

State of Connecticut

Department of Social Services (DSS)

Non-Emergency Medical Transportation (NEMT) Program

Request for Information

Submitted by:

LogistiCare

April 21, 2016



April 21, 2016

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Dear Ms. McDonough,

The Connecticut Department of Social Services (Department) will find attached LogistiCare Solutions, LLC's (LogistiCare) response to the March 24, 2016 Non-Emergency Medical Transportation (NEMT) Request for Information (RFI). We appreciate the opportunity to participate in the Department's information and planning process of system reform and look forward to providing meaningful suggestions for improvement to be considered for inclusion in the next NEMT contract. We manage over 250 client NEMT programs in 39 states through a combination of full-risk capitated and administrative services only contracts which requires the coordination of more than 65 million trips annually for approximately 24 million eligible Medicaid/Medicare members.

LogistiCare is the largest NEMT broker in the U.S. by a wide margin. We manage the largest contract in terms of dollar value (NJ statewide), the largest contract in terms of membership (New York City region for NY state), and the largest contract in terms of average miles traveled per day (VA statewide). We manage contracts structured under a variety of payment methodologies including Capitated, Fee-for-Service, and Administrative Services Only (ASO).

LogistiCare has served as a diligent partner and fiscal steward for the Department since 1998 when the State adopted the Broker model for its non- Managed Care Organization (MCOs) members. At that point, we served Medicaid members in two of the state's five regions. The Department subsequently awarded LogistiCare two additional regions in 2002 and the remainder of the state in 2011 under a capitated payment structure.

In 2012, the Department consolidated the NEMT benefit under one program, carving out this benefit from the MCOs that provided the medical coverage. The Department created one statewide comprehensive NEMT program to serve all members as a "one stop shop" in an effort to improve the members' overall access and experience. In 2013, the Department transitioned the program from a full-risk capitated model to an ASO model and again awarded LogistiCare a statewide NEMT program contract. The state heralded LogistiCare as the "go-to" transportation broker for its Social Services and Emergency Planning Centers. As the incumbent broker of some or Connecticut's entire state-based NEMT program for the past 18 years, we have collaborated with the Department, its fiscal agent, local transportation providers, and healthcare facilities to design, develop, and execute a high-performing NEMT program.

We are a wholly owned subsidiary of the publically traded Providence Service Corporation. This structure sets us apart in terms of integrity, compliance, and financial strength from family-run



businesses or smaller private companies in that LogistiCare has rules and regulations with which we must remain compliant. What this means to our clients is that we are large enough to provide the security of a publically traded company yet still nimble enough to ensure the programs we manage reflect the unique needs of our clients' communities.

Our longstanding work with the Department and the NEMT stakeholder community in Connecticut provides LogistiCare with unparalleled insight into the program. We remain eager to work with the Department to provide responsive, transparent NEMT services for eligible members. As an industry leader, we continually strive to be a frontrunner in the use of technology in NEMT service provision, in our emphasis on quality, and to develop internally as a corporation. Our ultimate objective remains focused on creating better solutions for our clients and their members.

As Senior Vice President, I am the point of contact for the Department regarding this RFI response. As always, I am happy and available to discuss this project, our recommendations, or any other matter related to quality NEMT services.

Sincerely,

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- Section I: Executive Summary of Organization (2 page maximum) 1
- Section II: Information Requested 3
 - o General Questions (4 page maximum)..... 3
 - Question 1. Medicaid NEMT Model: Operation, Advantages, and Disadvantages 3
 - Question 2. Experience Paying Transportation Providers. 3
 - Question 3. Populations Served by LogistiCare. 4
 - Question 4. Transportation Provider Types in our Network 5
 - Question 5. Efficiencies Provided to our Clients..... 5
 - Question 6. Carved Out Services Separate from Brokerage..... 6
 - o Utilization Management (2 page maximum) 7
 - o Quality Management (2 page maximum) 8
 - o Data Analysis and Reporting (2 page maximum) 10
 - o Technology (2 page maximum) 12
 - o Additional Content Area (Optional: 2 page maximum)..... 13

Section I: Executive Summary of Organization

The Connecticut Department of Social Services (Department) seeks insight into strategies for improvement of its Non-Emergency Medical Transportation (NEMT) Program. Specifically, the Department seeks strategies that will help promote NEMT as an integral component of coordinated care; promote cost effective purchasing of transportation services; increase access to healthcare for members especially in underserved areas; and increase overall efficiency in NEMT services.

LogistiCare's long standing relationship with Connecticut DSS dates back nearly 20 years and has served as a diligent partner and fiscal steward of the State through multiple contract renewals and extensions. From 1998 through 2012, LogistiCare processed trip requests, negotiated rates, assigned trips, paid transportation providers, remedied service issues, and provided reports to DSS as required under its full-risk capitated contract. In 2013, the Department changed its contract with LogistiCare to an Administrative Services Only agreement (ASO) wherein DSS assumed responsibility for establishing transportation provider rates and reimbursing providers directly. Based on our experience in the State of Connecticut as well as the 38 other states in which we operate, we understand better than any other broker the advantages and disadvantages of each contract model.

As such, LogistiCare is a strong proponent of the ASO model and welcomes a new RFP that includes program improvements based on best practices realized from other markets. We cover more lives under the ASO contract model than any other NEMT manager. In fact, our New York City contract represents the largest non-emergency Medicaid transportation ASO model in the country. Based on our extensive experience in managing similar programs throughout the country, in order to increase stakeholder satisfaction and address the limitations of the current NEMT ASO model in Connecticut, the Department should consider several key changes for inclusion in the next RFP. In this RFI response, we have chosen to answer the Department's questions as well as provide a best practices recommendation relevant to the subject matter being discussed. We have summarized our recommendations for program improvements in this Executive Summary and have elaborated on each in greater detail throughout this RFI response.

LogistiCare's Recommendations for the next NEMT RFP

Regional-based Program. Restructure the statewide program to a regional based model which will yield competitive bids from brokers and allow the Department and state policy makers to compare performance between regional management entities. Such a change has proven to increase customer satisfaction while lowering costs in some instances.

Transportation Provider Claims Processing. Streamline the current duplicative claims process through a single "attestation" process. Summarized below, the process is used successfully in the State of New York and will reduce staffing costs for the managing broker through the elimination of claims adjudication staff. For the attestation process:

Transportation providers would be required to interact with the broker(s) online.

Transportation providers would attest online to having completed/rejected each assigned trip leg.

The broker would send a daily file of attested trip legs to the State's fiscal agent.

The fiscal agent would issue a unique prior authorization identifier for each attested trip

The transportation provider would then invoice the state's fiscal agent directly.

For this process, the broker must have demonstrated experience and technical expertise in web-based capabilities in order to accommodate these steps.

Differential State Rate Structure. Allow for a differential rate structure that pays more in rural areas where transportation providers have less opportunity to perform a large number of transports. This will incentivize more transportation providers to serve rural or similarly under-served areas, and should improve overall NEMT services, on-time performance by expanding the number of available vehicles as transportation providers accept the trips, and member satisfaction.

Preferred Provider. Allow members to choose a "preferred provider" for their transports when certain criteria are met. This widespread practice improves user satisfaction and will reduce staffing costs as the broker will require fewer trip assignment staff.

Standing Order Definition and Requests. Redefine a standing order from "Three or more days per week for three or more months in duration," to "One or more trips per month for one or more month's duration." This will increase standing orders, decrease call volume, and reduce staffing costs as the broker will require fewer call takers.

Web-based Experiences. Require facilities with online access to make trip reservations online. This will require the broker to have demonstrated experience with web-based capabilities for member and facility use in requesting NEMT services.

Modifying Important Forms. Modify the effective duration of the Physician Transportation Restriction (PTR) form and Closest Provider Certification (CPC) form from six months to lifetime subject to certain criteria. These forms verify the need for modes above public/mass transit or for trips greater than 15 miles. In most instances, a member's health status is unlikely to improve. In addition to the PTR and CPC requirement modifications, the Department should consider modifying the Child Consent Form from six months to one year as well. Changing the duration of these forms will increase efficiency and stakeholder satisfaction as well as reduce staffing costs as the broker will require fewer staff to process these time-consuming forms.

Reduce Speed to Answer Time. Reduce the monthly average speed to answer from five to three minutes, which will provide a better experience for all stakeholders. Such a change will increase call taker staffing costs unless the requests are offset through the above recommended online reservation requirement. Currently, only 4% of requests for non-standing order trips are received online in Connecticut compared to 8% in Rhode Island and 17% in New York City.

Liquidated Damages for Transportation Providers. Allow the state's fiscal agent, in coordination with the broker, to assess liquidated damages for provider underperformance such as late and no shows to incentivize better performance and increase user satisfaction.

All of the above recommendations fit well within the ASO contract model and are based on best practices realized in other markets. The above recommendations as well as the answers to the Department's RFI questions are informed by our years of experience as an industry leading NEMT manager.

Section II: Information Requested

GENERAL QUESTIONS (4 PAGE MAXIMUM)

As requested, we have based our responses to the Department's RFI questions on current contracts and services performed by LogistiCare throughout the nation and have chosen to include best practice recommendations following our response to each question as appropriate.

Question 1. Medicaid NEMT Model: Operation, Advantages, and Disadvantages

LogistiCare manages 250 NEMT programs in 39 states, some contracts are full-risk capitated contracts and others are non-risk, Administrative Service Only (ASO) contracts. The advantage of a full risk capitated contract is that the broker holds responsibility for paying transportation providers directly. This provides the broker with the ability to negotiate individual rates based on the provider's capacity, volume, and coverage area. Having this leverage is an important negotiating tool used to incentivize transportation providers to accept trips deemed unattractive or non-profitable if compensated at the set state-approved rate structure. In contrast, an ASO contract arrangement removes that responsibility from the broker and instead places it on the client who sets reimbursement rates and pays transportation providers directly.

One advantage of the ASO model is that the broker is able to focus its efforts on the administrative functions associated with the delivery of transportation services. A disadvantage of the ASO model is that it has proven to reduce the broker's ability to maintain an adequate network capable of meeting performance standards while lowering program costs. From the member's perspective, an ASO model has proven to limit the size of the transportation network and has been found to de-incentivize quality service provision in some instances. Based on these factors, we recommend the following improvements to better strengthen the ASO model that is currently in place:

Recommend a Regional-Based Program

The Department should consider modifying the RFP structure from a statewide program to a regional-based program. While this shift may seem like an extreme measure, the benefit for the Department is that the increased competition between brokers may yield more competitive bids. A regional based program will also provide the Department and state policy makers the ability to compare performance between brokers.

Recommend a Differential State Rate Structure for Under Served Areas

We recommend the State set a differential rate structure that pays higher rates for trips in rural areas where transportation providers have less opportunity to perform a large number of transports. A differential rate can incentivize transportation providers to provide services in rural or similar under-served areas and has proven to improve overall NEMT services, on-time performance, and member satisfaction because of the increased vehicle resources available.

Question 2. Experience Paying Transportation Providers.

The ASO model is highly successful for NEMT services and compliments the State's ASO contract care for medical, behavioral health, and dental services. LogistiCare has extensive experience with ASO structured contracts. In fact, we cover more lives under the ASO contract model than any other NEMT manager. We manage the New York City ASO contract, which represents the nation's

largest NEMT ASO model. With this experience, we recognize unique challenges as well as solutions to address the challenges experienced in Connecticut. For example, under the ASO model, Connecticut transportation providers have expressed to us that the uniform statewide rate structure presents a financial challenge for their operation. While this represents a challenge, we believe a solution includes the differential rates recommended previously. We also recommend the following change to the current claims process in Connecticut.

Recommend Changes to Transportation Provider Claims Processing

As the Department seeks to reform systems and incorporate efficiencies into its NEMT program, an excellent opportunity for improvement exists in the current transportation provider claims process. Specifically, we recommend moving from paper to electronic processes and removing the duplicative processes conducted by the broker as the middleperson between transportation provider claims and the State's fiscal agent, Hewlett Packard Enterprises (HPE). The current, paper-based process requires transportation providers to first submit their trip documentation to LogistiCare. We adjudicate the claims through our claims processing staff and upload a file of clean claims to HPE. HPE then conducts a second review of the exact same trip data, codes, etc. and pays the transportation providers for clean claims they deem accurate. This process has proven cumbersome and time consuming for the provider network.

As such, we recommend an attestation process similar to the model used in New York City's ASO structured NEMT program. The streamlined process requires an "attestation" of completed trips by the transportation provider using online tools. The process reduces staffing costs for the managing broker through the elimination of claims adjudication staff. For this proposed, exclusively web-based attestation process, the broker must have demonstrated experience and technical expertise in web-based capabilities in order to accommodate the following steps.

1. Transportation providers download assigned trips and accept or reject trips as capacity allows.
2. After completing the trips, the transportation provider attests online to having completed/not completed (canceled due to rider no show, etc.) each assigned trip leg.
3. The broker sends a daily file of attested trip legs to the State's fiscal agent (HPE).
4. HPE issues a unique prior authorization identifier for each attested (completed) trip leg.
5. The transportation provider invoices HPE directly for completed trips.

Adopting this process will shorten the turnaround time for payment of clean claims and increase overall satisfaction with the program. In addition, the streamlined attestation process will reduce program costs in staffing as the broker will require no claims agents to adjudicate transportation provider invoices.

Question 3. Populations Served by LogistiCare.

LogistiCare serves all eligible Medicaid member populations across our client base including Aged, Blind, Disabled (ABD), Medicare/Medicaid eligible, retroactive eligibility, Temporary Assistance for Needy Families (TANF). We also serve members of varying health acuity as well as racially and culturally diverse members. We work to understand our members' needs and create solutions to accommodate their unique needs. We coordinate NEMT to covered services as delineated by our clients including preventative care, prenatal, post-operative, mental health, substance rehabilitation, dialysis, and community based services.

We provide specialized attention through our Care Connections group to members who need an escalated level of oversight, whether the added attention is in order to meet the needs of a higher health acuity, trip complexity, or due to a member on a behavioral modification plan (e.g., no-show corrective action). Care Connections team members provide the needed bridge of information and attention to ensure appropriate service. We denote the member's electronic record with a Care Connection identifier. When the Customer Service Representative (CSR) sees the member belongs to the Care Connection group, the CSR routes the request to the appropriate person. We know solutions can fall under many departments and often require cross-departmental coordination to meet the member's specific needs. For this reason, rather than one department, Care Connections team members belong to various departments for a multidiscipline approach to issue resolution. Our Care Connection team members have a higher level of training, empowerment, and decision-making capabilities.

Question 4. Transportation Provider Types in our Network

We contract with roughly 5,000 transportation provider companies across our 39 state service areas. These companies represent small to large businesses operating livery, bariatric wheelchair, and ground ambulance services, volunteer drivers, etc. We also work with mass transit entities, coordinate out-of-state travel, and provide air ambulance NEMT services per contract requirements.

Recommend Implementing Preferred Provider Choice for Members.

The Department should adopt the common NEMT practice of allowing members to choose a "preferred transportation provider." The Preferred Provider process allows members to select a transportation provider of their choice, within their appropriate mode assignment and geographical area. Benefits include increased member satisfaction and decreased Member No-Shows.

Question 5. Efficiencies Provided to our Clients

Over our 25 years in NEMT service provision, we have remained agile and relevant to meet our clients' needs. To develop solutions to increase efficiency and data accuracy, we continuously invest in new technology/functionality. We test or pilot those ideas in specific markets to understand the real life benefits and challenges when operationalized. This go-to-market strategy allows us to work through any problems before introducing it to clients across all service areas, minimizing the risk of disruption for members. A few examples of some of the efficiencies offered to our clients include the following:

1. Real time reporting of vehicle locations through GPS software, to improve timeliness of transports
2. Automated appointment reminders via text, email, and phone to reduce member no-shows
3. Placement of Public Transit Specialists in the field to build relationships with Public Entities and help members become certified to use public transit, thus increasing usage and reducing costs

4. Online scheduling and appointment verification capabilities for medical facilities to increase convenience and efficiency
5. A Social Network team using corporate resources at no cost to our clients. The Department can check us out on Twitter @logisticare. This medium is especially helpful when reacting to a disaster recovery scenario, as we use as many communication modalities as available and appropriate to communicate with stakeholders

Recommend Standing Order Definition and Request Changes

The Department can affect efficiency and cost by redefining a standing order from “three or more days per week for three or more months in duration” to “one or more trips per month for one or more month’s duration.” This redefinition will result in standing orders increasing while call volume decreases, and both will further reduce cost. In addition, the Department can increase efficiencies by mandating that health care practitioners and facilities with online access use the secure internet portals for standing order reservations. Currently, adoption of the online tool has been minimal. If required of facilities, this method would reduce overall costs for the program as online requests require less processing time than reservation calls and thus require fewer CSRs.

Recommend Requiring Experience with Web-Based Methods.

In order to accommodate the proposed standing order processes, we recommend the Department’s upcoming RFP require the broker to have demonstrated experience providing web-based capabilities for transportation provider claims processing and for members and health facilities to request NEMT or provide feedback online (e.g., surveys, compliment, complaint).

Question 6. Carved Out Services Separate from Brokerage

Because LogistiCare focuses our attention and efforts on the obligations of a NEMT broker, we do not carve out separate services from our brokerage responsibilities.

UTILIZATION MANAGEMENT

LogistiCare employs a Utilization and Verification Review Team to ensure members travel in the most efficient and least costly mode of transportation for their unique health care needs. A Registered Nurse (RN) supervises the team. CSRs handle all calls from members and facilities requesting new authorizations, requiring updates on submitted forms, or any changes to their forms. CSRs also handle outgoing calls to the members regarding approvals and denials on all authorization requests. The team handle all the incoming (faxed, mailed, and emailed) authorization forms from members and facilities. The team reviews all incoming forms for accuracy and completeness before forwarding to our RN for approval/denial. Once the RN reviews and makes recommendations, we update our system with the notes in the member's file. The CSR then makes the outgoing calls to notify the member of their approval/denial. Members receive a Notice of Action Letter (NOA) for each denial with an explanation and their right to appeal.

The Utilization Review Team handles multiple authorization forms required by our client. All forms have a six-month maximum authorization period. Once expired, these forms must be resubmitted and recertified for the continued medical necessity and approval. The Utilization Review Team receives hundreds of forms daily for processing. These forms create hundreds more incoming/outgoing calls daily. The different authorization forms we currently review includes the following:

- Physician Transportation Restriction Form (PTR) – This authorization form is required for anyone requesting to travel higher than Mass Transit level of service. The member's health care provider must confirm the **medical necessity** for transportation higher than mass transit and must justify the level of service requested (Livery, Wheelchair or Stretcher).
- Closest Provider Certification Form (CPC) – This authorization form is required when a member requests to travel over 15 miles for a medical appointment. The health care provider must demonstrate the medical necessity for the member to travel over 15 miles for a specific treatment. An established relationship does not qualify as a medical necessity.
- Companion Referral Form (CRF) – This authorization form is required when a member requests to travel with a companion. They must show the medical necessity for the companion.
- Child Consent Form – This authorization form is required when a parent or guardian requests for a child between the ages of 12 and 16 to travel without an escort, parent, or guardian.

Recommend Modifying Important Forms' Duration of Renewal

AS noted, two important forms in the Connecticut NEMT program include the Physician Transportation Restriction (PTR) form and Closest Provider Certification (CPC) form used for justifying a mode of transport beyond mass transit and transports over 15 miles. We recommend the Department modify the duration on these forms from six months to lifetime, unless the member's mobility or medical condition deteriorates. We also recommend extending the duration on the Child Consent Form used for parental waivers of an escort for minors 12 to 16 years of age. This form currently requires renewal every six months. We recommend extending this renewal period from 6 months to a year. Modifying the duration for renewal of these forms will increase

efficiency for members, facilities, and the broker(s) and alleviate confusion amongst all stakeholders. This initiative will increase satisfaction with members and facilities. In addition, these form modifications will reduce costs in staffing as the broker will require fewer utilization review agents.

Improving Our Utilization Review System

Over the past 12 months, LogistiCare's Connecticut Operation has made significant changes to improve the Utilization Review process. Many of the changes we have made have reduced duplication of efforts; improved hold times and turnaround times; reduced incoming call volume; improved relationships with facilities and members; reduced transportation costs for our client; and reduced duplicate form submissions. Improvements made over the past 12 months include:

- **Created a dedicated phone line only for authorization requests, inquiries or changes.** This has improved the caller's experience with reduced wait times on the phone, less transferred calls, more knowledgeable CSRs handling their requests, and decreased need for call backs.
- **Outbound calls on all authorization submissions.** Prior to the creation of the new phone line, members had to call LogistiCare to inquire as to the approval or denial of their form requests. Now, our CSR staff proactively contacts all members with the results of their form requests. We also contact the member if the form is incomplete or in lacks sufficient information to make the appropriate determination.
- **Improved relationships and communication with outside ASO's (medical, dental, mental health).** In our ongoing efforts at collaboration, we have reached out and improved our communication with other ASO's under the client's contract. We communicate with them and use their expertise in their field to ensure we are properly approving or denying requests.
- **Improved turnaround on all requests to less than 48 hours.** Due to all of the changes just mentioned, we have successfully accomplished a 48 hour or less turn-around time on all requests. In fact, we address most requests in less than 24 hours. This helps to minimize duplicative submissions, calls, and efforts.

The Utilization Review team is still working on other efficiencies that can make the UR process even better. Since we have already made changes to improve the internal process and work flows, we are also looking at ways that can reduce the volume of submitted forms without jeopardizing the integrity of the forms intent. We provided the Department with our recommendations for improvements previously in this question.

QUALITY MANAGEMENT

We have a comprehensive Quality Assurance (QA) Program that defines how we operate and monitor our operations for adherence to our clients' protocols. The QA Program includes systematic reviews of operations; includes complaints monitoring and reporting; and fraud, waste, and abuse prevention, detection, and mitigation. Our Connecticut Operations Center has been certified by the Utilization Review Accreditation Commission (URAC). In fact, all of LogistiCare's operations throughout the country are URAC certified. URAC certification means that a governing body of quality experts has rigorously examined our systems, processes, and performance to

ensure we meet pre-determined criteria that encompasses all aspects of our NEMT management infrastructure and operations including our Quality Assurance Program. We are the only NEMT broker with URAC certified local operations as well as corporate office accreditation. For our clients, our URAC certification translates into quality program management, consistent adherence to all requirements, and a high level of confidence from Centers for Medicare and Medicaid Services (CMS).

Comprehensive Complaint Procedures

Our complaints collection process begins first with ensuring that NEMT stakeholders understand their right to file a complaint and the process to do so. We educate NEMT stakeholders of their right to submit a complaint and the complaint process through several avenues, namely educational materials and the state-specific website. We provide numerous avenues for stakeholders to register a complaint including in writing (e.g., mail, email, fax), by telephone, or on the “We Care” web page from LogistiCare’s website (<http://www.logisticare.com/>). Regardless of who submits the complaint, we assign each complaint a category at the time of entry into our automated NEMT system, LogistiCAD to properly manage and respond.

Our system assigns a unique tracking number to each complaint and links it to the appropriate member record, to a particular trip record, or to both. This linkage supports tracking the complaint throughout its lifecycle from intake through investigation to closure. In addition, our system automatically assigns a tier designation of I through IV to each complaint based on the severity of the issue relayed. Tier I represent a Serious offense and Tier IV represents a Minor infraction. Based on the tier level designation, we respond with action appropriate to the severity of the issue. Senior management provided focused attention to Tier 1 complaints (severe incidents and/or accidents). LogistiCare has a prioritized reporting structure to ensure the appropriate party receives prompt notification for Tier I complaints.

We employ user-friendly processes to collect relevant information and keep parties informed of the complaint’s status of all tier levels. Specially trained staff conducts an investigation and works to resolve the complaint. Some complaints are resolved to the member’s satisfaction during the complaint call while others undergo further investigation and are typically resolved within 72 hours. In both scenarios, we record all information gathered in the member’s electronic record. Resolution data will include the unique complaint number, information provided by the transportation provider, LogistiCare’s findings and when necessary, any resulting corrective actions for transportation providers or LogistiCare employees. A member can request a fair hearing to appeal a decision. If a member feels it would risk their health or life to wait up to 30 days for a complaint decision, the member may request an “expedited review.”

Reporting Complaints and Maintaining an Electronic Record

LogistiCare maintains a complete electronic record of all complaints within our system. Our clients receive reports of all complaints registered and summary reports in accordance with the contract’s time and format requirements. We review and analyze all complaint reports, as well as other performance measures in order to identify trends to inform corrective actions; re-align policies & procedures; and consolidate, measure performance, and populate our Transportation Provider Performance Review Cards.

Fraud, Waste, and Abuse (F/W/A) Prevention, Detection, and Mitigation: We designed our management model to prevent, detect, and mitigate F/W/A. We input our clients' protocols into our automated system to consistently uphold program requirements and provide better gatekeeping to mitigate F/W/A. Our Operations and training manuals have client-approved written policies and procedures addressing F/W/A monitoring of members and transportation provider staff. Complementing our automated system's ability to detect fraud, LogistiCare staff receives training to identify behaviors or cues often associated with potentially fraudulent NEMT activity. Some of our operations centers have a dedicated F/W/A Representative to review mileage reimbursement and other factors to look for systemic issues. The F/W/A Representative review trips and verifies appointments to ensure that the members attend.

Recommend Reducing Speed to Answer Time

The Department should consider reducing the monthly speed to answer from five minutes to three minutes, which will provide a better experience for the caller. In comparison, Connecticut's speed to answer is five minutes while the state of Maine's speed to answer requirement is one minute. A three-minute speed to answer requirement would provide a reasonable compromise and aligns with the standard for other programs such as New York and Rhode Island. The higher standard from five minutes to three minutes will increase customer satisfaction with all stakeholders. The Department should note that such a change will require the broker to increase CSR staffing, which will increase costs. However, this cost increase can be offset by the numerous cost savings and efficiencies realized through the previous highlighted improvements/recommendations.

Recommend Liquidated Damages for Transportation Providers

In order to enhance on-time performance, we recommend the Department specify in the RFP that the state's fiscal agent, in coordination with the broker(s), will have the ability to assess liquidated damages for transportation provider "late and no show" service failures. This practice has proven to improve services for stakeholders and increase transportation providers' on-time performance.

DATA ANALYSIS AND REPORTING

As the Department will read in the Technology section (next section), our proprietary, customizable technology platform enables us to collect all data points needed to identify and interpret trends and aberrations within the NEMT program. We have specified staff who review the data, reports, trends, and deviations. We develop strategies and internal process improvements when we identify an ongoing or systemic issue. We develop and distribute management reports to our clients in monthly, quarterly, and annual intervals. We also provide our clients with a self-service business intelligence platform to generate ad hoc reports at a moment's notice.

Call Operations Data Collection and Reporting. Our ACD system captures necessary data to aggregate the information in the following table and required by this contract in hourly, daily, weekly, and monthly data sets. Our telephone system collects call-traffic data, formats management reports, and provides an administrative interface to the ACD feature. This system provides data in real-time and historical relational database tables and provides data redundancy to protect against data loss in the event of an issue with the operations center.

LogistiCare's ACD System Captures Operations Data

Total number of incoming calls

Number of answered calls by our staff

Average call wait time

Percentage of calls answered in five minutes

Average talk time

Number of calls placed on hold and the length of time on hold

Number of abandoned calls and length of time until call is abandoned

Number of outbound calls

Number of available operators by time

Transportation Provider Performance Report Cards: We track transportation provider performance of quantifiable data such as on-time performance based on GPS data reported to our system as well as through member feedback, complaint tracking, etc. We generate and distribute monthly performance review reports to each provider. The Transportation Provider Performance Report scores and compares performance against standard measures and other same-type transportation providers. Categories include:

- Complaints-
 - Substantiated Complaint Percentage
 - Provider No Show Percentage
- On-Time Performance-
 - A-Leg Pick-Up
 - A-Leg Drop Off
 - B-Leg Return
 - Ride Time
- Compliance-
 - Insurance
 - Driver
 - Vehicle
- Additional Data-
 - Cancellation percentage

- Re-route percentage
- Rider No Show Complaint percentage
- Rider No Show Cancellation percentage
- Number of Trips Provided

In addition, our managers meet quarterly with each transportation provider to discuss performance review ratings, the transportation provider's standings compared to other transportation providers, or any issues to assure the best service possible. The interaction between transportation providers and their managers serves to strengthen working relationships and increase understanding of program expectations. The face-to-face meetings, coupled with peer review, helps drive performance improvements.

TECHNOLOGY

NEMT programs require a solid infrastructure of automated NEMT software, telephony lines, bandwidth, IT expertise, etc. to support eligible members, participating transportation providers, and the facilities with which we coordinate services. The infrastructure must also have the capacity to provide backup service (data and operations) with a moment's notice in a disaster recovery situation.

LogistiCare's platform, LogistiCAD, is a private cloud-based solution that provides flexibility and scalability. The flexibility of our platform allows us to take the State's contract requirements and approved policies & procedures, translate them into business rules, and enter them into our system's business rules engine. With this information loaded into our system, we can automate processes creating efficiency and consistency in program delivery while ensuring contract compliance (e.g., criteria for eligibility, covered service, and closest provider).

Our technology platform supports everything we do and is the integration hub that combines both transportation management and communications functionality to support every aspect of the LogistiCare NEMT program. Key capabilities include:

- Nationally supported call Intake by Avaya
- Eligibility verification
- Covered service verification
- Appropriate mode assignment
- Assigning of trips to the transportation provider
- Claims processing and adjudication
- Real time data collection and reporting (standard and ad hoc)
- Auto-generated letters (e.g., member letters of decision, transportation provider notices)
- Online technology to capture credentialing documentation
- Electronic capture of tablet-based vehicle inspection data

- Complaints collection, investigation, tracking, and reporting
- Our system upholds compliance across all platforms or ways that users interface with LogistiCare (e.g., phone, stakeholder-specific Web Portals, Trip Manager (member app), fax transmission, etc.).

Because we have no dependency on a third-party software vendor, we can quickly program the system to reflect any changes our clients may require.

ADDITIONAL CONTENT AREA

The Request for Proposal (RFP) process provides the Department with an excellent opportunity to frame the program how they would like as well as learn of new and innovative approaches to NEMT program management. To ensure the Department reviews proposals from the most suitable and qualified bidders, we strongly suggest the following recommendations be considered for inclusion in the upcoming RFP:

Reference Requirements

Prospective bidders should be required to demonstrate their experience in providing services similar in size and scope to those required by the RFP. Prospective bidders should have demonstrated experience managing, at a minimum, three state-based Medicaid NEMT brokerage systems. The Department should require the bidder to provide letters of reference from previous clients knowledgeable of the bidder’s performance in providing services similar to those sought in this RFP. The letters should include a contact person, telephone number, and email address for each reference. The letter should preferably come from reference for services procured through a competitive bidding process.

Actuarial Soundness

The Department should require that proposers have their bid certified by an actuary as sound to ensure that accurate numbers of eligible members can be serviced with the amount offered by the bidder. Budget predictability is essential to managing NEMT. When a lowest bidder cannot manage the program because they run out of money, members suffer, health care providers’ office operations are impacted and transportation providers’ payments are late, if they come at all. Brokers who underbid then return to the Department asking for more money. Medicaid budgets are simply unable to withstand that level of uncertainty. Many other ASO based Medicaid programs require actuarial sound proposals and if required in this program, will ensure stability by allowing only credible responses to an NEMT RFP.

Weight given to scoring for the technical proposal

The technical proposal found in an actuarially sound response gives the Department a clearer picture of the bidders’ capabilities. The Department should give the technical proposal substantial weight while giving the pricing proposal fair consideration. This will ensure that the Department receives the best program possible.

Requiring Compliance with CFR 42: 440.170

An RFP should require that the successful bidder, at the time of implementation and from time to time during the duration of the contract, provide the Medicaid department with a list of

contracted providers to ensure the broker has adequate capacity and is not utilizing their own resources. This transparency would bring enhanced integrity to the program, reduce the likelihood of fraud and abuse and ensure that the program is in compliance with federal rules and regulations.

This Federal regulation issued as part of the Deficit Reduction Act states, “the broker will comply with the requirements related to prohibitions on referrals and conflicts of interest, as defined in section 1877 of the Act.” This section creates a statutory restriction on brokers performing transports rather than utilizing a contracted transportation provider except under certain circumstances.

In Conclusion

LogistiCare appreciates the opportunity to provide input to the State of Connecticut’s Department of Social Services NEMT program. We value the relationships we have experienced and fostered over the past 18 years with the Department and the stakeholder community. As denoted by the Department in the RFI instructions, this format is not the place for confidential content or information. We look forward to the Department’s upcoming RFP and will use the process to provide greater details about enhancements to our Connecticut operations.