



OHIO AUDITOR OF STATE  
**KEITH FABER**





# OHIO AUDITOR OF STATE KEITH FABER



Medicaid Contract Audit  
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## INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR REQUIREMENTS OF THE MEDICAID PROGRAM APPLICABLE TO SELECT PAYMENTS FOR BEHAVIORAL HEALTH SERVICES

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

RE: Access Ohio LLC  
Ohio Medicaid Numbers: 2892919 and 0166703  
National Provider Identifiers: 1689763740 and 1194179150

We examined compliance with specified Medicaid requirements during the period of July 1, 2018 through June 30, 2021 for provider qualifications and service documentation related to the provision of community psychiatric supportive treatment services (hereafter referred to as CPST services) and therapeutic behavioral services, 15 minutes (hereafter referred to as Nursing/TBS services) and service documentation and service authorization related to select residential services for Access Ohio LLC (Access Ohio).

In addition, we tested the following select payments:

- Potential unbundled residential services;
- Definitive urine drug tests exceeding limitations;
- Services reimbursed for a date of service when the recipient was a potential hospital inpatient;
- Residential services reimbursed for the same recipient and date of service as a residential service reimbursed to other substance use disorder (SUD) providers;
- Same service reimbursed for the same recipient and date as another related provider;
- All services billed with a service date of June 2, 2020 and June 30, 2020 with practitioner "A" identified as the rendering practitioner on the claim;
- Instances in which more than one residential service was reimbursed for the same recipient and date of service; and
- Services reimbursed after a recipient's date of death.

Access Ohio entered into an agreement with the Ohio Department of Medicaid (the Department) to provide services to Medicaid recipients and to adhere to the terms of the provider agreement, Ohio Revised Code, Ohio Administrative Code, and federal statutes and rules, including the duty to maintain all records necessary and in such form to fully disclose the extent of services provided and significant business transactions. Access Ohio is responsible for its compliance with the specified requirements. The Compliance Section of this report identifies the specific requirements examined. Our responsibility is to express an opinion on Access Ohio'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 (AICPA). Those standards require that we plan and perform the examination to obtain reasonable assurance about whether Access Ohio complied, in all material respects, with the specified requirements detailed in the Compliance Section.

We are required to be independent of Access Ohio and to meet our ethical responsibilities, in accordance with the ethical requirements established by the AICPA related to our compliance examination.

An examination involves performing procedures to obtain evidence about whether Access Ohio 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 modified opinion. Our examination does not provide a legal determination on Access Ohio's compliance with the specified requirements.

### ***Internal Control over Compliance***

Access Ohio 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 Access Ohio's internal control over compliance.

### ***Basis for Adverse Opinion***

Our examination disclosed, in a material number of instances the following areas of non-compliance:

- Access Ohio lacked documentation to support the reimbursement;
- Access Ohio's documentation did not include the time or duration;
- Access Ohio did not have treatment plans to cover the date of service;
- Access Ohio's treatment plans did not authorize the service tested;
- Access Ohio billed for services while recipient was confirmed to be in an inpatient setting and had documentation, including cloned notes, for services that were not rendered;
- Access Ohio billed for services with dates of service after the recipient's death;
- Access Ohio billed for residential services when the individual was receiving outpatient services; and
- Access Ohio billed for definitive drug tests without the required prior authorization.

Of the 3,121 services examined, 2,790 (89 percent) were noncompliant with the tested requirements.

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

In our opinion, Access Ohio has not complied, in all material respects, for the applied requirements as identified in the Compliance Section of this report for the selected services for the period of July 1, 2018 through June 30, 2021.

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 Access Ohio's compliance with other requirements.

### ***Finding Amount***

We identified improper Medicaid payments in the amount of \$81,012.45. This finding plus interest in the amount of \$12,762.79 (calculated as of September 4, 2023) totaling \$93,775.24 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.

If waste and abuse<sup>1</sup> are suspected or apparent, the Department and/or the Office of the Attorney General will take action to gain compliance and recoup inappropriate or excess payments. Ohio Admin. Code § 5160-1-29(B).

This report is intended solely for the information and use of Access Ohio, 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

September 4, 2023

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<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 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 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 for the program are specified in the Ohio Administrative Code and the Ohio Revised Code. 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).

Access Ohio is an Ohio Department of Mental Health and Addiction Services certified agency (types 84 and 95) and a waived services organization (type 45) and received payment of \$55.30 million including managed care and fee-for-service payments for 744,443 services<sup>2</sup>. Access Ohio has a third Medicaid provider number, 2793213, as a waived services organization (type 45). The scope of this examination did not include waiver services.

The owner of Access Ohio is also the owner of other agencies that have Medicaid agreements with the Department, including Access Behavioral, LLC and Access Hospital Dayton. Payments to these two agencies are identified in two of the exception tests included in the scope of the compliance examination.

In addition, we noted various trade names and fictitious names that were registered with the Ohio Secretary of State by Access Ohio. Many of the trade names and fictitious names became inactive prior to our examination period. Two fictitious names were active during our examination period: Access Ohio LLC Employee Health & Welfare Benefits Plan (became inactive in November, 2022) and Main Street Family Medicine and two trade names were active during the examination period: Access Residential and Access Ohio Primary Care. None of the documents obtained for this compliance examination reflected any of the fictitious or trade names.

### Purpose, Scope, and Methodology

The purpose of this examination was to determine whether Access Ohio'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 select payments for behavioral health services and SUD services as specified below for which Access Ohio billed with dates of service from July 1, 2018 through June 30, 2021 and received payment.

We obtained Access Ohio's claims from the Medicaid database which contains services billed to and paid by Ohio's Medicaid program. We also obtained claims data from one Ohio managed care organization (MCO) and verified that the services were paid to Access Ohio's tax identification number. From the combined fee-for-service and MCO claims data, we removed services paid at zero and services with a third-party payment. From the remaining total paid services, we selected the following in this order:

- Ancillary SUD services reimbursed for the same recipient and date of service as a residential service (Potential Unbundled Services Exception Test);
- Definitive urine drug tests exceeding limitation (Definitive Drug Test Limitations Exception Test);
- Services reimbursed for a date of service when the recipient was a potential hospital inpatient (Services While Potential Hospital Inpatient Exception Test);

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<sup>2</sup> Payment data from the Medicaid Information Technology System (MITS).

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- Residential services reimbursed on the same RDOS<sup>3</sup> as residential services from other providers (Residential Services Same RDOS as Other Providers Exception Test);
- Same service reimbursed for the same recipient and date as another related provider (Same Service on the Same RDOS as another related Provider Exception Test);
- All services billed with a service date of June 2, 2020 and June 30, 2020 with practitioner "A" as rendering practitioner on the claim (Two Dates of Service for Practitioner "A" Exception Test);
- Residential services when more than one service was reimbursed for the same recipient and date of service (Duplicate Per Diem Services Exception Test);
- Reimbursement of services after a recipient date of death (Services After Date of Death Exception Test);
- Sample of CPST services (CPST Sample);
- Sample of Nursing/TBS services (Nursing/TBS Sample); and
- Sample of residential services (Residential Services Sample).

The exception tests and calculated sample sizes are shown in **Table 1**. Descriptions of procedure codes included in this compliance examination are found in the **Appendix**.

<b>Table 1: Exception Tests and Samples</b>			
<b>Universe</b>	<b>Population Size</b>	<b>Sample Size</b>	<b>Selected Services</b>
<b>Exception Tests</b>			
Potential Unbundled Services <sup>1</sup>	58		58
Definitive Urine Drug Test Limitations <sup>2</sup>	2,552		2,552
Services While Potential Hospital Inpatient <sup>3</sup>	111		111
Residential Services Same RDOS as Other Providers (procedure codes H0010 and H0011)	35		35
Same Service on the Same RDOS as Another Related Provider (procedure codes 99223 and 99233)	53		53
Two Dates of Service for Practitioner "A" <sup>4</sup>	42		42
Duplicate Per Diem Services (procedure codes H0010 and H0011)	10		10
Services After Date of Death (procedure codes H0010 and H0036)	13		13
<b>Samples</b>			
CPST Sample (procedure code H0036)	86,134 RDOS	80 RDOS	86
Nursing/TBS Sample (procedure code H2019)	74,945 RDOS	80 RDOS	81
Residential Services Sample (procedure codes H0010 and H0011)	28,979 Services	80 Services	80
<b>Total</b>			<b>3,121</b>

<sup>1</sup> Ancillary services include procedure codes H0004, H0005, H0006, and H0036

<sup>2</sup> Definitive drug tests include procedure codes 80323, 80324, 80334, 80337, 80338, 80339, 80344, 80345, 80347, 80348, 80349, 80353, 80354, 80355, 80356, 80357, 80358, 80359, 80360, 80361, 80364, 80365, 80366, 80367, 80368, 80369, 80370, 80371, 80372, 80373 and 83992

<sup>3</sup> Nursing/TBS and residential services include procedure codes H0010, H0011, and H2019

<sup>4</sup> Services billed on selected dates of service include procedure codes 90792, 99213, and 99214

<sup>3</sup> RDOS is defined as all services for a given recipient on a specific date of service.

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A notification letter was sent to Access Ohio setting forth the purpose and scope of the examination. During the entrance conference, Access Ohio described its documentation practices and billing process. During fieldwork, we obtained an understanding of the electronic health record system used, reviewed service documentation and verified professional licensure. We sent preliminary results to Access Ohio and it submitted additional documentation 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 findings is discussed below in further detail.

<b>Table 2: Results</b>				
<b>Universe</b>	<b>Services Examined</b>	<b>Non-compliant Services</b>	<b>Non-compliance Errors</b>	<b>Improper Payment</b>
<b>Exception Tests</b>				
Potential Unbundled Services	58	24	24	\$1,794.31
Definitive Urine Drug Test Limitations	2,552	2,552	2,552	\$29,942.00
Services While Potential Hospital Inpatient	111	102	102	\$29,069.44
Residential Services Same RDOS as Other Providers	35	23	23	\$5,895.59
Same Service on the Same RDOS as Another Related Provider	53	0	0	\$0.00
Two Dates of Service for Practitioner "A"	42	0	0	\$0.00
Duplicate Per Diem Services	10	10	10	\$3,109.42
Services After Date of Death	13	13	13	\$2,502.37
<b>Sample</b>				
CPST Services Sample	86	21	26	\$1,275.97
Nursing/TBS Sample	81	11	13	\$861.84
Residential Services Sample	80	24	27	\$6,561.51
<b>Totals</b>	<b>3,121</b>	<b>2,780</b>	<b>2,790</b>	<b>\$81,012.45</b>

**A. Provider Qualifications**

*Exclusion or Suspension List*

Per Ohio Admin. Code § 5160-1-17.2(H), in signing the Medicaid provider agreement, a 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 identified 75 providers in the service documentation for the three samples and compared their names to the Office of Inspector General exclusion database and the Department's exclusion/suspension list. We found no matches. We also compared identified administrative staff names to the same database and exclusion/suspension list and found no matches.



**A. Provider Qualifications (Continued)**

*Licenses or Certifications*

*CPST Sample*

For the one licensed practitioner identified in the CPST documentation, we verified via the e-License Ohio Professional Licensure System that their license was current and valid on the first date found in our selected services and was active during the remainder of the examination period.

We found four instances in which the name of the practitioner was not included on the service documentation. These four errors are included in the improper payment amount of \$1,275.97.

*Nursing/TBS Sample*

For the 22 licensed practitioners identified in the nursing/TBS documentation, we verified via the e-License Ohio Professional Licensure System that their licenses were current and valid on the first date found in our selected services and were active during the remainder of the examination period.

We found four instances in which the name of the practitioner was not included on the service documentation. These four errors are included in the improper payment amount of \$861.84.

We did not test provider qualifications for the additional sample or the exception tests.

**Recommendation**

Access Ohio should implement a quality review process to ensure that documentation is complete, including the name of the rendering practitioner, prior to submitting claims for reimbursement. Access Ohio should address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

**B. Service Documentation**

Documentation requirements include the date, time of day, and duration of service contact. See Ohio Admin. Code §§ 5160-27-02(H) and 5160-8-05(F). We compared Access Ohio's documentation to the required elements. We also compared units billed to documented duration and we ensured the services met the duration requirements. For errors where units billed exceeded the documented duration, the improper payment was based on the unsupported units.

*Services While Potential Hospital Inpatient Exception Test*

The 111 services examined contained 12 services in which we determined the recipient was not a hospital inpatient. Of these 12 services, Access Ohio had no documentation to support three of the reimbursements. These three errors are included in the improper payment amount of \$29,069.44.

*Residential on Same RDOS as Other Providers Exception Test*

The 35 services examined contained 23 instances in which there was no documentation to support the reimbursement. These 23 errors resulted in an improper payment of \$5,895.59.

In addition, for these 35 residential services (for three recipients), we requested data from other SUD providers that received Ohio Medicaid reimbursement for the same recipient and date of service to determine if there was an overlap in services.

## **B. Service Documentation (Continued)**

We found Access Ohio had supporting documentation for one recipient and the other provider did not and Access Ohio had no supporting documentation for the remaining two recipients and the other providers did. Accordingly, we found no overlap in these select services.

### *Same Service on the Same RDOS as Another Related Provider Exception Test*

The data indicated that Access Ohio and a related provider (shared ownership) were reimbursed for the same 53 services (same recipient, date of service and procedure code). We contacted the MCO and determined that Access Ohio was not reimbursed for these services.

### *Two Dates of Service for Practitioner "A" Exception Test*

The 42 services examined had service documentation to support the reimbursement. In addition, we obtained all services billed with rendering practitioner "A" from the Medicaid data warehouse to calculate the expected median time for services rendered on June 2, 2020 and June 30, 2020. Using the Centers for Medicare and Medicaid Services (CMS) 1751-F Work Time guidelines calculations we determined:

- June 2, 2020 - practitioner "A" reportedly rendered a total of 58 services with a median calculated time of 27.50 hours; and
- June 30, 2020 - practitioner "A" reportedly rendered a total of 45 services with a median calculated time of 22.50 hours.

Consequently, these two dates of service for practitioner "A" were flagged as improbable days.

### *CPST Sample*

The 86 services examined contained the following errors:

- 10 instances in which there was no documentation to support the reimbursement;
- 8 instances in which the documentation did not indicate a time or duration of the service;
- 3 instances in which units reimbursed were greater than the documented units; and
- 1 instance in which the documentation did not contain a description of the service rendered.

These 22 errors are included in the improper payment amount of \$1,275.97.

### *Nursing/TBS Sample*

The 81 services examined contained seven instances in which in which the documentation did not indicate a time or duration of the service and two instances in which there was no documentation to support the reimbursement. These nine errors are included in the improper payment amount of \$861.84.

### *Residential Services Sample*

The 80 services examined contained four instances in which there was no documentation to support the reimbursement. These four errors are included in the improper payment amount of \$6,561.51.

## **Recommendation**

Access Ohio should develop and implement procedures to ensure that all service documentation and billing practices fully comply with requirements contained in Ohio Medicaid rules and is complete and accurate prior to billing. Access Ohio should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

## **B. Service Documentation (Continued)**

The Department should review service documentation to determine if the proper procedure codes were billed on the two dates of service for practitioner "A" that were flagged as improbable days. In addition, the Department and MCOs should monitor claims submissions to identify additional improbable days and conduct additional reviews as necessary.

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

### *Treatment Plans*

A treatment plan must be completed within five sessions or one month of admission, whichever is longer, must specify mutually agreed treatment goals and track responses to treatment and is expected to bear the signature of the professional who recorded it. See Ohio Admin. Code §§ 5160-27-02(H) and 5160-8-05(F).

We obtained treatment plans from Access Ohio and confirmed the treatment plan authorized the service examined and was signed by the recording practitioner. We limited our testing of service authorizations to the residential services sample.

### *Residential Services Sample*

The 80 services examined contained the following errors:

- 9 instances in which there was no treatment plan to cover the selected date of service;
- 9 instances in which the treatment plan did not authorize the service examined; and
- 4 instances in which the treatment plan was not signed by the recording professional.

These 22 errors are included in the improper payment amount of \$6,561.51.

## **Recommendation**

Access Ohio should develop and implement procedures to ensure that all treatment plans fully comply with requirements contained in the Ohio Medicaid rules. In addition, Access Ohio should implement a quality review process to ensure that treatment plans are present and complete and prior to submitting claims. Access Ohio should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

## **D. Medicaid Coverage**

### Unbundled Services

Per Ohio Admin. Code § 5160-27-09(B), for individuals in residential treatment, medical services will not be reimbursed separately, and community psychiatric supportive treatment and assertive community treatment are non-covered services. See Ohio Admin. Code § 5160-27-09(C). We confirmed with the MCO that it did not impose these limitations until May 2021.

### *Potential Unbundled Services Exception Test*

The 58 services examined contained 17 instances in which a service included in a per diem code was reimbursed separately. While all 17 services were not compliant with the Medicaid requirements, we did not identify an improper payment for these instances as the MCO confirmed it did not implement logic to deny these improper payments until May 2021.

#### **D. Medicaid Coverage (Continued)**

The 58 services also contained seven instances in which Access Ohio indicated the recipient was in an outpatient level of care but a residential service was reimbursed. The seven errors resulted in an improper payment amount of \$1,794.31.

##### Definitive Urine Drug Tests

Per the Department's MITS BITS provider information release "Urine Drug Screen Utilization Guidance" definitive urine drug screens are limited to 12 per calendar year without prior authorization.

##### *Definitive Urine Drug Test Limitations Exception Test*

Access Ohio had no prior authorization for the 2,552 definitive urine drug screens completed after the first allowable 12 per recipient. These 2,552 errors resulted in an improper payment of \$29,942.00.

##### Requirements of Medicaid Provider Agreement

Per Ohio Admin. Code § 5160-1-17.2, by signing the Medicaid Provider Agreement the provider agrees to comply with the terms of the provider agreement, Revised Code, Administrative Code, and federal statutes and rules; and the provider certifies and agrees submit claims only for services performed.

##### *Services While Potential Hospital Inpatient Exception Test*

The 111 services examined contained 99 instances with a date of service that fell within a confirmed hospital inpatient stay<sup>4</sup>. For 48 of these instances, the inpatient service was paid to Access Hospital Dayton which shares ownership with Access Ohio. These 99 errors are included in the improper payment amount of \$29,069.44.

In addition, for the 99 services billed when a recipient was a confirmed hospital inpatient, Access Ohio submitted documentation for 15 of the services that were not rendered. We noted that in two of these 15 instances, the documentation was a cloned noted matching another date of service.

##### *Services After Date of Death Exception Test*

The 13 services examined were confirmed to all be billed with a date of service after the recipient's confirmed date of death. These 13 errors resulted in an improper payment of \$2,502.37.

##### Per Diem Limitations

Per the BH Workgroup Limits, Audits and Edits document<sup>5</sup> published by the Department, for substance use disorder residential codes (H0010, H0011, H0012, H2034, H2036) the maximum unit is one as these residential services are limited to one unit per day. In addition, the document states that ambulatory detoxification (H0014) cannot be billed on same date of service as substance abuse disorder residential services (procedure code H0014 cannot be billed on same date of service as H0012).

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<sup>4</sup> We do not include date of admission or discharge from hospital in our testing.

<sup>5</sup> Retrieved from [BH Workgroup Limits, Audits and Edits document](#).

**D. Medicaid Coverage (Continued)**

*Duplicate Per Diem Services Exception Test*

The 10 services examined were confirmed to be duplicate payments for a per-diem service. We did not request documentation for these services but did confirm the duplicate reimbursements. These 10 errors resulted in an improper payment of \$3,109.42.

**Recommendation**

Access Ohio should ensure that only services rendered are billed to Medicaid and that services billed to Medicaid are consistent with the benefits covered by the program. Access Ohio should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

**Official Response**

Access Ohio declined to submit an official response to the results noted above.

**APPENDIX**

**Procedure Codes and Code Descriptions**

<b>Procedure Code</b>	<b>Procedure Code Description</b>
80323	The alkaloid test measures the presence of alkaloids, which are in certain types of drugs. Examples include morphine, strychnine and quinine.
80324	This screening measures the amount of amphetamine or methamphetamine present in a blood or urine sample.
80334	This screening measures the amount of antidepressants present in a blood or urine sample.
80337	This screening measures the amount of antidepressants present in a blood or urine sample.
80338	This screening measures the amount of antidepressants present in a blood or urine sample.
80339	This screening measures the amount of antiepileptics present in a blood or urine sample.
80344	This screening measures the amount of antipsychotics present in a blood or urine sample.
80345	This test measures the amount of barbiturates present in blood and urine samples. Barbiturates work on the central nervous system and have been used as sleeping pills.
80347	Benzodiazepines are a class of sedatives that can have strong effects. A blood analysis helps to determine a therapeutic dose and can show other issues such as overdosing.
80348	This test measures the amount of buprenorphine present in blood and urine samples.
80349	This test measures the amount of cannabinoids present in blood and urine samples.
80353	The test measures the amount of cocaine in a blood or urine sample.
80354	The test measures the amount of cocaine in a blood or urine sample.
80355	This test measures the amount of gabapentin present in blood and urine samples.
80356	This test measures the amount of gabapentin present in blood and urine samples.
80357	This test measures the amount of ketamine present in blood and urine samples.
80358	The test measures a urine sample for the amount of methadone or dimethadione present. This is done to assess possible toxicity and to monitor treatment.
80359	This test measures the amount of methylenedioxyamphetamines present in blood and urine samples.
80360	This test measures the amount of methylphenidate present in blood and urine samples.

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80361	This test measures the amount of opiates (narcotic painkillers such as morphine or codeine) present in blood and urine samples.
80364	This test measures the amount of opiates (narcotic painkillers such as morphine or codeine) present in blood and urine samples.
80365	This test measures the amount of oxycodone present in blood and urine samples.
80366	This test measures the amount of pregabalin present in blood and urine samples.
80367	This test measures the amount of propoxyphene present in blood and urine samples.
80368	This test measures the amount of sedative drugs present in blood and urine samples.
80369	This test measures the amount of muscle relaxants present in blood and urine samples.
80370	This test measures the amount of muscle relaxants present in blood and urine samples.
80371	This test measures the amount of stimulant drugs present in blood and urine samples.
80372	This test measures the amount of tapentadol present in blood and urine samples.
80373	This test measures the amount of tramadol present in blood and urine samples.
83992	The test measures a random urine sample for the presence of PCP (angel dust). This type of drug testing is usually done to confirm drug abuse or overdose.
90792	Psychiatric diagnostic evaluation with medical services
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.
99223	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.
99233	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.
H0004	15-minute session of behavioral health counseling or therapy.

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H0005	Group counseling session for alcohol or drug abuse (substance abuse).
H0006	Case management for alcohol or drug abuse treatment.
H0010	Residential (non-hospital) stay for the length of time required for all alcohol or drugs to leave the body (detox). This is part of a clinical program for addiction treatment.
H0011	Residential (non-hospital) stay for the length of time required for all alcohol or drugs to leave the body (detox). This is a clinical program for addiction treatment when the individual or others are at risk.
H0036	15-minute face-to-face session at a community psychiatric program.
H2019	15-minute session of behavioral health therapy for a high-risk juvenile. This therapy is part of a treatment program for substance abuse.

Source: <https://www.encoderpro.com/epr/index.jsp>



# OHIO AUDITOR OF STATE KEITH FABER



**ACCESS OHIO LLC**

**FRANKLIN 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 11/9/2023**

88 East Broad Street, Columbus, Ohio 43215  
Phone: 614-466-4514 or 800-282-0370

This report is a matter of public record and is available online at  
[www.ohioauditor.gov](http://www.ohioauditor.gov)