

MEDICAL TRANSPORTATION CLAIM INVESTIGATION (2013)

The Office of Program Integrity (OPI) investigated potential transportation fraud resulting from a referral provided by an outside vendor.

The Medical Assistance Program established by the federal Centers for Medicare and Medicaid Services mandates that each state provide Medicaid recipients with transportation to and from medical providers. A state plan may provide for emergency as well as non-emergency medical transportation for individuals eligible for medical assistance in a cost-effective manner. These transportation services include wheelchair vans, taxis, stretcher cars, bus passes and tickets, secured transportation containing an occupant protection system that addresses safety needs of disabled or special needs individuals, and other forms of transportation otherwise covered under the state's plan.

In 2013, the vendor reported to the OPI a finding of \$898,112.63 in potential non-supported non-emergency transportation claims. The state's fiscal intermediary, HP, was able to match \$495,631.45 of the initial finding from the vendor to direct transportation claims. HP then reviewed the remaining \$402,481.18 against professional medical crossover claims and was able to match an additional \$225,626.03. A crossover claim is the transfer of claim data from Medicare to another relevant insurer, private or public.

The OPI then examined the remaining \$176,855.15 unmatched claims through the MMIS payment system in order to review payments for transportation claims and span billed provider claims. Span billing occurs when a provider bills for a service during a given period. The provider may not necessarily bill for the service on the same day that service was rendered, but rather bill at the end of its pay period. For example, a charge for a service may occur thirty days after the service was rendered.

Due to the volume of claims represented, the OPI examined only claims that exceeded \$500 per participant. The OPI matched an additional \$79,220.85 during this review from 922 different recipients. The remaining \$97,634.30 in unmatched claims represents claims with a value less than \$500 per participant.

Of the \$30,960,174.32 paid to transportation providers on behalf of Medicaid recipients, the OPI determined that the majority of the remaining unmatched claims were the result of span billing. The OPI did not determine any fraud, waste, or abuse within the transportation claims it reviewed.