

Louisiana Healthcare Connections

Non-Emergency Medical Transportation (NEMT) and Pharmacy Benefits Manager (PBM) Request for Comment	
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>As a Medicaid health plan serving more than 520,000 enrollees, Louisiana Healthcare Connections appreciates this opportunity to provide input on the Louisiana Department of Health’s (LDH) potential procurement of a single benefit manager of NEMT services. Our enrollees rely on NEMT for more than 120,000 healthcare appointments a year, and we look forward to continuing to collaborate with LDH to improve NEMT services in our state, which ever direction LDH may choose to take the broker model.</p>
<p>If Medicaid were to change its current pharmacy benefit manager model, what changes would you recommend?</p>	<p>As a Medicaid health plan serving more than 520,000 enrollees, Louisiana Healthcare Connections appreciates this opportunity to provide input on the Louisiana Department of Health’s (LDH) procurement of a single pharmacy benefit manager. Our enrollees fill over 5 million prescriptions a year, and we look forward to continuing to collaborate with LDH to improve pharmacy services in our state.</p> <p>In a single benefit manager model for pharmacy, we recommend LDH consider the following:</p> <ul style="list-style-type: none"> • To enable continued risk identification for enrollees, care coordination, and holistic case management, we recommend requiring the PBM to share real-time pharmacy data with managed care organizations (MCOs), health information exchanges (HIEs), providers, and enrollees. • To serve Louisiana’s unfortunately frequent need to implement emergency pharmacy policies during natural disasters, and to reduce

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	<p>the risk of fraud, waste and abuse during these disasters, we recommend requiring the PBM to be able to modify edits and overrides at the parish level.</p> <ul style="list-style-type: none">• As we collectively continue to combat the opioid epidemic, we recommend special consideration be given to how the PBM, LDH, providers, and the MCOs can maintain coordinated and effective operation of the pharmacy lock-in program and other efforts.• With the rise of integrated PBMs, pharmacy companies, and MCOs, it is important to protect enrollee access to their choice of pharmacies and MCOs, to sustain a fair program for all pharmacies, and to ensure high quality and equal PBM performance and service levels for all MCOs. We recommend requiring the PBM accept any willing pharmacy into its network; that external pharmacies and MCOs are treated equitably compared to the PBM's owned/affiliated entities, if applicable; and that there be prohibitions against co-branding and enrollee steerage.• To ensure enrollees and providers receive PBM support that is informed on Louisiana's program, policies, and culture, and to keep Louisiana's healthcare dollars in state to the maximum degree possible, we recommend requiring the PBM locate its claim processing call center and prior authorization staff in Louisiana.• To foster administrative simplification, aligned policies and operations, and collaboration to improve pharmacy services, we recommend creating a pharmacy
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	<p>governance committee that includes participation from the PBM, local pharmacists not owned/affiliated with the PBM (if applicable), enrollee/community advocates, each MCO, and LDH.</p> <p>Louisiana Healthcare Connections appreciates this opportunity to share recommendations for the future of the Louisiana Medicaid pharmacy program. We look forward to collaborating with LDH, the other MCOs, pharmacists, enrollees, and the future single PBM to continue to improve pharmacy services in our state.</p>
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