# FINAL AUDIT REPORT

URS Medical I, LP
Waco, TX

**TPI NUMBER:** 282492201

**AUDIT/CASE TRACKING NUMBER**
2017-TXIG016-DME-09-07

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Proprietary and Confidential

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# I. AUDIT SUMMARY

On November 20, 2017, an on-site audit was initiated by Health Management Systems, Inc. (HMS), contracted by the Texas Health and Human Services Commission – Inspector General (IG). The audit was for services provided to medical assistance recipients by:

Name: URS Medical I, LP

TPI Number: 282492201

Address: 4830 Lakewood Drive, Suite 1
Waco, TX 76710

Thirty recipient records were reviewed for dates of service January 1, 2015 through March 31, 2017. HMS's staff audited durable medical equipment (DME) records to verify services provided to recipients, paid by the Texas Medical Assistance (Medicaid) Program. Detailed audit findings for individual claim lines are contained in the Appendices.

This report reflects only the findings of this audit and is not intended to discover all possible errors in billing or recordkeeping. Any omission of other errors from this report does not mean such practice is acceptable. Because of the limited nature of this audit, no inferences as to the overall level of provider performance should be drawn solely from this report.

# II. AUDIT AUTHORITY & REFERENCES

The IG is responsible for maintaining an ongoing program to audit providers participating in the State medical assistance programs.

This audit was carried out consistent with the *Texas Administrative Code* (TAC), *Title 1, Part 15, Chapter 371*, *et seq.*; and *Generally Accepted Governmental Auditing Standards*, as issued by the United States Government Accountability Office.[1]

Refer to Appendix B for the State Regulations and Policy Provider Manual provisions which were used to support the audit. The regulations and guidelines used were in effect at the time the service was provided. These include:

- *Government Auditing Standards* (GAS)
- *Code of Federal Regulations* (CFR)
- *Texas Administrative Code* (TAC)

[1] 1 Tex. Admin. Code § 371.1719(b)(1)(A) (effective May 1, 2016).

- *Texas Medicaid Provider Procedures Manual* (TMPPM)
- Applicable coding references (CPT, HCPCS, ICD-9-CM, ICD-10-CM)

# III. AUDIT PROCESS

This provider audit was conducted in the following manner:

Case Selection

For the audit of DME claims, a universe of paid claims with service dates ranging from January 1, 2015 through March 31, 2017 was developed. Only claims with a paid amount greater than zero were included in this universe. The universe included 235 recipients with a total Medicaid payment of $311,677.69. From this universe, a total of 30 randomly selected recipients totaling $44,685.08 were selected for review.

Claims previously identified as overpayments in prior audits or through post payment reviews performed by the Payment Review Program are removed from the audit universe. This prevents the same claim from being recovered twice.

Documentation Reviewed

Documentation to support services reimbursed by Medicaid was obtained on-site at the Provider's facility on December 4, 2017. No original records were removed from the Provider's premises.

An Exit Conference was held with the Provider on March 23, 2018 to review the Draft Audit Report. In response to the Draft Audit Report, the Provider submitted additional documentation to support the claims under review on March 29, 2018.

The documents were analyzed to identify any billing irregularities or deviations from program rules, regulations, and the Medicaid Provider Agreement. The results are contained in Sections IV and V of this report.

Statistical Sampling

A sample was drawn from the universe of claims paid by Medicaid program. The sample was produced using the RAT-STATS 2010-v4 random number generator. Overpayments, if any, are determined for the claims within the probability sample. These overpayments are then extrapolated to the audit universe to determine an overpayment amount. The extrapolation detail file contains the (a) population of claims, (b) sample frame, including sample size determination, (c) seed value for random number generation, (d) extrapolation validation, and (e) results printout from the RAT-STATS software.

The audit population consisted of 235 recipients. The probability sample consisted of 30 randomly selected recipients totaling $44,685.08. All claims were itemized on Medicaid remittance advices to the Provider. Overpayments identified in the probability sample are extrapolated to the audit universe in accordance with *TAC, Title 1, Part 15, Chapter 371, Subchapter B, Rule 371.35 Use of Statistical Sampling and Extrapolation (effective 05/01/2016)*. See Appendix C Sampling Plan for more information.

In some instances, more than one audit finding relates to an individual service provided. This is referred to as "overlap" of findings. When more than one finding requires repayment on an individual service, the amount asserted for recoupment is limited to the amount paid by the Medicaid.

# V. FINDINGS

Of the 464 claim lines reviewed, there were seventy-two claim lines with recoupable monetary findings. Of the seventy-two claim lines with recoupable findings, twenty-four claim lines had more than one error resulting in a total of ninety-six errors. See Appendix A for the Audit Finding Index.

**Finding 1: Billed Prior to Delivery (BPD)**

There were two instances of the Provider submitting a claim to Medicaid prior to the supplies being shipped or delivered to the recipient.

**Example:** Sample SN-15-C-009-A – The Provider's delivery confirmation shows the items ordered on 10/20/2016 were not yet shipped when the claim was billed on 10/19/2016. Per TMPPM DME 2.2.3, the date of service (DOS) is the date on which supplies are delivered to the client or shipped by a carrier to the client as evidenced by the dated tracking document attached to the invoice for that date. The Provider must maintain the signed and dated records supporting documentation that an item was not billed before delivery.

> *Rebuttal Medical Record Review*: The Provider did not submit additional documentation to dispute the finding for this sample. The sample remains discrepant. See Appendix A and Appendix E.

Basis for Findings:

*TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.3 Medical Supplies (effective August 2014, July 2015, March 2016, and February 2017)* provides, "… The DOS is the date on which supplies are delivered to the client or shipped by a carrier to the client as evidenced by the dated tracking document attached to the invoice for that date. The provider must maintain the signed and dated records supporting documentation that an item

was not billed before delivery. There records are subject to retrospective review. …"

Summary: Valid documentation is required to support claims submitted for reimbursement. As a result, the paid amounts of the associated claims are recoupable.

**Finding 2: Improper Procedure Code (IPC)**

There was one instance where the documentation in the medical record did not support the procedure code billed and paid.

**Example:** Sample SN-149-C-010-C – HCPCS code T4534 is not prescribed on the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form for DOS 09/16/2016. The Provider acknowledged billing the wrong recipient in error. Per TAC 354.1001, claims submitted must be complete and accurate and include the name, address, identification number and date of birth for the individual who received services or supplies or both.

> *Rebuttal Medical Record Review*: The Provider did not submit additional documentation to dispute the finding for this sample. The sample remains discrepant. See Appendix A and Appendix E.

Basis for Findings:

*TAC, Title 1, Part 15, Chapter 354, Subchapter A, Division 1, Rule 354.1001 Claim Information Requirements (effective 01/01/2015)* provides, "(a) Eligible providers are required to provide separate claim information for each eligible recipient. Claims must be complete, accurate, and as specified by the Texas Health and Human Services Commission (HHSC) or its designee.
(b) Required information includes the following:
(1) name, address, and appropriate Texas provider identification number of the provider of services or supplies or both;
(2) the date of the claim;
(3) the name, address, identification number, and date of birth of the individual who received services or supplies or both;
(4) the type of such services or supplies or both provided;
(5) the date(s) each service or supplies or both were provided;
(6) the amounts of each charge for various types of services or supplies or both;
(7) the total charge for services or supplies or both;
(8) credits for any payments made at the time of submission of the claim, including payments by private health insurance under Medicare;

(9) indication that the eligible recipient has health, accident, or other insurance policies, or is covered by private or governmental benefit systems, or other third party liability, when reported, known, or suspected;
(10) the date of the eligible recipient's death, if applicable; and
(11) the name and associated national provider identifier of:
(A) the eligible billing provider;
(B) the ordering or referring provider or other professional, if services or supplies, or both, are ordered or referred; and …"

*TAC, Title 1, Part 15, Chapter 371, Subchapter G, Division 2, Rule 371.1653 Claims and Billing (effective 05/01/2016)* provides, "A person is subject to administrative actions or sanctions if the person submits, or causes to be submitted, a claim for payment by the Medicaid or other HHS program: …
(5) based on a code that would result in greater payment than the code applicable to the item or service that was actually provided;
(6) for an item or service that was not coded, bundled, or billed in accordance with standards required by statute, regulation, contract, Medicaid or other HHS program policy or provider manual, and that, if used, has the potential of increasing any individual or state provider payment rate or fee; …"

*TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.3 Medical Supplies (effective August 2014, July 2015, March 2016, and February 2017)* provides, "Medical supplies are benefits of the Home Health Services Program if they meet the following criteria:

- Unless otherwise noted in this handbook, the representative of the DME/medical supply provider and a physician who is familiar with the client must sign and date a completed Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form that prescribes the DME or supplies before requesting prior authorization for the DME or supplies. All signatures and dates must be current, unaltered, original, and handwritten. Computerized or stamped signatures or dates will not be accepted. A current signature and date is valid for no more than 90 days prior to the requested prior authorization or the initiation of service. The completed Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form must include the procedure codes and numerical quantities for the services requested. …"

*TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.3.2 Prior Authorization (effective August 2014, July 2015, March 2016, and February 2017)* provides, "… Providers may deliver medical supplies as ordered on a Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form for up to six months from the date of the physician's signature. …"

*TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.13 Incontinence Supplies (effective August 2014, July 2015, March 2016, and February 2017)* provides, "Incontinence supplies billed for a one-month period must be based on the frequency or quantity ordered by the physician on the Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form. ..."

Summary: Valid documentation is required to support claims submitted for reimbursement. As a result, the paid amounts of the associated claims are recoupable.

**Finding 3: Insufficient Documentation (ID)**

There were five instances of the medical record containing insufficient documentation to support the services rendered, billed, and paid.

**Example:** Sample SN-149-C-002-B – There is no proof of delivery for the first of two shipments for DOS 12/14/2015. Per TMPPM DME 2.2.3, documentation of delivery must include one of the following: delivery slip or corresponding invoice signed and dated by client or caregiver, or a dated carrier tracking document with shipping date and delivery date must be printed from the carrier's website as confirmation that the supplies were shipped and delivered. The date carrier tracking document must be attached to the delivery slip or corresponding invoice.

> *Rebuttal Medical Record Review*: The Provider did not submit additional documentation to dispute the finding for this sample. The sample remains discrepant. See Appendix A and Appendix E.

**Example:** Sample SN-225-C-004-C – The prescribing physician's license number, NPI number and TPI are cut off from the faxed copy of the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form for DOS 03/03/2016. Per TMPPM DME 5 Forms, Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form Instructions, all fields must be filled out completely. The prescribing physician's TPI, NPI, and license number must be indicated.

> *Rebuttal Medical Record Review*: The Provider did not submit additional documentation to dispute the finding for this sample. The sample remains discrepant. See Appendix A and Appendix E.

Basis for Findings:

Refer to *TAC, Title 1, Part 15, Chapter 354, Subchapter A, Division 1, Rule 354.1001 Claim Information Requirements (effective 01/01/2015)*; under Finding 2.

Refer to *TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.3 Medical Supplies (effective August 2014, July 2015, March 2016, and February 2017)*; under Finding 2.

Summary: Valid documentation is required to support claims submitted for reimbursement. As a result, the paid amounts of the associated claims are recoupable.

**Finding 4: Invalid Prescription (IP)**

There were forty instances of the prescription not having accurate or complete required information, or the prescription did not have the appropriate physician signature.

**Example:** Sample SN-103-C-003-B – The date last seen by physician is 07/10/2014, over one year from DOS 02/24/2016. Per TMPPM DME 2.2.2, the client must be seen by a physician within one year of the DOS.

> *Rebuttal Medical Record Review*: The Provider did not submit additional documentation to dispute the finding for this sample. The sample remains discrepant. See Appendix A and Appendix E.

**Example:** Sample SN-148-C-001-C – The prescribing physician's license number and TPI is missing from the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form for DOS 06/09/2016. Per TMPPM DME 5 Forms, Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form Instructions, all fields must be filled out completely. The prescribing physician's TPI, NPI, and license number must be indicated.

> *Rebuttal Medical Record Review*: The Provider did not submit additional documentation to dispute the finding for this sample. The sample remains discrepant. See Appendix A and Appendix E.

**Example:** Sample SN-162-C-009-A – The Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form for DOS 09/01/2016 expired on 08/16/2016. Per TMPPM DME 2.2.1, the Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form is valid for up to, but no more than, six months from the date of the physician's signature on the form.

> *Rebuttal Medical Record Review*: The Provider did not submit additional documentation to dispute the finding for this sample. The sample remains discrepant. See Appendix A and Appendix E.

**Example:** Sample SN-209-C-020-C – For DOS 12/02/2016, the date the prescribing physician signed is typewritten on the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form. Per TMPPM DME 2.2.3, the representative of the DME/medical supply Provider and a physician who is familiar with the client must sign and date a completed Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form that prescribes the DME or supplies. All signatures and dates must be current, unaltered, original, and handwritten.

*Rebuttal Medical Record Review*: The Provider did not submit additional documentation to dispute the finding for this sample. The sample remains discrepant. See Appendix A and Appendix E.

Basis for Findings:

Refer to *TAC, Title 1, Part 15, Chapter 354, Subchapter A, Division 1, Rule 354.1001 Claim Information Requirements (effective 01/01/2015)*; under Finding 2.

*TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.1 Home Health Services (effective August 2014 and July 2015)* provides, "The benefit period for home health professional services is up to 60 days with a current plan of care (POC). For all DME and medical supplies with or without prior authorization requirements, providers must complete a Home Health Services (Title XIX) Durable Medical Equipment (DME) Medical Supplies Physician Order Form … In chronic and stable situations, the Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form is valid for up to, but no more than, 6 months from the date of the physician's signature on the form, unless otherwise noted in this handbook. … Providers must retain all orders, signed and dated Title XIX forms, delivery slips, and invoices for all supplies provided to a client and must disclose them to HHSC or its designee upon request. …"

*TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.1 Home Health Services (effective March 2016 and February 2017)* provides, "The benefit period for home health professional services is up to 60 days with a current plan of care (POC). For all DME and medical supplies with or without prior authorization requirements, providers must complete a Home Health Services (Title XIX) Durable Medical Equipment (DME) Medical Supplies Physician Order Form … In chronic and stable situations, the Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form is valid for up to, but no more than, 6 months from the date of the physician's signature on the form, unless otherwise noted in this handbook. … Providers must retain all orders, signed and dated Title XIX forms, delivery slips, and corresponding invoices for all supplies provided to a client and must disclose them to HHSC or its designee upon request. …"

*TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.1.1 Client Eligibility (effective August 2014, July 2015, March 2016, and February 2017)* provides, "… Unless otherwise noted in this handbook, certain DME/supplies may be obtained without prior authorization although providers must retain a Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form that has been reviewed, signed, and dated by the treating physician for these clients. …"

*TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.2 Durable Medical Equipment (DME) and Supplies (effective August 2014, July 2015, March 2016, and February 2017)* provides, "… The client must be seen by a physician within one year of the DOS. …"

Refer to *TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.3 Medical Supplies (effective August 2014, July 2015, March 2016, and February 2017)*; under Finding 2.

Refer to *TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.3.2 Prior Authorization (effective August 2014, July 2015, March 2016, and February 2017)*; under Finding 2.

*TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 5. Forms, DM.3 Medical Supplies (effective August 2014, July 2015, March 2016, and February 2017)* provides, "This form becomes a prescription when the physician has signed section B. With the exception of the DME provider's signature, this form may not be altered or amended once it is signed by the prescribing physician. … All fields must be filled out completely. The prescribing physician's TPI (if a Texas Medicaid Provider), NPI and license number must be indicated. …"

Summary: Valid documentation is required to support claims submitted for reimbursement. As a result, the paid amounts of the associated claims are recoupable.

**Finding 5:** **Missing Documentation (MD)**

There were three instances of the medical record missing documentation to support the services that were rendered, billed, and paid.

**Example:** Sample SN-228-C-004-C – The Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form is missing for DOS 04/04/2016. Per TMPPM DME 2.2.1, for all DME and medical supplies with or without prior authorization requirements, Providers must complete a Home Health Services

(Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form.

> _Rebuttal Medical Record Review_: The Provider did not submit additional documentation to dispute the finding for this sample. The sample remains discrepant. See Appendix A and Appendix E.

Basis for Findings:

Refer to *TAC, Title 1, Part 15, Chapter 354, Subchapter A, Division 1, Rule 354.1001 Claim Information Requirements (effective 01/01/2015)*; under Finding 2.

*TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.1 Home Health Services (effective August 2014, July 2015, March 2016, and February 2017)* provides, " … For all DME and medical supplies with or without prior authorization requirements, providers must complete a Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form. …"

*TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.1.1 Client Eligibility (effective August 2014, July 2015, March 2016, and February 2017)* provides, "… To qualify for home health services, the Medicaid client must be eligible on the DOS and must:

- Have medical need for home health professional services, DME, or supplies that is documented in the client's POC and considered a benefit under home health services. …"

*TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.3 Medical Supplies (effective August 2014 and July 2015*) provides, "… Providers must retain individual delivery slips or invoices for each DOS that documents the date of delivery for all supplies provided to a client and must disclose them to HHSC or its designee upon request. Documentation of delivery must include one of the following:

  - Delivery slip or invoice signed and dated by client or caregiver.
  - A dated carrier tracking document with shipping date and delivery date must be printed from the carrier's website as confirmation that the supplies were shipped and delivered. The dated carrier tracking document must be attached to the delivery slip or invoice.
- The dated delivery slip or invoice must include the client's full name, the address to which supplies were delivered, and an itemized list of goods that includes the descriptions and numerical quantities of the supplies delivered to the client. …

The DOS is the date on which supplies are delivered to the client or shipped by a carrier to the client as evidenced by the dated tracking document attached to the invoice for that date. The provider must maintain the signed and dated records

supporting documentation that an item was not billed before delivery. These records are subject to retrospective review. …"

*TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.3 Medical Supplies (effective March 2016 and February 2017)* provides, "… Providers must retain individual delivery slips or invoices for each DOS that documents the date of delivery for all supplies provided to a client and must disclose them to HHSC or its designee upon request. Documentation of delivery must include one of the following:

- Delivery slip or corresponding invoice signed and dated by client or caregiver, or
- A dated carrier tracking document with shipping date and delivery date must be printed from the carrier's website as confirmation that the supplies were shipped and delivered. The dated carrier tracking document must be attached to the delivery slip or corresponding invoice.

- The dated delivery slip or invoice must include the client's full name, the address to which supplies were delivered, and an itemized list of goods that includes the descriptions and numerical quantities of the supplies delivered to the client and the corresponding tracking number from the carrier. …

The DOS is the date on which supplies are delivered to the client or shipped by a carrier to the client as evidenced by the dated tracking document attached to the invoice for that date. The provider must maintain the signed and dated records supporting documentation that an item was not billed before delivery. These records are subject to retrospective review. …"

*TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.13.7 Prior Authorization (effective August 2014, July 2015, March 2016, and February 2017)* provides, "Prior authorization is required for incontinence supplies if amounts greater than the maximum limits are necessary."

Summary: Valid documentation is required to support claims submitted for reimbursement. As a result, the paid amounts of the associated claims are recoupable.

**Finding 6: <u>Over Billed Quantity (OBQ)</u>**

There was one instance of the Provider delivering and billing for more supplies than were prescribed by the physician.

**Example:** Sample SN-148-C-002-C – The Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form for DOS 03/10/2016 prescribes the quantity of 240 per month. The Provider billed a quantity of 288. Per TMPPM DME 2.2.13, incontinence supplies billed for a one-month period must be based on the

frequency or quantity ordered by the physician on the Home Health Services (Title XIX) Durable Medical Equipment (DME/Medical Supplies Physician Order Form. This sample is also discrepant with an error code of Invalid Prescription. The recipient was not seen by a physician within one year of the DOS 03/10/2016. The date last seen by physician on the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form is 08/19/2014. Per TMPPM DME 2.2.2, the client must be seen by a physician within one year of the DOS.

> *Rebuttal Medical Record Review*: The Provider did not submit additional documentation to dispute the finding for this sample. The sample remains discrepant. See Appendix A and Appendix E.

Basis for Finding:

Refer to *TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.2 Durable Medical Equipment (DME) and Supplies (effective August 2014, July 2015, March 2016, and February 2017) )*; under Finding 4.

Refer to *TMPPM, Volume 2, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, 2.2.13 Incontinence Supplies (effective August 2014, July 2015, March 2016, and February 2017)*; under Finding 2.

Summary: Valid documentation is required to support claims submitted for reimbursement. As a result, the paid amounts of the associated claims are recoupable.

## V. SUMMARY OF OVERPAYMENTS

The identified overpayments for the discrepant sampled claims totaled $4,591.85. See Appendix A for detailed information. When extrapolated to the universe of claims from which the sample was selected, the calculated overpayment at the lower limit of 80% confidence interval is $21,129.00. See Appendix D for the extrapolation summary.

The total amount due to the Texas Health and Human Services Commission is $21,129.00.

> **NOTE**: Actions resulting from this report and its directives do not take into consideration any subsequent program recoveries, Provider repayments, or Medicaid and Medical Assistance reimbursements, which relate to the period covered by this report.