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**LYNN MAUST, RN
FAYETTE COUNTY**

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS OF THE MEDICAID PROGRAM APPLICABLE TO PRIVATE DUTY NURSING AND WAIVER NURSING SERVICES

Lynn Maust, RN
305 Mount Olive Road
Washington Court House, Ohio 43160

RE: *Medicaid Provider Number 2182678*

Dear Ms. Maust:

We examined your (the Provider's) compliance with specified Medicaid requirements for provider qualifications, service documentation, and service authorization related to the provision of private duty nursing and waiver nursing services during the period of January 1, 2009 to June 30, 2011. We confirmed that the Provider was a registered nurse and that the license was active at the time of service. We tested service documentation to verify that there was support for the date of service, the procedure code, and the units billed to and paid by Ohio Medicaid. In addition, we tested your service documentation to determine if it contained the required information. We also examined your all services plans and plans of care to determine if the Provider, the service, and the units paid by Ohio Medicaid were appropriately authorized. The *Results* section in the accompanying Compliance Examination Report identifies the specific requirements examined for compliance.

Provider's Responsibility

The Provider entered into an agreement with the Ohio Department of Medicaid to provide services to Medicaid recipients (the Provider Agreement). The Provider Agreement outlines the responsibility to adhere to the terms of the agreement, State statutes and rules, Federal statutes and rules, and the regulations and policies set forth in the Medicaid Handbook including the duty to maintain records supporting claims for reimbursement made by Ohio Medicaid. Therefore, the Provider is responsible for complying with the requirements and laws outlined by the Medicaid program.

Auditor's Responsibility

Our responsibility is to express an opinion and report on the Provider's compliance with the specified Medicaid requirements based on our examination. Our examination was performed under our authority in Section 117.10 of the Ohio Revised Code and conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, included examining, on a test basis, evidence supporting the Provider's compliance with those Medicaid requirements and performing such other procedures as we considered necessary in the circumstances. We believe our examination provides a reasonable basis for our opinion. However, our examination does not provide a legal determination on the Provider's compliance with the specified Medicaid requirements.

Internal Control Over Compliance

The Provider is responsible for establishing and maintaining effective internal control over compliance with the specified Medicaid requirements referred to above. 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.

Opinion on Compliance

In our opinion, the Provider complied, in all material respects, with the aforementioned requirements pertaining to provider qualifications, service documentation and service authorization for the period of January 1, 2009 through June 30, 2011.

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.

Our examination disclosed one instance of duplicate billing which resulted in payment for a service that was not rendered. As a result, we found the Provider was overpaid by Ohio Medicaid between January 1, 2009 and June 30, 2011 in the amount of \$221.01. This finding plus interest in the amount of \$30.06 totaling \$251.77 is due and payable to the Ohio Department of Medicaid (ODM) upon ODM's adoption and adjudication of this examination report.¹ After adjudication by ODM, additional interest may be assessed until the finding and interest is paid in full.

When the Auditor of State identifies fraud, waste or abuse by a provider in an examination,² any payment amount in excess of that legitimately due to the provider will be recouped by ODM, Fiscal Operations, the state auditor, or the office of the attorney general. Ohio Admin. Code § 5160-1-29(B). Therefore, a copy of this report will be forwarded to ODM because it is responsible for making a final determination regarding recovery of our findings and any accrued interest. If you agree with the findings contained herein, you may expedite repayment by contacting ODM's Office of Legal Services at (614) 752-3631.

Copies of this report are also being sent to the Medicaid Fraud Control Unit of the Ohio Attorney General's Office; the U.S. Department of Health and Human Services/Office of Inspector General; and the Ohio Board of Nursing. In addition, copies are available to the public on the Auditor of State website at www.ohioauditor.gov.

Sincerely,



Dave Yost
Auditor of State

October 31, 2013

¹ Effective July 1, 2013, ODM replaced the Ohio Department of Job and Family Services as the state Medicaid agency.

² "Fraud" is an intentional deception, false statement, or misrepresentation made with the knowledge that the deception, false statement, or misrepresentation could result in some unauthorized benefit to oneself or another person. "Waste and abuse" are practices that are inconsistent with professional standards of care; medical necessity; or sound fiscal, business, or, medical practices; and that constitute an overutilization of Medicaid covered services and result in an unnecessary cost to the Medicaid program. Ohio Admin. Code § 5160-1-29(A).

COMPLIANCE EXAMINATION REPORT FOR LYNN MAUST, RN

Background

Title XIX of the Social Security Act, known as Medicaid, provides federal cost-sharing for each state's Medicaid program. Medicaid provides health coverage to families with low incomes, children, pregnant women, and people who are aged, blind, or who have disabilities. Hospitals, long-term care facilities, managed care organizations, individual practitioners, laboratories, medical equipment suppliers, and others (all called "providers") render medical, dental, laboratory, and other services to Medicaid patients. 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 diagnosis or treatment of disease, illness, or injury, and which, among other things, meet requirements for reimbursement of Medicaid covered services. See Ohio Admin. Code § 5160-1-01(A)

The Auditor of State performs examinations to assess provider compliance with Medicaid reimbursement rules to ensure that services billed to Ohio Medicaid are properly documented and consistent with professional standards of care, and medical necessity. According to Ohio Admin. Code § 5160-1-17.2(D), 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 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(E)

The Provider's Ohio Medicaid Provider number is 2182678 and the Provider is a registered nurse (RN) located in Fayette County, Ohio, who furnishes private duty nursing and waiver nursing services to Ohio Medicaid recipients. The Provider received reimbursement of \$206,117.92 for 791 private duty nursing services and \$6,066.96 for 28 waiver nursing services. During the examination period, the Provider rendered services to two Medicaid recipients.

Some Ohio Medicaid patients may be eligible to receive private duty nursing services provided by a registered nurse or a licensed practical nurse under the supervision of a registered nurse. Ohio Admin. Code § 5160-12-02(A) Qualifying private duty nursing services must be medically necessary and greater than four but not more than 12 hours in length, unless an authorized exception applies. Ohio Admin. Code § 5160-12-02(A)

Home care nursing services under Ohio Medicaid may include private duty nursing services, waiver nursing services, or both. See Ohio Admin. Code §§ 5160-12-02, 5160-46-04 and 5160-47-04. When a Medicaid recipient receiving private duty nursing care is also on an ODM administered program, an all services plan is required in addition to the plan of care. See Ohio Admin. Code § 5160-12-03.1(C) The all services plan lists all Medicaid home health services approved for the patient, including the type, frequency and duration of each service. The all services plan also specifies which providers can render services and subsequently bill Ohio Medicaid for them. See Ohio Admin. Code § 5160-45-01(E)

Documentation to support the service rendered must include:

- The date of service;
- The tasks performed or not performed;
- The arrival and departure times; and
- The signatures of the provider and consumer or authorized representative.

See Ohio Admin Code §§ 5160-46-04(A)(6)(j) and 5160-47-04(A)(6)(j)

Purpose, Scope, and Methodology

The purpose of this examination was to examine Medicaid reimbursements made to the Provider and 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 audit period and may be different from those currently in effect.

The scope of the engagement was limited to an examination of private duty nursing and waiver nursing services for which the Provider rendered to Medicaid patients and received payment during the period of January 1, 2009 through June 30, 2011.

We received the Provider's paid claims history from the Medicaid Management Information System database of services billed to and paid by Ohio's Medicaid program. We removed services rendered on October 23, 2009 to be reviewed as an exception test. The remaining population was then divided into two separate sub-populations; services rendered to multiple consumers on the same day and services rendered when only one recipient was seen on that day. From the two sub-populations, we selected a statistical random sample based on dates of service to facilitate a timely and efficient examination of the Provider's private duty nursing and waiver nursing services as permitted by Ohio Admin. Code § 5160-1-27(B)(1).

We obtained the all services plans for the consumers receiving waiver services during the examination period from ODM (Carestar Agency) to determine if the Provider was authorized to render services. We also reviewed the all services plans to determine if there were any gaps in the authorization spans. In addition, we compared units billed to units authorized on the all services plans to ensure the Provider did not exceed authorized units. We also verified Provider's qualification and examined clinical notes and plans of care by consumer to determine if the Provider had documentation to support the services rendered.

An engagement letter was sent to the Provider on March 27, 2013, setting forth the purpose and scope of the examination. An entrance conference was held with the Provider on April 17, 2013. During the entrance conference, the Provider described her documentation practices, her procedures for obtaining plans of care and all services plans, and her process for submitting billing to Ohio Medicaid program. Our fieldwork was performed following the entrance conference.

Results

A. Provider Qualifications

According to Ohio Admin. Code § 5101:3-12-02(A), private duty nursing requires the skills of and is performed by either a registered nurse or a licensed practical nurse at the direction of a registered nurse. In addition, according to Ohio Admin. Code § 5101:3-12-03.1(A)(1), a non-agency nurse is required to be an registered nurse or licensed practical nurse at the direction of an registered nurse practicing within the scope of his or her nursing license.

We verified through the Ohio e-License Center that the Provider is a registered nurse and is certified by the Ohio Nursing Board. The Provider was a licensed registered nurse during the examination period.

B. Service Documentation

Ohio Admin. Code § 5101:3-46-04(A)(6)(j) and § 5101:3-47-04(A)(6)(j) state that providers must maintain a clinical record that includes clinical notes, documentation of tasks performed or not performed, arrival and departure times, and dated signatures of the provider and consumer. The

supporting documentation for the 150 services that were randomly selected was compared to regulations outlined in the Ohio Administrative Code.

The review of the statistical sample of 150 services did not identify any areas of noncompliance with the service documentation.

In our review of the exception test, we found that the Provider billed one private duty nursing and one waiver nursing service on October 23, 2009 for one recipient. During the review we identified documentation for the private duty nursing service that showed only one service was provided to this recipient on this date. We confirmed with the Provider that the service was mistakenly billed twice – once as private duty nursing service and then billed again on a later date as waiver nursing service. Therefore, the reimbursement for one service, which totaled \$221.01, is identified as an overpayment.

Recommendation:

The Provider should develop and implement a system to review billing data prior to submission and continue to review remittance advices to ensure that services billed to and paid by Ohio Medicaid reflect actual service provision.

C. Authorization to Provide Services

According to Ohio Admin. Code § 5101:3-12-02(B)(2), private duty nursing services must be provided and documented in accordance with the consumer's plan of care. In addition, Ohio Admin. Code §§ 5101:3-46-04(A)(4)(g) and 5101:3-47-04(A)(4)(g) demands that in order to be a provider and submit a claim for reimbursement of waiver nursing services, the registered nurse must be identified as the provider on, and be performing nursing services pursuant to the consumer's plan of care, and the plan of care must be signed and dated by the consumer's treating physician.

We reviewed the plans of care in effect during the examination period for each consumer served. Each plan of care authorized nursing services listed the scope, frequency and duration, was signed and dated by the treating physician, and listed the Provider as the rendering provider. We found no dates of service not covered by an approved plan of care.

Services Not Authorized on All Service Plan

According to Ohio Admin. Code §§ 5101:3-46-04(A)(4)(f) and 5101:3-47-04(A)(4)(f), the Provider must be identified on the consumer's all services plan and have specified the number of hours for which the provider is authorized to furnish waiver nursing services to the consumer.

We compared paid services to the services authorized in the all services plans. The Provider was authorized to render only private duty nursing services for one consumer during January and February of 2009. During this time the Provider rendered private duty nursing services but billed two of the services using procedure code for waiver nursing. The Provider should have billed these services using the procedure code for private duty nursing services. However, the reimbursement for the two services is the same so no overpayment occurred as a result of this billing error. See recommendation below.

Overbilled Units

The Provider rendered services to one consumer enrolled in the Ohio Home Care Waiver and one consumer in the Transitions DD Waiver. For consumers enrolled on these waivers, the providers of private duty nursing services must provide the amount, scope, duration, and type of service within the plan of care as identified on the all services plan. Ohio Admin. Code § 5101:3-12-02(C)(2)(a)

Our review of the all services plans identified 10 private duty nursing services where the Provider billed more units than was authorized. CareStar conducted structural reviews of this Provider in August 2009 and June 2011. Neither of these structural reviews identified this issue so CareStar did not provide any education specific to billing units above authorized level. The Provider did maintain copies of the all services plans in the clinical records.

Recommendation:

The Provider should develop and implement a system to track units and procedure codes authorized on the all services plan to ensure that services billed are consistent with authorized services and are not rendered in excess of the authorized units. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

Provider Response

A draft report along with a detailed list of the service for which we took findings was mailed to the Provider on October 16, 2013 and the Provider was afforded an opportunity to respond to this examination report.

We did not receive a response from the Provider to the results noted above.



Dave Yost • Auditor of State

LYNN MAUST, RN

FAYETTE 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
NOVEMBER 12, 2013