



OHIO AUDITOR OF STATE
KEITH FABER



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Medicaid Contract Audit
65 East State Street
Columbus, Ohio 43215
(614) 466-3340
ContactMCA@ohioauditor.gov

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS OF THE MEDICAID PROGRAM APPLICABLE TO SELECT AMBULANCE SERVICES

Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, Ohio 43215

RE: Amerikare, LLC
Ohio Medicaid Number: 3155071 National Provider Identifier: 1699070201

We were engaged to examine compliance with specified Medicaid requirements during the period of July 1, 2020 through June 30, 2022 for provider qualifications, service authorization and service documentation related to basic life support emergency ambulance services and basic life support non-emergency ambulance services for Amerikare, LLC.

In addition, we examined the following select payments:

- Potential duplicate payments by recipient date of service (RDOS)¹;
- Transports billed during an inpatient stay;
- One recipient with high number of transports; and
- All advanced life support transports.

Amerikare entered into an agreement with the Ohio Department of Medicaid (the Department) to provide services to Medicaid recipients and to adhere to the terms of the provider agreement, Ohio Revised Code, Ohio Administrative Code, and federal statutes and rules, including the duty to maintain all records necessary and in such form so as to fully disclose the extent of services provided and significant business transactions. Management of Amerikare is responsible for its compliance with the specified requirements. The Compliance Section of this report identifies the specific requirements examined.

Internal Control over Compliance

Amerikare 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 Amerikare's internal control over compliance.

Basis for Disclaimer of Opinion

Attestation standards established by the American Institute of Certified Public Accountants require that we request a written statement from Amerikare confirming, to the best of their knowledge and belief, their representations made to us during the course of our compliance examination. We requested that Amerikare provide such a statement but Amerikare refused to do so.

¹ Recipient date of service (RDOS) is defined as all services for a given recipient on a specific date of service.

Disclaimer of Opinion

Our responsibility is to express an opinion on Amerikare's compliance with select Medicaid requirements based on conducting the examination in accordance with attestation standards established by the American Institute of Certified Public Accountants. Because of the limitation on the scope of our examination discussed in the preceding paragraph, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on Amerikare's compliance with the specified Medicaid requirements for the period of July 1, 2020 through June 30, 2022.

We identified improper Medicaid payments in the amount of \$210,585.20. This finding plus interest in the amount of \$25,893.33 (calculated as of March 4, 2024) totaling \$236,478.53 is due and payable to the Department upon its adoption and adjudication of this report. Services billed to and reimbursed by the Department, which are not validated in the records, are subject to recoupment through the audit process. See Ohio Admin. Code § 5160-1-27. If waste and abuse² are suspected or apparent, the Department and/or the Office of the Attorney General will take action to gain compliance and recoup inappropriate or excess payments. Ohio Admin. Code § 5160-1-29(B).

This report is intended solely for the information and use of the Department, and other regulatory and oversight bodies, and is not intended to be, and should not be used by anyone other than these specified parties.



Keith Faber
Auditor of State
Columbus, Ohio

March 4, 2024

² "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 SECTION

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 for the program are specified in the Ohio Administrative Code and the Ohio Revised Code. 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. See Ohio Admin. Code § 5160-1-17.2(D) and (E).

Amerikare is licensed by the Ohio Emergency Medical Services as a medical transportation organization (MTO) and received payment of approximately \$748.5 thousand for 18,007 ambulance and ambulette services³. Amerikare has one location in Columbus, Ohio.

Table 1 contains the ground ambulance procedure codes selected for this compliance examination.

Table 1: Ground Ambulance Services	
Procedure Code	Description
A0433	Advanced Life Support Level 2
A0429	Basic Life Support Emergency (BLS-Emergency)
A0428	Basic Life Support Non-Emergency (BLS-Non-emergency)
A0427	Advanced Life Support Emergency Level 1
A0426	Advanced Life Support Non-Emergency Level 1
A0425	Mileage

Source: Appendix to Ohio Admin. Code § 5160-15-28

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether Amerikare's claims for payment 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 select payments for ambulance services with the corresponding mileage as specified below for which Amerikare billed with dates of service from July 1, 2020 through June 30, 2022 and received payment.

We obtained Amerikare's fee-for-service payments claims from the Medicaid database of services billed to and paid by Ohio's Medicaid program. We removed services paid at zero and third-party payments. We also obtained paid claims data from two Medicaid managed care organizations (MCOs) and verified that the MCO's claims data were paid to Amerikare's tax identification number. We removed services paid at zero. We combined the final fee-for-service and MCO payments to create a total paid services population.

From this total paid services population, we selected the following payments in the order listed:

- 19 potential duplicate services (includes procedure codes A0428, A0429 and A0425) in the **Potential Duplicate Transports Exception Test;**

³ Payment data is from the Medicaid Information Technology System.

Purpose, Scope, and Methodology (Continued)

- 10 individuals identified as having transports during an inpatient stay (procedure codes A0428, A0429 and corresponding mileage - A0425) in the **Transports During Inpatient Stay Exception Test**;
- 5 RDOS for one recipient with high number of transports and mileage (includes procedure codes: A0428 and A0425) in the **Outlier Recipient Exception Test**;
- All Advanced Life Support (includes procedure codes: A0426, A0427 and A0433) with corresponding mileage - A0425, in the **Advanced Life Support Census**. This test also includes other ambulance transports with corresponding mileage (A0428 and A0425) on the same day as the advanced life support;
- Sample of 20 Basic Life Support emergency transport (procedure code A0429) by RDOS (also includes corresponding mileage - A0425) in the **BLS – Emergency Sample**. This test also includes other Basic Life Support non-emergency ambulance transports with corresponding mileage (A0428 and A0425) on the same RDOS as a sampled emergency transport; and
- Sample of 60 Basic Life Support non-emergency transports (A0428) by RDOS (also includes corresponding mileage - A0425) in the **BLS – Non-emergency Sample**.

The exception tests, census and calculated sample sizes are shown in **Table 2**.

Table 2: Exception Tests, Census and Samples			
Universe	Population Size	Sample/Test Size	Selected Payments
Exception Tests			
Potential Duplicate Transports			46
Transports During Inpatient Stay			24
Outlier Recipient			20
Census Test			
Advanced Life Support (with mileage)	167	167	167
BLS Transport on same date with mileage	<u>8</u>	<u>8</u>	<u>8</u>
Total	175	175	175
Samples			
BLS – Emergency (with mileage)	6,439 RDOS	20 RDOS	39
Additional BLS – non-emergency on same RDOS	14	14	<u>14</u>
Total			53
BLS – Non-emergency (with mileage)	359 RDOS	60 RDOS	148
Total			466

A notification letter was sent to Amerikare setting forth the purpose and scope of the examination. During the entrance conference, Amerikare described its documentation practices and billing process. During fieldwork, we obtained an understanding of the electronic record system used, reviewed service documentation, and verified professional certification. We sent preliminary results to Amerikare and it subsequently submitted additional documentation which we reviewed for compliance prior to the completion of our fieldwork.

Results

The summary results are shown in **Table 3**. While certain services had more than one error, only one finding was made per service. The non-compliance and basis for findings is discussed below in further detail.

Table 3: Results				
Universe	Services Examined	Non-compliant Services	Non-compliance Errors	Improper Payment
Exception Tests				
Potential Duplicates	46	8	6	\$314.00
Transports During Inpatient Stay	24	5	5	\$24.40
Outlier Recipient	20	1	1	\$0.80
Census Test				
Advanced Life Support (with mileage)	167	14	10	\$782.00
BLS Transport on same date with Mileage	8	0	0	\$0
Total	175	14	10	\$782.00
Samples				
BLS - Emergency (with mileage)	39	10	10	\$50.00
Additional BLS – non-emergency on same RDOS	14	0	0	\$0
Total	53	10	10	\$50.00
BLS – Non-emergency (with mileage)	148	101	61	\$209,414 ¹
Total	466	139	93	\$210,585.20

¹ The overpayment identified for 43 of the 60 RDOS from a simple random sample were projected across Amerikare's population of BLS non-emergency services resulting in a projected overpayment of \$252,814 with a precision of plus or minus \$51,968 at the 95 percent confidence level. Since the precision percentage achieved was greater than our procedures require for use of a point estimate, the results were re-stated as a single tailed lower limit estimate, and a finding was made for \$209,414. This allows us to say that we are 95 percent certain that the population overpayment amount is at least \$209,414. The Summary of Sample Record Analysis can be found in the **Appendix**.

A. Provider Qualifications

Exclusion or Suspension List

Per Ohio Admin. Code § 5160-1-17.2(H), in signing the Medicaid provider agreement, a provider agrees that the individual practitioner or employee of the company is not currently subject to sanction under Medicare, Medicaid, or Title XX or is otherwise prohibited from providing services to Medicaid beneficiaries.

We identified 69 individuals, including owners and administrators, and compared their names to the Office of Inspector General exclusion database and the Department's exclusion/suspension list and found no matches.

Ambulance Services

Per Ohio Admin. Code § 5160-15-21(B), the entity, each crew member, and each attendant must comply with all applicable local, state, and federal laws, regulations, and rules, including all applicable provisions developed in accordance with Chapter 4765 or Chapter 4766 of the Revised Code.

A. Provider Qualifications (Continued)

Per Ohio Admin. Code § 4766-2-13(A), staffing compliance for an MTO specifies that certified emergency medical technicians, advanced emergency medical technicians, or paramedics, or combination thereof, are dispatched and respond to the call.

For the 66 licensed practitioners in the transport documentation, we obtained their certifications or licenses via the Ohio Emergency Medical Services EMS and Fire Providers Certification Verification website and compared the effective dates to the first date found in our selected services and the remainder of the examination period.

In addition, per Ohio Admin. Code § 4766-2-13(B), any non-EMS certified personnel who drive the ambulance or non-transport vehicle shall have completed an emergency vehicle operator course.

For one unlicensed practitioner (driver) in the transport documentation, we obtained the individual's course completion record from Amerikare and compared the effective date to the dates of transport.

B. Service Documentation

Medicaid reimbursement is contingent upon providers maintaining complete and accurate documentation as specified in chapter 5160-01-27 of the Ohio Administrative Code. In addition, Ohio Admin. Code § 5160-15-27(D) specifies that transportation documentation includes the completed practitioner certification forms, when applicable, the relevant trip information specified in agency 4766 of the Administrative Code and, for non-emergency trips, the signature of each Medicaid-eligible individual transported.

Per Ohio Admin. Code § 4766-2-05, documentation requirements include the recipient's name, address, location of pick up, chief complaint, medical condition, vital signs, final destination, treatment rendered, names and certification level for all EMS and other medical personnel, and the names of any non-EMS personnel if applicable.

Potential Duplicate Transports Exception Test

The 46 payments examined included the following:

- 3 instances in which documentation did not support the procedure billed which resulted in an overpayment;
- 2 instances in which there was no documentation to support the payment; and
- 1 instance in which the non-emergency transport documentation did not include a signature of the recipient.

These six errors resulted in an improper payment amount of \$314.00.

Transports During Inpatient Stay Exception Test

All of the 24 payments examined included transports from one facility/hospital to another facility/hospital. There were four instances in which documentation did not support the procedure code billed which resulted in an overpayment and one instance in which miles paid was greater than miles documented. These five errors resulted in an improper payment amount of \$24.40.

Outlier Recipient Exception Test

The 20 payments examined included one instance in which the mileage paid was greater than the miles documented. This error resulted in the improper payment amount of \$0.80.

B. Service Documentation (Continued)

Advanced Life Support Census

The 167 payments examined included the following:

- 4 instances in which the documentation did not support the code billed which resulted in an overpayment;
- 4 instances in which the non-emergency transport documentation did not include a signature of the recipient; and
- 2 instances in which the mileage paid was greater than the miles documented.

These 10 errors resulted in the improper payment amount of \$782.00. We found no errors in the eight payments for BLS transports with the same date of service as an advanced life support transport.

Sample: BLS Emergency

The 39 BLS emergency payments examined included 10 instances in which the documentation did not support the code billed which resulted in the improper payment amount of \$50.00. The 14 additional BLS-non-emergency transport payments examined included all of the tested documentation elements.

Sample: BLS Non-emergency

The 148 services examined included the following:

- 5 instances in which the documentation did not include a signature of the recipient;
- 4 instances in which the mileage paid was greater than the miles documented; and
- 2 instances in which there was no documentation to support the payment.

These 11 errors are included in the projected overpayment amount of \$209,414.

Recommendation

Amerikare should develop and implement procedures to ensure that all service documentation and billing practices fully comply with requirements contained in Ohio Medicaid rules. Amerikare should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

C. Authorization to Provide Services

Per Ohio Admin. Code § 5160-15-27, certification is required to confirm the necessity of most non-emergency ambulance services. We obtained certificates of medical necessity (CMN) from Amerikare to confirm that the CMN authorized the service examined, was dated and was signed by an eligible practitioner.

Outlier Recipient Exception Test

The 20 services examined had no errors related to authorization.

Sample BLS Non-Emergency

The 148 services examined contained 50 instances in which there was no CMN that covered the selected date of service. These 50 errors are included in the projected overpayment amount of \$209,414.

C. Authorization to Provide Services (Continued)

We limited testing of authorization to the above payments.

Amerikare acknowledged it was aware of non-compliance with CMNs and stated that the CMNs are difficult to obtain.

Recommendation

Amerikare should implement a quality review process to ensure that CMNs are complete and accurate prior to submitting claims for reimbursement for rendering non-emergency transports. Amerikare should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

Official Response

Amerikare declined to submit an official response to the results noted above.

APPENDIX

**Summary of Sample Record Analysis
 Basic Life Support Non-Emergency Services**

POPULATION

The population is all paid basic life support non-emergency services (procedure code A0428), where the service was performed during the examination period and payment was made by ODM and two MCOs.

SAMPLING FRAME

The sampling frame was paid and processed claims from MITS and two MCOs. The MITS system contains all Medicaid payments and all adjustments made to Medicaid payments by the State of Ohio.

SAMPLE UNIT

The sampling unit was recipient date of service (RDOS). An RDOS is defined as all services for a given recipient on a specific date of service.

SAMPLE DESIGN

We used a simple random sample.

Description	Results
Number of Population RDOS Provided	3,175
Number of Population RDOS Sampled	60
Number of RDOS Sampled with Errors	43
Number of Population Services	733
Number of Population Services Sampled*	148
Number of Services Sampled with Errors	101
Total Medicaid Amount Paid for Population	\$88,358.73
Amount Paid for Population Services Sampled	\$8,783.80
Estimated Overpayment Amount (Point Estimate)	\$252,814
Precision of Overpayment Estimate at 95% Confidence Level	\$51,968 (20.56%)
Precision of Overpayment Estimate at 90% Confidence Level	\$43,400 (17.17%)
Single-tailed Lower Limit Overpayment Estimate at 95% Confidence Level (Calculated by subtracting the 90 percent overpayment precision from the point estimate)	\$209,414

Source: Analysis of MITS, MCO data and the Provider's records

* Note: The sample of 60 RDOS resulted in 74 A0428 services and 74 A0428 services for a total of 148 services.

OHIO AUDITOR OF STATE KEITH FABER



AMERIKARE, LLC

FRANKLIN COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

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



Certified for Release 5/14/2024

88 East Broad Street, Columbus, Ohio 43215
Phone: 614-466-4514 or 800-282-0370

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