



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 SERVICES

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

RE: Name: Right Care Home Healthcare, LLC
Ohio Medicaid Number: 0135882 NPI: 1013340686

We were engaged to examine compliance with specified Medicaid requirements for provider qualifications, service documentation and service authorization related to the provision of private duty nursing services, home health registered nursing (RN) services and home health aide services during the period of July 1, 2018 through June 30, 2020 for Right Care Home Healthcare, LLC (Right Care). In addition, the scope of the engagement included determining if there was documentation to support the payment when a waiver aid service was billed with the same date of service as a sampled home health aide service and determining Right Care's compliance with Ohio Admin. Code § 5160-1-40 which contains requirements for reporting electronic visit verification (EVV) data.

Right Care 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 Right Care is responsible for its compliance with the specified requirements.

Internal Control over Compliance

Right Care 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 Right Care's internal control over compliance.

Basis for Disclaimer of Opinion

As described in the Compliance Section, Right Care relied on entries in the EVV system to support units billed. We were unable to obtain sufficient reliance on the entries in the EVV system to support the units billed due to incomplete and inconsistent entries.

Disclaimer of Opinion

Our responsibility is to express an opinion on Right Care's compliance with select Medicaid requirements based on conducting the examination in accordance with attestation standards established by the American Institute of Certified Public Accountants. Because of the limitation on the scope of our examination discussed in the preceding paragraph, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on Right Care's compliance with the specified Medicaid requirements 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 Right Care's compliance with other requirements.

We identified improper Medicaid payments in the amount of \$9,198.22. This finding plus interest in the amount of \$416.88 (calculated as of February 22, 2022) totaling \$9,615.10 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 In addition, if waste and abuse¹ 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.

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

February 22, 2022

¹ "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 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.

Right Care is a MCHHA and received payment of over \$1.6 million under the provider number examined for 12,292 fee-for-service home health and waiver services. Right Care also received over \$1.5 million in managed care payments² which were not included in the scope of this examination.

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether Right Care'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, home health RN nursing services and home health aide services as specified below for which Right Care billed with dates of service from July 1, 2018 through June 30, 2020 and received payment.

We obtained Right Care's claims history from the Medicaid database of services billed to and paid by Ohio's Medicaid program. We removed all services paid at zero and managed care encounters. We also obtained Right Care's EVV data from the evv.sandata.com website.

From the total paid services population, we extracted all private duty nursing services (procedure code T1000) and all RN home health services (procedure code G0299) into separate files and summarized these by recipient date of services (RDOS). An RDOS is defined as all services for a given recipient on a specific date of service. We selected a simple random sample from each file. We then obtained the detailed data for each RDOS selected (private duty nursing services sample and home health RN services sample).

From the remaining population, we extracted all home health aide services (procedure code G0156) and summarized these by RDOS. We selected a simple random sample and then obtained the detailed services for each selected RDOS. We separately extracted all waiver homemaker/personal care services (including procedure codes DD244, PT624, MR970 and T1019) to obtain other homemaker/personal care services billed with the same date of service as a home health aide service in our sample.

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).

² Amount paid taken from the Medicaid Information Technology System (MITS).

Purpose, Scope, and Methodology (Continued)

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

Table 1: Samples			
Universe	Population Size	Sample Size	Selected Services
Samples			
Private Duty Nursing Services (T1000)	3,093 RDOS	94 RDOS	126
Home Health RN Nursing Services (G0299)	462 RDOS	80 RDOS	123
Home Health Aide Services (G0156)	3,142 RDOS	94 RDOS	124
Other homemaker/personal care services (same day)			38
Total Home Health Aide and Other Services			162
Total			411

A notification letter was sent to Right Care setting forth the purpose and scope of the examination. During the entrance conference, Right Care described its documentation practices and billing process. We sent preliminary results after our examination of Right Care's initial submission of records and Right Care subsequently submitted additional documentation which we reviewed for compliance prior to the completion of our fieldwork.

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	126	30	32	\$6,393.32
Home Health RN Nursing Services	123	46	46	\$1,692.08
Home Health Aide Services	124	22	22	\$490.15
Other homemaker/personal care aide services	38	9	9	\$622.67
Total	411	107	109	\$9,198.22

The service documentation included a time in and time out; however, Right Care indicated that these times were the scheduled times and the actual time of service delivery was contained in the EVV system. We then requested reports from Right Care's Alora Home Health Software EVV (Alora) system. Right Care stated the Sandata EVV system (Sandata) utilized by the Department would contain the same entries as Alora since Alora submits information directly into Sandata. Right Care also stated it relied on the Alora system for billing Medicaid services and for payroll purposes.

We obtained Right Care's Sandata EVV data from the evv.sandata.com website and documented the time in and time out for each selected service. We noted instances in which there was no Sandata entry and instances in which the units calculated based on the entry did not support the reimbursed units. Upon our request, Right Care provided a report from Alora for these instances.

Results (Continued)

For those services in which there was no Sandata entry or the reimbursed units were not supported by the Sandata entry, we documented the duration of the visit per Alora if there was an Alora entry. We did not identify non-compliance if the time in and time out per Alora supported units billed when there was no Sandata entry. As a conservative approach, when units billed were not fully supported by either Alora or Sandata, we used whichever entry supported the most units and calculated an improper payment for the unsupported units. Right Care could not explain why the entries in Sandata and Alora did not consistently match, why some services were entered into one system but not the other, or why some services were not in either system. Accordingly, users of this report should be aware that the actual errors and improper payments may be greater than identified in this report.

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 nurses and 13 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 found no matches. We also compared identified administrative staff names to the same database and exclusion/suspension list and found no matches.

Private Duty Nursing Services and RN 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 licensed practical nurse at the direction of an RN. Based on the Ohio e-License Center website, the licenses for the 24 nurses were current and valid on the first date of service in the sample and were active during the remainder of the examination period.

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 errors where the number of units billed exceeded the documented duration, the improper payment was based on the unsupported units. We obtained service documentation and compared it the required elements. We also compared units billed to duration per EVV entries.

Private Duty Nursing Services Sample

The 126 services examined contained the following errors:

- 7 instances in which there was no Sandata entry and the Alora entry did not support the units reimbursed;
- 6 instances in which there was no service documentation to support the payment;
- 6 instances in which neither the Sandata or Alora entry supported the units reimbursed;
- 6 instances in which there was no EVV entry in either system to support the payment; and
- 1 continuous visit was billed as two separate visits which resulted in an overpayment.

These 26 errors are included in the improper payment amount of \$6,393.32.

B. Service Documentation (Continued)

Home Health RN Nursing Services Sample

The 123 services examined contained the following errors:

- 27 instances in which neither the Sandata or the Alora entry supported the units reimbursed;
- 13 instances in which there was no Sandata entry and the Alora entry did not support the units reimbursed;
- 2 instances in which Sandata entry did not support the units and there was no Alora entry;
- 2 instances in which there was no EVV entry in either system to support the payment; and
- 2 instances in which there was no service documentation to support the payment.

These 46 errors resulted in the improper payment amount of \$1,692.08.

Home Health Aide Services Sample

The 124 services examined contained the following errors:

- 15 instances in which there was no EVV entry in either system to support the payment;
- 3 instances in which neither the Sandata or Alora entry supported the units reimbursed;
- 1 instance in which there was no Sandata entry and the Alora entry did not support the units reimbursed;
- 1 instance in which the beginning time for one shift overlapped the ending time of the previous shift;
- 1 instance in which there was no service documentation to support the payment; and
- 1 instance in which the tasks performed were not documented.

These 22 errors resulted in an improper payment amount of \$490.15

Other Homemaker/Personal Care Services Test

The 38 services examined contained the following errors:

- 4 instances in which there was no service documentation to support the payment;
- 4 instances in which there was no Sandata entry and the Alora entry did not support the units reimbursed; and
- 1 instance in which the Sandata entry did not support the units reimbursed and there was no Alora entry.

These nine errors resulted in an improper payment amount of \$622.27.

Recommendation

Right Care should develop and implement procedures to ensure that all service documentation and billing practices fully comply with requirements contained in Ohio Medicaid rules. In addition, Right Care 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.

C. Authorization to Provide Services (Continued)

Private Duty Nursing Services Sample

The 126 services tested contained six instances in which there was no plan of care to authorize the service. These six errors are included in the improper payment amount of \$6,393.32.

Home Health RN Nursing Services Sample

All of the RN nursing services were authorized by a signed plan of care.

Home Health Aide Services

All of the home health aide services were authorized by a signed plan of care. We did not test service authorization for the additional aide services.

Recommendation

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

D. Electronic Visit Verification

Ohio Admin. Code § 5160-1-40 requires providers of home health nursing, home health aide and private duty nursing services, among others, to utilize EVV to verify the data elements related to the delivery of a Medicaid covered service. The required data elements include: the time the visit starts; the location at the start and at the end of the visit; the service provided; and the time the visit ends.

We compared Right Care's Sandata EVV entries to total paid services for the examination period and found that 31 percent of paid services were not supported by a Sandata EVV entry.

Recommendation:

We recommend Right Care seek technical assistance to determine why all reimbursed services are not supported by an EVV entry and why the Alora and Sandata entries contain conflicting information at times.

Official Response

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

OHIO AUDITOR OF STATE KEITH FABER



RIGHT CARE HOME HEALTHCARE, 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 4/12/2022

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