



Dave Yost • Auditor of State

**KIMBERLEE S. POTTS
ASHTABULA COUNTY**

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

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

RE: Kimberlee S. Potts
Ohio Medicaid #2447061

We were engaged to examine Kimberlee Potts' (the Provider's) compliance with specified Medicaid requirements for provider qualifications, service documentation, and service authorization related to the provision of personal care aide services during the period of July 1, 2013 through June 30, 2016.

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 reimbursement made by Ohio Medicaid. The Provider is responsible for compliance with the specified requirements.

Our responsibility is to express an opinion on the Provider's compliance with the specified Medicaid requirements based on conducting the examination in accordance with attestation standards established by the American Institute of Certified Public Accountants. 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. Our examination does not provide a legal determination on the Provider's compliance with the specified requirements.

Basis for Disclaimer of Opinion

The Provider failed to maintain any documentation to support services billed to and paid by Ohio Medicaid during the examination period. As a result, we were unable to apply our planned procedures for examining compliance with the specified Medicaid requirements. Nor were we able to satisfy ourselves as to the Provider's compliance with these requirements by other examination procedures.

Disclaimer on Opinion

Because of the matters described 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 the compliance with the specified Medicaid requirements for the period of July 1, 2013 through June 30, 2016.

Due to the Provider's failure to maintain any supporting documentation, we found the Provider was overpaid by Ohio Medicaid for services rendered during the period of July 1, 2013 through June 30, 2016 in the amount of \$112,765.62. This finding plus interest in the amount of \$6,355.04 (calculated as of December 8, 2017) totaling \$119,120.66 is due and payable to ODM upon its 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.

Kimberlee S. Potts
Independent Auditor's Report on
Compliance with Requirements of the Medicaid Program

This report is intended solely for the information and use of the Provider and the ODM, and is not intended to be, and should not be used by anyone other than these specified parties.

A handwritten signature in black ink that reads "Dave Yost". The signature is written in a cursive style with a large, looping "D" and "Y".

Dave Yost
Auditor of State

December 8, 2017

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(A) and (B)

This Provider is a personal care aide located in Ashtabula County, Ohio who rendered services to one recipient on an Ohio Home Care waiver and one recipient that was on a Transitions Cave Out and then a PASSPORT waiver. The majority of the services (97 percent) were rendered to the recipient in the Transitions Carve Out/PASSPORT waivers. The services to the recipient on the Home Care waiver were rendered between May 13, 2015 and June 30, 2015.

The Provider's Medicaid number is 2447061 and she received reimbursement of \$112,765.62 for 1,502 personal care aide services (procedure codes T1019 and PT761), rendered on 887 unique dates of service during the examination period.

Medicaid rules for recipients on an Ohio home care waiver for provider qualifications, service documentation and authorization are found in Ohio Admin. Code Chapter 5160-46.

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether the Provider's Medicaid claims for reimbursement complied with Ohio Medicaid regulations. The scope of the engagement was limited to an examination of personal care aide services the Provider rendered to one Medicaid recipient and received payment during the period of July 1, 2013 through June 30, 2016. We received the Provider's claims history from the Medicaid database of services billed to and paid by Ohio's Medicaid program. We removed 182 services previously identified as an overpayment based on Provider's Structural Reviews.

On September 18, 2017, we contacted the Provider and discussed the compliance examination process and the condition and location of the patient records. At that time, the Provider indicated that she would be unable to provide us with the any supporting documentation because she had discarded all of the patients' records.

Results

Per Ohio Admin. Code §§ 5160-46-04(B)(8), 5160-50-04(B)(8)(g), and 173-39-02.11(C)(1)(d), providers of waiver services must maintain all required documentation including, but not limited to, tasks performed, arrival and departure times, and the dated signatures of the provider and the recipient or authorized representative verifying the service delivery upon completion of service.

In addition, 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. Ohio Admin. Code § 5160-1-17.2(D)(E)

Results (Continued)

The Provider also certified and agreed in the Provider agreement to furnish any information maintained for audit and review purposes. Failure to supply requested records within 30 days shall result in withholding of Medicaid payments and may result in termination from the Medicaid program. See Ohio Admin. Code § 5160-1-17.2(E)

ODM's contracted vendor completed structural review reports on January 27, 2015 and March 7, 2016 and both of these reports contained a recommendation that the Provider keep all records for a period of six years. In addition, in her plan of correction to the 2015 structural review, the Provider stated that, in addition to her original records, she kept a copy at a relative's home.

In response to the notification of this examination, the Provider stated that following the death of one recipient in July, 2017 she threw away all of her paperwork, including for the second recipient served. In addition, the Provider indicated that she had no records to show that she met qualifications to render personal care aide services. The Provider submitted two written statements confirming that she did not maintain any supporting documentation to support Medicaid paid services which occurred during the examination period.

As a result of the Provider failing to maintain any documentation to support services billed to and paid by Ohio Medicaid during the examination period, we were unable to apply our planned procedures for examining compliance with provider qualifications, service authorization and service documentation requirements. Therefore, we identified all reimbursement received during the examination period of July 1, 2013 through June 30, 2016 as an improper payment.

Recommendation:

The Provider should comply with the terms of the Provider agreement to maintain patient records for the prescribed six-year period and to furnish service documentation for the audit and review purposes. The Provider should address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

In addition, the Provider should ensure that she complies with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule which requires the use appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information (PHI), in any form. See 45 CFR 164.530(c). This means that Providers must implement reasonable safeguards to limit incidental, and avoid prohibited, uses and disclosures of PHI, including in connection with the disposal of such information. In general, examples of proper disposal methods for PHI in paper records include shredding, burning, pulping, or pulverizing the records so that PHI is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed.

Official Response

The Provider submitted an official response to the results of this examination which is presented in **Appendix A**. We did not examine the Provider's response and, accordingly, we express no opinion on it.

Dear Auditor 2pt,
I am writing this letter to you in regards of my audit. I would like to explain what happened, I have been taking care of my mom for a lengthy time since 2011. My mom had to move in with my family and I. She was no longer able to care for herself. My mom had multiple sclerosis and other health issues. When my mom was put on hospice it was a very short time, I believe less than one week before her death. Hospice was letting my mom use a air mattress & a side table. On my mom's date of death after the funeral home gentlemen came to take my mom, hospice came in within 1 hr. & took the bed and side table. I was in such a state of shock, I just started

cleaning my mom's room,
* throwing stuff away.
In no way did I mean to
do that. It was not done
maliciously in no manner.
I now know, going forward
I should have not done that,
and understand the importance
of keeping all documentation.
I am deeply sorry for
my mistake, I am grieving
my mom everyday, my mom
and I were very close. And
her death has been very
hard on my family & I.
I do apologize for my
negligence. As I said I
will always in the future
keep all documentation
6 yrs. or more.

Sincerely,

Kimberlee Potts



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KIMBERLEE POTTS

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
DECEMBER 21, 2017**