Referral packet: WE CARE TRANSPORTATION

Draft for reviewer. Prepared September 5, 2026. Every statement below cites the numbered public record it came from.

Subject	Findings	Public records cited	Regulations
NPI 1982736492	8	7	4

> This packet describes public records and dates. It does not assert fraud, intent or guilt. Each finding cites the numbered records at the end, and the section Rule out first lists the ordinary explanations a reviewer must eliminate before any action.

Summary

WE CARE TRANSPORTATION, an organization in Overland Park, Kansas, with national provider identifier ending in the digits nine two, taxonomy three four three nine zero zero zero zero zero X, appears on the OIG exclusion list with an exclusion date of **January 20, 2010** under section 1128 and subsection 1128b5, described as a transportation company. Medicaid records show payments after that list action totaling 4,441,513 dollars across 31 later months, running from **January 2018** through **July 2020**. In the 12 months before the exclusion action, Medicaid paid this provider zero dollars. The paid dollars concentrate in three transport codes, with ambulance transport code A0100 at 3,517,992 dollars, non emergency transport code T2001 at 464,942 dollars, and code A0130 at 458,579 dollars. The evidence tier is one, documented action followed by payment, with dollars at stake stated as 4,441,513 dollars. This packet describes records only and asserts no fraud, intent or guilt.

Description

This subject is a transportation company in Overland Park, Kansas that was placed on the federal exclusion list on **January 20, 2010**. Even so, Medicaid paid it 4,441,513 dollars during 31 months between **January 2018** and **July 2020**, which is more than eight years after the exclusion date. During the 12 months before the exclusion, Medicaid paid it nothing, so all of the recorded money in this evidence falls after the list action. Most of the money, about 79 percent, sits in one ambulance transport code, with two other transport codes making up about 10 percent each. One of those codes, the non emergency transport code, is billed at 228 dollars per patient month against a typical 90 dollars, which places it at the 85th percentile of providers billing that code.

What the records show

01 The subject is listed in the national provider registry as an organization in Overland Park, Kansas, with taxonomy three four three nine zero zero zero zero zero X.
Records 1 (national provider registry)

02 The OIG exclusion list records an exclusion of this provider on **January 20, 2010** under section 1128 and subsection 1128b5, with the entry described as a transportation company.
Records 3 (OIG exclusion list)

03 Medicaid paid 4,441,513 dollars across 31 months after the exclusion list action, spanning **January 2018** through **July 2020**, while payments in the 12 months before the action were zero dollars. Under **42 CFR 1001.1901**, no payment is to be made for any item or service furnished by an excluded entity on or after the effective date of the exclusion.
Records 2 (Verity risk tier), 4 (paid after a list action)

04 The gap between the **January 20, 2010** exclusion date and payments beginning in **January 2018** is relevant to **42 CFR 455.436**, which requires states to determine exclusion status through routine checks of the exclusion list upon enrollment and reenrollment and no less frequently than monthly.
Records 3 (OIG exclusion list), 4 (paid after a list action)

05 Code A0100 accounts for 3,517,992 dollars paid over 31 months, which is 79 percent of this provider's Medicaid dollars, at 172 dollars per patient month, ranking at the 64th percentile of all providers billing this code against a typical 112 dollars.
Records 5 (procedures billed, Medicaid)

06 Code T2001 accounts for 464,942 dollars paid over 31 months, which is 10 percent of this provider's Medicaid dollars, at 228 dollars per patient month, ranking at the 85th percentile of all providers billing this code against a typical 90 dollars.
Records 6 (procedures billed, Medicaid)

07 Code A0130 accounts for 458,579 dollars paid over 31 months, which is 10 percent of this provider's Medicaid dollars, at 201 dollars per patient month, ranking at the 53rd percentile of all providers billing this code against a typical 190 dollars.
Records 7 (procedures billed, Medicaid)

08 The Verity risk tier is evidence tier one, documented action followed by payment, with dollars at stake of 4,441,513 dollars taken from the detector that set the tier. Claims presented for services furnished by an excluded person are addressed at **42 CFR 1003.200**, and payment suspension and referral to the Medicaid Fraud Control Unit are addressed at **42 CFR 455.23(a)** and 455.23(d).
Records 2 (Verity risk tier)

Regulations this relates to

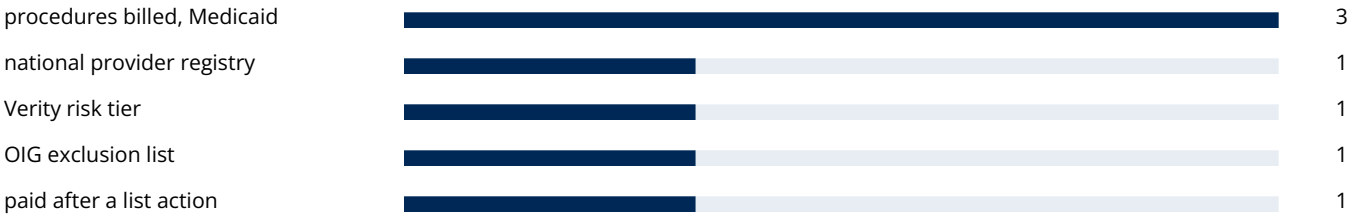
42 CFR 1001.1901 no payment will be made by Medicare, Medicaid or any other federal health care program for any item or service furnished by an excluded individual or entity, directly or indirectly, on or after the effective date of the exclusion.

42 CFR 455.436 states must confirm identity and determine exclusion status through routine checks of the Social Security Death Master File, NPPES, the LEIE and the EPLS (now SAM), upon enrollment and reenrollment and, for the LEIE and EPLS, no less frequently than monthly.

42 CFR 455.23 the State Medicaid agency must suspend all Medicaid payments to a provider after determining there is a credible allegation of fraud for which an investigation is pending, unless there is good

	cause not to suspend or to suspend only in part; 455.23(d) requires referral to the Medicaid Fraud Control Unit.
42 CFR 1003.200	civil monetary penalties for presenting claims for items or services not provided as claimed, for services furnished by an excluded person, or that are false or fraudulent.

Where the records come from



Recommended next step

Refer to the state Medicaid program integrity unit for review of the paid claims dated **January 2018** through **July 2020** against the exclusion list entry dated **January 20, 2010**. Reviewers should first confirm that the excluded entity and the paying provider record are the same legal entity, then quantify any payments that fall under **42 CFR 1001.1901.** Reviewers should also examine the monthly exclusion list screening required by **42 CFR 455.436** for the payment period. If the review establishes a credible allegation of fraud, **42 CFR 455.23(a)** governs payment suspension and **42 CFR 455.23(d)** governs referral to the Medicaid Fraud Control Unit. Remedies under **42 CFR 1003.200** should be considered only after identity and payment facts are verified.

Procedures behind the dollars

A0100	Medicaid: Medicaid service code 64th percentile of providers on this code, $172 per patient-month against a typical $112	$3.5M 79%
T2001	Medicaid: Medicaid service code 85th percentile of providers on this code, $228 per patient-month against a typical $90	$465K 10%
A0130	Medicaid: Medicaid service code 53rd percentile of providers on this code, $201 per patient-month against a typical $190	$459K 10%

Rule out first

- Identity matching must be verified. The exclusion list entry and the paying provider record may describe different entities that share a similar name or address.
- The exclusion may have been reinstated, waived, vacated or terminated at some point before January 2018, which the evidence here does not address.
- The provider identifier used for the paid claims may have been reassigned, or a successor owner may have acquired the business and enrolled separately, which the evidence here does not address.
- The paid amounts may include payments later recouped, voided, adjusted or denied on appeal, and the evidence does not show net final amounts.
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The 2010 exclusion date paired with payments beginning in 2018 may reflect a data or record linkage artifact rather than continuous payment to an excluded entity, and source claims records should be pulled to confirm.

- High per patient month figures and percentile ranks may reflect legitimate case mix, long distance transports, rural geography or contract rate structures rather than any billing irregularity.
- No finding here asserts fraud, intent or guilt. These are record observations that require investigation before any conclusion.

Public records cited

1. WE CARE TRANSPORTATION (NPI 1982736492) is an organization in OVERLAND PARK, KS, taxonomy 343900000X.
   national provider registry

2. Evidence tier 1, documented action, then payment. Listed on the OIG exclusion list since January 20, 2010; Medicaid still paid claims in 31 later months, $4,441,513 in total. Dollars at stake $4,441,513, taken from the detector that set the tier.
   Verity risk tier

3. The OIG excluded this provider on 2010-01-20 under section 1128 1128b5 (TRANSPORTATION CO).
   OIG exclusion list

4. After the OIG exclusion list action of 2010-01-20, Medicaid paid $4,441,513 across 31 later months (2018-01 to 2020-07). In the 12 months before the action Medicaid paid $0.
   paid after a list action

5. Code A0100: $3,517,992 paid over 31 months, 79% of this provider's Medicaid dollars, $172 per patient-month which ranks at the 64th percentile of all providers billing this code (typical $112).
   procedures billed, Medicaid

6. Code T2001: $464,942 paid over 31 months, 10% of this provider's Medicaid dollars, $228 per patient-month which ranks at the 85th percentile of all providers billing this code (typical $90).
   procedures billed, Medicaid

7. Code A0130: $458,579 paid over 31 months, 10% of this provider's Medicaid dollars, $201 per patient-month which ranks at the 53th percentile of all providers billing this code (typical $190).
   procedures billed, Medicaid