



OHIO AUDITOR OF STATE  
**KEITH FABER**





**AINECARE, LLC  
FRANKLIN COUNTY**

**TABLE OF CONTENTS**

<b>Title</b>	<b>Page</b>
Independent Auditor's Report .....	1
Compliance Examination Report .....	3
Recommendation: Provider Qualifications.....	6
Recommendation: Service Documentation.....	8
Recommendation: Authorization to Provide Services.....	8
Official Response .....	9

**THIS PAGE INTENTIONALLY LEFT BLANK**

# OHIO AUDITOR OF STATE KEITH FABER



Medicaid Contract Audit  
88 East Broad Street  
Columbus, Ohio 43215  
(614) 466-3340  
ContactMCA@ohioauditor.gov

## **INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS OF THE MEDICAID PROGRAM APPLICABLE TO SELECT HOME HEALTH AND WAIVER SERVICES**

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

RE: AineCare, LLC, formerly known as Sunrise Family Healthcare, LLC.  
Ohio Medicaid Numbers: 2943346, 3027629 and 3049178

We have examined AineCare, LLC's (the Provider's) compliance with specified Medicaid requirements for provider qualifications, service documentation and service authorization related to the provision of home health nursing services and home health aide services and provider qualifications and service documentation related to the provision of personal care aide services during the period of July 1, 2014 through June 30, 2017.

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 and 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 qualified 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 Qualified Opinion***

Our examination disclosed that in a material number of instances the Provider submitted claims for nursing and home health aide services for reimbursement prior to obtaining signed plans of care and provided personal care aide services by aides that did not meet the first aid requirement.

AineCare, LLC formerly known as Sunrise Family Healthcare, LLC  
Independent Auditor's Report on  
Compliance with Requirements of the Medicaid Program

**Qualified Opinion on Compliance**

In our opinion, except for the effects of the matters described in the Basis for Qualified Opinion paragraph, the Provider has complied, in all material respects, with the aforementioned requirements for the period of July 1, 2014 through June 30, 2017.

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 identified improper Medicaid payments in the amount of \$19,166.20. This amount plus interest in the amount of \$1,680.85 totaling \$20,847.05 is due and payable to the ODM upon its adoption and 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 and abuse<sup>1</sup> 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 entities, 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

May 24, 2019

---

<sup>1</sup> "Waste and abuse" are practices that are inconsistent with professional standards of care; medical necessity; or sound fiscal, business, or medical practices; and that constitutes 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 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

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)

Ohio Medicaid recipients may be eligible to receive home health services, waiver services or both. According to Ohio Admin Code § 5160-12-01(E), the only provider of home health services is a Medicare certified home health agency (MCRHHA) that meets the requirements in accordance with Ohio Admin. Code § 5160-12-03. Waiver services can be provided by a MCRHHA, an otherwise-accredited home health agency or a non-agency nurse or personal care aide.

The Provider is a MCRHHA and received reimbursement of \$5,336,557.05 for 129,538 home health and waiver services to its Medicaid provider number 3049178 including the following:

- 81,179 home health aide services (procedure code G0156);
- 29,080 personal care waiver aide services (procedure code T1019);
- 12,383 home health nursing services (procedure code G0154);
- 2,650 licensed practical nurse (LPN) services (procedure codes G0300 and T1003);
- 2,467 registered nurse (RN) services (procedure code G0299);
- 933 physical therapy services (procedure code G0151); and
- 846 nursing assessments (procedure code T1001).

The Provider also received reimbursement of \$286,931 to its Medicaid number 2943346 for Department of Developmental Disabilities homemaker/personal care services. In addition, the Provider had a third number, 3027629; however, there were no payments made to this number during our examination period and it became inactive on March 26, 2016. Our examination was limited to services reimbursed under provider number 3049178 and did not include any services reimbursed under the numbers 2943346 or 3027629.

### 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. 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 home health and waiver services as specified below that the Provider billed with dates of service from July 1, 2014 through June 30, 2017 and received payment.

We received the Provider's claims history from the Medicaid database of services billed to and paid by Ohio's Medicaid program. From the total paid services population we extracted one service with a service date after the recipient's date of death.

**Purpose, Scope, and Methodology (Continued)**

We noted pairs of recipients with common addresses and the Provider billed for services for both recipients on the same date. We selected services for three pairs of recipients: all services for recipients "A" and "B" during the examination period; all services in June 2016 for recipients "C" and "D"; and all services in July 2016 for recipients "E" and "F". We examined all of the selected services as an exception test. These included home health nursing (G0154), home health aide (G0156), personal care aide (T1019) and nursing assessment (T1001) services.

From the remaining population of paid services, we extracted all nursing services, home health aide services and personal care aide services. We calculated<sup>2</sup> an attribute sample with a 10 percent (+/- five percent) precision range for each population. We used a sampling unit of a recipient date of service (RDOS) for the three samples. An RDOS is defined as all services for a given recipient on a specific date of service.

We used a stratified sampling approach for the nursing services sample and simple random samples for the other two services to facilitate a timely and efficient examination as permitted by Ohio Admin. Code § 5160-1-27(B)(1). The calculated samples sizes are shown in **Table 1**.

<b>Table 1: Exception Tests and Sample Sizes</b>			
<b>Universe</b>	<b>Population Size</b>	<b>Sample Size</b>	<b>Selected Services</b>
<i>Exception Tests</i>			
Service Billed after Date of Death	1 service		1
Recipients with Common Address	258 services		258
<i>Samples</i>			
Nursing Services			
Strata 1: Home Health Nursing Services (G0154)	11,173 RDOS	214 RDOS	57
Strata 2: RN Services (G0299)	2,397 RDOS	46 RDOS	33
Strata 3: LPN Services (G0300)	2,313 RDOS	44 RDOS	32
Home Health Aide Services	65,531 RDOS	398 RDOS	476
Personal Care Aide Services	16,484 RDOS	391 RDOS	678
<b>Total</b>			<b>1,535</b>

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 during the examination for compliance.

<sup>2</sup> We used the formulas described in the Government Accountability Office's Program Evaluation and Methodology Design Transfer Paper No. 6 (pages 128-132) to calculate the nursing services sample size and the U.S. Department of Health and Human Services/Office of Inspector General's (HHS/OIG) RATSTATS statistical program to calculate the home health aide services sample and personal care aide services sample sizes.



## Results

While certain services had more than one error (instance of non-compliance), only one improper payment was identified per service. The non-compliance and basis for our findings is discussed below in more detail.

### *Service Billed after Date of Death – Exception Test*

We noted one service which was billed with a service date after the death of the recipient. We determined the service was rendered prior to the date of death and had been billed with an incorrect service date. We verified that no duplicate payment was made for the actual date of service. Accordingly, this error did not result in an overpayment by Ohio Medicaid.

### *Recipients with Common Address - Exception Test*

We examined services for three pairs of recipients: all services for recipients "A" and "B" during the examination period; all services in June 2016 for recipients "C" and "D"; and all services in July 2016 for recipients "E" and "F." We examined 258 services and found no instances of a group service rendered but billed as an individual service. We did find 53 errors that resulted in an improper payment of \$1,794.91.

### *Nursing Services Sample*

We examined 122 home health nursing services and found 65 errors. The identified errors in 64 services resulted in an improper payment of \$2,913.23.

### *Home Health Aide Services Sample*

We examined 476 home health aide services and found 244 errors. The identified errors in 234 services resulted in an improper payment of \$8,258.36.

### *Personal Care Aide Services Sample*

We examined 678 personal care aide services and found 120 errors. The identified errors in 120 services resulted in an improper payment of \$6,199.70.

## **A. Provider Qualifications**

### *Exclusion and Suspension Lists*

Per Ohio Admin. Code § 5160-1-17.2, in signing the Medicaid provider agreement, the 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 compared the names of the nurses and aides that rendered services in the samples to the Office of Inspector General exclusion database and the Ohio Department of Medicaid exclusion or suspension list. We tested a total of 18 nurses and 203 aides and found no matches on an exclusion or suspension list.

### *Licensure of Nurses*

According to Ohio Admin. Code § 5160-12-01(G), home health nursing requires the skills of and is performed by either an RN or a LPN at the direction of an RN.

**A. Provider Qualifications (Continued)**

We identified seven RNs and 11 LPNs in the documentation of the selected services and verified via the Ohio e-License Center website that their professional licenses were current and valid on the first date of service in the sample and were active during the remainder of the examination period.

*Recipients with Common Address – Exception Test*

We examined 17 nursing services and found no errors.

*Nursing Services Sample*

We found no errors.

*First Aid Certifications for Personal Care Aides<sup>3</sup>*

In order to submit a claim for reimbursement, all individuals providing personal care aide services must obtain and maintain first aid certification from a class this is not solely internet-based and that includes hands-on training by a certified first aid instructor and a successful return demonstration of what was learned in the course. See Ohio Admin. Code §§ 5160-46-04(B)(6)(a)(ii), 5123:2-9-56(C)(3) and 5160-50-04(B)(6)(a)(ii)

*Recipients with Common Address – Exception Test*

We reviewed the personnel record for the one aide who rendered services and found no errors.

*Personal Care Aides Sample*

We reviewed personnel records for the 71 aides who rendered services in this sample. We found 17 aides who rendered services during a lapse in first aid certification and one aide who had no first aid certification during our examination period.

We examined 678 services and identified 112 services rendered by an aide who did not meet the required qualifications on the date of service. These 112 errors are included in the improper payment amount of \$6,199.70.

**Recommendation:**

The Provider should review the Ohio Medicaid rules and improve its internal controls to ensure all personnel meet applicable requirements prior to rendering direct care services. The Provider should address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

**B. Service Documentation**

The MCRHHA must maintain documentation of home health services provided that includes, but is not limited to, clinical records and time keeping that indicate date and time span of the service and the type of service provided. See Ohio Admin. Code § 5160-12-03

---

<sup>3</sup> We did not examine any additional provider qualifications for home health aides.

**B. Service Documentation (Continued)**

During part of the examination period, providers of home health nursing and aide services received a base rate for any portion of the first 60 minutes of home health services delivered. After July 1, 2015, providers were required to render 35 to 60 minutes of services to receive the base rate. Ohio Admin. Code § 5160-12-05(C)(2)

For waiver aide services the provider must maintain and retain all required documentation including, but not limited to, documentation of tasks performed or not 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 delivery. See Ohio Admin. Code § 5160-46-04(B)(8)

Per Ohio Admin. Code § 5160-12-08, the Provider's documentation for RN assessment services must contain arrival and departure times of the RN conducting the assessment. RN assessments are reimbursable when sequentially, but not concurrently performed with any other service during a visit which the RN is furnishing a separate billable home health service. Ohio Admin. Code § 5160-12-08 Appendix A states RN assessments are reimbursed per assessment.

For errors where the number of units billed was not supported by the documentation, the improper payment was based on the difference between the amount reimbursed and the amount that should have been reimbursed.

*Services after Date of Death – Exception Test*

We examined one service and, after clarifying that the wrong date of service was reported, we found no other errors.

*Recipients with Common Address - Exception Test*

We examined 258 services and found one service in which the units billed were not supported by the documented duration. This one error is included in the improper payment amount of \$1,794.91.

We also noted two RN assessments for different recipients completed by the same RN in which the documented arrival and departure times overlapped. Since the assessment code is not time based this did not result in an overpayment by Ohio Medicaid.

*Nursing Services Sample*

We examined 122 services and identified one service in which there was no documentation to support the payment and one service in which an LPN rendered the care and the Provider billed as an RN service resulting in a higher payment. These two errors are included in the improper payment amount of \$2,913.23.

*Home Health Aide Services Sample*

We examined 476 services and identified the following errors:

- 5 services in which the units billed exceeded the documented duration;
- 4 services in which there was no documentation to support the payment; and
- 1 instance in which a single shift was billed as two separate shifts resulting in a higher payment.

These 10 errors are included in the improper payment amount of \$8,258.36.

**B. Service Documentation (Continued)**

*Personal Care Aide Services Sample*

We examined 678 services and found five services in which there was no documentation to support the payment and three services in which the units billed exceeded the documented duration.

These eight errors are included in the improper payment amount of \$6,199.70.

**Recommendation:**

The Provider should develop and implement procedures to ensure that all service documentation fully complies with requirements contained in the Ohio Medicaid rules. In addition, the Provider should implement a quality review process to ensure that documentation is complete and accurate prior to submitting claims for reimbursement and that the correct procedure code is billed. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

**C. Authorization to Provide Services**

All home health providers are required by Ohio Admin. Code § 5160-12-03 to create a plan of care for recipients and the plan is required to be signed by the recipient's treating physician. Home health providers must obtain the completed, signed and dated plan of care prior to billing the ODM for the service.

*Recipients with Common Address – Exception Test*

We examined 247 home health services and identified 21 services in which the plan of care was not signed and/or dated by the physician and 29 services that were billed to Ohio Medicaid prior to the date of the physician's signature. These 50 errors are included in the improper payment amount \$1,794.91.

*Nursing Services Sample*

We examined 122 services and identified 62 services that were billed to Ohio Medicaid prior to the date of the physician's signature and one service in which there was no plan of care to cover the service. These 63 services are included in the improper payment amount of \$2,913.23.

*Home Health Aide Services Sample*

We examined 476 services and identified the following errors:

- 213 services that were billed to Ohio Medicaid prior to the date of the physician's signature;
- 10 services in which the plan of care was not signed and/or dated by the physician;
- 9 services in which there was no plan of care to cover the date of service; and
- 2 services in which the plan of care did not authorize the service.

These 234 errors are included in the improper payment amount of \$8,258.36.

**Recommendation:**

The Provider should establish a system to ensure the signed plans of care are obtained prior to submitting claim for services to the ODM. The Provider should also review the plans of care to ensure they are signed and dated accordingly. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

AineCare, LLC formerly known as Sunrise Family Healthcare, LLC  
Independent Auditor's Report on  
Compliance with Requirements of the Medicaid Program

**Official Response**

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

**This page intentionally left blank.**



DINSMORE & SHOHL LLP  
 191 West Nationwide Boulevard ^ Suite 300  
 Columbus, OH 43215  
 www.dinsmore.com

Jennie K. Ferguson  
 (614) 227-4206 (direct) · (614) 628-6890 (fax)  
 jennie.ferguson@dinsmore.com

May 31, 2019

**ELECTRONIC MAIL: kserlewine@ohioauditor.gov**

Ohio Auditor of State - Keith Faber  
 c/o Kristi S. Erlewine, Chief Auditor  
 Medicaid/Contract Audit Section  
 Office of Ohio Auditor  
 88 E. Broad Street – 9<sup>th</sup> Floor  
 Columbus, OH 43215-3506

Re: *Ainecare, LLC*  
*Medicaid Provider Number 3049178*

Dear Auditor Faber:

Dinsmore & Shohl LLP represents Ainecare, LLC (“Ainecare”), a home health care agency located at 132 N. Wilson Road, Columbus, Ohio 43204. On May 17, 2019, Ainecare, LLC received a letter from you stating that the Auditor of State has completed its examination of selected services rendered by Ainecare, LLC during the period of July 1, 2014 through June 30, 2017 (the “Examination Period”). The letter alleges instances of noncompliance and states that Ainecare may submit an official response to the draft examination report no later than June 3, 2019. This letter serves as the official response on behalf of Ainecare.

Ainecare has reviewed the Independent Auditor’s Report, the Compliance Examination and the Recommendations. Ainecare’s provides the following responses to the draft examination report, which are neither an admission nor denial of the results contained therein.

The Independent Auditor’s Report in the Compliance Examination Report states the examination period is January 1, 2015 through December 31, 2016. *See* page 1, para. 1; page 2, para. 2. We believe these references are inadvertent scrivener’s errors. Ainecare respectfully requests the Independent Auditor’s Report state the examination period is July 1, 2014 through June 30, 2017.

Ann Arbor	Atlanta	Charleston, WV	Chicago	Cincinnati	Columbus	Covington, KY	Dayton
Denver	Detroit	Frankfort, KY	Groton	Huntington, WV	Lewisburg, WV	Lexington	Los Angeles, CA
Louisville	Morgantown	Mystic, CT	Philadelphia	Pittsburgh	San Diego	Washington, D.C.	Wheeling

Ohio Auditor of State – Keith Faber  
RE: Ainecare, LLC  
May 31, 2019  
Page 2


Under Section A - Provider Qualifications, the draft examination report provides that one service was rendered by an individual who did not hold an Ohio nursing license on the date of service under examination (August 26, 2014). The Summary of Provider Qualifications Test identified the individual as Anna Mulamu. The draft examination report states the nursing license for this practitioner was not found on E License or supplied by Ainecare. Ainecare submits the enclosed documentation of Anne A. Mulamu's nursing license for the date of service examined.

Ainecare has enclosed the executed management representation letter.

Upon reviewing the enclosed documents if you have any additional questions or would like to further discuss Ainecare's response, please feel free to contact me.

Ainecare looks forward to concluding this matter with the Auditor of State.

Very truly yours,



Jennie K. Ferguson

JKF/tp

Enclosures

cc: Ahmet Ali, Ainecare, LLC  
Todd W. Collis, Esq.

15018299



# OHIO AUDITOR OF STATE KEITH FABER



**AINECARE, LLC**

**FRANKLIN 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  
JUNE 13, 2019**