



Dave Yost • Auditor of State

**QUEST RECOVERY AND PREVENTION SERVICES, INC. DBA COMMQUEST
STARK COUNTY**

TABLE OF CONTENTS

Title	Page
Independent Auditor's Report	1
Compliance Examination Report	3
Recommendation: Service Documentation.....	6
Recommendation: Authorization to Provide Services.....	7
Provider Response and Auditor of State (AOS) Conclusion.....	8
Appendix I: Summary of Urinalysis Lab Services Sample.....	9
Appendix II: Summary of Intensive Outpatient Services Sample	10

THIS PAGE INTENTIONALLY LEFT BLANK



Dave Yost • Auditor of State

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH MEDICAID REQUIREMENTS APPLICABLE TO URINALYSIS LABS AND INTENSIVE OUTPATIENT SERVICES

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

RE: Quest Recovery and Prevention Services, Inc. dba CommQuest
Ohio Medicaid # 2901131

We were engaged to examine Quest Recovery and Prevention Services, Inc. dba CommQuest (the Provider) compliance with specified Medicaid requirements for service documentation, service authorization and provider qualifications related to the provision of urinalysis labs and intensive outpatient services during the period of January 1, 2013 through December 31, 2015. Management of Quest Recovery and Prevention Services, Inc. is responsible for the Provider's compliance with the specified requirements.

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. The Provider is responsible for compliance with the specified requirements.

Our responsibility is to express an opinion on the Provider's compliance with the specified Medicaid requirements based on conducting the examination in accordance with attestation standards established by the American Institute of Certified Public Accountants. 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. 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.

Basis for Disclaimer of Opinion

The Provider declined to submit a signed representation letter acknowledging responsibility for maintaining records and complying with applicable laws and regulations regarding Ohio Medicaid reimbursement; establishing and maintaining effective internal control over compliance; making available all documentation related to compliance; and responding fully to our inquiries during the examination.

Quest Recovery and Prevention Services, Inc. dba CommQuest
Independent Auditor's Report on
Compliance with the Requirements of the Medicaid Program

Disclaimer of Opinion

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 the Provider's compliance with the specified Medicaid requirements for the period of January 1, 2013 through December 31, 2015.

We identified improper payments in the amount of \$839,903.00. This finding plus interest in the amount of \$70,718.68 (calculated as June 18, 2018) totaling \$910,621.68 (see results section for period to recover overpayments) is due and payable to the ODM upon its adoption and adjudication of this examination report. Services billed to and reimbursed by the ODM, 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 ODM and/or the office of the attorney general will take action to gain compliance and recoup inappropriate or excess payments in accordance with rule 5160-1-27 or 5160-26-06 of the Administrative Code.

This report is intended solely for the information and use of the Provider, the ODM, and other regulatory and oversight entities, and is not intended to be, and should not be used by anyone other than these specified parties.



Dave Yost
Auditor of State

June 18, 2018

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 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 Examination Report

Background

Title XIX of the Social Security Act, known as Medicaid, provides federal cost-sharing for each State's 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

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)

Ohio Medicaid recipients may be eligible to receive alcohol and drug addiction treatment related services that assist the recipient with rehabilitation. The Ohio Department of Mental Health and Addiction Services (OMHAS) recognize services that may be used in the treatment of alcohol and other drug addiction that include, but are not limited to: laboratory urinalysis, assessment, individual and group counseling and case management. See Ohio Admin. Code Chapter 5122

We found four separate Medicaid numbers associated with the Provider. This examination was limited to Medicaid number 2901131; however, this number was terminated by the ODM on August 31, 2017. The other Medicaid numbers include 0065252 and 0153024, both of which are inactive, and number 0105395 which is active and identifies the Provider as an ODMH certified agency. We noted payments to number 0105395 during our examination period; however, we did not examine any services related to this Medicaid number.

In relation to Medicaid number 2901131, this Provider was listed as an ODADAS certified/licensed treatment program.² During the examination period, the Provider received reimbursement from the Ohio Medicaid program of \$12,004,258 for 265,186 drug and alcohol addiction services in which provider number 2901131 was identified on the claim. These services included the following:

- \$562,109 for alcohol and/or drug assessment services (H0001);
- \$224,853 for case management services (H0006);
- \$1,071,324 for group counseling services (H0005);
- \$1,014,269 for medical/somatic (ambulatory setting) services (H0016);
- \$1,099,259 for behavioral health counseling & treatment services (H0004);
- \$1,102,585 for alcohol/drug screen-lab analysis of specimens services (H0003);
- \$5,115,953 intensive outpatient program services (H0015); and
- \$1,813,906 for methadone administration services (H0020).

In 2015, the Provider merged operations with Community Services of Stark County. The Provider assumed oversight of the merged organization and identifies itself as CommQuest on its website.

² In 2013, the State of Ohio consolidated the Department of Alcohol and Drug Addiction Services (ODADAS) with the Department of Mental Health (ODMH) into one single agency, the Department of Mental Health and Addiction Services.

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether the Provider's claims for reimbursement 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 an examination of urinalysis labs and intensive outpatient services (procedure codes H0003 and H0015, respectively) that the Provider rendered during the period of January 1, 2013 through December 31, 2015 and received payment from Ohio's Medicaid program.

We received the Provider's claims history from the Medicaid database. We removed all services with a paid amount of zero, services with third party payments and Medicare cross over claims. We first extracted 36 urinalysis lab services (H0003) as an exception test which included all dates where a given recipient received more than one lab service, all lab services for one recipient for the month of September 2015, all lab services for a second recipient for the month of September 2014 and all lab services for a third recipient for the month of October 2014.

From the remaining population, we extracted remaining lab services (procedure code H0003) and intensive outpatient services (procedure code H0015) and used a sampling approach to facilitate a timely and efficient examination as permitted by Ohio Admin. Code § 5160-1-27(B)(1). The sample sizes are shown in **Table 1**.

Table 1: Samples		
Universe/Strata	Population	Sample
H0003 Urinalysis Lab Services	26,648	387
H0015 – Intensive Outpatient Services	37,370	385
Total Services:	64,018	772

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 process for submitting billing to the Ohio Medicaid program. During fieldwork we reviewed service documentation, personnel records and interviewed Provider staff. The Provider's records were maintained at several locations and records from external sites were stored according to the case closure date. We reviewed the contents of every box provided during the on-site visit. The Provider was given opportunities to submit additional documentation and we reviewed all documents received for compliance. In addition, after receipt of the draft report, the Provider submitted additional documentation which we reviewed for compliance and updated our results accordingly.

Results

The ODM may recover an overpayment during the five-year period immediately following the end of the state fiscal year in which the overpayment was made according to Ohio Rev. Code § 5164.57.

Urinalysis Lab Exception Test

We examined 36 services in our exception test of urinalysis lab services and found 11 errors resulting in an improper payment of \$560.00.

Results (Continued)

Urinalysis Lab Sample

We examined 387 urinalysis lab services and identified 36 errors. We took exception with 31 of the 387 statistically sampled services. Services paid prior to July 1, 2013 were given an overpayment value of \$0.00. This resulted in a projected overpayment amount of \$86,417 with a precision of plus or minus \$29,160 at the 95 percent confidence level. Since the precision percentage achieved was greater than our procedures require for use of a point estimate, the results were re-stated as a single tailed lower limit estimate (equivalent to methods used in Medicare audits), and a finding was made for \$61,963. This allows us to say that we are 95 percent certain that the population overpayment amount is at least \$61,963. A detailed summary of our statistical sample and projection results is presented in **Appendix I**.

Intensive Outpatient Sample

We examined 385 intensive outpatient services and identified 316 errors. We took exception with 71 of the 385 statistically sampled services. Services paid prior to July 1, 2013 were given an overpayment value of \$0.00. This resulted in a projected overpayment amount of \$943,461 with a precision of plus or minus \$198,045 at the 95 percent confidence level. Since the precision percentage achieved was greater than our procedures require for use of a point estimate, the results were re-stated as a single tailed lower limit estimate (equivalent to methods used in Medicare audits) and a finding was made for \$777,380. This allows us to say that we are 95 percent certain that the population overpayment amount is at least \$777,380. A detailed summary of our statistical sample and projection results is presented in **Appendix II**.

Rule References

Ohio Admin. Code §§ 5160-30-01, 5160-30-02, 5160-30-03 and 5160-30-04 in effect during this examination period, contained the requirements to be an eligible provider, coverage and limitation policies, billable services, and reimbursement for alcohol and other drug treatment services. These Medicaid rules reference specific sections of Ohio Admin. Code § 3793:2 related to alcohol and drug addiction programs delivered by ODADAS certified/licensed programs as requirements for services billed to the ODM.

A. Provider Qualifications

According to Ohio Admin. Code § 3793:2-1-08, positions that can provide intensive outpatient services include psychology assistant, professional counselor, licensed social worker, licensed independent social worker, licensed marriage and family therapist, chemical dependency counselor assistant (as it relates to abuse of or dependency on alcohol and other drugs), certified chemical dependency counselor II or licensed chemical dependency counselor II, licensed practical nurse, licensed independent chemical dependency counselor, psychologist, school psychologist, social work assistant, counselor trainee, and students enrolled in an accredited educational institution in Ohio.

We compiled the names and professional credentials for the 49 licensed personnel that rendered services in the intensive outpatient sample. Using the Ohio e-License Center website, we obtained and verified the professional licenses of the rendering practitioner to ensure that the license was valid and active for the examined dates of service.

We found that all 49 practitioners met one of the qualifications at the time of service delivery. We identified two instances in which the rendering practitioner's name was illegible so we could not verify the practitioner qualifications. We did not associate an improper payment for these two errors.

B. Service Documentation

With the exception of urinalysis, the service documentation for alcohol and drug addiction services shall include client identification, date of service delivery, type of service, summary of service, length of time, date, and original signature and credentials of staff providing the service. See Ohio Admin. Code § 3793:2-1-06 (P) In addition, Ohio Admin. Code § 3793:2-1-06 (O) states that results for urinalysis testing shall be placed in the client's file per Ohio Admin. Code § 3793:2-1-08 (R)(1)(g).

Medicaid requires providers to maintain all records necessary to fully disclose the extent of services provided. See Ohio Admin. Code § 5160-1-17.2

We reviewed all documentation submitted by the Provider to verify that there was documentation which supported the services and units billed and contained the required elements.

Urinalysis Lab Exception Test

We reviewed 36 services and identified two instances lacking service documentation to support the service and eight instances in which the Provider billed for two lab services on the same date but the service documentation supported one service. These 10 errors are included in the improper payment amount of \$560.

Urinalysis Lab Sample

We reviewed 387 services and identified 11 errors for no supporting service documentation. These 11 errors, for those services that were paid on, or subsequent to, July 1, 2013, are included in the projected improper payment of \$61,963.

Intensive Outpatient Sample

We reviewed 385 services and identified 30 instances lacking service documentation to support the service and one service in which a group attendance sheet was present but it did not include the required elements. We also identified four instances where the service documentation indicated a non-billable procedure code. The Provider supplied an internal document defining its procedure codes and confirmed that the procedure codes for these four instances were for non-billable activities. These 35 errors, for those services that were paid on, or subsequent to, July 1, 2013, are included in the projected improper payment of \$777,380.

In addition, there were two instances in which service duration was not recorded. Since intensive outpatient services are reimbursed on a daily rate, we did not associate an improper payment for these two errors.

Recommendation:

The Provider should develop and implement procedures to ensure that all service documentation fully complies with the requirements contained in Ohio Medicaid rules. In addition, the Provider should implement a quality review process to ensure that documentation is present, complete and accurate prior to submitting claims for reimbursement. The identified issues should be addressed to ensure compliance with Medicaid rules and avoid future findings.

C. Authorization to Provide Services

Providers shall develop an individual treatment plan based on the assessment for clients receiving specific drug and alcohol prevention and treatment services. The treatment plan shall contain the frequency, duration and type of treatment services, the signature of the staff member that developed the plan, and the original signature of the client. See Ohio Admin. Code § 3793:2-1-06 (L)

C. Authorization to Provide Services (Continued)

In addition, per Ohio Admin. Code § 5160-30-02, a physician must order the drug screening/urinalysis for Medicaid to cover the service.

Urinalysis Lab Exception Test

We reviewed 36 services and identified one instance in which there was no standing order to cover the service. This error is included in the improper payment amount of \$560.

Urinalysis Lab Sample

We reviewed 387 services and identified 25 instances in which no standing order was found in the record to cover the service. These 25 errors, for those services that were paid on, or subsequent to, July 1, 2013, are included in the projected improper payment of \$61,963.

Intensive Outpatient Sample

To compare treatment plans to the requirements, we examined treatment plans and any subsequent reviews of the plans. We compared the development date of the plan and the longest timeframe for any of the objectives listed, along with any updated timeframes noted in treatment plan reviews, to the date of service in the sample. We also examined for types of service identified on the plan and the required signatures of both staff and client. We did not identify errors if frequency or duration were missing.

We reviewed 385 services and identified the following errors:

- 44 services lacking a treatment plan to cover the service date;
- 6 instances in which the treatment plan was not signed by a qualified person;
- 5 instances in which the treatment plan was not signed by the client; and
- 1 instance in which the treatment plan review prior to the service indicated the client was to only receive non-intensive outpatient services.

These 56 errors, for those services that were paid on, or subsequent to, July 1, 2013, are included in the projected improper payment of \$777,380.

In addition, we found 221 instances in which the treatment plan did not indicate intensive outpatient services. During the examination period, the Provider billed intensive outpatient services for clients in its residential programs. We noted that the Provider marked the level of care on the treatment plan as residential but did not identify intensive outpatient services. The treatment plans associated with these errors did include services that comprise intensive outpatient services, such as individual and group counseling and on-going assessment as part of crisis intervention. We also obtained a written description of services provided to residents of the residential program and noted that the list included intensive outpatient services. We did not identify an improper payment for these 221 instances.

Recommendation:

The Provider should develop and implement internal controls to ensure that all individual treatment plans and physician's orders fully comply with requirements contained in Ohio Medicaid rules. The Provider should ensure treatment plans and physician's orders are completed within timelines required and that the individual treatment plan be signed by both a qualified person and the client. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

Quest Recovery and Prevention Services, Inc. dba CommQuest
Independent Auditor's Report on
Compliance with the Requirements of the Medicaid Program

Provider Response:

The Provider was afforded an opportunity to respond to this report. The Provider disagreed with our results and our authority to issue this report. The response can be obtained by contacting: Vorys, Sater, Seymour and Pease LLP located at 52 East Gay Street, Columbus, Ohio 43216. We did not examine the Provider's official response and, accordingly, we express no opinion on it.

AOS Conclusion:

In addition to the official response, the Provider again submitted new documentation that had not previously been provided. We evaluated this additional documentation and updated the results accordingly. We reviewed the official response and found no basis for any other change to the results. We stand by the results described above and the authority of the Auditor of State's Office to issue this report.

Appendix I

Summary of Urinalysis Lab Services Sample

POPULATION

The population is all paid Medicaid urinalysis lab services (procedure code H0003), less certain excluded services, net of any adjustments, where the service was performed and payment was made by ODM.

SAMPLING FRAME

The sampling frame was paid and processed claims from MITS. These systems contain all Medicaid payments and all adjustments made to Medicaid payments by the State of Ohio.

SAMPLE UNIT

The sampling unit was Medicaid claims by service line. Service lines are defined as an individual line on a claim.

SAMPLE DESIGN

We used a simple random sample.

Description	Results
Number of Population Services Provided	26,648
Number of Population Services Sampled	387
Total Medicaid Amount Paid for Population	\$1,100,670
Actual Amount Paid for Population Services Sampled	\$16,015
Number of Services Sampled with Errors	31
Estimated Overpayment (Point Estimate)	\$86,417
Precision of Overpayment Estimate at 95% Confidence Level	\$29,160 (33.74%)
Precision of Overpayment Estimate at 90% Confidence Level	\$24,454 (28.30%)
Single-tailed Lower Limit Overpayment Estimate at 95% Confidence Level (Calculated by subtracting the 90 percent overpayment precision from the point estimate) (Equivalent to the estimate used for Medicare Audits)	\$61,963

Source: AOS analysis of MITS information and the Provider's medical records

Appendix II

Summary of Intensive Outpatient Services Sample

POPULATION

The population is all paid Medicaid intensive outpatient services (procedure code H0015), less certain excluded services, net of any adjustments, where the service was performed and payment was made by ODM.

SAMPLING FRAME

The sampling frame was paid and processed claims from MITS. These systems contain all Medicaid payments and all adjustments made to Medicaid payments by the State of Ohio.

SAMPLE UNIT

The sampling units or elements of analysis that will be used are paid Medicaid claims by service line. A service line is defined as an individual claim line on a claim.

SAMPLE DESIGN

We used a simple random sample.

Description	Results
Number of Services in Population	37,370
Number of Population Services Sampled	385
Total Amount Paid for Population	\$5,115,953.00
Actual Amount Paid for Population Services Sampled	\$52,706.50
Number of Services Sampled with Errors	71
Estimated Overpayment (Point Estimate)	\$943,461
Precision of Overpayment Estimate at 95% Confidence Level	\$198,045 (20.99%)
Precision of Overpayment Estimate at 90% Confidence Level	\$166,082 (17.60%)
Single-tailed Lower Limit Overpayment Estimate at 95% Confidence Level (Calculated by subtracting the 90 percent overpayment precision from the point estimate) (Equivalent to the estimate used for Medicare Audits)	\$777,380

Source: AOS analysis of MITS information and the Provider's medical records



Dave Yost • Auditor of State

QUEST RECOVERY AND PREVENTION

STARK 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
JULY 3, 2018