



Dave Yost • Auditor of State

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**TRACEY M. BECKWITH, RN  
ASHTABULA COUNTY**

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## **INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS OF THE MEDICAID PROGRAM APPLICABLE TO PRIVATE DUTY NURSING AND WAIVER NURSING SERVICES**

Tracey M. Beckwith, RN  
1060 Lenox New Lyme Road  
Jefferson, Ohio 44047-9569

RE: *Medicaid Provider Number 2240962*

Dear Ms. Beckwith:

We examined your (the Provider's) compliance with specified Medicaid requirements for provider qualifications, service authorization, and service documentation related to the provision of private duty nursing and waiver nursing services during the period of January 1, 2009 to December 31, 2011. We confirmed that the Provider was a registered nurse (RN) at the time of service delivery. We examined plans of care and all service plans to determine if the Provider, the service, and the units rendered were appropriately authorized. We also tested service documentation 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 service documentation to determine if it contained the required elements. 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 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.

### ***Opinion on Compliance***

In our opinion, the Provider complied, in all material respects, with the aforementioned requirements pertaining to provider qualifications, service authorization and service documentation for the period of January 1, 2009 to December 31, 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.

Our examination of private duty nursing services identified one instance of no documentation to support the reimbursement and one service in which the units reimbursed exceeded the units documented. Due to these errors, we found the Provider was overpaid by Ohio Medicaid between January 1, 2009 and December 31, 2011 in the amount of \$279.71. This finding plus interest in the amount of \$14.07 (as of December 30, 2013) totaling \$293.78 is due and payable to the Ohio Department of Medicaid (ODM) upon ODM's adoption and adjudication of this examination report. After adjudication by ODM, additional interest may be assessed until the finding and interest is paid in full.

When the Auditor of State identifies fraud, waste or abuse by a provider in an examination,<sup>1</sup> any payment amount in excess of that legitimately due to the provider will be recouped by ODM through its 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 the state agency charged with administering Ohio's Medicaid program. ODM 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](http://www.ohioauditor.gov).

Sincerely,



**Dave Yost**  
Auditor of State

December 31, 2013

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<sup>1</sup> "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 Tracey M. Beckwith, RN**

### **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 recipients. 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 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's Ohio Medicaid provider number is 2240962 and the Provider is a registered nurse (RN) located in Ashtabula County, Ohio, who furnishes private duty nursing and waiver nursing services to Ohio Medicaid recipients. During the examination period, the Provider received reimbursement of \$296,420.22 for 1,079 private duty nursing services and \$10,076.03 for 46 waiver nursing services rendered on 1,125 dates of service. During this period, the Provider rendered services to four unique Medicaid recipients.

Home care nursing services under Ohio Medicaid may include private duty nursing services, waiver nursing services, or both. Both waiver nursing and private duty nursing services are provided by an RN or a licensed practical nurse under the supervision of an RN. See Ohio Admin. Code §§ 5160-12-02, 5160-46-04 and 5160-47-04 Qualifying private duty nursing services must be medically necessary and greater than four but not more than 12 hours in length, unless an authorized exception applies. Ohio Admin. Code § 5160-12-02(A)

When a Medicaid recipient is also on an ODM administered waiver program, an all services plan is required in addition to the plan of care. See Ohio Admin. Code § 5160-12-03.1(C) The all services plan is the service coordination and payment authorization document that identifies all home health services approved for the recipient, including the type, frequency and duration of each service. The all services plan also specifies which providers can render services and the services that are covered by Medicaid. The plan of care is the medical treatment plan that is established, approved and signed by the treating physician. See Ohio Admin. Code § 5160-45-01

### **Purpose, Scope, and Methodology**

The purpose of this examination was to test Medicaid reimbursements made to the Provider and 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 private duty nursing and waiver nursing services for which the Provider rendered services to Medicaid recipients and received payment during the period of January 1, 2009 through December 31, 2011.

We obtained the Provider's paid claims history from ODM's Medicaid Management Information System (MMIS) and Medicaid Information Technology System (MITS) database of services billed to and paid by Ohio's Medicaid program. We extracted all dates of service with units of service totaling 80 or more to be reviewed as an exception test. From the remaining services we selected all waiver nursing services for review. We then extracted services for the two recipients who received the overwhelming majority of services rendered by the Provider. From this subpopulation, we selected a statistical random sample of private duty nursing services to facilitate a timely and efficient examination of the Provider's private duty nursing services as permitted by Ohio Admin. Code § 5160-1-27(B)(1).

We also obtained the all service plans from ODM (Carestar Agency) for the four recipients, all of whom received waiver services during the examination period, and reviewed them to determine if the Provider was authorized to render services.

An engagement letter was sent to the Provider on July 22, 2012, setting forth the purpose and scope of the examination. An entrance conference was held with the Provider on August 13, 2013. During the entrance conference, the Provider described her documentation practices, her procedures for obtaining plans of care and all services plans, and her process for submitting billing to Ohio Medicaid program. Our fieldwork was performed following the entrance conference. We obtained service documentation and plans of care from the Provider and reviewed these during fieldwork.

## Results

We reviewed 112 private duty nursing services, 38 waiver nursing services, and an exception test that contained 155 services rendered on the 77 dates which had units of service totaling 80 or more. We found two errors in the exception test which resulted in overpayments totally \$279.71. We also identified non-compliance related to authorization to provide services. The basis for our findings is discussed below in more detail. We found no errors in the sample of private duty nursing services or in the waiver nursing services reviewed.

### A. Provider Qualifications

According to Ohio Admin. Code § 5101:3-12-02(A), private duty nursing requires the skills of and is performed by either an RN or a licensed practical nurse at the direction of an RN. In addition, according to Ohio Admin. Code § 5101:3-12-03.1(A)(1), a non-agency nurse is required to be an RN or licensed practical nurse at the direction of an RN practicing within the scope of his or her nursing license.

We verified through the Ohio e-License Center that the Provider is an RN and is certified by the Ohio Board of Nursing. The Provider was a licensed RN during the examination period.

### B. Service Documentation

#### *Clinical Records*

Ohio Admin. Code §§ 5101:3-46-04(A)(6) and 5101:3-47-04(A)(6) state that providers must maintain a clinical record that includes clinical notes, documentation of tasks performed or not performed, arrival and departure times, and dated signatures of the provider and recipient. The supporting

documentation for the selected services was compared to regulations outlined in the Ohio Administrative Code.

The review of the statistical sample of 112 private duty nursing services and the review of the 38 waiver nursing services did not identify any areas of noncompliance with the service documentation.

In our review of the exception test, we found that the Provider billed one private duty nursing service for which there was no documentation to support a rendered service. Therefore, the reimbursement for the 40 associated units of service is disallowed and the reimbursement is included in the total overpayment of \$279.71. See recommendation below.

#### *Units of Service*

According to Ohio Admin. Code § 5101:3-12-02(C)(5), in order for private duty nursing services to be covered, the Provider must bill after all documentation is completed for services rendered during a visit in accordance with rule 5101:3-12-03 of the Administrative Code. In addition, Ohio Admin. Code § 5101:3-12-04(C)(2) states the length of the visit is based on one unit equals fifteen minutes.

In our review of the exception test, we found one private duty nursing service where the Provider billed for more units of service than was supported by service documentation. Therefore, the reimbursement for the two associated units of service is disallowed and the reimbursement is included in the total overpayment of \$279.71.

#### **Recommendation:**

The Provider should develop and implement a system to review billing data prior to submission and continue to review remittance advices to ensure that services billed to and paid by Ohio Medicaid are accurate and reflect actual service provision.

#### **C. Authorization to Provide Services**

##### *Plan of Care*

According to Ohio Admin. Code § 5101:3-12-02(B)(2), private duty nursing services must be provided and documented in accordance with the recipient's plan of care. In addition, Ohio Admin. Code §§ 5101:3-46-04(A)(4) and 5101:3-47-04(A)(4) state that in order to be a provider and submit a claim for reimbursement of waiver nursing services, the RN must be identified as the provider on, and be performing nursing services pursuant to the recipient's plan of care, and the plan of care must be signed and dated by the recipient's treating physician.

We reviewed the plans of care in effect during the examination period for each recipient served. Each plan of care authorized nursing services, listed the scope, frequency and duration, was signed and dated by the treating physician, and listed the Provider as the rendering provider. We found no dates of service not covered by an approved plan of care.

##### *All Services Plan*

According to Ohio Admin. Code §§ 5101:3-46-04(A)(4) and 5101:3-47-04(A)(4), the provider must be identified on the recipient's all services plan and have specified the number of hours for which the provider is authorized to furnish waiver nursing services to the recipient.

We reviewed the all services plans in effect during the examination period and found that the Provider was authorized to render services on each of the all services plans reviewed. We did note that there were several instances where the Provider was authorized to render units of fee-for-service nursing

services but instead billed for private duty nursing services. The reimbursement rate for the service billed is the same as or less than the reimbursement rate for the authorized code therefore, no overpayment occurred as a result of this non-compliance.

**Recommendation:**

The Provider should develop and implement a system to track units and procedure codes authorized on the all services plan to ensure that services billed are consistent with authorized services and are not rendered in excess of the authorized units. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

**Provider Response**

A draft report along with a detailed list of services for which we took findings was mailed to the Provider on January 10, 2014, 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.



# Dave Yost • Auditor of State

**TRACEY M. BECKWITH, RN**

**ASHTABULA 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  
FEBRUARY 4, 2014**