



OHIO AUDITOR OF STATE
KEITH FABER



**SUNRISE TREATMENT CENTER, LLC
HAMILTON COUNTY**

TABLE OF CONTENTS

Title	Page
Independent Auditor's Report	1
Compliance Examination Report	3
Recommendation: Service Documentation.....	6
Recommendation: Service Authorization.....	6

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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 SUBSTANCE USE DISORDER SERVICES

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

RE: Sunrise Treatment Center, LLC
Ohio Medicaid Number: 0078786 and NPI: 1992043053

We examined Sunrise Treatment Center, LLC (the Provider's) compliance with specified Medicaid requirements for provider qualifications, service documentation and service authorization related to the provision of individual counseling and provider qualifications and service documentation related to the provision of administration of medication services during the period of January 1, 2018 through June 30, 2018.

We also examined instances in which three or more assessments were reimbursed for the same recipient during our examination period along with four instances in which same service for the same recipient on the same date was paid to another behavioral health provider.

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 payments made by Ohio Medicaid. Management of Sunrise Treatment Center, LLC is responsible for its compliance with the specified requirements. The accompanying Compliance Examination Report identifies the specific requirements examined. Our responsibility is to express an opinion on the Provider'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 Provider complied, in all material respects, with the specified requirements referenced above. 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. 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 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.

Sunrise Treatment Center, LLC
Independent Auditor's Report on
Compliance with the Requirements of the Medicaid Program

Opinion on Compliance

In our opinion, the Provider complied, in all material respects, with the aforementioned requirements for individual counseling and medication administration for the period of January 1, 2018 through June 30, 2018.

Our testing was limited to the specified Medicaid requirements and services detailed in the Compliance Examination Report. We did not test other requirements and, accordingly, we do not express an opinion on the Provider's compliance with other requirements.

We identified improper Medicaid payments in the amount of \$1,568.52. This finding plus interest in the amount of \$96.09 (calculated as of the date of this report) totaling \$1,664.61 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

This report is intended solely for the information and use of the Provider, the ODM 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 23, 2021

COMPLIANCE EXAMINATION REPORT

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 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. See Ohio Admin Code § 5160-1-17.2(D) and (E)

Addiction Services

Under provider number 0078786, the Provider is identified as an Ohio Department of Mental Health and Addiction Services (OhioMHAS) licensed treatment program and received \$5,528,662 in payments for 72,769 services during the examination period. The Provider also received \$195,689 in managed care payments which were not included in the scope of the examination.

Mental Health Services

Under provider number 0313320, the Provider is identified as an Ohio Department of Mental Health licensed treatment center and received no payments during the examination period.

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether the Provider's Medicaid 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 for the engagement was limited to individual counseling and medication administration as specified below for which the Provider billed with dates of service from January 1, 2018 through June 30, 2018 and received payment.

We received the Provider's claims history from the Medicaid database of services billed to and paid by Ohio's Medicaid program. From the total paid services population, we removed all claims paid at zero. We then extracted all fee for service claims for testing, excluding the 14,749 managed care claims.

From this population, we extracted all services in which three or more units of assessments (H0001) were reimbursed for the same recipient during our examination period, all individual counseling services (H0004, 90832, 90834 and 90837) and all administration of medication services (T1502) into separate files. We selected all 25 H0001 services with three or more units to the same recipient to test in their entirety (Three or More Units of Assessments Exception Test). Next, we selected a sample for individual counseling and a sample for administration of medication services.

During planning, we noted instances in which other OhioMHAS providers were paid by Ohio Medicaid for the same alcohol and drug addiction service to the same recipient on the same date. In order to test a selection of these services (Potential Duplicate Services Exception Test), we summarized the unique recipients that received services during the examination period and searched the claims history for services paid to other OhioMHAS licensed treatment program for these recipients during our examination period.

Purpose, Scope, and Methodology (Continued)

There were 72 services in which the Provider was paid for the same recipient on the same date of service and procedure code as 14 other providers¹. We haphazardly selected and tested four of these 72 services. We ensured none of these four services were previously selected for sample testing.

We used a statistical sampling approach to examine individual counseling and administration of medication services in order to facilitate a timely and efficient examination as permitted by Ohio Admin. Code § 5160-1-27(B)(1). We developed a simple random sample for each of the two samples. A summary of the methodology is shown in **Table 1**.

Universe	Population Size	Services Selected
Exception Tests:		
Potential Duplicate Services (H0004, 90832, 90837)	72	4
Three or More Units of Assessments (H0001)	25	25
Samples:		
Individual Counseling (H0004, 90832, 90834, 90837)	10,683	102
Administration of Medication (T1502)	10,237	102
Total	21,017	233

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, personnel related procedures and billing process. During fieldwork, we reviewed service documentation and personnel records. We sent preliminary results to the Provider and it subsequently submitted additional documentation which we reviewed for compliance prior to the completion of our fieldwork.

Results

The summary results of the compliance examination are shown in **Table 2**. The noncompliance and basis for the findings is discussed below in more detail.

Universe	Services Examined	Non-compliant Services	Non-compliance Errors	Improper Payment
Exception Tests:				
Potential Duplicate Services	4	0	0	\$0.00
Three or More Units of Assessments	25	18	7	\$803.10
Samples:				
Individual Counseling	102	11	11	\$765.42
Administration of Medication	102	0	0	\$0.00
Totals	233	29	18	\$1,568.52

¹ There was a total of 144 services provided by 15 providers to the same recipients on same date; 72 of the 144 were paid to Sunrise Treatment Center, LLC. We compared Sunrise Treatment Center, LLC's documentation to documentation received from three of the other providers.

A. Provider Qualifications

Per Ohio Admin. Code § 5160-1-17.2, in signing the Medicaid provider agreement, the 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 10 certified practitioners and 29 licensed practitioners in the service documentation for the selected services and compared their names to the Office of Inspector General exclusion database and the ODM's exclusion or suspension list. We found no matches on the exclusion or suspension list.

We also compared identified owners and administrative staff names to the exclusion or suspension list and found no matches.

Individual Counseling and Medication Administration Services

For the 10 certified practitioners and 29 licensed practitioners, we verified via the Ohio e-License Center website that their licenses or certifications were current and valid on the first date of service found in our selected services and were active during the remainder of the examination period.

We then compared each individual identified as a licensed or certified rendering practitioner to the qualifications contained in Ohio Admin. Code §§ 5160-8-05(C) and 5160-27-01(A).

All of the licensed and certified individuals met the required qualifications for the services rendered.

B. Service Documentation

Documentation requirements include the date, time of day, and duration of the service contact and a description of the service. See Ohio Admin. Code § 5160-8-05(F)

For errors where units billed exceeded the documented duration, the improper payment was based on unsupported units.

Potential Duplicate Services Exception Test

We obtained service documentation from three other providers for the services in which they also received Ohio Medicaid reimbursement for the same recipient, service date and procedure code as the Provider. We compared times of service delivery and found no overlapping services or other errors.

Three or More Units of Assessments Exception Test

The 25 services examined contained seven instances in which there was no documentation to support the service. These seven errors resulted in an improper payment amount of \$803.10.

Individual Counseling Sample

The 102 services examined contained five instances in which there was no documentation to support the service and two instances in which the units billed were greater than the units documented. These seven errors are included in the improper payment amount of \$765.42.

Administration of Medication Sample

All 102 services contained the required elements.

B. Service Documentation (Continued)

Recommendation:

The Provider should review its quality review process to develop and implement procedures to ensure that documentation is present, complete, and accurate and that units documented agree to the units billed prior to submitting claims for reimbursement. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

C. Authorization to Provide Services

A treatment plan must be completed within five sessions or one month of admission, whichever is longer, must specify mutually agreed treatment goals and track responses to treatment and is expected to bear the signature of the professional who recorded it. See Ohio Admin. Code § 5160-8-05(F). In addition, Ohio Admin. Code § 5160-27-02(C)(1) states substance abuse assessments are limited to two hours per recipient, per billing provider, per calendar year without prior authorization.

Three or More Units of Assessments Exception Test

We noted 11 instances in which the Provider did not obtain prior authorization for units greater than two per recipient, per year. However, we noted the Medicaid Behavioral Health State Plan Services Provider Requirements and Reimbursement Manual indicated that the unit value for an assessment is an encounter which conflicts with the rule cited above. Due to this discrepancy, we did not associate an improper payment for the 11 potential errors.

Individual Counseling Sample

Of the 102 services examined, 84 were within the timeframe that required a treatment plan. These 84 services contained four instances in which there was no treatment plan. These four errors are included in the improper payment amount of \$765.42.

We limited our testing of service authorization to the Three or More Units of Assessments Exception Test and Individual Counseling sample.

Recommendation:

The Provider should develop and implement controls to ensure that all individual treatment plans are completed within the required timeframe. In addition, the Provider should obtain prior authorization from ODM for services that require such. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

We also recommend that ODM review its rules and manuals to ensure consistency and clarity.

Official Response

The Provider declined to submit a response to the results noted above.

OHIO AUDITOR OF STATE KEITH FABER



SUNRISE TREATMENT CENTER, LLC

HAMILTON 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 2/4/2021

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