

**Glynda Bradley**

<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>I would recommend using only one broker to provide transportation for Medicaid enrollees. Although there is no perfect model, reducing to one broker solves for many of the issues that have historically plagued the program. Both Brokers and providers have expressed difficulties experienced in a multi-broker system. I believe the following issues could be adequately addressed in a one broker system:</p> <ul style="list-style-type: none"> <li>• Scheduling               <ul style="list-style-type: none"> <li>o Transportation Provider Availability</li> <li>o Enhanced Monitoring and management of Provider No-Shows</li> <li>o Enhanced Monitoring and management of Member No-shows</li> <li>o Reduced overscheduling of providers which contributes to No-Shows or late arrivals</li> <li>o Oversight of Transportation Provider assignment volume and performance</li> </ul> </li> <li>• Payment               <ul style="list-style-type: none"> <li>o Providers have vocalized issues regarding navigating multiple provider systems and/or requirements regarding payment including required documentation. One system allows for providers to become familiar and creates a more efficient payment process.</li> </ul> </li> <li>• Credentialing               <ul style="list-style-type: none"> <li>o Inconsistent credentialing requirements have created issues for providers within a multi broker system. The issues have kept providers from being in-network for all brokers and therefore reduces provider availability for Medicaid recipients</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"><li>• Fraud, Waste and Abuse<ul style="list-style-type: none"><li>o With all transportation data being housed within one Broker system fraud, waste and abuse issues can be more readily identified and addressed</li></ul></li><li>• Reporting<ul style="list-style-type: none"><li>o Using a single Broker would allow for better reporting. Within a multi-broker system there is a challenge for reviewing data that is captured differently within each Broker's system.</li></ul></li></ul>
If Medicaid were to change its current pharmacy benefit manager model, what changes would you recommend?	No comment