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**SHARON RIVERA
HAMILTON COUNTY**

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS OF THE MEDICAID PROGRAM APPLICABLE TO PERSONAL CARE AIDE SERVICES

Sharon Rivera
5330 Montgomery Road, Unit #1
Cincinnati, Ohio 45212

RE: *Medicaid Provider Number 2805147*

Dear Ms. Rivera:

We attempted to examine your (the Provider's) compliance with specified Medicaid requirements for provider qualifications, service documentation, and service authorization related to the provision of personal care aide services during the period of January 1, 2009 through June 30, 2011. Our examinations are performed under our authority in Section 117.10 of the Ohio Revised Code.

The Provider entered into an agreement with the Ohio Medicaid Agency 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.

The Provider did not supply any information in response to the notification for this examination (see Compliance Examination Report). Since the Provider did not respond to notifications of the examination and did not provide any documentation, we were not able to apply our procedures to satisfy ourselves as to the Provider's compliance with applicable Medicaid rules and regulations. The scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the compliance with the aforementioned requirements for the period of January 1, 2009 through June 30, 2011.

Without supporting documentation, we found the Provider was overpaid by Ohio Medicaid between January 1, 2009 and June 30, 2011 in the amount of \$157,859.17. This finding plus interest in the amount of \$23,977.29 totaling \$181,836.46, is immediately due and payable to the Ohio Department of Medicaid (ODM) upon ODM's adoption and adjudication of this examination report. 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,¹ 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 as it is responsible for making a final determination regarding

¹ "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).

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.

This report is intended solely for the information and use of the Ohio Department of Medicaid, 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 other regulatory and oversight bodies and is not intended to be and should not be used by anyone other than these specified parties. In addition, copies are available to the public on the Auditor of State website at www.ohioauditor.gov.

Sincerely,

A handwritten signature in black ink that reads "Dave Yost". The signature is written in a cursive style with a large, looping "D" and "Y".

Dave Yost
Auditor of State

October 15, 2013

COMPLIANCE EXAMINATION REPORT FOR SHARON RIVERA

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 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 became an Ohio Medicaid provider in 2008 and the Provider's Medicaid number is 2805147. The Provider is a non-agency personal care aide located in Hamilton County, Ohio, that furnished waiver services to Ohio Medicaid recipients. The Provider's Ohio Medicaid number was terminated in 2012. During the examination period, the Provider received reimbursement of \$157,859.17 for 2,600 personal care aide services.

Ohio Medicaid recipients may be eligible to receive personal care aide services in the consumer's home. Personal care aides assist the consumer with activities of daily living such as bathing, dressing, household chores and accompanying the consumer to medical appointments. See Ohio Admin. Code § 5160-50-04(B)(1).

Qualifying personal care aide services are rendered to consumers in an ODM administered waiver program. Personal care aide services are authorized in the All Services Plan (ASP) which lists all services approved for the consumer under the waiver program, including the type of service, frequency and duration; and it specifies which provider can render services and subsequently bill Ohio Medicaid for those services. The number of hours billed cannot exceed the number of hours approved by a case manager in the ASP. Ohio Admin. Code § 5160-50-04(B)(2). Prior to rendering services, personal care aides are required to complete a competency evaluation and maintain a current first aid certification. Ohio Admin. Code § 5160-50-04(B)(7)(a). 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 personal care aide and the consumer upon completion of service delivery. Ohio Admin Code § 5160-50-04(B)(8)(g).

Purpose, Scope, and Methodology

The purpose of this examination was to review Medicaid reimbursements made to the Provider for services 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 personal care aide services that 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. In addition, we obtained structural reviews from ODM (CareStar Agency) completed in 2009, 2010 and 2011 as well as the agreement between the Provider and ODM.

In our attempt to notify the Provider of the examination, we discovered that the telephone number listed in the Ohio Medicaid Information Technology System (MITS) was no longer in service. On April 26, 2013, an engagement letter was sent to the Provider at two separate addresses, setting forth the purpose and scope of the examination. Both letters were returned with the same forwarding address. We determined that the address was for a private dwelling. On May 6, 2013, another engagement letter was sent to this forwarding address. The third engagement letter was not returned indicating it was delivered. We received no response from the Provider to the engagement letter and sent a second request on May 22, 2013 for documentation to support services rendered. The Provider failed to respond to our second request.

Results

CareStar conducted structural reviews on May 21, 2009, June 3, 2010, and August 3, 2011 and identified the following areas of non-compliance:

- Incomplete clinical records;
- Service documentation did not include all required elements;
- Failure to complete the minimal required on-going training; and
- Billing in excess of authorized units per the ASP.

The Provider was educated on documentation requirements during these structural reviews. The provider submitted plans of corrections for the noncompliance's noted in the structural reviews stating she would make changes to ensure documentation was completed correctly.

We obtained ASPs and verified that the Provider was identified on the ASP and that she was authorized to render personal care aide services during the examination period. We did not perform any additional analysis to determine if services were performed in accordance to the ASPs due to the Provider's failure to respond to our notifications regarding this examination.

Conditions of participation in ODM administered waivers include requirement to retain all records of service delivery and billing for a period of six years after the date of receipt of the payment based on those records, or until any initiated audit is completed, whichever is longer. See Ohio Admin. Code § 5101:3-45-10(A)(11). In addition, the Provider certified and agreed in the Provider agreement to furnish any information maintained for audit and review purposes. Failure to supply requested records within thirty days shall result in withholding of Medicaid or disability medical assistance payments. See Ohio Admin. Code § 5101:3-1-17.2(E).

The Provider did not respond to any notification regarding this examination and failed to submit any documentation to support services rendered during the examination period. Therefore, we identified 100 percent of all paid services during the period of January 1, 2009 through June 30, 2011 as an overpayment.

Provider Response

A draft report was mailed to the Provider on October 15, 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.

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SHARON RIVERA

HAMILTON 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 26, 2013**