



Emergency Ambulance Services at American Medical Response

A Texas Medicaid Ambulance Provider

Results in Brief

Why OIG Conducted This Audit

During the audit scope, American Medical Response (AMR) received \$13,791,149 for ground emergency ambulance claims processed through Texas Medicaid. This includes fee-for-service payments directly from the Texas Health and Human Services Commission (HHSC) of \$811,307, as well as payments from 18 managed care organizations (MCOs) of \$12,979,842. For purposes of this audit, auditors examined payments for ground emergency ambulance claims from two selected MCOs totaling \$6,364,244.

Summary of Review

The audit objective was to determine whether AMR ensured its contractor billed claims to Superior HealthPlan (Superior) and Amerigroup Texas (Amerigroup) in accordance with applicable statutes, rules, and procedures in the managed care environment. The audit scope includes ground emergency ambulance claims for the period from September 1, 2019, through August 31, 2021.

Conclusion

American Medical Response's (AMR's) contractor billed ground emergency ambulance claims to Superior and Amerigroup in accordance with most requirements. AMR maintained support for the transport and level of service performed; however, it did not always bill for the accurate mileage or for the correct patient.

Key Results

AMR's contractor billed ground emergency ambulance claims to Amerigroup and Superior in accordance with most requirements. For a sample of 120 ground emergency ambulance claims tested, AMR:

- Maintained a record of the transport for the correct date of service.
- Recorded accurate client data. Claims data submitted to MCOs—such as client name and date of birth—matched AMR's transport documentation.
- Transported patients to a facility, such as a hospital, that provided emergency services.
- Maintained support for the level of service billed.

However, it did not always bill for the accurate mileage or for the correct patient. Specifically:

- AMR inaccurately reported mileage from the pickup to the destination for one claim out of 120 random sample items and one claim out of eight additional risk-based sample items selected. AMR's medical crew entered the incorrect number of miles into their electronic patient record. These incorrectly submitted claims resulted in an overpayment of \$1,144.53.
- AMR and its contractor billed the incorrect patients for 14 (7 percent) of 193 transports tested as part of a risk-based sample. AMR and its billing contractor mistakenly billed relatives, members with similar names, or members with the same or similar birth dates as the patients. These incorrectly submitted claims resulted in an overpayment of \$4,220.54.

Audit Methodology

OIG Audit obtained the universe of claims paid to AMR. From that universe, OIG statisticians selected two statistically valid random samples of clients who had paid claims, including one through Superior and one through Amerigroup, for ground emergency ambulance services. Additionally, OIG Audit selected two risk-based, non-statistical samples to test (a) transports without corresponding medical claims and (b) outlier mileage claims.

Background

Medicaid covers emergency ambulance services to members having an emergency medical condition or an emergency behavioral health condition.

AMR provides ground medical transportation, including both emergency and non-emergency ambulance services, for patients who have Texas Medicaid coverage. AMR's billing contractor handles medical coding and sends claims to MCOs for payment on behalf of AMR.

Recommendations

AMR should:

- Repay \$5,365.07 to the state of Texas.
- Implement a process to ensure mileage entered by the medical crew reasonably matches the distance between the pickup and destination facilities.
- Have a process to verify patient information prior to submitting the information to its billing contractor for claims submission.

Management Response

OIG Audit presented preliminary audit results, issues, and recommendations to AMR in a draft report dated August 2, 2022. AMR agreed with the audit recommendations and asserted corrective actions had already been implemented or would be implemented by September 2022. AMR's management responses are included in the report following each recommendation.

For more information, contact:
OIGAuditReports@hhs.texas.gov