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**ANDREA L. HANNA, LPN
ASHTABULA, OHIO**

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

Andrea L. Hanna, LPN
3446 Weimer Drive
Ashtabula, Ohio 44004

RE: *Medicaid Provider Number 2520310*

Dear Ms. Hanna:

We examined your (the Provider's) compliance with specified Medicaid requirements for provider qualifications, service documentation and service authorization related to the provision of nursing services during the period of January 1, 2012 through December 31, 2014. We confirmed your licensure status and the licensure status of your supervising registered nurses (RNs) during the examination period. We tested service documentation to verify that there was support for the date of service, the procedure code, and the units billed to and paid by Ohio Medicaid. In addition, we tested your service documentation to determine if it contained the required elements and plans of care and all services plans to determine if you were appropriately authorized. The accompanying Compliance Examination Report identifies the specific requirements examined.

Provider's Responsibility

The Provider entered into an agreement with the Ohio Department of Medicaid (ODM) to provide services to Medicaid recipients (the Provider Agreement). The Provider Agreement outlines the responsibility to adhere to the terms of the agreement, state statutes and rules, federal statutes and rules, and the regulations and policies set forth in the Medicaid Handbook including the duty to maintain records supporting claims for reimbursement made by Ohio Medicaid. Therefore, the Provider is responsible for complying with the requirements and laws outlined by the Medicaid program.

Auditor's Responsibility

Our responsibility is to express an opinion and report on the Provider's compliance with the specified Medicaid requirements based on our examination. Our examination was performed under our authority in Section 117.10 of the Ohio Revised Code and conducted in accordance with American Institute of Certified Public Accountants' attestation standards and, accordingly, included examining, on a test basis, evidence supporting the Provider's compliance with those Medicaid requirements and performing such other procedures as we considered necessary in the circumstances. We believe our examination provides a reasonable basis for our opinion. However, our examination does not provide a legal determination on the Provider's compliance with the specified Medicaid requirements.

Internal Control Over Compliance

The Provider is responsible for establishing and maintaining effective internal control over compliance with the specified Medicaid requirements referred to above. 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.

Opinion on Compliance

In our opinion, the Provider complied, in all material respects, with the aforementioned requirements pertaining to provider qualifications, service documentation and service authorization for the period of January 1, 2012 through December 31, 2014.

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 found the Provider was overpaid by Ohio Medicaid for services rendered between January 1, 2012 and December 31, 2014 in the amount of \$527.34. This finding plus interest in the amount of \$31.51 totaling \$558.85 is due and payable to the ODM upon its adoption and adjudication of this examination report. When the Auditor of State identifies fraud, waste or abuse by a provider in an examination,¹ any payment amount in excess of that legitimately due to the provider will be recouped by ODM, the state auditor, or the office of the attorney general. Ohio Admin. Code § 5160-1-29(B)

This report is intended solely for the information and use of the Ohio Department of Medicaid, the Ohio Attorney General's Office, the U.S. Department of Health and Human Services, and other regulatory and oversight bodies, and is not intended to be, and should not be used by anyone other than these specified parties.



Dave Yost
Auditor of State

November 8, 2016

¹ "Fraud" is an intentional deception, false statement, or misrepresentation made with the knowledge that the deception, false statement, or misrepresentation could result in some unauthorized benefit to oneself or another person. "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)

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(A) and (B) 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)

Home care nursing services under Ohio Medicaid may include private duty nursing services. The private duty nurse furnishes services upon receipt of written authorization. See Ohio Admin. Code § 5160-12-02.3(B) In addition, private duty nursing services must be provided and documented in accordance with the recipient's plan of care, which is a medical treatment plan that is established, approved and signed by the treating physician. The plan of care must be signed and dated by the treating physician prior to requesting reimbursement for a service. See Ohio Admin. Code § 5160-12-02(B)

During the examination period, the Provider furnished nursing services to 12 Ohio Medicaid recipients and received reimbursement of \$218,297.13 for 1,188 private duty nursing and 25 licensed practical nursing (LPN) services provided on 866 unique dates of services. The Provider billed 494 of these services with an HQ modifier, indicating that these were services provided in a group setting.

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether the Provider's 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.

The scope of the engagement was limited to an examination of private duty nursing and LPN services the Provider rendered during the period of January 1, 2012 through December 31, 2014 and received payment from Ohio's Medicaid program.

We received the Provider's claims history from the Medicaid Information Technology System (MITS) database and we removed all services with a paid amount of zero. Prior to selecting services for this examination, we removed five service dates previously identified in an overpayment by ODM. From the remaining population, we extracted all services provided on October 20, 2012 as an exception test to examine in their entirety due to the high number of units billed on this date. We also noted that the Provider billed 25 LPN services (procedure code T1003) which were all rendered on a date near the beginning of a month. We then extracted all of these 25 LPN services for a second exception test. From the remaining population, we haphazardly selected 100 services for testing.

An engagement letter was sent to the Provider setting forth the purpose and scope of the examination. During the entrance conference, the Provider described her documentation practices, procedures for obtaining plans of care and all services plans and process for submitting billing to the Ohio Medicaid program. Our field work was performed following the entrance conference. The Provider was given multiple opportunities to submit documentation and we reviewed all documentation received for compliance.

Results

We reviewed a total of 129 nursing services and found seven errors resulting in an overpayment of \$527.34.

In the first exception test, we tested four nursing services provided on October 20, 2012 and noted no instances of non-compliance. In the second exception test, we tested 25 LPN services and found no instances of non-compliance. We tested a haphazard sample of 100 services and noted seven errors resulting in the overpayment of \$527.34. The basis for our results is described below in more detail.

A. Provider Qualifications & Supervision

According to Ohio Admin. Code § 5101:3-12-02(A)², private duty nursing requires the skills of and is performed by either an registered nurse (RN) or a licensed practical nurse (LPN) at the direction of an RN. According to Ohio Admin. Code § 5101:3-46-04(A)(1), all nurses providing waiver nursing services must possess a current, valid and unrestricted license with the Ohio board of nursing.

In addition, a non-agency LPN, providing waiver nursing services at the direction of an RN, must conduct a face-to-face visit with the directing RN every 60 day and with the consumer and the directing RN every 120 days. The LPN must have clinical notes, signed and dated by the LPN documenting the face-to-face visit between the LPN and the directing RN and the face-to-face visits between the LPN, the consumer and the directing RN. See Ohio Admin. Code § 5101:3-46-04(A)(5)

We verified through the Ohio e-License Center that the Provider and her supervising RNs were licensed through the Ohio Board of Nursing as an LPN and RN, respectively, and that all licenses were in active status during our examination period. The Provider is an LPN who is authorized by the Nursing Board to administer medication.

The Provider submitted "Supervisory Visit" forms as evidence that she worked under the direction of an RN. We received a total of 121 forms, including forms for each recipient; however, we found 31 instances where the Provider's supervisory visits exceeded 60 days. These 31 instances ranged from 61 to 171 days and involved supervisory visits for seven different recipients.

Recommendation:

The Provider should ensure that supervisory visits occur in timely manner as required to ensure compliance with Medicaid rules and avoid future findings.

B. Service Documentation

Clinical Records

According to Ohio Admin. Code § 5101:3-46-04(A)(6), non-agency nurses are required to document all aspects of services provided including time keeping records that indicate the date and time span of the services provided during a visit and the type of service provided. Per Ohio Admin. Code §§ 5101:3-12-04(C)(2) and 5101:3-46-06(A)(7), the length of the visit is based on one unit equal fifteen minutes following the base rate paid for the first four units of service provided.

² Per Section 323.10.70 of Am. Sub. H. B. 59 of the 130th General Assembly, the Legislative Services Commission renumbered the rules of the Office of Medical Assistance within the Department of Job and Family services to reflect its transfer to ODM. The renumbering became effective on October 1, 2013. These renumbering effects all rules noted in the Results section of this report.

B. Service Documentation (Continued)

Exception Tests

We tested services in two exception tests and found no instances of non-compliance.

Sample

We noted two services in which the Provider billed more units than were documented. It appeared that the Provider billed her typical shift for these services but supporting documentation reflected that the visit was of a shorter duration. We also noted one service with no documentation to support the service. These three errors are included the total overpayment of \$527.34.

Recommendation:

The Provider should ensure that units billed are supported by clinical records and should only bill for services rendered. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

C. Authorization to Provide Services

Ohio Admin. Code § 5101:3-12-02(B)(2) requires that private duty nursing services be provided and documented in accordance with the recipient's plan of care. In addition, Ohio Admin. Code § 5101:3-46-04(A)(4)(g) states that in order to be a provider and submit a claim for reimbursement of waiver nursing services, the LPN must be identified as the provider on, and be performing nursing services pursuant to the recipient's plan of care, and the plan of care must be signed and dated by the recipient's treating physician.

Plan of Care

We reviewed the plans of care in effect during the examination period. Each plan of care authorized nursing services, listed the scope and duration, was signed and dated by the treating physician, and identified the Provider as a rendering provider.

Exception Tests

We tested services in two exception tests and found no instances of non-compliance.

Sample

We noted one service in which the Provider rendered services and billed Medicaid prior to obtaining a signed plan of care. This one error is included in the total overpayment of \$527.34.

We also noted three dates of service where the plan care noted frequencies for some, but not all, tasks and did not indicate the frequency for which the nursing service was authorized. We did not identify any overpayment for the plan of care missing the frequency of nursing services.

Recommendation:

The Provider should ensure that all services are provided under a plan of care established by and approved by a physician. In addition, the Provider should verify that the plan of care indicates all aspects of approval of services including scope, frequency and duration. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

C. Authorization to Provide Services (Continued)

All Services Plans

Ohio Admin. Code § 5101:3-46-04(A)(4)(f) states that the Provider must be identified on the recipient's all services plan and have specified the number of hours for which the provider is authorized to furnish waiver nursing services to the recipient.

Exception Tests and Sample

We reviewed all services plans in effect during the examination period for services in the two exception tests and the sample and found that the Provider was authorized to render services on each of the plans.

Provider Response:

A draft report was sent to the Provider on November 3, 2016 after which the Provider submitted additional documentation. We reviewed all of the additional documentation and updated the results accordingly. The Provider declined an exit conference to discuss the draft report. The Provider also declined to submit an official response to the results noted above.



Dave Yost • Auditor of State

ANDREA L. HANNA, LPN

ASHTABULA 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
NOVEMBER 29, 2016