



Report Highlights

Non-Emergency Medical Transportation Program

Department of Health and Hospitals

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Why We Conducted This Audit

For seven years, we have cited audit findings on potentially improper payments in the Non-Emergency Medical Transportation (NEMT) program. The purpose of this audit was to evaluate whether the Department of Health and Hospitals provides sufficient oversight of the program. From calendar years 2011 through 2014, the program had more than 1.2 million claims involving almost 136,000 recipients, at a cost of more than \$83.3 million.

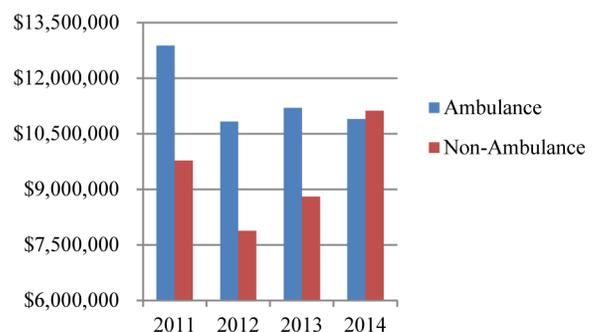
What We Found

We found that DHH did not always provide sufficient oversight of the NEMT program because of the following:

- **DHH does not routinely analyze all NEMT claims data to monitor the program for potentially improper payments.** We identified 55,474 claims for \$1,682,286 that did not have a corresponding medical claim on the same day and \$103,258 in payments for transportation that potentially violated NEMT program rules.
- **DHH has not conducted on-site monitoring of non-ambulance providers since January 2014.** Even when DHH did conduct monitoring, it did not recoup payments when it identified noncompliance with program rules. DHH’s 2013 review found that 1,182 (34%) of 3,514 MT-3 forms, which serve as evidence that rides occurred, were either missing or not properly filled out. Its January 2014 review found that 62 (11%) of 578 were noncompliant.
- **Although ambulance transportation accounted for \$45.8 million of payments in NEMT from calendar years 2011 through 2014, DHH has never monitored ambulance providers to determine if support exists for the rides they provided to Medicaid recipients.** Approximately \$4.7 million (6%) of the \$83.4 million spent within the NEMT program for calendar years 2011 through 2014 was spent on ambulance rides for nursing home residents.

NEMT is provided for Medicaid recipients to and from a Medicaid medical provider. The program provides transportation by either **non-ambulance providers**, such as non-profit, for-profit, or friends and family providers, or **ambulance providers**. Ambulance providers can only be used when a medical professional deems that it is medically necessary or a non-ambulatory individual cannot be transported in a wheelchair van. Beginning December 1, 2015, DHH moved NEMT into its managed care model (Bayou Health), and its role shifted from administering the program to overseeing the Managed Care Organizations’ (MCOs) administration of the program.

Cost of Rides, Calendar Year 2011-2014



Source: Prepared by legislative auditor’s staff using data from DHH.