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**A TO B TRANSPORTATION, LLC
SUMMIT COUNTY**

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS OF THE MEDICAID PROGRAM APPLICABLE TO NON-EMERGENCY MEDICAL TRANSPORTATION

Brenda K. Hlas, Owner
A to B Transportation, LLC
2285 Frashure Drive
Copley, Ohio 44321

RE: *Medicaid Provider Number 3100683*

Dear Ms. Hlas:

We examined your (the Provider's) compliance with specified Medicaid requirements for driver qualifications, service documentation, and service authorization related to the provision of non-emergency medical transportation services during the period of January 1, 2011 through December 31, 2013. We reviewed the Provider's records to determine if it had support for services billed to and paid by Ohio Medicaid and compared the elements contained in the documentation to the Medicaid rules. In addition, we determined if the services were authorized in certificates of medical necessity and reviewed personnel records to verify that driver qualifications were met. The accompanying Compliance Examination Report identifies the specific requirements examined.

Provider's Responsibility

The Provider entered into an agreement with the Ohio Department of Medicaid (ODM) to provide services to Medicaid recipients (the Provider Agreement). The Provider Agreement outlines the responsibility to adhere to the terms of the agreement, state statutes and rules, federal statutes and rules, and the regulations and policies set forth in the Medicaid Handbook including the duty to maintain records supporting claims for reimbursement made by Ohio Medicaid. Therefore, the Provider is responsible for complying with the requirements and laws outlined by the Medicaid program.

Auditor's Responsibility

Our responsibility is to express an opinion and report on the Provider's compliance with the specified Medicaid requirements based on our examination. Our examination was performed under our authority in Section 117.10 of the Ohio Revised Code and conducted in accordance with the American Institute of Certified Public Accountants' attestation standards and, accordingly, included examining, on a test basis, evidence supporting the Provider's compliance with those Medicaid requirements and performing such other procedures as we considered necessary in the circumstances. We believe our examination provides a reasonable basis for our opinion. However, our examination does not provide a legal determination on the Provider's compliance with the specified Medicaid requirements.

Internal Control Over Compliance

The Provider is responsible for establishing and maintaining effective internal control over compliance with the Medicaid requirements. We did not perform any test of the internal controls and we did not rely on the internal controls in determining our examination procedures. Accordingly, we do not express an opinion on the effectiveness of the Provider's internal control over compliance.

Basis for Adverse Opinion on Medicaid Services

Our examination found material non-compliance with service authorization requirements and driver qualifications. In addition, the Provider submitted claims for cancelled trips which lacked the required documentation.

Adverse Opinion on Compliance

In our opinion, the Provider has not complied, in all material respects, with the aforementioned requirements for the period of January 1, 2011 through December 31, 2013.

Our testing was limited to the specified Medicaid requirements detailed in the Compliance Examination Report. We did not test other requirements and, accordingly, we do not express an opinion on the Provider's compliance with other requirements.

We found the Provider was overpaid by Ohio Medicaid for services rendered between January 1, 2011 and December 31, 2013 in the amount of \$159,048.90. This finding plus interest in the amount of \$8,242.22 totaling \$167,291.12 is due and payable to the ODM upon its adoption and adjudication of this examination report. When the Auditor of State identifies fraud, waste or abuse by a provider in an examination,¹ any payment amount in excess of that legitimately due to the provider will be recouped by ODM, the state auditor, or the office of the attorney general. Ohio Admin. Code § 5160-1-29(B)

This report is intended solely for the information and use of the ODM, the Ohio Attorney General's Office, the U.S. Department of Health and Human Services/Office of Inspector General, and other regulatory and oversight bodies, and is not intended to be, and should not be used by anyone other than these specified parties. In addition, copies are available to the public on the Auditor of State website at www.ohioauditor.gov.



Dave Yost
Auditor of State

October 15, 2015

¹ "Fraud" is an intentional deception, false statement, or misrepresentation made with the knowledge that the deception, false statement, or misrepresentation could result in some unauthorized benefit to oneself or another person. "Waste and abuse" are practices that are inconsistent with professional standards of care; medical necessity; or sound fiscal, business, or medical practices; and that constitute an overutilization of Medicaid covered services and result in an unnecessary cost to the Medicaid program. Ohio Admin. Code § 5160-1-29(A)

COMPLIANCE EXAMINATION REPORT FOR A TO B TRANSPORTATION, LLC

Background

Title XIX of the Social Security Act, known as Medicaid, provides federal cost-sharing for each state's Medicaid program. The rules and regulations that providers must follow are specified in the Ohio Administrative Code and the Ohio Revised Code. The fundamental concept underlying the Medicaid program is medical necessity of services: defined as services which are necessary for the prevention, diagnosis, evaluation or treatment of an adverse health condition. See Ohio Admin. Code § 5160-1-01(A) and (B) According to Ohio Admin. Code § 5160-1-17.2(D), Medicaid providers must "maintain all records necessary and in such form so as to fully disclose the extent of services provided and significant business transactions" for a period of six years from receipt of payment or until any audit initiated within the six year period is completed. Providers must furnish such records for audit and review purposes. Ohio Admin. Code § 5160-1-17.2(E)

During the examination period, the Provider received reimbursement of \$184,845.20 for 12,993 ambulette service lines, including 6,547 non-emergency wheelchair van transport services (procedure code A0130) and 6,446 mileage services (procedure code S0209) rendered on 859 dates of service during the examination period.

The Provider also had a second Medicaid number, 0070619, as a waived service organization. ODM sent a letter terminating the Medicaid agreement for this number on January 16, 2015 because the Provider had not billed or submitted a claim under this number for at least two years.

The Provider ceased operations and filed with the Ohio Secretary of State to dissolve A to B Transportation, a limited liability company, on December 9, 2014. The Provider voluntarily terminated the Medicaid provider number associated with A to B Transportation, LLC on May 5, 2015.

Some Ohio Medicaid recipients confined to a wheelchair may be eligible to receive transportation services provided by an ambulette provider. See Ohio Admin. Code § 5160-15-03(B)(2) An ambulette is a vehicle designed to transport wheelchair bound individuals. Qualifying ambulette services must be certified as medically necessary by an attending practitioner for individuals who are non-ambulatory, able to be safely transported in a wheelchair, and do not require an ambulance. "Attending practitioner" is defined as the primary care practitioner or specialist who provides care and treatment to the recipient on an ongoing basis and who can certify the medical necessity for the transport. An attending practitioner can be a doctor of medicine, a doctor of osteopathy, a doctor of podiatric medicine, or an advanced practice nurse. Ohio Admin. Code § 5160-15-01(A)(6)

Transport of an individual that was cancelled or unavailable may be reimbursed if the transportation provider had no prior notice of the cancellation and obtains written documentation from the Medicaid covered service provider which includes, but is not limited to, the date and time of the cancelled service, the reason(s) for the cancellation, and a statement indicating that the Medicaid covered service provider was unable to notify the transportation provider or the recipient of the cancellation prior to arrival. In addition, the reason for the cancellation or unavailability of the service is not due to the action or inaction of the individual being transported or the transportation provider. For reimbursement, the transportation provider must use modifier U6 indicating "service unavailable/cancelled" for both the base rate and loaded mileage procedure codes. Ohio Admin. Code §5160-15-03(L)

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether the Provider's Medicaid claims for reimbursement complied with Ohio Medicaid regulations. Please note that all rules and code sections relied upon in this report were those in effect during the examination period and may be different from those currently in effect.

The scope of the engagement was limited to an examination of non-emergency medical transportation services, specifically ambulette services, that the Provider rendered to Medicaid recipients and received payment during the period of January 1, 2011 through December 31, 2013.

We received the Provider's claims history from ODM's Medicaid Management Information System (MMIS) and the Medicaid Information Technology System (MITS) database of services billed to and paid by Ohio's Medicaid program. We removed voided services and services paid at zero. From this population we extracted all transports and the associated mileage codes where a U6 modifier was used. A simple random sample was selected by recipient date of service (RDOS). A recipient date of service is defined as all services for a given recipient on a specific date of service. We then obtained the detailed services for the selected RDOS. A total of 100 services were pulled for the 25 sampled RDOS. From the remaining population, a simple random sample was also selected by RDOS and we then obtained the detailed services for the selected RDOS. A total of 234 services were pulled for the 60 sampled RDOS. We reviewed these samples to facilitate a timely and efficient examination of the Provider's services as permitted by Ohio Admin. Code § 5160-1-27(B)(1).

An engagement letter was sent to the Provider on May 1, 2015 setting forth the purpose and scope of the examination. An entrance conference was held with the Provider on May 7, 2015. During the entrance conference the Provider described its documentation practices and process for submitting billing to the Ohio Medicaid program. After conducting our review of records on-site, we submitted a list of missing records to the Provider. We examined all documents received for compliance.

Results

We reviewed 100 ambulette transportation services with a U6 modifier (50 transports and 50 mileage codes) and identified 10 errors resulting in an overpayment of \$278.90.

We reviewed 234 ambulette transportation services (119 transports and 115 mileage codes) and identified 177 errors. The overpayments identified for 55 of 60 statistically sampled RDOS (204 of 234 services) were projected to the Provider's population of paid claims resulting in a projected overpayment of \$158,770 with a 95 percent degree of certainty that the true population overpayment amount fell within the range of \$142,957 to \$174,582 (+/- 9.96 percent.) A detailed summary of our statistical sample and projection results is presented in **Appendix I**.

While certain services had more than one error, only one finding was made per service. The basis for our findings is discussed below in more detail.

On May 16, 2014, the Provider responded to an ambulette questionnaire from ODM's Surveillance and Utilization Review Section and attested that since the business was started it has been aware of the requirements that, in order for an ambulette transport to be covered by Medicaid, the transport must be in an ambulette, licensed and approved as such by OMTB, and that a certificate of medical necessity must be on file for the individual being transported. The Provider further attested it maintained all records and documents necessary to substantiate transportation services.

A. Certificate of Medical Necessity

All transportation providers are required by Ohio Admin. Code § 5101:3-15-02(E)(2) to obtain a CMN that has been signed by an attending practitioner that documents the medical necessity of the transport. The practitioner certification form must state the specific medical conditions related to the ambulatory status of the patient which contraindicate transportation by any other means on the date of the transport. Ambulette providers must obtain the completed, signed and dated CMN prior to billing the transport. See Ohio Admin. Code § 5101:3-15-02(E)(4)

Our review of the CMNs to support the sample of 119 paid transports identified 45 transports in which the CMN did not certify the recipient met any criteria for medical necessity, include a medical condition and/or was not signed by an authorized practitioner. We also identified one paid transport in which there was no CMN to cover the transport. These 46 errors were used in the overall finding projection of \$158,770.

In addition, we noted CMNs for 36 transports that included a medical condition and were signed by an authorized practitioner but were not complete. These CMNs did not consistently indicate that the recipient met all of the criteria for an ambulette transport, but at least one of the criteria was met. Per Ohio Admin. Code § 5101:3-15-03 (B)(2), ambulette services are covered only when the individual has been determined and certified by the attending practitioner to be non-ambulatory at the time of transport and does not require ambulance services; the individual does not use passenger vehicles as transport to non-Medicaid services; and the individual is physically able to be safely transported in a wheelchair.

B. Trip Documentation

Trip documentation records must describe the transport from the time of pick up to drop off, and include full name of the driver, full name of the Medicaid covered service provider, and complete Medicaid covered point of transport addresses. This requirement is necessary to calculate the correct payment prior to billing Ohio Medicaid. See Ohio Admin. Code § 5101:3-15-02(E)(2)(a) In addition, a transport to a Medicaid covered service that was cancelled may be reimbursed if the provider obtained written documentation from the Medicaid covered service provider documenting the cancellation. See Ohio Admin. Code § 5101:3-15-03(L)

Statistical Sample of Transports and Mileage Codes with U6 Modifier

Our review of the statistical sample of 50 transports found 10 transports with no documentation from the Medicaid covered service provider documenting the cancellation. These ten errors resulted in an overpayment of \$278.90.

Statistical Sample of Transports and Mileage Codes

Our review of the statistical sample of 234 transports found 11 errors. These errors include:

- 6 transports with no service documentation;
- 2 transports with no driver identified on the service documentation;
- 1 transport with no address listed for the pick-up location; and
- 2 transports where the mileage reimbursed was not supported by the documentation.

These errors were used in the overall finding projection of \$158,770.

C. Driver Qualifications

All ambulette drivers and attendants must pass a criminal background check and have a signed medical statement from a licensed physician declaring the individual does not have a medical, physical or mental condition or impairment which could jeopardize the health or welfare of patients being transported. Also, each driver and attendant must undergo testing for alcohol and controlled substances by a certified laboratory and be determined to be drug free. Background checks, medical statements, and drug test results must be completed and documented before the driver or attendant begins providing ambulette services or within 60 days thereafter.

Prior to employment, each driver and attendant must obtain first aid and Cardiopulmonary Resuscitation (CPR) certification (or have an Emergency Medical Technician certification), and complete passenger assistance training. In addition, each driver must provide copy of a BMV driving record on annual basis. See Ohio Admin. Code § 5101:3-15-02(C)(3)

We reviewed the personnel files for all three drivers that rendered transportation services during the examination period and compared the documentation in those files to the requirements noted above. We identified the following errors:

- 1 driver had no driving record, no first aid or CPR certification, no driver's license during an 15 month period and passenger assistance training completed 1 year after starting to provide transportation services;
- 1 driver had no signed physician statement, (statement provided was signed by a chiropractor) and the driving record was not obtained until 55 days after date of hire; and
- 1 driver has lapse in first aid certification of 18 months and lapse in CPR certification of 2 months.

Two drivers were concluded to be ineligible during the entire examination period and one driver was concluded to be ineligible during the period of certification lapses. We noted 84 transports rendered by a driver that did not meet the driver qualifications or had lapses in the required certifications on the date of service. These errors were used in the overall finding projection of \$158,770.

D. Modifiers

According to Ohio Admin. Code § 5101:3-15-03(D), modifiers for the point of transport are required for all covered services as described in the rule. A modifier is a two-position indicator wherein the first position alphabetical value reports the origin or "from" of service and the second position alphabetical value reports the destination or "to" of service.

We noted that the Provider frequently billed trips with the U6 modifier, even when the trip was not cancelled. The Provider indicated the U6 modifier was used for cancelled trip and for when the recipient had two or more round trips in one day.

Statistical Sample of Transports and Mileage Codes with U6 Modifier

In our statistical sample of 50 transports, we identified 40 transports in which the Provider did not use the U6 modifier properly. The Provider should have used the UA or UB modifier to indicate a first or second additional trip.

There is no reimbursement differential based on modifiers and therefore the reimbursements for the transports noted were not considered an over-payment.

APPENDIX I

**Summary of Statistical Sample Analysis
 For the period January 1, 2011 to December 31, 2013**

POPULATION

The population is all paid Medicaid services, less certain excluded services, net of any adjustments where the service was performed and payment was made by ODM during the examination period. Services with (U6) procedure code modifiers were excluded from this sample population and were separately sampled.

SAMPLING FRAME

The sampling frame was paid and processed claims from MMIS and MITS. These systems contain all Medicaid payments and all adjustments made to Medicaid payments by the State of Ohio.

SAMPLE UNIT

The primary sampling unit was a Recipient Date of Service (RDOS).

SAMPLE DESIGN

We used a simple random sample.

Description	Results
Number of Population Recipient Dates of Service (RDOS)	3,206
Number of Population RDOS Sampled	60
Number of Sampled RDOS with Errors	55
Number of Population Services Provided	12,718
Number of Population Services Sampled	234
Number of Sampled Services with Errors	204
Total Medicaid Amount Paid for Population	\$181,098.78
Amount Paid for Population Services Sampled	\$3,419.01
Projected Population Overpayment Amount	\$158,770
Upper Limit Overpayment Estimate at 95% Confidence Level	\$174,582
Lower Limit Overpayment Estimate at 95% Confidence Level	\$142,957
Precision of population overpayment projection at the 95% Confidence Level	\$15,813 (+/- 9.96%)

Source: Analysis of MMIS and MITS information and the Provider's records

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A TO B TRANSPORTATION, LLC

SUMMIT 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
DECEMBER 1, 2015**