



OHIO AUDITOR OF STATE
KEITH FABER



**AFINITY HEALTHCARE SOLUTIONS, LLC
HAMILTON COUNTY**

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OHIO AUDITOR OF STATE KEITH FABER



INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS OF THE MEDICAID PROGRAM APPLICABLE TO SELECT HOME HEALTH AND WAIVER SERVICES

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

RE: Afinity Healthcare Solutions, LLC
Ohio Medicaid Numbers 0057437 and 0062364

We have examined Afinity Healthcare Solutions, LLC (the Provider's) compliance with specified Medicaid requirements during the period of January 1, 2015 through December 31, 2016 for:

- Provider qualifications, service documentation and service authorization related to the provision of home health nursing and private duty nursing services;
- Provider qualifications and service documentation related to the provision of personal care aide services and individual options personal care/homemaker aide services (referred to as I/O homemaker services in this report);
- Service documentation and service authorization related to the provision of home health aide services; and
- Service documentation related to the provision of preadmission screening system providing options and resources today (PASSPORT) personal care services.

In addition, we examined dates of service in which the Provider billed 68 units or more of personal care aide services for one recipient; dates of service in which the Provider billed 96 units of I/O homemaker service in addition to units of transportation for one recipient; and dates of service in which the Provider billed 96 or more units of service, excluding transportation, per recipient. We also examined provider qualifications, service documentation and service authorization related to the provision of I/O homemaker services for one recipient.

The Provider entered into an agreement (the Provider Agreement) with the Ohio Department of Medicaid (ODM) to provide services to Medicaid recipients and to adhere to the terms of the agreement, state statutes and rules and federal statutes and rules, including the duty to maintain records supporting claims for reimbursement made by Ohio Medicaid. The Provider is responsible for compliance with the specified requirements. Our responsibility is to express an opinion on the Provider's compliance with the specified Medicaid requirements based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the Provider complied, in all material respects, with the specified requirements referenced above. An examination involves performing procedures to obtain evidence about whether the Provider complied with the specified requirements. The nature, timing and extent of the procedures selected depend on our judgment, including an assessment of the risks of material noncompliance, whether due to fraud or error.

We believe the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our modified opinion. Our examination does not provide a legal determination on the Provider's compliance with the specified 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

Our examination disclosed material non-compliance with aides that did not meet the qualifications to render waiver aide services; with services billed for which the Provider lacked supporting documentation, with units billed that exceeded documented duration, and with home health services that were not authorized as they lacked plans of care.

In addition, the Provider declined to submit a signed representation letter acknowledging responsibility for maintaining records and complying with applicable laws and regulations regarding Ohio Medicaid reimbursement; establishing and maintaining effective internal control over compliance; making available all documentation related to compliance; and responding fully to our inquiries during the examination.

Adverse Opinion on Compliance

In our opinion, the Provider has not complied, in all material respects, with the aforementioned requirements pertaining to provider qualifications, service documentation and service authorization for the period of January, 1, 2015 through December 31, 2016.

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 calculated improper Medicaid payments in the amount of \$1,003,000.75. This amount plus interest in the amount of \$67,407.15 (calculated as of January 29, 2019) totaling \$1,070,407.90 is due and payable to the ODM upon its adoption and adjudication of this examination report.

Services billed to and reimbursed by the ODM, which are not validated in the records, are subject to recoupment through the audit process. See Ohio Admin. Code § 5160-1-27. In addition, if waste and abuse¹ are suspected or apparent, the ODM and/or the office of the attorney general will take action to gain compliance and recoup inappropriate or excess payments in accordance with rule 5160-1-27 or 5160-26-06 of the Administrative Code.

¹ "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)

Afinity Healthcare Solutions, LLC
Independent Auditor's Report on
Compliance with Requirements of the Medicaid Program

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

A handwritten signature in black ink that reads "Keith Faber". The signature is written in a cursive, flowing style.

Keith Faber
Auditor of State
Columbus, Ohio

January 29, 2019

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COMPLIANCE EXAMINATION REPORT

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

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(D) and (E)

Ohio Medicaid recipients may be eligible to receive home health services, waiver services or both. According to Ohio Admin Code § 5160-12-01(E), the only provider of home health services is a Medicare certified home health agency (MCRHHA) that meets the requirements in accordance with Ohio Admin. Code § 5160-12-03. Waiver services can be provided by a MCRHHA, an otherwise-accredited home health agency or a non-agency nurse or personal care aide. Eligible providers of PASSPORT services are certified by the Ohio Department of Aging (ODA).

The Provider is a MCRHHA and received reimbursement of \$1,106,115 for 18,707 home health and personal care aide services under its Medicaid number 0057437, including the following:

- 14,378 personal care services (procedure code T1019);
- 2,609 home health aide services (procedure code G0156);
- 1,217 skilled nursing services (procedure code G0154);
- 214 registered nurse (RN) services (T1002 and G0299);
- 89 nursing assessment services (T1001);
- 83 licensed practical nurse (LPN) services (T1003 and G0300);
- 65 private duty nursing services (T1000);
- 24 speech pathology services (G0153);
- 22 physical therapy services (G0151); and
- 6 occupational therapy services (G0152).

The Provider also received reimbursement of \$1,096,353 under its Medicaid number 0062364 for 16,258 waiver services including the following:

- 12,149 PASSPORT personal care services (procedure code PT624);
- 385 PASSPORT homemaker services (procedure code PT570);
- 2,829 I/O homemaker services (procedure code MR940); and
- 895 I/O transportation services (procedure code MR941).

The Provider had a third Medicaid provider number, 0082906, which was inactive and there were no reimbursements to it during the examination period.

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.

Purpose, Scope, and Methodology (Continued)

The scope of the engagement was limited to state plan home health and waiver services as specified below that the Provider billed with dates of service from January, 1, 2015 through December 31, 2016 and received payment.

We received the Provider's claims history from the Medicaid database of services billed to and paid by Ohio's Medicaid program for Provider numbers 0057437 and 0062364 (paid services). From this file we ran a summary by recipient date of service (RDOS) for recipient "A" and selected all RDOS with greater than 68 units. An RDOS is defined as all services for a given recipient on a specific date of service. We then created a file containing all services associated with these RDOS (Exception Test 1).

From the remaining file (paid services less Exception Test 1), we extracted all services for recipient "B" and selected all RDOS with 96 or more units of I/O homemaker services (procedure code MR940) and at least one unit of I/O transportation services (procedure code MR941). We then created a file containing all services associated with the selected RDOS (Exception Test 2).

From the remaining file (paid services less Exception Test 1 and Exception Test 2), we excluded the I/O transportation services (procedure code MR941) and extracted all RDOS with 96 or more units of service (Exception Test 3).

Table 1: Exception Tests	
Description	Services Selected
Recipient "A" RDOS with Greater than 68 Units – Exception Test 1	55
Recipient "B" RDOS with 96 or More Units of I/O Homemaker and at Least 1 Unit of I/O Transportation – Exception Test 2	106
RDOS with 96 or More Units of Service, excluding I/O Transportation – Exception Test 3	66
Total	227

After obtaining the claims from the Medicaid database, the ODA notified us of one service that had been re-paid by the Provider but this repayment was not reflected in the Medicaid database. We removed the service from the population used for this examination.

From the remaining population, we extracted the remaining I/O homemaker services for recipient "B" (less those selected for exception test 2) and selected a random sample. We then extracted home health and private duty nursing services, home health aide services, personal care aide services, I/O homemaker services and PASSPORT personal care services and selected samples from these five categories. We used a statistical sampling approach as described below to facilitate a timely and efficient examination as permitted by Ohio Admin. Code § 5160-1-27(B)(1).

Purpose, Scope, and Methodology (Continued)

The sampling unit for the nursing, home health aide and personal care aide samples is an RDOS. The sampling unit for the two I/O homemaker services samples and the PASSPORT personal care services sample is a service line. From these six populations, an estimate of the population overpayment standard deviation was made using the standard deviation of the actual amount paid per service and a 70 percent error rate as conservative estimates of the potential error rate.

To increase sampling efficiency, five of the six populations were divided into strata using a modified cumulative frequency square root method (Dalenius-Hodge Rule)². We used the U.S. Department of Health and Human Services/Office of Inspector General's (HHS/OIG) RATSTATS³ statistical program to calculate the overall sample sizes. The final sample sizes are shown in Table 2 below.

Table 2		
Universe/Strata	Population Size	Sample Size
Nursing Services Sample		
RDOS Paid at \$62.89 and Below	1,219	110
RDOS Paid \$62.90 and Over	144	54
Total	1,363	164 RDOS 178 Services
Home Health Aide Services Sample		
RDOS Paid at \$49.99 and Below	1,458	73
RDOS Paid Between \$50 and \$74.99	928	73
RDOS Paid \$75 and Over	108	30
Total	2,494	176 RDOS 207 Services

² Sampling of Populations: Methods and Applications 3rd Ed. by P.S. Levy and S. Lemeshow, Wiley Series in Probability and Statistics, pp. 179-183

³ RAT-STATS is a free statistical software package that providers can download to assist in a claims review. The package, created by OIG in the late 1970s, is also the primary statistical tool for OIG's Office of Audit Services.

Purpose, Scope, and Methodology (Continued)

Table 2		
Universe/Strata	Population Size	Sample Size
Personal Care Aide Services Sample		
RDOS Paid at \$74.99 and Below	4,020	30
RDOS Paid Between \$75 and \$149.99	4,403	187
RDOS Paid \$150 and Over	1,102	227
Total	9,525	444 RDOS 913 Services
Remaining I/O Homemaker Services for Recipient "B" Sample		
Services	240	116
Total	240	116
I/O Homemaker Services Sample		
Services Paid at \$99.99 and Below	1,334	54
Services Paid Between \$100 and \$174.99	1,003	87
Services Paid \$175 and Over	193	30
Total	2,530	171
PASSPORT Personal Care Services Sample		
Services Paid at \$49.99 and Below	7,422	81
Services Paid Between \$50 and \$99.99	3,668	70
Services Paid \$100 and Over	1,059	41
Total	12,149	192

We then obtained the detailed services for the sampled RDOS. A total of 2,004 services were selected for examination in the three exception tests and six samples.

Purpose, Scope, and Methodology (Continued)

A notification letter was sent to the Provider setting forth the purpose and scope of the examination. During the entrance conference, the Provider described its documentation practices and process for submitting billing to the Ohio Medicaid program. We reviewed all documentation submitted by the Provider for compliance. The Provider was given multiple opportunities to submit additional documentation and we reviewed all documents received for compliance.

Results

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

Recipient "A" RDOS with Greater than 68 Units – Exception Test 1

We noted eight dates for one recipient (recipient "A") in which the Provider billed Ohio Medicaid for 68 units (17 hours) or more of personal care aide services (procedure code T1019). We examined 55 services on the eight RDOS and found that the Provider lacked supporting documentation for 22 services (40 percent) and the number of units billed to Ohio Medicaid for 15 services (27 percent) exceeded the documented duration. We identified 14 additional errors for a total of 51 errors. In all, 40 of the 55 services (73 percent) examined did not meet Medicaid requirements resulting in an improper payment of \$2,091.04.

Recipient "B" RDOS with 96 or More Units of I/O Homemaker and at Least 1 Unit of I/O Transportation – Exception Test 2

We noted 53 dates for one recipient (recipient "B") in which the Provider billed for 96 units (or 24 hours) of I/O homemaker service as well as units (miles) of I/O transportation service. We examined 106 services (53 homemaker services and 53 transportation services) and found that the provider lacked documentation to support payment for 36 services (34 percent) and billed the incorrect procedure code for 47 services (44 percent). We identified 59 additional errors for a total of 142 errors and found that 102 of the 106 services (96 percent) examined did not meet Medicaid requirements resulting in an improper payment of \$15,961.88.

RDOS with 96 or More Units of Service, excluding Transportation – Exception Test 3

In addition to the dates identified and tested in Exception Test 2, we noted 12 RDOS in which the Provider billed Ohio Medicaid for 96 or more units of service per recipient, excluding transportation services. We examined 66 services and found that the Provider lacked documentation to support payment for 43 services (65 percent) and the number of units billed exceeded documented duration for nine services (14 percent). In all, 52 of the 66 services (79 percent) examined did not meet Medicaid requirements resulting in an improper payment of \$4,488.83.

Nursing Services Sample

We examined 155 home health nursing and 23 private duty nursing services and found 219 errors. The overpayments identified for 129 of 164 statistically sampled RDOS (141 of 178 services) from a stratified random sample were projected to the Provider's population of paid nursing services, resulting in a projected overpayment amount of \$57,113 with a 95 percent degree of certainty that the true population overpayment amount fell within the range of \$52,420 to \$61,806 (+/-8.22 percent). A detailed summary of our statistical sample and projection results is presented in **Appendix I**.

Results (Continued)

Home Health Aide Services Sample

We examined 207 home health aide services and found 238 errors. The overpayments identified for 174 of 176 statistically sampled RDOS (205 of 207 services) from a stratified random sample were projected to Provider's population of paid home health aide services, resulting in a projected overpayment amount of \$118,971 with a 95 percent degree of certainty that the true population overpayment fell within the range of \$116,193 to \$121,749 (+/- 2.34 percent). A detailed summary of our statistical sample and projection results is presented in **Appendix II**.

Personal Care Aide Services Sample

We examined 913 personal care aide services and found 749 errors. The overpayments identified for 369 of 444 statistically sampled RDOS (686 of 913 services) from a stratified random sample were projected to the Provider's population of paid personal care aide services (except those examined in an exception test) resulting in a projected overpayment of \$611,282 with a 95 percent degree of certainty that the true population overpayment amount fell within the range of \$562,713 to \$659,850 (+/- 7.95 percent). A detailed summary of our statistical sample and projection results is presented in **Appendix III**.

Remaining I/O Homemaker Services for Recipient "B" Sample

We examined 116 I/O homemaker services and found 182 errors. The overpayments identified for 113 of 116 statistically sampled services were projected to the Provider's population of the remaining I/O homemaker services for recipient "B," resulting in a projected overpayment of \$40,238 with a 95 percent degree of certainty that the true population overpayment amount fell within the range of \$37,064 to \$43,412 (+/- 7.89 percent). A detailed summary of our statistical sample and projection results is presented in **Appendix IV**.

I/O Homemaker Services Sample

We examined 171 I/O homemaker services and found 202 errors. The overpayments for 101 of 171 services from our statistical random sample were projected across the Provider's total population of paid services (except those tested in exception test and recipient "B" sample). This resulted in a projected overpayment of \$178,932 with precision of plus or minus \$33,133 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 (equivalent to methods used in Medicare audits), and a finding was made for \$151,126. This allows us to say that we are 95 percent certain that the population overpayment amount is at least \$151,126. A detailed summary of our statistical sample and projection results is presented in **Appendix V**.

PASSPORT Personal Care Services Sample

We examined 192 PASSPORT personal care services and found 33 errors. The noncompliance identified in the 33 services resulted in an improper payment of \$1,729.

A. Provider Qualifications

Nurses and Aides

Per Ohio Admin. Code § 5160-1-17.2, in signing the Medicaid provider agreement, the 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 compared the names of the nurses and aides that rendered services in exception tests 1 and 2, Nursing Services Sample, Personal Care Aide Sample, Remaining I/O Homemaker Services for Recipient "B" Sample and I/O Homemaker Services Sample to the Office of Inspector General exclusion database and the Ohio Department of Medicaid exclusion or suspension list. We tested 15 nurses, 70 personal care waiver aides and 22 homemaker aides and found no matches on an exclusion or suspension list.

Nurses

According to Ohio Admin. Code § 5160-12-01(G), home health nursing requires the skills of and is performed by either a registered nurse (RN) or a licensed practical nurse (LPN) at the direction of an RN.

We identified eight RNs and seven LPNs who rendered services. We tested and verified via the Ohio e-License Center website that their professional licenses were current and valid on the first date of service in the sample and were active during the remainder of the examination period. We found no instances of non-compliance with the nursing licenses.

Personal Care Aides

In order to submit a claim for reimbursement, all individuals providing personal care aide services must obtain and maintain first aid certification from a class this is not solely internet-based and that includes hands-on training by a certified first aid instructor and a successful return demonstration of what was learned in the course. See Ohio Admin. Code §§ 5160-46-04(B), 5160-50-04(B), and 5123-2-9-56(C)

We reviewed personnel records for the 70 personal care waiver aides who rendered services in Exception Test 1 and in the Personal Care Aide Services Sample. We found that 37 aides had no first aid certification, six aides had solely internet-based training and 10 aides rendered services during a gap in their first aid certification.

Recipient "A" RDOS with Greater than 68 Units – Exception Test 1

We examined 55 services and identified six services rendered by an aide who did not meet the required qualifications on the date of service. These six non-compliant services are included in the improper payment amount of \$2,091.04.

Personal Care Aide Services Sample

We examined 913 services and identified 484 services rendered by an aide who did not meet the required qualifications on the date of service. These 484 non-compliant services are included in the improper payment amount of \$611,282.

A. Provider Qualifications (Continued)

I/O Homemaker

An agency provider shall ensure that each employee, contractor and employee of a contractor engaged in a direct services position must hold a valid "American Red Cross" or equivalent certification in first aid and cardiopulmonary resuscitation (CPR) which includes an in-person skills assessment completed with an approved trainer. See Ohio Admin. Code § 5123:2-2-01(D)(17)

Recipient "B" RDOS with 96 or More Units of I/O Homemaker and at Least 1 Unit of I/O Transportation – Exception Test 2

We reviewed personnel records for the six aides who rendered services in this exception test. We found four aides who rendered services during a gap in their first aid and/or CPR certifications.

We examined 106 services and identified 40 services rendered by an aide who did not meet the required qualifications on the date of service. These 40 non-compliant services are included in the improper payment amount of \$15,961.88.

Remaining I/O Homemaker Services for Recipient "B" Sample

We reviewed personnel records for the six aides who rendered services in this sample. We found four aides who rendered services during a gap in their first aid and/or CPR certifications.

We examined 116 services and identified 70 services rendered by an aide who did not meet the required qualifications on the date of service. These 70 non-compliant services are included in the projected improper payment amount of \$40,238.

I/O Homemaker Services Sample

We reviewed personnel records for the 17 aides who rendered services in this sample. We found five aides who had no first aid or CPR certification, four aides who had no first aid certification and one aide who had no CPR certification. We also found four aides who rendered services during a gap in their certifications.

We examined 171 services and identified 90 services rendered by an aide who did not meet the required qualifications on the date of service. These 90 non-compliant services are included in the projected improper payment amount of \$151,126.

We verified through the American Red Cross that the administrator was a certified first aid and CPR trainer. The certification had a lapse of approximately two months in 2016; however, we found no aides in our testing who received training from this administrator during the lapse.

Recommendation:

The Provider should review the Ohio Medicaid rules and improve its internal controls to ensure all personnel meet applicable requirements prior to rendering direct care services. The Provider should address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

B. Service Documentation

The MCRHHA must maintain documentation of home health services provided that includes, but is not limited to, clinical records and time keeping that indicate date and time span of the service and the type of service provided. See Ohio Admin. Code § 5160-12-03

During part of the examination period, providers of home health nursing and aide services received a base rate for any portion of the first 60 minutes of home health services delivered. After July 1, 2015, providers were required to render 35 to 60 minutes of services to receive the base rate. Ohio Admin. Code § 5160-12-05

For waiver services, the provider must maintain and retain all required documentation including, but not limited to, documentation of tasks performed or not performed, arrival and departure times and the dated signatures of the provider and the recipient or authorized representative verifying the service delivery upon completion of service delivery. See Ohio Admin. Code §§ 5160-45-10, 5123-2-9-56 and 173-39-02.11

A provider shall not bill for homemaker/personal care provided by the driver at the time non-medical transportation is provided pursuant to Ohio Admin. Code § 5123-2-9-30(D)(5).

A provider shall be paid at the on-site/on-call rate when, based on assessed and documented needs, the individual service plan indicates the days of the week and the beginning and ending times each day when it is anticipated that an individual will require on-site/on-call. See Ohio Admin. Code § 5123:2-9-30(F)(8)

We noted concerns with service documentation including;

- Two services in which the documentation was incomplete and the Provider later supplied us with the same documents which had been altered to now be complete.
- Instances in which the service documentation was dated one day before or after the billed date of service. The Provider indicated the electronic system included a "target date" and a "visit date" and that at times the target date was billed instead of the visit date.
- Two paid services in which the documentation clearly indicated that a service was not provided ("off" and "client at hospital with husband and cancelled").
- Three service documents that included only names, date, and time in and time out with a note attached that stated "billed." The document did not include the required signatures of the provider and recipient (or authorized representative) or description of any tasks performed.
- Documentation for two aides in which the signatures did not appear to be consistently affixed by the same person.

Some of these documentation errors indicate that the Provider billed from a schedule rather than on actual service delivery.

For errors where the number of units billed exceeded documented duration or the incorrect procedure code was billed, the improper payment was based on the difference between the amount reimbursed and the amount that should have been reimbursed.

Recipient "A" RDOS with Greater than 68 Units – Exception Test 1

We examined 55 services and identified the following errors:

- 22 services in which there was no documentation to support the Medicaid payment;
- 15 services in which the units billed exceeded documented duration; and
- 1 service lacked the signature of the aide who rendered the service.

These 38 errors are included in the improper payment amount of \$2,091.04.

B. Service Documentation (Continued)

Recipient "B" RDOS with 96 or More Units of Homemaker and at Least 1 Unit of Transportation – Exception Test 2

We examined 106 services and identified the following errors:

- 47 services in which the wrong procedure code was billed resulting in an overpayment;
- 36 services in which there was no documentation to support the Medicaid payment; and
- 19 services in which the units billed exceeded documented duration.

These 102 errors are included in the improper payment amount of \$15,961.88.

RDOS with 96 or More Units of Service, excluding Transportation – Exception Test 3

We examined 66 services and identified 43 services in which there was no documentation to support the Medicaid payment and nine services in which the units billed exceeded documented duration. These 52 non-compliant services are included in the improper payment amount of \$4,488.83.

Nursing Services Sample

We examined 178 services and identified the following errors:

- 48 services in which there was no documentation to support the Medicaid payment;
- 14 services in which the units billed exceeded documented duration;
- 3 services billed as an RN service but an LPN rendered the service;
- 2 services in which there was no description of the service rendered; and
- 1 service in which the time in and time out were not recorded.

These 68 errors are included in the projected improper payment amount of \$57,113.

We also noted 28 services billed as an LPN service but an RN rendered the service. These errors did not result in an overpayment by Ohio Medicaid.

Home Health Aide Services Sample

We examined 207 services and identified the following errors:

- 21 services in which there was no documentation to support the Medicaid payment;
- 10 services in which the time in and time out were not recorded;
- 4 services in which the units billed exceeded documented duration; and
- 1 service in which there was no description of the service rendered.

These 36 errors are included in the projected improper payment amount of \$118,971.

Personal Care Aide Services Sample

We examined 913 services and identified the following errors:

- 175 services in which there was no documentation to support the Medicaid payment;
- 63 services in which the units billed exceeded documented duration;
- 12 services in which the description of the service is not a billable personal care aide service (respite);

B. Service Documentation (Continued)

- 7 services in which there was no description of the service rendered;
- 4 services in which the documentation included a time that overlapped the documented time of a second personal care aide service for the same recipient on the same date by the same aide;
- 2 services in which the documentation was not signed by the recipient or authorized representative;
- 1 service in which the documentation was not signed by the aide; and
- 1 service in which the time in and time out were not recorded.

These 265 errors are included in the projected improper payment amount of \$611,282.

Remaining I/O Homemaker Services for Recipient "B" Sample

We examined 116 services and identified the following errors:

- 97 services in which I/O homemaker services were billed instead of on site/on call services as authorized;
- 14 services in which the units billed exceeded documented duration; and
- 1 service in which there was no documentation to support the Medicaid payment.

These 112 non-compliant services are included in the projected improper payment amount of \$40,238.

I/O Homemaker Services Sample

We examined 171 services and identified the following errors:

- 14 services in which the units billed exceeded documented duration;
- 6 services in which there was no documentation to support the Medicaid payment; and
- 2 services in which the time in and time out were not recorded.

These 22 non-compliant services are included in the projected improper payment amount of \$151,126.

PASSPORT Personal Care Services Sample

We examined 192 services and identified 22 services in which there was no documentation to support the Medicaid payment and 11 services in which the units billed exceeded documented duration.

These 33 non-compliant services are included in the improper payment amount of \$1,729.

Recommendation:

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

C. Authorization to Provide Services

Waiver Services

In order to be a provider and submit a claim for the reimbursement, the provider should be identified on the all services plan and the number of hours should be authorized by ODM or its designee pursuant to Ohio Admin. Code § 5160-46-04. Homemaker/personal care shall be provided pursuant to an individual service plan as required by Ohio Admin. Code § 5123-2-9-30.

Recipient "A" RDOS with Greater than 68 Units – Exception Test 1

We examined 55 personal care aid services and identified seven services for which the Provider did not have an all services plan to authorize the service and the Provider. These seven non-compliant services are included in the improper payment amount of \$2,091.04.

Remaining I/O Homemaker Services for Recipient "B" Sample

We found no instances of non-compliance with authorization in this sample.

State Plan Services Including Private Duty Nursing

All home health providers are required by Ohio Admin. Code § 5160-12-03 to create a plan of care for recipients and the plan is required to be signed by the recipient's treating physician. Home health providers must obtain the completed, signed and dated plan of care prior to billing the ODM for the service.

Nursing Services Sample

We examined 178 services and identified the following errors:

- 83 services in which there was no plan of care to cover the date of service;
- 23 services in which the plan of care was not signed and/or dated by the physician;
- 11 services in which the plan of care did not authorize the nursing service; and
- 6 services that were billed to Ohio Medicaid prior to the date of the physician's signature.

These 123 non-compliant services are included in the projected improper payment amount of \$57,113.

Home Health Aide Services Sample

We examined 207 services and identified the following errors:

- 197 services in which there was no plan of care to cover the date of service;
- 3 services in which the plan of care did not authorize the home health aide service; and
- 2 services in which the plan of care was not signed and/or dated by the physician.

These 202 errors are included in the projected improper payment amount of \$118,971.

We noted instances in which the individual service plan indicated that some services should be billed as home health aide services in addition to the authorized personal care aide services. The Provider stated it was not aware of the requirement to obtain a signed plan of care to authorize these home health aide services.

C. Authorization to Provide Services (Continued)

Recommendation:

The Provider should establish a system to ensure the signed plans of care are obtained prior to submitting claim for services to the ODM. The Provider should also review the plans of care to ensure they are signed and dated accordingly.

In addition, the Provider should obtain and maintain a copy of the all services plan. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

Official Response

The Provider submitted an official response to the results of this examination. This response included confidential information and, accordingly, is not presented in this report. The response can be obtained by contacting the Provider at 630 Northland Boulevard, Suite B, Cincinnati, Ohio 45240.

The Provider disputes the use of statistical sampling, the Auditor of State's authority to conduct the examination and to request documentation to determine compliance with Medicaid rules, and the criteria applied for personal care aide qualifications. The Provider also supplied additional documentation; however, we did not review the additional documentation for compliance because it was not made available during the examination. We evaluated the official response and determined that no change to the results was warranted. We did not examine the Provider's response and, accordingly, we express no opinion on it.

Auditor of State Conclusion

The Provider cited Medicare guidance on the use of statistical sampling and extrapolation of overpayments. This examination was limited to Medicaid and followed the Ohio Medicaid rules regarding the use of statistical sampling. Per Ohio. Rev. Code section 117.10, the Auditor of State's office may audit the accounts of Medicaid providers. The Provider made records available for the office to conduct the examination and Medicaid payments that were not supported by service documentation were identified as an improper payment. The Provider stated that it is not required to maintain documents showing that its staff met minimal eligibility requirements to render care. We reviewed the Ohio Medicaid general reimbursement principals and the provider agreement requirements (Ohio Admin. Code §§ 5160-1-02 and 5160-1-17.2) which indicate that for a service to be reimbursable it must be rendered by a qualified provider and that the provider must maintain records to fully disclose the extent of services provided. We determined that the Medicaid rules require provider eligibility information be maintained.

APPENDIX I

Summary of Nursing Services Sample

POPULATION

The population is all paid Medicaid home health nursing services (procedure codes G0154, G0299, and G0300) and private duty nursing services (procedure code T1000), less certain excluded services, net of any adjustments with dates of service during the examination.

SAMPLING FRAME

The sampling frame was paid and processed claims from the Medicaid Information Technology System (MITS).

SAMPLE UNIT

The sampling unit was an RDOS.

SAMPLE DESIGN

We used a stratified random sample.

Description	Results
Number of Population RDOS	1,363
Number of Population RDOS Sampled	164
Number of Population Services Provided	1,398
Number of Population Services Sampled	178
Number of Services Sampled with Errors	219
Total Medicaid Amount Paid for Population	\$78,871.52
Amount Paid for Population Services Sampled	\$13,082.30
Projected Population Overpayment Amount	\$57,113
Upper Limit Overpayment Estimate at 95% Confidence Level	\$61,806
Lower Limit Overpayment Estimate at 95% Confidence Level	\$52,420
Precision of population overpayment projection at the 95% Confidence Level	\$4,693 (+/- 8.22%)

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

APPENDIX II

Summary of Home Health Aide Services Sample

POPULATION

The population is all paid Medicaid home health aide services (procedure code G0156), less certain excluded services, net of any adjustments with dates of service during the examination.

SAMPLING FRAME

The sampling frame was paid and processed claims from the Medicaid Information Technology System (MITS).

SAMPLE UNIT

The sampling unit was an RDOS.

SAMPLE DESIGN

We used a stratified random sample.

Description	Results
Number of Population RDOS	2,494
Number of Population RDOS Sampled	176
Number of Population Services Provided	2,609
Number of Population Services Sampled	207
Number of Services Sampled with Errors	205
Total Medicaid Amount Paid for Population	\$120,939.16
Amount Paid for Population Services Sampled	\$10,206.94
Projected Population Overpayment Amount	\$118,971
Upper Limit Overpayment Estimate at 95% Confidence Level	\$120,844.64 ¹
Lower Limit Overpayment Estimate at 95% Confidence Level	\$116,193
Precision of population overpayment projection at the 95% Confidence Level	\$2,778 (+/- 2.34%)

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

¹Calculated using total amount paid less the amount correct in sample

APPENDIX III

Summary of Personal Care Aide Services Sample

POPULATION

The population is all paid Medicaid personal care aide services (procedure code T1019), less certain excluded services, net of any adjustments with dates of service during the examination.

SAMPLING FRAME

The sampling frame was paid and processed claims from the Medicaid Information Technology System (MITS).

SAMPLE UNIT

The sampling unit was an RDOS.

SAMPLE DESIGN

We used a stratified random sample.

Description	Results
Number of Population RDOS	9,525
Number of Population RDOS Sampled	444
Number of Population Services Provided	14,264
Number of Population Services Sampled	913
Number of Services Sampled with Errors	686
Total Medicaid Amount Paid for Population	\$861,001.46
Amount Paid for Population Services Sampled	\$63,208.10
Projected Population Overpayment Amount	\$611,282
Upper Limit Overpayment Estimate at 95% Confidence Level	\$659,850
Lower Limit Overpayment Estimate at 95% Confidence Level	\$562,713
Precision of population overpayment projection at the 95% Confidence Level	\$48,568 (+/- 7.95%)

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

APPENDIX IV

Summary of Remaining I/O Homemaker Services for Recipient "B" Sample

POPULATION

The population is all paid Medicaid I/O homemaker services (procedure code 940) for recipient "B", less certain excluded services, net of any adjustments with dates of service during the examination.

SAMPLING FRAME

The sampling frame was paid and processed claims from the Medicaid Information Technology System (MITS).

SAMPLE UNIT

The sampling unit was a service line.

SAMPLE DESIGN

We used a simple random sample.

Description	Results
Number of Population Services	240
Number of Population Services Sampled	116
Number of Services Sampled with Errors	113
Total Medicaid Amount Paid for Population	\$68,011.55
Amount Paid for Population Services Sampled	\$33,964.55
Projected Population Overpayment Amount	\$40,238
Upper Limit Overpayment Estimate at 95% Confidence Level	\$43,412
Lower Limit Overpayment Estimate at 95% Confidence Level	\$37,064
Precision of population overpayment projection at the 95% Confidence Level	\$3,174(+/- 7.89%)

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

APPENDIX V

Summary of I/O Homemaker Services Sample

POPULATION

The population is all paid Medicaid I/O homemaker services (procedure code 940), less certain excluded services, net of any adjustments where the service was performed and payment was made during the examination period. This population does not include any services to recipient "B".

SAMPLING FRAME

The sampling frame was paid and processed claims from the Medicaid Information Technology System (MITS).

SAMPLE UNIT

The sampling unit was a service line.

SAMPLE DESIGN

We used a stratified random sample.

Description	Results
Number of Population Services	2,530
Number of Population Services Sampled	171
Number of Services Sampled with Errors	101
Total Medicaid Amount Paid for Population	\$274,136.83
Amount Paid for Population Services Sampled	\$22,639.54
Estimated Overpayment	\$178,932
Precision of Overpayment Estimate at 95% Confidence Level	\$33,133
Precision of Overpayment Estimate at 90% Confidence Level	\$27,806
Single-tailed Lower Limit Overpayment Estimate at 95% Confidence Level (Calculated by subtracting the 90 percent overpayment precision from the point estimate) (Equivalent to the estimate used for Medicare audits)	\$151,126

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

OHIO AUDITOR OF STATE
KEITH FABER



AFINITY HEALTHCARE SOLUTIONS

HAMILTON 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
MAY 23, 2019**