



October 12, 2017

Transportation Advisory Council
Attn: Tip Pom, NEMT Contract Monitor
Bureau of Benefits Management
Division of Medicaid Services
State of Wisconsin Department of Health Services

Dear Tip:

Thank you for the opportunity to provide public comments on improving the NEMT program. The Wisconsin Board for People with Developmental Disabilities (BPDD) supports adjusting the Request for Proposal (RFP) requirements to solicit NEMT bidders best suited to improve NEMT services. BPDD supports the recommendations offered by Survival Coalition and the NEMT Alliance.

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. When preventive or routine care has to become emergency because the person is unable to get to appointments, it also can harm their health and lead to costly medical expenses.

There are costs to hospitals¹ 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 appointments² cause additional billed rides to be needed.

To illustrate the consequences NEMT broker's administrative failures cause for real people with disabilities, consider this incident reported to us by a young woman with a physical disability from Green Bay who 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 and arranges for an NEMT ride.

¹ A 2008 study quantifies the cost to hospitals incurred from missed appointments. The study examined 10 years of data and concluded that no-shows pose a major burden on the health care industry and cost an average \$196 per patient (\$14.58 M across the 10 clinics studied) in 2008. The no show rate across 10 hospitals averaged almost 19%, and resulted in an average of 33,098 no shows per year for primary care visits. (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4714455/pdf/12913_2015_Article_1243.pdf) In a 2013 analysis of 25 studies, Gerber and colleagues found that 10 to 51 percent of patients reported that lack of transportation is a barrier to health care access. In addition to concerns about patients' health, those absences can also be expensive for medical institutions, which lose revenue from the missed appointment. (<https://khn.org/news/medical-providers-try-uber-lyft-for-patients-with-few-transportation-options/>)

² According to an April 2017 article in Modern Healthcare, about 3.6 million people miss necessary medical care every year because they can't get to their appointments. (http://www.modernhealthcare.com/article/20170420/NEWS/170419851?utm_campaign=socialflow&utm_source=facebook&utm_medium=social)

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 incidents that occur. We are aware of people with disabilities who have expressed such frustration with NEMT that they no longer file formal complaints with the broker.

Within the RFP process, BPDD recommends the Department include the following billing reforms and quality control expectations and evaluate bidders based on those performance expectations:

- **Billing Reform:** Pay the brokerage for successful trips (rather than per capita). Currently the NEMT broker is paid for all rides, regardless of whether the ride shows up or gets a rider to their destination late. This approach does not incentivize the broker to successfully perform the services for which they are contracted. BPDD recommends including a “Pay for Performance” clause within the NEMT Contract could state that 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.
- **Quality Control:** Require the broker to report on the reason for denial of any trip request and use that information to assess contract performance.
- **Quality Control:** Require vehicle no-shows and late pick-ups data must be based on actual performance rather than reports of substantiated complaints.
- **Quality Control:** Oversight must include performance measurement rather than counting complaints for determining NEMT compliance. BPDD recommends measuring the rate at which members requesting NEMT actually get to the health care facility and whether they arrive to their destination on time for their appointment.
- **Quality Control:** Independent oversight and quality assurance are vital to ensuring safety, timeliness, and quality of these services. BPDD recommends the RFP specify that tracking and analysis of NEMT consumer complaints will be contracted independently from the broker providing NEMT services.
- **Provider Capacity:** Connection to non-traditional transportation providers (ride-sharing services, volunteer driving programs, medical transportation companies, healthcare facilities etc.) and ability to coordinate rides should be looked at favorably when reviewing bids.
- **Provider Capacity:** To the extent possible, a bidder’s existing relationships with local transportation providers should be evaluated as well as the bidder’s plans to expand their transportation capacity—especially in underserved areas.

- **Provider Capacity:** The RFP should require bidders to demonstrate their experience working with individuals with all types of disabilities and all ages. Many people with Intellectual and Developmental Disabilities may have physical, medical, communication, and behavioral needs unique to the individual that need accommodation by the broker and transportation providers.

BPDD welcomes the opportunity to provide input on pay for performance metrics, data reporting, and consumer complaints and feedback process, and continuous improvement initiatives to improve service capacity and delivery.

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.

Thank you for your consideration,

A handwritten signature in cursive script that reads "Beth Swedeen". The signature is written in black ink on a white background.

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