



STATE OF OHIO  
OFFICE OF THE AUDITOR  

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JIM PETRO, AUDITOR OF STATE

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# Ohio Medicaid Program

## *Review of Medicaid Provider Reimbursements Made to Bobcat Transportation*

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A Compliance Review by the

**Fraud, Waste and Abuse  
Prevention Division**





STATE OF OHIO  
OFFICE OF THE AUDITOR  
JIM PETRO, AUDITOR OF STATE

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Asfaw Belete, Owner  
Bobcat Radio Service, Inc.  
660 W. Rich Street  
Columbus, Ohio 43215

Re: Bobcat Transportation  
Medicaid Provider Number 0116145

Dear Mr. Belete:

We have completed our audit of selected medical services rendered to Medicaid recipients by Bobcat Transportation for the period January 1, 1996 through December 31, 1999. We identified findings for recovery in the amount of \$274,394.51, which must be repaid to the Ohio Department of Job and Family Services.

Payment of the findings may be made by check payable to the Treasurer of State of Ohio and mailed to:

Ohio Department of Job and Family Services  
Post Office Box 182367  
Columbus, Ohio 43218-2367

Payment arrangements should be made with the Ohio Department of Job and Family Services within 45 days of the date of this report. When making payment, please use the remittance form at the back of this report to ensure proper credit. In accordance with Ohio Revised Code Section 131.02, if payment is not made to the Ohio Department of Job and Family Services within 45 days, this matter will be referred to the Ohio Attorney General's Office for collection.

If you have any questions, please contact Johnnie L. Butts, Jr., Chief of the Fraud, Waste and Abuse Prevention Division at (614) 466-3212

Yours truly,

JIM PETRO  
Auditor of State

September 14, 2000

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### ABBREVIATIONS

CPT	Physician's Current Procedural Terminology
EMT	Emergency Medical Technician
FWAP	Fraud, Waste and Abuse Prevention (Division of)
HCFA	Health Care Financing Administration
HCPCS	HCFA Common Procedure Coding System
MMIS	Medicaid Management Information System
ODJFS	Ohio Department of Job and Family Services
OAC	Ohio Administrative Code
ORC	Ohio Revised Code
TCN	Transaction Control Number

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## ***SUMMARY OF RESULTS***

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The Auditor of State performed a review of Bobcat Transportation<sup>1</sup>, Provider # 0116145, doing business at 660 W. Rich Street, Columbus, Ohio 43215. Overpayments amounting to \$274,394.51 were identified. The cited funds are recoverable as they resulted from Medicaid claims submitted by Bobcat Transportation for services not meeting program reimbursement rules under the Ohio Medicaid Transportation Manual and the Ohio Administrative Code (OAC). Therefore, pursuant to Ohio Revised Code Section (ORC)117.28, a finding for recovery is issued against the Provider for improperly received monies in the amount of \$274,394.51.

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## ***BACKGROUND***

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The Auditor of State, working in cooperation with the Ohio Department of Job and Family Services (ODJFS), performs reviews designed to assess Medicaid providers' compliance with federal and state claims reimbursement rules. A provider renders medical, dental, laboratory, or other services to Medicaid recipients.

Medicaid was established in 1965 under the authority of Title XIX of the Social Security Act and is a federal/state financed program which provides assistance to low income persons, families with dependent children, the aged, the blind, and the disabled. ODJFS administers the Medicaid program. The rules and regulations providers must follow are issued by ODJFS in the form of a Ohio Medicaid Provider Handbook.

ODJFS' Medicaid Provider Handbook, Chapter 3334, General Information, Section II, Subsection (B), states in part, "Medical necessity" is the fundamental concept underlying the Medicaid program. A physician must render or authorize medical services within the scope of their licensure and based on their professional judgement of those services needed by an individual. "Medically necessary services" are services which are necessary for the diagnosis or treatment of disease, illness, or injury and meet accepted standards of medical practice."

Medical transportation services are among the services reimbursed by the Medicaid program when delivered by eligible providers to eligible recipients. The range of medical transportation services includes emergency and non-emergency ambulance transport to a Medicaid covered service, non-emergency ambulette/wheelchair vehicle transport to a Medicaid-covered service, as well as emergency and non-emergency air ambulance transport. Covered medical transportation services (ambulance and ambulette/wheelchair vehicle services) are those transports that are determined to be medically necessary and appropriate to the recipient's health. Requirements for providers of medical transportation services are covered in ODJFS' Transportation Services Handbook, which is part of the Ohio Medicaid Provider Handbook.

Pursuant to the Ohio Medicaid Provider Handbook, Chapter 3334, Section IV, Subsection (B), and the Ohio Administrative Code, Section 5101:3-1-172, providers are required to "Maintain all records

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<sup>1</sup> Bobcat Transportation is owned and operated by Bobcat Radio Service, Inc.

necessary and in such form so as to fully disclose the extent of services provided and significant business transactions. The provider will maintain such records for a period of six years from the date of receipt of payment or until any initiated audit is completed, whichever is longer.”

In addition, Section 5101:3-1-29 (C) of the OAC states: “In all instances of fraud and abuse, any amount in excess of that legitimately due to the provider will be recouped by the department through its surveillance and utilization review section, the state auditor, or the office of the attorney general.

“Abuse” is defined in Section 5101:3-1-29 (B) as “...those provider practices that are inconsistent with professional standards of care; medical necessity; or sound fiscal, business, or medical practices; and result in an unnecessary cost to the medicaid program..”

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## ***PURPOSE SCOPE AND METHODOLOGY***

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The purpose of this review was to determine whether the Provider’s claims to Medicaid for reimbursement of transportation services were in compliance with regulations and to calculate the amount of any overpayment resulting from non-compliance.

We informed the Provider by letter on May 8, 2000 they had been selected for a compliance review. An Entrance Conference was held on May 23, 2000 with Asfaw Belete, Owner.

We utilized ODJFS’ Ohio Medicaid Provider Handbook and the Ohio Administrative Code as guidance in determining the extent of services and applicable reimbursement rates. We obtained the Provider’s claims history from ODJFS’ Medicaid Management Information System (MMIS), which lists services billed to and paid by Medicaid. This computerized claims data includes patient name, place of service, date of service, and type of procedure/service. These healthcare procedures and services are codified using one or more of the following five digit coding systems:

- Current Procedural Terminology (CPT)<sup>2</sup>,
- Health Care Financing Administration’s<sup>3</sup> (HCFA) Common Procedural Coding System (HCPCS), and
- ODJFS’ local level codes.

The scope of our review was limited to claims for which the Provider was paid by Medicaid during the period January 1, 1996 through December 31, 1999. The Provider billed for and was reimbursed \$274,394.51 for 24,998 transportation services during our audit period. In order to facilitate an accurate and timely review of paid claims, a statistical random sample of 146 Transaction Control Numbers (TCN’s), which is the identifier for a transportation service bill for one recipient, was taken.

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<sup>2</sup>The CPT is published by the American Medical Association (AMA) for the purpose of providing a uniform language to describe medical services.

<sup>3</sup>HCFA has federal oversight of the Medicaid program.

We examined the amounts reimbursed by ODJFS and requested an on-site record review. In order to perform this review we requested the Provider gather the following documents:

- A trip log which states the date of service, time of call, name(s) of attendant(s), time of pickup, name(s) of client(s), name of driver and certification number, departure/destination, and loaded mileage.
- The original ODJFS 3452 Physician's Certification form documenting the medical necessity of the transport.
- Copies of applicable ODJFS 3142 Prior Authorization Request forms.
- Copies of each ambulette driver's certification card for basic first-aid training. This certification may be issued by the American Red Cross or an equivalent training program.

Work performed on this audit was done in accordance with government auditing standards.

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## ***FINDINGS***

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Our reviewed identified four areas of noncompliance: (1) the Provider was unable to provide valid physician certifications to support the medical necessity of any of the services in our sample; (2) the Provider transported some recipients by taxi, instead of by wheelchair van; (3) only two of the 17 ambulette drivers in our sample were properly certified with medical training, and (4) claims for mileage reimbursement were not properly documented. These deficiencies caused us to question all of the reimbursements made to the Provider during our review period. Therefore, we are making a finding for recovery for \$274,394.51, which is the total amount reimbursed for the review period.

### **Failure to Provide Physician Certifications**

Pursuant to OAC Section 5101:3-15-02 "A physician must certify on the ODJFS 3452 Physician Certification all ambulance and ambulette/wheelchair vehicle transportation services to be medically necessary. The physician certification must state the medical problems which contraindicate transportation by any other means on the date of transport." This certification record serves as the document to validate the medical necessity of the transportation service. In addition, this form must be signed by a physician or a registered nurse, under verbal orders from a physician.

The physician certification is analogous to a physician's order or a prescription. Just as a prescription/order is required for a pharmacy to dispense medications and must be maintained as a record kept by the pharmacy, the physician certification for transportation services is the document that validates the medical necessity to transport the patient and must be maintained as a record by the transportation provider. The Provider was unable to supply valid physician certifications for the recipients in our sample.

During our Entrance Conference the Provider informed us that he did not keep physician certifications and claimed these certifications were kept for him at the dialysis centers where the patients were transported. Although this procedure is not in accordance with requirements for maintaining proper documentation, we allowed the Provider to obtain the physician certifications from the dialysis centers. However, we subsequently determined that the physician certifications obtained by the Provider were signed during the year 2000, although payment for these services had been received in prior years.

Pursuant to the Ohio Administrative Code, Section 5101:3-1-172, Subsection (E), “The provider shall maintain all records necessary and in such a form as to fully disclose the extent of services provided and significant business transactions. The provider will maintain such records for a period of six years *from the date of receipt of payment* (italics added) based upon those records or until any initiated audit is completed, whichever is longer.”

Because the Provider obtained certifications after the date of transport and did not have them on or before payment was received, these certifications were not valid, and the Provider was not eligible to be reimbursed for these transports. ODJFS’ Office of Medicaid verified that we were properly applying their policies by disallowing reimbursement for certifications obtained after payment was received.

Therefore, based on our sample results, a finding for recovery is made for \$274,394.51, which is the total amount reimbursed to the Provider for the review period. We also recommend that the Provider implement procedures to obtain physician certifications in accordance with OAC Section 5101:3-15-02 and Section 5101:3-1-172, Subsection (E).

### **Some Recipients Transported in Taxis**

One of the requirements laid out in the Medicaid Transportation Manual (AMB 1104) and the Ohio Administrative Code (Section 5101:3-15-02) is that in order to be eligible for Medicaid reimbursement, recipients must be nonambulatory. For purposes of ambulette transport, nonambulatory is defined as those handicapping or temporarily disabling conditions which preclude transportation in standard passenger vehicles.

In a further attempt to evaluate the medical necessity of the ambulette transports provided by Bobcat, we contacted 23 recipients in our sample who received transportation services that were billed to Medicaid. Of the 23, nine told us that they were nonambulatory and had been transported in a wheelchair van, and 14 told us they were ambulatory and had been routinely transported in Bobcat taxis.

When we asked the Provider about the information given to us by the recipients, the Provider’s legal representative said that Provider acknowledged that some recipients had been transported by taxi. According to the Provider, these recipients requested taxi transport because they were uncomfortable with the wheelchair lift mechanism on the van.

While this may explain *why* the Provider transported some recipients by taxi, it does not justify Medicaid reimbursement for these transports. As noted above, Medicaid reimbursement is based on transports of nonamulatory persons who are unable to ride in standard passenger vehicles. We believe the number of taxi transports also supports our concern about the medical necessity of some Bobcat transports.

We did not attempt to quantify the extent that taxis were used to transport Medicaid recipients because the Provider was already ineligible for reimbursement as a result of not having physician certifications. However, in the future, the Provider should ensure that taxi transports are not billed to Medicaid.

### **Drivers Not Properly Certified**

The Transportation Manual, Section AMB 1004 and the OAC Section 5101:3-15-02, states that providers must certify that the drivers and attendants meet certain minimum qualifications. This information must be available in the provider's office and provided upon request.

For transport in ambulette/wheelchair vehicles, the Transportation Manual, Section AMB.1004, Subsection (B), states, "Ambulette/wheelchair vehicle providers must certify that drivers meet the following qualifications:

- (1) the qualifications of each driver comport with local, state and federal laws and regulations.
- (2) Each driver has a current card issued as proof of successful completion of the "American Red Cross" (or equivalent) basic course in first-aid.

During the Entrance Conference we requested a listing of all employees and certifications for all driving personnel who provided transportation services.

The Provider was only able to provide certifications for two drivers; however, based upon the Providers run sheets, which document each trip, we determined that 17 different drivers actually transported patients in our sample. The two certified drivers provided 534 of the 1,576 transportation services in our sample. The remainder of the services were provided by drivers who were not certified, making these services ineligible for reimbursement.

Because the Provider was already ineligible for reimbursement because of not having physician certifications, no additional overpayments occurred because of uncertified drivers. However, the Provider should ensure that each driver is properly certified in accordance with OAC Section 5101:3-15-02 and Section AMB.1004, Subsection (B) of the Transportation Manual.

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## **Undocumented Mileage**

Pursuant to OAC Section 5101:3-15-05<sup>4</sup>, medical transportation providers must maintain records which fully describe the extent of services provided. One of the records that must be maintained is a trip log or run sheet which documents the departure and destination points of the transport and the mileage driven during the transport.

During our Entrance Conference, the Provider stated that mileage billings were based on odometer readings. During our review of transportation records, mileage was not documented on the run sheets. Therefore, we were unable to verify billed mileage and could not determine how the provider calculated actual mileage. In addition, the departure and destination points was not always documented. Therefore, we could not verify the accuracy of the mileage billed.

Because the Provider was already ineligible for reimbursement because of not having physician certifications, no additional overpayments occurred because of undocumented mileage. However, the Provider should implement procedures to ensure the calculation and documentation of mileage is accurate and in accordance with OAC Section 5101:3-15-02.

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### ***CONCLUSION***

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Based on the review, findings for recovery are issued in the amount of \$274,394.51. A draft report was mailed to the Provider on June 16, 2000. The Provider was given ten (10) business days from the receipt of the draft to provide additional documentation or otherwise respond in writing. The Provider disagreed with the basis for the findings in a July 10, 2000 letter received from the Provider's attorney (see the following page). Our August 2, 2000 response to the Provider is shown on page 11.

The Provider is aware of the final amount and reason for the overpayments. In addition, the Provider is aware that if payment is not made within 45 days of the finalization of this report this matter will be referred to the Ohio Attorney General's office for collection.

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<sup>4</sup>This section was repealed and amended as part of OAC Section 5101:3-15-02 effective 03/01/00.

# DINSMORE & SHOHL LLP

Attorneys at Law

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July 10, 2000

## Via Hand Delivery

Sarah L. Tharp, Program Manager  
State of Ohio, Office of the Auditor  
35 North Fourth Street  
Columbus, Ohio 43215

Re: July 16, 2000 draft audit of Bobcat Radio Service, Inc.  
Asfaw Belete, Owner

Dear Ms. Tharp:

On June 16, 2000 you issued a draft audit of selected medical transportation services rendered to Medicaid recipients. In your draft report, despite the fact all services were actually rendered and no overpayments were made, you requested a return of *all* money paid (\$274,394.51) to Bobcat Radio Service, Inc. from January 1, 1996 through December 31, 1999.

There were no citations to any legal authority which authorizes repayment to the Ohio Department of Human Services ("ODHS"), for services actually rendered. Accordingly, no response to the legality of the requested repayment can be made at this time. If the auditor would like to provide the legal basis for the repayment, a legal analysis will be submitted at a later time.

## Background

### A. Proper Party

Your draft report claims to be an audit of Bobcat Transportation. The proper party to this audit is Bobcat Radio Service, Inc. ("Bobcat"), an Ohio corporation in good standing. (Exhibit A). Please advise if you need additional information on this issue.

The company is owned by Asfaw Belete. Mr. Belete is a native of Ethiopia. He came to America in 1983 and was given citizenship in 1989. He has worked in the taxi / transportation business for 12 years. His former partner, George Karson, was instrumental in filing the necessary paperwork for Bobcat to be approved into the ODHS' medical transportation services program. Unfortunately, Mr. Karson passed away and Mr. Belete cannot locate some documents which were within Mr. Karson's possession.

## **B. Program for Medical Transportation Services**

From the start of Bobcat's involvement in this program, the vast majority of its patients were obtained by receiving a call from a case worker at ODHS requesting service for a patient who was Medicaid eligible for transportation. Once Bobcat agreed to provide transportation services, it would continue until the patient no longer needed service.

Obviously, if the patient was referred by ODHS, Bobcat had no reason to doubt that the patient was Medicaid eligible and assumed it would be reimbursed for all services provided.

However, some patients were provided service but the ODHS refused to reimburse Bobcat because the patients were not Medicaid eligible. At Page 2 of your draft audit, you claim Bobcat "billed and was reimbursed \$274,394.51". In the time frame given for this response, we were unable to gather all of our billing records from our billing service; however, Bobcat knows it billed a higher amount and was not reimbursed for all services it actually provided.<sup>1</sup> Given additional time, Bobcat will attempt to supplement this reply to accurately report the amounts billed and reimbursed. However, Bobcat believes ODHS has accurate records from which this information can be confirmed.

## **Audit Findings**

### **A. Physician Certifications**

Bobcat did not obtain physician certifications prior to providing services. Mr. Belete was unaware of this requirement prior to the audit. He assumed that the physicians kept these records. After the audit began, Mr. Belete attempted to have the physicians sign the necessary forms to prove that the services were medically necessary. A majority of the remaining dialysis centers, hospitals, and physicians did just that. This evidence was rejected by the Auditor and ODHS but it proves the services were medically necessary.

The key fact in this inquiry should be that all of the medical services provided to these individuals were reimbursed by Medicaid. Thus, the services have been deemed medically necessary and the transportation to these services should also be deemed medically necessary.

The patients were referred by ODHS case workers - thus ODHS knew the transportation was medically necessary. Bobcat was paid for three years for services provided. Accordingly, ODHS knew the services were provided.

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<sup>1</sup> One of the reasons for non-reimbursement of claims provided appears to be the fact that on certain occasions dialysis clinics would call Bobcat to pick up or deliver patients whom other providers "forgot". For whatever reason, some of these services were not reimbursed.

There is no claim that services were not provided. There is no claim the transportation was not medically necessary. The claim is that Bobcat failed to obtain a physician's signature and for this failure, they should return all of the money they received from ODHS/Medicaid. Such a result is unduly harsh, unsupported by the underlying facts and inherently unfair to a small business owner who provided needed services to medically eligible patients.

### **Drivers' Certification**

In order to be "certified", drivers must complete a three-hour basic first aid course offered by the American Red Cross. Two of the drivers had this certification. Once again, Mr. Belete was unaware of this requirement.

No one was injured by this lack of certification. However, if the drivers did not transport their patients to dialysis, the result could have been deadly. This technical violation should not serve as a basis for the reimbursement of all funds paid to Bobcat.

### **Mileage Documentation**

The audit states that proper documentation of mileage was not written on the run sheets and the auditor was unable to verify billed mileage.

For each trip made, a Medicaid slip must be filled out in order for the driver to be reimbursed. Each slip has the address of the patient and the name of the hospital or clinic. A sample slip is attached as Exhibit B. A log / run sheet is also kept with addresses of each location. A sample is provided as Exhibit C. That information is then submitted on Medicaid Claim Form 6780 to our billing company, Dyserv. From that document, it is input by Dyserv and submitted to ODHS.

Our run sheets (Exhibit C) show dates, places of pick up and delivery, and appointment times. Patients are transported three times a week for dialysis. Some times the mileage is missing but when you transport someone from their house to a dialysis center 156 times a year, the drivers tend to know the mileage. If needed, we can provide additional backup documentation to prove the mileage amounts submitted are true and accurate.

Given enough time, we could answer any specific mileage questions but as mentioned in your audit, all that is needed is the implementation of better records retention and control to assure all necessary documentation is kept for the required amount of time.

This technical violation is not grounds for total reimbursement of all fees paid to Bobcat.

## Conclusion

Given the technical nature of each of the alleged violations, reimbursement of \$274,394.51 - all of the money ever paid to Bobcat - seems punitive to the point of putting a small businessman out of business.

No one denies that services were provided in a timely and efficient manner. Admittedly, technical violations were made but those violations were in no way the product of fraud, deceit or abuse. Accordingly, the penalty in the audit is unreasonable and should be reversed prior to the issuance of the final audit.

Sincerely,



William M. Mattes

WMM/jw  
23545.1



**STATE OF OHIO**  
**OFFICE OF THE AUDITOR**

JIM PETRO, AUDITOR OF STATE

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www.auditor.state.oh.us

August 2, 2000

William Mattes  
Dinsmore & Shohl, LLP  
175 South Third Street, 10<sup>th</sup> Fl.  
Columbus, Ohio 43215

Dear Mr. Mattes:

We received your letter in response to our compliance review of Bobcat Transportation, Provider #0116145. We understand your client's concern about the amount of money owed to the State, and we hope this letter responds to the questions you raised.

### **Authority to Seek Repayment**

You questioned the legal authority to seek repayment for matters discussed in the report. According to the Ohio Administrative Code rule 5101:3-15-02, the completion of the physician certification form is required for the provider to be eligible for reimbursement.

In addition, rule 5101:3-1-29 (C) of the OAC states: "In all instances of fraud and abuse, any amount in excess of that legitimately due to the provider will be recouped by the department through its surveillance and utilization review section, the state auditor, or the office of the attorney general.

"Abuse" is defined in rule 5101:3-1-29 (B) as "...those provider practices that are inconsistent with professional standards of care; medical necessity; or sound fiscal, business, or medical practices; and result in an unnecessary cost to the medicaid program."

### **Proper Party**

According the Provider Agreement, which is on file with the Ohio Department of Job and Family Services<sup>5</sup> (ODJFS) (attachment A) and signed by Mr. Belete, the proper party to be addressed for the Medicaid review is Bobcat Transportation. No where in this documentation is the name of Bobcat Radio Service, Inc. If the name has changed, Mr. Belete should so notify ODJFS in accordance with the terms of his provider agreement.

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<sup>5</sup> ODHS merged with the Bureau of Employment Services to become ODJFS as of July 1, 2000.

## **Program for Medical Transportation Services**

You implied that Bobcat should be eligible for reimbursement of transportation services because patients had been referred for services by county case workers. Determination of medical necessity for a Medicaid service is the province of a physician, and the basis for the requirement of a physician's certification in the case of ambulance transports. Therefore, referral by a county case worker cannot substitute for a determination of medical necessity by a qualified physician.

In cases where the recipients are ambulatory, transportation is sometimes granted through the county, and should be billed to that county agency. It is not clear whether your client may have been referring to these types of transports. In any event, these transports were not eligible for Medicaid reimbursement.

We also want to clarify any misunderstanding there may have been regarding our data. The \$274,394.51 cited in our report is the amount that Bobcat Transportation was reimbursed by ODJFS for the review period, not the amount billed. We obtained this data directly from ODJFS' Medicaid Management Information System (MMIS), which is the repository for all Medicaid reimbursements.

### **Physician Certifications**

As stated in the draft report and your letter, Bobcat Transportation did not retain physician certification forms as required to bill and be reimbursed for services. According to the Ohio Administrative Code rule 5101:3-15-02, the Physician Certification is required for the provider to be eligible for reimbursement. And, under OAC rule OAC 5101:3-1-172 (E), Mr. Belete is responsible for retaining documentation to show transports were properly certified by a Physician's Certification. In addition, it cannot be assumed that because services were billed and paid they were medically necessary. We need documentation to verify this.

### **Driver's Certifications**

As stated in the draft report and your letter, Bobcat Transportation did not obtain the proper driver certifications as required to transport patients. This requirement is clearly spelled out in the Provider Agreement, which Mr. Belete signed in order to obtain his provider number and begin billing ODJFS. This requirement is meant to ensure the safety of patients being transported by ambulance. That no one was injured when transported by drivers who were not certified is fortunate, but not justification for allowing reimbursement.

### **Mileage Documentation**

The Medicaid slips that were supplied to the auditors during this review did not list mileage and the examples provided by you do not list mileage. However, as stated in our report, the lack of mileage documentation was not used to determine any overpayment; the overpayments were instead based upon Bobcat's lack of physician certifications and lack of driver certifications.

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In conclusion, Mr. Belete signed a provider agreement in which he agreed to abide by all of the requirements of the Medicaid program in order to be eligible for reimbursement by ODJFS. The requirements for transportation providers are documented in the Transportation Manual, which is supplied by ODJFS to each transportation provider. Bobcat Transportation has not retained the required documentation in order to be eligible for reimbursement by ODJFS. And, since Bobcat has not submitted any new documentation that would cause us to change our position, the finding for recovery will remain \$274,394.51.

We hope this information will clarify our position and the basis for the overpayments. We are in the process of finalizing our report. However, if you or Mr. Belete have any other questions of concerns, please contact me at 614-728-7119.

Yours truly,

JIM PETRO  
Auditor of State

*signed/*

Sarah Tharp, Program Manager  
Fraud, Waste and Abuse Prevention Division

- O'Neal Saunders, AOS Legal Counsel

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PROVIDER REMITTANCE FORM

Make your check payable to the Treasurer of State of Ohio and mail check along with this completed form to:

Ohio Department of Human Services  
Post Office Box 182367  
Columbus, Ohio 43218-2367

Provider: Bobcat Transportation  
660 W. Rich Street  
Columbus, Ohio 43215

Provider Number: 0116145

Review Period: January 1, 1996 through December 31, 1999

AOS Finding Amount: \$274,394.51

Date Payment Mailed: \_\_\_\_\_

Check Number: \_\_\_\_\_

**IMPORTANT:** To ensure that our office properly credits your payment, please also fax a copy of this remittance form to: Charles T. Carle at (614) 728-7398.

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STATE OF OHIO  
OFFICE OF THE AUDITOR  

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JIM PETRO, AUDITOR OF STATE

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Facsimile 614-466-4490

**BOBCAT TRANSPORTATION**

**FRANKLIN COUNTY**

**CLERK'S CERTIFICATION**

**This is a true and correct copy of the report which is required to be filed in the Office of the Auditor of State pursuant to Section 117.26, Revised Code, and which is filed in Columbus, Ohio.**

*Susan Babbitt*

**CLERK OF THE BUREAU**

**CERTIFIED  
SEPTEMBER 14, 2000**