



OHIO AUDITOR OF STATE KEITH FABER



Medicaid Contract Audit
88 East Broad Street
Columbus, Ohio 43215
(614) 466-3340
ContactMCA@ohioauditor.gov

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

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

RE: BHC Fox Run Hospital, Inc. dba Fox Run Center
Ohio Medicaid Number: 2847487 NPI: 1992760330

We examined compliance with specified Medicaid requirements for provider qualifications, service documentation and service authorization related to the provision of community psychiatric support therapy (CPST services) and service documentation related to the provision of telehealth services during the period of January 1, 2019 through December 31, 2020 for BHC Fox Run Hospital, Inc. dba Fox Run Center. In addition, we tested service documentation for additional services on the same date as a selected CPST service.

Fox Run Center entered into an agreement with the Ohio Department of Medicaid (the Department) to provide services to Medicaid recipients and to adhere to the terms of the provider agreement, Ohio Revised Code, Ohio Administrative Code, and federal statutes and rules, including the duty to maintain all records necessary and in such form so as to fully disclose the extent of services provided and significant business transactions. Management of the Fox Run Center is responsible for its compliance with the specified requirements. The Compliance Section of this report identifies the specific requirements included in the engagement.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants (AICPA). Those standards require that we plan and perform the examination to obtain reasonable assurance about whether Fox Run Center complied, in all material respects, with the specified requirements referenced above. We are required to be independent of Fox Run Center and to meet our ethical responsibilities, in accordance with the ethical requirements established by the AICPA related to our compliance examination.

An examination involves performing procedures to obtain evidence about whether Fox Run Center 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 Fox Run Center's compliance with the specified requirements.

Internal Control over Compliance

Fox Run Center 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 Fox Run's internal control over compliance.

Basis for Qualified Opinion

Our examination disclosed that, in a material number of instances Fox Run Center was reimbursed for services in which the documented service delivery time for one service overlapped the documented service time for another service.

Qualified Opinion on Compliance

In our opinion, except for the effects of the matters described in the Basis for Qualified Opinion paragraph, Fox Run Center has complied, in all material respects, with the specified requirements of the selected behavioral health services for the period of January 1, 2019 through December 31, 2020.

Our testing was limited to the specified Medicaid requirements detailed in the Compliance Section. We did not test other requirements and, accordingly, we do not express an opinion on Fox Run Center's compliance with other requirements.

We identified improper Medicaid payments in the amount of \$589.62. This finding plus interest in the amount of \$68.45 (calculated as of November 22, 2022) totaling \$658.07 is due and payable to the Department upon its adoption and adjudication of this examination report. Services billed to and reimbursed by the Department, which are not validated in the records, are subject to recoupment through the audit process. See Ohio Admin. Code § 5160-1-27.

This report is intended solely for the information and use of Fox Run Center, the Department and other regulatory and oversight bodies, and is not intended to be, and should not be used by anyone other than these specified parties.



Keith Faber
Auditor of State
Columbus, Ohio

November 22, 2022

COMPLIANCE SECTION

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 for the program are specified in the Ohio Administrative Code and the Ohio Revised Code. 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. See Ohio Admin. Code § 5160-1-17.2(D) and (E)

Fox Run Center is an Ohio Department of Mental Health and Addiction Services provider (type 84) and received \$3.28 million including managed care and fee-for-service payments for 89,860 services¹. BHC Fox Run Hospital, Inc. also has a second registered trade name of Fox Run: The Center for Children and Adolescents.

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether Fox Run Center's claims for payment 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 examination was limited to select payments for behavioral health services as specified below for which Fox Run Center billed with dates of service from January 1, 2019 through December 31, 2020 and received payment.

We obtained Fox Run Center's fee-for-service claims history from the Medicaid database of services billed to and paid by Ohio's Medicaid program. We also obtained paid claims data from one managed care organization (MCO) and verified that all services were paid to Fox Run Center's tax identification number. The total paid services for the combined fee-for-service and select MCO claims totaled \$717,347 for 18,140 services. From this population we removed services paid at zero and then selected payments for the following:

- A statistical sample of CPST services (procedure code H0036) stratified by individual and group (modifier HQ) and all other services² on the sampled recipient date of service (RDOS)³; and
- A non-statistical sample of telehealth services which included psychiatric diagnostic evaluation with medical services (procedure code 90792) and office outpatient for established patient with low complexity (procedure code 99213).

The calculated sample sizes are shown in **Table 1**.

¹ Payment data is from the Medicaid Information Technology System (MITS).

² The other services includes procedure codes 90832, 90834, 90837, 90846, 90847, 90853, 99213, H2017, H2019 and H0036.

³ RDOS is defined as all services for a given recipient on a specific date of service.

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Table 1: Samples			
Universe	Population Size	Sample Size	Selected Services
CPST Services (H0036) and All Other Services on the Same RDOS:			
Group Services (HQ modifier)	7,459 RDOS	78 RDOS	83
Individual Services	697 RDOS	70 RDOS	85
Other services on same RDOS	220 Services		<u>220</u>
Total			388
Telehealth Sample:			
Psychiatric diagnostic evaluation with medical services (90792)	29 services	6	6
Office outpatient for established patient with low complexity (99213)	<u>281 services</u>	<u>54</u>	<u>54</u>
Total	310 services	60	60
Total			448

A notification letter was sent to Fox Run Center setting forth the purpose and scope of the examination. During the entrance conference, Fox Run Center described its documentation practices and billing process. During fieldwork, we reviewed service documentation and authorization. We sent preliminary results to Fox Run Center and any additional documentation was reviewed and testing updated accordingly.

Results

The summary results are shown in **Table 2**. While certain services had more than one error, only one finding was made per service. The non-compliance and basis for findings is discussed below in further detail.

Table 2: Results				
Universe	Services Examined	Services With Improper Payment	Non-compliance Errors	Improper Payment
Samples				
CPST Services and All Other Services on the RDOS:				
CPST Services	168	7	10	\$258.15
Other Services	<u>220</u>	<u>8</u>	<u>15</u>	<u>\$331.47</u>
Total	388	15	25	\$589.62
Telehealth Sample	60	0	0	\$0
Total	448	15	25	\$589.62

A. Provider Qualifications

Exclusion or Suspension List

Per Ohio Admin. Code § 5160-1-17.2(H), in signing the Medicaid provider agreement, a 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.

A. Provider Qualifications (Continued)

We identified 11 practitioners in the service documentation for the selected CPST services and compared their names to the Office of Inspector General exclusion database and the Department's exclusion/suspension list. We found no matches. We also compared identified administrative staff names to the same database and exclusion/suspension list and found no matches.

B. Service Documentation

Documentation requirements include the date, description, and duration of service contact. See Ohio Admin. Code §§ 5160-27-02(H) and 5160-8-05(F). We compared the Fox Center's documentation to the required elements. We also compared units billed to the documented duration and service delivery times to identify overlapping services. For errors where the number of units billed exceeded the documented duration, the improper payment was based on the unsupported units. If a service time overlapped with a different service on the same day and if the recipient was noted as present during both visits, we identified an improper payment for the subsequent service that overlapped the first service. If the two overlapping services reflected the same start time, we identified an improper payment for the lower paid amount.

CPST Services and All Other Services on the RDOS Sample

The 388 services examined contained the following 25 errors:

- 21 instances in which service time overlapped with a prior service for the same recipient on the same date;
- 3 instances in which the units reimbursed exceeded the documented duration; and
- 1 instance in which the documentation did not include a description of the service rendered.

These 25 errors resulted in an improper payment of \$589.62.

Fox Run Center indicated that the overlapping times were due human error when documenting the time. In addition, Fox Run Center stated it is working with the software provider to determine if a safeguard can be created to deter documentation errors and will provide a documentation training.

Telehealth Sample

We found no non-compliance in the 60 services examined.

Recommendation

Fox Run Center should develop and implement procedures to ensure that all service documentation and billing practices fully comply with requirements contained in Ohio Medicaid rules. In addition, Fox Run Center should implement a quality review process to ensure that documentation is complete and accurate prior to submitting claims for reimbursement. Fox Run Center should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

C. Authorization to Provide Services

A treatment plan must be completed within five sessions or one month of admission, whichever is longer, must specify mutually agreed treatment goals and track responses to treatment and is expected to bear the signature of the professional who recorded it. See Ohio Admin. Code §§ 5160-27-02(H) and 5160-8-05(F). We confirmed that the Fox Run Center's treatment plans authorized CPST services for the date examined and was signed by the recording practitioner or supervisor.

The 168 CPST services examined were supported by a signed treatment plan. We did not test for the presence of a signed treatment plan for the other services on the RDOS or for any telehealth services.

OHIO AUDITOR OF STATE KEITH FABER



BHC FOX RUN HOSPITAL, INC. DBA FOX RUN CENTER

BELMONT COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

This is a true and correct copy of the report, which is required to be filed pursuant to Section 117.26, Revised Code, and which is filed in the Office of the Ohio Auditor of State in Columbus, Ohio.



Certified for Release 1/3/2023

88 East Broad Street, Columbus, Ohio 43215
Phone: 614-466-4514 or 800-282-0370

This report is a matter of public record and is available online at
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