

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**INDIANA PAID \$3.5 MILLION FOR
MEDICAID NONEMERGENCY MEDICAL
TRANSPORT CLAIMS THAT DID NOT
COMPLY WITH FEDERAL AND STATE
REQUIREMENTS**

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Amy J. Frontz
Deputy Inspector General
for Audit Services

August 2020
A-05-18-00043

Office of Inspector General

<https://oig.hhs.gov>

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OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

Report in Brief

Date: August 2020

Report No. A-05-18-00043

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

The Medicaid program pays for nonemergency medical transportation (NEMT) services that a State determines to be necessary for beneficiaries to obtain care. Prior OIG audit reports have consistently identified NEMT services as vulnerable to fraud, waste, and abuse.

Our objective was to determine whether Indiana claimed Federal Medicaid reimbursement for NEMT service claims in accordance with Federal and State requirements.

How OIG Did This Audit

We reviewed Indiana's monitoring and oversight of its NEMT program, including compliance with Federal and State requirements for verifying that (1) beneficiaries received a Medicaid-eligible service performed on the NEMT date of service, (2) transportation provider qualifications met State regulations, (3) vehicles complied with State regulations, (4) transportation providers and the State agency maintained adequate documentation (e.g., certificates, provider agreements, prior authorizations, insurance information) to support all provisions of the NEMT program, and (5) NEMT transportation providers retained all appropriate records to support services billed to Medicaid. We reviewed a stratified random sample of 120 claims, totaling \$12,573, from 920,338 claims paid between January 2016 and December 2017 totaling \$52.4 million.

Indiana Paid \$3.5 Million for Medicaid Nonemergency Medical Transport Claims That Did Not Comply With Federal and State Requirements

What OIG Found

Indiana claimed Federal Medicaid reimbursement for 18 of 120 sampled claims submitted by transportation providers that did not comply with Federal and State requirements.

On the basis of our sample results, we estimated that at least 113,086 Medicaid claims, totaling \$3.5 million (Federal share), did not comply with Federal and State regulations. The claims for unallowable services were made because Indiana's monitoring and oversight of the Medicaid program did not ensure that providers complied with Federal and State requirements for documenting and claiming NEMT services.

After our audit period, Indiana took additional steps to increase the oversight and monitoring of the NEMT program by contracting with a broker to administer the NEMT program.

What OIG Recommends and State Agency Comments

We recommend that the State agency (1) refund \$3.5 million to the Federal Government and (2) require its broker to have procedures in place to strengthen the monitoring and oversight of the NEMT program to ensure that providers document all services in accordance with Federal and State requirements and maintain the correct documentation to support the services provided and provider qualifications.

In written comments on our draft report, the State agency disagreed with our findings but did not indicate concurrence or nonconcurrence with our recommendations. The State agency stated that the services questioned in the audit were provided as allowable Medicaid services and that all documentation requested from the State to support sampled claims was provided to us. The State agency stated that a broker had taken over the State's NEMT program before the audit began and that the providers that were missing documentation were no longer enrolled in the Medicaid program. The State agency stated that it is attempting to gather the missing documentation and requested that we reevaluate the calculation of the repayment amount.

After reviewing the State agency's comments, we maintain that our findings and recommendations are correct. We also maintain that our calculation of the repayment amount is valid.

TABLE OF CONTENTS

INTRODUCTION 1

 Why We Did This Audit 1

 Objective 1

 Background 1

 Medicaid Program 1

 Indiana’s Nonemergency Medical Transportation Program 1

 How We Conducted This Audit 2

FINDINGS..... 2

 The State Agency Did Not Ensure That Providers Maintained Documentation
 To Verify Medicaid Transportation Services..... 3

 The State Agency Did Not Ensure That a Provider Certification Was
 Completed Correctly..... 4

 Actions Already Taken by the State Agency 4

RECOMMENDATIONS..... 4

STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE..... 4

 State Agency Comments..... 4

 Office of Inspector General Response 5

APPENDICES

 A: Audit Scope and Methodology 7

 B: Related Office of Inspector General Reports..... 9

 C: Statistical Sampling Methodology 10

 D: Sample Results and Estimates 12

 E: Federal and State Regulations for the Nonemergency Medical
 Transportation Program..... 13

F: State Agency Comments 15

INTRODUCTION

WHY WE DID THIS AUDIT

The Medicaid program pays for nonemergency medical transportation (NEMT) services that a State determines to be necessary for beneficiaries to obtain care. Prior Office of Inspector General (OIG) audit reports have consistently identified NEMT services as vulnerable to fraud, waste, and abuse.¹ During the period January 1, 2016, through December 31, 2017, the Indiana Office of Medicaid Policy and Planning, Indiana Family and Social Services Administration (State agency) claimed at least \$52.4 million for payments to NEMT providers.

OBJECTIVE

Our objective was to determine whether the State agency claimed Federal Medicaid reimbursement for NEMT service claims in accordance with Federal and State requirements.

BACKGROUND

Medicaid Program

The Medicaid program provides medical assistance to low-income individuals and individuals with disabilities (Title XIX of the Social Security Act (the Act)). The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) administers the Medicaid program. Each State administers its Medicaid program in accordance with a CMS-approved State plan. Although the State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements.

Federal regulations require each State to ensure that Medicaid beneficiaries have transportation to and from medical providers and to describe in its State plan the methods that the State will use to meet this requirement (42 CFR § 431.53). Federal regulations define transportation expenses as costs for transportation that the State deems necessary to secure medical examinations and treatment for beneficiaries (42 CFR § 440.170(a)(1)).

Indiana's Nonemergency Medical Transportation Program

During our audit period, the State agency administered the NEMT program. The program served the Medicaid fee-for-service (FFS) population by providing transportation for any eligible member (and escort, if required) who had no other means of transportation available. Seven transportation provider types are associated with transportation providers: (1) ambulance, (2) air ambulance, (3) bus, (4) taxi, (5) common carrier (ambulatory), (6) common carrier (nonambulatory), and (7) family member. Providers must bill all transportation services

¹ See Appendix B for related OIG audits.

according to the level of service rendered and not according to the provider's level of response or vehicle type (405 IAC 5-30-1). The four levels of service are: (1) advanced life support (ALS) ambulance service, (2) basic life Support (BLS) ambulance service, (3) commercial or common ambulatory service (CAS) transportation, and (4) nonambulatory service (NAS) transportation (wheelchair van).² The program was meant to provide transportation to or from a Medicaid-covered service.

HOW WE CONDUCTED THIS AUDIT

We reviewed the State agency's oversight of its Medicaid NEMT program, including its monitoring of providers' compliance with Federal and State requirements for verifying that (1) beneficiaries received a Medicaid-eligible service performed on the NEMT date of service, (2) transportation provider qualifications met State regulations, (3) vehicles complied with State regulations, (4) transportation providers and the State agency maintained adequate documentation (e.g., certificates, provider agreements, prior authorizations, insurance information) to support all provisions of the NEMT program, and (5) NEMT transportation providers retained all appropriate records to support services billed to Medicaid.

We obtained Medicaid FFS NEMT claims for calendar years (CYs) 2016 and 2017 that were reported on the Indiana Form CMS-64 quarterly reports consisting of 920,338 claims totaling \$52,423,586.³ We selected a stratified random sample of 120 claims totaling \$12,573, for which the State agency reimbursed 72 transportation providers under the NEMT program. We obtained and reviewed documentation from the transportation providers and State agency to determine whether the claims met Federal and State requirements.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology, Appendix C contains the details of our statistical sampling methodology, Appendix D contains our sample results and estimates, and Appendix E contains the Federal and State requirements.

FINDINGS

The State agency claimed Federal Medicaid reimbursement for some NEMT claims submitted by transportation providers that did not comply with Federal and State requirements. Of the 120 claims in our random sample, 102 complied with Federal and State regulations, but 18

² *Indiana Health Coverage Programs, Provider Reference Module, Transportation Services.*

³ This was the most current data available at the time we initiated our audit.

claims did not. Specifically, the State agency's oversight and monitoring of the NEMT program did not ensure that:

- for 17 sample items, the provider did not provide documentation to support the NEMT service and
- for 1 sample item, the State agency did not ensure that the provider certification on file was completed.

The claims for unallowable services were made because the State agency's monitoring and oversight of the Medicaid program did not ensure that providers complied with Federal and State requirements related to documenting and claiming NEMT services. On the basis of our sample results, we estimated that at least 113,086 Medicaid claims, totaling \$5,227,779 (\$3,485,563 Federal share), for NEMT services provided did not comply with certain Federal and State regulations.

After our audit period, the State agency took additional steps to increase the oversight and monitoring of the NEMT program by contracting with a broker to administer the NEMT program.

THE STATE AGENCY DID NOT ENSURE THAT PROVIDERS MAINTAINED DOCUMENTATION TO VERIFY MEDICAID TRASPORATION SERVICES

A State plan for medical assistance must require every person or institution providing services to agree to keep such records as are necessary to fully disclose the extent of the services provided to individuals receiving assistance under the State plan (the Act § 1902(a)(27) and 42 CFR § 431.107(b)(1)).

For 17 of the 120 sample items reviewed, providers did not support or verify that transportation services were provided. The State agency relied on providers to maintain documentation to support the Medicaid transportation services provided.⁴ The 4 providers associated with these 17 sample items did not retain records for the trips claimed for Medicaid reimbursement. Specifically:

- For seven sample items, a provider stated that it had closed the business and did not maintain copies of the records to support services provided.
- For four sample items, a provider stated that it no longer participated in the Medicaid NEMT program and did not maintain copies of the records to support services provided.

⁴ All providers participating in the Indiana Medicaid program must maintain supporting documentation for a period of 7 years from the date Medicaid services are provided 405 IAC 1-5-1 § (1)(a) and (b).

- For three sample items, a provider stated that it changed locations and did not maintain copies of the records to support services provided.
- For three sample items, a provider was not able to locate documentation to support services provided.

THE STATE AGENCY DID NOT ENSURE THAT A PROVIDER CERTIFICATION WAS COMPLETED CORRECTLY

IAC 405 IAC 5-4-2(c)(1)-(c)(2) requires that the transportation vehicle or provider be properly certified and insured.

For one sample item, the certification on file was not signed or dated by the approving official.

ACTIONS ALREADY TAKEN BY THE STATE AGENCY

The State agency has taken corrective actions since our audit period to strengthen its oversight and monitoring of the Medicaid FFS NEMT program. Specifically, the State agency contracted with a broker to administer the Medicaid FFS NEMT program. By contracting with a broker for the Medicaid FFS population, the State agency added an additional layer of oversight and control for these NEMT services.

RECOMMENDATIONS

We recommend that the State agency:

- refund \$3,485,563 to the Federal Government and
- improve its oversight and monitoring of its Medicaid FFS NEMT program by requiring its broker to have procedures in place to ensure that (1) NEMT services are adequately documented and the documentation is maintained according to Federal and State regulations and (2) transportation provider qualifications meet State requirements.

STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency disagreed with our findings but did not indicate concurrence or nonconcurrence with our recommendations. The State agency stated that the services we questioned were provided as allowable Medicaid services and that all documentation requested from the State to support the sampled claims was provided to us.

The State agency stated that a broker had taken over the State's NEMT program before the audit began and that the providers that were missing documentation were no longer enrolled

in the Medicaid program. The State agency stated that it is attempting to compile documentation to support the questioned claims, specifically an agreement lacking only a signature; however, due to the COVID-19 health emergency, the State agency has experienced delays in obtaining the documentation from non-State entities. In addition, the State agency requested that we reevaluate our calculation of the repayment amount.

The State agency's comments are included in their entirety as Appendix F.

OFFICE OF INSPECTOR GENERAL RESPONSE

After reviewing the State agency's comments, we maintain that our findings and recommendations are correct.

Regarding the State agency's comments that services questioned in the audit were provided as allowable Medicaid services and that all documentation requested from the State agency to support the sampled claims was provided to us, we agree that the State agency provided the documentation that we requested. However, the providers did not provide any documentation to support that the services claimed were allowable.

Regarding the State agency's comments that a broker had taken over the State's NEMT program before the audit began and that providers that were missing documentation were no longer enrolled in the Medicaid program,⁵ we used the most current Medicaid data available when the audit was initiated. The data indicated that the providers with missing documentation were participating in the Medicaid program during our audit period. All providers participating in the Indiana Medicaid program must maintain supporting documentation for a period of 7 years from the date Medicaid services are provided.⁶

Regarding the State agency's comments that it is attempting to compile documentation to support the questioned claims, specifically an agreement lacking only a signature, and the delays associated with COVID-19, we have taken into account current events and the effect they have had on the State agency. The agreement lacking a signature, which the State agency provided, is not associated with documentation to support the questioned claim submitted by the provider. We granted numerous flexibilities and extensions to the State agency upon request.

Regarding the State agency's request that we reevaluate our calculation of the repayment amount, we maintain that the calculation is correct. The State agency did not provide additional documentation or support for reevaluating the calculation.

⁵ Three providers with 14 questioned sampled claims were active Medicaid providers as of July 2020. One provider with 3 sampled claims did not end its participation in the Medicaid program until December 2018 (after our audit period).

⁶ 405 IAC 1-5-1 §§ (1)(a) and (b).

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

For our audit, we obtained Medicaid FFS NEMT claims for CYs 2016 and 2017 that were reported on the Indiana CMS-64 quarterly reports. We selected a stratified random sample of 120 claims totaling \$12,573, for which the State agency reimbursed 72 transportation providers under the Medicaid FFS NEMT program. We obtained and reviewed documentation from the transportation providers and State agency to determine whether the sampled claims met Federal and State requirements.

We did not review the overall internal control structure of the State agency or the Indiana Medicaid program. Rather, we reviewed only those controls related to our objective.

We conducted our fieldwork from transportation providers throughout Indiana from June 2018 through April 2020.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal and State laws, regulations, and guidance related to Medicaid transportation services;
- reviewed the State agency's policies and procedures for the NEMT program;
- held discussions with State officials to gain an understanding of the State agency's NEMT program;
- obtained Medicaid FFS NEMT claims for CYs 2016 through 2017 that were reported on the Indiana CMS-64 quarterly reports;
- selected a stratified random sample of 120 claims from the population of claims for which we
 - obtained and reviewed State of Indiana documentation (certifications, provider agreements, prior authorizations);

- obtained and reviewed supporting documentation from transportation providers, if available⁷ (trip logs, drivers licenses, vehicle registrations, vehicle insurance, surety bonds);
- determined whether the beneficiary received Medicaid-covered services on the date of transport;
- used the results of the sample to estimate the unallowable Federal Medicaid reimbursement; and
- discussed the results of the audit with State agency officials.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

⁷ For 10 of the 72 providers for which sample claims were selected and documentation provided by the State agency met Federal and State requirements, the audit team was unable to locate a valid point of contact from whom to request the supporting documentation. We treated the 12 claims associated with these providers as allowable for the purpose of our statistical estimates.

APPENDIX B: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>Michigan Did Not Always Comply With Federal and State Requirements for Claims Submitted for the Nonemergency Medical Transportation Brokerage Program</i>	<u>A-05-16-00021</u>	6/14/2018
<i>Minnesota Did Not Always Comply With Federal and State Requirements for Claims Submitted for the Nonemergency Medical Transportation Brokerage Program</i>	<u>A-05-15-00026</u>	9/15/2017
<i>Oklahoma Did Not Adequately Oversee Its Medicaid Nonemergency Medical Transportation Program</i>	<u>A-06-16-00007</u>	8/4/2017
<i>Nebraska Did Not Always Comply With Federal and State Requirements for Claims Submitted for the Nonemergency Transportation Program</i>	<u>A-07-16-03209</u>	3/1/2017
<i>Louisiana Did Not Always Comply With Federal and State Requirements for Claims Submitted for the Nonemergency Medical Transportation Program</i>	<u>A-06-15-00019</u>	1/4/2017
<i>North Carolina Improperly Claimed Federal Reimbursement for Some Medicaid Nonemergency Transportation Services</i>	<u>A-04-15-04037</u>	11/18/2016
<i>New Jersey Did Not Adequately Oversee Its Medicaid Nonemergency Medical Transportation Brokerage Program</i>	<u>A-02-14-01001</u>	7/5/2016
<i>California Claimed Medicaid Reimbursement for Certain Nonemergency Medical Transportation Services in Los Angeles County Billed as Exempt From Prior Authorization That Did Not Comply With Federal and State Requirements</i>	<u>A-09-13-02054</u>	3/30/2015
<i>California Claimed Medicaid Reimbursement for Some Nonemergency Medical Transportation Services That Did Not Comply With Federal and State Requirements</i>	<u>A-09-13-02033</u>	1/23/2015
<i>Texas Did Not Always Comply With Federal and State Requirements for Claims Submitted for the Nonemergency Medical Transportation Program</i>	<u>A-06-12-00053</u>	10/20/2014
<i>California Claimed Medicaid Reimbursement for Some Nonemergency Medical Transportation Services in Los Angeles County That Did Not Comply With Federal and State Requirements</i>	<u>A-09-12-02083</u>	6/24/2014

APPENDIX C: STATISTICAL SAMPLING METHODOLOGY

SAMPLING FRAME

The State agency provided files containing Medicaid FFS NEMT claims for CYs 2016 and 2017 that were reported on the Indiana CMS-64 quarterly reports. Each claim had one or more lines of service. We removed claims submitted by providers under investigation and claims with \$5 or less in Medicaid payments. The resulting sampling frame contained 920,338 claims totaling \$52,423,586.87.⁸

SAMPLE UNIT

The sample unit was a Medicaid FFS NEMT claim paid during CYs 2016 and 2017.

SAMPLE DESIGN AND SAMPLE SIZE

We used the following stratified random sample (Table 1):

Table 1: Sample Design Summary

Stratum	Stratum Bounds	Number of Claims	Total Medicaid Amount	Sample Size
1	\$5.01 – \$38.00	498,594	\$11,549,922.43	40
2	\$38.01 – \$110.00	310,795	17,575,225.10	40
3	\$110.01 – \$6,444.83	110,949	23,298,439.34	40
Total		920,338	\$52,423,586.87	120

SOURCE OF RANDOM NUMBERS

We generated the random numbers using the OIG, Office of Audit Services (OAS), statistical software.

METHOD FOR SELECTING SAMPLE UNITS

We consecutively numbered the sample units within each stratum. After generating the random numbers for each stratum, we selected the corresponding sample units in the sampling frame.

ESTIMATION METHODOLOGY

We used the OIG/OAS statistical software to calculate the estimates listed in Appendix D. To be

⁸ This dollar total includes both the State and Federal share.

conservative, we recommend recovery of unallowable payments at the lower limit of a two-sided 90-percent confidence interval. Lower limits calculated in this manner are designed to be less than the actual total of unallowable payments in the sampling frame 95 percent of the time.

APPENDIX D: SAMPLE RESULTS AND ESTIMATES

Table 2: Sample Results

Stratum	Frame Size	Value of Frame	Sample Size	Total Value of Sample	Number of Unallowable Claims	Value of Unallowable Claims in Sample
1	498,594	\$11,549,922	40	\$1,013	9	\$314
2	310,795	17,575,225	40	2,358	8	450
3	110,949	23,298,439	40	9,202	1	372
Total	920,338	\$52,423,586	120	\$12,573	18	\$1,136

**Table 3: Estimated Value and Number of Unallowable Payments for the Audit Period
(Limits Calculated at the 90-Percent Confidence Level)**

Overall	Total Unallowable	Total Unallowable Federal Share	Total Number of Unallowable Claims
Point estimate	\$8,441,539	\$5,627,751	177,116
Lower limit	5,227,779	3,485,563	113,086
Upper limit	11,655,299	7,769,940	241,146

APPENDIX E: FEDERAL AND STATE REGULATIONS FOR THE NONEMERGENCY MEDICAL TRANSPORTATION PROGRAM

FEDERAL REQUIREMENTS

A State plan for medical assistance must “provide for agreements with every person or institution providing services under the State plan under which such person or institution agrees (A) to keep such records as are necessary fully to disclose the extent of the services provided to individuals receiving assistance under the State plan” (the Act § 1902(a)(27)).

Section 1902(a)(70) of the Act, as amended by the Deficit Reduction Act of 2005, provides States the authority to establish, under the State plan, a more cost-effective NEMT brokerage program to provide transportation for Medicaid beneficiaries.

Federal regulations require States to ensure necessary transportation for Medicaid beneficiaries to and from medical providers (42 CFR § 431.53). Federal regulations state that transportation includes expenses for transportation (e.g., NEMT) and other related travel expenses determined to be necessary by the State Medicaid agency to secure medical examinations and treatment for a beneficiary (42 CFR § 440.170).

Under Federal regulations, States may elect to establish a Medicaid NEMT brokerage program to provide transportation services more cost effectively for individuals eligible for medical assistance under the State plan who need access to medical care or services and have no other means of transportation. These transportation services include wheelchair vans, taxis, stretcher cars, bus passes and tickets, transportation containing an occupant protection system that addresses safety needs of disabled or special needs individuals, and other forms of transportation covered under the State plan (42 CFR § 440.170(a)(4)).

A State plan must provide for an agreement between the Medicaid agency and each provider or organization furnishing services under the plan in which the provider or organization agrees to keep any records necessary to disclose the extent of services the provider furnishes to beneficiaries (42 CFR § 431.107(b)(1)).

STATE REQUIREMENTS

Medicaid records must be of sufficient quality to fully disclose and document the extent of services provided to individuals receiving assistance under the provisions of the Indiana Medicaid program. All providers participating in the Indiana Medicaid program must maintain, for a period of 7 years from the date Medicaid services are provided (405 IAC 1-5-1 § (1)(a) and (b)).⁹

⁹ Effective January 20, 2019, this section is located at 405 IAC 1-1.4-2

The IAC requires that the transportation vehicle or provider be properly certified and insured (405 IAC 5-4-2(c)(1)-(c)(2)).

The IAC states that the driver of the transportation vehicle must be properly licensed (405 IAC 5-4-2(c)(3)).

The IAC provides that the transportation services rendered must be to or from an Indiana Medicaid-covered service, or both (405 IAC 5-30-1(3)).

The IAC mandates that the transportation services provided be the least expensive form of available transportation that meets the medical needs of the member (405 IAC 5-30-1(5)).

The IAC requires that the provider submit a request for a prior authorization within 12 months of the date of service for transportation services requiring prior authorization. According to 405 IAC 5-30-1 and 405 IAC 5-30-4, prior authorizations are required for the following transportation services: (1) train or bus services, (2) family member services, (3) airline or air ambulance and transportation services rendered by a provider located out-of-State in a non-designated area, (4) transportation rendered by any provider to or from an out-of-State non-designated area, (5) trips exceeding 20 one-way trips per member, per rolling 12-month period of time, except as specified in section 1 of this rule, and 6 trips of 50 miles or more one way (405 IAC 5-30-4).

APPENDIX F: STATE AGENCY COMMENTS



Eric Holcomb, Governor
State of Indiana

Indiana Family and Social Services Administration
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083

July 15, 2020

Ms. Sheri L. Fulcher
Regional Inspector General for Audit Services
DHHS/OIG/OAS
233 North Michigan Avenue, Suite 1360
Chicago, IL 60601

Report Number: A-05-18-00043

Dear Ms. Fulcher:

This letter is in response to your letter dated May 14, 2020 regarding OIG draft report *Indiana Paid \$3.5 Million for Medicaid Nonemergency Transportation Claims That Did Not Comply With Federal and State Requirements*, Report number A-05-18-00043.

Indiana does not concur with the finding of this audit. The services questioned in the audit were provided as allowable Medicaid services. All documentation requested from the State to support sampled claims was provided to OIG.

The State ended the FFS Non-Emergency Medical Transportation (NEMT) program before the audit began. NEMT services are now provided through a broker under a capitated arrangement. Much of the missing documentation was requested from providers who are no longer participating in Indiana Medicaid. The State is attempting to compile documentation to support the questioned claims, specifically an agreement only lacking a signature, however due to the COVID-19 health emergency the state has experienced delays in yet obtaining documents from non-state entities. The State is requesting that the OIG reevaluate their calculation of the repayment amount.

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If you require further information, please contact David Nelson at David.Nelson@fssa.in.gov.

Sincerely,

A handwritten signature in black ink that reads "Allison Taylor". The signature is written in a cursive, flowing style.

Allison Taylor
Medicaid Director
Office of Medicaid Policy and Planning