# TEXAS HEALTH AND HUMAN SERVICES COMMISSION
# OFFICE OF INSPECTOR GENERAL
## AUDIT REPORT

# AMERICAN MEDICAL RESPONSE, INC.

*A Texas Medicaid Medical Transportation Organization*

**June 18, 2019**
**OIG Report No. AUD-19-017**

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# INTRODUCTION

The Texas Health and Human Services Commission (HHSC) Office of Inspector General (OIG) Audit Division conducted an audit of American Medical Response, Inc. (AMR), a Texas Medicaid managed transportation organization (MTO).

During the audit period of September 1, 2016, through August 31, 2017, AMR received $8.4 million in capitation payments for providing non-emergency medical transportation (NEMT) services, defined in Appendix A and required by contract with HHSC,[1] to an average of 56,041 Medicaid recipients per month.

AMR had operating expenses of $5.5 million and administrative expenses of $2.5 million.  Net income was $361,839.[2]

Demand Response ($3.3 million) and Individual Transportation Participant (ITP) ($1.5 million) represented the largest portion of AMR's operating expenses during the audit period.  After removing about $2 million paid for transporting dual-eligibles,[3] there remained $2.8 million.  Non-dual-eligible transportation encounters,[4] representing payments AMR made to Demand Response providers and ITPs during the audit period, included encounters totaling $60,000 associated with beneficiaries for whom there was no corresponding Medicaid medical claim or encounter within a range of 7 days before and 7 days after the transportation encounter.[5]  These transportation encounters are referred to in this audit as unmatched encounters.

Unless otherwise described, any year referenced is the state fiscal year, which covers the period from September 1 through August 31.

**Objective and Scope**

The audit objective was to determine whether AMR's performance in selected areas was in accordance with contract requirements.

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[1] Managed Transportation Organization Contracts, Region 3, § 2.3 (Aug. 1, 2014) and Region 6, § 2.3 (Aug. 1, 2014).

[2] These amounts were compiled from the fiscal year 2017 financial statistical report (FSR).

[3] "Dual-eligibles" is a term used to describe enrollees who are covered by both Medicaid and Medicare.

[4] A "transportation encounter" is a detailed record an MTO submits to HHSC about a service delivered to a recipient by a transportation provider, and represents key information about an adjudicated claim and the resulting payment from the MTO to the transportation provider.

[5] A paid transportation encounter without a corresponding medical encounter may occur if the medical encounter was paid by an individual or entity other than Medicaid.

The audit scope included unmatched Demand Response and ITP encounters for the period from September 1, 2016, through August 31, 2017, as well as a review of activities related to complaint, accident, and incident management and a review of relevant activities and internal controls through the end of fieldwork in October 2018.

**Methodology**

The OIG Audit Division collected information for this audit through discussions and interviews with responsible staff at AMR and by reviewing:

- Demand Response and ITP encounters
- Demand Response driver logs and ITP mileage reimbursement forms
- Access2Care[6] transportation authorization screen shots
- Policies and procedures
- Access2Care system-generated reports of complaint activity
- Tracking spreadsheets for complaints, accidents, and incidents
- HHSC Medical Transportation Program (MTP) accident and incident monthly desk reviews and reports
- Health and Human Services Enterprise Administrative Report and Tracking (HEART)[7] complaints

The OIG Audit Division selected a random[8] sample of 67 Demand Response encounters[9] from the population of unmatched encounters, stratified[10] by transportation provider, and judgmentally[11] selected 18 Demand Response encounters.  Eight of the 18 judgmentally-selected encounters were selected because the recipients did not have any medical events in 2017.  Of the other ten encounters, six were selected as a haphazard sample,[12] two were selected based on high dollar amounts, and two were selected to replace sample items in which a recipient was randomly selected multiple times.

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[6] "Access2Care" is AMR's transportation management system used for storing authorizations, reservations, complaints, payments to transportation providers, and other operating functions.

[7] "HEART" is a web-based application that is used by MTP to track and monitor complaints and compliments, document complaint resolutions, and generate reports to assess timeliness.

[8] "Random sampling" is a method by which every element in the population has an equal chance of being selected.

[9] An "encounter" for both Demand Response and ITP, refers to one leg of transport (i.e. transportation from an authorized pick-up address to an authorized drop-off address).

[10] "Stratified sampling" is a method by which the population is divided into subpopulations, each of which is a group of sampling units that have similar characteristics.

[11] "Judgmental sampling" is a non-probability sampling method where the auditor selects the sample based on certain characteristics, such as dollar amount, timeframe, or type of transaction.

[12] "Haphazard sampling" is a non-statistical technique used by auditors to simulate random sampling.

The 85 total Demand Response encounters were associated with 62 driver logs. The OIG Audit Division conducted Demand Response testing to determine whether (a) transportation encounter data was supported by information in Access2Care and driver logs, (b) transportation encounters were supported by driver logs containing all required information, and (c) transportation encounters with dates of service after December 1, 2016, were supported by the required standardized Driver's Log.

The OIG Audit Division also selected a random sample of 46 ITP encounters from the population of unmatched encounters, and judgmentally selected 10 ITP encounters. Two of the ten judgmentally-selected ITP encounters were selected because the recipient did not have any medical events in 2017. Four of the ten judgmentally-selected ITP encounters were selected because they involved high dollar amounts, and four were selected to replace sample items in which a recipient was randomly selected multiple times.

The 56 total ITP encounters were associated with 28 mileage reimbursement forms. The OIG Audit Division conducted ITP testing to determine whether (a) ITP encounter data was supported by information in Access2Care and mileage reimbursement forms, (b) ITP encounters were supported by mileage reimbursement forms containing all required information, and (c) ITP encounters were supported by the required ITP Service Record.

The OIG Audit Division evaluated AMR's management of complaints, accidents, and incidents by interviewing responsible personnel, reviewing and comparing AMR's database of complaints, monitoring spreadsheets, and MTP monthly desk reviews with HEART, and reviewing policies and procedures.

The OIG Audit Division reviewed the reliability of transportation encounter data by tracing unmatched encounters to AMR's transportation management system, Access2Care, and interviewing AMR employees knowledgeable about the data.

**Criteria**

The OIG Audit Division used the following criteria to evaluate the information provided:

- 42 C.F.R. § 438.230 (2002)

- 1 Tex. Admin. Code §§ 371.1655 (2016) and 380 (2014)

- HHSC Uniform Terms and Conditions § 5.02, v. 1.5 (2014)

- Managed Transportation Organization Contracts, Region 3 (2014) and Region 6 (2014)

- Texas MTO Transportation Provider Manual, AMR Access2Care (2015)

- AMR Mileage Reimbursement Policy, Policy 219/223/304 (2015 through 2017)

## Auditing Standards

Generally Accepted Government Auditing Standards

The OIG Audit Division conducted this audit in accordance with generally accepted government auditing standards issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the issues and conclusions based on our audit objectives. The OIG Audit Division believes the evidence obtained provides a reasonable basis for our issues and conclusions based on our audit objectives.

The OIG Audit Division presented audit results, issues, and recommendations to AMR in a draft report dated May 24, 2019. AMR was provided with the opportunity to study and comment on the report. The AMR management responses are included in the report following the recommendations.

AMR concurred with the OIG Audit Division recommendations outlined in this report, and have implemented action plans.

# RESULTS

The OIG Audit Division tested 141 transportation encounters, including 85 Demand Response encounters and 56 ITP encounters, to determine whether AMR's Access2Care system contained information or data that demonstrated transportation services provided to Medicaid recipients were appropriate, even though there were no corresponding Medicaid medical claims or encounters for these Medicaid recipients within 7 days of the day transportation was provided.

Audit results indicated that the transportation encounter data was accurate and supported by information in Access2Care, and the data used to form audit conclusions was reliable. Supporting information included the:

- Recipient's name and Medicaid number
- Date of service
- Pick-up address
- Drop-off address
- Name of the Demand Response transportation provider or ITP
- Name of the Demand Response transportation provider's driver (if applicable)
- Medicaid medical facility name
- Amount paid to the Demand Response transportation provider or ITP

Results also indicated that weekly spreadsheets used by AMR to monitor provider accidents and incidents contained complete and accurate information.

The OIG Audit Division reviewed Demand Response driver logs, ITP mileage reimbursement forms, and AMR's management of complaints. Results are detailed in the sections that follow.

## *DEMAND RESPONSE DRIVER LOGS*

Driver logs for Demand Response transportation services must contain certain data elements in order to support a paid claim.[13,14] In a written policy notification from HHSC to the MTOs on October 9, 2016, HHSC instructed the MTOs to use the standardized Driver's Log developed by HHSC for all MTOs and their

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[13] Managed Transportation Organization Contracts, Region 3, § 2.7.5.10 (Aug. 1, 2014) and Region 6, § 2.7.5.10 (Aug. 1, 2014).

[14] Texas MTO Transportation Provider Manual, AMR Access2Care, Appendix II, §§ 8.2 and 8.3 (Feb. 6, 2015).

transportation providers, beginning no later than December 1, 2016.[15]  A copy of the standardized Driver's Log can be found in Appendix B.

## Issue 1:    Payments to Transportation Providers Were Not Always Supported by Complete Information or the Correct Version of the Driver Log

AMR paid Demand Response transportation providers for claims that were not supported by driver logs containing all required information and did not always ensure a standardized Driver's Log was used and fully completed before approving claims for payment.

### Incomplete Driver Logs

Of the 62 driver logs tested, 22 (35 percent) were missing one or more contractually-required data elements.  Specifically:

- 20 were missing the trip status
- 3 were missing the attendant's signature
- 1 was missing the attendant's full name
- 1 was missing the driver's signature

AMR did not follow contractual requirements, which specify that transportation provider claims must be supported by driver logs completed with all required elements.[16]  As a result, AMR made payments totaling $1,918 to Demand Response transportation providers for 34 unsupported claims associated with 22 driver logs.  This represented 49 percent of the $3,925 AMR paid for claims associated with the 62 driver logs tested.

By not verifying Demand Response transportation providers included all required data elements on driver logs submitted as support for claims, AMR was not in compliance with contract requirements, resulting in the approval and payment of unsupported transportation claims.

### Out of Date Driver Logs

Of the sample of 62 driver logs, 48 occurred on or after December 1, 2016, and should have been documented on a standardized Driver's Log.

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[15] 1 Tex. Admin. Code § 371.1655 (May 1, 2016); See also HHSC Uniform Terms and Conditions § 5.02, v. 1.5 (May 21, 2014).

[16] Managed Transportation Organization Contracts, Region 3, § 2.7.5.10 (Aug. 1, 2014) and Region 6, § 2.7.5.10 (Aug. 1, 2014).

Of the 48 driver logs submitted by transportation providers to AMR as support for payment on or after December 1, 2016, 13 (27 percent) did not use the required standardized Driver's Log, but AMR processed the corresponding payments.

AMR did not follow the written policy notification from HHSC to implement the use of standardized Driver's Logs by transportation providers by December 1, 2016. As a result, AMR made payments totaling $540.60 to Demand Response transportation providers for 15 claims associated with the 13 outdated driver logs. Although AMR accepted out of date driver logs, required information was missing from only 2 of the 13 logs. Payments associated with the 2 driver logs containing incomplete information totaled $70.20. The 2 out of date driver logs that contained incomplete information were part of the 22 driver logs missing one or more data elements, representing payments of $1,918, mentioned in the previous section.

By not verifying Demand Response transportation providers used the standardized Driver's Log beginning on December 1, 2016, AMR was not in compliance with requirements contained in HHSC's written policy notification, and resulted in the approval and payment of unsupported claims.

## Recommendation 1

AMR should pay transportation provider claims only when the claims are supported by driver logs that contain all required data elements and, for dates of services beginning on December 1, 2016, that are supported using the required standardized Driver's Log.

## Management Response

Action Plan
*To ensure all Transportation Providers are using the required standardized drivers log, AMR will only provide payment to Transportation Providers who complete the required standardized drivers log. Provided AMR Staff training on reviewing required standardized drivers log to verify completeness of the submission. Any Transportation Providers that do not provide completed required standardized drivers log will be returned for correction. This has been completed and is ongoing to ensure compliance with requirements.*

Responsible Manager
*Randy Frisina, Operation Manager*

Target Implementation Date
*July 2018*

## *ITP MILEAGE REIMBURSEMENT FORMS*

In a written policy notification from HHSC to the MTOs on February 24, 2015, HHSC instructed the MTOs to use a standardized mileage reimbursement form developed by HHSC for all MTOs and their ITPs, called the ITP Service Record, beginning no later than March 1, 2015.[17]  A copy of the ITP Service Record can be found in Appendix C.  In the instructions accompanying the ITP Service Record, HHSC stated that it is the responsibility of the MTO, prior to processing a request for payment, to ensure the accuracy and completeness of information provided on the ITP Service Record.

## Issue 2:    Payments to ITPs Were Not Always Supported by Complete Information or Required ITP Service Records

AMR paid ITPs for claims that were not supported by mileage reimbursement forms containing all required information and did not always ensure the ITP Service Record was used and fully completed before approving claims for payment.

**Incomplete Mileage Reimbursement Forms**

Of the 28 mileage reimbursement forms tested, 27 (96 percent) were missing one or more data elements required by HHSC's written policy notification, as detailed in Table 1.

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[17] 1 Tex. Admin. Code § 371.1655 (May 1, 2016); See also HHSC Uniform Terms and Conditions § 5.02, v. 1.5 (May 21, 2014).

**Table 1: Mileage Reimbursement Form Missing Data Elements**

| Data Element | Number of Forms Missing Element |
|---|---|
| Managed transportation identifier number | 25 |
| Amount for each segment and total amount paid[18] | 21 |
| Miles per segment and total miles driven[18] | 15 |
| Health care provider national provider identifier | 14 |
| Health care provider name | 4 |
| Authorization number | 3 |
| Pick-up/Drop-off address | 2 |
| Signature and title of health care provider and date signed | 2 |
| Appointment date and time | 1 |
| Health care provider telephone number | 1 |
| ITP name | 1 |
| Recipient Medicaid number | 1 |
| Recipient name | 1 |

*Source: OIG Audit Division*

AMR did not follow HHSC's written policy notification, which requires ITP claims to be supported by ITP Service Records completed with all required elements. As a result, AMR made payments totaling $2,682 to ITPs for 54 unsupported claims associated with 27 ITP Service Records. This represented 93 percent of the $2,897 AMR paid for claims associated with the 28 mileage reimbursement forms tested.

By not verifying ITPs included all required data elements on mileage reimbursement forms submitted as support for claims, AMR was not in compliance with requirements contained in HHSC's written policy notification, and resulted in the approval and payment of unsupported claims.

**ITP Service Records Were Not Used**

Of the 28 mileage reimbursement forms submitted by ITP to AMR as support for payment, AMR processed 8 (29 percent) improper forms for payment. AMR did not follow the written policy notification from HHSC to implement the use of standardized ITP Service Records by ITPs by March 1, 2015. As a result, AMR made payments totaling $795.00 to ITPs for 16 unsupported claims. By not verifying ITPs used the ITP Service Records, AMR was not in compliance with requirements contained in HHSC's written policy notification, and resulted in the approval and payment of unsupported claims.

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[18] Missing miles per segment and total miles driven did not impact the accuracy of ITP claims payments. AMR paid claims based on the mileage calculated by Access2Care. Access2Care uses a mapping engine to determine the miles between the starting and ending locations for which the recipient was authorized and received transportation services and applies the system-determined mileage when calculating payment to transportation providers.

## Recommendation 2

AMR should pay ITP claims only when the claims are supported by required ITP Service Records that contain all required data elements.

## Management Response

Action Plan
*To ensure all ITPs are using the required standardized ITP Service Records, AMR:*

- *Will only provide payment to ITPs who complete the required ITP Service Records.  Provided AMR Staff training on reviewing required ITP Service Records to verify completeness of the submission.  Any ITPs that do not provide the completed required ITP Service Records will be returned for correction.  This has been completed and is ongoing to ensure compliance with requirements.*

- *Updated ITP policy to provide ITPs with requirements for drivers log and payment verification of all trips processed.  This has been completed and is ongoing to ensure compliance with requirements.*
    - *Updated policy*
    - *Updated ITP Form Packets*

- *Have responsible AMR Staff complete an attestation stating they have been retrained on the revised ITP/MRB Policy.  This has been completed and is ongoing to ensure compliance with requirements.*
    - *Signed attestations and training roster provided as evidence of training*

- *Made all the current forms available for download from the AMR website. This has been completed and is ongoing to ensure compliance with requirements.*

Responsible Manager
*Randy Frisina, Operations Manager*

Target Implementation Date
*March 2019*

## COMPLAINTS

A complaint is an expression of dissatisfaction by a Medicaid recipient, the Medicaid recipient's representative, or a transportation provider, orally or in writing to MTP or the MTO, about any matter relating to NEMT services.[19]

In a written policy notification from HHSC to the MTOs on August 12, 2015, HHSC instructed the MTOs to forward complaint calls to the MTP Call Center or provide the MTP Call Center's toll-free number to a complainant that directly contacts the MTO, effective immediately.[20] MTP processes complaints it receives directly from complainants and also accepts complaints forwarded by the HHS Office of the Ombudsman or a legislator's office. MTP sends emails to the appropriate MTO containing the details of each complaint it receives.

An MTO must not interfere with or contact a complainant when the complainant sends an inquiry, complaint, grievance, appeal, or recipient survey directly to HHSC.[21] An MTO must develop a system for receiving, retaining, managing, resolving, and reporting client inquiries, complaints, grievances, and appeals to HHSC.[22]

An MTO must have written procedures detailing its plan for monitoring the performance of transportation services. The procedures must include taking appropriate corrective action when inappropriate or substandard services are provided by transportation providers.[23]

## Issue 3: AMR Should Improve Its Management of Recipient and Provider Complaints

One way to monitor the performance of transportation providers is by managing complaints. AMR has opportunities to improve its management of complaints, as detailed in the sections that follow.

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[19] Managed Transportation Organization Contracts, Attachment B - Definitions and Acronyms, Region 3 (Aug. 1, 2014) and Region 6 (Aug. 1, 2014).

[20] 1 Tex. Admin. Code § 371.1655 (May 1, 2016); See also HHSC Uniform Terms and Conditions § 5.02, v. 1.5 (May 21, 2014).

[21] Managed Transportation Organization Contracts, Region 3, § 2.7.6.5 (Aug. 1, 2014) and Region 6, § 2.7.6.5 (Aug. 1, 2014).

[22] Managed Transportation Organization Contracts, Region 3, § 2.7.6.2 (Aug. 1, 2014) and Region 6, § 2.7.6.2 (Aug. 1, 2014).

[23] Managed Transportation Organization Contracts, Region 3, § 2.18.1 (Aug. 1, 2014) and Region 6, § 2.18.1 (Aug. 1, 2014).

**Completeness of AMR Complaint Data in Access2Care**

AMR maintains complaint information in Access2Care. AMR complaint data in Access2Care did not include all of the complaints for the same period contained in the HEART system.

To determine whether AMR was managing complaints as required, including updating Access2Care with complaint information and documenting the results of its reviews, the OIG Audit Division compared complaint data maintained in Access2Care for the period of September 1, 2016, through August 31, 2017, with complaint data from HEART, the MTP system of record for transportation complaints, for the same period.

HEART contained a total of 234 complaints and Access2Care contained a total of 225 complaints, indicating that Access2Care complaint data was not complete. Two complaints in Access2Care were not found in HEART and are addressed in detail later in Issue 3. The following explains the 11 complaints that were in HEART but not in Access2Care.

- AMR did not enter eight complaints in Access2Care, although it reviewed the complaints and responded to MTP with the results of its reviews.

- AMR entered two complaints in Access2Care with incorrect complaint receipt dates of September 1, 2017, instead of the correct dates of August 31, 2017, used in HEART, causing the complaints to be excluded from the Access2Care data for the timeframe compared.

- AMR did not enter one complaint in Access2Care, and there was no evidence in HEART that AMR had received or reviewed the complaint, or that it responded to MTP.

**Completeness of AMR Complaint Data in Weekly Monitoring Spreadsheets**

AMR weekly monitoring spreadsheets did not include all of the complaints for the same period contained in Access2Care.

To help address the contract requirement that it monitor transportation providers, in April 2017 AMR initiated a process to identify trends in complaints. It used the resulting information to monitor provider performance and to help determine when improvements or corrective actions were needed. The complaints information used for this process was entered by AMR staff into weekly spreadsheets, and was to include the complaints that were entered into Access2Care during the same week.

To determine whether AMR was using complete information to identify trends in complaints, the OIG Audit Division compared complaint data contained in the

weekly monitoring spreadsheets for the period of April 17, 2017, through August 31, 2017, with complaints data AMR maintained in Access2Care.

Access2Care contained a total of 83 complaints and the weekly monitoring spreadsheets contained a total of 55 complaints, indicating that the weekly monitoring spreadsheets were not complete. AMR could not explain why the difference of 28 complaints existed. In addition, of the 11 complaints in HEART that were not in Access2Care, 7 occurred on April 17, 2017, or later. Consequently, AMR's identification of trends in complaints was performed without information associated with 35 complaints, and the analysis was able to consider only 61 percent of total complaints during that period.

## Compliance With Complaint-Related Contract Requirements

AMR did not fully comply with requirements related to referring complaints to MTP, documenting policies and procedures, and restricting contact with complainants during complaint reviews.

- AMR did not forward two complaint calls it received to MTP, as required by the written policy notification effective on August 12, 2015. AMR reviewed and documented these complaints but resolved and closed only one of the two complaints.

- AMR did not have formal, documented policies and procedures pertaining to complaints or for monitoring its transportation providers.

- AMR complaint processing staff routinely spoke with complainants during their review and resolution of complaints sent directly to HHSC. AMR management and staff were unaware of the contract requirement that prohibited contact with the complainant, but expressed the need to contact the complainant during the investigation of complaints.

Because it failed to (a) document policies and procedures related to transportation provider monitoring, including the implementation of corrective action plans, (b) understand the contract requirement that prohibited it from contacting complainants, and (c) report to MTP all of the complaint calls it received, AMR was not in compliance with contractual obligations and was unable to act appropriately to improve services to recipients. Furthermore, relying on incomplete monitoring spreadsheets prevented AMR management from identifying all issues and trends in complaints submitted by complainants regarding transportation providers and AMR staff, limiting AMR's ability to identify and improve substandard services provided to recipients.

### Recommendation 3

AMR should:

- Record accurate and complete complaint information in Access2Care.

- Provide complete internal monitoring spreadsheets to its management team.

- Develop policies and procedures for tracking and monitoring complaints that identify when improvements and corrective action plans are needed.

- Educate its staff on the contractual requirement that prevents MTOs from contacting complainants who sent complaints directly to HHSC.

### Management Response

Action Plan
*AMR tracks all known complaints/incidents on a spreadsheet that is updated daily by AMR staff.*

*AMR's complaint system is a live database where status, updates, and other changes occur during the investigation. The internal manual complaint and accident/incident log process has been reviewed by staff to ensure accuracy of reporting in the database as well as the manual reports.*

*AMR has implemented a Provider Improvement Plan also known as a Corrective Action Plan (P.I.P / C.A.P.) in June 2019. This plan has been distributed to the MTO Providers and AMR Management to ensure reporting of complaints and incidents are reported to AMR within the required time frames. This will ensure that AMR reports timely to HHSC.*

*The AMR Operations Manual has been updated in June 2019. The contract requirement regarding NOT to contact clients who send/report complaints is addressed in the manual.*

Responsible Manager
*Randy Frisina, Operations Manager*

Target Implementation Date
*July 2019*

# CONCLUSION

AMR's transportation encounter data was accurate and supported by information in Access2Care, and the data used to form audit conclusions was reliable. In addition, weekly spreadsheets used by AMR to monitor provider accidents and incidents contained complete and accurate information.

AMR generally complied with the other contract provisions tested during this audit related to Demand Response driver logs, ITP mileage reimbursement forms, and AMR's management of complaints.

Information AMR relied on to pay Demand Response and ITP claims were sufficient to support the claims, but did not always include all required information or use required forms. AMR should also formally document its policies and procedures for transportation provider performance monitoring. Opportunities exist for AMR to improve its documentation and processing of complaint information.

For the instances of noncompliance identified in this audit report, MCS will consider tailored contractual remedies to compel AMR to meet contractual requirements related to transportation claims and complaints.

The OIG Audit Division thanks management and staff at AMR for their cooperation and assistance during this audit.

## Appendix A:  Glossary of Required Services Provided by MTOs

Demand Response Transportation
Transportation services provided by contractors when fixed-route services are
either unavailable or do not meet the health care needs of the recipient.

Mass Transit Tickets
Public transportation by intra-city, inter-city bus, rail, ferry, either publicly or
privately owned, which provides general or special service transportation to the
public on a regular and continuing basis.

Individual Transportation Participant (ITP)
Transportation services provided by individuals who volunteer to participate by
entering into a participation agreement with HHSC's Claims Administrator.  This
service allows for the flexibility of individuals to transport recipients in personal
cars to health care appointments.

Meals and Lodging
Provides an allowance for meals and lodging for a recipient and attendant, as
applicable, when health care treatment requires an overnight stay outside of their
resident county or beyond adjacent counties.

Advance Funds
Funds made available to recipients facing financial hardship and in need of
transportation services to attend a health care appointment.  These funds must be
available to eligible recipients through age 20.

Out-of-State Travel
Transportation provided to contiguous counties or bordering counties in adjoining
states (Arkansas, Louisiana, New Mexico, and Oklahoma) that are within 50 miles
of the Texas border, if the services are medically necessary, and it is the customary
or general practice of recipients in a particular locality within Texas to obtain
services from the out-of-state provider.  Out-of-state travel is also provided for
recipients who need to travel to states outside of the adjoining states for medically
necessary health care services that cannot be provided within the State of Texas.

Attendant Services
Transportation provided for an attendant for a recipient, when necessary.  An
attendant is an adult or service animal that accompanies the recipient with prior
authorization.  Attendants provide necessary help with mobility, language, or

personal assistance to the recipient during the time transportation services are provided.[24]

Commercial Airline Transportation Services
Services provided by a commercial airline for transportation to medically necessary medical care or other health care service that cannot be provided within the MTO regions where the recipient resides.

Call Center Operations
Call centers manage trip scheduling and authorizations for recipients.

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[24] A recipient 14 years of age and under must be accompanied by a parent, guardian, or other authorized adult to accompany the recipient on all trips.  Recipients 15 to 17 years of age must be accompanied by a parent, legal guardian, or other authorized adults unless (a) parent or legal guardian has provided a signed written consent for the recipient to travel alone or (b) the treatment to which the minor is being transported is such that the law extends confidentiality to the minor for the treatment.

## Appendix B:   Demand Response Standardized Driver's Log

### Figure B.1:    Demand Response Standardized Driver's Log Sample



*Source: HHSC*

## Appendix C: ITP Service Record

### Figure C.1: ITP Service Record Sample



## ITP Service Record (form name)

| Client Name: | Client Telephone: ( ) | Client Medicaid: |
|---|---|---|
| ITP Name: | ITP Telephone: ( ) | ITP MTI Number: |

**Trip #1**

| From: | To: | Miles: | Amount: |
|---|---|---|---|
| From: | To: | Miles: | Amount: |

| Authorization Number: | Appointment Date/Time: | Total Miles: | Total Amount: |
|---|---|---|---|

| Health Care Provider NPI: | Health Care Provider Telephone: ( ) | Health Care Provider Name: |
|---|---|---|

| I certify that this patient was seen for a Medicaid/CSHCN covered health-care service. | Signature & Title of Health-care Provider: ➡ | Date Signed: |
|---|---|---|

**Trip #2**

| From: | To: | Miles: | Amount: |
|---|---|---|---|
| From: | To: | Miles: | Amount: |

| Authorization Number: | Appointment Date/Time: | Total Miles: | Total Amount: |
|---|---|---|---|

| Health Care Provider NPI: | Health Care Provider Telephone: ( ) | Health Care Provider Name: |
|---|---|---|

| I certify that this patient was seen for a Medicaid/CSHCN covered health-care service. | Signature & Title of Health-care Provider: ➡ | Date Signed: |
|---|---|---|

**ITP Drivers:** *Please note that the allowable mileage that may be claimed for reimbursement is preprinted on the form.*

**AFFIDAVIT:** This is to certify that the foregoing information is true, accurate, and complete. I understand that payment of this claim is from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws. I hereby certify that this claim contains no willful misrepresentation or falsification and that the information I have given is true and correct to the best of my knowledge and belief. I attest that I have complied with all of the provisions of the Individual Transportation Participant Agreement when providing the transportation services for which I am seeking reimbursement.

_____        _____
Signature of Individual Transportation Participant (ITP)              Date

**All forms must be mailed to <MTO Name>**
ATTN: {INSERT}
Street Address
City, State, Zip Code
**Note:** *Please retain a copy for your records*

*Source: HHSC*

## Appendix D:   Report Team and Distribution

**Report Team**

OIG staff members who contributed to this audit report include:

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- Randy Frisina, Operations Manager

## Appendix E:   OIG Mission and Contact Information

The mission of OIG is to prevent, detect, and deter fraud, waste, and abuse through the audit, investigation, and inspection of federal and state taxpayer dollars used in the provision and delivery of health and human services in Texas.  The senior leadership guiding the fulfillment of OIG's mission and statutory responsibility includes:

- Sylvia Hernandez Kauffman, Inspector General

- Susan Biles, Chief of Staff

- Dirk Johnson, Chief Counsel

- Christine Maldonado, Chief of Operations and Workforce Leadership

- Olga Rodriguez, Chief of Strategy and Audit

- Quinton Arnold, Chief of Inspections and Investigations

- Steve Johnson, Interim Chief of Medicaid Program Integrity

- Tony Owens, Deputy IG for Third Party Recoveries

- David Griffith, Deputy IG for Audit

- Alan Scantlen, Deputy IG for Data and Technology

- Lizet Hinojosa, Deputy IG for Benefits Program Integrity

- Judy Hoffman-Knobloch, Assistant Deputy IG for Medical Services

**To Obtain Copies of OIG Reports**

- OIG website:  https://oig.hhsc.texas.gov

**To Report Fraud, Waste, and Abuse in Texas HHS Programs**

- Online:          https://oig.hhsc.texas.gov/report-fraud

- Phone:          1-800-436-6184

**To Contact OIG**

- Email:          OIGCommunications@hhsc.state.tx.us

- Mail:           Texas Health and Human Services Commission
                  Office of Inspector General
                  P.O. Box 85200
                  Austin, Texas 78708-5200

- Phone:          512-491-2000