

**Anitra Covington Covington Transportation**

<b>Non-Emergency Medical Transportation (NEMT) and Pharmacy Benefits Manager (PBM) Request for Comment</b>	
RFI Question	Response
<p>If Medicaid were to change its current broker model for non-emergency medical transportation (NEMT), what changes would you recommend?</p>	<p>We need to have a streamline trip retrieval system, one billing input data system, one payment system, it's to many portals, devices, brokers retro money back after we completed trips needs to stop, billing the state full price for but giving the provider half price for trips near each other. Cost of living increase mandatory yearly. Brokers should have to use companies in the area first. If no company is available justifiable documentation as to why no company is available. Let logisticare go there practices are un fair to the providers and the members. I have members, doctors, facilities complain about setting up trips and with my company and then they were changed and member left missing the trip because Logisticare at the last minute put it with a company that failed to pick the member up several times before and never reprimand that company after the complaints were filled. This has happened several times over the years. The buddy system has to stop.</p>
<p>If Medicaid were to change its current pharmacy benefit manager model, what changes would you recommend?</p>	<p>That the provider should be able to add the pharmacy stop in route. Some don't know the have a additional stop to the come from the doctor. Which is not approved by the Broker because it's an same day add on... Not just pharmacy stop but labs also.</p>