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**MARK JOHNSON
HAMILTON COUNTY**

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS OF THE MEDICAID PROGRAM APPLICABLE TO PERSONAL CARE AIDE SERVICES

Mark S. Johnson
676 W. North Bend Road
Cincinnati, Ohio 45224-1424

RE: *Medicaid Provider Number 2657889*

Dear Mr. Johnson:

We examined your (the Provider's) compliance with specified Medicaid requirements for service documentation and service authorization related to the provision of personal care aide services during the period of January 1, 2009 to June 30, 2011. We compared service documentation to paid claims data to verify that there was support for the date of service, the procedure code, and the duration of service paid by Ohio Medicaid. In addition, we tested your service documentation to determine if it contained the required elements. We reviewed two all services plans for authorization of the Provider to deliver personal care aide services. The accompanying Compliance Examination Report identifies the specific requirements examined for compliance.

Provider's Responsibility

The Provider entered into an agreement with the Ohio Department of Medicaid (ODM) to provide services to Medicaid recipients (the Provider Agreement). The Provider Agreement outlines the responsibility to adhere to the terms of the agreement, State statutes and rules, Federal statutes and rules, and the regulations and policies set forth in the Medicaid Handbook including the duty to maintain records supporting claims for reimbursement made by Ohio Medicaid. Therefore, the Provider is responsible for complying with the requirements and laws outlined by the Medicaid program.

Auditor's Responsibility

Our responsibility is to express an opinion and report on the Provider's compliance with the specified Medicaid requirements based on our examination. Our examination was performed under our authority in Section 117.10 of the Ohio Revised Code and conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, included examining, on a test basis, evidence supporting the Provider's compliance with those Medicaid requirements and performing such other procedures as we considered necessary in the circumstances. We believe our examination provides a reasonable basis for our opinion. However, our examination does not provide a legal determination on the Provider's compliance with the specified Medicaid requirements.

Internal Control Over Compliance

The Provider is responsible for establishing and maintaining effective internal control over compliance with the specified Medicaid requirements referred to above. 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 Adverse Opinion on Medicaid Services

Our examination disclosed that the Provider did not maintain documentation of service delivery and billing as required. As a result, we found the Provider was overpaid by Ohio Medicaid for personal care aide services between January 1, 2009 and June 30, 2011 in the amount of \$144,388.00. This finding plus interest in the amount of \$10,992.28 totaling \$155,380.28 is due and payable to the ODM upon ODM's adoption and adjudication of this examination report.¹ After adjudication by ODM, additional interest may be assessed until the finding and interest is paid in full.

Adverse Opinion on Compliance

In our opinion, the Provider has not complied, in all material respects, with the aforementioned requirements pertaining to service documentation for the period of January 1, 2009 through June 30, 2011. Our testing was limited to the specified Medicaid requirements 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.

When the Auditor of State identifies fraud, waste or abuse by a provider in an examination,² any payment amount in excess of that legitimately due to the provider will be recouped by ODM, Fiscal Operations, the state auditor, or the office of the attorney general. Ohio Admin. Code § 5160-1-29(B). Therefore, a copy of this report will be forwarded to ODM because it is responsible for making a final determination regarding recovery of our findings and any accrued interest. If you agree with the findings contained herein, you may expedite repayment by contacting ODM's Office of Legal Services at (614) 752-3631.

This report is intended solely for the information and use of the Ohio Department of Medicaid, the Medicaid Fraud Control Unit of the Ohio Attorney General's Office, the U.S. Department of Health and Human Services/Office of Inspector General, and other regulatory and oversight bodies and is not intended to be and should not be used by anyone other than these specified parties. In addition, copies are available to the public on the Auditor of State website at www.ohioauditor.gov.

Sincerely,



Dave Yost
Auditor of State

November 14, 2013

¹ Effective July 1, 2013, ODM replaced the Ohio Department of Job and Family Services as the state Medicaid agency.

² "Fraud" is an intentional deception, false statement, or misrepresentation made with the knowledge that the deception, false statement, or misrepresentation could result in some unauthorized benefit to oneself or another person. "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 FOR MARK S. JOHNSON

Background

Title XIX of the Social Security Act, known as Medicaid, provides federal cost-sharing for each state's Medicaid program. Medicaid provides health coverage to families with low incomes, children, pregnant women, and people who are aged, blind, or who have disabilities. Hospitals, long-term care facilities, managed care organizations, individual practitioners, laboratories, medical equipment suppliers, and others (all called "providers") render medical, dental, laboratory, and other services to Medicaid patients. 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 diagnosis or treatment of disease, illness, or injury, and which, among other things, meet requirements for reimbursement of Medicaid covered services. See Ohio Admin. Code § 5160-1-01(A)

The Auditor of State performs examinations to assess provider compliance with Medicaid reimbursement rules to ensure that services billed to Ohio Medicaid are properly documented and consistent with professional standards of care, and medical necessity. According to Ohio Admin. Code § 5160-1-17.2(D), 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 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(E)

The Provider was an Ohio Medicaid provider from 2006 to 2012. The Provider's Ohio Medicaid number was 2657889 and he was a non-agency personal care aide located in Hamilton County, Ohio, who furnished personal care aide services to Ohio Medicaid recipients. The Provider received reimbursement of \$147,540.16 for 2,510 personal care aide services. During the examination period, the Provider rendered services to one Medicaid recipient that was enrolled in the Ohio Home Care Waiver.

Ohio Medicaid recipients may be eligible to receive personal care aide services in the consumer's home. Personal care aides assist the consumer with activities of daily living such as bathing, dressing, household chores and accompanying the consumer to medical appointments. See Ohio Admin. Code § 5160-46-04(B)(1).

Qualifying personal care aide services are rendered to consumers in an ODM administered waiver program. Personal care aide services are authorized in the all services plan which lists all services approved for the consumer under the waiver program, including the type of service, frequency and duration; and it specifies which provider can render services and subsequently bill Ohio Medicaid for those services. The number of hours billed cannot exceed the number of hours approved by a case manager in the all services plan. Ohio Admin. Code § 5160-46-04(B)(2). Prior to rendering services, personal care aides are required to complete a competency evaluation and maintain a current first aid certification. Ohio Admin. Code § 5160-46-04(B)(7)(a). Documentation to support the service rendered must include: the date of service, the tasks performed or not performed, the arrival and departure times, and the signatures of the personal care aide and the consumer upon completion of service delivery. Ohio Admin Code § 5160-46-04(B)(8)(g).

Purpose, Scope, and Methodology

The purpose of this examination was to examine Medicaid reimbursements made to the Provider and determine whether the Provider's Medicaid 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 audit period and may be different from those currently in effect.

The scope of the engagement was limited to an examination of personal care aide services that the Provider rendered to Medicaid patients and received payment during the period of January 1, 2009 through June 30, 2011.

We received the Provider's paid claims history from the Medicaid Management Information System (MMIS) database of services billed to and paid by Ohio's Medicaid program. We removed services that were paid at zero. With the remaining population, we selected a statistical random sample based on dates of service to facilitate a timely and efficient examination of the Provider's personal care aide services as permitted by Ohio Admin. Code § 5160-1-27(B)(1). In addition, to the sampling approach we also obtained copies of the structural reviews conducted by CareStar. Those structural reviews were examined to identify areas of previously noted non-compliance and plans of corrections submitted,

An engagement letter was sent to the Provider on April 26, 2013, setting forth the purpose and scope of the examination. An entrance conference was held with the Provider on May 21, 2013. During the entrance conference, the Provider described his documentation practices, his procedures for obtaining all services plans, and his process for submitting billing to the Ohio Medicaid program. The Provider also disclosed that he did not retain most of his service documentation for the services rendered. Our fieldwork was performed following the entrance conference.

Results

We randomly selected 180 services for review. The overpayments identified for 178 out of 180 services from our simple random sample were projected across the Provider's paid population of personal care aide services. This resulted in a projected overpayment amount of \$144,388.00 with a 95 percent degree of certainty that the true population overpayment amount fell within the range of \$137,795 to \$147,392. A detailed summary of our statistical sample and projection results is presented in **Appendix I**.

A. Service Documentation

Providers are required to retain all records of service delivery and billing for a period of six years after the date of receipt of the payment based on those records, or until any initiated audit is completed, whichever is longer. Ohio Admin. Code § 5101:3-45-10(A)(11). The March 25, 2009 structural review noted that the Provider did not maintain all clinical records from January 2008 to December 2008. In the March 14, 2011, the structural review of services rendered for the period of January 2010 through December 2010 noted that the Provider lacked clinical records, the Providers signature did not appear at the end of each service delivery, and the consumer's signature did not appear on any clinical record during August to October 2010. The structural review completed on April 9, 2012, for services rendered between January 2011 and December 2011, identified that the Provider again lacked documentation to support services rendered. The Provider did not submit corrective action plans for any of the structural reviews conducted.

During our fieldwork, the Provider submitted documentation for services rendered between December 31, 2007 and January 4, 2009. We sent a letter on June 3, 2013 to the Provider requesting any additional documentation to support the services during the examination period. On June 10, 2013 the Provider stated he was unable to locate any additional records to support services rendered between January 5, 2009 and June 30, 2011.

The Provider only provided support for two of the services in the sample. The remaining 178 services were identified as overpayments and were used in the overall finding projection.

Personal care aides must maintain a clinical record that includes documentation of tasks performed or not performed, arrival and departure times, and dated signatures of the provider and consumer or authorized representative verifying the service delivery upon completion of service delivery. The documentation that was submitted for the two services did not have the providers or the consumer's signature after each service delivery as required. Ohio Admin. Code § 5101:3-46-04(B)(8)(g).

B. Service Authorization

In order to submit a claim for reimbursement, all personal care aides must be identified as the provider on the all services plan that is prior approved by the designated case management agency. Ohio Admin. Code § 5101:3-46-04(B)(5)(b)

We judgmentally selected two all service plans, for the time frame of June 4, 2009 to June 3, 2010, to determine if the Provider was authorized to render personal care aide services to the Ohio Medicaid recipient. We found that the all service plans listed the Provider as an authorized provider with hours designated for personal care aide services. No further testing of services against the all service plans was conducted due to the lack of documentation to support services paid during the examination period.

Provider Response

A draft report was mailed to the Provider on October 30, 2013, and the Provider was afforded an opportunity to respond to this examination report.

We did not receive a response from the Provider to the results noted above. In addition, the Provider did not submit a signed representation letter.

APPENDIX I

**Summary of Statistical Sample Analysis of Mark Johnson
 For the period January 1, 2009 through June 30, 2011
 Personal Care Aide Services**

Description	Analysis
Type of Examination	Simple Random Sample
Number of Population Dates of Service	903
Number of Population Dates of Service Sampled	66
Number of Population Dates of Service Sampled with Errors	65
Number of Population Services Provided	2,510
Number of Population Services Sampled	180
Number of Population Services Sampled with Errors	178
Total Medicaid Amount Paid for Population	\$147,540.16
Amount Paid for Population Services Sampled	\$10,701.60
Projected Population Overpayment Amount	\$144,388.00
Upper Limit Overpayment Estimate at 95% Confidence Level	\$147,391.84
Lower Limit Overpayment Estimate at 95% Confidence Level	\$137,795.00
Precision of Population Overpayment Projection at the 95% Confidence Level *	\$6,593.00

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

*Due to high error rate upper limit set at population total less correct payments in sample.

Note: The Summary of Statistical Analysis reflects only the population and sample used to calculate the overpayment projection.



Dave Yost • Auditor of State

MARK JOHNSON

HAMILTON 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
DECEMBER 3, 2013**