

# Office of the Inspector General

## Post-Payment Review Comment Grids

The findings and related content detailed within the grids are not exhaustive, and the Office of the Inspector General may reference other findings and/or law or code provisions according to the individuality of the case and documentation provided during the post-payment review.

These grids may be referenced by service providers and the public as informational regarding the operational work of the Office of the Inspector General. Service providers are required to abide by all state and federal laws and regulations. These grids are not to be used by service providers as a checklist, legal advice, or exhaustive resource to ensure compliance with Medicaid requirements.

### Specialized Medical Vehicle Transportation

| Revised 9/30/2021                                       |   |   |   |  |
|---|---|---|---|--|
| FINDING: INVALID TRIPS - CERTIFICATION OF NEED          |   |   |   |  |
| Comment   | Description   | Wisconsin Administrative Code   | Code of Federal Regulations             | Wisconsin State Statutes   |
| The provider did not produce the CON form.              | The provider must retain records for a period of not less than five years and must submit them to the Wisconsin Department of Health Services (DHS) upon request. The provider did not submit the requested records to DHS. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.  | <a href="#">§ DHS 105.02(4)</a><br><a href="#">§ DHS 105.02(6)</a><br><a href="#">§ DHS 105.39(5)(d)</a><br><a href="#">§ DHS 105.39(5)(e)</a><br><a href="#">§ DHS 106.02(9)(a)</a><br><a href="#">§ DHS 106.02(9)(c)</a><br><a href="#">§ DHS 106.02(9)(f)</a><br><a href="#">§ DHS 106.02(9)(g)</a><br><a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 108.02(9)</a> | <a href="#">42 C.F.R. § 431.107(b)1</a> | <a href="#">§ 49.45(2)(a)10</a><br><a href="#">§ 49.45(2)(b)4</a><br><a href="#">§ 49.45(3)(f)</a> |
| The signatory was not the person evaluating the member. | The person evaluating this recipient was not the person that signed the CON for Specialized Medical Vehicle Transportation form. Wisconsin Administrative Code requires that an indefinite or temporarily disabled recipient's need for Specialized Medical Vehicle (SMV) transportation be documented in writing by a physician, physician assistant, nurse midwife, or nurse practitioner in a format determined by DHS. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. | <a href="#">§ DHS 105.39(5)(c)</a><br><a href="#">§ DHS 106.02(9)(a)</a><br><a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 107.23(1)(c)2</a><br><a href="#">§ DHS 107.23(1)(c)3</a><br><a href="#">§ DHS 108.02(9)</a>   |   | <a href="#">§ 49.45(3)(f)</a><br><a href="#">§ 49.45(2)(a)10</a>                                   |

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| <p>The Evaluator/Signatory was not qualified.</p>  | <p>The signatory was not a physician, physician assistant, nurse midwife or nurse practitioner. Wisconsin Administrative Code requires that an indefinite or temporarily disabled recipient's need for Specialized Medical Vehicle (SMV) transportation be documented in writing by a physician, physician assistant, nurse midwife, or nurse practitioner. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>   | <p><a href="#">§ DHS 105.39(5)(c)</a><br/> <a href="#">§ DHS 106.02(9)(a)</a><br/> <a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(1)(c)2</a><br/> <a href="#">§ DHS 107.23(1)(c)3</a><br/> <a href="#">§ DHS 108.02(9)</a></p> |                               | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |
| <p>There was no CON for Specialized Medical Vehicle Transportation form found or provided for this date of service.</p>                  | <p>All specialized medical vehicle (SMV) trips require a completed CON for Specialized Medical Vehicle Transportation. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>  | <p><a href="#">§ DHS 105.39(5)(d)</a><br/> <a href="#">§ DHS 105.39(5)(e)</a><br/> <a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(1)(c)2</a><br/> <a href="#">§ DHS 107.23(1)(c)3</a><br/> <a href="#">§ DHS 108.02(9)</a></p> | <p>42 C.F.R. §431.107(b)1</p> | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |
| <p>The member identification number is either incorrect or missing from the CON for Specialized Medical Vehicle Transportation form.</p> | <p>In order for Wisconsin Medicaid to reimburse SMV providers for services, the providers are required to maintain a completed CON for Specialized Medical Vehicle Transportation form in their records for each member transported. All areas of the form including the member identification number must be completed by a physician, physician assistant, nurse midwife, or nurse practitioner to justify the need for Specialized Medical Vehicle (SMV) transportation. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p> | <p><a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(1)(c)2</a><br/> <a href="#">§ DHS 107.23(1)(c)3</a><br/> <a href="#">§ DHS 108.02(9)</a></p>   |                               | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |

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| <p>The CON for Specialized Medical Vehicle Transportation form is missing one or more of the required information/elements: [Each missing element will be identified]</p> | <p>In order for Wisconsin Medicaid to reimburse SMV providers for services, the providers are required to maintain a completed CON for Specialized Medical Vehicle Transportation form in their records for each member transported. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>                    | <p><a href="#">§ DHS 106.02(9)(a)</a><br/> <a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 108.02(9)</a></p>   |  | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |
| <p>The CON for Specialized Medical Vehicle Transportation form is not marked as either indefinitely disabled, legally blind or temporarily disabled.</p>                  | <p>The CON for Specialized Medical Vehicle Transportation form was not documented as either indefinitely disabled, legally blind or temporarily disabled. The certification is allowed at the maximum 90 days authorized for a temporary certification. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p> | <p><a href="#">§ DHS 105.39(5)(c)</a><br/> <a href="#">§ DHS 106.02(9)(a)</a><br/> <a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(1)(c)2</a><br/> <a href="#">§ DHS 107.23(1)(c)3</a><br/> <a href="#">§ DHS 108.02(9)</a></p> |  | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |
| <p>The CON for Specialized Medical Vehicle Transportation form indicates a validity period that exceeds the maximum of 90 days.</p>                                       | <p>The CON form indicates that the member is temporarily disabled; the CON is valid for the period indicated on the form in Element 4. This period must be no more than 90 days from the date the medical care provider signed the form. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>                | <p><a href="#">§ DHS 106.02(9)(a)</a><br/> <a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(1)(c)3</a><br/> <a href="#">§ DHS 108.02(9)</a></p>  |  | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |

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| <p>The provider did not have an original CON for Specialized Medical Vehicle Transportation form. The CON was a photocopy.</p>                        | <p>The CON for Specialized Medical Vehicle Transportation form was a photocopy under either: (1) the original was photocopied (2) the SMV provider faxed a CON form to a medical provider who then re-sends a copy of the completed form back to the SMV provider. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>   | <p><a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(1)(c)2</a><br/> <a href="#">§ DHS 107.23(1)(c)3</a><br/> <a href="#">§ DHS 108.02(9)</a></p> |  | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |
| <p>The provider did not have an originally-faxed CON for Specialized Medical Vehicle Transportation form with a valid facsimile header or footer.</p> | <p>The faxed CON did not have an original signature as a result having an incomplete header or footer. A valid faxed CON must have a complete header or footer which identify the originating medical service provider, date and phone number. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>   | <p><a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 108.02(9)</a></p>   |  | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |
| <p>The CON form was received by the provider after the allowable 14 working days and after claims were submitted.</p>                                 | <p>Wisconsin Administrative Code requires that the CON for Specialized Medical Vehicle Transportation documentation be placed in the member's file within 14 working days after the date it is signed and before any claim is submitted. The provider did not have a valid certification for this date of service. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p> | <p><a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(1)(c)2</a><br/> <a href="#">§ DHS 107.23(1)(c)3</a><br/> <a href="#">§ DHS 108.02(9)</a></p> |  | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |

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| The provider did not use the most current version of the CON for Specialized Medical Vehicle Transportation form | This certification was signed on a form that is no longer the approved CON for Specialized Medical Vehicle Transportation form. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. | <a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 107.23(1)(c)2</a><br><a href="#">§ DHS 107.23(1)(c)3</a><br><a href="#">§ DHS 108.02(9)</a> |  | <a href="#">§ 49.45(2)(a)10</a><br><a href="#">§ 49.45(3)(f)</a> |
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**FINDING: INVALID TRIPS - TRIP TICKETS** Revised 9/30/2021

| Comment   | Description   | Wisconsin Administrative Code  | Code of Federal Regulations             | Wisconsin State Statutes   |
|---|---|--|---|--|
| There was no trip documentation found or provided to cover this date of service for this recipient or the trip documentation provided states that the trip was cancelled. | Wisconsin Medicaid requires a fully completed trip ticket for each leg of each trip of the day. No documentation was provided for any or all legs of the trips. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.      | <a href="#">§ DHS 105.39(5)(d)</a><br><a href="#">§ DHS 105.39(5)(e)</a><br><a href="#">§ DHS 106.02(9)(a)</a><br><a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 107.23(3)(b)1</a><br><a href="#">§ DHS 108.02(9)</a> | <a href="#">42 C.F.R. § 431.107(b)1</a> | <a href="#">§ 49.45(2)(a)10</a><br><a href="#">§ 49.45(3)(f)</a> |
| The provider did not document any address information on the trip ticket.   | There was no pick-up and drop-off address documented on the trip ticket. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.   | <a href="#">§ DHS 106.02(9)(a)7</a><br><a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 107.23(3)(b)1</a><br><a href="#">§ DHS 108.02(9)</a>  |   | <a href="#">§ 49.45(2)(a)10</a><br><a href="#">§ 49.45(3)(f)</a> |
| The trip ticket documentation was incomplete. The loaded mileage is denied.   | One or more of the following element(s) was/were missing and/or incomplete on the trip ticket: facility names, pick-up and/or drop-off addresses, odometer readings. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. | <a href="#">§ DHS 106.02(9)(a)5</a><br><a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 107.23(3)(b)1</a><br><a href="#">§ DHS 108.02(9)</a>  |   | <a href="#">§ 49.45(2)(a)10</a><br><a href="#">§ 49.45(3)(f)</a> |

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| <p>The trip ticket used by the provider did not meet Wisconsin Medicaid program requirements.</p>                        | <p>The provider was using their own trip ticket which did not meet DHS's criteria for a trip ticket. (Providers may use their own version of a trip ticket if it meets all requirements and contains all criteria.) DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p> | <p><a href="#">§ DHS 106.02(9)(a)</a><br/> <a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(3)(b)1</a><br/> <a href="#">§ DHS 108.02(9)</a></p>  |  | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |
| <p>The provider either billed loaded or unloaded mileage incorrectly or did not bill the shortest most direct route.</p> | <p>The provider did not bill either: loaded and/or unloaded mileage as documented in the submitted trip ticket; and/or the shortest most direct route. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>  | <p><a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(1)(c)5</a><br/> <a href="#">§ DHS 107.23(3)(b)7</a><br/> <a href="#">§ DHS 107.23(4)(d)</a><br/> <a href="#">§ DHS 108.02(9)</a></p> |  | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |
| <p>The trip ticket lacked adequate unloaded mileage information.</p>   | <p>The dispatch address and/or odometer readings was/were not documented, incomplete or illegible. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>  | <p><a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(1)(c)5</a><br/> <a href="#">§ DHS 107.23(3)(b)7</a><br/> <a href="#">§ DHS 108.02(9)</a></p>   |  | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |
| <p>The provider incorrectly billed unloaded mileage to the Wisconsin Medicaid program.</p>                               | <p>The provider incorrectly billed either: unloaded mileage less the minimum 20 miles required or unloaded mileage that included the first 20 miles that is not billable. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>   | <p><a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(1)(c)5</a><br/> <a href="#">§ DHS 107.23(3)(b)7</a><br/> <a href="#">§ DHS 108.02(9)</a></p>   |  | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |

**FINDING: INVALID TRIPS - DRIVER**

Revised 9/30/2021

| Comment   | Description   | Wisconsin Administrative Code  | Code of Federal Regulations | Wisconsin State Statutes   |
|---|---|--|-----------------------------|--|
| The provider either: did not document a driver or a change of drivers was not documented on a new trip ticket. Or the provider documented a driver whose following documents were either expired, not found or not provided: not qualified and/or did not sign the trip ticket. | The provider did not document a driver and or the driver did not sign the trip ticket; or the provider documented a driver for whom no state driver's license, CPR, First Aid training documentation and instruction in the care of passengers in seizure and/or ramp/lift operation was found, provided or expired. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. | <a href="#">§ DHS 105.39(4)</a><br><a href="#">§ DHS 106.02(9)(a)</a><br><a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 108.02(9)</a> |                             | <a href="#">§ 49.45(2)(a)10</a><br><a href="#">§ 49.45(3)(f)</a> |

**FINDING: INVALID TRIPS - VEHICLE**

Revised 9/30/2021

| Comment  | Description   | Wisconsin Administrative Code  | Code of Federal Regulations | Wisconsin State Statutes   |
|--|---|--|-----------------------------|--|
| The provider either: did not document a vehicle or a vehicle change was not documented on a new trip ticket or the vehicle used could not be validated due to lack of odometer readings or the documented vehicle was not qualified. | The provider: did not document a vehicle or did not document a change in vehicle used or the vehicle could not be validated due to lack of odometer readings; or the provider documented a vehicle which was not included in the Vehicle Information chart, was not insured, did not have a State Patrol inspection and/or was not certified by Wisconsin Medicaid for use by this provider. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. | <a href="#">§ DHS 105.39(1)</a><br><a href="#">§ DHS 105.39(2)</a><br><a href="#">§ DHS 105.39(3)</a><br><a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 108.02(9)</a> |                             | <a href="#">§ 49.45(2)(a)10</a><br><a href="#">§ 49.45(3)(f)</a> |
| The provider used a vehicle that was not qualified for transporting a wheelchair client.   | The provider transported a client certified as requiring the use of a wheelchair or scooter in an ambulatory van which is not certified for a client confined to those circumstances. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.  | <a href="#">§ DHS 105.39(3)(b)</a><br><a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 108.02(9)</a>  |                             | <a href="#">§ 49.45(2)(a)10</a><br><a href="#">§ 49.45(3)(f)</a> |

**FINDING: INVALID TRIPS - PRESCRIPTIONS AND SECOND ATTENDANTS**

Revised 9/30/2021

| Comment  | Description  | Wisconsin Administrative Code   | Code of Federal Regulations | Wisconsin State Statutes   |
|--|--|---|-----------------------------|--|
| There was no prescription found or provided for a cot/stretcher or second attendant.   | A prescription, signed by the primary provider issuing the CON for Specialized Medical Vehicle Transportation form authorizing cot/stretcher transportation and/or second attendant(s) transportation is required. The second attendant must be an employee of the Specialized Medical Vehicle provider and be current in CPR and First Aid training certification. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. | <a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 107.23(1)(c)4</a><br><a href="#">§ DHS 107.23(3)(b)10</a><br><a href="#">§ DHS 107.23(3)(b)3</a><br><a href="#">§ DHS 108.02(9)</a> |                             | <a href="#">§ 49.45(2)(a)10</a><br><a href="#">§ 49.45(3)(f)</a> |
| The provider billed for a second attendant without the supporting documentation requiring the second attendant and/or the second attendant documented was not an employee. | There was no prescription/documentation found or provided requiring a second attendant or the trip ticket was not documented with the name of the second attendant; and/or the documented second attendant was not an employee of the provider. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.   | <a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 107.23(3)(b)3</a><br><a href="#">§ DHS 108.02(9)</a>  |                             | <a href="#">§ 49.45(2)(a)10</a><br><a href="#">§ 49.45(3)(f)</a> |

**FINDING: INVALID TRIPS - NON-COVERED SERVICES**

Revised 9/30/2021

| Comment   | Description   | Wisconsin Administrative Code   | Code of Federal Regulations | Wisconsin State Statutes   |
|---|---|---|-----------------------------|--|
| The provider transported and billed for a member who is a relative. | The provider transported a member who is identified as a relative of the provider. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. | <a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 107.23(4)(e)</a><br><a href="#">§ DHS 107.23(4)(f)</a><br><a href="#">§ DHS 108.02(9)</a> |                             | <a href="#">§ 49.45(2)(a)10</a><br><a href="#">§ 49.45(3)(f)</a> |



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| <p>The provider transported an ambulatory recipient to a methadone clinic solely to receive methadone or related services.</p> | <p>Wisconsin Medicaid does not cover transportation of an ambulatory recipient to a methadone clinic solely to obtain methadone or related services such as drug counseling or urinalysis. There is no indication on the CON for Specialized Medical Vehicle Transportation form that the recipient qualifies for transport to methadone under Wisconsin Administrative Code. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p> | <p><a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(1)(c)4</a><br/> <a href="#">§ DHS 107.23(4)(g)</a><br/> <a href="#">§ DHS 108.02(9)</a></p> |  | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |
| <p>The provider transported the recipient to a location where no MA-covered service was provided.</p>                          | <p>The provider transported the member to a location where no Medicaid covered service was billed that day. Transportation is covered only if the purpose of the trip is to receive a Medicaid covered service. There was no medical care verification found/provided or the verification was incomplete. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>   | <p><a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(1)(c)4</a><br/> <a href="#">§ DHS 107.23(4)(i)</a><br/> <a href="#">§ DHS 108.02(9)</a></p> |  | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |
| <p>The provider transported the recipient to a school where no school-based services were provided.</p>                        | <p>Trips to school for the purpose of therapies received at the school are covered under the School Based Services (SBS) program and the transportation must be paid by the school district. or trips to school when no school based service (SBS) is provided at the school must be paid by the recipient's school district. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>   | <p><a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(3)(b)6</a><br/> <a href="#">§ DHS 107.36(1)(h)</a><br/> <a href="#">§ DHS 108.02(9)</a></p> |  | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |

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| The provider billed twice for the same service on the same day. | The documentation reviewed and the paid claims in the Wisconsin Medicaid paid claims data base indicate that this transport was billed and paid for twice. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. | <a href="#">§ DHS 106.04(5)</a><br><a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 108.02(9)</a> |  | <a href="#">§ 49.45(2)(a)10</a><br><a href="#">§ 49.45(3)(f)</a> |
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**FINDING: INVALID TRIPS - MULTIPLE RIDERS**

Revised 9/30/2021

| Comment   | Description   | Wisconsin Administrative Code  | Code of Federal Regulations | Wisconsin State Statutes   |
|---|---|--|-----------------------------|--|
| The provider did not bill MA the multiple rider code when more than one recipient was transported at the same time. | The trip documentation provided indicates multiple riders were transported together at the same or overlapping times. The provider may bill the standard rates for one rider only. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. | <a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 107.23(3)(b)8</a><br><a href="#">§ DHS 108.02(9)</a> |                             | <a href="#">§ 49.45(2)(a)10</a><br><a href="#">§ 49.45(3)(f)</a> |

**FINDING: INVALID TRIPS - WAITING TIME**

Revised 9/30/2021

| Comment  | Description  | Wisconsin Administrative Code  | Code of Federal Regulations | Wisconsin State Statutes   |
|--|--|--|-----------------------------|--|
| The provider incorrectly calculated and billed waiting time; in order to bill waiting time, the provider is required to stay and wait for the at the medical destination for the member. | The provider incorrectly billed Medicaid for waiting time. Wisconsin Medicaid reimburses for waiting time when the SMV provider physically waits at the location where the member receives the medical service. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. | <a href="#">§ DHS 107.01</a><br><a href="#">§ DHS 107.23(3)(b)2</a><br><a href="#">§ DHS 108.02(9)</a> |                             | <a href="#">§ 49.45(2)(a)10</a><br><a href="#">§ 49.45(3)(f)</a> |

**FINDING: UNMATCHED SERVICES**

Revised 9/30/2021

| Comment  | Description  | Wisconsin Administrative Code  | Code of Federal Regulations | Wisconsin State Statutes  |
|--|--|--|-----------------------------|---|
| <p>The provider received claims reimbursement from Medicaid for transportation on dates of service where no other Medicaid-covered service was provided at that destination.</p> | <p>A database, listing all trips billed to Medicaid, was compared by computer program to the Medicaid billings of all other provider types/groups to determine if any other Medicaid-covered service was provided and billed on the same date of service as the transportation. Without a corresponding service provided on the same date as the transportation, transportation to a Medicaid-covered medical service cannot be demonstrated and the transport is considered a non-covered service. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p> | <p><a href="#">§ DHS 107.01</a><br/> <a href="#">§ DHS 107.23(3)(b)1</a><br/> <a href="#">§ DHS 107.23(3)(b)5</a><br/> <a href="#">§ DHS 108.02(9)</a></p> |                             | <p><a href="#">§ 49.45(2)(a)10</a><br/> <a href="#">§ 49.45(3)(f)</a></p> |