



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 PAYMENTS FOR BEHAVIORAL HEALTH SERVICES

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

RE: Thompson Enterprises Inc. dba Youth Intensive Services Inc.
Ohio Medicaid Number: 0143158 and 0098581
National Provider Identifier (NPI): 1497128367 and 1811312770

We were engaged to examine compliance with specified Medicaid requirements for the selected payments listed below during the period of January 1, 2020 through December 31, 2021 for Thompson Enterprises Inc. which does business as Youth Intensive Services Inc.

We tested the following select payments:

- All instances in which Youth Intensive Services was reimbursed for more than 24 hours of service in a day for a recipient;
- All instances in which a new patient office visit was reimbursed after an established patient office visit for the same recipient or more than one new patient office visit was reimbursed for the same recipient;
- All instances in which more than one psychiatric diagnostic evaluation was paid for the same recipient on the same day;
- Select dates of service for rendering practitioners with the highest number of units in a day;
- A sample of potential duplicate (same recipient, service date, units, paid amount, and modifiers) individual therapeutic behavioral service (TBS) payments; and
- A sample of remaining individual TBS payments and any additional payments for the same recipients and date of service as the sampled payments.

Youth Intensive Services 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 Youth Intensive Services is responsible for its compliance with the specified requirements. The Compliance Section of this report identifies the specific requirements included in the engagement.

Internal Control over Compliance

Youth Intensive Services 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 Youth Intensive Services' internal control over compliance.

Basis for Disclaimer of Opinion

As described in the Compliance Section, our engagement disclosed the following:

Efficient • Effective • Transparent

- Youth Intensive Services billed for services in excess of 24 hours a day for recipients in which the documentation indicated the duration was inaccurate, the units billed exceeded the documented duration, the documentation did not include a description of the service rendered or the service times overlapped with service times for another service for the same recipient on the same day;
- Youth Intensive Services billed more than one new patient visit for the same recipient or billed a new patient visit after the recipient was an established patient;
- Youth Intensive Services received duplicate payments for the selected psychiatric diagnostic evaluations; and
- Youth Intensive Services documentation for the selected community psychiatric support treatment (CPST) payments indicated service times that overlapped the service times on other service documentation written by a different practitioner for the same recipient.

As such, we were unable to gain sufficient reliability on the service documentation obtained to support the Medicaid payments and determine compliance with the specified requirements.

Disclaimer of Opinion

Our responsibility is to express an opinion on Youth Intensive Services' compliance with select Medicaid requirements based on conducting the examination in accordance with attestation standards established by the American Institute of Certified Public Accountants (AICPA). 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 Youth Intensive Services' compliance with the specified Medicaid requirements for the period of January 1, 2020 through December 31, 2021.

We identified improper Medicaid payments in the amount of \$16,023.06. This finding plus interest in the amount of \$2,798.55 (calculated as of April 19, 2024) totaling \$18,821.61 is due and payable to the Department upon its adoption and adjudication of this report. Services billed to and reimbursed by the Department, which are not validated in the records, are subject to recoupment through the audit process in accordance with 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 payments per Ohio Admin. Code § 5160-1-29(B).¹

We are required to be independent of Youth Intensive Services and to meet our ethical responsibilities, in accordance with the ethical requirements established by the AICPA related to our compliance examination. This report is intended solely for the information and use of Youth Intensive Services, 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

April 19, 2024

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) and 42 CFR § 455.2.

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. Per Ohio Admin. Code § 5160-1-17.2(D) and (E), providers must furnish such records for audit and review purposes.

Youth Intensive Services is an Ohio Department of Mental Health and Addictions Services certified agency (provider type 84 and 95) and received a payment of approximately \$13.9 million under the provider numbers examined for over 163,000 mental health and substance use disorder services.² Thompson Enterprises Inc. does business as Youth Intensive Services Inc. which is a separate business entity registered with the Ohio Secretary of State. Youth Intensive Services has one location in Youngstown, Ohio.

Purpose, Scope, and Methodology

The purpose of this engagement was to determine whether Youth Intensive Services 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 select payments, as specified below, for which Youth Intensive Services billed with dates of service from January 1, 2020 through December 31, 2021 and received payment.

We obtained paid claims data from one Medicaid managed care organization (MCO) and confirmed that all the services were paid to Youth Intensive Services' tax identification number. From the MCO claims data, we removed all services paid at zero. From the remaining total paid services, we selected the following payments:

- All instances in which Youth Intensive Services was reimbursed for more than 24 hours of service in a day for a recipient (Recipients with More than 24 Hours of Service Exception Test);
- All instances in which a new patient office visit (procedure code 99202 and 99203) was reimbursed after an established patient office visit for the same recipient or more than one new patient office visit (99202, 99203, 99204) was paid for the same recipient (Multiple New Patient Visits and New Patient Visit after Established Patient Visit Exception Test);
- All instances in which more than one psychiatric diagnostic evaluation (90791) was paid for the same recipient on the same day (Potential Duplicate Psychiatric Evaluations Exception Test);
- All payments for five dates of service from rendering practitioners³ with the highest number of units (Top Rendering Providers Exception Test);
- A sample of potential duplicate individual TBS (H2019) payments (Potential Duplicate Individual TBS Sample); and
- A sample of remaining individual TBS (H2019) payments (Individual TBS Sample) and any additional payments for the same recipients and date of service as the sampled payments.

The exception tests and calculated sample sizes are shown in **Table 1**.

² Payment data from the Medicaid Information Technology System (MITS).

³ Rendering practitioner based on claims data.

Thompson Enterprises Inc. dba Youth Intensive Services Inc.
 Mahoning County
 Independent Auditor's Report on
 Compliance with Requirements of the Medicaid Program

Table 1: Exception Tests and Samples			
Universe	Population Size	Sample Size	Selected Payments
Exception Tests			
Recipients with More than 24 Hours of Service ¹			32
Multiple New Patient Visits or New Patient Visit after Established Patient Visit (99202, 99203 and 99204)			19
Potential Duplicate Psychiatric Evaluations (90791)			32
Top Rendering Providers ²			74
Samples			
Potential Duplicate Individual TBS (H2019)	312 RDOS	60 RDOS	120
Individual TBS Sample (H2019)	22,314 RDOS	83 RDOS	88
Additional Payments ³			<u>8</u>
Total for Individual TBS and Additional Payments			96
Total			373

¹ These payments consist of individual psychotherapy (90832 and 90837), established patient office visit (99214), CPST (H0036) and individual TBS (H2019).

² These payments consist of individual psychotherapy (90832 and 90837), family psychotherapy (90846 and 90847), new patient office visit (99204), established patient office visit (99213 and 99214), CPST (H0036) and individual TBS (H2019).

³ These payments consist of individual psychotherapy (90832 and 90837) and CPST (H0036).

A notification letter was sent to Youth Intensive Services setting forth the purpose and scope of the examination. During the entrance conference, Youth Intensive Services described its documentation practices and billing process. During fieldwork, we obtained an understanding of the electronic health record system used, reviewed service documentation and verified professional licensure or certification. We sent preliminary results to Youth Intensive Services, 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 payments had more than one error, only one finding was made per service. The basis for findings is discussed below in further detail.

Table 2: Results				
Universe	Payments Examined	Non-compliant Payments	Non-compliance Errors	Improper Payment
Exception Tests				
Recipients with More than 24 Hours of Service	32	21	24	\$5,104.35
Multiple New Patient Visits or New Patient Visit After Established Patient Visit	19	19	19	\$2,133.43
Potential Duplicate Psychiatric Evaluations	32	16	16	\$1,777.76
Top Rendering Providers	74	39	52	\$6,556.72
Samples				
Potential Duplicate Individual TBS	120	3	5	\$127.30
Individual TBS	88	2	3	\$305.52
Additional Payments	<u>8</u>	<u>1</u>	<u>1</u>	<u>\$17.98</u>
Total for TBS and Additional Payments	96	3	4	\$323.50
Total	373	101	120	\$16,023.06

A. Provider Qualifications

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 89 rendering practitioners in the service documentation for the selected payments and compared their names to the Office of Inspector General exclusion database and the Department's exclusion/suspension list. We also compared identified the owner and administrative staff names to the same database and exclusion/suspension list. We found no matches.

For the 14 licensed practitioners identified in the service documentation for this examination, we verified via the e-License Ohio Professional Licensure System that their certification or licenses were current and valid on the first date found in our selected payments and were active during the remainder of the examination period.

The Department requires that providers and practitioners who want to furnish Medicaid covered services to Medicaid recipients enrolled as Medicaid providers. This includes both providers and practitioners who will submit claims seeking reimbursement for services furnished to Medicaid recipients and rendering practitioners who are employed by provider groups or organizations who will submit claims to the department for payment in accordance with Ohio Admin. Code § 5160-1-17.

We searched the MITS to verify that each rendering practitioner had an active Medicaid provider number on the first date found in our selected payments and was active during the remainder of the examination. We found two practitioners that were not registered with Ohio Medicaid for all or part of the examination period. We did not associate an improper payment for services rendered by these practitioners.

Recommendation

Youth Intensive Services should ensure that all rendering practitioners obtain the required NPI and enroll as a provider in the Ohio Medicaid Program. Youth Intensive Services should implement a procedure to ensure that only services rendered by an eligible practitioner that meets these requirements are billed to the Ohio Medicaid program to ensure compliance with Medicaid rules and avoid future findings.

B. Service Documentation

In accordance with Ohio Admin. Code § 5160-27-02(H), providers shall maintain treatment records and progress notes as specified in rules 5160-1-27 and 5160-8-05 of the Ohio Administrative Code. Per Ohio Admin. Code § 5160-8-05(F), documentation requirements include the date, description, time of day, and duration of service contact. In addition, each record is expected to bear the signature and indicate the discipline of the professional who recorded it.

We obtained service documentation from Youth Intensive Services and compared it to the required elements. We also compared units billed to documented duration. For errors where units billed exceeded the documented duration, the improper payment was based on the unsupported units.

Recipients with More than 24 Hours of Service Exception Test

The 32 payments examined consisted of eight recipients in which Youth Intensive Services was reimbursed for more than 24 hours of service in a day for a recipient. These 32 payments contained the following errors:

B. Service Documentation (Continued)

- 10 instances in which Youth Intensive Services stated that the documented time in or out was incorrect and did not reflect the actual duration of the service;
- 7 instances in which the units billed exceeded the documented duration;
- 5 instances in which the service documentation did not include a description of the service rendered; and
- 2 instances in which the service times overlapped with another service on the same RDOS.

These 24 errors resulted in the improper payment amount of \$5,104.35.

Youth Intensive Services indicated the errors were due to human error, lack of training and billing errors.

Multiple New Patient Visits or New Patient Visit After Established Patient Visit Exception Test

Ohio Admin. Code § 5160-1-19(B) states that claims should be submitted pursuant to the national correct coding initiative and according to the coding standards set forth in guides which includes the current procedural terminology (CPT) codebook. The CPT codebook for new patient office visits indicates that this code is used for patients that have not received services from a physician or health care professional in the same practice in same specialty in the previous three years.

The 19 payments examined included 16 instances in which more than one new patient visit was reimbursed for the same recipient and three instances in which a new patient visit was reimbursed after an established patient visit. Youth Intensive Services indicated the rendering practitioner coded the visits in error and it has provided additional training to its staff. These 19 errors resulted in an improper payment amount of \$2,133.43.

Potential Duplicate Psychiatric Evaluations Exception Test

The 32 payments examined consisted of 16 recipients in which two psychiatric diagnostic evaluations were reimbursed on the same day. We confirmed duplicate evaluations were reimbursed for all 16 recipients as Youth Intensive Services had service documentation to support only one evaluation on the service date. The documentation provided by Youth Intensive Services for the second payment was for treatment planning. These 16 errors resulted in an improper payment amount of \$1,777.76.

Youth Intensive Services indicated this was due to a billing error that has been corrected.

Top Rendering Providers Exception Test

The 74 payments examined consisted of five dates of service with the highest number of units by rendering practitioner as identified in the claims data. The documentation provided by Youth Intensive Services indicated that multiple practitioners rendered services on the selected dates of service in which the durations were combined and billed as one service line. The 74 payments contained the following errors:

- 24 instances in which the service times overlapped with another service on the same RDOS;
- 21 instances in which the service documentation did not include a description of the service rendered; and
- 7 instances in which units billed exceeded the documented duration.

These 52 errors resulted in an improper payment amount of \$6,556.72.

Youth Intensive Services indicated the errors were due to human error, lack of training and billing errors.

B. Service Documentation (Continued)

Potential Duplicate Individual TBS Sample

The 120 payments examined consisted of 60 recipients in which two individual TBS were reimbursed on the same day. There were two instances in which there was no documentation to support the payment and one instance in which the documented service time overlapped with the second TBS on the same day. These three errors are included in the improper payment amount of \$127.30.

Youth Intensive Services indicated the errors were due to a lack of training and billing errors.

Individual TBS Sample and Additional Payments

The 88 sampled payments contained one instance in which there was no documentation to support the payment. The eight additional payments on the same recipient date of service (RDOS)⁴ as the sampled payments included one instance in which there was no documentation to support the payment. The two errors are included in the improper payment amount of \$323.50.

Youth Intensive Services indicated this was due to a billing error.

Recommendation

Youth Intensive Services should develop and implement procedures to ensure that all service documentation and billing practices fully comply with the requirements contained in Ohio Medicaid rules. In addition, Youth Intensive Services should implement a quality review process to ensure that documentation is present, complete, and accurate prior to submitting claims for reimbursement. Youth Intensive Services should address the issues identified 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 in accordance with Ohio Admin. Code § 5160-8-05(F).

We obtained treatment plans from Youth Intensive Services to confirm that the treatment plan authorized the service examined and was signed by the recording practitioner. We limited our testing of treatment plans to the sampled payments specified below.

Potential Duplicate Individual TBS Sample

The 120 payments examined contained two instances in which there was no treatment plan to authorize the service. The two errors are included in the improper payment amount of \$127.30.

Youth Intensive Services indicated this was due to a billing error.

Individual TBS Sample and Additional Payments

The 88 sampled payments examined contained two instances in which there was no treatment plan to authorize the service. These two errors are included in the improper payment amount of \$323.50.

Youth Intensive Services indicated this was due to a billing error.

⁴ An RDOS is defined as all services for a given recipient on a specific date of service.

C. Authorization to Provide Services (Continued)

We did not test service authorization for the additional eight services on the same RDOS as the sampled payments.

Recommendation

Youth Intensive Services should develop and implement procedures to ensure that all service services billed are authorized by a signed treatment plan. Youth Intensive Services should address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

Official Response

Youth Intensive Services declined to submit an official response to the results noted above.

OHIO AUDITOR OF STATE KEITH FABER



THOMPSON ENTERPRISES INC. DBA YOUTH INTENSIVE SERVICES INC.

MAHONING 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 5/23/2024

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