



OHIO AUDITOR OF STATE
KEITH FABER



**PRIMARY CARE NURSING SERVICES, INC.
FRANKLIN 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 PRIVATE DUTY NURSING SERVICES

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

RE: Primary Care Nursing Services, Inc.
Ohio Medicaid Number: 0692255 NPI: 1194782979

We examined Primary Care Nursing Services, Inc.'s (Primary Care) compliance with specified Medicaid requirements for provider qualifications, service documentation and service authorization related to the provision of private duty nursing services during the period of July 1, 2018 through March 31, 2020.

In addition, we tested specified Medicaid requirements for provider qualifications, service documentation and service authorization related to the provision of private duty nursing and other nursing services when these services were rendered to the same recipient on the same date.

Primary 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, Revised Code, 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 Primary Care 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 Primary Care'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 Primary Care complied, in all material respects, with the specified requirements referenced above. An examination involves performing procedures to obtain evidence about whether Primary Care 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 modified opinion. Our examination does not provide a legal determination on Primary Care's compliance with the specified requirements.

Internal Control over Compliance

Primary 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 the Primary Care's internal control over compliance.

Basis for Qualified Opinion

Our examination disclosed that, in a material number of instances, Primary Care billed one visit as multiple visits which resulted in an over payment.

Qualified Opinion on Compliance

In our opinion, except for the effects of the matters described in the Basis for Qualified Opinion paragraph, Primary Care has complied, in all material respects, with the select requirements of private duty nursing services for the period of July 1, 2018 through March 31, 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 Primary Care's compliance with other requirements.

We identified improper Medicaid payments in the amount of \$3,600.81. This finding plus interest in the amount of \$172.17 (calculated as of November 9, 2021) totaling \$3,772.98 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 If waste and abuse 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 payments¹. Ohio Admin. Code § 5160-1-29(B)

This report is intended solely for the information and use of Primary 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

November 9, 2021

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 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)

Primary Care is a Medicare Certified Home Health Agency (MCHHA) and received fee-for-service payments of \$6,357,428 under the provider number examined for 28,876 home health services. Primary Care also received over \$1.3 million in managed care payments² which were not included in the scope of the examination. Primary Care has one location in Dublin, Ohio.

Primary Care had a second provider number (0143172) which was active during the examination period; however, received no Medicaid payments during this time frame.

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether Primary Care 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 PDN services and related home health and waiver nursing services as specified below for which Primary Care billed with dates of service from July 1, 2018 through March 31, 2020 and received payment.

We obtained Primary Care'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 PDN services (procedure code T1000) and separately extracted all other nursing services (G0299, G0300, T1002 and T1003). We matched these two files to identify PDN services billed on the same date for the same recipient as another nursing service. 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 randomly selected 86 RDOS to examine the PDN and other nursing services (PDN and Other Nursing Services on Same RDOS Exception Test).

After removing the 86 RDOS, we then extracted all remaining PDN services (T1000) and summarized these by 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). We selected a simple random sample of 100 RDOS and obtained the detailed PDN services for these RDOS. If an additional nursing service was also billed on the same RDOS as the sampled service, we included the additional nursing service to examine.

The exception test and calculated sample size are shown in **Table 1**.

² Payment data from the Medicaid Information Technology System.

Purpose, Scope, and Methodology (Continued)

Table 1: Exception Test and Sample			
Universe	Population Size	Sample Size	Selected Services
Exception Test			
PDN and Other Nursing Services on Same RDOS (T1000, G0299, G0300, T1002, T1003)	86 RDOS		228
Sample			
PDN Services (T1000)	17,410 RDOS	100 RDOS	127
Additional Nursing Services (G0300, T1003) ²			7
Total			362

² The additional nursing services include six home health nursing – registered nurse (G0300) and one waiver nursing – licensed practical nurse (T1003) service.

A notification letter was sent to Primary Care setting forth the purpose and scope of the examination. During the entrance conference, Primary Care described its documentation practices and billing process. During fieldwork, we obtained an understanding of the electronic health record system used by Primary Care, reviewed service documentation and verified professional licensure of each rendering practitioner. We sent preliminary results to Primary Care and it 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
Exception Test				
PDN and Other Nursing Services on Same RDOS	228	103	107	\$2,468.53
Sample				
PDN Services	127	10	10	\$840.59
Additional Nursing Services	7	5	5	\$291.69
Total for PDN and Additional Nursing	134	15	15	\$1,132.28
Total	362	118	122	\$3,600.81

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.

A. Provider Qualifications (Continued)

We identified 72 nurses 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 database lists. We found no matches on the exclusion/suspension lists.

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 72 nurses were current and valid on the first date of service in our selected services and were valid during the examination period.

B. Service Documentation

The MCRHHA 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)

We obtained time sheets and service documentation from Primary Care 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.

PDN and Other Nursing Services on Same RDOS Exception Test

The 228 services examined contained the following errors:

- 60 instances in which one continuous shift was rendered but was billed as multiple separate shifts;
- 33 instances in which there was no documentation to support the service; and
- 8 instances in which the units billed exceeded the documentation duration.

These 101 errors resulted in the improper payment amount of \$2,468.53.

PDN Services Sample

The 134 services examined contained the following errors:

- 9 instances in which one continuous shift was rendered but was billed as multiple separate shifts;
- 3 instances in which there was no documentation to support the service; and
- 2 instances in which the units billed exceeded the documentation duration.

These 14 errors resulted in the improper payment amount of \$1,132.28.

We reviewed the weekly timesheets submitted by Primary Care and it appeared that services are billed based on the timesheets rather than the actual services rendered. Primary Care indicated that the biller used the timesheets for billing and acknowledged that overnight shifts were split over the midnight hour resulting in two base rates. Primary Care explained this was caused by a software development adapted for payroll. They provided a performance improvement statement indicating their change in billing process going forward.

B. Service Documentation (Continued)

Recommendation

Primary Care Nursing Services, Inc. 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, Primary Care Nursing Services, Inc. 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 Primary Care and confirmed there was a plan of care to support the service examined, it authorized the selected service and was signed by a physician.

PDN and Other Nursing Services on Same RDOS Exception Test

The 228 services examined contained six instances in which Primary Care had a signed physician order; however, the plan of care was not signed until July 2021. We did not associate an improper payment with these six errors.

Primary Care explained this was due to an issue in its electronic health record system which caused the incorrect plan of care to be sent the physician. This was brought to Primary Care's attention as a result of our compliance examination and it subsequently obtained the correct plan of care from the physician.

PDN Services Sample

The 134 services examined contained one instance in which there was no signed plan of care to support the authorized service. Primary Care did have a signed physician order; however, a signed plan of care was never obtained. We did not associate an improper payment for this error.

Recommendation

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

Official Response

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

OHIO AUDITOR OF STATE KEITH FABER



PRIMARY CARE NURSING SERVICES, INC.

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 1/18/2022

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This report is a matter of public record and is available online at
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