

Tony Mollica on behalf of Humana Health Benefit Plan of Louisiana, Inc.

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>LDH's recent analysis notes that enrollees and nonemergency medical transportation (NEMT) providers are faced with a number of missed trips that may result in delays in care, additional costs, increases in potentially preventable events, and negative impacts for enrollees with dialysis treatments. These missed trips can also leave enrollees hesitant to rely on NEMT services.</p> <p>The successful provision of NEMT is crucial to mitigating barriers to care that lead to poor health outcomes. As an experienced MCO, Humana understands the importance of proactively addressing NEMT needs and cooperating with LDH and stakeholders to foster improvements.</p> <p>In reviewing the current NEMT broker model, Humana found opportunities for improved communications, an expansion of NEMT providers, and innovations that will promote greater efficiencies. With this in mind, we offer the following points for consideration:</p> <p>Network Expansion: Humana recommends adjusting the credentialing requirements to include ride sharing or transportation network companies (TNCs) like Uber or Lyft. In our experience, allowing NEMT brokers to expand their network to include TNCs has the greatest impact in rural areas where finding sufficient providers can be challenging. The use of TNCs could be aligned with regions most affected by a lack of transportation access or rolled out as a pilot program. It could also be structured as a last resort when traditional NEMT services are not available.</p> <p>Use of a Single Transportation Broker: There are advantages and disadvantages to the use of a single transportation broker. A single broker could experience cost savings, along with increased operational efficiencies that benefit enrollees, NEMT providers, and drivers. Additionally, transitioning to a single broker that</p>

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	<p>LDH administers would allow LDH to exercise more control over the transportation network, prioritizing goals like Veteran and Hudson Initiatives. There could also be a reduction in administrative burdens for NEMT providers or others arranging transportation services for enrollees. For instance, processes like post-discharge scheduling could be simplified.</p> <p>Instead of the existing model where each MCO has their own NEMT broker that they oversee, a single broker would exist under the purview of LDH. This could result in an increased administrative burden for LDH as they would be responsible for the additional oversight and monitoring required.</p> <p>Humana will support LDH in whatever decision they make on this matter.</p> <p>Communication: Humana applauds LDH's efforts to improve communication between stakeholders through the use of technology such as text message reminders. We recommend additional tools like mobile applications to improve communication and reduce "no show" rates. This could be a cooperative effort between LDH and the MCOs. We also recommend a requirement for NEMT brokers to use text messages, phone call reminders, and mobile applications in order to provide real-time assistance. There are technological advances in transportation service delivery that allow for better monitoring of trips, including real-time monitoring, that LDH and its MCO partners should explore. This could decrease missed appointments and cancellations, reduce potential fraud, waste, and abuse issues, and improve safety for both enrollees and drivers.</p>
If Medicaid were to change its current pharmacy benefit manager model, what changes would you recommend?	No comment