



OHIO AUDITOR OF STATE  
**KEITH FABER**





**MY OPTIX, INC.  
DBA GEAUGA VISION  
GEAUGA COUNTY**

**TABLE OF CONTENTS**

<b>Title</b>	<b>Page</b>
Independent Auditor's Report .....	1
Compliance Examination Report .....	3
Recommendation: Service Documentation.....	4

**THIS PAGE INTENTIONALLY LEFT BLANK**

# 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 OPTOMETRY SERVICES**

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

RE: My Optix, Inc. dba Geauga Vision  
Ohio Medicaid Number: 0140252 NPI: 1538292891

We examined My Optix, Inc. (the Provider's) compliance with specified Medicaid requirements for participation in the Medicaid program and service documentation related to the provision of optometry frames and select lenses during the period of July 1, 2017 through June 30, 2018.

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 My Optix, Inc. 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.

***Opinion on Compliance***

In our opinion, the Provider complied, in all material respects, with the aforementioned requirements of frames and select lenses for the period of July 1, 2017 through June 30, 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.

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

May 19, 2021

## **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)

Ohio Medicaid recipients may be eligible to receive optometry services which consist of vision care services and materials, low-vision aids and ocular prostheses and prosthesis services. Services may be rendered by a professional practitioner currently licensed and acting within the scope of practice; eligible Medicaid providers employing or contracting with individuals licensed to practice optometry; or an optical laboratory with which the department has a current volume purchasing contract for the provision of spectacle lenses and frames. See Ohio Admin. Code § 5160-6-01(A) and (B)

The Provider is a corporation that furnishes an assortment of vision services to Ohio Medicaid recipients. During the examination period, the Provider received payment of \$593,179 from one of the Medicaid managed care plans under the provider number examined for 33,873 optometry services<sup>1</sup>. The Provider has several registered trade names; none of which have an active Medicaid provider agreement. The Provider does business as Geauga Vision which is one of the registered trade names.

### **Purpose, Scope, and Methodology**

The purpose of this examination was to determine whether the Provider's Medicaid 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 select frames and lenses as specified below for which the Provider billed the dates of service from July 1, 2017 through June 30, 2018 and received payment from CareSource. We obtained paid claims data from CareSource and removed all claims paid at zero and services with zero units. From the total paid services population, we extracted all frames (procedure code V2020) and summarized by recipient. We then extracted all unique recipients that had more than one frame billed during the examination period.

We then extracted all bifocal (V2203) and polycarbonate (V2784) lenses and summarized by recipient. We then extracted all unique recipients that had more than two lenses billed during the examination period. We selected a simple random sample by recipient from each of the files. We used a statistical sampling approach as permitted by Ohio Admin. Code § 5160-1-27(B)(1). The calculated sample sizes are shown in **Table 1**.

---

<sup>1</sup> Totals reported include only data from CareSource. The claims data showed that the payments were made to the Provider's tax identification number.

**Purpose, Scope, and Methodology (Continued)**

<b>Table 1: Sample Sizes</b>			
<b>Universe</b>	<b>Population Size</b>	<b>Sample Size</b>	<b>Services Selected</b>
Recipients with Greater than One Frame (V2020)	373 recipients	80 recipients	163
Recipients with Greater than Two Lenses (V2020 and V2784)	509 recipients	86 recipients	176
<b>Total</b>	<b>882 recipients</b>	<b>166 recipients</b>	<b>339</b>

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 then 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**

**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 no employee of the company is currently subject to sanction under Medicare, Medicaid, or Title XX; or, is otherwise prohibited from providing services to Medicaid beneficiaries.

We compared all owners and administrators names to the Office of the Inspector General exclusion database and the ODM's exclusion or suspension list and found no matches.

**B. Service Documentation**

All Medicaid providers are required by Ohio Admin. Code § 5160-1-27(A) to keep records to establish medical necessity and meet requirements that include, but are not limited to, disclosing the type and extent of services provided to Medicaid recipients. We applied these requirements to the frames and lenses samples.

*Recipients with Greater than One Frame Sample*

The 163 services examined contained one instance in which the Provider's description of the services did not support the service code billed.

*Recipients with Greater than Two Lenses Sample*

All 176 services contained the required elements; however, we found two instances in which the order indicated one lens was delivered and the Provider billed for delivering two lenses.

**Recommendation**

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



My Optix, Inc. dba Geauga Vision  
Gauga County  
Independent Auditor's Report on  
Compliance with Requirements of the Medicaid Program

**Official Response**

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

# OHIO AUDITOR OF STATE KEITH FABER



**MY OPTIX, INC.**

**GEAUGA 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 6/3/2021**

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  
[www.ohioauditor.gov](http://www.ohioauditor.gov)