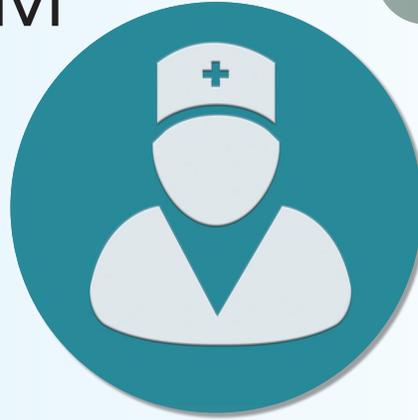


OHIOANS AT RISK:

NONCOMPLIANCE
IN OHIO'S
MEDICAID PROGRAM
POSES DANGERS,
WASTES
TAX DOLLARS



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SPECIAL REPORT

A message from the Auditor



For millions of Ohioans – family, friends and neighbors to many of us – an independent, comfortable way of life wouldn't be possible without the medical assistance made available through the state's Medicaid program.

From a financial standpoint, a glance at Ohio's operating budget is all it takes to realize the program plays a critical role in our state. The program accounts for the single largest share of the state's financial resources, with 39.3 percent of all fund appropriations earmarked for Medicaid spending in the 2018-19 biennium. For reference, that exceeds the next highest spending category by 22 percent.

Clearly, it's in the best interest of everyone in our state to ensure those valuable resources are spent appropriately on the citizens who need them most. Since taking office in 2011, I've worked with my office's Medicaid/

Contract Audit (MCA) Section to shine a spotlight on Medicaid providers who put care recipients at risk and waste tax dollars by violating the rules that govern the program.

In that time, compliance examinations performed by my office have reported more than \$33 million in Medicaid payments to 121 providers who were ineligible to receive the funds. As you will see in the following pages of this report, many of the noncompliance findings exposed during these reviews are appalling. Also appalling is the fact that only a fraction of the improper payments have been returned to the state.

At my request, members of my office assembled this report to highlight some of the most problematic areas of the Medicaid program and offer guidance to its most vulnerable users. It is my hope that this information will help bring a heightened culture of accountability to the Medicaid program, which is vital to so many Ohioans.

Sincerely,

A handwritten signature in blue ink that reads "Dave Yost".

Dave Yost

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Introduction

Since 2011, the Ohio Department of Medicaid (ODM) has paid more than \$134 billion¹ in state and federal funds to hundreds of thousands of health care providers across the state. In 2016 alone, the department paid businesses and individual providers \$22.3 billion for their services.

The services delivered by Medicaid providers are essential to the well-being of some of the neediest – and most vulnerable – members of Ohio’s communities. According to ODM, more than 3 million Ohio residents receive Medicaid care on a daily basis.

However, years of compliance examinations performed by the Ohio Auditor of State’s office have revealed that the state and its taxpayers do not always get what they pay for when it comes to these services.

The wealth of dollars earmarked for the state’s Medicaid program has drawn a multitude of individuals into the health care industry

in recent years. Some are well intentioned but do not take it upon themselves to gain a full understanding of Medicaid rules. Others intentionally take short-cuts around these regulations, leading to abuse of the program.

Groups that test providers for Medicaid compliance

- » Ohio Auditor of State’s Office
- » Ohio Department of Aging
- » Ohio Department of Developmental Disabilities
- » Ohio Department of Medicaid

The Auditor’s Medicaid/Contract Audit (MCA) Section is one of four state groups that review providers for compliance with Medicaid rules to protect Ohio’s Medicaid dollars and weed out bad players. In the past seven years, the MCA Section has flagged \$33.3 million in overpayments to 121 Medicaid providers and calculated an additional \$2.4 million in interest.²

A recent follow-up analysis of 60 improperly paid Medicaid providers disclosed that they have repaid only 9.6 percent (\$1.9M) of the \$19.7 million they owe back to the state as of November 2017. Most of the cases for the remaining providers are still pending.

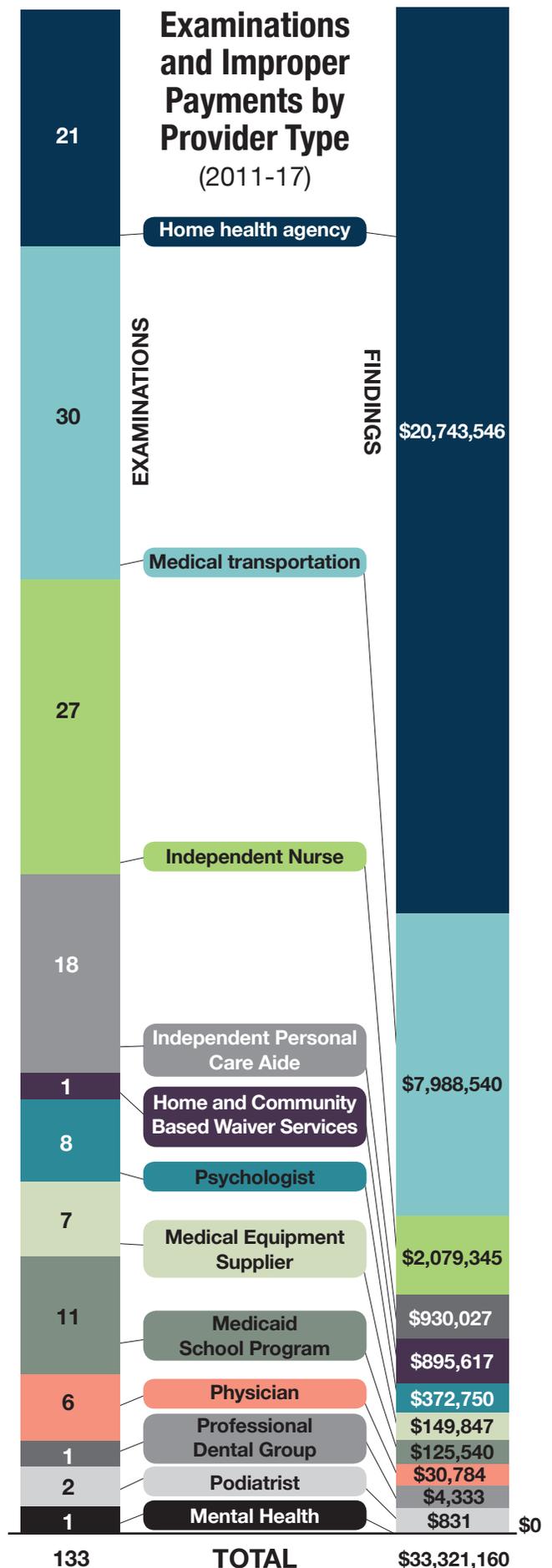
As a reporting entity, the Auditor of State’s office lacks the authority to pursue recovery of overpayments. Instead, the office forwards its Medicaid findings to ODM for its adoption and implementation of any findings.

While Medicaid rules vary for each type of provider, the problems that lead to overpayments typically fall into the same three categories: A failure to maintain complete service documentation, deficiencies in provider qualifications and a lack of prior service authorization.

All of these transgressions put patients at risk for inadequate care, waste valuable public resources and undermine the public’s faith in the Medicaid program.

This report sheds light on the some of the most problematic areas identified during compliance examinations of Ohio’s Medicaid providers.

¹ According to budget data from the Ohio Office of Budget and Management
² An additional 12 examinations did not report any improper payments



* For a more detailed chart, see Page 14

High-risk providers

Data from the Ohio Department of Medicaid shows 110,618 providers were listed as active in Ohio as of Dec. 11, 2017. With a team of about 10 people, the Auditor of State’s Medicaid/Contract Audit (MCA) Section cannot possibly perform compliance examinations of every provider in the state.

A logical alternative is to target the providers that are at the greatest risk for improper Medicaid billings. ODM routinely performs risk assessments to pinpoint these providers. Using this data, the Auditor’s MCA Section has selected 12 different types of providers for review since 2011. It is important to note that these examinations are retroactive to the dates of service.

Past examinations of Medicaid providers have highlighted two provider types for their extent of noncompliance and the amount of overpayments attributed to them.

Top 10 findings, 2011-2017

Provider	County	Provider Type	Release Yr.	Findings	Interest	Total
Great Nursing Care, Inc.	Franklin	Home Health Agency	2016	\$4,960,320	\$257,053	\$5,217,373
Personal Touch Home Care of Ohio	Hamilton	Home Health Agency	2017	\$4,251,744	\$253,474	\$4,505,218
Healing Touch Health Care Ltd.	Montgomery	Home Health Agency	2017	\$3,722,657	\$222,340	\$3,944,996
Shifo Healthcare Services	Franklin	Home Health Agency	2016	\$2,055,555	\$109,817	\$2,165,372
Total Home Health Care	Franklin	Home Health Agency	2012	\$1,484,228	\$143,462	\$1,627,690
Accent Care	Pickaway	Home Health Agency	2015	\$1,202,598	\$150,877	\$1,353,475
Greathouse Medical Trans. LLC	Cuyahoga	Medical Transp.	2013	\$930,624	\$82,405	\$1,013,029
G.S. Burton Development LLP	Summit	Home & Comm.	2017	\$895,617	\$55,909	\$951,526
Amandacare Inc.	Franklin	Home Health Agency	2016	\$766,970	\$27,112	\$794,082
One Drop Medical Trans. LLC	Franklin	Medical Transp.	2016	\$739,961	\$41,838	\$781,799

**Dollar amounts rounded*

While transportation and home health providers only make up between 13 and 17 percent of the total providers in the Medicaid program, they account for more than 86 percent (\$28.7 million) of the \$33.3 million in overpayments identified since 2011.

“Make no mistake, transportation and home health providers deliver critical services that countless Ohioans rely on every single day,” Auditor Yost said. “But limited safeguards for these fields have given rise to widespread abuse and improper billing costing tens of millions of dollars.”

Audit staff with the MCA Section say both areas of the Medicaid program have shown signs of rapid growth in recent years and have minimum qualification requirements compared to other types of providers when it comes to training.

Since 2011, the Auditor’s office has performed 30 compliance examinations of transportation companies, identifying nearly \$8 million in overpayments. Many of these providers were single-person operations that lacked necessary qualifications and service records.

Even more overpayments – \$20.7 million worth – have been tied to home health agencies during 21 compliance examinations. These reviews have frequently uncovered instances of providers billing for services that were never provided. In other cases, providers have fabricated service durations on records, perhaps billing for 45 minutes spent with patient when the service actually took only 15 minutes, or billing for a more expensive service than what was provided.

Service documentation

Service records are an essential component of every claim for reimbursement submitted by Medicaid providers. Without complete documentation containing the details of each service, there is no way to verify that a payment was warranted.

During compliance examinations, auditors routinely identify instances of missing or incomplete records for services billed by providers. In these cases, the Auditor's office may report an improper payment – a determination that at least a portion of a provider's reimbursements is unmerited and owed back to the state as a result of noncompliance with Medicaid requirements.

Auditors reported one of these findings – for almost a half-million dollars – during an examination of a non-emergency medical transportation company based in Mahoning County that had multiple problems with its service records.

Managers of the company, Angel Carriers LLC, initially told audit staff that a fire destroyed the records needed for the 2016 examination. However, auditors determined the fire was actually limited to a garage and did not damage the office where the provider stored its records. The managers then fabricated another story, claiming the records were destroyed when the building was demolished.

However, they quickly retracted their story, saying they did in fact have the records, after auditors issued a draft report labeling the entire amount reimbursed to the provider an overpayment.

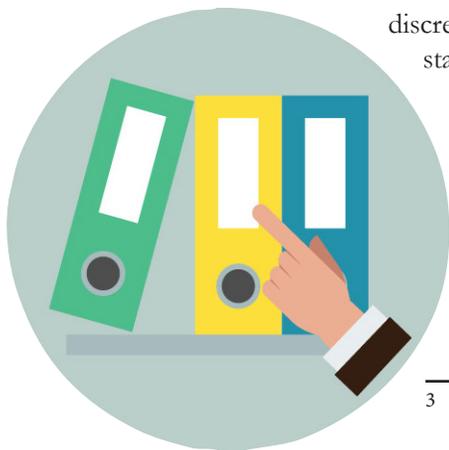
After obtaining the needed records, auditors uncovered 252 errors, including 116 patient transports that lacked any documents to back up the payments for the services.

By the end of the examination, auditors concluded that errors in service documentation and other areas added up to \$458,083 in overpayments – almost 98 percent of the amount paid to the provider.

Aside from a lack of documentation, auditors sometimes uncover discrepancies in service records indicating that services billed to the state never occurred.

In some cases, providers have documented overlapping service times for multiple recipients at different locations – a clear indication of an improper billing.

A review of clinical records maintained by a Clermont County nurse named Patricia Fugate disclosed 112 overlapping services that could not have occurred. The improper billings contributed to a \$137,851 overpayment, only \$735 of which has been repaid.³



images by 123rf.com

³ According to November 2017 data from ODM

Provider qualifications

Auditors routinely review employee personnel files during compliance examinations to ensure providers who claimed reimbursement for services were fully trained and certified to administer the care on the dates of service.

“It takes an unparalleled level of trust to place your life or that of a family member into the hands of a stranger,” Auditor Yost said. “The state’s rules for Medicaid providers aim to make sure care providers are fully competent and deserving of that trust. It’s why we must take it so seriously.”

Examinations usually check whether providers were up to date on training and certification requirements such as first aid, CPR and continuing education credits. These criteria are set by ODM and vary depending on the type of provider.

For example, employees responsible for transporting patients in a vehicle must have a current driver’s license and a clean driving record. They also must complete alcohol and substance abuse testing and successfully pass a criminal background check before they can transport patients.

Any services provided by an unqualified individual are ineligible for a Medicaid payment. Numerous examinations in recent years have highlighted personnel requirements as an area at high risk for noncompliance.

In one case, an examination of One Drop Medical Transportation LLC, a Franklin County medical transportation company, determined in 2016 that none of the provider’s nine tested drivers were qualified to transport patients, yet they did so at least 194 times.

The disqualifying offenses for the drivers are jaw-dropping:

- » Five had no driver’s license; one had an eight-month lapse
- » None completed an alcohol test; seven never completed a drug test
- » One had two disqualifying convictions
- » Six had no documentation of a criminal background check
- » Five had no driving record on file
- » Six lacked first aid certification; five lacked CPR certification
- » None provided a physician’s statement, which ensures employees are free of impairments that could jeopardize the welfare of patients

A separate report released on the same day revealed extensive noncompliance with first aid requirements at a home health care company called Amandacare Inc., also in Franklin County. Of 32 personal care aides tested, 22 were not certified in first aid, while six of the ten who were certified had lapses during the review period. Auditors determined that 168 tested aide services were administered by unqualified employees.

Combined overpayments to the two providers totaled more than \$1.5 million, none of which has been repaid.

In a more recent case, an examination of Personal Touch Home Care of Ohio found nearly 80 of the Hamilton County home health agency’s personal care aides provided services without first aid certification. The noncompliance was one of several deficiencies contributing to a \$4.25 million overpayment – the state’s second largest since 2011.

The provider claimed to be unaware of the first aid requirement but told auditors that aides completed a one-hour in-service course entitled “Basic First Aid Tips.” This consisted of reading a 15-page packet of material and answering a 10-question multiple-choice and true-or-false quiz at the end. The training lacked hands-on work and was not taught by a certified instructor, both requirements of Medicaid.



MEDICAID COMPLIANCE

Service authorization

Service authorization from a qualified physician ensures patients have legitimate medical conditions that necessitate services and specifies the type of care they require from a Medicaid provider.

This authorization can take several forms, including a prescription, a plan of care or a certificate of medical necessity (CMN). The state’s Medicaid rules stipulate that providers cannot perform services or submit claims for reimbursement until they obtain the necessary authorization.

Yet Medicaid examinations sometimes find providers do not have authorization for services or, in some cases, they obtained it well after the services were already provided.

For example, a Dayton home health care provider claimed reimbursement for 430 tested services before obtaining a physician’s signature on a plan of care. The plans of care for an additional 76 services did not authorize the care provided. The noncompliance contributed to almost \$4 million in overpayments to the company, named Healing Touch Health Care Ltd.

Farther north, a 2016 examination of a Lucas County transportation company called City-wide Medical Transportation LLC discovered that hundreds of authorization records were incomplete or filled out improperly, another common noncompliance finding.

The provider’s CMNs for 292 services either did not certify that recipients met any criteria for a service, did not include a medical condition or were not signed by an authorized practitioner.

One of the certificates was apparently completed by a patient instead of a physician with a handwritten note reading, “I don’t have any medical condition that requires me to use an ambulette. Transportation is a problem getting to doctor appointments. I don’t feel like waiting for a bus.”

Such a transport does not come close to satisfying the requirements for a Medicaid reimbursement, Auditor Yost said of the finding.

“I’m pretty sure impatience isn’t a diagnosable medical condition,” he said. “The fact that this provider thought otherwise makes it clear that they either didn’t know the rules or chose not to follow them.”

Overpayments to the company totaled \$182,381, more than 84 percent of the \$215,908 it received from the state during the review period. The provider has yet to make a repayment.

Auditors also have brought to light instances of providers altering authorization records to reap larger payments. An examination of Ambulance Service Inc. in Jefferson County discovered that the CMNs for 36 transports were copies of prior CMNs with modified signature dates and certification periods. Auditors reported improper payments totaling \$76,126, which the provider repaid.



MEDICAID COMPLIANCE

Senate Bill 218



With the help of the Medicaid/Contract Audit Section, the Auditor of State's Policy and Legislative Affairs Division is gathering support for legislation that would bring added accountability to the state's Medicaid program.

Senate Bill 218 would require providers of transportation and home health care services to secure surety bonds to help the state recoup some of the losses resulting from fraud and overpayments in the Medicaid program. In general terms, a surety bond is any bond guaranteeing performance of a contract or obligation. Indiana, Texas, Florida and New York use a similar approach.

The measure also would require these providers to complete training in billing, records retention and Medicaid compliance before becoming certified to provide Medicaid services.

While current regulations require these providers to affirm they have read and understand their responsibilities for documentation, licensing and certification, the bill would mandate training in these areas before providers could participate in the Medicaid program.

The bill was introduced by Sen. Peggy Lehner in October 2017 with the support of Auditor Yost. As of February 2018, it awaits its first hearing in the Health, Human Services and Medicaid committee.

Overview of examination process

Selecting a Provider

The bulk of Medicaid compliance examinations performed by the Auditor’s MCA Section begin with a data analysis of provider claims for reimbursement. In these cases, auditors pull data from ODM’s database of claims, looking for various trends and anomalies that point to suspicious billing behavior, such as an excessive amount of claims compared to peer averages.

The MCA Section communicates with ODM throughout the examination process, oftentimes focusing on provider types the department has deemed high risk for noncompliance. In some cases, the Section selects a particular provider for an examination based upon a referral from ODM or other regulatory entities.

Additionally, auditors rely on tips from care recipients and their families who notice inappropriate provider behavior such as lying on service records to pad reimbursement payments or a failure to properly administer medical services. Information on how to report suspected Medicaid fraud is available on page 14.

Examinations by calendar year

Year	Examinations	Improper Payments	Interest
2011	7	\$377,572	\$61,840
2012	16	\$3,163,381	\$308,701
2013	17	\$2,978,655	\$339,927
2014	24	\$1,636,117	\$112,051
2015	21	\$2,314,586	\$237,029
2016	24	\$12,875,384	\$715,976
2017	24	\$9,975,465	\$596,799
Total	133	\$33,321,160	\$2,372,323
		\$35,693,483	

Planning and Field Work

After selecting a provider for examination, the MCA Section gathers background information needed to begin the planning process. The team checks for a history of examinations performed by other agencies and ensures that an outside examination is not already underway.

Auditors next determine the scope and strategy for their examination and contact the provider to request records and schedule an entrance conference. At this initial meeting, the team gains an understanding of the provider’s operations and explains the examination process.

For the most part, the Section uses a statistical sampling approach, testing randomly-selected services for compliance with the Medicaid rules that fall within the scope of the review. There are some instances when the team will identify all services that meet a certain criteria and test 100 percent of them, such as every service provided to a particular recipient or at a specific address.

Reporting

As the examination winds down, auditors assemble a draft report containing their findings and forward it to the provider. The team offers an exit conference to review the report with the provider and address any concerns they may have. The provider also may submit an official response that is reflected in the final report. Finally, the Auditor’s office releases the completed report to the public.

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Patient protection resources

Selecting a care provider for oneself or a loved one can be a daunting process. Luckily, numerous resources are available online to offer guidance when searching for a trustworthy provider capable of administering satisfactory care. The websites referenced below contain useful data and feedback from patients that can help citizens gauge the quality of care providers. It is not intended to be an exhaustive list, however.

- 1** | **The audit search function on the Ohio Auditor of State's website** lets users search completed compliance examination reports of Medicaid providers to check whether the Auditor's MCA Section has brought any problems to light.
<https://ohioauditor.gov/auditsearch/Search.aspx>
- 2** | **A series of searchable databases** accessible on Medicare.gov generate side-by-side comparisons of various Medicaid-certified providers. A star rating system shows how providers measure up against their peers based on data gathered from patient surveys.
<https://www.medicare.gov/>
- 3** | **The website, healthgrades.com**, houses a national index of care providers along with patient ratings and comments. Care recipients also can share their own experiences to aid others in their decision making.
<https://www.healthgrades.com/>
- 4** | **The Ohio Medicaid Provider Exclusion Suspension List**, a list maintained by ODM, includes the names of companies and individuals who are excluded or suspended from Ohio's Medicaid program. Those who appear on this list are prohibited from administering care to Medicaid recipients.
<http://www.medicaid.ohio.gov/PROVIDERS/EnrollmentandSupport/ProviderExclusionandSuspensionList.aspx>
- 5** | **The Exclusions Database** available through the U.S. Department of Health and Human Services' Office of the Inspector General is a national registry of businesses and individuals who are banned from working under federal and state health care programs.
<https://exclusions.oig.hhs.gov/>
- 6** | **The Ohio Department of Developmental Disabilities' Abuser Registry** is a searchable list of people who are prohibited from working with individuals with disabilities due to a history of misconduct.
https://its.prodapps.dodd.ohio.gov/ABR_Default.aspx

How to report suspected fraud

It is no secret that fraud exists in the state’s Medicaid program. To curb it, the state relies on tips from patients and families who interact directly with Medicaid providers. If you ever suspect misconduct on the part of a provider, the Auditor’s office encourages you to report it as soon as possible.

“Citizen watchdogs are the driving force behind accountability in the state’s Medicaid program,” Auditor Yost said. “We need them to help keep an eye on care providers and speak up if they ever suspect someone is trying to game the system.”

Several state resources are available for citizens to report suspected fraud:



- The Ohio Attorney General’s Medicaid Fraud Control Unit accepts tips by phone at 614-466-0722 and 800-282-0515 or online at <http://www.ohioattorney-general.gov/About-AG/Service-Divisions/Health-Care-Fraud/Report-Medicaid-Fraud>.
- Tips can be submitted to the Ohio Department of Developmental Disabilities by calling 614-466-6670 or emailing reportfraud@dodd.ohio.gov.
- The Auditor of State’s office welcomes tips on its fraud hotline at 1-866-372-8364, by email at fraudohio@ohioauditor.gov or online at <https://ohioauditor.gov/fraud/default.html>. Tips can be submitted anonymously.

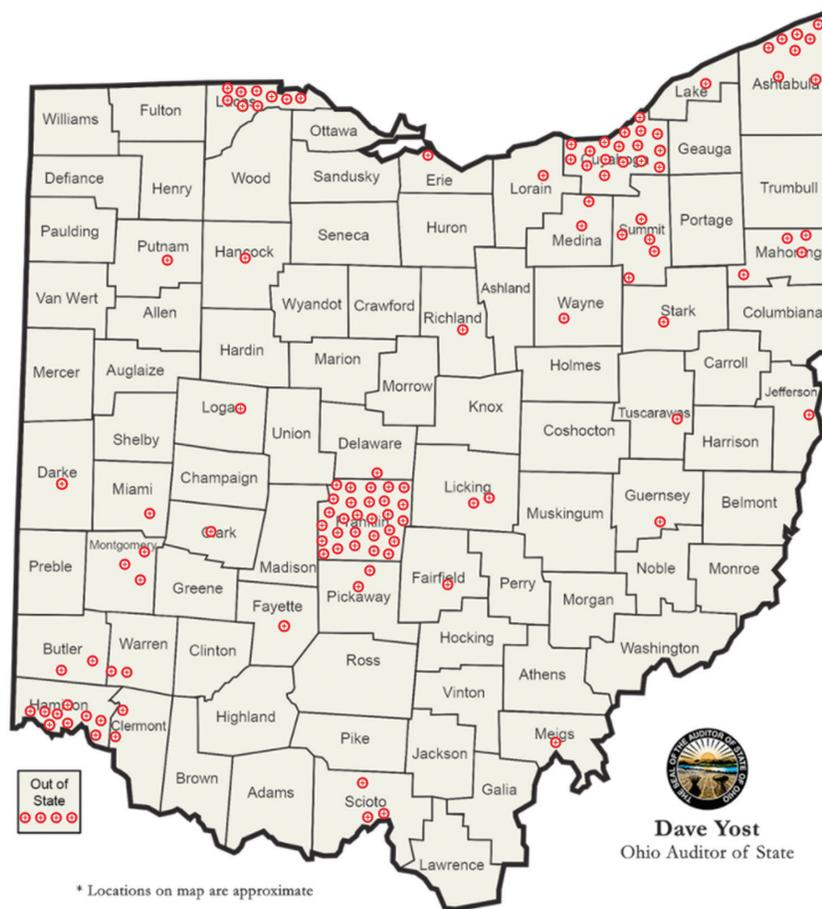
Findings by provider type, 2011-2017

Provider	Examinations	Improper Payments	Interest	Total
Home Health Agency	21	\$20,743,546	\$1,338,124	\$22,081,670
Medical Transportation	30	\$7,988,540	\$641,389	\$8,629,929
Independent Nurse	27	\$2,079,345	\$196,546	\$2,275,891
Independent Personal Care Aide	18	\$930,027	\$80,182	\$1,010,209
Home and Community Based Waiver Services	1	\$895,617	\$55,909	\$951,526
Psychologist	8	\$372,750	\$31,590	\$404,340
Medical Equipment Supplier	7	\$149,847	\$18,618	\$168,465
Medicaid School Program	11	\$125,540	\$5,605	\$131,144
Physician	6	\$30,784	\$4,083	\$34,867
Professional Dental Group	1	\$4,333	\$208	\$4,542
Podiatrist	2	\$831	\$71	\$901
Mental Health	1	0	0	0
Total	133	\$33,321,160	\$2,372,323	\$35,693,483

Conclusion

Millions of Ohioans depend on the various medical services delivered by Medicaid providers across the state. Yet years of provider examinations performed by the Auditor of State's office have identified areas of persistent noncompliance that have resulted in significant losses to the state's Medicaid program, much of which have not been recovered. Additional precautions, such as pending legislation directed at high-risk providers, could bring added accountability to the program and lessen the financial burden on taxpayers.

For a map of improper payments uncovered during Auditor of State compliance examinations, visit https://ohioauditor.gov/medicaid_map.html.



MEDICAID COMPLIANCE

Examinations by year, 2011-17

2011				
Audit Name	County	Provider Type	Issued	Improper Payments*
Lincare Inc., Muskingum County	Muskingum	Medical Equipment Supplier	4/20/11	\$0.00
America's Best Medical Equipment	Summit	Medical Equipment Supplier	8/23/11	\$12,728.92
Lincare, Inc., Ashtabula County	Ashtabula	Medical Equipment Supplier	9/8/11	\$40,590.00
Michael C. Linville, Sr., LPN	Warren	Independent Nurse	9/29/11	\$86,989.99
Lincare, Inc., Licking County	Licking	Medical Equipment Supplier	10/20/11	\$7,854.48
Kenneth K. Akabutu, LPN	Franklin	Independent Nurse	11/15/11	\$103,046.43
Virginia K. Collins, LPN	Wayne	Independent Nurse	11/22/11	\$126,362.67
Total				\$377,572.49

2012				
Audit Name	County	Provider Type	Issued	Improper Payments
Lincare, Inc., Franklin County	Franklin	Medical Equipment Supplier	1/17/12	\$64,993.00
American Care Medical Transportation, Inc.	Cuyahoga	Medical Transportation	1/26/12	\$532,270.55
James T. Delver, LPN	Miami	Independent Nurse	2/2/12	\$68,529.32
Brenda Young, LPN	Franklin	Independent Nurse	3/8/12	\$12,071.20
Misty Ann Newman, LPN	Butler	Independent Nurse	3/13/12	\$5,564.87
Dublin Express Transport Solutions	Franklin	Medical Transportation	4/10/12	\$0.00
Peyla Victoria	Franklin	Personal Care Aide	9/4/12	\$7,359.00
Carol Sito LPN	Ashtabula	Independent Nurse	9/20/12	\$195,153.21
Tuba Rescue Transportation	Hamilton	Medical Transportation	10/4/12	\$306,408.82
Total Home Health Care	Franklin	Home Health Agency	10/23/12	\$1,484,228.00
David W. Delong, PhD	Mahoning	Psychologist	11/8/12	\$82,746.98
Peace Transportation Corp	Franklin	Medical Transportation	11/29/12	\$97,171.88
George E. Serednesky PhD	Franklin	Psychologist	12/18/12	\$186,607.14
Kareemah J. Adbullah	Cuyahoga	Personal Care Aide	12/20/12	\$114,385.48
Kul Bhushan Gupda, MD	Lucas	Physician	12/20/12	\$399.44
Prasad Potaraju, MD	Franklin	Physician	12/27/12	\$5,492.00
Total				\$3,163,380.89

2013				
Audit Name	County	Provider Type	Issued	Improper Payments
Bhupinder Chahal, MD	Lucas	Physician	2/12/13	\$20,444.38
Todd Gates, D.O.	Lake	Physician	3/12/13	\$112.11
Han J. Lee MD	Erie	Physician	3/19/13	\$699.02
Jama & Sulub Home Health Center	Franklin	Home Health Agency	4/4/13	\$640,848.00
Community Care on Wheels	Summit	Medical Transportation	4/9/13	\$376,340.00
Fraternal Home Health	Cuyahoga	Home Health Agency	5/28/13	\$92.03
Angels on Assignment Home Health	Franklin	Medical Transportation	5/28/13	\$53,529.00
S. Lynelle Maines	Geauga	Personal Care Aide	6/18/13	\$0.00
Kafaru Medical Transportation Team	Cuyahoga	Medical Transportation	7/9/13	\$347,968.76
Friendly Transportation Services Inc.	Franklin	Medical Transportation	10/1/13	\$35,864.84
Caring Hands Transportation	Franklin	Medical Transportation	11/7/13	\$61,385.00
Lynn Maust, RN	Fayette	Independent Nurse	11/12/13	\$221.01
Greathouse Medical Transport	Cuyahoga	Medical Transportation	11/13/13	\$930,624.00
Sharon Rivera	Hamilton	Personal Care Aide	11/26/13	\$157,859.17
Mark Johnson	Hamilton	Personal Care Aide	12/3/13	\$144,388.00
Candy K. Cain, LPN	Hamilton	Independent Nurse	12/5/13	\$207,664.86
Homecare with Heart LLC	Mahoning	Home Health Agency	12/17/13	\$614.81
Total				\$2,978,654.99

2014				
Audit Name	County	Provider Type	Issued	Improper Payments
PrimeSource Healthcare of Ohio Inc.	Franklin	Podiatrist	1/23/14	\$0.00
Holistic Home Health, Corp	Cuyahoga	Home Health Agency	1/28/14	\$1,521.02
Tracey M. Beckwith, RN	Ashtabula	Independent Nurse	2/4/14	\$279.71
Providence Home Health	Cuyahoga	Home Health Agency	2/6/14	\$7,113.97
Sabrina M. Gilbert, RN	Franklin	Independent Nurse	3/6/14	\$2,148.76
April L. Patino, LPN	Putnam	Independent Nurse	3/11/14	\$247,194.30
Ember Complete Care Inc.	Tuscarawas	Home Health Agency	4/1/14	\$838.03
Jennifer A. Jones, RN	Montgomery	Independent Nurse	5/13/14	\$34,162.77
C.G.G. Inc. DBA C.G.G. Ambulette	Hamilton	Medical Transportation	5/13/14	\$418,403.83
Debra A. Kirwin, LPN	Delaware	Independent Nurse	5/20/14	\$1,831.86
Almost Family-Medlink	Cuyahoga	Home Health Agency	6/3/14	\$64,271.83
Gwendolyn M. Robinson, RN	Guernsey	Independent Nurse	6/17/14	\$876.36

2014, continued

Audit Name	County	Provider Type	Issued	Improper Payments
Yama Transportation	Lucas	Medical Transportation	6/19/14	\$50,234.75
Meda-Care Transportation Inc.	Hamilton	Medical Transportation	7/1/14	\$160,846.45
Action Delivery Service	Out of State	Medical Transportation	7/15/14	\$322,780.65
Toni M. Currier	Lucas	Personal Care Aide	8/26/14	\$111.24
Ruth O. Notoma, LPN	Franklin	Independent Nurse	8/26/14	\$0.00
Linda S. Frame	Medina	Personal Care Aide	9/4/14	\$24,509.74
Katherine A. Osman, RN	Franklin	Independent Nurse	9/9/14	\$0.00
Tamika L.Thomas	Franklin	Personal Care Aide	9/16/14	\$12,794.52
TLC Health Care Services	Lucas	Medical Transportation	10/16/14	\$127,014.76
Gates, Mary L.	Cuyahoga	Personal Care Aide	11/6/14	\$16,124.22
Cornerstone Psychological Services	Medina	Psychologist	12/9/14	\$5,206.57
Patricia L. Fugate, RN	Clermont	Independent Nurse	12/30/14	\$137,851.76
Total				\$1,636,117.10

2015

Audit Name	County	Provider Type	Issued	Improper Payments
Deepak Raheja MD	Cuyahoga	Physician	1/20/15	\$3,636.81
Michael P. Matson, LPN	Warren	Independent Nurse	1/22/15	\$97,123.83
Sturges Clinic Inc.	Richland	Psychologist	1/27/15	\$192.11
Able Counseling & Associates Inc.	Cuyahoga	Psychologist	1/29/15	\$33,364.59
Mobile Medical Inc.	Franklin	Podiatrist	2/17/15	\$830.88
Gayle A. Windhorst, LPN	Out of State	Independent Nurse	2/19/15	\$344,466.54
Valko and Associates	Lucas	Psychologist	3/26/15	\$45,933.97
Lifesafe Security Corp.	Out of State	Medical Transportation	4/14/15	\$23,680.82
Best Choice Medical Transportation LLC	Lucas	Medical Transportation	5/7/15	\$62,076.72
Lifecare Wheelchair Transportation	Lorain	Medical Transportation	7/7/15	\$118,599.00
John Balko and Associates Inc.	Out of State	Psychologist	7/28/15	\$72.41
Human Development and Counseling Assoc. Inc.	Stark	Psychologist	8/25/15	\$18,625.89
Summit Academy Community School Cincinnati	Hamilton	Medicaid School Program	9/29/15	\$17,737.96
Solon City School District	Cuyahoga	Medicaid School Program	10/6/15	\$13,867.15
Accent Care	Pickaway	Home Health Agency	10/8/15	\$1,202,598.31
Winton Transportation LLC	Butler	Medical Transportation	10/20/15	\$66,408.28
Ashtabula Area City School District	Ashtabula	Medicaid School Program	10/20/15	\$13,129.85
Summit Academy Community School Toledo	Lucas	Medicaid School Program	11/5/15	\$12,591.31
Virtual Community School of Ohio	Franklin	Medicaid School Program	11/17/15	\$4,474.41
A to B Transportation LLC	Summit	Medical Transportation	12/1/15	\$159,048.90
Ambulance Service Inc.	Jefferson	Medical Transportation	12/29/15	\$76,126.00
Total				\$2,314,585.74

2016

Audit Name	County	Provider Type	Issued	Improper Payments
Keycare Nursing Services	Franklin	Home Health Agency	1/12/16	\$1,747.35
Wheelchair Express LLC	Franklin	Medical Transportation	1/12/16	\$150,192.00
Tashay 1 Home Healthcare Inc.	Franklin	Home Health Agency	3/1/16	\$132,785.80
Emmanuel Ventures Limited LLC	Cuyahoga	Medical Transportation	3/17/16	\$407,743.70
Milford Exempted Village School District	Clermont	Medicaid School Program	3/17/16	\$22,192.72
Summit Academy Youngstown	Mahoning	Medicaid School Program	3/24/16	\$14,663.59
Shifo Healthcare Services LLC	Franklin	Home Health Agency	4/12/16	\$2,055,555.14
Columbus Dental Care	Franklin	Professional Dental Group	4/19/16	\$4,333.23
Assist Home Health Care LLC	Franklin	Home Health Agency	4/28/16	\$1,883.41
Zimam Holding LLC	Franklin	Home Health Agency	5/24/16	\$671,678.59
Logan-Hocking Local School District	Hocking	Medicaid School Program	5/24/16	\$25,345.45
Amandacare Inc.	Franklin	Home Health Agency	5/31/16	\$766,969.81
One Drop Medical Transportation LLC	Franklin	Medical Transportation	5/31/16	\$739,961.21
Lancaster City School District	Fairfield	Medicaid School Program	6/16/16	\$1,537.10
Citywide Incorporated	Hamilton	Medical Transportation	7/19/16	\$688,292.32
Angel Carriers LLC	Mahoning	Medical Transportation	8/9/16	\$458,083.00
Great Nursing Care Inc.	Franklin	Home Health Agency	9/1/16	\$4,960,319.74
P. E. Miller and Associates	Franklin	Home Health Agency	9/13/16	\$573,184.18
Physicians Ambulance Service	Cuyahoga	Medical Transportation	9/22/16	\$107,120.99
D Square Transportation LTD	Cuyahoga	Medical Transportation	11/10/16	\$303,348.59
Integrity Ambulance	Darke	Medical Transportation	11/22/16	\$448,428.00
Citywide Medical Transportation LLC	Lucas	Medical Transportation	11/29/16	\$182,381.25
Andrea Hanna, LPN	Ashtabula	Independent Nurse	11/29/16	\$527.34
Bessie Haskins	Scioto	Personal Care Aide	12/29/16	\$157,109.48
Total				\$12,875,383.99

* Improper Payments listed do not include interest

MEDICAID COMPLIANCE

Examinations by year, 2011-17, cont.

2017				
Audit Name	County	Provider Type	Issued	Improper Payments
Pamala Gayheart	Licking	Independent Nurse	1/12/17	\$0.00
Sharon Mason	Cuyahoga	Personal Care Aide	2/16/17	\$49,530.24
G.S. Burton Development LLP	Summit	Home/Community Based Waiver Serv.	2/16/17	\$895,617.06
Portsmouth Emergency Ambulance	Scioto	Medical Transportation	2/21/17	\$199,887.03
Emily Arnold, RN	Clark	Independent Nurse	4/6/17	\$36,676.46
Donna Courtney	Ashtabula	Independent Nurse	4/18/17	\$7,328.17
Stephanie Moats	Licking	Independent Nurse	5/4/17	\$1,957.26
Melodi Gross	Ashtabula	Independent Nurse	5/11/17	\$3,167.01
Melody Benson	Scioto	Personal Care Aide	5/25/17	\$24.00
Elite Home Nursing Services	Meigs	Home Health Agency	7/6/17	\$67,760.49
Arlene Barkley	Cuyahoga	Personal Care Aide	7/11/17	\$47,222.00
Constance Care Home Health	Pickaway	Home Health Agency	9/21/17	\$135,135.00
Healing Touch Healthcare LLC	Montgomery	Home Health Agency	9/26/17	\$3,722,656.90
Eldercare Services Institute LLC	Cuyahoga	Mental Health	10/19/17	\$0.00
Akron Public Schools	Summit	Medicaid School Program	11/9/17	\$0.00
Personal Touch Home Care of Ohio	Hamilton	Home Health Agency	11/14/17	\$4,251,744.00
Jacqueline McLemore	Montgomery	Personal Care Aide	11/14/17	\$3,036.80
Wilanna Groves	Hancock	Personal Care Aide	11/21/17	\$12.00
Cathy Miller	Knox	Personal Care Aide	11/30/17	\$0.00
Bovkisha Lee	Summit	Personal Care Aide	11/30/17	\$82,661.00
Cincinnati Public Schools	Hamilton	Medicaid School Program	12/5/17	\$0.00
NPL Home Care Inc.	Lorain	Medical Equipment Supplier	12/5/17	\$0.00
Kimberlee Potts	Ashtabula	Independent Personal Care Aide	12/21/17	\$112,765.62
Christa Miller	Franklin	Independent Nurse	12/28/17	\$358,283.96
Total				\$9,975,465.00

TOTAL FOR ALL YEARS \$33,321,160.20



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