



STATE OF OHIO
OFFICE OF THE AUDITOR

JIM PETRO, AUDITOR OF STATE

Ohio Medicaid Program

*Review of Medicaid Provider Reimbursements made to
Romeo S. Miclat, M.D., Inc.*

A Compliance Report prepared by the

**Fraud, Waste and Abuse
Prevention Division**



STATE OF OHIO
OFFICE OF THE AUDITOR

JIM PETRO, AUDITOR OF STATE

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Romeo S. Miclat, M.D., Inc.
Attn: Tammy Looney, Office Manager
1060 North Abbe Road
Elyria, Ohio 44035

Re: Medicaid Review of
Provider Number 0332296

Dear Ms. Looney:

We have completed our review of selected medical services rendered to Medicaid recipients by Romeo S. Miclat, M.D. for the period January 1, 1995 through March 31, 2000. We identified overpayments in the amount of \$19,682.34. The attached report details the basis for the overpayment.

Following review of the draft report, you acknowledged that a billing error had occurred and that full restitution would be submitted within 45 days of release of this report. When remitting payment, please use the "remittance" sheet attached to the back of this report. Please be advised that in accordance with Section 131.02 of the Ohio Revised Code, if payment is not made to the Ohio Department of Job and Family Services within those 45 days, the overpayment will be referred to the Ohio Attorney General's office for collection.

As a matter of policy, a copy of this report is being sent to the Ohio Department of Job and Family Services, the Ohio Attorney General, and the State Medical Board. If you have any questions, please contact Johnnie L. Butts, Jr., Chief, Fraud, Waste and Abuse Prevention Division at (614) 466-3212.

Yours truly,

JIM PETRO
Auditor of State

August 23, 2000

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ABBREVIATIONS

CPT	Physicians' Current Procedural Terminology
ESRD	End Stage Renal Disease
FWAP	Fraud, Waste and Abuse Prevention Division
OAC	Ohio Administrative Code
ODJFS	Ohio Department of Job and Family Services
ORC	Ohio Revised Code
MMIS	Medicaid Management Information System

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SUMMARY OF RESULTS

The Auditor of State performed a review of Romeo S. Miclat, M.D., Inc., Provider #0332296, doing business at 1060 North Abbe Road, Elyria, Ohio 44035. During this review, findings in the amount of \$19,682.34 were identified for recovery. The cited funds are recoverable as they resulted from Medicaid claims submitted by Romeo S. Miclat, M.D., Inc., for services that were improperly billed and reimbursed under the Ohio Medicaid Handbook and Ohio Administrative Code (OAC). Therefore, pursuant to Ohio Revised Code Section (ORC)117.28, a finding for recovery is issued against the Provider for improperly received monies in the amount of \$19,682.34.

BACKGROUND

In the State of Ohio, the Ohio Department of Job and Family Services (ODJFS) is delegated with the responsibility of administering the Medicaid Program. Within federal guidelines, ODJFS establishes reimbursement policy, service rules and regulations, arranges with providers to render their services to patients, and pays provider claims.

PURPOSE, SCOPE AND METHODOLOGY

The Auditor of State has identified billings for multiple units of services for the same patient on the same day as an area where some providers could be over billing. A computer analysis of this issue resulted in the selection of providers for audit.

The purpose of our review was to determine whether this Provider's claims for reimbursement of medical services billed with multiple units of service were made in compliance with regulations and to calculate an overpayment amount in the event of any noncompliance. Our review was limited to include only selected services billed with multiple units of service, which the Provider rendered to Medicaid recipients during the period January 1, 1995 through March 31, 2000.

To determine whether noncompliance occurred, we reviewed paid claim information¹ residing in ODJFS' Medicaid Management Information System (MMIS) for instances where a provider billed and was paid for more than one unit of service when data and/or the definition of the code billed indicated only one unit or service could have been performed. In such instances, an overpayment would be made on the difference between the amount reimbursed the provider and the established maximum fee allowed for one unit of service.

We utilized ODJFS' Medicaid Provider Handbook and the Ohio Administrative Code (OAC) as guidance in determining the applicable regulations and applicable reimbursement rates.

¹The computerized paid claims data included provider number, recipient name, recipient number, procedure codes, warrant number, date of service, amount billed and paid, and overpayment amount.

Work performed on this review was done in accordance with government auditing standards.

FINDINGS

Pursuant to the Ohio Medicaid Provider Handbook, Chapter 3334, Section V, Subsection B(6), OAC Section 5101:3-1-198: Overpayments, duplicate payments, or payments for services not rendered are recoverable by the department at the time of discovery. . .

We reviewed dialysis CPT code 90921 billed by the Provider. The review showed 57 paid claims where the Provider billed 10 or more units of service for one month of dialysis services, for the same patient and for the same date of service. For example, the Provider billed for performing CPT code 90921; *End stage renal disease (ESRD) related services per full month; for patients twenty years of age and over*, with 10 or more units of service in a month for the same patient. For this code, a unit of service is one full month (each 30 day period), and the Provider should have billed only one unit of service for the full month.

The amount of the overpayment received by the Provider resulted from how ODJFS calculates the Medicaid maximum fee. For the example of CPT code 90921, the maximum reimbursable fee was calculated by multiplying the number of units billed (10 in this case) by the established maximum fee allowed for the service (\$128.38)². The Provider then received the billed charge (\$500) or the calculated Medicaid maximum ($\$128.38 \times 10 = \$1,283.80$), whichever was less. In this instance, the Provider received the billed charge of \$500 for one month of dialysis services. Therefore, an overpayment occurred between the difference of what was paid to the Provider and the established maximum fee for one unit ($\$500 - \$128.38 = \$371.62$ in this example).

Using the logic in the above example, we calculated the amount overpaid for each of the 57 instances in which the Provider billed and was paid for 10 or more units of service in lieu of the established maximum fee for one unit. The resulting overpayment was \$19,682.34.

CONCLUSION

Our review identified 57 instances in which the Provider erroneously billed and was paid for multiple units of service when only one unit of service was delivered. Therefore, pursuant to Ohio Revised Code Section (ORC)117.28, a finding for recovery is issued against the Provider for improperly received monies in the amount of \$19,682.34.

A draft of this report was mailed to the Provider on June 13, 2000, to afford the Provider an opportunity to provide additional documentation or otherwise respond in writing. The Provider responded by telephone July 5, 2000 stating they disagreed with part of the overpayment because they could not validate being reimbursed for one of the 57 instances. They indicated that after this

² Maximum fees are periodically revised. This was the maximum fee for this code from May 1, 1994 through December 31, 1996.

matter was resolved, full restitution would be made. A copy of the Provider Remittance Advice statement from the Ohio Department of Job and Family Services was obtained and sent to the Provider on July 10, 2000 showing proof of payment.

The Provider has been advised that if payment is not made within 45 days of the finalization of this report this matter will be referred to the Ohio Attorney General's office for collection.

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PROVIDER REMITTANCE FORM

Make your check payable to the Treasurer of State of Ohio and mail check along with this completed form to:

Ohio Department of Job and Family Services
Post Office Box 182367
Columbus, Ohio 43218-2367

Provider: Romeo S. Mclat, M. D., Inc.
1060 North Abbe Road
Elyria, Ohio 44035

Provider Number: 0332296

Review Period: January 1, 1995 through March 31, 2000

AOS Finding Amount: \$19,682.34

Date Payment Mailed: _____

Check Number: _____

IMPORTANT: To ensure that our office properly credits your payment, please also fax a copy of this remittance form to: Charles T. Carle at (614) 728-7398.

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ROMEO S. MICLAT, M.D., INC.

LORAIN COUNTY

CLERK'S CERTIFICATION

This is a true and correct copy of the report which is required to be filed in the Office of the Auditor of State pursuant to Section 117.26, Revised Code, and which is filed in Columbus, Ohio.

Susan Babbitt

CLERK OF THE BUREAU

**CERTIFIED
AUGUST 29, 2000**