



OHIO AUDITOR OF STATE
KEITH FABER



**LIFESAVER HEALTH CARE LLC
FRANKLIN COUNTY**

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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 HOME HEALTH AND WAIVER AIDE SERVICES

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

RE: Lifesaver Health Care LLC
Ohio Medicaid Number: 2537311 NPI: 1710907704

We examined Lifesaver Health Care LLC (the Provider's) compliance with specified Medicaid requirements for provider qualifications, service documentation and service authorization related to the provision of home health nursing and home health aide services and service documentation and provider qualifications related to the provision of personal care aide services during the period of January 1, 2018 through December 31, 2018.

In addition, when other aide or personal care/homemaker services were provided on the same date as sampled home health aide or personal care aide service, we tested the additional services for compliance with select requirements. Finally, we tested instances in which another Ohio Medicaid provider was paid for the same service to the same recipient on the same date.

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, federal statutes and rules, including the duty to maintain records supporting claims for reimbursement made by Ohio Medicaid. Management of Lifesaver Health Care LLC is responsible for its compliance with the specified requirements. The accompanying Compliance Examination Report identifies the specific requirements examined. 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 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 Qualified Opinion

Our examination disclosed that, in a material number of instances, personal care aide services were delivered by individuals that did not meet the first aid requirement and single shifts of aide services were billed as two separate shifts resulting in an over payment.

Qualified Opinion on Compliance

In our opinion, except for the effects of the matters described in the Basis for Qualified Opinion paragraph, the Provider has complied, in all material respects, with the aforementioned requirements of home health nursing, home health aide and personal care aide services for the period of January 1, 2018 through December 31, 2018.

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 identified improper Medicaid payments in the amount of \$4,002.34. This finding plus interest in the amount of \$281.53 (calculated as of March 25, 2021) totaling \$4,283.87 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 fraud, 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 of the Administrative Code.

This report is intended solely for the information and use of the Provider, the ODM 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

March 25, 2021

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

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)

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 (MCHHA) that meets the requirements in accordance with Ohio Admin. Code § 5160-12-03. Waiver services can be provided by a person or agency that has entered into a Medicaid Provider Agreement for the purposes of furnishing these services.

The Provider is a MCHHA and received payment of \$1,796,258 during the examination period from the Ohio Medicaid program under the provider number examined for 33,166 home health and waiver services².

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether the Provider'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 engagement was limited to home health nursing, home health aide and personal care aide services as specified below for which the Provider billed with dates of service from January 1, 2018 through December 31, 2018 and received payment.

We obtained the Provider's fee-for-service claims history from the Medicaid database of services billed to and paid by Ohio's Medicaid program. We also obtained Medicaid managed care claims data for the Provider's services paid by Aetna.

From the combined fee-for-service and managed care population, we removed services paid at zero. During planning, we noted instances in which other MCHHAs were reimbursed by Ohio Medicaid for the same recipient on the same date as the Provider. In order to test a selection of these services, we summarized the unique recipients that received services during the examination period and searched the claims history for services reimbursed to any other MCHHA for these recipients during our examination period. We identified 16 other MCHHAs billing for services to the same recipient on the same day as the Provider during the examination period.

² Totals reported include fee-for-service payments and managed care payments from Aetna. Aetna's claims data showed that the services were paid to the Provider's tax identification number.

Purpose, Scope, and Methodology (Continued)

We then extracted all nursing (procedure codes G0299, G0300, T1000, T1001 and T1003) and aide/homemaker personal care (G0156, MR970, PT624 and T1019) services in which the same type of service (nursing or aide) was paid for the same recipient on the same date. This resulted in 860 services in which the Provider was paid for a nursing or aide services for the same recipient on the same day as another MCHHA. We judgmentally selected the agency with the most potential duplicates and 10 recipient dates of service (RDOS). An RDOS is defined as all services for a given recipient on a specific date of service. We requested documentation from Alliance Healthcare Partners LLC (provider number 3090766) for the applicable 10 RDOS (Services Rendered by Multiple Providers Exception Test).

From the remaining population, we extracted all home health aide (G0156) and personal care aide (T1019) services into separate files. We summarized each file by RDOS. We selected a simple random sample from each of these files. If other aide or homemaker/personal care services were provided on the same RDOS, we included those services in our testing.

We also extracted all home health nursing (G0299 and G0300) services and summarized the file by RDOS. We selected a simple random sample from this file. From the remaining population of G0299 services, we randomly selected an additional eight RDOS to ensure a sufficient number of services were sampled.

We used a statistical sampling approach to examine services in order to facilitate a timely and efficient examination as permitted by Ohio Admin. Code § 5160-1-27(B)(1). The exception test and calculated sample sizes are shown in **Table 1**.

Table 1: Exception Test and Sample Sizes			
Universe	Population Size	Sample Size	Selected Services
Exception Test:			
Services Rendered by Multiple Providers (G0156, T1019)	860		10
Samples:			
Home Health Aide Services (G0156) with additional aide services (same day)	8,197 RDOS	90 RDOS	165
Home Health Nursing Services (G0299, G0300)	6,804 RDOS	91 RDOS	120
Personal Care Aide Services (T1019) with additional aide services (same day)	6,055 RDOS	100 RDOS	185
Total		281 RDOS	480

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 billing process. During fieldwork, we reviewed service documentation and personnel records. We sent preliminary results to the Provider and it subsequently submitted additional documentation which we reviewed for compliance prior to the completion of our fieldwork.

Results

The summary results of the compliance examination 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 more detail.

Results (Continued)

Table 2: Results				
Universe	Services Examined	Non-compliant Services	Non-compliance Errors	Improper Payment
Exception Test:				
Services Rendered by Multiple Providers	10	0	0	\$0.00
Samples:				
Home Health Aide Services with additional aide services (same day)	165	16	17	\$414.78
Home Health Nursing Services	120	5	5	\$133.48
Personal Care Aide Services with additional aide services (same day)	185	72	82	\$3,454.08
Total	480	93	104	\$4,002.34

A. Provider Qualifications

Exclusion or Suspension List

Per Ohio Admin. Code § 5160-1-17.2(H), 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 identified 10 nurses and 43 aides in the service documentation for the selected services and compared their names to the Office of Inspector General exclusion database and the ODM's exclusion or suspension list. We found no matches on the exclusion or suspension list. We also compared identified administrative staff names to the exclusion or suspension list and found no matches.

Nursing Services

According to Ohio Admin. Code § 5160-12-01(G), home health nursing requires the skills of and is performed by either an RN or a LPN at the direction of a RN. Based on the information from the Ohio e-License Center website, the licenses for the 10 nurses were current and valid on the first date of service found in the sample and were active during the remainder of the examination period.

Personal Care Aide Services

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)

A. Provider Qualifications (Continued)

Sixteen of the 30 personal care aides (53 percent) did not have the required first aid certification for all or part of the examination period. Specifically, seven aides completed on-line training only, five aides had no first aid certification and four aides rendered service prior to obtaining first aid certification or rendered services after the certification lapsed.

Personal Care Aide Services Sample

The 147 personal care aide services included in this sample contained 58 services (39 percent) rendered by aides who did not meet the first aid certification requirements. These errors are included in the improper payment of \$3,454.08.

The Provider indicated it was made aware of the requirement for hands-on first aid training in December 2018 and no longer accepts on-line training only.

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 issues to ensure compliance with Medicaid rules and avoid future findings.

B. Service Documentation

The MCHHA must maintain documentation of home health services that includes, but not limited to, clinical and time keeping records indicating the date and time span of the service and the type of service provided. See Ohio Admin. Code § 5160-12-03(B)(9)

For personal care aide 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 § 5160-46-04(B)(8)

For errors where the number of units billed exceeded the documented duration, the improper payment was based on the unsupported units.

Services Rendered by Multiple Providers Exception Test

We obtained service documentation from Alliance Healthcare Partners LLC for the services in which it received Ohio Medicaid reimbursement for the same recipient on the same date for the same type of service as the Provider. We compared times of service delivery and found no overlapping services or other errors.

The Provider indicated that Alliance Healthcare Partners LLC provided the morning service and that it provided the evening service. This was consistent with the service documentation obtained from both agencies.

Home Health Aide Services Sample

The 109 home health aide services in the sample contained two instances in which there was no documentation to support the payment and one instance in which the units billed exceeded the documented duration. These three errors are included in the improper payment amount of \$235.45.

B. Service Documentation (Continued)

Additionally, there were 56 other aide or homemaker/personal care services (procedure codes T1019, PT624, and MR970) billed on the same day as the 109 sampled home health aide services. We found six instances in which a single shift was billed as two separate shifts (one G0156 and one T1019) which resulted in two base rates paid. Ohio Admin. Code §§ 5160-12-05(A)(1) and 5160-46-06(A)(1) define a base rate as the first thirty-five to sixty minutes of service delivered; therefore, two base rates should not be paid on one continuous shift. As a conservative approach, we calculated the improper payment on the T1019 service as it is the lesser paid service and based it on reimbursement for units with no base rate.

There were also four instances in which there was no documentation to support the payment and one instance in which the duration overlapped with another aide service rendered on the same day. For the overlap of service, we calculated an improper payment based on the number of overlapping units. These 11 errors resulted in the improper payment of \$179.33.

The total improper payment for the home health and additional aide services is \$414.78.

Home Health Nursing Services Sample

The 120 services examined contained the following errors:

- 2 instances in which there was no documentation to support the payment;
- 2 instances in which the incorrect procedure code was billed; and
- 1 instance in which the time span of the service was not documented.

These five errors resulted in the improper payment amount of \$133.48.

Personal Care Aide Services Sample

The 147 personal care aide services in the sample contained the following errors:

- 17 instances (11.6 percent) in which a single shift was billed as two separate shifts;
- 2 instances in which the time span of the service was not documented;
- 2 instances in which the documentation did not contain a description of the tasks performed;
- 1 instance in which the documentation was not signed by the recipient or an authorized representative;
- 1 instance in which the documentation was not signed by the rendering provider; and
- 1 instance in which the units billed exceeded the documented duration.

These 24 errors are included in the improper payment amount of \$3,454.08.

Additionally, there were 38 other aide (procedure code G0156) services billed on the same day as the 147 sampled personal care aide services. We found 17 instances in which a single shift was billed as two separate shifts (one G0156 and one T1019) which resulted in two base rates paid. As a conservative approach, we calculated the improper payment on the T1019 service as it is the lesser paid service and based it on units with no base rate. Accordingly, the improper payment for these 17 errors is included above. Except for these errors, all of the other aide services contained the required elements and did not overlap with the selected personal care aide services.

Recommendation

The Provider should develop and implement procedures to ensure that all service documentation and billing practices fully complies with requirements contained in Ohio Medicaid rules.

Recommendation (Continued)

In addition, the Provider should implement a quality review process to ensure that documentation is complete and accurate prior to submitting claims for reimbursement. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

C. Authorization to Provide Services

All home health providers are required by Ohio Admin. Code § 5160-12-03(B)(3)(b) to create a plan of care for recipients indicating the type of services to be provided to the recipient and the plan is required to be signed by the recipient's treating physician.

Services Rendered by Multiple Providers Exception Test

All of the 10 services examined were authorized by a signed plan of care.

Home Health Aide Services Sample

The 109 home health aide services in the sample contained three instances in which there was no plan of care to support the service. These three errors are included in the improper payment amount of \$235.45.

Home Health Nursing Services Sample

All of the 120 services examined were authorized by a signed plan of care.

We did not test service authorization for the aide and homemaker/personal care services billed on the same day as sampled services or personal care aide services.

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 address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

Official Response

The Provider declined to submit an official response to the results noted above.

OHIO AUDITOR OF STATE KEITH FABER



LIFESAVER HEALTH CARE 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 4/13/2021

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