



OHIO AUDITOR OF STATE
KEITH FABER



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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: Basecamp Recovery, LLC
Ohio Medicaid Number: 0411673

National Provider Identifier: 1730702333

We examined compliance with specified Medicaid requirements for provider qualifications, service documentation, service authorization and coverage limitations related to the provision of the select behavioral health services as listed below during the period of July 31, 2020 through December 31, 2022 for Basecamp Recovery, LLC. We tested the following services:

- All instances in which more than one intensive outpatient level of care group counseling service (hereafter referred to as IOP) was billed for the same recipient on the same day;
- All instances in which a new patient office visit was reimbursed after an established patient office visit for the same recipient, or more than one new patient office visit was reimbursed for the same recipient;
- All instances in which an office visit or registered nursing (RN) service was reimbursed on the same day of a Vivitrol injection for the same recipient;
- Select instances in which Basecamp Recovery and another Ohio Medicaid provider was paid for the same recipient on the same day; and
- A sample of remaining IOP services and any additional group counseling services for the same recipient on the same day as the sampled services.

Basecamp Recovery 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 Basecamp Recovery is responsible for its compliance with the specified requirements.

The Compliance Section of this report identifies the specific requirements examined. Our responsibility is to express an opinion on Basecamp Recovery'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 (AICPA). Those standards require that we plan and perform the examination to obtain reasonable assurance about whether Basecamp Recovery complied, in all material respects, with the specified requirements referenced above. We are required to be independent of Basecamp Recovery 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 Basecamp Recovery 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 Basecamp Recovery's compliance with the specified requirements.

Internal Control over Compliance

Basecamp Recovery 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 Basecamp Recovery's internal control over compliance.

Basis for Qualified Opinion

Our examination disclosed that, in a material number of instances, the following noncompliance:

- Basecamp Recovery billed for more than one per diem IOP service for the same recipient on the same day;
- Basecamp Recovery billed for multiple new patient office visits for the same recipient;
- Basecamp Recovery did not have documentation to support the service or the documentation did not contain the name of the rendering practitioner for office or nursing visits billed on the same day as a Vivitrol injection; and
- Basecamp Recovery did not have documentation to support the service, the treatment plan did not authorize the service, or the service did not meet the duration requirements for IOP services.

Qualified Opinion on Compliance

In our opinion, except for the effects of the matters described in the Basis for Qualified Opinion paragraph, Basecamp Recovery has complied, in all material respects, with the select requirements for the selected services for the period of July 31, 2020 through December 31, 2022. 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 Basecamp Recovery's compliance with other requirements.

We identified improper Medicaid payments in the amount of \$12,875.76. This finding plus interest in the amount of \$1,286.87 (calculated as of November 21, 2024) totaling \$14,162.63 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 per Ohio Admin. Code 5160-1-27. This report is intended solely for the information and use of Basecamp Recovery, 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

December 19, 2024

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. Per Ohio Admin. Code 5160-1-17.2(D) and (E), providers must furnish such records for audit and review purposes.

Basecamp Recovery is an Ohio Department of Mental Health and Addiction Services certified agency and received payment of approximately \$5.5 million under the provider number examined for over 61,000 mental health and substance use disorder (SUD) services.¹ Basecamp Recovery also received approximately \$291,000 under a second provider number (0411681) for behavioral health services that were not included in the scope of this examination. Basecamp Recovery has two locations in Columbus, Ohio.

Basecamp Recovery has an additional two active provider numbers (independent laboratory – 0046827 and pharmacy – 0452878). These provider numbers received no reimbursements during the examination period and were not included in the scope of this examination.

Table 1 contains the behavioral health procedure codes selected for this examination.

Table 1: Behavioral Health Services	
Procedure Code	Description
90791	Psychiatric Diagnostic Evaluation
90832	Individual Psychotherapy – 30 Minutes
99202	Evaluation & Management (E&M) – New Patient
99203	E&M – New Patient
99204	E&M – New Patient
99205	E&M – New Patient
99212	E&M – Established Patient
99214	E&M – Established Patient
99215	E&M – Established Patient
H0005	Group Counseling
H0014	Ambulatory Detoxification
H0015	IOP Level of Care Group Counseling, Per Diem
T1002	SUD RN Nursing

Source: Appendix to Ohio Admin. Code 5160-27-03

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether Basecamp Recovery'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.

¹ Payment data from the Medicaid claims database.

Purpose, Scope, and Methodology (Continued)

The scope of the engagement was limited to select services, as specified below, for which Basecamp Recovery billed with dates of service from July 31, 2020 through December 31, 2022 and received payment.

We obtained Basecamp Recovery's fee-for-service claims from the Medicaid database of services billed to and paid by Ohio's Medicaid program. We also obtained paid claims data from two Medicaid managed care entities (MCEs) and confirmed the services were paid to Basecamp Recovery's tax identification number. From the fee-for-service and MCE claims data, we removed all services paid at zero, co-payments, third-party payments and Medicare crossover claims. The scope of our examination included testing procedures related to select services as identified in the Independent Auditor's Report.

The exception tests and calculated sample size are shown in **Table 2**.

Table 2: Exception Tests and Sample			
Universe	Population Size	Sample Size	Selected Services
Exception Tests			
More than One IOP (H0015)			65
Multiple New Patient Visits or New Patient Visit After Established Patient Visit ¹			115
Office or Nursing Visits on Same Day as Vivitrol Injection ²			19
Services on Same Day as Another Agency ³			22
Sample			
IOP Services (H0015)	10,309	81	81
Additional Group Counseling Services (H0005)			4
Total IOP and Additional Group Counseling Services			85
Total			306

¹ These services consisted of 99202, 99203, 99204 and 99205.

² These services consisted of 99204, 99205, 99212, 99214, 99215 and T1002.

³ These services consisted of 90791, 90832, 99205, 99214, H0014 and T1002.

A notification letter was sent to Basecamp Recovery setting forth the purpose and scope of the examination. During the entrance conference, Basecamp Recovery described its documentation practices and billing process. During fieldwork, we obtained an understanding of the electronic health record system used, reviewed service documentation and verified professional licensure.

We sent preliminary results to Basecamp Recovery and no additional documentation was submitted.

Results

The summary results are shown in **Table 3**. 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.

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Table 3: Results				
Universe	Services Examined	Non-compliant Services	Non-compliance Errors	Improper Payment
Exception Tests				
More than One IOP	65	65	65	\$9,582.94
Multiple New Patient Visits or New Patient Visit After Established Visit	115	13	14	\$1,427.10
Office or Nursing Visits on Same Day as Vivitrol Injection	19	2	2	\$217.00
Services on Same Day as Another Agency	22	0	0	\$0.00
Sample				
IOP Services	81	10	19	\$1,498.80
Additional Group Counseling Services	4	2	2	\$149.92
Total IOP and Group Counseling	85	12	21	\$1,648.72
Total	306	92	102	\$12,875.76

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.

We identified 24 rendering practitioners in the service documentation for the selected services and compared their names to the Office of Inspector General exclusion database and the Department's exclusion/suspension list. We also compared identified owner and administrative staff names to the same database and exclusion/suspension list. We found no matches.

Licensure

For the 24 licensed/certified practitioners identified in the service documentation for this examination, we verified via the e-License Ohio Professional Licensure System that their licenses or certifications were current and valid on the first date found in our selected payments and were active during the remainder of the examination period.

B. Service Documentation

In accordance with Ohio Admin. Code 5160-27-02(H), providers shall maintain treatment records and progress notes as specified in rules 5160-1-27 and 5160-8-05 of the Ohio Administrative Code. Per Ohio Admin. Code 5160-8-05(F), documentation requirements include the date, time of day, and duration of service contact. In addition, each record is expected to bear the signature and indicate the discipline of the professional who recorded it.

We obtained service documentation from Basecamp Recovery and compared it to the required elements. We also compared units billed to documented duration and ensured the services met the duration requirements, where applicable. For errors where units billed exceeded the documented duration, the improper payment was based on the unsupported units.

B. Service Documentation (Continued)

Multiple New Patient Visits or New Patient Visit After Established Visit Exception Test

The 115 services examined contained the following errors:

- Two instances in which there was no documentation to support the service;
- One instance in which the documentation did not indicate the service date; and
- One instance in which the documentation did not contain the name of the rendering practitioner.

These four errors are included in the improper payment of \$1,427.10.

Office or Nursing Visits on Same Day as Vivitrol Injection Exception Test

The 19 office visits and nursing services examined contained one instance in which there was no service documentation to support the service, and one instance in which the documentation did not contain the name of the rendering practitioner. These two errors resulted in the improper payment amount of \$217.00. The documentation for these 19 services appeared to be unrelated to the administration of the Vivitrol injection.

Services on Same Day as Another Agency Exception Test

The 22 services examined consisted of one date of service each for 10 recipients in which both Basecamp Recovery and another Ohio Medicaid provider were reimbursed for the same recipient on the same day. We obtained supporting documentation for these services from both agencies. All 22 services were supported by documentation that contained the required elements.

The supporting documentation from each provider indicated that the recipient was either being admitted or discharged from Basecamp Recovery on the selected service date.

IOP Services Sample

The 81 services examined contained five instances in which there was no documentation to support the service. These five errors are included in the improper payment of \$1,498.80. We also noted seven instances in which the service did not meet the duration requirement by one minute. We did not associate an improper payment with these services.

The four additional counselling services on the same day as the sampled IOP contained two instances in which the documentation did not contain the time of day or duration of the service. These two errors resulted in the improper payment amount of \$149.92.

Recommendation

Basecamp Recovery should develop and implement procedures to ensure that all service documentation and billing practices fully comply with requirements contained in the Ohio Medicaid rules. In addition, Basecamp Recovery should implement a quality review process to ensure that documentation is complete and accurate prior to submitting claims for reimbursement. Basecamp Recovery should address the identified issues to ensure compliance with the 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 in accordance with Ohio Admin. Code 5160-27-02(H) and 5160-8-05(F).

C. Authorization to Provide Services (Continued)

We obtained treatment plans from Basecamp Recovery to confirm if the treatment plan authorized the service examined and was signed by the recording practitioner. We limited our testing of treatment plans to the services described below.

IOP Services Sample

The 81 services examined contained five instances in which the treatment plan did not authorize the service billed and two instances in which there was no treatment to support the service. These seven errors are included in the improper payment of \$1,498.80.

Recommendation

Basecamp Recovery should develop and implement controls to ensure that all services billed are authorized by a signed treatment plan. Basecamp Recovery should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

D. Medicaid Coverage

More than One IOP Exception Test

Per Ohio Admin. Code 5160-1-17.2, by signing the Medicaid Provider Agreement the provider agrees to comply with the terms of the provider agreement, Revised Code, Administrative Code, and federal statutes and rules; and the provider certifies and agrees to submit claims only for services performed.

All 65 services examined were instances in which a duplicate per diem IOP service was reimbursed for the same recipient on the same day. These 65 errors resulted in the improper payment of \$9,582.94.

Multiple New Patient Visits or New Patient Visit after Established Visit Exception Test

Ohio Admin. Code 5160-1-19(B) states that claims should be submitted pursuant to the national correct coding initiative and according to the coding standards set forth in guides which includes the current procedural terminology (CPT) codebook. The CPT codebook for new patient office visits indicates that this code is used for patients that have not received services from a physician or health care professional in the same specialty in the previous three years.

The 115 services examined included 114 instances in which more than one new patient visit was reimbursed for the same recipient and one instance in which a new patient visit was reimbursed after an established patient visit. For 105 services, the documentation supported a counseling session with a licensed pharmacist. We confirmed from the paid claims data the first occurrence of a new patient visit indicated a different rendering practitioner. In the remaining 10 instances, the documentation indicated the recipient was an established patient. These 10 errors are included in the improper payment of \$1,427.10.

Recommendation

Basecamp Recovery should ensure that services billed to Medicaid are consistent with coverage and limitations contained in the Ohio Admin. Code. Basecamp Recovery should address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

Official Response

Basecamp Recovery declined to submit an official response to the results noted above.

OHIO AUDITOR OF STATE KEITH FABER



BASECAMP RECOVERY, LLC

FRANKLIN 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 12/31/2024

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