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| Non-Emergency Medical Transportation (NEMT) and Pharmacy Benefits Manager (PBM) Request for Comment | |
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| 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>SAFETY - It is clear that safety is a top priority in the current regulations as shown by the inclusion of the CDL, for hire plate, and other requirements. However, we believe that the same goals can be accomplished by other more appropriate means that include NEMT-specific training curriculums and are performed on a more regular basis, including yearly or every other year industry-specific training on passenger and vehicle safety.</p> <p>REMOVE BARRIERS FOR PROVIDERS & INCREASE SUPPLY AND QUALITY - The following existing requirements have limited safety or member experience benefits (and the benefits can be accomplished in other, more frequent, and convenient ways, as described above), require expensive and time-consuming compliance and will lead to less competition, less capacity, and higher prices. We suggest their removal and replacement with more direct and effective ways as described herein to benefit the members and ensure safety.</p> <ul style="list-style-type: none"> - The Louisiana Chauffeur’s license allows the holder to operate any vehicle, or combination of vehicles, designed to transport passengers or property with a gross weight rating of between 10,001 and 26,001 lb. The majority of the training that a driver must undergo to obtain their chauffeur’s license is focused on topics relating to vehicles over 10,000 lbs, including proper towing procedures, the components of air braking systems, the maximum length for a truck-tractor and trailer combination, etc. These are skills and information that will not be required in a NEMT setting and will not add value to the member’s transportation experience or to safety. Instead, we recommend a NEMT-specific driver training curriculum be required by brokers and approved by LDH in a cadence approved by LDH. - The For Hire Plate requirement provides an extra cost and time burden for new providers, and this requirement also requires that providers |

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| | <p>upgrade their auto insurance to a full-time commercial lines insurance policy, burdening them with an additional expense of \$3,000-\$4,000 per driver. While large national consumer TNCs do not operate to Medicaid NEMT standards, there exist NEMT-credentialed solutions which leverage the notion of “dual-purpose” vehicles owned by independent providers. These vehicles can be insured with regular personal lines policies when not in use for NEMT services, and be insured by TNC-type commercial insurance while participating in the NEMT program. This model has been highly effective in delivering the most scalable NEMT models that can deliver higher quality and more options to members at a more cost-effective rate without compromising any safety or liability issues.</p> <p>- Penalties are so high (\$5,000) it encourages the wrong behavior and leads to less transparency, less sharing of information, and less collaboration slowing real progress and change. If penalties are assessed and passed through to the transportation provider when at fault, the excess amount would put many companies out of business further exacerbating the network adequacy challenges in the state.</p> <p>REAL-TIME GPS TRACKING - Brokers should be required to move toward tracking trip progression, vehicle locations, and trip events/outcomes in real-time and surface that information to members, plans, and broker employees. Creating highly visible and transparent systems leads directly to higher levels of accountability, fewer missed connections/communication issues, and overall better service outcomes. Consumer transportation has evolved dramatically over the past 10 years in terms of transparency, responsiveness, and quality, and this has been driven by trip tracking, transparency, and flexible delivery/fleet supply models (TNC structures). NEMT systems need to adapt these models properly to safely and effectively serve Medicaid members.</p> |
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| If Medicaid were to change its current pharmacy benefit manager model, what changes would you recommend? | No comment |
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