



Dave Yost • Auditor of State

**MANSFIELD URBAN MINORITY ALCOHOLISM AND DRUG ABUSE
OUTREACH PROGRAM (UMADAOP), INC.
RICHLAND COUNTY**

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS OF THE MEDICAID PROGRAM APPLICABLE TO SELECT DRUG AND ALCOHOL ADDICTION SERVICES

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

RE: Mansfield Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP), Inc.
Ohio Medicaid Number: 2877392

We examined Mansfield UMADAOP, Inc.'s (the Provider's) compliance with specified Medicaid requirements for provider qualifications, service documentation, and service authorization for laboratory analysis of specimens (lab) services, behavioral health counseling and treatment (counseling) services, intensive outpatient program services and medical/somatic services during the period of January 1, 2014 through December 31, 2015.

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 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 the Provider complied, in all material respects, with the specified requirements referenced above. 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. We believe the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our adverse opinion. Our examination does not provide a legal determination on the Provider's compliance with the specified requirements.

Internal Control Over Compliance

The Provider 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 Provider's internal control over compliance.

Basis for Adverse Opinion

Our examination disclosed material non-compliance with the requirements for practitioners rendering medical/somatic services and with the requirements for service documentation for lab and service authorization and documentation for counseling, intensive outpatient program and medical/somatic services as detailed in the Compliance Examination report. In addition, the Provider declined to acknowledge in a signed statement that it made available all relevant information; disclosed all known matters contradicting compliance with Medicaid program requirements including any communication

Mansfield UMADAOP, Inc.
Independent Auditor's Report on
Compliance with Requirements of the Medicaid Program

from regulatory agencies or others; and any known events subsequent to the examination period that would have a material effect on the examination.

Adverse Opinion on Compliance

In our opinion, the Provider has not complied, in all material respects, with the aforementioned requirements pertaining to provider qualifications, service documentation, and service authorization for the period of January 1, 2014 through December 31, 2015.

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.

We calculated improper payments in the amount of \$9,993,150. This amount plus interest in the amount of \$984,256.83 (calculated as of November 20, 2018) totaling \$10,977,406.83 is due and payable to the 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 In addition, if waste or abuse¹ are suspected or apparent, the ODM and/or the office of the attorney general will take action to gain compliance and recoup inappropriate or excess payments in accordance with rule 5160-1-27 or 5160-26-06 of the Administrative Code.

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



Dave Yost
Auditor of State

November 20, 2018

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 EXAMINATION REPORT

Background

Title XIX of the Social Security Act, known as Medicaid, provides federal cost-sharing for each State's 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)

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) and (E).

Medicaid provider number 2877392 identifies the Provider as an Ohio Department of Alcohol and Drug Addiction (ODADAS) certified treatment program². The Provider received reimbursement of \$18,680,184 for 198,651 services rendered to 2,790 Ohio Medicaid recipients during the examination period. The services included the following:

- \$3,583,235 for lab services (procedure code H0003);
- \$1,517,079 for counseling services (procedure code H0004);
- \$7,834,178 for intensive outpatient program services (procedure code H0015); and
- \$5,745,692 for medical/somatic services (procedure code H0016).

The Provider was reimbursed by the ODM for services rendered at Fortaleza, LLC located in Elyria, Ohio and Cornerstone Project, LLC located in Dayton, Ohio. Neither of these locations were identified as a service location in the Medicaid Information Technology System (MITS). The Provider indicated these entities operated separately and the Provider billed for services at these locations in order to quickly expand services due to the opioid crisis. The Ohio Department of Mental Health and Addiction Services issued Certificates to Operate an Alcohol and Drug Addiction Program covering the examination period that identified Fortaleza and Cornerstone as provider sites. The Provider is identified as the owner on each certificate.

Fortaleza obtained Medicaid provider number 0123307 during our examination period as an ODADAS certified treatment program and billed separately for services under this number. These services were not included in this examination; however, we did verify that they were not duplicates of any services billed by the Provider. After our examination period, Fortaleza obtained provider number 0243880 as a professional medical group and number 0284736 as an Ohio Department of Mental Health Provider.

After our examination period, Cornerstone Project, LLC obtained Medicaid provider number 0209950 as a professional medical group and number 0260929 as an independent laboratory.

The Provider had an additional Medicaid provider number, 0161100, identified as an Ohio Department of Mental Health provider. There were no payments to this provider number during our examination period.

² In 2013, the State of Ohio consolidated the Department of Alcohol and Drug Addiction Services (ODADAS) with the Department of Mental Health (ODMH) into one single agency, the Department of Mental Health and Addiction Services.

Purpose, Scope, and Methodology

The purpose of this examination was to 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 all lab services (procedure code H0003), counseling services (procedure code H0004), intensive outpatient program services (procedure code H0015) and medical/somatic services (procedure code H0016). We received the Provider's claims history from the Medicaid database of services billed to and paid by Ohio's Medicaid program and extracted all services for the examination period of January 1, 2014 through December 31, 2015.

We separated the population into four sub-populations; one for each procedure code. From each sub-population, an estimate of the population overpayment standard deviation was made using the standard deviation of the actual amount paid per service and a 50 percent error rate as a conservative estimate of the potential error rate. The estimate of error mean and standard deviation was done using the U.S. Department of Health and Human Services/Office of Inspector General's (HHS/OIG) RATSTATS³ statistical program. This program was also used to calculate the sample sizes required. For all sub-populations, we used a service line as the sampling unit. The final calculated sample sizes are shown in **Table 1**.

Table 1: Population and Sample Sizes		
Services	Population	Sample
Laboratory Analysis of Specimens (H0003)	59,714	382
Counseling (H0004)	20,015	445
Intensive Outpatient Program (H0015)	57,226	382
Medical/Somatic (H0016)	61,696	626
Totals	198,651	1,835

We selected a separate simple random sample for each of the sub-populations to facilitate a timely and efficient examination of the Provider's services as permitted by Ohio Admin. Code § 5160-1-27(B)(1).

A notification letter was sent to the Provider setting forth the purpose and scope of the examination. During the entrance conference the Provider described its documentation practices and process for submitting billing to the Ohio Medicaid program. The Provider was given multiple opportunities to submit additional documentation and we reviewed all documents received for compliance.

³ RAT-STATS is a free statistical software package that providers can download to assist in a claims review. The package, created by OIG in the late 1970s, is also the primary statistical tool for OIG's Office of Audit Services.

Results

Lab Services Sample

We examined 382 services and found 157 errors. The overpayments identified for 157 of 382 statistically sampled services were projected to the Provider's population of paid services, resulting in a projected overpayment amount of \$1,472,528 with a precision of plus or minus \$177,002 at the 95 percent confidence level. Since the precision percentage achieved was greater than our procedures require for use of a point estimate, the results were re-stated as a single tailed lower limit estimate (equivalent to methods used in Medicare audits), and a finding was made for \$1,324,094. This allows us to say that we are 95 percent certain that the population overpayment amount is at least \$1,324,094. A detailed summary of our statistical sample and projection results is presented in **Appendix I**.

Counseling Services Sample

We examined 445 services and found 336 errors. The overpayments identified for 209 of 445 services from our statistical random sample were projected across the Provider's total population of paid services. This resulted in a projected overpayment amount of \$720,355 with a precision of plus or minus \$77,071 at the 95 percent confidence level. Since the precision percentage achieved was greater than our procedures require for use of a point estimate, the results were re-stated as a single tailed lower limit estimate (equivalent to methods used in Medicare audits), and a finding was made for \$655,716. This allows us to say that we are 95 percent certain that the population overpayment amount is at least \$655,716. A detailed summary of our statistical sample and projection results is presented in **Appendix II**.

Intensive Outpatient Program Services Sample

We reviewed 382 services and found 295 errors. The overpayments identified for 167 of 382 services from our statistical random sample were projected across the Provider's total population of paid services. This resulted in a projected overpayment amount of \$3,424,916 with a precision of plus or minus \$390,143 at the 95 percent confidence level. Since the precision percentage achieved was greater than our procedures require for use of a point estimate, the results were re-stated as a single tailed lower limit estimate (equivalent to methods used in Medicare audits), and a finding was made for \$3,097,742. This allows us to say that we are 95 percent certain that the population overpayment amount is at least \$3,097,742. A detailed summary of our statistical sample and projection results is presented in **Appendix III**.

Medical/Somatic Services Sample

We reviewed 626 services and found 1,111 errors. The overpayments identified for 569 of 626 statistically sampled services were projected to the Provider's population of paid services resulting in a projected overpayment of \$4,915,598 with a 95 percent degree of certainty that the true population overpayment amount fell within the range of \$4,654,609 to \$5,176,587 (+/- 5.31 percent.). A detailed summary of our statistical sample and projection results is presented in **Appendix IV**.

While certain services had more than one error, only one finding was made per service. Findings related to units billed exceeding units documented are based only on the unsupported units. The non-compliance and the basis for the findings are described below in more detail.

Rule References

Ohio Admin. Code §§ 5160-30-01, 5160-30-02, 5160-30-03 and 5160-30-04, in effect during this examination period, contained the requirements to be an eligible provider, coverage and limitation policies, billable services, and reimbursement for alcohol and other drug treatment services. These Medicaid rules reference specific sections of Ohio Admin. Code § 3793:2 related to alcohol and drug addiction programs delivered by ODADAS certified/licensed programs as requirements for services billed to the ODM.

A. Provider Qualifications

Ohio Admin. Code § 3793:2-1-08 identifies the practitioners who may render behavioral health counseling and intensive outpatient program services which includes, but is not limited to:

- Psychologist or psychology assistant;
- Chemical dependency counselor assistant;
- Certified or licensed chemical dependency counselor;
- Licensed chemical dependency counselor III or licensed independent chemical dependency counselor;
- School psychologist;
- Students enrolled in an accredited education institution in Ohio performing an internship or field placement;
- Individuals licensed with the state of Ohio Counselor, Social Worker and Marriage and Family Therapist Board (a social work assistant may render intensive outpatient program services excluding counseling and may not render counseling services); and
- Nurses registered with the Ohio Board of Nursing.

Ohio Admin. Code § 3793:2-1-08(S) states medical services shall be delivered by staff who are credentialed by the Ohio Board of Nursing or by the Ohio State Medical Board.

We compiled the names and professional credentials for the practitioners who rendered services in our samples. We searched the Ohio e-License Center website for the professional license of each practitioner to ensure that it was current and valid on the first date of service in our testing and was active during the remainder of the examination period or for the duration of time the practitioner rendered services.

Counseling Services Sample

We tested 48 practitioners and found one practitioner who was not licensed during our examination period, one practitioner whose license lapsed during our examination period and one practitioner who rendered services prior to obtaining a license.

We examined 445 services and found seven services rendered by a practitioner who did not meet the required qualifications at the time of service delivery. These seven errors are included in the improper payment amount of \$655,716.

Intensive Outpatient Program Services Sample

We tested 41 practitioners and found one practitioner whose license expired prior to our examination period and three practitioners who rendered services prior to obtaining a license.

We examined 382 services and found 11 services rendered by a practitioner who did not meet the required qualifications at the time of service delivery. These 11 errors are included in the improper payment amount of \$3,097,742.

A. Provider Qualifications (Continued)

Medical/Somatic Services Sample

We tested 59 practitioners identified in the supporting service documentation submitted by the Provider and found 19 practitioners who were not credentialed by the Ohio Board of Nursing or by the Ohio State Medical Board during the examination period.

The service documentation often indicated more than one practitioner. When the total units documented from all of the multiple practitioners' service documentation exceeded the units billed, we used the service note of the qualified practitioner for testing. This reduced the errors for non-qualified practitioners; however, it increased the errors for units billed exceeding units documented. (See Section B. Service Documentation.)

We examined 626 services and found 111 services (18 percent) rendered by a practitioner who did not meet the required qualifications. Given the methodology used, this number of errors is a conservative measure of non-compliance with provider qualifications for Medical/Somatic services. These 111 errors are included in the improper payment amount of \$4,915,598.

Recommendation:

The Provider should improve its internal controls to ensure all personnel meet applicable requirements prior to rendering direct care services and maintain appropriate documentation to demonstrate that all requirements have been met. The Provider should address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

B. Service Documentation

With the exception of lab services, the service documentation for alcohol and drug addiction services shall include client identification, date of service delivery, type of service, summary of service, length of time, date, and original signature and credentials of staff providing the service. See Ohio Admin. Code § 3793:2-1-06 (P) In addition, Ohio Admin. Code § 3793:2-1-06 (O) states that results for urinalysis testing shall be placed in the client's file per Ohio Admin. Code § 3793:2-1-08 (R)(1)(g).

Medicaid requires providers to maintain all records necessary to fully disclose the extent of services provided. See Ohio Admin. Code § 5160-1-17.2 We reviewed all documentation submitted by the Provider to verify that there was documentation which supported the services and units billed and contained the required elements.

We noted that all lab services were performed by a contracted external lab. The scope of this examination did not include the verification of the lab's certifications.

We obtained the required elements from progress notes and billing sheets. The format and forms for record keeping varied between locations. Mansfield UMADAOP maintained records in paper format until March, 2015 when it converted to an electronic health record system. We noted that some paper billing slips were signed by someone other than the practitioner who rendered the service. We also noted instances in which the length of time for multiple individuals on the same billing slip were identical, resulting in the conclusion that the times were likely rounded and did not reflect actual time.

Fortaleza maintained all records in a paper format. Cornerstone Project, LLC used an electronic system including both electronic health records and scanned versions or original paper records.

B. Service Documentation (Continued)

Lab Services Sample

We examined 382 services and identified 157 services (41 percent) in which no result was maintained in the recipient's file. These 157 errors are included in the improper payment of \$1,324,094.

Counseling Services Sample

We examined 445 services and identified the following errors:

- 70 services (16 percent) in which there was no supporting documentation;
- 51 services in which the rendering practitioner did not sign the service documentation;
- 49 services in which the length of time was not documented;
- 47 services in which the service documentation did not summarize the service; and
- 1 service in which the units billed exceeded the documented length of time.

These 218 errors are included in the improper payment of \$655,716.

Intensive Outpatient Program Services Sample

We examined 382 services and identified the following errors:

- 49 services in which there was no service documentation;
- 49 services in which the rendering practitioner did not sign the service documentation; and
- 48 services in which the service documentation did not summarize the service.

These 146 errors are included in the improper payment of \$3,097,742.

We also noted 48 services in which the length of time was not documented. We did not identify an improper payment for these errors because only one unit of service was billed for each of these services and there is no minimum daily duration for this service.

Medical/Somatic Services Sample

We examined 626 services and identified the following errors:

- 401 services in which the length of time was not documented;
- 333 services in which the rendering practitioner did not sign the service documentation;
- 49 services in which there was no supporting documentation;
- 31 services in which the units billed exceeded the documented length of time; and
- 24 services in which the service documentation did not summarize the service.

These 838 errors are included in the improper payment of \$4,915,598.

Recommendation:

The Provider should develop and implement procedures to ensure that all service documentation fully complies with the requirements contained in Ohio Medicaid rules. In addition, the Provider should implement a quality review process to ensure that documentation is present, complete and accurate, including actual length of time, prior to submitting claims for reimbursement. The identified issues should be addressed to ensure compliance with Medicaid rules and avoid future findings.

C. Authorization to Provide Services

Within seven days of completion of the assessment or at the time of the first face-to-face contact following the assessment, Providers shall develop an individual treatment plan based on the assessment for clients receiving specific drug and alcohol prevention and treatment services. The treatment plan shall contain the frequency, duration and type of treatment services, the signature of the staff member that developed the plan, and the original signature of the client. See Ohio Admin. Code § 3793:2-1-06 (L)

In addition, per Ohio Admin. Code § 5160-30-02, a physician must order the laboratory analysis of specimens in order for Medicaid to cover the service.

We noted that Mansfield UMADAOP utilized a recipient specific standing order for some services in the sample. Fortaleza and Cornerstone Project, LLC provided documentation with the contracted external lab that authorized certain tests and specific physicians who could submit specimens.

To test counseling services, intensive outpatient program services and medical/somatic services we requested the treatment plan with a start date on, or prior to, the service date. In some instances we received treatment plan reviews which did not contain all required elements and we subsequently requested the original treatment plan or an earlier treatment plan review which contained the required elements. For treatment plans dated within seven days of the service date in the sample we reviewed the Medicaid database of services billed in order to determine if the service tested was the first face-to-face contact.

The Provider indicated for most of 2015 the electronic health record system used by Mansfield UMADAOP did not have the capability for the practitioner to electronically sign the treatment plan and the Provider elected to not use an alternative means to obtain the required signatures.

Lab Services Sample

We found no errors for service authorization in this sample.

Counseling Services Sample

We examined 445 services and identified the following errors:

- 73 services in which there was no treatment plan on or before the sampled service date;
- 36 services in which the treatment plan was not signed by the practitioner; and
- 2 services in which the treatment plan did not authorize the service.

These 111 errors are included in the improper payment of \$655,716.

Intensive Outpatient Program Services Sample

We examined 382 services and identified the following errors:

- 73 services in which there was no treatment plan on or before the sampled service date;
- 9 services in which the treatment plan did not authorize the service; and
- 8 services in which the treatment plan was not signed by the practitioner.

These 90 errors are included in the improper payment of \$3,097,742.

C. Authorization to Provide Services (Continued)

Medical/Somatic Services Sample

We examined 626 services and identified the following errors:

- 116 services in which there was no treatment plan;
- 42 services in which the treatment plan was not signed by the practitioner; and
- 4 services in which the treatment plan did not authorize the service.

These 162 errors are included in the improper payment of \$4,915,598.

Recommendation:

The Provider should ensure treatment plans are prepared as required and contain the signature of the practitioner. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

Official Response

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

Appendix I

Summary of Lab Services Sample

POPULATION

The population is all paid Medicaid laboratory analysis of specimen services (procedure code H0003), net of any adjustments, where the service was performed and payment was made by ODM.

SAMPLING FRAME

The sampling frame was paid and processed claims from MITS. This system contains all Medicaid payments and all adjustments made to Medicaid payments by the State of Ohio.

SAMPLE UNIT

The sampling unit was Medicaid claim by service line. A service line is defined as an individual line on a claim.

SAMPLE DESIGN

We used a simple random sample.

Description	Results
Number of Population Services Provided	59,714
Number of Population Services Sampled	382
Number of Services Sampled with Errors	157
Total Medicaid Amount Paid for Population	\$3,583,235
Actual Amount Paid for Population Services Sampled	\$22,920
Estimated Population Overpayment Amount	\$1,472,528
Precision of Overpayment at Estimate at 95% Confidence Level	\$177,002 (12.02%)
Precision of Overpayment Estimate at 90% Confidence Level	\$148,434 (10.08%)
Single-tailed Lower Limit Overpayment Estimate at 95% Confidence Level (Calculated by subtracting the 90 percent overpayment precision from the point estimate) (Equivalent to the estimate used for Medicare Audits)	\$1,324,094

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

Appendix II

Summary of Counseling Services Sample

POPULATION

The population is all paid Medicaid counseling services (procedure code H0004), net of any adjustments, where the service was performed and payment was made by ODM.

SAMPLING FRAME

The sampling frame was paid and processed claims from MITS. This system contains all Medicaid payments and all adjustments made to Medicaid payments by the State of Ohio.

SAMPLE UNIT

The sampling unit was Medicaid claims by service line. A service line is defined as an individual line on a claim.

SAMPLE DESIGN

We used a simple random sample.

Description	Results
Number of Population Services Provided	20,015
Number of Population Services Sampled	445
Number of Services Sampled with Errors	209
Total Medicaid Amount Paid for Population	\$1,517,079.14
Actual Amount Paid for Population Services Sampled	\$32,708.18
Estimated Overpayment (Point Estimate)	\$720,355
Precision of Overpayment Estimate at 95% Confidence Level	\$77,017 (10.70%)
Precision of Overpayment Estimate at 90% Confidence Level	\$64,639 (8.97%)
Single-tailed Lower Limit Overpayment Estimate at 95% Confidence Level (calculated by subtracting the 90% overpayment precision from the point estimate) (equivalent to method used for Medicare audits)	\$655,716

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

Appendix III

Summary of Intensive Outpatient Program Services Sample

POPULATION

The population is all paid Medicaid intensive outpatient program services (procedure code H0015), net of any adjustments, where the service was performed and payment was made by ODM.

SAMPLING FRAME

The sampling frame was paid and processed claims from MITS. This system contains all Medicaid payments and all adjustments made to Medicaid payments by the State of Ohio.

SAMPLE UNIT

The sampling unit was Medicaid claims by service line. A service line is defined as an individual line on a claim.

SAMPLE DESIGN

We used a simple random sample.

Description	Results
Number of Population Services Provided	57,226
Number of Population Services Sampled	382
Number of Services Sampled with Errors	167
Total Medicaid Amount Paid for Population	\$7,834,177.50
Actual Amount Paid for Population Services Sampled	\$52,295.80
Estimated Overpayment (Point Estimate)	\$3,424,916
Precision of Overpayment Estimate at 95% Confidence Level	\$390,143 (11.39%)
Precision of Overpayment Estimate at 90% Confidence Level	\$327,174 (9.55%)
Single-tailed Lower Limit Overpayment Estimate at 95% Confidence Level (calculated by subtracting the 90% overpayment precision from the point estimate) (equivalent to method used for Medicare audits)	\$3,097,742

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

Appendix IV

Summary of Medical/Somatic Services Sample

POPULATION

The population is all paid Medicaid medical/somatic (procedure code H0016), net of any adjustments, where the service was performed and payment was made by ODM.

SAMPLING FRAME

The sampling frame was paid and processed claims from MITS. This system contains all Medicaid payments and all adjustments made to Medicaid payments by the State of Ohio.

SAMPLE UNIT

The sampling unit was Medicaid claims by service line. A service line is defined as an individual line on a claim.

SAMPLE DESIGN

We used a simple random sample.

Description	Results
Number of Population Services Provided	61,696
Number of Population Services Sampled	626
Number of Services Sampled with Errors	569
Total Medicaid Amount Paid for Population	\$5,745,691.59
Actual Amount Paid for Population Services Sampled	\$56,039.01
Projected Population Overpayment Amount	\$4,915,598
Upper Limit Overpayment Estimate at 95% Confidence Level	\$5,176,587
Lower Limit Overpayment Estimate at 95% Confidence Level	\$4,654,609
Precision of population overpayment projection at the 95% Confidence Level	\$260,989 (+/-5.31%)

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

TIMOTHY G. PEPPER
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November 20, 2018

VIA ELECTRONIC MAIL
(KSErlewine@ohioauditor.gov)Ms. Kristi S. Erlewine
Chief Auditor
Auditor of State Dave Yost
88 E. Broad Street
Columbus, Ohio 43215

Re: Mansfield UMADAOP response to audit

Dear Ms. Erlewine:

Mansfield UMADAOP submits this rebuttal to the Auditor of State's Compliance Examination Report for the period of January 1, 2014 to December 31, 2015.

First and foremost, we note that the Auditor's report contains no allegation of fraud, waste, or abuse. The report makes no allegation that taxpayer dollars were misspent or that patients were not well-served. In fact, all services provided by Mansfield UMADAOP, and all the audited services mentioned in the report, were medically necessary and appropriate, and were actually delivered to patients by skilled practitioners. The Auditor's report identifies record-keeping issues, not misconduct.

The years chosen for the audit (calendar years 2014 and 2015) were a particularly challenging period for Mansfield UMADAOP as the organization operated at maximum capacity in order to keep up with the volume of patients and serve the needs of Ohioans addicted to opioids. Ohio's Medicaid expansion took effect on January 1, 2014, when an additional 492,000 Ohioans gained immediate access to critically-needed addiction treatment services. Mansfield UMADAOP did its part to battle the epidemic by rapidly expanding its services to help accommodate these Ohioans. The organization did this, in part, by engaging other entities to work under the Mansfield UMADAOP umbrella to provide services in other parts of the state. Most of the record-keeping issues identified by the Auditor relate to records maintained by these other organizations, many of which also struggled to keep up with the rising volume of addicted Ohioans. This rapid expansion, by both Mansfield UMADAOP and its new

partner organizations, was a root cause of many of the record-keeping issues identified by the Auditor.

Another particularly challenging circumstance was the switch from paper medical record-keeping to electronic medical record-keeping by Mansfield UMADAOP and its partner organizations during the time period of the audit. This was an enormously complicated task, and it was undertaken by drug treatment organizations that were bursting at the seams trying to keep up with the torrent of new patients. Glitches in the transition to electronic medical records caused many of the record-keeping issues identified by the Auditor. Mansfield UMADAOP's investigation into the failures of these record-keeping systems is ongoing, and it is expected that additional information will be discovered which will further clarify many of the record-keeping issues identified by the Auditor.

The last year audited was 2015. In the years since then, Mansfield UMADAOP has fully and successfully transitioned to an electronic medical record-keeping system that has corrected the record-keeping issues identified by the Auditor.

In addition, Mansfield UMADAOP is now fully accredited by CARF International (the Commission on Accreditation of Rehabilitation Facilities). The Department of Health and Human Services has approved CARF as an accreditation provider for opioid treatment programs, and CARF's accreditation of Mansfield UMADAOP signifies that it meets the highest standards of quality and integrity.

Finally, it should be noted that Mansfield UMADAOP is a not-for-profit organization with a focused mission of serving those in need. It fulfills that mission with energy and integrity, keeping the best interests of patients, their families, and our communities in mind.

The Urban Minority Alcoholism and Drug Abuse Outreach Programs (UMADAOP) of Ohio were established in 1980 via legislation because the culturally specific needs of African-Americans with substance abuse afflictions were not being met. A bipartisan group of elected officials worked together to fund a substance abuse service delivery system designed to specifically focus upon and serve Ohio's minority community. This collective effort resulted in a statewide network addressing the prevention and treatment of substance abuse among African-American and Hispanic-Americans throughout Ohio.

Since their inception, the Urban Minority Alcoholism and Drug Abuse Outreach Programs of Ohio have grown to become a vital force in meeting the substance abuse education, prevention, and treatment needs of African-American and Hispanic-Americans throughout the state of Ohio.

Ms. Kristi S. Erlewine
November 20, 2018
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Mansfield UMADAOP regrets the record-keeping issues identified by the Auditor's office and is fully committed to continuing its unblemished record of outstanding service to Ohioans in need.

Very truly yours,



Timothy G. Pepper

TGP:tm

23913628.1

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Dave Yost • Auditor of State

**MANSFIELD URBAN MINORITY ALCOHOLISM AND
DRUG ABUSE OUTREACH PROGRAM, INC.**

RICHLAND 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 6, 2018**