



OHIO AUDITOR OF STATE
KEITH FABER



**COMMUNITY BEHAVIORAL NURSING SERVICES, INC.
SUMMIT COUNTY**

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OHIO AUDITOR OF STATE KEITH FABER



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

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

RE: Community Behavioral Nursing Services, Inc.
Ohio Medicaid Number: 0102247 NPI: 1285942458

We examined Community Behavioral Nursing Services, Inc.'s (Community Behavioral) compliance with specified Medicaid requirements for provider qualifications, service documentation and service authorization related to the provision of home health nursing services billed to residents of four addresses and home health physical therapy services during the period of July 1, 2018 through June 30, 2020.

In addition, we tested instances in which 15 or more nursing assessment services were billed to one recipient during our examination period.

Community Behavioral entered into an agreement (the Provider Agreement) with the Ohio Department of Medicaid (Department) 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. Management of Community Behavioral is responsible for its compliance with the specified requirements. The accompanying Compliance Section identifies the specific requirements examined. Our responsibility is to express an opinion on Community Behavioral'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 Community Behavioral complied, in all material respects, with the specified requirements referenced above. An examination involves performing procedures to obtain evidence about whether Community Behavioral 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 opinion. Our examination does not provide a legal determination on Community Behavioral's compliance with the specified requirements.

Internal Control over Compliance

Community Behavioral 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 Community Behavioral's internal control over compliance.

Opinion on Compliance

In our opinion, Community Behavioral has complied, in all material respects, with the specified requirements of home health nursing services billed to residents of four addresses and home health physical therapy for the period of July 1, 2018 through June 30, 2020.

Our testing was limited to the specified Medicaid requirements detailed in the Compliance Section. We did not test other requirements and, accordingly, we do not express an opinion on Community Behavioral's compliance with other requirements.

We identified improper Medicaid payments in the amount of \$665.03. This finding plus interest in the amount of \$10.24 (calculated as of August 17, 2021) totaling \$675.27 is due and payable to the Department upon its adoption and adjudication of this examination report. Services billed to and reimbursed by the Department, which are not validated in the records, are subject to recoupment through the audit process. See Ohio Admin. Code § 5160-1-27

This report is intended solely for the information and use of Community Behavioral, the Department and other regulatory and oversight bodies, 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

August 17, 2021

COMPLIANCE SECTION

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)

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. See 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 (MCHHA) that meets the requirements in accordance with Ohio Admin. Code § 5160-12-03. Waiver services can be provided by a person or agency that has entered into a Medicaid Provider Agreement for the purposes of furnishing these services.

Community Behavioral is a MCHHA and received payment of \$9,872,767 under the provider number examined for 259,789 home health services. Community Behavioral also received over \$100,000 in managed care payments¹ which were not included in the scope of the examination. Community Behavioral has one location in Fairlawn.

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether Community Behavioral's claims for payment 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 home health nursing services, physical therapy services and nursing assessment services as specified below for which Community Behavioral billed with dates of service from July 1, 2018 through June 30, 2020 and received payment.

We obtained Community Behavioral's claims history from the Medicaid database of services billed to and paid by Ohio's Medicaid program. We removed services paid at zero and managed care encounters. From the total paid services population, we extracted and selected all nursing assessment services (procedure code T1001) in which 15 or more services were billed to a recipient during our examination period to examine in their entirety (Recipients with 15 or Greater Nursing Assessments Exception Test).

We then extracted all physical therapy services (G0151) and randomly selected 30 services. From the remaining population, we extracted all home health nursing services (registered nurse (RN) nursing – G0299 and licensed practical nurse (LPN) nursing – G0300). We summarized the file by address and identified four unique street addresses. These four addresses were comprised of two sets of addresses which were in close proximity. We extracted claims in which recipient's address matched one of these four addresses. From this population of services, we randomly selected 30 dates of service (DOS). The exception test and calculated sample sizes are shown in **Table 1**.

¹ Payment data from the Medicare Information Technology System.

Purpose, Scope, and Methodology (Continued)

Table 1: Exception Test and Sample Sizes			
Universe	Population Size	Sample Size	Services Selected
Exception Test			
Recipients with 15 or Greater Nursing Assessments (T1001)	64		64
Samples			
Home Health Nursing Services at Four Addresses(G0299 and G0300)	731 DOS	30 DOS	608
Physical Therapy Services (G0151)	660	30	30
Total			702

A notification letter was sent to Community Behavioral setting forth the purpose and scope of the examination. During the entrance conference, Community Behavioral described its documentation practices and billing process. During fieldwork, we reviewed service documentation and verified professional licensure. We then sent preliminary results to Community Behavioral and it subsequently submitted additional documentation which we reviewed for compliance prior to the completion of our fieldwork.

Results

The summary results are shown in **Table 2**. While certain services had more than one error, only one finding was made per service. The non-compliance and basis for the finding is discussed below in further detail.

Table 2: Results				
Universe	Services Examined	Non-compliant Services	Non-compliance Errors	Improper Payment
Exception Test				
Recipients with 15 or Greater Nursing Assessments	64	1	1	\$37.08
Samples				
Home Health Nursing Services at Four Addresses	608	25	26	\$418.13
Physical Therapy Services	30	3	3	\$209.82
Total	702	29	30	\$665.03

A. Provider Qualifications

Exclusion or Suspension List

Per Ohio Admin. Code § 5160-1-17.2(H), in signing the Medicaid provider agreement, Community Behavioral 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 identified 23 nurses and 14 physical therapists (PT) or physical therapy assistants (PTA) in the service documentation for the selected services and compared their names to the Office of Inspector General exclusion database and the Department's exclusion/suspension list and found no matches.

A. Provider Qualifications (Continued)

We also compared identified administrative staff names to the exclusion database and the exclusion/suspension list and found no matches.

Nursing Services

According to Ohio Admin. Code § 5160-12-01(G), home health nursing requires the skills of and is performed by either a RN or a LPN at the direction of a RN. Based on the Ohio e-License Center website, the licenses for the 23 nurses were current and valid on the first date of service in the sample and were active during the remainder of the examination period.

Physical Therapy Services

According to Ohio Admin. Code § 5160-12-01(G), home health physical therapy requires the skills of is performed by either a licensed PT or PTA under the direction of a PT. Based on the Ohio e-License Center website, the licenses for the nine PTs and five PTAs were current and valid on the first date of service in the sample and were active during the remainder of the examination period.

B. Service Documentation

The MCHHA must maintain documentation of home health services that includes, but not limited to, clinical and time keeping records indicating the date and time span of the service and the type of service provided. See Ohio Admin. Code § 5160-12-03(B)(9)

For errors where the number of units billed exceeded the documented duration, the improper payment was based on the unsupported units.

Recipients with 15 or Greater Nursing Assessments

For nursing assessment services, a RN may not be reimbursed for a nursing assessment service more than once every sixty days per individual receiving services unless the RN is informed that the individual receiving services experienced a significant change, including an improvement or a decline in condition, and therefore a subsequent RN assessment is required. See Ohio Admin. Code § 5160-12-08(B)(4)(e)

The 64 nursing assessments examined in this exception test included services to four recipients. We found these assessments were billed every sixty days or following an inpatient or outpatient procedure. There was one instance in which there was no documentation to support the payment. This error resulted in the improper payment of \$37.08.

Home Health Nursing Services

The 608 services examined contained the following errors:

- 11 instances in which the incorrect procedure code was billed resulting in an overpayment;
- 3 instances in which there was no documentation to support the payment; and
- 2 instances in which services were provided in a group setting and did not include the appropriate modifier.

These 16 errors are included in the improper payment amount of \$418.13. We also noted two additional instances in which the incorrect procedure code was billed; however, these two errors did not result in an overpayment.

B. Service Documentation (Continued)

Community Behavioral explained that the electronic health record system is the cause of the incorrect billing of RN services when the practitioner is an LPN. According to the agency's administrator, when an LPN becomes an RN during the pay period, the system is unable to split the LPN from the RN services. We confirmed that for 10 of the 11 instances with the incorrect procedure code, the date of service was three days prior to the RN license issue date. For the other instance, we did not find evidence the practitioner had obtained an RN license.

In addition, Ohio Admin. Code § 5160-12-05(A)(1)(b) states the minimum amount of time required to bill the base rate for home health nursing services is 35 minutes. We found the duration for 89 percent of the home health nursing services examined was exactly 35 minutes in length. This billing pattern could indicate the length of service was based on the minimum number of minutes required to bill a base rate rather than the recipient's needs. Community Behavioral had no explanation for this practice.

Physical Therapy Services

All 30 services examined contained the required elements.

Recommendation

Community Behavioral should develop and implement procedures to ensure that all service documentation fully complies with requirements contained in Ohio Medicaid rules. In addition, Community Behavioral should implement a quality review process to ensure that documentation is complete and accurate prior to submitting claims for reimbursement. Community Behavioral 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(B)(3)(b) to create a plan of care for recipients indicating the type of services to be provided to the recipient and the plan is required to be signed by the recipient's treating physician.

Home Health Nursing Services

The 608 services examined contained five instances in which there was no plan of care to authorize the service and three instances in which the plan of care was not signed by a physician. These eight errors are included in the improper payment amount of \$418.13.

Physical Therapy Services

The 30 services examined contained one instance in which there was no plan of care to authorize the service and two instances in which the service was not authorized on the plan of care. These three errors resulted in the improper payment of \$209.82.

We did not test service authorization for the exception test services.

Recommendation

Community Behavioral should establish a system to ensure the signed plans of care are obtained prior to submitting claim for services to the Department. Community Behavioral should also ensure that services rendered are consistent with the approved plan of care and should not bill Ohio Medicaid for services not authorized. Community Behavioral should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

Community Behavioral Nursing Services, Inc.
Summit County
Independent Auditor's Report on
Compliance with Requirements of the Medicaid Program

Official Response

The Provider declined to submit an official response to the results noted above.

OHIO AUDITOR OF STATE KEITH FABER



COMMUNITY BEHAVIORAL NURSING SERVICES, INC.

SUMMIT COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

This is a true and correct copy of the report, which is required to be filed pursuant to Section 117.26, Revised Code, and which is filed in the Office of the Ohio Auditor of State in Columbus, Ohio.



Certified for Release 10/5/2021

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This report is a matter of public record and is available online at
www.ohioauditor.gov