



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 AND WAIVER SERVICES**

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

RE: Prime Home Care Midway, Inc dba Help at Home
Ohio Medicaid Number: 0109512 National Provider Identifier: 1245571108

We examined compliance with specified Medicaid requirements for provider qualifications, service documentation and service authorization related to the provision of select home health and waiver services during the period of January 1, 2020 through December 31, 2022 for Prime Home Care Midway, Inc dba Help at Home (Prime).

We tested the following select services:

- All instances in which a service was billed during a potential inpatient hospital stay;
- A sample of state plan home health aide services and all additional aide services on the same recipient date of service (RDOS)¹ as the sampled services;
- A sample of state plan registered nursing (RN) services; and
- A sample of state plan licensed practical nursing (LPN) services.

Prime 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 Prime 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 Prime'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 Prime complied, in all material respects, with the specified requirements referenced above. We are required to be independent of Prime 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 Prime 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.

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

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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 Prime's compliance with the specified requirements.

Internal Control over Compliance

Prime 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 Prime's internal control over compliance.

Opinion on Compliance

In our opinion, Prime complied, in all material respects, with the select requirements of home health and waiver 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 Prime's compliance with other requirements.

We identified improper Medicaid payments in the amount of \$566.64. This finding plus interest in the amount of \$90.24 (calculated as of February 19, 2025) totaling \$656.88 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 per Ohio Admin. Code 5160-1-27.

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

March 25, 2025

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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. Per Ohio Admin. Code 5160-1-17.2(D) and (E), providers must furnish such records for audit and review purposes.

Prime is a Medicare certified home health agency (MCHHA) with one location in Ontario, Ohio. Prime received payment of approximately \$3.3 million under the provider number examined for over 71,000 home health and waiver services.² In February 2021, Prime amended its business name from RiteChoice Healthcare Inc. to Prime Home Care Midway, Inc. As of May 2023, Prime does business as Help at Home which is a registered fictitious name with the Ohio Secretary of State.

Table 1 contains the procedure codes selected for this compliance examination.

Table 1: Home Health and Waiver Services	
Procedure Code	Description
G0156	State Plan Home Health Aide, 15 minutes
G0299	State Plan Home Health RN Nursing, 15 minutes
G0300	State Plan Home Health LPN Nursing, 15 minutes
MR951	Waiver Homemaker Personal Care Service, 15 minutes
PT570	Waiver Homemaker Service, 15 minutes
PT624	Waiver Personal Care Service, 15 minutes
T1019	Waiver Personal Care Aide, 15 minutes

Source: Appendix to Ohio Admin. Code 5160-12-05, 5160-46-06, 5123-9-30, 5160-1-06.1

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether Prime'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 and waiver services as specified below for which Prime billed with dates of service from January 1, 2020 through December 31, 2022 and received payment. We obtained Prime's fee-for-service claims history from the Medicaid database of services billed to and paid by Ohio's Medicaid program. We removed all services paid at zero, Medicare crossover claims and duplicate payments. From the remaining total paid services, we identified and selected the following services:

- All services (G0156, G0299, MR951, PT570 and PT624) billed during a potential hospital stay (Services During Potential Inpatient Stay Exception Test);
- A sample of home health aide services (G0156) and any additional aide services (PT570, PT624 and T1019) on the same RDOS as sampled services (Home Health Aide Services Sample);
- A sample of RN services (G0299) (RN Services Sample); and
- A sample of LPN services (G0300) (LPN Services Sample).

² Payment data from the Medicaid claims database.

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The exception test and calculated sample sizes are shown in **Table 2**.

Table 2: Exception Test and Samples			
Universe	Population Size	Sample Size	Selected Services
Exception Test			
Services During Potential Inpatient Stay			7
Samples			
Home Health Aide Services	19,036 RDOS	80 RDOS	82
Additional Aide Services			65
Total Aide Services			147
RN Services	4,012 RDOS	30 RDOS	38
LPN Services	7,412 RDOS	30 RDOS	33
Total			225

A notification letter was sent to Prime setting forth the purpose and scope of the examination. During the entrance conference, Prime 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 Prime 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 3**. 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 3: Results				
Universe	Services Examined	Non-compliant Services	Non-compliance Errors	Improper Payment
Exception Test				
Services During Potential Inpatient Stay	7	2	2	\$133.81
Samples				
Home Health Aide Services	82	4	5	\$102.07
Additional Aide Services	65	2	2	\$39.71
Total Aide Services	147	6	7	\$141.78
RN Services	38	5	5	\$265.14
LPN Services	33	1	1	\$25.91
Total	225	14	15	\$566.64

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.

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A. Provider Qualifications (Continued)

We identified 54 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 also compared identified administrative staff names to the same database and exclusion/suspension list. We found no matches.

Nursing Services

Per Ohio Admin. Code 5160-12-01(G), home health nursing services require the skills of and be performed by a licensed practitioner. Based on the e-License Ohio Professional Licensure System, the licenses for all 24 nurses were current and valid on the first date found in our selected services and were valid during the remainder of the examination period.

B. Service Documentation

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

For personal care and homemaker services, the provider must maintain and retain all required documentation including, but not limited to, description of activities performed and arrival and departure times in accordance with Ohio Admin. Code 5160-46-04(A)(9)(g), 5160-31-05(B), 173-39-02.11(C)(6)(b), 173-39-02.8(B)(3), 5160-40-01(F), and 5123-9-30(E).

We obtained documentation from Prime and compared it to the required elements. We also compared units billed to documented duration and compared services by recipient and rendering practitioner to identify any overlapping services. For errors where the number of units billed exceeded the documented duration, the improper payment was based on the unsupported units.

Services During Potential Inpatient Stay Exception Test

The seven services examined consisted of four recipients in which the reported date of service occurred during a potential inpatient hospital stay. We requested verification from the rendering hospital to confirm dates of admission and discharge for each service. The rendering hospitals did not respond to our request for confirmation; therefore, we were unable to determine whether the associated services were billed during the hospital stay.

The seven services examined contained two instances in which there was no service documentation to support the service. In these two instances, Prime provided missed visit notes that indicated the recipient was inpatient on the date of service. These two errors resulted in the improper payment amount of \$133.81.

Home Health Aide Services Sample

The 82 sampled services contained two instances in which there was no service documentation to support the service and two instances in which the units billed exceeded the documented duration. These four errors are included in the improper payment of \$102.07.

In addition, the 65 additional aide services on the same RDOS as the sampled services were examined and contained one instance in which tasks were not indicated on the service documentation and one instance in which the units billed exceeded the documented duration. These two errors resulted in the improper payment of \$39.71.

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B. Service Documentation (Continued)

RN Services Sample

The 38 sampled services contained the following errors:

- One instance in which there was no service documentation to support the service;
- One instance in which an LPN service was billed as an RN service which resulted in an overpayment; and
- One instance in which the units billed exceeded the documented duration.

These three errors are included in the improper payment of \$265.14.

LPN Services Sample

The 33 sampled services contained one instance in which the units billed exceeded the documented duration. This error resulted in an improper payment amount of \$25.91.

Recommendation

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

We obtained plans of care from Prime and confirmed if there was a plan of care that covered the selected date of service, authorized the type of service, and was signed by a physician. We limited our testing of service authorization to the sampled services.

Home Health Aide Services Sample

The 82 sampled services contained one instance in which there was no plan of care to authorize service. This error was included in the improper payment of \$102.07.

The additional 65 services were not tested for authorization of services.

RN Services Sample

The 38 sampled services contained two instances in which there was no plan of care to authorize service. These two errors are included in the improper payment of \$265.14.

LPN Services Sample

All 33 sampled services were supported by a signed plan of care.

³ This rule refers to the Medicare Benefit Policy Manual which requires that the plan of care be signed by the recipient's treating physician.

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Recommendation

Prime should develop and implement controls to ensure that all services billed are authorized by a signed plan of care prior to submitting claims for reimbursement. Prime should address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

Official Response

Prime declined to submit a response to the results noted above.

OHIO AUDITOR OF STATE KEITH FABER



PRIME HOME CARE MIDWAY, INC. DBA HELP AT HOME

RICHLAND 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 4/10/2025

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This report is a matter of public record and is available online at
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