patients who miss appointments may see their health and wellness deteriorate. As a result, healthcare costs can increase. Patients who manage a chronic illness, for example, need to attend their regular check-ins with their providers. These check-ins ensure the patient’s condition has not worsened and activate any kind of preventive

care necessary to reduce the likelihood of a costly medical event. When a patient cannot attend these appointments, they are at risk of getting sicker and costing more healthcare dollars.

Likewise, managed long term care (MLTC) is a system intended to streamline the delivery of long-term care services to those that are chronically ill or disabled and have the ability to safely remain in the community with services and supports in lieu of admission into a nursing home (own home or community-based setting). There are four general types of MLTCs in New York State: Partial Capitation Plans, Program of All-Inclusive Care for the Elderly Organizations (PACE), Medicaid Advantage Plus, Fully Integrated Duals Advantage (FIDA) with approximately 250,000 members statewide.

The Medicaid Redesign Team (MRT) II, convened in 2020, authorized the Department of Health to create a statewide broker system and to procure a broker for such system. Unlike past models, where MLTC was carved out of the mainstream Medicaid population, MRT II required the statewide broker to furnish care to the MLTC population. The transition from MLTC to a statewide broker is scheduled for 2023. MLTC is a highly specialized, medically fragile population and grouping them with the overall Medicaid population would result in profound implications & unintended consequences such as hospitalizations, avoidable ED use, institutionalizations (\$10 - \$15K per month), and decreased enrollee satisfaction at a much higher cost to the Program.

Seniors in MLTC plans are highly fragile and utilize non-emergency medical transportation much more frequently than mainstream Medicaid members. Seniors in MLTC are eligible for nursing home care; in fact, adherence to recurring doctor's appointments is one of the ways that MLTC plans keep such seniors out of nursing homes. Further, changes to the quality and

effectiveness of NEMT service delivery will be at risk. There is a potential for longer call center wait times, decreased ability to schedule same day or next day trips, and less community and plan-based interventions. High-acuity patients and vulnerable populations have the potential to be overlooked, particularly since management of MLTC transportation services have not been administered through the transportation manager program to date. This could lead to increased and avoidable hospital visits, increasing the overall cost of care, and the potential for the increased utilization of institutional settings, which often carry a significant cost. Moreover, transportation broker programs have been highly problematic in other States (see Appendix 1) which have led to major complications for the Medicaid population.

This can be seen in the drastically different standards of care between MLTC plans and Fee-for-service (FFS) Medicaid, with MLTC held to a much higher standard:

- Eligibility:
 - Mainstream Medicaid is a means-based program; income eligibility is the only standard.
 - MLTC eligibility requires recipient be elderly, frail, chronically ill, or disabled and are dependent on transportation for life sustaining medical services – If it weren't for the MLTC program, the recipient would be in a nursing home setting (please see our MLTC program overview for a comprehensive discussion on eligibility).
- Accountability:
 - Under FFS the only applicable penalties are based on Call Center Standards (3 minute ASA) and prior authorizations. No considerations are made based on acuity of customer.
 - Under MLTC program contracts, in addition to call center and prior authorization penalties, numerous penalties exist based on performance / service quality & delivery / reporting:
 - 90% of members must be dropped off within 15 minutes of scheduled arrival or \$5,000 penalty;
 - 90% of customers must report transportation satisfaction or \$5,000 penalty;

- Less than .5% complaint ratio in markets with over 500 trips per month or \$5,000 penalty;
 - No more than .9% of scheduled trips can result in a missed appointment or transportation failure or \$5,000 penalty;
 - Complete and accurate utilization data for all programs and markets by the 15th of the following month or \$1,000 penalty.
- Driver Validation and Compliance:
 - Under FFS program, transportation providers are only required to have TNC/TLC license (NYC) and to follow local municipal regulations for Livery or DOT credentialing for Ambulette to obtain Medicaid ID Number.
 - Under MLTC program, in addition to FFS requirements, the following are required -- Monthly OIG/OMIG provider checks, Federal/State background check on drivers, SAM database check, 5 panel drug test.
 - Call Centers:
 - Under FFS, 95% of calls taken by the call center must be answered within 3 minutes or less.
 - Under MLTC, 80-85% of calls must be answered within 30 seconds. The abandonment rate of calls (i.e., lost, hung up, unanswered) must be less than 5%. Customer complaints of call center quality must be less than 1% of all calls for the month.

When MRT II transitioned the MLTC population into the statewide broker procurement, it did so strictly for cost savings purposes. MRT II's shift to a statewide broker model was intended to save nearly \$100M to help reduce \$4 billion in projected overspending in the Medicaid program. The MLTC carveout portion of that fiscal was estimated to be \$12M; however, a per capita distribution of savings would mean that the MLTC carveout costs a mere \$3.8M. Thanks to changes to the Global Cap methodology, Medicaid spending is projected to pierce the Global Cap and therefore the sole reason for combining the MLTC population with the Mainstream Medicaid population no longer exists.

Recommendation:



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We urge you to carve out the MLTC population from the statewide broker model in order to ensure a higher quality of service with greater accountability for MLTC members.

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Appendix 1: Brokerage Model Transition Examples

Rhode Island

1. NBC 10 I-Team: Transport company hears from frustrated drivers, passengers
 - a. <https://turnto10.com/i-team/nbc-10-i-team-transport-company-hears-from-frustrated-drivers-passengers>
2. '38 days of hell': Nursing home advocates lambast Medicaid transporter
 - a. <https://www.mcknights.com/news/38-days-of-hell-nursing-home-advocates-lambast-medicaid-transporter/>
3. Complaints against RI's medical transport company top 400
 - a. <https://www.wpri.com/call-12-for-action/complaints-against-ri-s-medical-transport-company-top-400/1763182782>
4. Committee addresses medical transport company amid hundreds of complaints
 - a. <https://www.wpri.com/news/local-news/providence/committee-addresses-medical-transport-company-amid-hundreds-of-complaints/1763921880>
5. "Someone is going to die." Lawmakers hear dramatic testimony on MTM controversy
 - a. <http://www.abc6.com/story/39929387/lawmakers-hear-dramatic-testimony-about-medical-transportation-company>
6. Blind man says transportation company left him stranded overnight
 - a. <https://www.wpri.com/call-12-for-action/blind-man-says-transportation-company-left-him-stranded-overnight/1779288496>
7. Medical transport company to pay \$1 million for poor service in Rhode Island
 - a. <https://www.providencejournal.com/news/20190228/medical-transport-company-to-pay-1-million-for-poor-service-in-rhode-island>



Arkansas

1. State cuts ties with Medicaid ride provider; too many missed appointments in first month of contract, letter says
 - a. <https://www.arkansasonline.com/news/2019/jan/18/state-cuts-ties-with-medicaid-ride-prov/?news-arkansas>
2. Arkansas seeks \$3.7M over botched transportation contract
 - b. <https://www.arkansasonline.com/news/2019/feb/23/arkansas-seeks-3-7m-over-botched-contra/>

Connecticut

1. New Transportation Contractor for Medicaid Patients Swamped With Complaints
 - a. <http://www.courant.com/news/connecticut/hc-news-medical-rides-medicaid-problems-persist-0113-story.html>
2. CT patients speak out about state medical transportation
 - b. https://www.wfsb.com/news/ct-patients-speak-out-about-state-medical-transportation/article_10fea427-8280-5a9d-a5d6-7c69bae2d4aa.html
3. Rough First 2 Weeks For State's New, \$140M Medicaid Transportation Vendor
 - c. https://www.ctnewsjunkie.com/archives/entry/20180115_rough_first_weeks_for_new_140m_medicaid_transportation_vendor/?utm_source=CTNewsJunkie+Main+List+With+Publication+Groups&utm_campaign=0f96f26e2e-MCP-2018&utm_medium=email&utm_term=0_a493d2308d-0f96f26e2e-92887421&mc_cid=0f96f26e2e&mc_eid=8bdeb3e376
4. Officials Say Medical Transport Company Data Doesn't Match Experience
 - d. https://www.ctnewsjunkie.com/archives/entry/2018212_officials_say_medical_transport_company_data_doesnt_match_experience/
5. Patients continue to raise concerns over state's medical transportation service
 - e. https://www.wfsb.com/news/patients-continue-to-raise-concerns-over-state-s-medical-transportation/article_2395238f-2792-5f8a-8e0d-2d1cf552245e.html

6. Client Says State's Medical Transportation Contractor Is Unreliable
 - f. <https://www.nbcconnecticut.com/on-air/as-seen-on/Client-Says-States-Medical-Transportation-Contractor-Is-Unreliable-477404033.html>
7. Medicaid transportation firm fined for long wait-times for pick-ups
 - g. <https://ctmirror.org/2018/06/20/medicaid-transportation-firm-fined-long-wait-times-pick-ups/>
8. Medical transportation firm continues to leave patients waiting
 - h. <https://www.theday.com/article/20180719/NWS01/180719314>
9. Complaints Stream In Against Embattled Broker Of Medical Rides; Patients Stranded, Rides Missed
 - i. <http://www.courant.com/news/connecticut/hc-news-medical-transport-complaints-0719-story.html>

Idaho

1. Medicaid transportation management change raises concerns
 - a. <http://www.nwcn.com/news/local/medicaid-transportation-management-change-raises-concerns/246609643>
2. Idaho Reports: State-contracted medical transport services spur complaints, safety issues
 - b. <http://www.spokesman.com/blogs/boise/2017/jan/26/idaho-reports-state-contracted-medical-transport-services-spur-complaints-safety-issues/>
3. Medical transport services result in complaints over safety issues
 - c. <https://idahoreports.blogs.idahoptv.org/2017/01/26/medical-transport-services-result-in-complaints-over-safety-issues/>
4. Patients losing patience with non-emergency medical transport services

- d. <https://www.wptv.com/news/local-news/investigations/patients-losing-patience-with-non-emergency-medical-transport-services>

- 5. Woman's dangerous experience after Medicaid transportation service 'no show'
 - e. <https://www.kivitv.com/news/woman-s-dangerous-experience-after-medicaid-transportation-service-no-show->