



OHIO AUDITOR OF STATE
KEITH FABER



**HOME CARE NETWORK, INC.
WOOD 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 SERVICES

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

RE: Home Care Network, Inc.
Ohio Medicaid Number: 2444420 NPI: 1952399925

We examined Home Care Network, Inc.'s compliance with specified Medicaid requirements for provider qualifications, service documentation and service authorization related to the provision of private duty nursing services to recipients ages 21 and under and provider qualifications and service documentation related to the provision of personal care aide services during the period of July 1, 2018 through June 30, 2020.

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

Internal Control over Compliance

Home Care Network 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 Home Care Network's internal control over compliance.

Opinion on Compliance

In our opinion Home Care Network has complied, in all material respects, with the select requirements of private duty nursing services 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 Home Care Network's compliance with other requirements.

We identified improper Medicaid payments in the amount of \$1,952.51. This finding plus interest in the amount of \$88.84 (calculated as of December 2, 2021) totaling \$2,041.35 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 Home Care Network, 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 2, 2021

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)

Home Care Network is a Medicare Certified Home Health Agency (MCHHA) and received payment of approximately \$2.73 million under the provider number examined for 14,346 fee-for-service home health and waiver services. Home Care Network also received over \$1.1 million in managed care payments¹ under this same provider number which was not included in the scope of the examination.

Home Care Network has four locations in Ohio under nine different Medicaid provider numbers: Canton (0310318, 2103940 and 2168596), Centerville (0247110 and 2285914), Jackson (0128798 and 2441763) and Perrysburg (2444420 and 0976074). This examination was limited to the Perrysburg location and Medicaid provider number 2444420.

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether Home Care Network'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 private duty nursing services to recipients ages 21 and under and personal care aide services as specified below for which Home Care Network billed with dates of service from July 1, 2018 through June 30, 2020 and received payment.

We obtained Home Care Network's claims history from the Medicaid database of services billed to and paid by Ohio's Medicaid program. We removed services paid at zero and managed care encounters. From the total paid services population, we extracted all private duty nursing services (procedure code T1000) to recipients ages 21 and under. We summarized this file by recipient date of service (RDOS). A 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 private duty nursing services on these RDOS.

We then extracted all personal care aide services (T1019) from the total paid services population and summarized these by RDOS. We selected a simple random sample of 92 RDOS and obtained the detailed personal care aide services on these RDOS.

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

¹ Payment data from the Medicaid Information Technology System.

Purpose, Scope, and Methodology (Continued)

Table 1: Sample Sizes			
Universe	Population Size	Sample Size	Selected Services
Samples			
Private Duty Nursing Services to Recipients 21 and Under (T1000)	3,010 RDOS	94 RDOS	120
Personal Care Aide Services (T1019)	1,684 RDOS	92 RDOS	133
Total	4,694 RDOS	186 RDOS	253

A notification letter was sent to Home Care Network setting forth the purpose and scope of the examination. During the entrance conference, Home Care Network described its documentation practices and billing process. During fieldwork, we reviewed service documentation and verified personnel qualifications. We sent preliminary results to Home Care Network and reviewed its response; however, no additional service documentation was provided.

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	Non-compliant Services	Non-compliance Errors	Improper Payment
Samples				
Private Duty Nursing Services to Recipients 21 and Under	120	8	9	\$1,560.51
Personal Care Aide Services	133	5	5	\$392.00
Total	253	13	14	\$1,952.51

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 12 nurses and five 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. We also compared the identified owner and administrative staff to the same database and exclusion/suspension lists. We 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 a registered nurse (RN) or a licensed practical nurse at the direction of a RN. Based on the Ohio e-License Center website, the licenses for the 12 nurses were current and valid on the first date of service in our selected services and were valid during the examination period.

A. Provider Qualifications (Continued)

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

All five of the personal care aides had the required first aid certification that was valid on the first date of service in our selected services and were valid during the examination period.

B. Service Documentation

The MCHHA must maintain documentation of home health services that includes, but is not limited to, clinical and time keeping records that indicate 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

We obtained service documentation from Home Care Network and compared it to the required elements. We also compared units billed to documented duration and compared services by recipient and the rendering practitioner to identify any overlapping services.

For errors where the number of units billed exceeded the documented duration, the improper payment was based on the unsupported units. For errors due to billing one shift as two visits, the improper payment is based on the additional paid base rate.

Private Duty Nursing Services to Recipients 21 and Under Sample

The 120 services examined contained the following errors:

- 5 instances in which there was no documentation to support the payment;
- 1 instance in which one continuous visit was billed as two resulting in an overpayment; and
- 1 instance in which the units billed exceeded the documentation duration.

These seven errors are included in the improper payment of \$1,560.51.

We also noted one instance in which a telehealth visit was billed prior to telehealth services being authorized pursuant to Ohio Admin. Code § 5160-12-04 which allowed for private duty nursing telehealth visits as of June 12, 2020. We did not associate an improper payment for the telehealth visit.

Personal Care Aide Services Sample

The 133 services examined contained the following errors:

- 2 instances in which there was no documentation to support the payment;
- 1 instance in which one continuous visit was billed as two resulting in an overpayment; and
- 1 instance in which the service documentation was not signed by the rendering aide and the date of the authorized representative's signature was prior to the date of service.

These four errors resulted in the improper payment amount of \$392.00.

B. Service Documentation (Continued)

We also noted one instance in which a personal care aide service was delivered via telehealth. The Department's "Telehealth Billing Guidelines During COVID-19 State of Emergency" allowed for state plan home health services to be provided as telehealth visits beginning March 9, 2020; however, we found no similar authorization for personal care aide services. We did not associate an improper payment for the telehealth visit.

Recommendation

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

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 obtained plans of care from Home Care Network and confirmed there was a plan of care that covered the date of service examined, authorized the type of service and was signed by a physician.

Private Duty Nursing Services to Recipients 21 and Under Sample

The 120 services examined contained one instance in which there was no signed plan of care to support the payment. This error is included in the improper payment amount of \$1,560.51.

We did not test service authorization for personal care aide services.

Recommendation

Home Care Network should establish a system to ensure the signed plans of care are obtained prior to submitting claim for services to the Department. Home Care Network should address this issue to ensure compliance with Medicaid rules and avoid future findings.

Official Response

Home Care Network declined to submit an official response to the results noted above.

OHIO AUDITOR OF STATE KEITH FABER



HOME CARE NETWORK, INC.

WOOD 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 2/8/2022

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This report is a matter of public record and is available online at
www.ohioauditor.gov