

***STATE OF LOUISIANA
LEGISLATIVE AUDITOR***

**Department of Health and Hospitals
Non-Emergency Medical
Transportation Program**

July 1994



Performance Audit

***Daniel G. Kyle, Ph.D., CPA, CFE
Legislative Auditor***

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**Department of Health and Hospitals
Non-Emergency Medical
Transportation Program**

July 1994



**Performance Audit Division
Office of Legislative Auditor
State of Louisiana**

**Daniel G. Kyle, Ph.D., CPA, CFE
Legislative Auditor**

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July 27, 1994

Honorable Samuel B. Nunez, Jr.,
President of the Senate
Honorable John A. Alario, Jr.,
Speaker of the House of Representatives
and
Members of the Legislative Audit Advisory Council

Dear Legislators:

This is our report of the performance audit of the Department of Health and Hospitals' Non-Emergency Medical Transportation Program. This audit was conducted under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. All performance audits are conducted in accordance with generally accepted government auditing standards.

The report presents our findings, conclusions, and recommendations as well as the responses of the Department of Health and Hospitals. We have also identified and reported one matter for legislative consideration.

Sincerely,

A handwritten signature in cursive script that reads "Daniel G. Kyle".

Daniel G. Kyle, CPA, CFE
Legislative Auditor

DGK/jl

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Office of Legislative Auditor

Executive Summary

Performance Audit Department of Health and Hospitals Non-Emergency Medical Transportation Program

The Department of Health and Hospitals' (DHH) Bureau of Health Services Financing is responsible for administering the Medicaid Non-Emergency Medical Transportation (NEMT) Program in Louisiana. Our performance audit of the NEMT Program found that:

- ◆ Louisiana's NEMT Program reimbursements have increased nearly 800 percent from \$7.5 million in 1985 to \$65.8 million in 1993. In 1993, approximately 75 percent of the program costs were provided by the federal government.
- ◆ Our analysis of one of Louisiana's eight NEMT service regions found \$2.4 million, or 46 percent, of all reimbursements in that region did not match authorizing information and therefore were questionable.
- ◆ DHH has no written criteria for setting and adjusting provider reimbursement rates.
- ◆ Other states examined use a variety of transportation providers; however, Louisiana predominantly uses for-profit providers.
- ◆ Many recommendations, contained in past reviews, to improve Louisiana's NEMT Program have not been implemented.
- ◆ NEMT's post-payment review process may allow for some inflated claims by small volume providers to go undetected.

Audit Objectives

This audit of the Non-Emergency Medical Transportation (NEMT) Program was conducted by the Legislative Auditor's Performance Audit Division. The audit objectives were to:

- ♦ Examine the reasons for the high operating costs of the program.
- ♦ Examine transportation provider reimbursements for a selected region of the state.

Program Background

Federal regulations require that a state provide Medicaid recipients with transportation to covered medical services when they lack any other means of transportation. Most medical services are covered, with the exception of transportation to and from pharmacies and, in most cases, transportation to and from nursing homes and rehabilitation facilities.

In 1979, a federal court determined that Louisiana's Medicaid transportation plan was deficient. Louisiana entered into a consent decree which required it to notify Medicaid recipients of the availability of non-emergency medical transportation and to provide this medical transportation at no cost to the recipients. Before that time, Louisiana state employees used their own cars or state vehicles to provide non-emergency medical transportation to Medicaid recipients on an as-needed basis.

Louisiana chooses to classify its NEMT Program as an optional medical service. In doing so, the program is reimbursed at Louisiana's federal medical assistance rate which for fiscal year 1993 was approximately 75 percent. Consequently, Louisiana is required to allow recipients "freedom of choice" in selecting a transportation provider. However, the federal government can grant a waiver to this freedom of choice provision. Louisiana has a waiver that applies to the entire state; however, it is currently implemented in only the Region 1 (New Orleans) area.

**Program
Funding**

In 1993, total NEMT Program costs in Louisiana were \$65.8 million. State funds accounted for \$17.0 million (26.3 percent), with the remaining \$48.8 million (73.7 percent) being provided by the federal government. This was a 782 percent increase in program costs since 1985 when costs were \$7.5 million.

A review of provider reimbursement claims for the period November 1, 1992, through October 31, 1993, revealed that a total of 1,242,407 trips were paid by DHH. Total provider reimbursements for these trips were \$60.2 million, with the average amount paid per trip being \$48.44. Total reimbursements and average payment per trip were lowest in Region 1. Unlike the other seven regions, Region 1 has a single NEMT provider who is reimbursed a flat fee per trip.

**Reasons for
Increase in
Program
Costs**

Four studies have been performed on Louisiana's NEMT Program, with the first done in 1980 and the last in 1992. Two of the studies examined the whole program and two focused on the use of sole providers in three regions of the state. While many cost control recommendations have evolved from these studies, efforts to implement them have been minimal.

We found that no written criteria for setting or adjusting reimbursement rates exist. Also, past studies have found that reimbursement rates were excessive and not based on actual cost data.

Our analysis of a DHH report dated June 30, 1993, indicates that for-profit providers received 99.6 percent of all reimbursements for fiscal year 92-93. This is an increase of 6.9 percentage points over the total amount paid to for-profit providers from October 1, 1981, to June 30, 1983, as noted in a report issued in 1984.

**Other States'
NEMT
Programs**

Arkansas, South Carolina, Texas, and Washington use a variety of transportation providers in their programs, including for-profit and not-for-profit providers, public transportation, volunteers, and family members. These programs employ other cost containment measures such as only paying for passenger miles, negotiated bids for transportation services, coordination

with other federally funded transportation programs, and using mileage figures prepared by their highway departments.

Reimbursements and Post- Payment Review

Data analyzed for Region 7 during the period February 1, 1993, through October 31, 1993, revealed \$5,309,176 was paid for claims submitted for reimbursement. Of that amount, \$2,210,809 was paid even though no authorizing data from the dispatch center for the transportation could be found and therefore were questionable. Other questionable claims amounted to \$244,070 (e.g., Medicaid identification number did not match). Forty-six percent of all paid claims were questionable. The current payment system does not compare authorizing data to the data in the claims submitted for payment.

The Department of Health and Hospitals performs a post-payment review of all Medicaid claims as required by federal regulations. The current review process for the NEMT Program groups all transportation providers together when the computerized statistical analysis is performed. This increases the probability that small providers could abuse the program without being detected. Once the statistical analysis program is completed, providers are ranked according to the number of exceptions noted. Those with the highest number of exceptions may be subject to a preliminary investigation. If the findings of this investigation reveal possible fraud, providers are required by state law [LSA-R.S. 46:442(C)] to have a personal interview to respond to evidence gathered during the review. Following this investigation, the department may refer the case to other state or federal agencies if the department has reasonable cause to believe a violation has occurred. This meeting forewarns providers that they are under review even before the case is referred to the State Attorney General's Medicaid Fraud Control Unit (MFCU).

Matter for Legislative Consideration

- 1. The legislature may wish to consider deleting the requirement for a personal interview contained in LSA-R.S. 46:442(C); or**

2. **The legislature may wish to consider amending LSA-R.S. 46:442(C) so that referral to the MFCU is mandatory instead of discretionary.**

Recommendations

1. **The Department of Health and Hospitals should establish a written policy for setting and adjusting reimbursement rates. This policy should be based on either actual cost information submitted by providers and/or independent cost data from outside sources.**
2. **The Department of Health and Hospitals should implement policies to ensure that dispatch centers send authorizing data to UNYSIS, the fiscal intermediary. The information sent should include at a minimum the prior authorization number, date of service, Medicaid recipient identification number, and provider identification number.**
3. **The Department of Health and Hospitals should also require the fiscal intermediary to use the authorizing data to verify that claims for reimbursement were authorized by the dispatch center. The claims to be paid should be matched to the authorizing data before the claims are paid.**
4. **Once the Department of Health and Hospitals has paid a claim, the prior authorization number should be cancelled so a second claim for the same trip cannot be submitted and paid.**
5. **The Department of Health and Hospitals should require the Surveillance and Utilization Review Section to stratify providers into meaningful subgroups based on volume.**
6. **The discrepancies regarding prior authorization numbers and reimbursements should be thoroughly investigated.**

Chapter One: Program Background

Audit Initiation and Objectives

Senate Resolution No. 23 of the 1993 Regular Legislative Session directed the Legislative Auditor to conduct a performance audit of Louisiana's Non-Emergency Medical Transportation (NEMT) Program. The audit objectives were to:

- ♦ Examine the reasons for the high operating costs of the program.
- ♦ Examine transportation provider reimbursements for a selected region of the state.

Because of growing legislative awareness and concern about NEMT Program costs, the Joint Committee on the Budget created a subcommittee to address the problems contributing to high program cost. This subcommittee asked the Legislative Auditor to coordinate his review effort with the Legislative Budget and Fiscal Offices in their study of the NEMT Program, a project separate from this audit.

Report Conclusions

Since the last U. S. Health Care Financing Administration (HCFA) oversight review in 1984, Louisiana's NEMT expenditures have grown by nearly 800 percent, from \$7.5 million in 1985 to \$65.8 million in 1993. Even though 75 percent of the costs of this program in Louisiana are paid by the federal government, the state portion in 1993 is more than twice the entire cost of the program in 1985. When compared to other states in HCFA Federal Region VI, Louisiana has less than 20 percent of the total Medicaid eligible persons in the region but accounts for nearly 80 percent of the total dollars spent for this program.

Louisiana's NEMT Program lacks effective and centralized management. This point was highlighted ten years ago in the HCFA oversight review of Louisiana's NEMT Program. Since then, little progress has been made to solve the fundamental problems of the program.

Despite specific federal regulations mandating cost effectiveness, Louisiana, unlike Arkansas, South Carolina, Texas, and Washington, whose NEMT programs we examined in this report, does not stress cost effective service as a major objective.

Unlike these states, Louisiana predominantly uses for-profit providers. For-profit providers in Louisiana receive a higher rate of reimbursement than not-for-profit providers for both pick-up fee and mileage. In addition, the current rate structure used to determine these reimbursements has no written guidelines and is not based on either vehicle operational cost data from independent sources or actual cost data from providers.

In our analysis of nine months of operations in Region 7, 46 percent of all paid claims were questionable. These questionable claims totaled \$2,454,888. Discrepancies range from duplicate billings to the absence of authorizing information for trips taken. These could create a condition in which providers are paid for unauthorized services or for services never actually provided.

The Department of Health and Hospitals' post-payment review process is deficient in monitoring claims submission activities for all transportation providers. This may allow small volume providers who are misusing the program to escape detection. This linked with weakness in the program payment system stem from oversight problems within the Department of Health and Hospitals.

History of Non-Emergency Medical Transportation in Louisiana

Before 1979, no formal program was in place in Louisiana to provide non-emergency medical transportation to Medicaid recipients. Employees of the Department of Health and Human Resources - Office of Family Security provided transportation using either state vehicles or their own private vehicles.

During the 1970s, the states of Texas, Tennessee, and Louisiana were involved in separate litigation regarding the adequacy of transportation for the medically indigent. In 1979, a federal court found Louisiana to be deficient in assuring transportation services to its Medicaid recipients.

The resulting consent decree required the state to notify Medicaid recipients of the availability of transportation services at no cost to them.

To comply, the Louisiana Department of Health and Human Resources (DHHR) amended its Medicaid plan to allow for the recruitment and enrollment of an adequate number and variety of transportation providers. Clients obtained access to these providers through local DHHR Office of Family Security (OFS) offices, which were responsible for approving requests and scheduling transportation services. During the program's first year of operation, the budget was approximately \$800,000.

Between federal fiscal years 1979 and 1983, Louisiana's NEMT Program costs increased at an average annual rate of 60 percent to \$5.3 million. Even though state employees in some OFS parish offices were still providing transportation with personal or state-owned vehicles, program costs were still growing rapidly. This increase led to a federal oversight review in 1984 conducted by the Health Care Financing Administration (HCFA). The report included the following three main findings:

- ♦ Louisiana relied too heavily on for-profit providers. The state did not fully use other types of federally funded transportation programs;
- ♦ No internal controls existed to verify authorization of submitted claims; and
- ♦ Lack of controls and ineffective monitoring left the NEMT Program vulnerable to substantial fraud and abuse.

In 1988, the legislature split the Department of Health and Human Resources into the Department of Social Services (DSS) and the Department of Health and Hospitals (DHH). The overall responsibility for the Medicaid Program was given to the Department of Health and Hospitals; however, the responsibility for approving recipients' requests for transportation remained with the Department of Social Services - Office of Family Security.

Also, in 1988, DHH began allowing providers to submit claims electronically. However, OFS continued to manually document its approval of trips, which eventually proved burdensome. As a result, responsibility for approving transportation was transferred from OFS to DHH in 1992. By February 1993, DHH contracted with two private companies to

operate dispatch centers to authorize trips for six of the state's eight regions. Once a trip was approved, the dispatch centers would send the approval to the provider the Medicaid recipient requested. Each provider was then responsible for determining how the recipient would be transported. Although the contracted scheduling program reduced the volume of paperwork required by the manual OFS system, it was not designed to cross-check authorizing information against the electronically submitted claims of transportation providers. The vulnerability to fraud and abuse found by HCFA in 1984 therefore remained.

Since automation, the program has grown rapidly. In 1988, total expenditures excluding administrative costs were \$14.8 million with 206 certified non-emergency medical transportation providers. By 1993, total expenditures excluding administrative costs were \$65.8 million with 421 certified providers.

Medicaid regulations require states to implement procedures to ensure efficient program operations. Other states have controlled medical transportation expenditures by exploring cost containment measures ranging from centralizing management responsibilities to coordinating transportation with related government programs. As a result, these states are operating their programs at far less cost than Louisiana.

As a result of increased legislative interest, the fiscal year 1995 budget contains \$28 million for the NEMT Program. However, the 1979 consent decree requires the state to expend whatever is needed for this program. Budget constraints alone will not resolve program problems. This report identifies the complexities associated with administering non-emergency transportation in Louisiana, resulting cost implications, and program options.

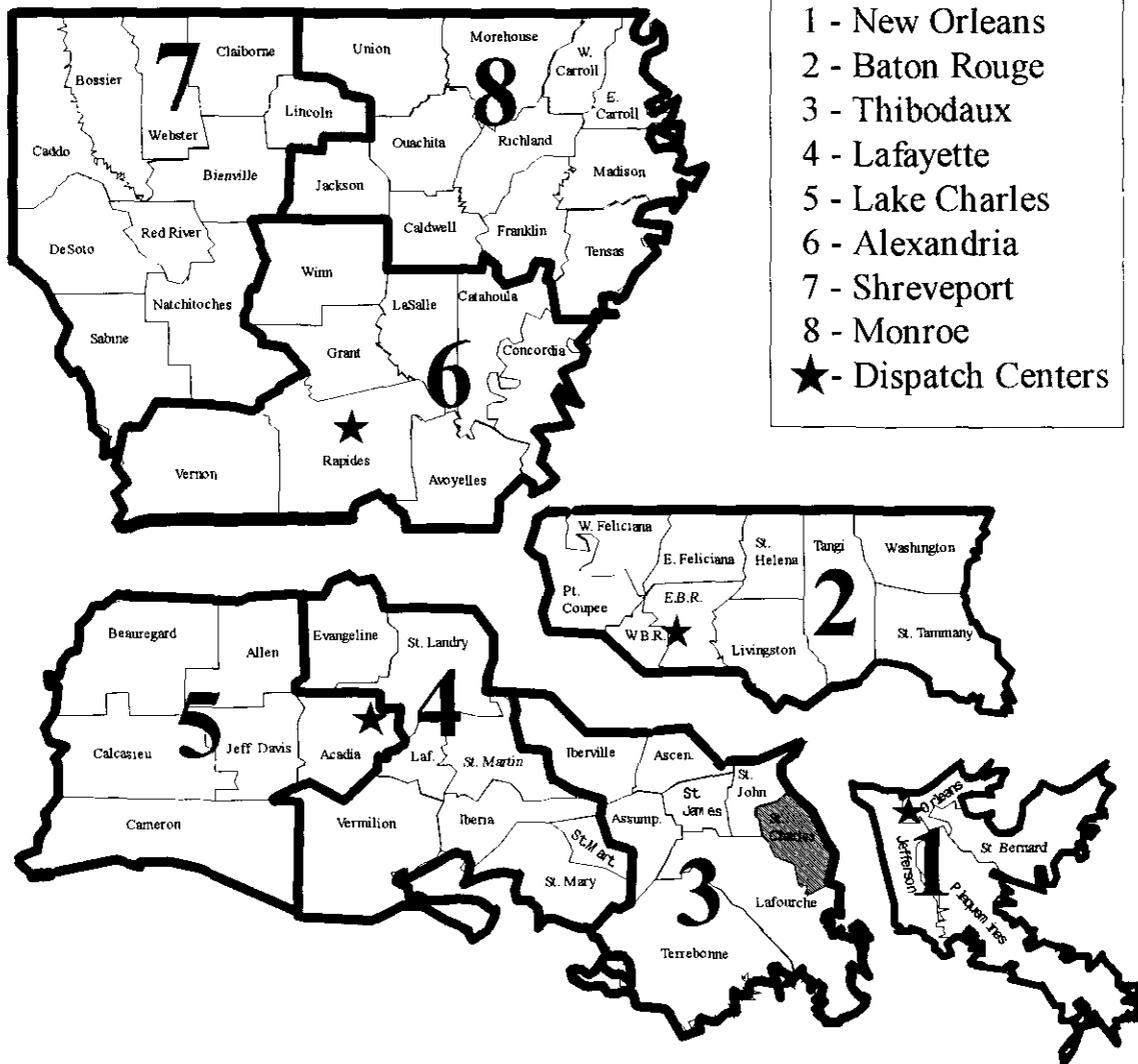
Program Administration

The Department of Health and Hospitals' Bureau of Health Services Financing (BHSF) is the single state agency responsible for administering the Medicaid Program in Louisiana. The NEMT Program is just one of twenty-three Medicaid programs administered by BHSF. HCFA sets general guidelines for the NEMT Program and oversees compliance with federal regulations.

Exhibit 1 Non-Emergency Medical Transportation Program Regional Boundaries and Dispatch Centers as of October 1, 1993

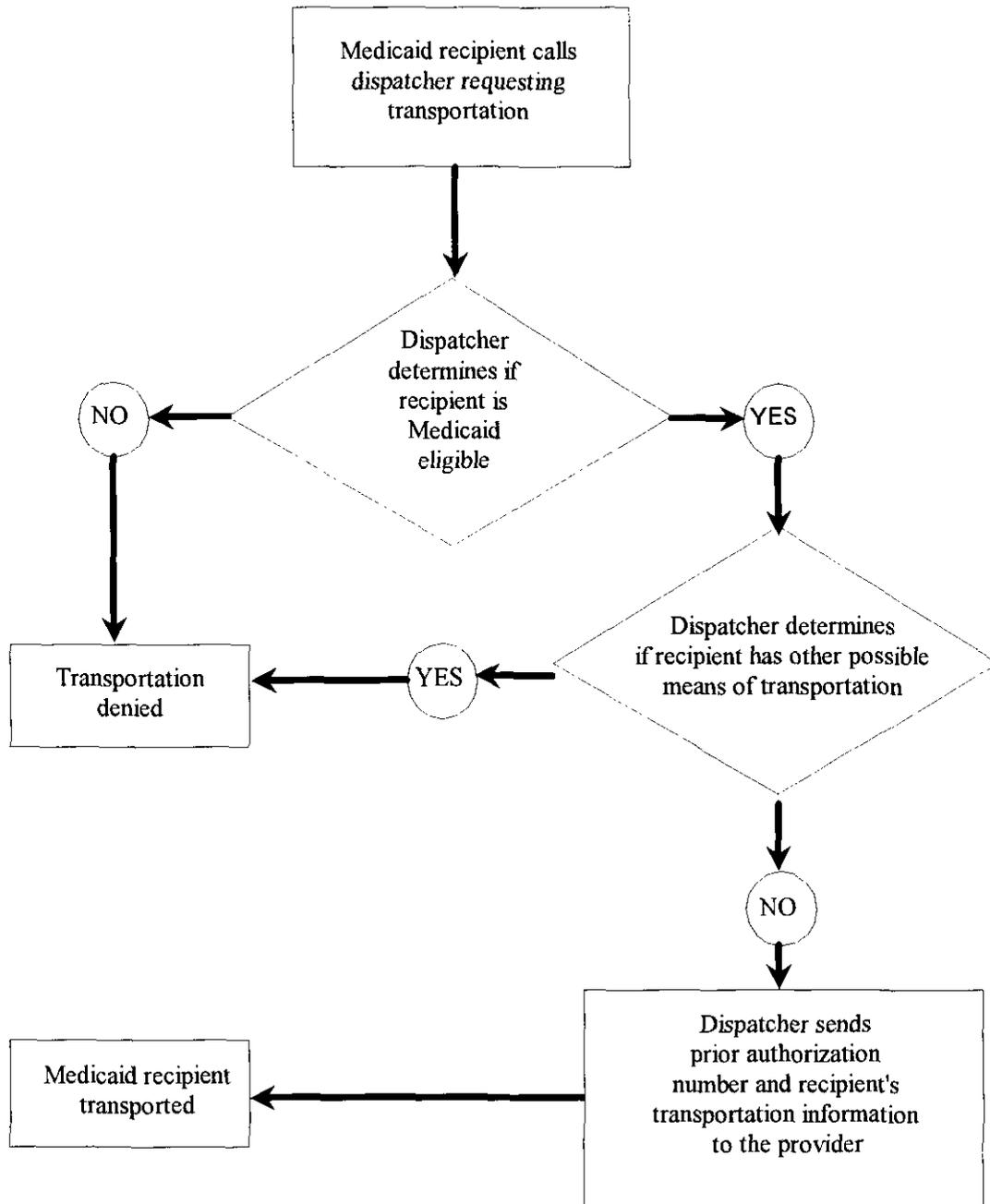
Regions

- 1 - New Orleans
- 2 - Baton Rouge
- 3 - Thibodaux
- 4 - Lafayette
- 5 - Lake Charles
- 6 - Alexandria
- 7 - Shreveport
- 8 - Monroe
- ★ - Dispatch Centers



Source: Map prepared by Legislative Auditor's staff based on data received from DHH-BHSF. St. Charles Parish, in Region 3, is serviced by the sole provider in Region 1.

Exhibit 2 How Medicaid Recipients Access Non-Emergency Medical Transportation



Source: Prepared by Legislative Auditor's staff using information provided by DHH-BHSF.

The department defines NEMT as transportation to all medically necessary services covered by Medicaid, with certain exceptions. These exceptions include: to and from a pharmacy; from home to a nursing facility; from one nursing facility to another, unless the beneficiary is transferred to a facility in his service area in which there were no beds originally available; and for rehabilitative services, unless authorized.

When Medicaid recipients need to access non-emergency medical transportation, they call the dispatch center which services their area. As can be seen in Exhibit 1, there are four regional dispatch centers. Once the dispatch center determines that the recipient is Medicaid eligible and has no other means of transportation, a unique identification number, called a prior authorization (PA) number, is issued for each trip (See Exhibit 2). This number is only to be used once by a provider to submit a claim for reimbursement.

Under federal Medicaid regulations, recipients in Louisiana have freedom of choice in selecting the provider who will transport them. The recipient can choose from a variety of for-profit and not-for-profit providers. If the recipient does not have a preference, a provider will be assigned by the dispatch center on a rotating basis, from a list of available providers.

The state's 64 parishes are divided into eight administrative regions. As illustrated by Exhibit 1 on page 5, the eight regions are centered around the cities of New Orleans, Baton Rouge, Thibodaux, Lafayette, Lake Charles, Alexandria, Shreveport, and Monroe. In all regions of the state, except for the regions of New Orleans and Baton Rouge, contracted dispatch centers receive and approve Medicaid recipients' requests for transportation. The dispatch centers for the Baton Rouge and New Orleans regions are staffed by DHH employees.

Fifty-nine of the state's 64 parishes are serviced by multiple providers. These providers are reimbursed based on a pick-up fee and mileage. The remaining five parishes are serviced by a sole provider who is reimbursed on a flat fee per trip basis. These five parishes include all four parishes in Region 1 and St. Charles Parish in Region 3. The state is allowed to use a sole provider because a freedom of choice waiver for Region 1 and parts of Regions 2 and 3 was obtained in 1988 from HCFA. However, in 1991, Regions 2 and 3 went back to the multi-provider system. In 1992, the waiver was expanded to all parishes of the state but is not currently being implemented by all regions.

Administration of the NEMT Program is divided between two sections within BHSF. These two sections are the Program Operations and the Program Integrity Sections. One Program Specialist in the Program Operations Section is responsible for establishing operational policy, monitoring contracts, resolving disputed claims, and answering procedural questions that are raised by transportation providers. This person also performs these same functions for ten other Medicaid programs. Field coordinators in the Program Integrity Section handle the day-to-day oversight of transportation providers. Their responsibilities are limited to the NEMT Program. Responsibilities include certifying new providers, inspecting providers' vehicles, ensuring liability insurance is maintained, and investigating complaints of possible fraudulent activity.

The Surveillance and Utilization Review Section (SURS) is under the Program Integrity Section. This section is mandated by federal Medicaid regulations to provide a post-payment review process for all services provided under a state Medicaid plan. SURS uses a three step process of discovery, investigation, and remedial action. Because of the volume of information, a computerized statistical program is used to review all claims to identify providers and recipients most likely to misuse the system. This SURS report is run on a quarterly basis. The SURS process is explained in greater detail in Chapter 3.

Program Funding

For fiscal year 1993, \$3.7 billion was spent on the Medicaid Program in Louisiana. Of that amount, \$65.8 million, or 1.7 percent, was paid to NEMT providers. Medicaid regulations allow states to classify NEMT either as an administrative expense or as an optional medical service. The method states choose determines how costs for the program will be shared by the state and federal governments. If a state chooses the administrative expense method, it receives 50 percent federal funding. If the state's program is classified as an optional medical service, it is reimbursed at the state's federal medical assistance rate, which varies from year to year.

Louisiana's NEMT Program is reimbursed as an optional medical service. By choosing this option, Louisiana is required to give recipients freedom of choice as to who will furnish transportation. For fiscal year 1993, the federal medical assistance rate for Louisiana was approximately 75 percent.

Therefore, the federal government provided \$48.8 million and the state \$17.0 million of the total NEMT cost of \$65.8 million. These NEMT figures include only payments to providers. Administrative costs are not included.

Scope and Methodology

This audit was conducted under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. All performance audits of the Legislative Auditor's Office are conducted in accordance with generally accepted government auditing standards as promulgated by the Comptroller General of the United States. Preliminary audit work began in August 1993 and fieldwork was completed in March 1994.

We reviewed federal and state laws pertaining to the Medicaid Program with specific emphasis on the NEMT Program. We also reviewed the April 19, 1979, NEMT consent decree. In addition, we studied the sections of the state Medicaid plans from 1978 to the present that pertained to the NEMT Program. We also examined BHSF's provider transportation manuals.

We contacted the U.S. Department of Health and Human Services, the U.S. Department of Transportation, and the National Center of Statistics and Analysis to obtain information on non-emergency medical transportation services and to identify cost effective state programs. In addition, we coordinated our review activities with the Legislative Fiscal Office in surveying the NEMT programs of 11 Southern states.

Our inquiry into these states' programs resulted in the selection of Arkansas, South Carolina, and Texas as having programs which emphasize cost containment measures such as centralized management, diversity of transportation modes, and coordination. In addition, the State of Washington was chosen because it uses a brokered system and the program is charged to the federal government as an administrative expense. We obtained and reviewed policy manuals from these four states and visited with program personnel in the states of Texas and Arkansas.

We conducted interviews with BHSF employees, personnel of the Medicaid fiscal intermediary (UNISYS), State Public Service Commission staff, and the head of the Louisiana Department of Justice Medicaid Fraud Control Unit (MFCU).

We reviewed internal memoranda and executive bulletins to determine the history of the program. We also toured the state's four regional dispatch centers and the business offices of the state's largest transportation provider and a medium-sized provider.

Senate Resolution No. 23 resolved "that the legislative auditor conduct an audit of the non-emergency medical transportation costs in a parish selected by the auditor at random which can be used as an example." We found that sampling a single parish would not give a true picture of what has been occurring with the program because of the differences in cost between an urban parish and a rural parish. Therefore, we determined that to provide an accurate view of the program operations to the legislature, an entire region of the state should be sampled.

Our determination of which region to sample was based on accessibility and the characteristics of each region. We were informed by DHH that providers in one parish of Region 8 (Monroe) were under investigation. This led us to eliminate it from consideration. Region 6 (Alexandria) was not considered for sampling purposes because of its close proximity to the parish providers in Region 8 that are under investigation. Regions 1 (New Orleans) and 2 (Baton Rouge) were excluded because of the manual operation of dispatching procedures for these two areas. Region 3 (Houma) was excluded because St. Charles Parish is serviced by a sole provider. This left Regions 4 (Lafayette), 5 (Lake Charles), and 7 (Shreveport) for consideration.

Of these three regions, Region 7 had the second largest number of providers, the largest population, and the largest number of parishes. These factors, along with the fact that Region 7 has large urban and rural areas, caused us to select that region.

To examine NEMT costs in Region 7, we obtained provider reimbursement information from the UNISYS computer system. We also obtained prior authorization records from Region 7's dispatch center, LaVergne's TeleMessaging, which began dispatching operations for Region 7 on February 1, 1993. Records for both authorizing data and paid claims data were available through October 1993.

To get the most current payment information possible, we requested data from UNYSIS for November 1, 1992, through

October 31, 1993. Since LaVergne's data for Region 7 was only available starting in February, we requested data from February 1, 1993, through October 1993. We then tested the validity of all paid claims by comparing UNYSIS paid claims information to LaVergne's authorizing data. For purposes of this report, a trip is defined as one submitted claim for reimbursement. A claim could be for either one-way or two-way transportation. Two claims submitted in error with the same prior authorization number were considered two separate trips. We also performed a limited analysis of the data received from UNISYS for the other seven regions of the state.

Report Organization

The remainder of this report is organized into two additional chapters and two appendixes.

- ♦ **Chapter Two** describes factors contributing to Louisiana's program cost and presents methods used by other states to contain their cost.
- ♦ **Chapter Three** describes the lack of controls in the payment system and the results of analysis of Region 7 expenditures.
- ♦ **Appendix A** contains a list of certified transportation providers, the parish(es) they operate in and whether they are for-profit or not-for-profit as of October 1, 1993.
- ♦ **Appendix B** contains the Department of Health and Hospitals' responses to the recommendations made in this report.

Chapter Two: Program Oversight and Cost Effectiveness

Chapter Conclusions

Total program costs have increased from \$7.5 million in 1985 to \$65.8 million in 1993, a total increase of 782 percent. This is because effective program management to control costs while providing efficient services has not received the proper emphasis in Louisiana.

Previous studies of Louisiana's NEMT Program conducted by the federal government and by private consultants have identified factors contributing to increased costs. These studies contained recommendations to control costs. However, most of these recommendations were not implemented and costs continued to rise.

We found that DHH has no written criteria for setting or adjusting provider reimbursement rates. In addition, the predominant type of provider in Louisiana's NEMT Program has continued to be for-profit. The predominance of for-profit providers may be attributed partially to Medicaid recipients' freedom of choice in selecting medical transportation providers.

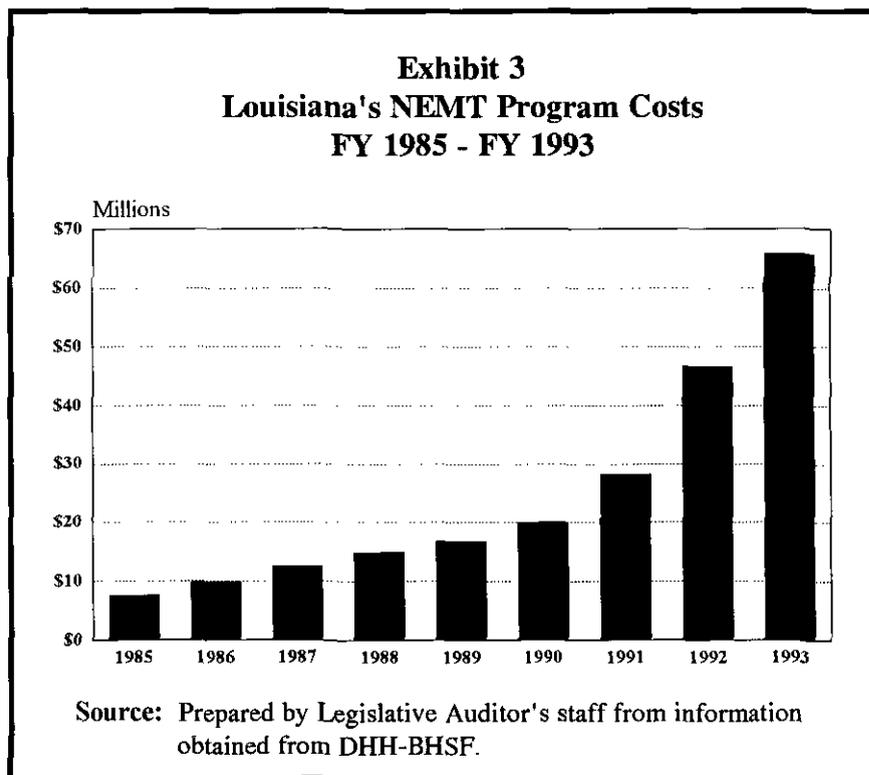
Louisiana's NEMT Program cost during federal fiscal year 1993 was approximately 10.5 times higher than that of the second highest spending state (Texas) in Federal Region VI. The need to control non-emergency medical transportation costs is not unique to Louisiana. Many of the cost containment measures advanced in the previous studies of Louisiana's program have been implemented in other states. Some surveyed states have managed to achieve a balance between cost effectiveness and Medicaid Program mandates. Louisiana has several options available to control cost, including a freedom of choice waiver. However, the state must reassess its current policy if it is to contain cost while ensuring Medicaid recipients' needs are met.

Total Reimbursements Have Increased Since 1985

Reimbursements for the NEMT Program Have Increased 782 Percent Between 1985 and 1993

Payments to NEMT providers in Louisiana have been increasing rapidly since the last federal oversight review. The costs for the program in this state exceed the combined costs for the four other states in Federal Region VI. Reimbursements and average miles per trip vary among Louisiana regions. The average amount paid per trip in Louisiana is \$48.44. For the regions in which providers are reimbursed for mileage, the average miles per trip is 64.8.

Total reimbursements increased from \$7.5 million in fiscal year 1985 to \$65.8 million in 1993. The largest increase occurred between fiscal years 1991 and 1992 when cost went from \$28.1 million to \$46.5 million, an increase of 65.4 percent. In fiscal year 1993, cost increased an additional 41.3 percent, to \$65.8 million as seen in Exhibit 3 below. DHH officials have partially attributed the rise in program costs to an increase in the Medicaid eligible population that has occurred since 1985. Other factors that have been linked to increases in program costs are explained on the following pages.



Average payment per trip ranged from \$16.71 to \$61.14 among the eight regions. During the sample period November 1, 1992, through October 31, 1993, 1,242,407 claims for trips were paid by DHH. Total provider reimbursements for these trips were \$60.2 million, for an average payment of \$48.44 per trip, as shown in Exhibit 4. As can be seen from this exhibit, both total payments and the average payment per trip are substantially lower in Region 1 than in any other region of the state. Region 1 differs from the other regions in that it has both a flat rate fee system and a single provider. These two factors could explain the cost differential between Region 1 and the other seven regions.

Exhibit 4			
Average Amount Paid Per Trip			
November 1992 through October 1993			
Region	Trips	Total Paid	Average Payment Per Trip
Region 1	95,943	\$1,602,747	\$16.71
Region 2	227,415	10,965,906	48.22
Region 3	88,453	4,361,630	49.31
Region 4	202,988	9,585,251	47.22
Region 5	85,424	4,069,080	47.63
Region 6	173,647	9,002,394	51.84
Region 7	156,775	7,644,302	48.76
Region 8	211,762	12,947,844	61.14
Total	1,242,407	\$60,179,154	\$48.44
Source: Prepared by Legislative Auditor's staff from information obtained from UNISYS for the period November 1, 1992, through October 31, 1993.			

During this time period, 156,550 people were provided transportation by the NEMT Program. With 1,242,407 trips taken during our time period of study, the average trips per person equalled 7.9. The total number of individuals using the system was derived from the number of unique Medicaid identification numbers issued to Medicaid eligible individuals. If recipients move from one parish to another or have a change in eligibility, it is possible for those recipients to have more than one Medicaid number during a year's time. Because of this, the

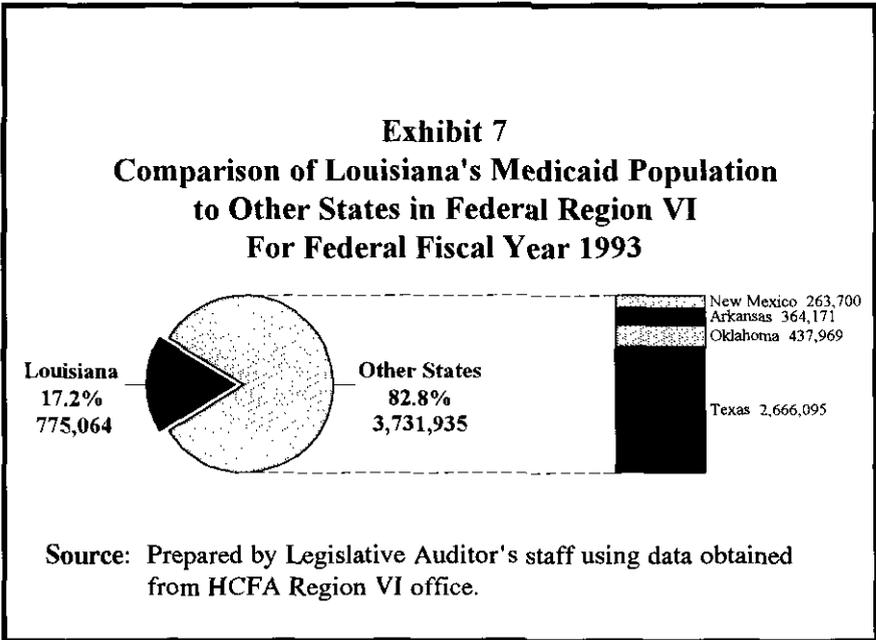
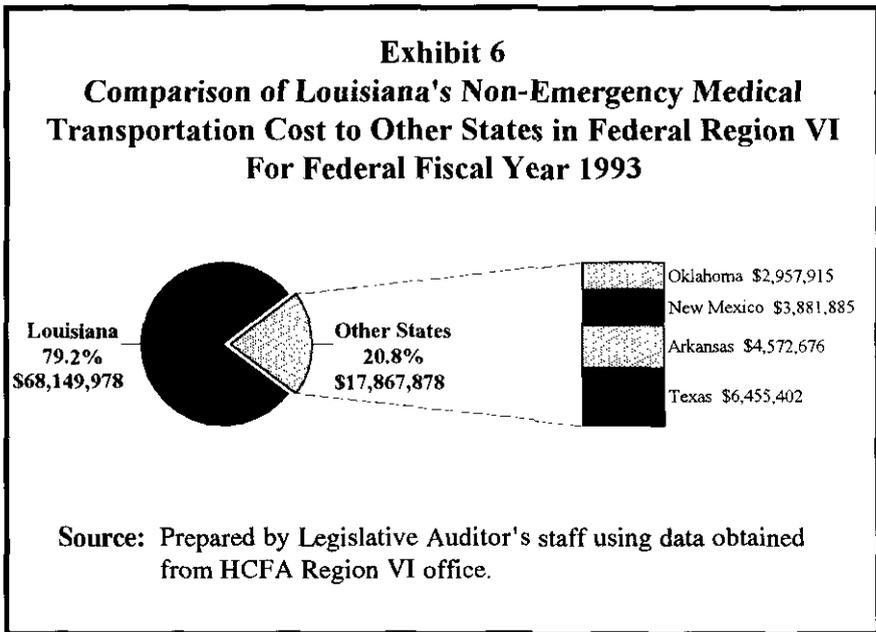
number of people using the NEMT Program could be lower than the figure suggested from the reimbursement data we reviewed.

Average miles per trip ranged from 56.8 miles to 83 miles among the eight regions. Fifty-nine of the state's 64 parishes are serviced by multiple providers who are reimbursed mileage for transporting recipients to doctors' offices and/or medical centers. The five remaining parishes of Orleans, Jefferson, St. Bernard, Plaquemines, and St. Charles are serviced by a sole provider who is reimbursed on a flat fee basis.

Exhibit 5			
Average Miles Per Trip			
November 1992 through October 1993			
Region	Trips*	Miles Billed	Average Miles Per Trip*
Region 1	95,943	N/A	N/A
Region 2	227,415	13,648,923	60.01
Region 3	88,453	5,550,780	62.75
Region 4	202,988	11,798,446	58.12
Region 5	85,424	4,849,134	56.77
Region 6	173,647	11,458,071	65.98
Region 7	156,775	9,454,674	60.31
Region 8	211,762	17,590,055	83.07
Total	1,242,407	74,350,083	64.85
<p>Source: Prepared by Legislative Auditor's staff from information obtained from UNISYS for the period November 1, 1992, through October 31, 1993. *Avg. miles per trip were computed using 1,146,464 trips. Trips for Region 1 were not used since the provider in this region is not reimbursed for mileage. N/A = Not Applicable.</p>			

Louisiana's NEMT expenditures are higher than the combined total expenditures of the four other states in Federal Region VI. Based on information provided by the HCFA oversight office for Region VI for federal fiscal year 1993, Louisiana's expenditures for NEMT comprised 79.2 percent of total regional NEMT expenditures. As can be seen in Exhibits 6 and 7, Louisiana's total expenses exceeded the combined expenses of the remaining four states by \$50 million,

while containing only 17.2 percent of the total Medicaid population among the five states.



HCFA has expressed concern over the cost of the NEMT Program in Louisiana. Federal officials, acknowledging that participation rates for the Medicaid Program have increased, noted that historically Louisiana's non-emergency transportation has been provided mostly by for-profit providers and plagued by weaknesses in program management. These officials recognized

Louisiana's recent efforts to strengthen program management activities. However, their concern still exists over the NEMT price tag. Other states have implemented cost containment measures for their programs. These will be discussed later in this chapter.

Factors Contributing to High Costs

Weak Management Controls and a Predominance of For-Profit Providers Have Contributed to Increased Program Costs

Since its inception, four studies have examined Louisiana's NEMT Program. Findings from these reports included excessive reimbursement rates and a predominance of for-profit providers. However, cost control recommendations with regard to these findings have not been implemented and these problems continue. As DHH works towards strengthening NEMT program management, recommendations in previous studies may serve as viable alternatives to manage program costs.

Management Controls

Program expenditures have been increasing, but implementation of recommended cost containment measures has been limited. Since the 1980s, the Louisiana Department of Health and Hospitals commissioned three studies by private consultants. The first study identified cost containment alternatives and the remaining two reviewed the efficiency of a sole provider transportation system. In addition, HCFA released a study in 1984 of Louisiana's NEMT Program. These reports identified breakdowns in program controls and included recommendations for corrective actions.

One study found that the reimbursement rates in Louisiana's NEMT Program were not based on actual cost data submitted by providers. Another concluded that the methodology for paying providers results in unnecessary expenditures. A study of single-provider services in three regions determined that single transportation vendors provide efficient and cost-effective services with a high degree of client satisfaction. A subsequent study supported the cost effectiveness of single-provider systems in those regions. However, two of the three regions have discontinued the use of a single-provider system. Cost control

recommendations derived from these studies included competitive rate negotiations, verification of payment claims, and coordination with other federally funded transportation programs. Over the years little has been done to implement many of these recommendations.

No written criteria or independent verification for setting and adjusting provider reimbursement rates exists. Since inception of the program, provider reimbursement rates have changed seven times with the most recent change in 1991. Agency personnel were able to provide us with documentation establishing the methodology for two of these rate changes. These rate changes were implemented in 1981 and 1991.

The department's rate change in 1981 was in response to a report issued by an outside consultant. Before this time, a flat pick-up fee and mileage were charged by transportation providers for each passenger. Report recommendations were implemented to decrease pick-up fees and allow mileage for only the first Medicaid recipient on each trip.

In addition to fee restructuring, the consultant concluded that the 1980 reimbursement rates were not determined by independent cost data, but rather from general information submitted by providers. As a result of the consultant's finding, the department implemented an administrative rule in 1981 requiring providers who are reimbursed on the basis of a pick-up fee and mileage to submit annual cost reports. This requirement remained in effect until September 1, 1986, when the department issued a new rule which still is in effect. That rule stated:

. . . The Transportation Program will no longer require medical transportation providers to submit an annual cost report. These reports are not used to determine reimbursement. The completion of these reports is an unnecessary administrative burden on providers. (Louisiana Register Vol. 12, No. 8, August 20, 1986, page 528)

The rate change in 1991 was explained by an interoffice memorandum. In this memorandum, DHH calculated the budgetary impact of a 5 to 20 percent rate increase for non-ambulatory recipients. Budgetary calculations were based on

paid claim information obtained from the fiscal intermediary, UNYSIS. As a result of the administrative rule, no effort was made to obtain actual cost data from the providers. In addition, cost data verification from independent outside sources was not obtained. The resulting effect was the establishment of a higher rate when non-ambulatory recipients were transported in specially equipped full-size vans.

Current proposals by DHH to overhaul the NEMT Program recommend a flat fee that is not based on actual cost data. Without establishing rates based on actual cost data from the providers or from independent sources reimbursement rates could have little relationship, positive or negative, to a fair rate of return.

Recommendation

The Department of Health and Hospitals should establish a written policy for setting and adjusting reimbursement rates. This policy should be based on either actual cost information submitted by providers and/or independent cost data from outside sources.

For-Profit Providers

As of June 1993, 99.6 percent of total NEMT payments were made to for-profit providers. For-profit companies have historically been the predominant transportation providers for Louisiana's NEMT Program. To satisfy the requirements of the 1979 consent decree, Louisiana created a transportation program which allowed for the enrollment of all provider types. However, the predominant type of provider since 1979 has been for-profits. This condition was identified in two studies in the early 1980s. In particular, the 1984 HCFA review concluded that high program expenditures resulted from over-reliance on for-profit providers. Although the consent decree mandated the enrollment of all provider types, our review, as well as the HCFA oversight study, did not identify any instances where family or friends were certified to provide transportation.

A review of certified NEMT providers as of October 1993, revealed that this condition still exists. As of October 1993, a total of 421 providers were certified for program participation. Out of that total, 376 (89.3%) were for-profit providers, with the remaining 45 (10.7%) being not-for-profit providers. HCFA's review of provider reimbursements during the period October 1, 1981, through June 30, 1983, showed that 92.7 percent of the payments were made to for-profit providers.

One possible reason for the dominance of the for-profit providers is the federal requirement of freedom of choice. Since Louisiana chose to classify NEMT as an optional medical service, federal regulations allow recipients to choose their transportation provider. The state currently has a freedom of choice waiver for all parishes, but it has not been implemented beyond Region 1. Federal officials have said the implementation of the waiver could decrease the cost of the NEMT program in Louisiana.

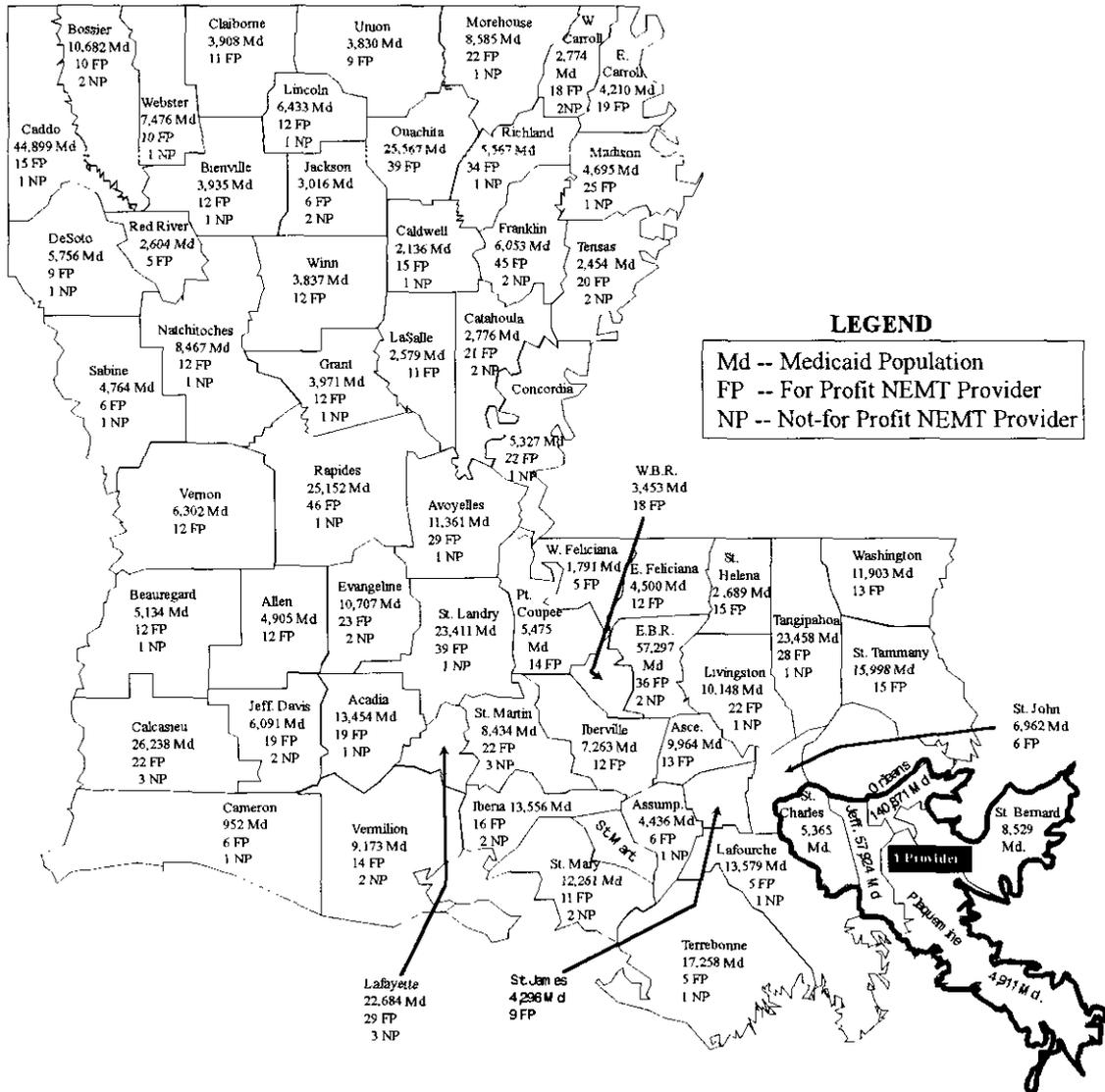
Exhibit 8 on the next page shows the Medicaid population and the number of for-profit and not-for-profit providers certified to operate in each parish as of October 1, 1993. Appendix A contains a listing of all certified providers as of October 1, 1993, and the areas each provider serves.

**Cost
Containment
Methods Used
by Other
States**

**Arkansas, South Carolina, Texas, and Washington
Stress Client Needs and Cost Effectiveness as
Transportation Goals**

These four states use a variety of transportation providers. All four employ an array of transportation modes such as buses, trains, airlines, public transportation, volunteers, and family members. Criteria for transportation are based on the recipients' needs and least costly alternatives. The Department of Health Services in Arkansas implements its NEMT program through a coordinated effort with its Department of Transportation. South Carolina's program seeks bids for sole-provider contracts with each provider servicing a specific area of the state. The State of Texas adjusts its program on a yearly basis by monitoring usage rates and requiring bids from transportation providers. Finally, Washington uses a brokered system in which private companies arrange transportation by other private companies.

Exhibit 8 Medicaid Populations and Certified NEMT Providers As of October 1993



These states use various cost containment measures which Louisiana might want to consider. South Carolina and Arkansas base their reimbursements on loaded miles. This includes only mileage from the point where a recipient is picked up, to the medical provider, and back. South Carolina and Texas prepare service area needs assessments to determine the number of contract providers necessary to provide adequate transportation. In instances involving contracts between states and providers, provisions for monitoring the program to minimize fraud and abuse are included. Arkansas requires that mileage figures prepared by its highway department be used for all trips when transportation is from city to city and Texas requires this for trips provided by volunteers.

Louisiana Has Flexibility to Contain Cost

Louisiana Must Reconcile Efforts to Control Program Costs Within Available Federal Options

Efforts to control the cost of non-emergency medical transportation are not unique to Louisiana. As cited in the previous section, some states have instituted a variety of cost containment measures which balance requirements for transportation availability with cost effectiveness. Federal Medicaid regulations provide states' latitude in program implementation efforts through three funding reimbursement arrangements: **optional, administrative, and freedom of choice waiver.**

Louisiana classifies NEMT as an optional medical service which results in a 75 percent funding reimbursement to the state. Medicaid services classified as optional requires freedom of choice allowances in provider selection. State health care officials acknowledge that the historical growth in NEMT for-profit providers and resulting costs stemmed from meeting recipient demand and preference. However, balancing the requirement of freedom of choice with the need for cost containment has been the subject of debate at the federal and state level.

Unlike reimbursements for optional medical services, the administrative cost alternative reduces the federal funding ratio but increases states' flexibility to control program cost. Under this reimbursement scenario, Medicaid recipients do not have

freedom of choice allowances. Transportation to Medicaid covered services is provided by a vendor of state choice. States subscribing to the administrative cost alternative must demonstrate that transportation method(s) do not limit recipients' accessibility to government subsidized health care services. Federal reimbursement funding for the administrative cost alternative is established at 50 percent. As a result of Louisiana's dependence on Medicaid funding, the potential savings realized in consideration of this reimbursement method may not offset future losses in federal revenue.

Freedom of choice waivers provide opportunities for achieving cost containment without sacrificing efforts to maximize federal revenues. Selection of this funding option is contingent upon federal approval. States seeking freedom of choice waivers must demonstrate that alternative transportation methods will not limit accessibility and implementation costs are not prohibitive.

Louisiana has approval for a statewide freedom of choice waiver, but it has been implemented only in the Region I (New Orleans) area. Two previous studies acknowledge that the freedom of choice waiver established for the New Orleans area provides opportunities to contain transportation costs and maintain client satisfaction. Noted earlier in this chapter, the average cost per trip in the New Orleans area was \$31.73 less than the state average. DHH efforts to expand implementation beyond Region I have been constrained by the absence of centralized management for the NEMT program within the department and resistance from enrolled for-profit providers.

As a result of increased public awareness, Louisiana recently initiated efforts to contain spending for the NEMT program. As indicated in the 1994-95 Executive Budget, funding has been established at \$28 million. Similar to measures adopted by states cited in this study, Louisiana has initiated new regulations to overhaul the entire non-emergency medical transportation program. However, these new regulations have to be approved by HCFA.

Similar to Louisiana's dilemma, several states are confronting the need to control medical transportation costs while maintaining federal revenue maximization efforts. In discussions with HCFA officials, we have been informed that they are prepared to assist states in shaping their NEMT programs to

control costs, while fulfilling the needs of their clients and the requirements of federal law.

Lack of criteria for setting reimbursement rates, large numbers of for-profit providers, and limited changes to the NEMT program have all served to increase program costs over the years. However, without strong controls over submitted claims, costs can increase regardless of the type of program a state has. We address the issue of payment of claims and the post-payment review process in Chapter 3.

Chapter Three: Payment of Claims and Post-Payment Review

Chapter Conclusions

Controls on payment of reimbursement claims are inadequate and cannot assure that providers are paid only for services that were authorized. Claims for reimbursement are not checked against the authorizing data issued by the dispatch centers. The current payment system also allows the same authorized trip to be paid more than one time.

Data analyzed for Region 7 during the period February 1, 1993, through October 31, 1993, revealed \$5,309,176 was paid for claims submitted for reimbursement. Of that amount, \$2,210,809 was paid even though no authorizing data from the dispatch center for the transportation could be found and therefore were questionable. Other questionable claims which did not match authorizing data amounted to \$244,079. Total questionable claims accounted for 46 percent of all paid claims.

DHH does have a system in place to monitor and flag certain potential problems in submitted claims. Certain data elements for large volume providers are automatically flagged as exceptions during the post-payment review process and may be subject to a preliminary investigation. If the findings of this investigation reveal possible fraud, providers are required by state law [LSA-R.S. 46:442(C)] to have a hearing to respond to evidence gathered during the post-payment review. However, a controversy between state and federal personnel has arisen as to whether this personal interview compromises investigations once the case is referred to the State Attorney General's Office. Federal Medicaid officials have warned DHH that this continuing situation is not in compliance with federal regulations.

**DHH Has No
Controls to
Ensure Paid
Claims Are
Authorized**

**The Present Payment System Pays Claims Without
Verifying That Trips Were Authorized**

The automated payment system will pay any claim with data entered in the prior authorization (PA) number field. This information does not have to be in a format consistent with the characteristics of the prior authorization number. Any data in this field, even if it is all zeros, will result in the claim being paid. This system will also pay two or more claims with the same PA number, even though the number is only to be used once.

Internal controls for NEMT's payment system do not assure that paid claims were authorized. This problem was first identified in the 1984 report issued by HCFA. The report stated, "The fiscal agent's system of processing NEMT claims does not assure that the provider is paid only for services prior authorized by the State . . . When the claim is processed by the fiscal agent, there is no comparison of the services approved versus the services billed." This finding pertains to the manual system in place in 1984. However, this problem still exists under DHH's computerized claim submission system.

Once a Medicaid recipient is provided transportation, the provider uses the PA number to submit a reimbursement claim. The claim is sent to UNISYS which processes and pays all state Medicaid claims, including those for the NEMT Program. The PA number will either be entered by the provider if the claim is submitted electronically or will be keypunched by UNYSIS personnel if the claim is submitted on the paper claim form. Before the claim is paid, UNISYS verifies that the person who took the trip is Medicaid eligible, that the transportation provider's address is correct, and that the provider is eligible for program participation as of the date of transportation. As long as this information is correct and there is data in the field provided for the PA number, the claim will be paid. Without verifying that the PA number was issued, UNISYS cannot assure that what they are paying was actually authorized. A DHH official told us that a claim will be paid if there is anything in the PA number field, even if it is all zeros or even if a claim with the same PA number has already been paid.

Recommendations

1. **The Department of Health and Hospitals should implement policies to ensure that dispatch centers send authorizing data to UNYSIS, the fiscal intermediary. The information sent should include at a minimum the prior authorization number, date of service, Medicaid recipient identification number, and provider identification number.**
2. **The Department of Health and Hospitals should also require the fiscal intermediary to use the authorizing data to verify that claims for reimbursement were authorized by the dispatch center. The claims to be paid should be matched to the authorizing data before the claims are paid.**
3. **Once the Department of Health and Hospitals has paid a claim, the prior authorization number should be cancelled so a second claim for the same trip cannot be submitted and paid.**

PA numbers are authorized for one trip only, but the current system will pay multiple claims with the same PA number and will also pay claims for trips with unauthorized PA numbers. For purposes of this report, these types of claims are referred to as "questionable." We analyzed authorizing data and paid claims data for Region 7 of the state to determine the number of questionable claims. Region 7 consists of the parishes of Bienville, Bossier, Caddo, Claiborne, DeSoto, Lincoln, Natchitoches, Red River, Sabine, and Webster. The results can be seen in the following section.

The Current System Pays Questionable Claims

Nearly Half of the Expenditures for Paid Claims in Region 7 in the Sample Period Were Questionable

A total of 137,610 unique PA numbers were found in the authorized and paid claims data for Region 7 received from UNYSIS and LaVergne's TeleMessaging, the company that approves recipients request for transportation, for the period February 1, 1993, to October 31, 1993. During this time period,

total reimbursements to providers amounted to \$5,309,176. We found \$2,454,888 of these paid claims, or 46 percent, to be questionable. This is the result of claims not being compared to authorizing data before being paid.

Exhibit 9		
Reimbursement Claims Submitted for Region 7		
February 1, 1993, through October 31, 1993		
Category of Claims	Number of Claims	Total Amount Paid
Valid Claims	61,743	\$2,854,288
Questionable Claims:		
PA #s match but other authorizing data does not, PA #s used more than once or both conditions existed	3,933	244,079
No authorization for the trip could be found	44,058	2,210,809
Authorized Trips Not Submitted for Payment	27,876	0
Total	137,610	\$5,309,176
Source: Prepared by Legislative Auditor's staff based on data received from UNYSIS and LaVergne's Telemessaging.		

The dispatch center issued 65,676 unique PA numbers for authorized trips for which corresponding claims for reimbursement were found. The total amount paid for these claims was \$3,098,367. Of these 65,676, we found 3,933, or 6 percent, to be questionable. We found 2,609 of these did not have the same Medicaid recipient or date of service shown in the authorizing information. We also found that 454 of the PA numbers were used more than once to pay a claim, even though they are issued for only one specific trip. Finally, we found that 870 of the PA numbers had both of the above mentioned problems. The amount paid for these 3,933 questionable claims totaled \$244,079.

The reimbursement data contained 44,058 unique PA numbers used to pay \$2,210,809 in claims, for which no authorization data could be found. State officials with BHSF told us this is a result of the current payment system. They

explained that if anything is entered in the field for PA number, even if it is all zeros, and the Medicaid recipient, provider, and date of service are all valid, the claim will be paid. There are several possible reasons which could explain the payment of these claims which have no matching authorizing information. These reasons include: claims being submitted by providers with PA numbers that were never issued and errors by the provider in keypunching the data when submitting a claim for reimbursement.

The dispatch center issued 27,876 unique PA numbers for authorized trips for which no claim for reimbursement could be found. Agency officials with DHH said that this occurs when a Medicaid recipient is authorized for NEMT services and then cancels the trip before transportation is provided. If these numbers are not cancelled, the result could be error or misuse. These specific types of questionable claims are not detected in DHH's post-payment review process. This process is described in the following section.

**Post-Payment
Review
Process
Focuses on
High Volume
Providers**

**Small Providers Could Abuse the Program and
Escape Detection**

Federal regulations requires that all states perform a post-payment review of all Medicaid claims. In Louisiana, this is handled by the Surveillance Utilization Review Section (SURS) as a joint effort of UNYSIS and DHH. SURS analyzes certain variables called data elements, which include maximum number of trips provided in one day, average paid per recipient, and the number of claims billed. These data elements are then statistically analyzed to establish a range of acceptable values called peer group norms. However, this system does not test for the type of questionable claims discussed in the previous section.

When a data element is found to be above its norm, it is flagged as an exception. Because norms are established based on data elements of all providers, very large providers would automatically exceed the upper limits for data elements such as daily maximum number of trips and the number of claims billed. The current system increases the risk that small providers could abuse the program without being detected. By dividing providers

into subgroups based on volume, fraud by any provider, regardless of size, could be more readily detected.

All data elements have values assigned to them by SURS based on their importance. When a data element is flagged as an exception, its value is added to the provider's total exceptions. All providers with combined exceptions exceeding the pre-determined norm are listed on an exceptions report. Those with the highest exception rankings are prime targets for being selected for preliminary investigation. Preliminary investigations are also performed based on complaints of possible fraud from outside sources.

In accordance with federal Medicaid regulations, if the preliminary investigation reveals possible fraud the SURS Procedures Manual requires the information to be referred to the State Attorney General's Office. However, LSA-R.S. 46:442(C) requires a personal interview before a case may be referred to the Attorney General's Office.

At this preliminary interview, the provider has the opportunity to respond to samples of the evidence gathered *during the preliminary investigation*. Providers may choose to bring their attorney, but DHH is not represented by an attorney at the interview. A senior official in the Attorney General's Office stated that the personal interview mandated by LSA-R.S. 46:442(C) forewarns providers suspected of fraud that they are under review and compromises their investigation. These same concerns were also expressed by the Attorney General in 1986 when he stated that the personal interview gives the suspect "an opportunity to alter incriminating records and influence and/or intimidate staff members and recipients." (Letter dated June 23, 1986, from the Attorney General to the President of the Louisiana State Senate and members of the Senate, p. 2)

In April 1986, HCFA expressed its concern about the personal interview requirement to the Department of Health and Human Resources. They also informed the department of the potential loss of federal funding if the personal interview requirement was not eliminated. This paragraph was amended by House Bill 1925 of 1986, but still retains the personal interview requirement. On June 12, 1986, a HCFA representative warned the department that House Bill 1925 of 1986 was still out of compliance with federal regulations. The question of whether the

state is in compliance with the federal Medicaid regulation is still unresolved.

Recommendations

The Department of Health and Hospitals should require the Surveillance and Utilization Review Section to stratify providers into meaningful subgroups based on volume.

The discrepancies regarding prior authorization numbers and reimbursements should be thoroughly investigated.

Matter for Legislative Consideration

- 1. The legislature may wish to consider deleting the requirement for a personal interview contained in LSA-R.S. 46:442(C); or**
- 2. The legislature may wish to consider amending LSA-R.S. 46:442(C) so that referral to the Attorney General's Medicaid Fraud Control Unit is mandatory instead of discretionary.**

Appendix A

**Listing of Providers as of
October 1, 1993**

Listing of Non-Emergency Medical Transportation Providers Certified as of October 1, 1993

Provider Name	Provider		Parish(es)	Franklin	Madison	Tensas
	Type	Number				
A & B Transportation	FP	95088	Concordia			
A-1 Med Service	FP	92382	E.B.R.			
A-1 Medical Transportation	FP	92385	Rapides			
A-1 Transportation, Inc.	FP	93492	Ouachita			
A-One Medical Transportation	FP	92078	DeSoto			
AA Transportation Service	FP	90283	Rapides			
AAA Auto	FP	92784	St. Landry			
ABC Medical Ride	FP	92123	Iberia			
Acadia-Vermilion Comm. Act. Pro.	NP	34942	Acadia	Vermilion		
Acadia Council on Aging	NP	90931	Acadia			
Acadia Health Trans.	FP	19259	Acadia			
Acadiana Med Trans., Inc.	FP	19152	Lafayette	St. Martin		
Ace Medical Transportation	FP	93224	Calcasieu			
Ace Transportation Service	FP	93526	Ouachita			
Adams Air Ambulance (@)	FP	92859	Out-of-State			
Affiliated Health Care, Inc.	FP	30232	Union			
All Star Med Transportation	FP	96073	Ascension			
Allen Transportation	FP	92981	Morehouse			
AMB-Stat Inc.	FP	38424	St. Bernard			
American Medical Transportation	FP	92970	St. Tammany			
American Aerovac, Inc. (@)	FP	36327	Out-of-State			
Anderson Med Transportation	FP	95128	Bossier	Caddo		
Anderson, Joseph	FP	35435	Tangipahoa			
Ann 's Transportation	FP	91730	Morehouse	Richland	East Carroll	West Carroll
Annie's Transportation Service	FP	33064	Orleans			
Ark Medical Transportation	FP	93639	E.B.R.	East Feliciana	St. Helena	Washington
Ashbrook & Goux Enterprises	FP	19698	Ouachita			
Atkins Transportation	FP	92672	Madison			
Avoyelles Transportation Services	FP	95048	Avoyelles			
Avoyelles Council on Aging	NP	36352	Avoyelles			
Avoyelles Medical Express	FP	92768	Avoyelles	Rapides		

Listing of Non-Emergency Medical Transportation Providers Certified as of October 1, 1993

Provider Name	Provider		Parish(es)	Type	Number of Operations	Number of Operations	Parish(es)	Type	Number of Operations	Parish(es)	Type	Number of Operations
	Type	Number of Operations										
B & J Transportation	FP	93081	Tensas	FP	93081	Tensas	Madison	FP	93081	Tensas	FP	93081
Barbara Christmas DBA Barbara's Trans.	FP	93489	Avoyelles	FP	93489	Avoyelles	Evangeline	FP	93489	Avoyelles	FP	93489
Basic Transportation	FP	36576	Ouachita	FP	36576	Ouachita		FP	36576	Ouachita	FP	36576
Bayou Ambulance Service, Inc. N.E.	FP	95479	Webster	FP	95479	Webster		FP	95479	Webster	FP	95479
Bayou Comprehensive Health Center Trans	NP	90647	Calcasieu	NP	90647	Calcasieu		NP	90647	Calcasieu	NP	90647
Bayou Industrial Maint Servs. (BIMS)	NP	92450	Assumption	NP	92450	Assumption	Iberia	NP	92450	Assumption	NP	92450
Bayou Medical Trans.	FP	38697	Iberia	FP	38697	Iberia	St. Martin	FP	38697	Iberia	FP	38697
Beauregard Comm. Action Assoc.	NP	92687	Beauregard	NP	92687	Beauregard		NP	92687	Beauregard	NP	92687
Bells Transportation	FP	90474	Acadia	FP	90474	Acadia	Iberia	FP	90474	Acadia	FP	90474
Ben's Medical Transportation, Inc.	FP	39974	St. Helena	FP	39974	St. Helena	Tangipahoa	FP	39974	St. Helena	FP	39974
Bert's Med-Van	FP	93231	Acadia	FP	93231	Acadia	Evangeline	FP	93231	Acadia	FP	93231
Best Medical Transportation	FP	92982	Caddo	FP	92982	Caddo		FP	92982	Caddo	FP	92982
Best Way Med Transportation	FP	92198	Natchitoches	FP	92198	Natchitoches		FP	92198	Natchitoches	FP	92198
Bestway Medical Transportation	FP	95363	Concordia	FP	95363	Concordia	Franklin	FP	95363	Concordia	FP	95363
Betty's Van Service	FP	90346	Acadia	FP	90346	Acadia	Evangeline	FP	90346	Acadia	FP	90346
			Ascension			Ascension	E.B.R.			Ascension		
			West Feliciana			West Feliciana				West Feliciana		
Bienville Coa	NP	32942	Bienville	NP	32942	Bienville		NP	32942	Bienville	NP	32942
Bienville Transport.Serv Inc (BTS)	FP	90713	Bienville	FP	90713	Bienville		FP	90713	Bienville	FP	90713
Bingham Medical Trans.	FP	93579	Catahoula	FP	93579	Catahoula	Richland	FP	93579	Catahoula	FP	93579
			Tensas			Tensas				Tensas		
Blanson Transportation	FP	96617	Franklin	FP	96617	Franklin		FP	96617	Franklin	FP	96617
Bobbie's Med Transportation	FP	93077	Concordia	FP	93077	Concordia		FP	93077	Concordia	FP	93077
Bon Ami Transportation	FP	93150	Iberia	FP	93150	Iberia	Lafayette	FP	93150	Iberia	FP	93150
Borrel's Inc.	FP	93487	Avoyelles	FP	93487	Avoyelles		FP	93487	Avoyelles	FP	93487
Bossier Council On Aging	NP	93484	Bossier	NP	93484	Bossier		NP	93484	Bossier	NP	93484
Bossier Community Action	NP	19570	Bossier	NP	19570	Bossier		NP	19570	Bossier	NP	19570
Bradford Transport	FP	92984	Webster	FP	92984	Webster	Bossier	FP	92984	Webster	FP	92984
Brass Transportation	FP	95117	Franklin	FP	95117	Franklin		FP	95117	Franklin	FP	95117
Briggs, Kenneth	FP	39536	Grant	FP	39536	Grant		FP	39536	Grant	FP	39536
Briley's Medical Tans., Inc.	FP	93001	Calcasieu	FP	93001	Calcasieu		FP	93001	Calcasieu	FP	93001
Brother in the Ministry	FP	93432	Vermilion	FP	93432	Vermilion		FP	93432	Vermilion	FP	93432
Brown & Burgess	FP	92386	Richland	FP	92386	Richland		FP	92386	Richland	FP	92386

Listing of Non-Emergency Medical Transportation Providers Certified as of October 1, 1993

Provider Name	Provider Type	Provider Number	Parish(es) of Operations					
Bruce, Sandra D.	FP	90204	Rapides					
Buddy's Med-Van	FP	92438	Allen	Evangeline	St. Landry			
C & A Transportation	FP	91673	Avoyelles	Rapides	St. Landry	Pointe Coupee		
C & B Transportation	FP	92670	Rapides	Avoyelles				
C & C Medical Trans.	FP	93704	Calcasieu					
C & C Med Transportation Inc.	FP	38305	Rapides					
C & E Transportation	FP	91121	Concordia	Catahoula				
C & R Transportation	FP	95129	Franklin					
C & S Medical Transportation	FP	93485	Franklin	Richland				
C & S Medical Transport	FP	92767	Winn	Jackson				
C C Transportation	FP	92889	Livingston	St. Helena	St. Tammany	Tangipahoa	Washington	
C J's Transportation Service, Inc.	FP	35831	Jefferson					
Caddo Community Action Agency, Inc.	NP	31190	Caddo					
Cajun Medical Van	FP	90843	Avoyelles	Rapides				
Calcasieu Medical Transportation Inc.	FP	33831	Allen	Beauregard	Calcasieu	Cameron	Jeff. Davis	
Caldwell Council on Aging\AAA	NP	39439	Caldwell					
Cameron Council on Aging	NP	37619	Cameron					
Capital Med Transportation	FP	91477	Ascension	E.B.R.	Livingston	W.B.R.	St. James	
Caps Transport, Inc.	FP	92466	Franklin	Madison	Richland	Ouachita		
Care	FP	35759	Morehouse					
Care-Med	FP	91037	Jeff. Davis					
Carolyn Medical Transportation	FP	93431	Catahoula	Caldwell	Franklin	Richland	Tensas	
Carroll Medical Trans.	FP	36654	West Carroll					
Carter Transportation	FP	91989	Franklin	Richland				
Carter Transportation Co. Inc.	FP	38726	Winn	Grant	Jackson	Bienville		
Catahoula Parish Hospital District # 2	NP	90319	Catahoula	Concordia	Franklin	Tensas		
Cenla Transport Service	FP	36705	Rapides					
Center, The	NP	93537	E.B.R.					
Central Med Transportation	FP	96436	Richland	Ouachita	Franklin			
Charles, Emmett MD	NP	37821	St. Martin					
Choice Medical Trans.	FP	92983	Franklin					
City Paratransit Co.	FP	33961	Caddo	Bossier				

Listing of Non-Emergency Medical Transportation Providers Certified as of October 1, 1993

Provider Name	Provider		Parish(es)	County	County	County	County
	Type	Number of Operations					
City Wide Transportation	FP	95051	E.B.R.	W.B.R.			
Claiborne Community Action	NP	18994	Clatborne				
Clock Transportation	FP	93314	Pointe Coupee				
Coleman, Jesse DBA Coleman Transportation	FP	37581	St. Helena	Tangipahoa			
Community Service Institute, Inc.	NP	38497	Rapides				
Coon, Carlton Sr.	FP	90514	Concordia				
Corley Transportation	FP	36591	Rapides				
Courtesy Medical Transport	FP	92688	Caddo				
Credit, George R.	FP	38648	Franklin				
Credit, Larry	FP	38304	Franklin				
Creole Express Medical Transportation	FP	90930	Acadia	Allen	Calcasieu	Iberia	Jeff. Davis
			Vermilion	Lafayette	St. Landry	St. Martin	
Creole Med Transportation, Inc.	FP	92439	St. Martin				
D & B Medical Transportation	FP	90954	Franklin	Tensas	Richland	Concordia	Catahoula
D & G Medical Trans	FP	92005	Calcasieu	Jeff. Davis			
D & J Transportation	FP	92355	E.B.R.	Avoyelles			
D & L Family Transport, Inc.	FP	91135	Natchitoches	Winn	Grant	Rapides	
D & M Medical Transportation	FP	36393	Lafayette				
D & M Transportation Service	FP	91065	Avoyelles				
D & R Transportation	FP	90884	St. Landry				
Daily Ride, Inc.	FP	93230	Richland	Tensas	West Carroll	East Carroll	Madison
David Jackson DBA Pace Transportation	FP	92062	St. Landry	Avoyelles			
Davits Pick-Me-Up	FP	93223	Evangeline				
Davits Transportation	FP	93391	Bienville	Lincoln			
Dependable Medical Transport	FP	92972	Livingston	Tangipahoa	St. Tammany		
DeSoto COA	NP	39344	DeSoto				
Dew Transportation	FP	92937	Madison	Tensas	Richland	East Carroll	West Carroll
Dial & Ride	FP	92999	E.B.R.				
Dial-LA-Ride	FP	92675	Franklin	Catahoula			
Dixon Sarah DBA Dixon's Transport	FP	31645	Madison				
Do-Rite Transportation	FP	93771	Concordia				

Listing of Non-Emergency Medical Transportation Providers Certified as of October 1, 1993

Provider Name	Provider Type	Provider Number	Parish(es) of Operations	Beauregard	Calcasieu	Evangeline	Iberia
Doctor's Ride Transport, Inc.	FP	37437	Acadia	Allen	Calcasieu	Evangeline	Iberia
			St. Martin	Terrebonne	Vermilion	Vernon	Rapides
			Pointe Coupee	Lafayette	E.B.R.	St. Landry	Livingston
Dorsey's Transportation	FP	91305	Madison				
Double A	FP	95280	Catahoula				
Dove Express	FP	93919	Webster				
Dupree Medical	FP	34723	Tangipahoa				
E & E Transportation	FP	38611	Catahoula				
E & J Transportation	FP	93391	Bienville				
E & R Medical Transportation	FP	93225	Rapides				
Eager Aviation Corp. (@)	FP	38644	Orleans				
Easy Rider	FP	92974	Evangeline				
Edwards Medical Transport, Inc.	FP	91914	Union				
Eldon J. Pipes Med Transp. Service	FP	92781	Tangipahoa				
Elton Transportation Service	FP	38642	Acadia	Allen	Calcasieu	Evangeline	Jeff. Davis
Eunice Transportation	FP	90667	St. Landry				
Evangeline Medi-Van	FP	37924	Avoyelles	Rapides			
Evangeline Medic Van, Inc.	NP	18640	Evangeline				
Evelyn's Family Med Transport	FP	93834	Jeff. Davis				
Ewing's Medical Transportation	FP	93078	Acadia	St. Landry			
F O M	FP	93331	Morehouse				
Faith Transportation	FP	91436	Jeff. Davis				
Family Care Services	FP	96167	Ouachita				
Family Medical Transportation	FP	92343	Ascension	E.B.R.	East Feliciana	W.B.R.	West Feliciana
Earline R. Farris DBA Murphys Ride Med. Trans.	FP	38329	Iberia				
First Class Medical Transport	FP	93483	Morehouse	Ouachita	West Carroll		
First Medical Transportation	FP	92224	West Carroll	East Carroll	Madison	Franklin	Lincoln
			Richland	Morehouse			Ouachita
Forest Manor Medical	FP	31797	St. Tammany				
Franklin Medical Trans.	FP	92467	Franklin				
Franklin Parish Council on Aging	NP	30742	Franklin				

Listing of Non-Emergency Medical Transportation Providers Certified as of October 1, 1993

Provider Name	Type	Provider Number	Parish(es) of Operations						
Freddie's Medical Transportation Service	FP	91569	Pointe Coupee						
Frenchie's Med Transportation	FP	92817	E.B.R.						
G & G Transportation Company	FP	38922	Avoyelles						
G & S Transportation	FP	91275	Richland	West Carroll	Morehouse	Jeff. Davis			
G's Medical Transportation	FP	36460	Assumption	Lafourche	St. James	St. John	Ascension		
Galatha Mays	NP	19965	Catahoula						
Gene's Medical II	FP	39887	Ascension						
George A. Charles DBA Georgiana Medical Trans.	FP	39365	Jeff. Davis	St. Landry					
Gibson Medical Transportation	FP	39892	Lincoln	Claiborne	Union				
Glen's Ride, Inc.	FP	95115	Iberia	Lafayette	Vermilion				
Glenda's	FP	36123	Lafayette	St. Landry	St. Martin				
Gloria Jarreau DBA Gloria's Medical Express	FP	37153	Iberville	Pointe Coupee	W.B.R.				
Goodhealth Medical Transport, Inc.	FP	92314	Richland						
Greyhound Lines, Inc.	FP	37371	Out-of-State						
Gulfshore Medical Trans.	FP	90809	Calcasieu						
Gulf South Transport, Inc.	FP	96615	St. Martin						
Gus's Cab	FP	31328	Iberville	W.B.R.					
Guy's Transportation Service	FP	92938	Tensas	Madison	East Carroll				
H & P Reliable Med Transport	FP	92783	E.B.R.	East Feliciana	Pointe Coupee	W.B.R.			
H.M.C. Medical Trans.	FP	93835	Union						
Hancock's Transportation	FP	39775	St. Helena	Tangipahoa					
Handy Medical Transportation Service	FP	91933	East Carroll	West Carroll	Madison				
Health Care Transportation	FP	91159	St. Landry						
Health Trans.	FP	93770	St. Landry						
Heart to Heart	FP	92674	Richland	Franklin	Madison			West Carroll	
Helena Transit	FP	90262	Concordia						
Hill Medical Transportation	FP	93856	Livingston	St. Helena	St. Tammany	Tangipahoa	Washington		
Home Assistance Service	FP	93512	Ouachita	Lincoln	Union	Morehouse	Jackson	Franklin	
Hooker Med Transportation	FP	92815	Franklin	Richland					
Hope Transportation	FP	90324	Bienville	Bossier	Caddo	Webster			

Listing of Non-Emergency Medical Transportation Providers Certified as of October 1, 1993

Provider Name	Provider		Parish(es) of Operations			
	Type	Number				
Hotart Bus Lines, Inc.	FP	18755	St. James			
Humanitarian Enterprise - Lincoln Parish	NP	31713	Lincoln			
Humphries Transportation	FP	92940	Concordia	Catahoula	Franklin	Tensas
J & M Transport	FP	33761	E.B.R.			
J & M Transportation	FP	38928	Evangeline	Rapides	Avoyelles	
J & R Transportation	FP	90643	Franklin	Richland	Ouachita	
J & S Transportation	FP	95092	E. Feliciana	Orleans (+)		
Jackie's Mede Trans.	FP	93511	Franklin			
Jackson C.O.A.	NP	91277	Jackson			
Jackson Transportation	FP	95526	St. Helena	Tangipahoa	East Feliciana	
Jagneaux's Transportation	FP	38422	Evangeline	St. Landry	St. Martin	
James Medical Transportation	FP	93493	Tangipahoa			
James Transportation	FP	93312	Lafayette	St. Landry	Avoyelles	Rapides
Jan's Trans, Inc.	FP	93486	Morehouse			
Jay's Medi Ride	FP	30879	St. James	St. John		
Jays Medical Transportation	FP	92070	Rapides			
Jeannie's Transportation	FP	92677	E.B.R.	Livingston	St. Helena	Tangipahoa
Jefferson Davis Council on Aging	NP	90552	Jeff. Davis			
Jerry's Medic Transportation	FP	91683	Rapides	Grant	Avoyelles	
Jim's Medical Transportation	FP	92673	Claiborne	Lincoln	Union	
Jo Ann Soileau	FP	36882	E.B.R.			
Johnson's Medical	FP	95049	Natchitoches			
Jones, Opal M. DBA Jones Medical Transportation	FP	39224	Rapides	Grant	Winn	
Judy's Medical Transportation	FP	91454	Lasalle			
K & B Medical Transportation	FP	92341	Rapides	Avoyelles		
K & J Medical Transportation	FP	91475	Catahoula			
Karen's Medical Transportation	FP	96618	E.B.R.			
Kathy A. Knight DBA Kats Medical Transportation	FP	90284	Concordia	Catahoula		
Keith's M & M Trans., Inc.	FP	90003	Rapides			
Kiddie Kollege	FP	30605	Morehouse	Richland	Ouachita	Union
King Transportation	FP	92315	Iberia	Lafayette	St. Martin	St. Mary
						Claiborne

Listing of Non-Emergency Medical Transportation Providers Certified as of October 1, 1993

Provider Name	Provider		Parish(es) of Operations	County	City	Contact Name	County
	Type	Number					
L & M Medical Trans.	FP	92108	Tensas				
L & V Medical Transportation	FP	96791	Tangipahoa				
L C Medical Transportation	FP	95116	St. Helena		Tangipahoa		
L D Limited	FP	92678	Ouachita				
Lafayette Council on Aging	NP	39209	Lafayette				
Lafayette Med Transportation	FP	92936	Lafayette				
Lafourche Council on Aging	NP	18782	Lafourche				
LeCarp, Inc.	FP	36195	Acadia		Calcasieu	Evangeline	Jeff. Davis
Lewis & Lewis Med Trans.	FP	92061	Iberia		Lafayette	St. Landry	Lafayette
Lewis Precision Medical Transportation	FP	93079	Concordia				
Lifecare Emergency Medical Services	FP	95354	Vernon		Sabine	DeSoto	Allen
Lift, Inc.	FP	34566	Cameron				Beauregard
	FP		LaSalle		West Carroll	East Carroll	Caldwell
			Tensas		Morehouse		Franklin
Linda's Transportation Service	FP	93228	E.B.R.				Richland
Livingston Medical Transport	FP	92271	E.B.R.		Livingston		
Livingston Council on Aging	NP	36701	Livingston				
Liz's Medical Ride, Inc.	FP	93844	Acadia		Calcasieu	Evangeline	Lafayette
Lois's Medical Transportation	FP	92647	E.B.R.				St. Landry
London's Transportation Service	FP	36196	E.B.R.		East Feliciana	West Feliciana	
Louisiana Care Services, Inc.	FP	95778	Calcasieu		Beauregard		
Louisiana Community Care, Inc.	FP	95281	Rapides				
Louisiana Medical Transportation	FP	92091	Vernon		DeSoto	Red River	Natchitoches
Love Transportation	FP	36351	Morehouse				Sabine
Luciana St. Julian DBA Luci's Troop	FP	38007	Acadia		Iberia	Lafayette	St. Landry
Lucy Medical Trans.	FP	93655	Rapides				St. Martin
Lula's Transportation	FP	93580	Catahoula		Franklin		
M & G Medical Transportation, Inc.	FP	91456	East Carroll		West Carroll		
M & M's Med Transportation	FP	93080	Ouachita				
M D Transport (+)	FP	91520	E.B.R.		East Feliciana	W.B.R.	Livingston
M-1 Transportation Service	FP	93170	Bienville		DeSoto	Natchitoches	Red River

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Provider Name	Provider		Parish(es) of Operations	Catahoula	St. Landry	St. Martin	Beauregard	Calcasieu	Cameron
	Type	Number							
M. M. T.	FP	91672	Rapides						
M.A.S. Transit, Inc.	FP	93076	Caldwell	Franklin					
Mac's Medical Transportation	FP	93229	Rapides	Grant					
Macon Economic Opportunity, Inc.	NP	30672	West Carroll						
Madison C.O. A.	NP	19760	Madison						
Madison Medical Transportation	FP	91143	Madison						
Marcum Medical Transportation	FP	92365	Ouachita						
Martha's Medical Transportation	FP	96238	Calcasieu						
Martha's Transportation	FP	91130	Franklin	Concordia	LaSalle				
Mary Bird Perkins Cancer Center	NP	35915	E.B.R.						
Mary's Medical Transport, Inc.	FP	92272	E.B.R.						
Mary Ann Carmouche Trans. Service	FP	37154	Avoyelles						
Mau-Qui' Medical Trans	FP	91976	Lafayette	St. Landry	St. Martin	Vermilion			
Med-Express, Inc.	FP	36545	Acadia	Allen	Assumption	Beauregard	Calcasieu	Cameron	
			Lafourche	St. John	St. Landry	St. Martin	St. Mary	Terrebonne	
			Avoyelles	Catahoula	Concordia	Grant	LaSalle	Rapides	
			Claiborne	DeSoto	East Carroll	Franklin	Jackson	Lincoln	
			Tensas	Union	Webster	West Carroll	Ascension	E.B.R.	
			Richland	Sabine	Livingston	Pointe Coupee	St. Helena	St. Tammany	
			Evangeline	Vermilion	Vernon	Madison	E. Feliciana	Tangipahoa	
			Iberia	Caddo	Winn	Natchitoches	Iberville	Washington	
			Jeff. Davis	Caldwell	Bienville	Ouachita	St. James	W.B.R.	
			Lafayette	Bossier	Red River				
Med-Trans, Inc.	FP	34066	Acadia	Allen	Evangeline	Jeff. Davis	St. Landry		
Medi-Port	FP	93703	Beauregard	Calcasieu	Cameron	Jeff. Davis			
Medi-Taxi	FP	92689	Livingston						
Medi-Trans	FP	90553	Washington						
Medic Transportation	FP	36259	Madison	Morehouse	Richland				
Medi Cab, Ltd.	FP	90136	Claiborne						
Medicab, Inc.	FP	38374	Iberia	Lafayette	St. Landry	St. Martin	St. Mary	Vermilion	
			E.B.R.	Iberville	W.B.R.				
Medical Express Inc., The	FP	91357	Tangipahoa						
Medical Transportation Service	FP	18840	Caddo	Bossier					

Listing of Non-Emergency Medical Transportation Providers Certified as of October 1, 1993

Provider Name	Provider		Parish(es) of Operations					
	Type	Number						
Mercer Medical Transportation	FP	91917	Richland Ouachita	Madison Bossier	Franklin Webster	East Carroll Caddo	West Carroll	Morehouse
Mercy Medical Transportation	FP	92161	Livingston	Tangipahoa				
Mercy Medical Airlift (@)	FP	91851	Out-of-State					
Merry Medical Trans.	FP	93778	Caddo					
Metro Medical Transport	FP	95219	E.B.R.					
Metro Transportation	FP	35280	Ouachita					
Metro Transportation of LA, Inc., (Ambulance)	FP	38682	Ouachita					
Metropolitan ER. Services Inc., N.E.	FP	95478	Vernon	Beauregard				
Mid-State Med Transportation	FP	92173	Rapides					
Miller Funeral Home	FP	95091	LaSalle	Winn	Vernon	Ouachita		
Miller Medical	FP	93836	Avoyelles					
Miller Medical Transportation	FP	92770	Richland	Franklin				
Miller Transportation	FP	39309	St. Landry					
Minden Transit, Inc.	FP	93683	Bienville	Claiborne	Lincoln	Webster		
Mitchell Brenda DBA Mitchell Enterprises	FP	96689	Beauregard					
Mobile Health	FP	92047	Allen	Calcasieu	Evangeline	St. Landry		
Mona's Medicaid Transport	FP	92510	Iberville	Pointe Coupee	W.B.R.			
Monty's Services, Inc.	FP	37207	Lincoln					
Morris Management, Inc.	FP	37868	West Carroll					
Myrtle Williams	FP	18835	Catahoula	Concordia				
Natchitoches Outpatient Med	FP	91919	Natchitoches					
Natchitoches COA DBA Office of Comm. Services	NP	37038	Natchitoches					
N.A.T.S., Inc.	FP	90205	LaSalle	Caldwell	Ouachita			
North Centrala, Inc.	NP	18639	Grant					
North Delta	FP	93443	Richland	Franklin	West Carroll	Caldwell	Ouachita	East Carroll
North East La. Transportation, Inc.	FP	36097	Franklin					
Northeast La. Trans.	FP	90630	Ouachita	Caldwell				
Northlake Transportation Service	FP	93857	Ascension	E.B.R.	Iberville	Livingston	Pointe Coupee	Tangipahoa
Number 1 Transport	FP	36135	Grant	W.B.R.				
				LaSalle	Catahoula	Rapides	Concordia	

Listing of Non-Emergency Medical Transportation Providers Certified as of October 1, 1993

Provider Name	Provider		Parish(es)		Natchitoches	Red River	Sabine	Vernon
	Type	Number of Operations	DeSoto	Ascension				
O'Cons Medical Trans	FP	39792	DeSoto					
O. K. Transportation	FP	93415	Ascension		E.B.R.	Iberville	Livingston	Pointe Coupee W.B.R.
On Time Transportation	FP	91456	E. Carroll					
Opelousas Medi-Van	FP	34286	Acadia		Evangeline	Jeff. Davis	St. Landry	Vermilion
Orange & Assoc.	FP	92980	Beauregard		Vernon			
Oscar's	FP	36166	St. Landry					
Parish Medical Transportation	FP	34391	St. Helena		Tangipahoa	Washington		
Pat's Medical Transportation	FP	37948	Lafayette					
Patient Transit	FP	36574	Rapides		Avoyelles			
Patient's Ride	FP	39695	Calcasieu		Cameron			
Paul Fournet Air Service (@)	FP	30850	Lafayette					
Pauline's Christian Transport	FP	93749	Acadia		Calcasieu (+)			
Pearl River Transportation	FP	92900	St. Tammany					
Pelican State Med Transport	FP	39783	Calcasieu					
People's Med Transportation	FP	38012	Livingston		St. Helena	St. Tammany	Tangipahoa	Washington
Pine Belt Multi-Purpose	NP	19719	Jackson		Morehouse	Sabine		
Pioneer Medical Transportation	FP	95353	Natchitoches					
Price Medical Trans., Inc.	FP	90202	Acadia		Allen	Cameron	Evangeline	Iberia
			Concordia		Rapides	Avoyelles	Winn	Grant
			Franklin		Jackson	Madison	Morehouse	Ouachita
			Ascension		Iberville	Livingston	Pointe Coupee	St. Helena
			St. Mary		Vermilion	DeSoto	E. Carroll	St. John
			Catahoula		Vernon	Bienville	Caldwell	Union
			Lafayette		St. Landry	St. Martin	Tensas	West Carroll
			Tangipahoa		Washington	Clatborne		Lincoln
Professional Med Transportation	FP	93153	Lafayette					
Professional Service Corp.	FP	30386	St. Mary					
Promed	FP	90326	Livingston					
Putman Transportation	FP	91395	Ouachita		Richland	Madison	East Carroll	
Quality Transport	FP	93227	Richland		Franklin	Morehouse	Ouachita	

Listing of Non-Emergency Medical Transportation Providers Certified as of October 1, 1993

Provider Name	Provider		Parish(es)	County	City	State
	Type	Number of Operations				
R & A Medical Transportation	FP	93837	Webster			
R & R Medical Transportation	FP	92453	Morehouse			
R & R Transportation Service, Inc.	FP	95362	Caddo			
Rainbow Transportation Service	FP	91918	Rapides			
Rapides Health Service, Inc.	FP	39226	Rapides			
Rapides Transport Service	FP	32307	Rapides			
Rayville Home Health Agency	NP	91889	Richland			
Rayville Med Trans. Service	FP	30716	Richland			
Rebecca's Med Transportation	FP	93619	Avoyelles			
Red's Medical Transportation	FP	90131	Rapides			
Reeves, Deborah	NP	31630	Calcasieu	Winn	Grant	Caldwell
Reliable Medical Transport	FP	38782	LaSalle			
Reliable Transportation Medical, Inc.	FP	95089	Morehouse			
Revelation Medical Trans., Inc.	FP	96614	E.B.R.			
Reynolds Rapid Transportation	FP	91874	East Carroll	West Carroll		
Riely's Med Transportation, Inc.	FP	92812	Franklin			
Road Runner Doctor Ride	FP	93226	St. Landry	St. Martin		
Robert Johnson DBA Broadway Cab	FP	36763	Rapides			
Roberts Transportation	FP	95050	Franklin	Richland	Caldwell	Tensas
Robinson, Anthony	FP	37180	Tangipahoa			
Rogers Med Transportation	FP	30385	Madison			
Round Trip Medical Transportation, Inc.	FP	92273	Franklin	Ouachita		
Rowland Transportation	FP	91934	East Carroll			
Roxann's Transportation	FP	36326	E.B.R.			
Roy's Transportation	FP	92818	Evangeline	Rapides	Avoyelles	
Rutland, Barbara J. DBA Rutland Transport Service	FP	90072	Concordia	Catahoula	Tensas	
Sonia Travasos DBA Sonia's Transportation	FP	36527	Lafayette	Vermilion		
S & S Medical Trans., Inc.	FP	37867	Beauregard	Vernon	Rapides	Natchitoches
Safety Medical Trans.	FP	92568	Richland	Franklin	Caldwell	Ouachita
Saucier Medical Tran	FP	91306	Rapides	Avoyelles		Madison
Shaw Medical Trans.	FP	92752	Tensas	Franklin	Concordia	Catahoula

Listing of Non-Emergency Medical Transportation Providers Certified as of October 1, 1993

Provider Name	Provider		Parish(es) of Operations					
	Type	Number						
Shiree's Medical Trans.	FP	92671	Franklin	Tensas	Concordia			
Shirleys Medical Trans.	FP	91455	Catahoula	Concordia	LaSalle			
Sias Transportation	FP	96745	Avoyelles	Grant	Winn	Rapides		
Simmons Transport	FP	92648	Natchitoches	Lafayette	St. Martin			
Smile CAA	NP	35063	Iberia					
Socialization Services, Inc.	NP	93529	Caddo					
Southern Aviation Corp. (@)	FP	39250	Bossier					
Southern Medical Transport	FP	30228	Sabine	Red River	Natchitoches	Vernon	DeSoto	Ouachita
			Assumption	Beauregard	Lafourche	St. James	St. Martin	St. Mary
			Terrebonne					
Southwest Louisiana Geriatric	FP	19184	Acadia	Allen	Avoyelles	E.B.R.	Evangeline	Jeff. Davis
			Lafayette	St. Landry	Livingston	St. Martin	St. Tammany	Tangipahoa
			Washington					
St. Christopher's Transportation Company, Inc.	FP	93000	St. Tammany					
St. Dymphna Personal Care Home	FP	93538	E.B.R.					
St. Landry Community Action	NP	36552	St. Landry	Evangeline	Lafayette			
St. Mary Community Action Agency	NP	92998	St. Mary					
Star Medical Trans.	FP	93838	Bienville	Claiborne	Lincoln			
Starns Medical Transport Company	FP	39537	Rapides					
State Med Transport	FP	92534	Caddo	Bossier	Webster	Bienville	Claiborne	DeSoto
Supreme Transport Service, Inc.	FP	38120	Ouachita	Sabine	Richland			
Susan's Med Transportation	FP	38748	Tangipahoa					
T & E Moore Medical Transport	FP	92525	Franklin					
T & M Transportation	FP	93528	Morehouse					
T & T Med. Express	FP	93390	Ouachita					
T L C Trans., Inc.	FP	90997	Morehouse					
Tammany Med Service	FP	19699	St. Tammany					
Tangipahoa Volunteer Council-Aging	NP	92769	Tangipahoa					
Taylor's Med Transportation	FP	93152	Calcasieu					
TCB Enterprises	FP	96846	Avoyelles					
Teche Medical Transportation	FP	37334	St. Mary					
Tensas COA	NP	36278	Tensas					

Listing of Non-Emergency Medical Transportation Providers Certified as of October 1, 1993

Provider Name	Provider		Parish(es) of Operations	City	County	Address	Phone	Notes
	Type	Number						
Terry's Med. Transportation	FP	92270	Catahoula	Concordia				
The AAA Transportation Learning Center	FP	91158	Rapides					
The KRCI Transport Co.	FP	36012	Jefferson					
Thornton Enterprises	FP	38696	St. Tammany	Washington	Ascension	E.B.R.	East Feliciana	Livingston
Tibbs, Inel B.	FP	36977	Rapides					
Tim's Medical Transportation	FP	95130	Calcasieu					
Tony's Med Transport Company, Inc.	FP	92063	Iberia					
Top Med Transportation, Inc.	FP	39709	Rapides					
Town and Country Med Trans., Inc.	FP	33868	Bossier	Caddo				
Tracey's Transport	FP	96619	Ouachita					
Transpersonal	FP	35018	Livingston					
Transportation Services, Inc.	FP	92814	Richland					
Trinny's Medical Express	FP	92069	Lafayette					
Trent Medical Transport	FP	92973	Lafayette					
Tri-Parish Med Transport, Inc.	FP	93499	Tangipahoa					
Triple D Transport	FP	92855	Grant	LaSalle	Catahoula			
Two on to Shuttle	FP	91512	Ouachita	Franklin				
United Med Transport Service	FP	92848	Evangeline	Lafayette	St. Landry			
University Medical Transportation	FP	92816	E.B.R.					
V.I.P. Medical Transportation	FP	93801	Livingston					
Val's Medical Trans	FP	91319	Acadia	Jeff. Davis	St. Landry	Evangeline		
Veazie's Med Transportation	FP	93517	St. Landry					
Verdun Transportation, Inc.	FP	34600	Ascension	E.B.R.	E. Feliciana	Iberville	Livingston	Pointe Coupee
		34600	St. Helena	St. Tammany	Tangipahoa	Washington	W.B.R.	W. Feliciana
		34600	Assumption	St. James	St. John			
Vermilion Council on Aging	NP	90587	Vermilion					
Victory Health Service	FP	92676	Madison	East Carroll	Ouachita			
Village Shuttle, LTD	FP	92669	St. Landry					
Virginia Brown	FP	34067	Jefferson	Orleans	Plaquemines	St. Bernard	St. Charles	

Listing of Non-Emergency Medical Transportation Providers Certified as of October 1, 1993

Provider Name	Provider		Parish(es) of Operations	Tensas	Richland	Morehouse	East Carroll
	Type	Number					
Wallace Medical Transportation	FP	92118	Franklin	Madison			
Wanda Womack Transportation	FP	91394	West Carroll	Ouachita			
Webster Parish P.J. DBA Webster Parish Comm Srv	NP	18335	Winn				
Wee Care Med Transport, Inc.	FP	93313	Webster				
Welsh Nursing Facility	NP	93151	E.B.R.	Iberville			
West Carroll Council on Aging	NP	37790	Calcasieu	Jeff. Davis			
West Medical Trans	FP	92766	West Carroll	Beauregard	Rapides		
Weston Transportation Co.	FP	33760	Allen				
William Non-Emergency Med Transportation	FP	95090	E.B.R.				
Wilson Denise M. DBA Wilson's Med Trans.	FP	91457	Madison				
Winn Transportation	FP	35798	Concordia				
World Mission Med Transport	FP	93488	Winn	Lafourche	St. Mary	Terrebonne	Avoyelles
Wright, Neoma W.	FP	32247	Assumption				
WWM Care Transportation	FP	91837	Madison	Evangeline	Iberia	Lafayette	St. James
			Assumption	Ouachita	Caldwell	Jackson	Ascension
			Lincoln	Livingston	Pointe Coupee	St. Tammany	Tangipahoa
			Iberville	W.B.R.	W. Feliciana	St. Mary	Winn
			Washington	St. Landry	St. Martin	E. Feliciana	Terrebonne
			St. John				
Y.T. Fook	FP	91873	East Carroll				
Yellow Checker Cab Company	FP	37564	Caddo				
Yellow Checker Medivans	FP	38596	Caddo				
Yellow Transportation Company	FP	19966	Rapides				
Young Transportation	FP	95361	Richland	Franklin			
FP = For-Profit provider							
NP = Not-For-Profit provider							
(@) = Use of airplanes must have prior approval from State Office.							
(+) = This provider's main office is located in St. Landry Parish.							
* = Location of provider's main office is in the parish in bold type.							

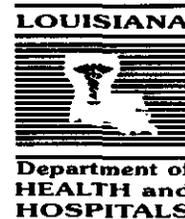
Appendix B

Agency Responses



Edwin W. Edwards
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Rose V. Forrest
SECRETARY

July 13, 1994

Daniel G. Kyle, Ph.D., CPA, CPE
Legislative Auditor
P.O. Box 94397
Baton Rouge, Louisiana 70804-9397

Attention: Martin B. Fortner, Jr.
Performance Audit Manager

Dear Dr. Kyle:

The following information is offered by the Department of Health and Hospitals (DHH) in response to the performance audit conducted by your agency on the Medicaid Non-Emergency Medical Transportation Program (NEMT).

Recommendation 1:

The Department of Health and Hospitals should establish written policy for setting and adjusting reimbursement rates. This policy should be based on either actual cost information submitted by providers and/or independent cost data from outside sources.

Agency Response:

DHH does not consider cost data currently available from providers to be a reliable basis for setting rates. Such costs likely contain misleading elements. DHH will however develop written policy on rate setting and will explore outside sources for cost and/or accurate mileage information as recommended.

Recommendation 2:

The Department of Health and Hospitals should implement policies to ensure that dispatch centers send authorizing data to UNISYS, the fiscal intermediary. The information sent should include at a minimum: Prior authorization number, date of service, Medicaid recipient identification number, and provider identification number.

Agency Response:

DHH has conferred with the fiscal intermediary and dispatch offices. Immediate development and testing of a system to accommodate the audit recommendation will begin for implementation

on October 1 or sooner if feasible. The minimum data set will include the Dispatcher/Scheduler ID, the PA number, an Action Code, Provider ID, Recipient ID, Recipient name and address, date of service, the procedure code, and amount authorized for the trip.

Recommendation 3:

The Department of Health and Hospitals should also require the fiscal intermediary to use the authorizing data to verify that claims for reimbursement were authorized by the dispatch center. The claims to be paid should be matched to the authorizing data before the claims are paid.

Agency Response:

DHH will require the fiscal intermediary to use the authorizing data to verify that claims for reimbursement were authorized by the dispatch center. The system will edit for the following: PA number format/duplicates, valid action code, valid provider, valid recipient, valid procedure, amount (numeric limit). PA numbers on the claim will be matched against the NEMT PA file created from the dispatcher data transmitted by blast on a daily basis. If all logic is go the claim will be adjudicated and the PA number will be consumed. Claims that fail any of the match on logic will be denied.

Recommendation 4:

Once the Department of Health and Hospitals has paid a claim, the PA number should be cancelled so a second claim for the same trip cannot be submitted and paid.

Agency Response:

The system we have designed will not allow a PA number to be used twice. Once the PA number is consumed, it is no longer available to match against another claim.

Recommendation 5:

The Department of Health and Hospitals should require the surveillance and utilization review section to stratify providers into meaningful subgroups based on volume.

Agency Response:

DHH will divide the SUR/S NEMT control file into more than one group based on volume. This should then detect aberrancies for NEMT providers whose volume of claims/dollars/recipients is in the mid range and low range.

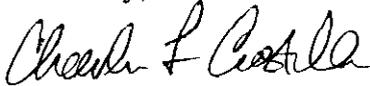
Recommendation 6:

The discrepancies regarding PA numbers and reimbursements should be thoroughly investigated.

Agency Response:

The Director of the Bureau of Health Services Financing will direct the Program Integrity Section in conjunction with the Surveillance and Utilization Review Section to investigate the discrepancies cited in the audit report. Actions taken in response to previous recommendations contained herein should eliminate this problem prospectively.

Sincerely,



For Rose V. Forrest
Secretary

RVF/TDC/me