

From: [REDACTED]
Subject: [REDACTED]
Date: May 22, 2012 at 6:01 PM
To: [REDACTED]

[REDACTED]
[REDACTED]
Department of Medicaid

[REDACTED] Governor
[REDACTED] Director

[REDACTED]
[REDACTED]
[REDACTED]
Re: LIMITED REVIEW OF PROVIDER: [REDACTED]
Provider: [REDACTED] SURS Review: [REDACTED] Audit Trail: [REDACTED]
Review Period: August 30, 2011 – October 5, 2011

Dear [REDACTED]:

The Surveillance and Utilization Review Section of the [REDACTED] of Medicaid (ODM) has conducted a limited review of your Medicaid billings of T1000 – Private duty/independent nursing services and T1003 – LPN/LVN Services. This review was based on information provided by the Bureau of Long Term Care Services & Support and the Ohio Home Care Program (OHP, formerly CareStar).

We found you were overpaid by Medicaid for billing and receiving payment for nursing services without a valid signed and dated physician's orders (485) for consumer K.G. Therefore, the overpayment resulted from noncompliance with [REDACTED] Code (OAC) 5101:3-47-04(A)(4)(g) and 5101:3-45-01(QQ). Please see the included claims detail report for further information.

The overpayment identified is [REDACTED] plus interest of \$563.19, to the date of this letter. Additional interest is accruing at \$0.30 per day. Interest is calculated pursuant to OAC Section 5160-1-25.

This review is limited to your paid claims for the review period noted above and is not a full review of your practice. Additionally, this current review does not bar ODM from conducting a new review, a final fiscal audit, or initiating collections for other incorrect or improper payments for the review period of this identified overpayment.

Pursuant to [REDACTED] 5160-1-19(F)(2)(a), overpayments are recoverable by [REDACTED] at the time of identification. Therefore, the amount is due and owing upon receipt of this letter. However, under [REDACTED] Section 5160-70-2(D), you may request reconsideration of this review if you believe the overpayment was identified in error. **If you would like to request reconsideration, please mail your written request along with a detailed explanation of why you believe the review is in error. Be sure to include any updated All Service Plans, verifiable documentation of communication with OHP**

Cease and Desist Letter

Date: 9/25/2012

To:

Medicaid Provider

From:

Tracking

Contact:

Phone:

Description:

Correction Time Frame: 10 days

An Occurrence Report involving Ohio Home Care consumer [REDACTED] finds the provider is noncompliant with rule 5101:3-45-09, 5101:3-45-10 of the Ohio Administrative Code and/or Title 42 of the Code of Federal Regulations 484 for failing to assure the consumer's health and welfare. It is alleged on or between 8/21/2011 through 10/17/2011 you provided services to the consumer without having signed physician orders. It is noted that this was self reported by you but a plan of Correction will be required to address this issue. This action put the consumer's health and welfare at risk. This practice of noncompliance must cease and desist immediately.

Providers are required to adhere to the rules of the Ohio Home Care Waiver program in all aspects of service delivery. Please review the Ohio Home Care Waiver rules at <http://codes.ohio.gov/oac/>.

To resolve this report finding with the Ohio Home Care Program, you must submit a written Plan of Correction which describes what action(s) you will take to ensure that Services delivered to a consumer without physician's orders does not recur. Your Plan of Correction must be submitted within 10 calendar days.

In accordance with rules 5101:3-45-10 and 5101: 3-1-17.6 of the Ohio Administrative Code, providers are required to implement a timely and appropriate plan of correction for all findings to avoid administrative sanctions including the termination of the Medicaid Provider agreement.

Please send the Plan of Correction to the attention of:

[REDACTED] Home Care Program