



OHIO AUDITOR OF STATE  
**KEITH FABER**



# 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 HOME HEALTH SERVICES

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

RE: Acclaim Home Health Services, Inc  
Ohio Medicaid Number: 2703186 NPI: 1720022569

We examined compliance with specified Medicaid requirements for provider qualifications, service documentation and service authorization related to the provision of private duty nursing (PDN) services and provider qualifications and service documentation for the provision of personal care aide services for Acclaim Home Health Services, Inc. (Acclaim) during the period of July 1, 2018 through June 30, 2020.

In addition, we tested services billed during a potential inpatient hospital stay, as well as, services in which another Ohio Medicaid provider was paid for the same recipient, service date and procedure code.

Acclaim 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. Acclaim 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 Acclaim'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 Acclaim complied, in all material respects, with the specified requirements referenced above. An examination involves performing procedures to obtain evidence about whether Acclaim 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 Provider's compliance with the specified requirements.

### ***Internal Control over Compliance***

Acclaim 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 Acclaim's internal control over compliance.

### **Basis for Qualified Opinion**

Acclaim is a Medicare certified agency and is required to assure that, prior to commencing service delivery, personal care aides obtain and maintain first aid certification. Our examination disclosed that personal care aide services were delivered by individuals who did not meet this requirement and Acclaim acknowledged that it was unaware of the requirement. As a result, we identified the full amount of the payment for this service during the examination period as an improper payment.

In addition, we noted Acclaim had common owners with Bouahom Health Management, Inc., also a Medicaid provider, and the two agencies share common recipients and staff. We noted instances in which the same staff rendered care to the same recipient on the same day with the visits being split between the two agencies. We examined documentation for 13 visits for two recipients in which the same nurse rendered the same service on the same date as services paid to Bouahom. Of the 13 visits, seven were one continuous visit billed as two visits with each visit being billed by one of the agencies. This practice resulted in the Medicaid program paying for multiple base rates for a single shift.

### **Qualified Opinion on Compliance**

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, Acclaim complied, in all material respects, with the aforementioned requirements of select for PDN and personal care aide services for the period of July 1, 2018 through June 30, 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 Acclaim's compliance with other requirements.

We identified improper Medicaid payment in the amount of \$365,124.89. This finding plus interest in the amount of \$17,035.83 (calculated as of January 19, 2022) totaling \$382,160.72 is due and payable to 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 If waste and abuse are suspected or apparent, the Department and/or the Office of the Attorney General will take action to gain compliance and recoup inappropriate or excess payments.<sup>1</sup> Ohio Admin. Code § 5160-1-29(B)

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

January 19, 2022

---

<sup>1</sup> "Waste and abuse" are practices that are inconsistent with professional standards of care; medical necessity; or sound fiscal, business, or medical practices; and that constitute an overutilization of Medicaid covered services and result in an unnecessary cost to the Medicaid program. Ohio Admin. Code § 5160-1-29(A)

## 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)

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.

Acclaim is a MCHHA and received fee-for-service payments of \$2,557,164 under the provider number examined for 27,916 home health and waiver services. Acclaim also received over \$1.2 million in managed care claims<sup>2</sup> which were not included in the scope of this examination.

Acclaim had two additional provider numbers as waived service providers which were active during the examination period. Provider number 3039349 received payments of over \$200,000 during our examination period. We did not examine any payments associated with this provider number. Additionally, provider number 0085406 received no payments during our examination period.

During planning, we noted Acclaim had common owners with Bouahom Health Management, Inc. (Bouahom) which operates under the name Distinguished Orthopedic Home Care, Inc. Bouahom's Medicaid provider number is 2945504 and it is located in the same office complex as Acclaim. The two agencies share common recipients and staff and there were instances in which the same staff rendered care to the same recipient on the same day for both agencies. We conducted a separate compliance examination of Bouahom<sup>3</sup>.

### Purpose, Scope, and Methodology

The purpose of this examination was to determine whether Acclaim's claims for fee-for-service 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 personal care aide services (procedure code T1019) and PDN services (T1000), as specified below for which Acclaim billed with dates of service from July 1, 2018 through June 30, 2020 and received payment.

We obtained Acclaim's claims history from the Medicaid database of services billed to and paid by Ohio's Medicaid program. We removed services paid at zero, third party payments and managed care encounters.

From the total paid services population, we extracted two home health nursing services (G0300) billed during a potential inpatient hospital stay to examine (Services Billed on Date Recipient was Hospital Inpatient Exception Test).

---

<sup>2</sup> Payment data is from the Medicaid Information Technology System.

<sup>3</sup> The report for Bouahom Health Management, Inc. is available on the Auditor of State's web site: <https://ohioauditor.gov/auditsearch/Search.aspx>

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

From the remaining population of Acclaim services, we selected 13 PDN services paid for the same recipient and service date as Bouahom (PDN Services on Same Date as Bouahom PDN Services Exception Test). Additionally, we selected the one nursing assessment (T1001) that was paid for the same recipient and service date as Bouahom (Nursing Assessment on Same Date as Bouahom Assessment Exception Test).

From the remaining population, we extracted all PDN services (T1000) and summarized by recipient date of service (RDOS). An RDOS is defined as all services for a given recipient on a specific date of service. We selected a simple random sample of 94 RDOS and obtained the detailed PDN services for these RDOS.

We also extracted all remaining personal care aide services (T1019) and summarized by RDOS. We selected a simple random sample of 93 RDOS and obtained the detailed personal care aide services for these RDOS.

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

<b>Table 1: Exception Tests and Samples</b>			
<b>Universe</b>	<b>Population Size</b>	<b>Sample Size</b>	<b>Selected Services</b>
<b>Exception Tests</b>			
Nursing Assessment on Same Date as Bouahom Assessment (T1001)	1		1
PDN Services on Same Date as Bouahom PDN Services (T1000)	13		13
Services Billed on Date Recipient was Hospital Inpatient (G0300)	2		2
<b>Samples</b>			
Personal Care Aide Services (T1019)	2,849 RDOS	93 RDOS	138
PDN Services (T1000)	3,593 RDOS	94 RDOS	106
<b>Total</b>			<b>260</b>

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

We sent preliminary results to Acclaim and it submitted no additional documentation.

**Results**

The summary results are shown in **Table 2**. The non-compliance and basis for findings is discussed below in further detail.

**Results (Continued)**

<b>Table 2: Results</b>				
<b>Universe</b>	<b>Services Examined</b>	<b>Non-compliant Services</b>	<b>Non-compliance Errors</b>	<b>Improper Payment</b>
<b>Exception Tests</b>				
Nursing Assessment on Same Date as Bouahom Assessment	1	0	0	\$0.00
PDN Services on Same Date as Bouahom PDN Services	13	7	7	\$78.19
Services Billed on Date Recipient was Hospital Inpatient	2	0	0	\$0.00
<b>Samples</b>				
Personal Care Aide Services	138	138	138	\$364,773.78 <sup>1</sup>
PDN Services	106	2	2	\$272.92
<b>Total</b>	<b>260</b>	<b>147</b>	<b>147</b>	<b>\$365,124.89</b>

<sup>1</sup>Due to the 100 percent error rate in the personal care aide services sample, the improper payment is equal to the total paid fee-for-service amount for the T1019 procedure code for the examination period.

**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 19 nurses and 10 personal care aides 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 and found no matches. We also compared identified owners and administrative staff to the same database and exclusion/suspension list and found no matches.

*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 that 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

We requested the first aid certification for the 10 personal care aides who rendered services in the sample and confirmed that Acclaim had no certifications for any of the aides. Acclaim stated it was unaware of this requirement for personal care aides.

*Personal Care Aide Services Sample*

We examined 138 personal care aide services and, of the 136 services with documentation, 100 percent were rendered by an aide who lacked first aid certification on the date of service. Accordingly, we identified the full fee-for-service reimbursement of \$364,773.78 for personal care aide services during the examination period as an improper payment.

**A. Provider Qualifications (Continued)**

*Nursing Services*

In order to submit a claim for reimbursement, all individuals providing nursing services must be a registered nurse (RN) or a licensed practical nurse at the direction of an RN who also possesses a current, valid and unrestricted license with Ohio board of nursing. See Ohio Admin. Code § 5160-12-01(G) .

Based on the Ohio e-License Center website, the licenses for the 19 nurses were current and valid on the first date of service in the sample and were active during the remainder of the examination period.

**Recommendation**

Acclaim should review the Ohio Medicaid rules and improve its internal controls to ensure all personnel meet applicable requirements prior to rendering direct care services. Acclaim should address the identified issue 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 is not limited to clinical and time keeping records indicating the date and time span of the services and the type of service provided. See Ohio Admin. Code § 5160-12-03 (B)(9)

For personal care aide services, the provider must maintain 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

We compared the service documentation submitted by Acclaim to the required elements. We also compared units billed to documented duration. For errors where the number of units billed exceeded the documented duration, the improper payment was based on the unsupported units.

*Nursing Assessment on Same Date as Bouahom Assessment Exception Test*

The nursing assessment was supported by documentation that contained the required elements. We determined that Bouahom did not have documentation to support its payment for the assessment.

*PDN Services on Same Date as Bouahom PDN Services Exception Test*

All of the 13 services examined were supported by documentation that contained the required elements. We determined that seven of these 13 visits were one continuous visit billed as two visits with each visit being billed by one of the agencies. This practice resulted in the Medicaid program paying for multiple base rates for a single shift. As Acclaim billed for the second part of the visit, we identified improper payment of \$78.19 for the additional base rate paid on the same visit.

*Services Billed on Date Recipient was Hospital Inpatient Exception Test*

Acclaim provided documentation that showed the recipient had two short hospital stays with one day in between. Acclaim billed for a service on the day in between the stays and for a service prior to the time of admission on the first day of the second stay and had documentation to support the two services.



**B. Service Documentation (Continued)**

*Personal Care Aide Services Sample*

The 138 services contained two instances in which there was no documentation to support the payment. These two errors are included in the improper payment of \$364,773.78.

*Private Duty Nursing Services Sample*

The 106 services contained one instance in which there was no documentation to support the payment and one instance in which units billed exceeded the documented duration. These two errors resulted in an improper payment of \$272.92.

**Recommendation**

Acclaim should develop and implement procedures to ensure that all service documentation and billing practices fully complies with requirements contained in Ohio Medicaid rules. In addition, Acclaim should implement a quality review process to ensure that documentation is complete and accurate prior to submitting claims for reimbursement. Acclaim 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.

We confirmed that the plans of care submitted by Acclaim supported the date of service, authorized the selected service and was signed by a physician.

*Private Duty Nursing Sample*

The 106 services examined contained plans of care that authorized the service and date of service and was signed by a physician.

We did not test service authorization for the exception tests or personal care aide services sample.

**Official Response**

Acclaim submitted the following in response to the results noted above:

Acclaim takes responsibility for its actions. We acknowledge that the audit revealed that some of the personal care aides did not have current documentation to prove that they were certified in First Aid. Since the time that this fact was brought to our attention, Acclaim has taken steps to make sure all employees that are required to be trained in Frist Aid have received such training consistent with Ohio Adm. Code Rule 5160-46-04.

We did not examine Acclaim's response and, accordingly, we express no opinion on it.

# OHIO AUDITOR OF STATE KEITH FABER



**ACCLAIM HOME HEALTH SERVICES, INC**

**WARREN 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 3/22/2022**

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)