



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)

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**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 authorizing this audit and for the 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), 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 (cost per mile/pg. 23), the overall payment to the broker has increased by \$11.7 million since 2009. This reduction in payments to providers does not reflect total Medicaid NEMT costs, as those costs billed directly for nursing home residents and long term care program participants are not included; nor are the costs associated with rides provided by other non-MA transportation service providers- even though the MA broker is also being paid (pg. 29) or the respondents who indicated they had stopped using NEMT

services altogether due to concerns related to reliability and timeliness (pg. 64). The savings also do not reflect the long-term costs to the Medicaid budget associated with not receiving routine and preventive care (22.3% who were told they would not receive a ride, did not go to the appointment- pg. 60). Outside the brokerage system, transportation providers who must comply with state established MA reimbursement rates have seen **no increase in the Medicaid 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 fragile 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, as well as the cost of all transportation services to the non-MA (private-pay) population. Additionally, it has resulted in a reduction in the total number of transportation providers available, thereby making rural transportation an even greater challenge (pg. 75) and moving us further away from 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. 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** (pg. 80).

Senator Cowles, Representative 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. We are confident, Wisconsin can do better than an overall customer satisfaction rate of 87% for a service as important as this (pg. 64).

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