



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 SUBSTANCE USE DISORDER SERVICES

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

RE: Interval Brotherhood Homes, Inc., dba IBH Addiction Recovery Center
Ohio Medicaid Number: 0296781 NPI: 1760576565

We examined compliance with specified Medicaid requirements for select payments during the period of January 1, 2020 through December 31, 2022 for Interval Brotherhood Homes, Inc., dba IBH Addiction Recovery Center).

We tested the following select payments:

- All instances in which a more than one intensive outpatient program (IOP) service or partial hospitalization program (PHP) service was billed on a RDOS¹;
- All instances in which a recipient was billed for per diem services and another provider billed IOP and/or PHP services on the same RDOS;
- All instances for the recipient with the highest number of services during a two-week period;
- All instances in which more than one per diem service was billed on a RDOS;
- A sample of per diem services billed with one unit billed and services billed with a time span;
- A sample IOP services; and
- A sample PHP services

IBH Addiction Recovery Center 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 so as to fully disclose the extent of services provided and significant business transactions. Management of IBH Addiction Recovery Center 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 IBH Addiction Recovery Center'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 IBH Addiction Recovery Center complied, in all material respects, with the specified requirements referenced in the Compliance Section. We are required to be independent of IBH Addiction Recovery Center and to meet our ethical responsibilities, in accordance with the ethical requirements established by the AICPA related to our compliance examination.

¹ A RDOS is defined as all services for a given recipient on a specific date of service.

An examination involves performing procedures to obtain evidence about whether IBH Addiction Recovery Center 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 IBH Addiction Recovery Center's compliance with the specified requirements.

Internal Control over Compliance

IBH Addiction Recovery Center 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 IBH Addiction Recovery Center's internal control over compliance.

Basis for Adverse Opinion

Our examination disclosed, in a material number of instances, the following areas contained non-compliance. The IBH Addiction Recovery Center:

- lacked documentation to support the reimbursement;
- lacked treatment plans to cover the date of service;
- treatment plans did not authorize the service tested;
- documentation did not support the minimum time requirement for the procedure code billed;
- billed for more units than were documented;
- billed for units that exceeded the limitation;
- documentation did not support the recipient was present for service reimbursed; and
- provided services that were co-facilitated by an ineligible practitioner.

Adverse Opinion on Compliance

In our opinion, IBH Addiction Recovery Center has not complied, in all material respects, with the applied requirements as identified in the Compliance Section of this report for the selected services for the period of January 1, 2020 through December 31, 2022.

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 IBH Addiction Recovery Center's compliance with other requirements.

We identified improper Medicaid payments in the amount of \$43,493.79. This finding plus interest in the amount of \$3,365.11 (calculated as of October 7, 2024) totaling \$46,858.90 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. If waste and abuse² 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 in accordance with Ohio Admin. Code 5160-1-29(B).

² "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).

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This report is intended solely for the information and use of IBH Addiction Recovery Center, 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

November 5, 2024

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).

IBH Addiction Recovery Center is Ohio Department of Mental Health and Addiction Services certified agency (provider type 95) with two locations in Akron, Ohio. IBH Addiction Recovery Center received payment of approximately \$13.4 million including managed care and fee-for-service (FFS) claims for over 63,000 substance use disorder services.

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether IBH Addiction Recovery Center'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 substance use disorder services as specified below for which IBH Addiction Recovery Center billed with dates of service from January 1, 2020 through December 31, 2022 and received payment.

We obtained IBH Addiction Recovery Center's FFS claims from the Medicaid database of services billed to and paid by Ohio's Medicaid program. We also obtained paid claims data from three Medicaid managed care organizations (MCEs) and confirmed that the services were paid to IBH Addiction Recovery Center's tax identification number. From the combined FFS and MCE claims data, we removed services paid at zero, third-party payments, co-pays and Medicare crossover claims. From the remaining total paid services, we selected the following payments in the order listed:

- All instances in which greater than one IOP service (procedure code H0015) or PHP service (procedure code H0015 modified with TG) was billed on a RDOS (Greater Than One IOP or PHP Service Billed on a RDOS Exception Test);
- All instances in which a recipient received alcohol and/other drug treatment program, per diem services (procedure code H2036) and IOP and/or PHP services were reimbursed to a different provider on the same date (Per Diem Service Billed on Same Date as Another Provider Billed IOP and/or PHP Services Exception Test);
- All services (procedure code H0006 - case management services, procedure code H0015 – IOP services, procedure code 90832 – psychotherapy 30 minutes, and procedure code 90834 – psychotherapy 45 minutes) during a two week period for the recipient with the greatest number of services reimbursed (Recipient with Greatest Number of Services During a Two Week Period Exception Test);
- All instances in which greater than one alcohol and/other drug treatment program, per diem service was reimbursed on a RDOS (Greater Than One Alcohol and/other Drug Treatment Per Diem Service on a RDOS Exception Test);
- A sample of alcohol and/other drug treatment program, per diem service, stratified by one unit billed and units billed with a date span (Alcohol and Other Drug Treatment Per Diem Services Sample);
- A sample of IOP services (IOP Services Sample); and
- A sample of PHP services (PHP Services Sample).

Purpose, Scope, and Methodology (Continued)

The exception tests and calculated sample sizes are shown in **Table 1**.

Table 1: Exception Tests and Samples			
Universe	Population Size	Sample Size	Selected Services
Exception Tests			
Greater Than One IOP or PHP Service Billed on a RDOS	50 RDOS		63
Per Diem Service Billed on Same Date as Another Provider Billed IOP and/or PHP Services	14		14
Recipient with Greatest Number of Services During a Two Week Period	13		13
Greater Than One Alcohol and/other Drug Treatment Per Diem Service on a RDOS	11 RDOS		22
Samples			
Alcohol and Other Drug Treatment Program, Per Diem Services:			
One Unit Billed	28,315	90	90
Units Billed with a Date Span	382	10	10
Total	28,697	100	100
IOP Services	3,038	30	30
PHP Services	6,482	30	30
Total			272

A notification letter was sent to IBH Addiction Recovery Center setting forth the purpose and scope of the examination. During the entrance conference, IBH Addiction Recovery Center described its documentation practices and billing process. During fieldwork, we reviewed service authorization, service documentation and personnel records. We sent preliminary results to IBH Addiction Recovery Center 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 findings is discussed below in further detail.

Table 2: Results				
Universe	Services Examined	Non-compliant Services	Non-compliance Errors	Improper Payment
Exception Tests				
Greater Than One IOP or PHP Service Billed on a RDOS	63	41	47	\$13,732.75
Per Diem Service Billed on Same Date as Another Provider Billed IOP and/or PHP Services	14	0	0	\$0.00
Recipient with Greatest Number of Services During a Two Week Period	13	1	1	\$224.82
Greater Than One Alcohol and/other Drug Treatment Per Diem Service on a RDOS	22	2	2	\$427.40

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Table 2: Results				
Samples				
Alcohol and/other drug treatment program, per diem services:				
One Unit Billed	90	20	20	\$4,274.00
Units Billed with a Time Span	<u>10</u>	<u>9</u>	<u>10</u>	<u>\$22,652.20</u>
Total	100	29	30	\$26,926.20
IOP Services	30	8	8	\$1,058.52
PHP Services	30	5	9	\$1,124.10
Total	272	86	97	\$43,493.79

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

Licensure and Certifications

For the 24 licensed or certified practitioners identified in the service documentation, we verified via the e-License Ohio Professional Licensure System that their licenses or certifications were current and valid on the first date found in our selected payments and were active during the remainder of the examination period. We identified one certified practitioner who rendered services prior to obtaining certification and one certified practitioner who rendered services during a lapse in certification.

PHP Services Sample

The 30 services examined contained three instances in which one of the co-facilitators was not eligible to render the service, however, the other co-facilitator present for each service was qualified. Accordingly, we did not associate an improper payment for the three services.

Recommendation

IBH Addiction Recovery Center should improve its internal controls to ensure all personnel meet applicable requirements prior to rendering direct care services. IBH Addiction Recovery Center should address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

B. Service Documentation

In accordance with Ohio Admin. Code 5160-27-02(H), providers shall maintain treatment records and progress notes as specified in rules 5160-1-27 and 5160-8-05 of the Ohio Administrative Code. Per Ohio Admin. Code 5160-8-05(F), documentation requirements include the date, time of day, and duration of service contact. In addition, each record is expected to bear the signature and indicate the discipline of the professional who recorded it.

B. Service Documentation (Continued)

We obtained service documentation from IBH Addiction Recovery Center and compared it to the required elements. We also compared units reimbursed to documented duration and we ensured the services met the duration requirements, where applicable. For errors where units reimbursed exceeded the documented duration, the improper payment was based on the unsupported units.

Greater Than One IOP or PHP Service Billed on a RDOS Exception Test

The 63 services examined contained the following errors:

- 17 instances in which the units billed were greater than the units documented;
- Nine instances in which there was no service documentation to support the reimbursement;
- Eight instances in which the daily limitation was exceeded; and
- Six instances in which the duration of the service did not meet the minimum requirement for the code.

These 40 errors are included in the improper payment amount of \$13,732.75.

Per Diem Service Billed on Same Date as Another Provider Billed IOP and/or PHP Services

After repeated requests, we received no response from the provider who billed IOP and/or PHP services on the same RDOS IBH Addiction Recovery Center billed a per diem. Accordingly, we were unable to determine if IBH Addiction Recovery Center or the other provider improperly billed.

The 14 services examined contained the required elements tested for documentation.

Recipient with Greatest Number of Services During a Two Week Period

The 13 services examined contained one instance in which documentation did not support the minimum time requirement for the procedure code reimbursed.

This one error resulted in an improper payment of \$224.82.

Greater Than One Alcohol and/or other Drug Treatment Per Diem Service on a RDOS

The 22 services examined contained two instances in which documentation did not support the recipient was present for services reimbursed.

These two errors resulted in an improper payment of \$427.40.

Alcohol and Other Drug Treatment Program, Per Diem Services:

One unit

The 90 services examined contained 14 instances in which documentation did not support the recipient was present for services billed and five instances in which there was no documentation to support the reimbursement.

These 19 errors are included in the improper payment amount of \$4,274.00

Units Billed with a Date Span

The 10 services examined contained seven instances in which there was not documentation to support every unit billed in the date span and three instances in which there was no service documentation to support any units in the date span.

B. Service Documentation (Continued)

These ten errors resulted in an improper payment amount of \$22,652.20.

IOP Services Sample

The 30 services examined contained the required elements tested for documentation.

PHP Services Sample

The 30 services examined contained one instance in which documentation did not support the minimum time requirement for the procedure code reimbursed.

This one error is included in an improper payment of \$1,124.10.

Recommendation

IBH Addiction Recovery Center should develop and implement procedures to ensure that all service documentation and billing practices fully complies with requirements contained in Ohio Medicaid rules. In addition, IBH Addiction Recovery Center should implement a quality review process to ensure that documentation is complete and accurate prior to submitting claims for reimbursement. IBH Addiction Recovery Center should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

C. Authorization to Provide Services

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 in accordance with Ohio Admin. Code 5160-27-02(H) and 5160-8-05(F).

We obtained treatment plans from IBH Addiction Recovery Center for the sampled payments. We confirmed all payments were supported by a signed treatment plan.

Greater Than One IOP or PHP Service Billed on a RDOS Exception Test

The 63 services examined contained five instances in which there was no treatment plan to cover the date of service and two instances in which the treatment plan did not authorize the service rendered.

These seven errors are included in the improper payment amount of \$13,732.75.

Per Diem Service Billed on Same Date as Another Provider Billed IOP and/or PHP Services

The 14 services examined contained the required elements tested for authorization.

Recipient with Greatest Number of Services During a Two Week Period

The 13 services examined contained the required elements tested for authorization.

Greater Than One Alcohol and/other Drug Treatment Per Diem Service on a RDOS

The 22 services examined contained the required elements tested for authorization.

C. Authorization to Provide Services (Continued)

Alcohol and Other Drug Treatment Program, Per Diem Services:

One unit

The 90 services examined contained one instance in which the treatment plan did not authorize the service reimbursed.

This one error is included in the improper payment amount of \$4,274.00

Units Billed with a Date Span

The 10 services examined contained the required elements tested for authorization.

IOP Services Sample

The 30 services examined contained eight instances in which the treatment plan did not authorize the service reimbursed.

These eight errors resulted in the improper payment amount of \$1,058.52.

PHP Services Sample

The 30 services examined contained five instances in which the treatment plan did not authorize the service reimbursed.

These five errors are included in the improper payment amount of \$1,124.10.

Recommendation

IBH Addiction Recovery Center should develop and implement controls to ensure that all services billed are authorized by a signed treatment plan. IBH Addiction Recovery Center should address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

Official Response

IBH Addiction Recovery Center submitted the following official response. We did not examine IBH Addiction Recovery Center's response, and, accordingly, we express no opinion on it.

IBH Addiction Recovery (IBH) is currently in its fifth year as a Medicaid provider with just around two years of experience during the selected time frame for this audit. Having to transform its' business model from a single payer structure to a multi-contract, multi service line model, IBH underwent major transitions required with internal and external systems impacting client service delivery, staff credentialing needs, and initiating dozens of new workflows and trainings to properly execute billable services within our Electronic Health Record (EHR) database (then Credible). Credible was then acquired by Qualifacts around 2019/2020 adding a layer of challenges to all its partners while they began merging their EHR platforms into now Credible/Qualifacts.

It should be noted that IBH recognized just before the end of the documented audit period that there were shortcomings with its initial workflows (set of processes and procedures created for compliance and efficiency) that were responsible for tracking service delivery and to set up billing for processing claims. In the latter parts of 2022, it was recognized that massive changes were needed to the system, resulting in these workflows being restructured to successfully move client services through our EHR database to ensure all required information was completed prior to being processed for payment.

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Official Response (Continued)

In addition to changes regarding the above mentioned, IBH also made significant changes to staff that interacted with the EHR charged with keeping track of the data and documentation that was needed to provide billing information. These changes brought IBH a more robust knowledge base of both Medicaid at-large, as well as the billing interactions that needed to take place resulting in accurate and timely billing. Regular compliance review activities involving cross-departmental staff monitor and evaluate all elements of services provided including relaying concerns to staff providers on documentation, service units billed, completion of treatment plans, with any needed corrections made rapidly. Custom targeted reports were added that are shared daily and weekly is one example of alerts created that communicate potential deficiencies quickly for correction. While understanding that there were some shortcomings in the early days of providing Medicaid services, IBH's swift engagement to correct their discoveries has resulted in major improvements in addressing most, if not all, of the concerns raised by this compliance report.

OHIO AUDITOR OF STATE KEITH FABER



INTERVAL BROTHERHOOD HOMES, INC. DBA IBH ADDICTION RECOVERY CENTER

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 12/3/2024

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