WINTON TRANSPORTATION, LLC
NOW KNOWN AS UNIVERSAL TRANSPORTATION SYSTEMS, LLC

BUTLER COUNTY

MEDICAID COMPLIANCE EXAMINATION REPORT

FOR THE PERIOD JANUARY 1, 2010 THROUGH DECEMBER 31, 2012

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

Carolyn Burer, President
Winton Transportation, LLC now known as Universal Transportation Systems, LLC
5284 Winton Road
Fairfield, Ohio 45014

RE: *Medicaid Provider Number 0872971*

Dear Ms. Burer:

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, 2010 through December 31, 2012. 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 by 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 specified 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 with incorrect modifiers, which are used to identify the origin and destination points of each trip.

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, 2010 through December 31, 2012.

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, 2010 and December 31, 2012 in the amount of $66,408.28. This finding plus interest in the amount of $5,788.89 totaling $72,197.17 (see Results section for period to recover overpayments) is due and payable to 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 through its Fiscal Operations, 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 Ohio Department of Medicaid, the Medicaid Fraud Control Unit of 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

September 29, 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 constitutes 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 WINTON TRANSPORTATION, LLC NOW KNOWN AS UNIVERSAL TRANSPORTATION SYSTEMS, 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 diagnosis or treatment of disease, illness, or injury, and which, among other things, meet requirements for reimbursement of Medicaid covered services. *See* Ohio Admin. Code § 5160-1-01(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 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)

The Provider's headquarters is located in Fairfield, Ohio and it operates additional offices in Cincinnati, Columbus and Monroe. The Provider Agreement was filed by Winton Transportation, Inc., which has two registered trade names: U.T.S. and Winton Taxi. At the beginning of the examination period the Provider operated as Winton Transportation, LLC. In 2011, the name of this limited liability company was changed to Universal Transportation Systems, LLC. The Provider is also known as Winton Transportation Columbus, LLC. The State Board of Emergency Medical, Fire, and Transportation Services has this Provider listed as Universal Transportation Systems, LLC.

The Auditor of State (AOS) issued a report on this Provider in 2001. The scope of this review was limited to transportation services paid by Medicaid during the period of January 1, 1996 through June 30, 2000. The issued identified in this review included: duplicative payments, undocumented services, billing for non-covered services and services billed without valid certificates of medical necessity.

During the examination period, the Provider received reimbursement of $179,643.03 for 12,697 ambulette services, including 6,286 non-emergency wheelchair van transport services (procedure code A0130) and 6,411 mileage services (procedure code S0209) rendered on 829 dates of service during the examination period.

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)

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, 2010 through December 31, 2012.

We received the Provider's paid 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 subpopulation we selected a single stage cluster sample to facilitate a timely and efficient examination of the Provider's ambulette services as permitted by Ohio Admin. Code § 5160-1-27(B)(1). We then obtained the detailed services for all of the selected dates of service.

An engagement letter was sent to the Provider on October 23, 2014, setting forth the purpose and scope of the examination. An entrance conference was held at the Provider's location on November 19, 2014. 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 compiled lists of missing records to the Provider. The Provider submitted additional documentation which we reviewed for compliance.

After receipt of the draft report the Provider submitted a substantial number of records to support its services. We had previously requested these records be made available for our in-site fieldwork in October, 2014 and had submitted several missing records requests to the Provider to obtain all of the requested information during our regular fieldwork. The documentation provided after receipt of the draft report included some records that had been previously provided for our examination. We also noted the documents included some of the same records previously submitted but were altered from the previously submitted version. We re-performed out tests incorporating the additional records, and the results below were updated accordingly.

Results

We reviewed 2,564 ambulette transportation services (1,275 transports and 1,289 mileage codes) and identified 1,155 errors. ODM may recover an overpayment during the five-year period immediately following the end of the state fiscal year in which the overpayment was made according to Ohio Rev. Code § 5164.57. The overpayments identified for 105 of 166 statistically sampled dates of service (960 of 2564 services) were projected to the Provider's population of paid claims resulting in a projected overpayment of $66,408.28 with a 95 percent degree of certainty that the true population overpayment amount fell within the range of $59,858.92 to $72,957.64 (+/- 9.8 percent). A detailed summary of our statistical sample and projection results is presented in **Appendix II**.

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

On April 12, 2012 the Provider responded to an ambulette questionnaire from ODM's Surveillance and Utilization Review Section and stated 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, that a certificate of medical necessity must be on file for the individual being transported. The Provider further stated 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 statistical sample of 1,275 paid transports identified 248 transports in which the CMN did not certify the recipient met any criteria for an ambulette transport, did not include a medical condition and/or was not signed by an authorized practitioner. We also identified 126 paid transports in which there was no CMN to cover the transport. These errors, for those services that were paid on, or subsequent to, July 1, 2010, were used in the overall finding projection of $66,408.28. Non-compliance with CMN requirements was also identified in the 2001 report issued by AOS.

After receipt of the draft report, the Provider submitted additional documentation which included 18 CMNs that were altered from the previously submitted versions. These alterations included instances where the recipient criteria for ambulette transport was changed, a medical condition, date and/or physician name was added and duration of transport changed from temporary to permanent. We also noted one CMN that appeared to be recently created. We did not incorporate these 19 CMNs into our testing. The Provider acknowledged submitting corrected CMNs in response to the draft report (see **Appendix I)**.

In addition, we noted CMNs for 604 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.

Recommendation:

The Provider should establish a system to obtain the required CMNs, completed by an authorized attending practitioner, and to review those CMNs to ensure they are complete prior to billing Medicaid for the transport. In addition, the Provider should not alter documentation in order to substantiate reimbursements received. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings

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).

Our review of the statistical sample of 1,275 transports found 89 errors. These errors include:

- 72 transports where the recipient was not transported to a Medicaid covered service, or due to incomplete trip documentation, it could not be determined that the transport was to a Medicaid covered service;
- 9 transports with no service documentation;
- 5 transports where the service documentation was marked "no show"; and
- 3 transports where the service documentation was marked "cancelled" but the required documentation was not provided.

These errors, for those services that were paid on, or subsequent to, July 1, 2010, were used in the overall finding projection of $66,408.28. Non-compliance with trip documentation requirements and billing for non-covered transports were also identified in the 2001 report issued by AOS.

We also noted 10 transports with incomplete documentation. The documentation for these 10 transports did not identify pick up and/or drop off times.

Recommendation:

The Provider should develop and implement procedures to ensure that all service documentation fully complies with requirements contained in Ohio Admin. Code § 5160-15-02. In addition, the Provider should implement a quality review process to ensure that documentation is complete and accurate prior to submitting claims for reimbursement. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

C. Driver Qualifications

Each driver must have a current card, issued and signed by a certified trainer as proof of successful completion of the "American Red Cross" (or equivalent certifying organization) basic course in first aid and cardiopulmonary resuscitation (CPR) certification (or have an Emergency Medical Technician certification), have a valid driver's license and provide an annual copy of his/her driving record from the Bureau of Motor Vehicles (BMV).

We reviewed the personnel files for 11 drivers and compared the documentation in those files to the requirements noted above and identified eight drivers with lapses in first aid and/or CPR ranging from approximately 10 days to 7 months.

Eight drivers were concluded to be ineligible during the period of lapses. There were 78 transports in the sample provided by a driver that was found to be ineligible on the date of the transport. These errors, for those services that were paid on, or subsequent to, July 1, 2010, were used in the overall finding projection of $66,408.28.

Recommendation:

The Provider should ensure that those requirements which involve renewal of certifications are met and that supporting documentation is maintained. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

D. Modifiers

According to Ohio Admin. Code § 5101:3-15(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 transported recipients to and from dialysis but did not use any dialysis modifiers on claim submissions. We also noted instances where the recipient was not transported to a Medicaid covered service or it could not be determined if the transport was to a Medicaid covered service but the modifier indicated a Medicaid covered service. Finally, in looking at the entire population of paid services during the examination period, we noted 51 service lines in which no modifier was included on the claim submission.

While there is no reimbursement differential based on modifiers, they are a required mechanism to support the actual service rendered.

Recommendation:

We recommend the Provider include an accurate modifier each claim submission. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

APPENDIX I

Provider Response:

Driver Records
Initially, we submitted sign in sheets and in house certificates for some of the missing CPR and First Aid cards for Drivers in the sample. We submitted these as generally accepted audit standards and believed it did provide evidence of required training. However, because this standard was not accepted we are submitting the cards for those classes, provided by America Red Cross. For two drivers, Grier and Swanson, we located their personnel files at our storage facility and have submitted their records as needed.

Certificates of Medical Necessity
Missing CMN
Regarding missing CMNs, we were able to locate some of those and have submitted those accordingly for your review. For the CMNs that were listed as incomplete, such as blank Box 7 & 8, we hand delivered to Doctor's office for that correction and have submitted the corrected sheets.

Not a Medicaid Covered Service
For those trips listed as "Not a covered Medicaid Service, we have provided information, in the form of emails etc. to define the services or give explanation (Max's House, St. Joseph's) of the service provided at the time.

Missing Trip Sheets
Driver manifests or computer trips sheets generated from original driver manifests are attached to document actual pick up and drop off times.

We would appreciate acceptance of these records for our audit. Our team, in addition to their regular duties, have dedicated time and resources to provide the information to you timely for this audit. Should you need additional information, we would ask that additional time be given for our response before the audit is finalized.

Lastly, UTS would take issue with identifying any of these findings as fraud, waste and abuse. UTS staff has not been intentionally deceptive or provided false statements or knowingly misrepresented any of the information in this audit or our ongoing day to day operations.

Thank you.
Sincerely,
Carolyn Burer, President

Auditor of State Response:

We reviewed the documents attached to the Provider's response. Results of the compliance examination were revised to reflect the examination of these additional documents. We did not examine the Provider's response and, accordingly, we express no opinion on it.

APPENDIX II

Summary of Statistical Sample Analysis
For the period January 1, 2010 through December 31, 2012
Where the payment was made by ODM on, or subsequent to, July 1, 2010

POPULATION
The population is all paid Medicaid services, net of any adjustments, where the service was performed and payment was made by ODM.

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 date of service and the secondary unit was a service.

SAMPLE DESIGN
We used a single stage cluster sample.

Description	Results
Number of Population Dates of Service (Primary Units)	829
Number of Population Dates of Service Sampled	166
Number of Population Dates of Service Sampled with Errors	105
Number of Population Services Provided (Secondary Units)	12,697
Number of Services in Sampled Dates of Service	2,564
Number of Services in Sampled Dates of Service with Errors	960
Total Medicaid Amount Paid for Population	$179,643.03
Amount Paid for Population Services Sampled	$36,418.97
Projected Population Overpayment Amount	$66,408.28
Upper Limit Overpayment Estimate at 95 Percent Confidence Level	$72,957.64
Lower Limit Overpayment Estimate at 95 Percent Confidence Level	$59,858.92
Precision of Population Overpayment Projection at the 95 Percent Confidence Level	$6,549.36 (+/- 9.8%)

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

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WINTON TRANSPORTATION LLC

BUTLER 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
OCTOBER 20, 2015

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