

Recommendations

Performance and Pricing of Medicaid Non-Emergency Transportation

RECOMMENDATION 1

The Department of Medical Assistance Services should include in its next non-emergency medical transportation services contract a provision directing the transportation broker to require backup drivers for providers with consistently higher than average complaint rates (page 11).

RECOMMENDATION 2

The Department of Medical Assistance Services should include in its next non-emergency medical transportation services contract provisions addressing the following performance standards: (i) that patients be dropped off no more than 15 minutes late for all dialysis, chemotherapy, and critical care appointments; and (ii) that patients with same-day non-emergency urgent care needs be picked up within three hours of the request (page 12).

RECOMMENDATION 3

The Department of Medical Assistance Services should assess the cost-effectiveness of requiring the transportation broker to utilize a statewide GPS-enabled routing and tracking system. If such a system is projected to be cost effective, the Department of Medical Assistance Services should include such a requirement in its next non-emergency medical transportation services contract (page 13).

RECOMMENDATION 4

The Department of Medical Assistance Services should establish capitated rates for its non-emergency medical transportation services contract every year, rather than only at the beginning of a new contract (page 16).

RECOMMENDATION 5

The Department of Medical Assistance Services should include in its next non-emergency medical transportation services contract a provision establishing a financial risk corridor that limits the monthly profit and loss of the transportation broker (page 16).

RECOMMENDATION 6

The Department of Medical Assistance Services should include in its next non-emergency medical transportation services contract a provision requiring the broker to provide trip-level and administrative cost data that can be independently verified for purposes of annual rate setting and financial risk corridor payment adjustments (page 17).

RECOMMENDATION 7

The Department of Medical Assistance Services should issue a request for proposals for statewide non-emergency medical transportation services as soon as reliable rate-setting data is available, so that a new contract can be in place before January 1, 2017 (page 17).
