

One Call Government Solutions, LLC

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>If Medicaid were to change their current broker model for non-emergency medical transportation (NEMT), below are the changes that One Call Government Solutions, LLC would recommend:</p> <ul style="list-style-type: none"> • Consistent provider, driver, vehicle requirements (standardize): <ul style="list-style-type: none"> o Allow use of national companies for background checks, for real-time monitoring o Requirements continue to change, creating barriers with providers not compliant at all time o Creates confusion for providers • Allow providers to have contiguous parishes in neighboring regions from their primary region to be applicable as primary area also. • Allow brokers the ability to utilize rideshare and independent drivers in their network to supplement the network. <ul style="list-style-type: none"> o Utilization of transportation network companies (TNCs) in Medicaid markets are of benefit, and can have minimal impact if managed well. TNCs help with supplementing networks, especially for on-demand trips, hospital discharges, and last-minute changes, as well as weekend and after hours for sedan curbside trips. This is a low cost, high quality mode option. • Consider developing tiered fee schedules for NEMT providers given volume of urgent trips, hospital discharges, and long-distance trips. • Updated non-negotiable fee schedule with rates for rural vs metro—fee schedule by region(s). <p>o Not all areas are the same type of</p>

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	<p>transportation—longer distance (unloaded) for rural areas would require higher rate amounts versus city trips.</p> <ul style="list-style-type: none">o Creates fairness and continuity of rates for providers.• Value based incentives would be another way to assist with recognition of quality providers.• Consider implementing a centralized credentialing organization.o Works in many Medicaid markets (i.e., IL, NC) today, which will reduce the administrative burden of brokers and transportation providers.• If NEMT providers have high volume of missed trips and late trips, capacity should be suspended across all brokers for a period of time to assist in reducing cherry picking activities.• Do not move to a single statewide broker. Keep the broker model.o The broker model is a cost-effective, quality driven option.o In respect to administrative challenge of insurance to providers, perhaps LDH can help with some of the insurance challenges with brokers.• Work with brokers and managed care organizations (MCOs) on enhancing their care management program, as transportation should be part of the member’s care planning for those members with standing orders and critical care needs, to ensure access to care is taken care of, which will improve their health outcome, and avoid unnecessary hospital visits.• Increase member education on transportation benefits and what it includes.
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	Utilize technology, such as text messaging, to communicate important information and reminders around their health needs. This could have an impact on making it to their appointments and care plan, and decrease the number of missed appointments, and unnecessary emergency room (ER) visits and hospitalizations/re-hospitalizations.
If Medicaid were to change its current pharmacy benefit manager model, what changes would you recommend?	Not Applicable