



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor

Oregon  
**Health**  
Authority

October 11, 2022

Rebecca Reynolds  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 971-240-7119  
FAX: 503-378-2577

E-mail: [Rebecca.L.Reynolds@dhsosha.state.or.us](mailto:Rebecca.L.Reynolds@dhsosha.state.or.us)

*Secure E-mail:*

RE: Final Audit Report; Provider

Dear

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The final audit for the time period of 01/01/2018 through 12/31/2019 is complete. Based upon the documentation submitted, the final error rate for stratum 1 is 100%, for stratum 2 is 100%, for stratum 3 is 100%, for stratum 4 is 100%, and the total overpayment is \$9,051.42.

Reimbursement of the overpayment is due and payable by 11/11/2022. Please remit payment in the enclosed envelope and include a copy of the invoice to the address below.

DEPARTMENT OF HUMAN SERVICES  
AR & RECEIPTING UNITS, OFS  
RSTARS RECEIVABLES  
P O BOX 4325  
PORTLAND, OR 97208-9992

If you disagree with the audit findings, you may request an appeal within 30 calendar days as outlined in the final audit report. If you choose to appeal the audit, PIAU may first schedule an informal conference to provide an opportunity to settle areas of disagreement. Any remaining unresolved issues may then be addressed in a formal administrative review or contested case hearing.

If you have any questions, please contact me directly at 971-240-7119.

Thank you for your cooperation in this process.

Sincerely,

Rebecca Reynolds  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Final Audit Report



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor

Oregon  
**Health**  
Authority

June 14, 2022

Rebecca Reynolds  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 971-240-7119  
FAX: 503-378-2577

E-mail: [Rebecca.L.Reynolds@dhsosha.state.or.us](mailto:Rebecca.L.Reynolds@dhsosha.state.or.us)

*Via Certified Mail:* 7015 1520 0000 9760 4003

RE: Preliminary Audit Report; Provider NPI

Dear

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The preliminary audit for the time period of 01/01/2018 through 12/31/2019 is complete. Based upon the documentation submitted, the preliminary error rate for stratum 1 is 100%, for stratum 2 is 100%, for stratum 3 is 100%, for stratum 4 is 100%, and the potential overpayment is \$9,086.46.

**Action requested: Please respond by July 14, 2022.**

Please review the enclosed Preliminary Audit Report and Matrix of Findings. For each finding in the matrix, indicate whether you agree or disagree, and return your comments by July 14, 2022. If you disagree with a finding, please send the following information:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will review any additional documentation submitted, prepare the final audit report, and notify you of any financial impact. Additional documentation will not be accepted once the final audit report is issued.

If you have any questions, please contact me directly at 971-240-7119.

Thank you for your cooperation in this process.

Sincerely,

Rebecca Reynolds  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Preliminary Audit Report

February 17, 2021

Fritz Jenkins, Administrator  
OHA Program Integrity  
500 Summer Street NE-E20  
Salem, OR 97301

Re: Request for a Contested Case Hearing

Dear Mr. Fritz Jenkins

On February 1, 2021, I received a final audit report regarding services provided at my mental health adult foster home that I run in \_\_\_\_\_ county with a review period of 01/01/2016-01/31/2017 (Medicaid Provider \_\_\_\_\_). The findings include a non-extrapolated overpayment in the amount of \$21,190.98 that OHA would like to recover. Most of the financial findings were due to documentation not supporting the LSI rate billed. I am requesting a contested case hearing because I disagree with the findings.

I disagree with the findings on the basis that the LSIs were approved by KEPRO, the QSI, that OHA contracted with during that time period. According to OHA's contract with KEPRO (contract number \_\_\_\_\_), pages 30-34, KEPRO was supposed to conduct a medical appropriateness review on each service authorization request to ensure the level of care and the type of services provided were medically appropriate. On 08/15/16, OHA sent a formal letter to KEPRO outlining their concerns around KEPRO's ability to remain in compliance with the contract terms and KEPRO's ability to deliver the required services within the specific time periods. OHA specifically called out the concern with providing the medical appropriateness reviews. The LSIs and supporting documentation submitted to KEPRO for the service authorizations were done in good faith with the belief that KEPRO would be conducting the medical appropriateness review. The LSIs were approved not only by KEPRO but also Lifeways, the behavioral health provider. Considering there were multiple layers of oversight and monitoring of the various tools that assisted in setting the service rates it doesn't seem appropriate that the overpayment is solely the responsibility of my AFH.

There were also numerous other concerns regarding KEPRO during the audit time period and after which included no training on the use of LSI/LOCUS, no communication to the AFH when they changed the service rate, the service authorizations noted \_\_\_\_\_ as the referring provider although that agency resides in a completely different county, and many other concerns regarding late payments, conflicting interpretations between KEPRO staff on LSI, etc. In fact, OHA has had multiple lawsuits filed against them due to concerns that KEPRO harmed individuals with mental illness over their care decisions.

I would also like OHA to consider the impact this overpayment will have on my AFH and the community. If required to pay, it may result in me having to close my AFH. There is already a huge shortage of mental health AFHs in \_\_\_\_\_ County let alone the state. The residents at my AFH would have to find other placements, most likely out of county, which could result in deterioration of their mental health conditions.

Owning and operating an AFH is not a lucrative employment choice it is a decision to serve some of the most vulnerable individuals in my community. Thank you for your time in reviewing this request.

Sincerely,



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor



May 18, 2021

Nancy Wood, CPC  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-890-4102  
FAX: 503-378-2577

E-mail: [nancy.a.wood@dhsosha.state.or.us](mailto:nancy.a.wood@dhsosha.state.or.us)

*Via secure email*

RE: Final Audit Report; Provider #

Dear .

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The final audit for the time period of January 1, 2016 through January 31, 2017 is complete. Based upon the documentation submitted, the final error rate is 54% and the total overpayment is \$21,170.98.

Reimbursement of the overpayment is due and payable by 6/21/2021. Please remit payment in the enclosed envelope and include a copy of the invoice to the address below.

DEPARTMENT OF HUMAN SERVICES  
AR & RECEIPTING UNITS, OFS  
RSTARS RECEIVABLES  
P O BOX 4325  
PORTLAND, OR 97208-9992

If you disagree with the audit findings, you may request an appeal within 30 calendar days as outlined in the final audit report. If you choose to appeal the audit, PIAU may first schedule an informal conference to provide an opportunity to settle areas of disagreement. Any remaining unresolved issues may then be addressed in a formal administrative review or contested case hearing.

If you have any questions, please contact me directly at 503-890-4102

Thank you for your cooperation in this process.

Sincerely,

Nancy Wood, CPC  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Final Audit Report



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor



January 25, 2021

Nancy Wood, CPC  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-378-8103  
FAX: 503-378-2577

E-mail: [nancy.a.wood@dhsosha.state.or.us](mailto:nancy.a.wood@dhsosha.state.or.us)

*Via Certified Mail:*

RE: Preliminary Audit Report; Provider #

Dear Provider:

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The preliminary audit for the time period of January 1, 2016 through January 31, 2017 is complete. Based upon the documentation submitted, the preliminary error rate is 54% and the potential overpayment is \$21,190.98.

**Action requested: Please respond by March 8, 2021.**

Please review the enclosed Preliminary Audit Report and Matrix of Findings. For each finding in the matrix, indicate whether you agree or disagree, and return your comments by March 8, 2021. If you disagree with a finding, please send the following information:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will review any additional documentation submitted, prepare the final audit report, and notify you of any financial impact. Additional documentation will not be accepted once the final audit report is issued.

If you have any questions, please contact me directly at 503-378-8103.

Thank you for your cooperation in this process.

Sincerely,

Nancy Wood, CPC  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Preliminary Audit Report



November 27, 2020

via electronic mail ([fritz.jenkins@dhsosha.state.or.us](mailto:fritz.jenkins@dhsosha.state.or.us)) and first-class mail

Fritz Jenkins  
Administrator  
OHA Program Integrity  
Oregon Health Authority  
500 Summer Street  
Salem, Oregon 97301

**RE:** Final Audit Report;

Mr. Jenkins:

This letter is in regard to the above-referenced matter. My office represents the provider (herein "Provider"). Please direct all correspondence regarding this matter to me at the address below.

This letter constitutes a written request for both an administrative review and contested case hearing pursuant to OAR 407-120-1505(10)(c).

OAR 407-120-1505(10)(c) requires this written request for appeal to detail specific areas of disagreement with respect to the findings in the Final Audit Report (herein "Report"). Below please find the specific findings of the Report the Provider disagrees with, as well as additional legal arguments the Provider intends to raise should your office continue with this unjustified proceeding.

The Report concludes that of samples taken by the auditor support the following conclusions:

- (a) Of the samples examined, 1,109 did not contain documentation to support the quantity of units billed. Provider disagrees with this conclusion. The documentation provided supports the quantity of units billed. It may be that the auditor would document the provision of services different than the Provider, but that does not mean the Provider's documentation does not support the quantity of units billed. Provider reserves the right to provide additional documentation and evidence relating to this basis of her appeal at any subsequent administrative review or contested case hearing.
- (b) Of the samples examined, 1,108 did not contain annotations or lacked a signature and/or initial by the person(s) providing the Service. Provider disagrees with this conclusion. To the extent any services were provided, the services were provided by Therefore, there was no need for signatures/initials.



Further, none of the administrative rules cited by the auditor support the basis for these findings. OAR 410-172-0620 does not apply to the Provider, OAR 410-173-0045 applies. Nothing in OAR 410-173-0045 requires a signature or initial by the Provider.

OAR 410-120-1280 contains no such signature/initial requirement either. Finally, OAR 410-120-1360 only requires the Provider's records clearly indicate the person who provided the service.

Provider reserves the right to provide additional documentation and evidence relating to this basis of her appeal at any subsequent administrative review or contested case hearing.

- (c) Of the samples examined, 403 did not contain documentation to support billing for the date of service. The documentation provided supports the billing for the date of service sufficient to satisfy the applicable administrative rules. Provider reserves the right to provide additional documentation and evidence relating to this basis of her appeal at any subsequent administrative review or contested case hearing.
- (d) Of the samples examined, 46 did not contain documentation to support the service for which payment was made. The documentation appropriately described the service that was provided sufficient to satisfy the applicable administrative rules. Provider reserves the right to provide additional documentation and evidence relating to this basis of her appeal at any subsequent administrative review or contested case hearing.
- (e) Of the samples examined, 24 samples had documentation that had been "altered or modified". None of the administrative rules cited by the auditor prohibit the alteration or modification of documentation. As a matter of law, these findings by the auditor are insufficient. Further, Provider disagrees that any documentation has been altered or modified in any impermissible manner. Provider reserves the right to provide additional documentation and evidence relating to this basis of her appeal at any subsequent administrative review or contested case hearing.
- (f) Of the samples examined, 24 did not have a "claims utilization history" sufficient to support billing on the date of service. None of the administrative rules cited by the auditor support this finding as a matter of law. Further, the Provider disagrees that the "claims utilization history" *does not* support the billing and payment in these samples. The documentation provided supports the billing for the date of service sufficient to satisfy the applicable administrative rules. Provider reserves the right to provide additional documentation and evidence relating to this basis of her appeal at any subsequent administrative review or contested case hearing.
- (g) Of the samples examined, 14 did not contain documentation to support continued billing for the services provided. The documentation provided supports the billing sufficient to satisfy the applicable administrative rules. Provider reserves the right to provide

additional documentation and evidence relating to this basis of her appeal at any subsequent administrative review or contested case hearing.

The Report alleges 1,670 “financial findings” and 1,138 “administrative findings” relating to the provider. Between the “preliminary report” and the “final report”, your office had 342 days to review the documentation provided by the Provider and come to its conclusions. Conversely, my client had forty-six (46) days to respond to the “preliminary report” and less than thirty (30) days to respond to the “final report”.

My client has a constitutional right to meaningfully participate in the administrative process. *Goldberg v. Kelly*, 397 U.S. 254, 90 S.Ct. 1011, 25 L. Ed. 2d 287 (1970). To the extent your procedures will deny my client the ability to present additional evidence and argument to rebut the Report, your procedures deny the Provider her basic rights to procedural due process guaranteed by the 14<sup>th</sup> Amendment to the United States Constitution. *Parratt v. Taylor*, 451 U.S. 527, 101 S.Ct. 1908, 68 L. Ed. 2d 420 (1981)

The Provider disagrees with the findings/conclusions found in the Report. As a general rule, the Provider disagrees with any findings/conclusions which conclude the Provider:

1. Did not meet the qualifications to render services. In fact, a third-party provider (in addition to the state of Oregon) previously determined my client was qualified to provide services under federal and state law. Any fault in concluding my client was “unqualified” to provide services, and therefore receive payment for said services, is the result of the third-party provider and/or the state of Oregon.
2. Did not provide documentation to support the “quantity of units billed” to support payment. My client’s billing practices and documentation were reviewed by a third-party provider (and the state of Oregon) and were previously determined to be sufficient. .

As noted in the Provider’s response to the “preliminary report”, your office had previously determined the Provider was both qualified to provide services and that her billing practices complied with applicable law. Based on these conclusions, the Provider continued to provide services – and document the provision of those serves – consistent with the OHA’s prior findings. It is inequitable for your office to change its mind after the fact and seek to recover nearly seven-hundred thousand dollars in payments already made to my client.

In addition to the factual deficiencies of the Report, there are obvious legal deficiencies as well. First and foremost, there is no question the Provider provided services to the state of Oregon. The services provided by the Provider were at the request of the state of Oregon. The alleged overpayment contained in the Report is for payments to the Provider for the services she provided.

Any order by your office requiring the Provider to pay back any remuneration she received for the services the Provider provided would run afoul of Article I, Section 18 of the Oregon



Constitution, as well as constitute tortious conduct to which my client would be entitled to damages against the state of Oregon.<sup>1</sup>

In addition to the legal deficiencies posed by the Report, there are additional constitutional issues with the Report and the proposed findings/order. The Report itself, and the “process” utilized by your office to produce the Report, is woefully deficient of the basic due process protections required by the Fourteenth Amendment to the United States Constitution.

Further, the Report and its proposed findings/order denies the Provider of her basic right to equal protection of the laws and substantive due process guaranteed by the Fourteenth Amendment to the United States Constitution. Specifically, on information and belief, your office has not persecuted similarly situated “providers” in the same manner and to the same extent as your office is persecuting my client. On information and belief, your office has singled out my client for unequal treatment at the behest of \_\_\_\_\_ County, and because my client has repeatedly challenged \_\_\_\_\_ County’s authority over her business.<sup>2</sup>

In addition, the genesis of the Report is the Provider’s refusal to submit to the \_\_\_\_\_’s unlawful tactics with respect to my client’s business. It comes as no surprise to the Provider that no sooner had my client resolved her issues with \_\_\_\_\_ County that your office immediately took after the Provider. Your office’s actions were in response to my client’s protected First Amendment conduct protesting what she believed to be unlawful government coercion. To the extent the Report is further retaliation against the Provider, the Report – and the punishment the Report seeks to impose – is a violation of my client’s basic civil rights.

Finally, the Report seeks to impose an excessive fine and/or punishment in violation of Article I, Section 12 of the Oregon Constitution and the Eighth Amendment to the United States Constitution. For three (3) years the Provider provided needed services to the state of Oregon without any issues being raised by the state of Oregon. Now, over four (4) years after the Provider began providing services to the state of Oregon, your office seeks “repayment” from the Provider, knowing full well the Provider does not have the funds to make any sort of repayment. The amount the Report seeks to collect against my client is a penalty – a fine if you will – which is unquestionably excessive and disproportionate in all respects to my client’s conduct.

To the extent any error was made, the error was on the part of the state of Oregon and your office, not my client. It is inequitable and unjust for your office to impose any form of punishment against my client for your office’s error.

My client understands your office’s need to conduct audits in order to ensure that public dollars are being spent appropriately and for the public’s benefit. Importantly, nowhere in the Report

---

<sup>1</sup> My client would assert claims for unjust enrichment, negligence, tortious interference with contractual relations and breach of contract.

<sup>2</sup> Your office is on notice that in any subsequent contested case proceeding, my client intends to issue subpoenas to your office, and to the \_\_\_\_\_ for all communications between the two agencies relating to my client.

does the auditor conclude the Provider did not provide services. Also, nowhere in the Report does the auditor conclude the services provided by the Provider were not provided at the request of the state of Oregon. Instead, the auditor concludes that because (in her opinion) the “paperwork is not in order”, the Provider should be required to repay nearly seven-hundred thousand dollars. The Report’s “logic” defies basic common sense and is a classic example of bureaucratic red tape.

The Report’s ultimate conclusion – that the Provider repay nearly seven-hundred thousand dollars – is also unrealistic. The Provider does not have seven-hundred thousand dollars laying around to repay the state of Oregon. Any person exercising even the smallest amount of common sense would know as much. To the extent the Report purports to extract any repayment of any amount from the Provider, the Report is simply unreasonable.

As noted above, the Provider is willing to meet with whomever necessary to review the Report, discuss its findings and conclusions, and hopefully come to a mutually agreeable resolution without the need to proceed to a contested case hearing. I await your response.

cc: Client



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor



Lauren Kissinger, CPC, CPMA  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-378-3584  
FAX: 503-378-2577

E-mail: [Lauren.N.Kissinger@dhsosha.state.or.us](mailto:Lauren.N.Kissinger@dhsosha.state.or.us)

October 28, 2020

*Via Certified Mail.*

RE: Final Audit Report; ; Provider #

Dear

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The final audit for the time period of October 1, 2016 through June 30, 2019 is complete. Based upon the documentation submitted, the final error rate is 99% and the total overpayment is \$668,222.50.

Reimbursement of the overpayment is due and payable by November 30, 2020. Please remit payment in the enclosed envelope and include a copy of the invoice to the address below.

DEPARTMENT OF HUMAN SERVICES  
AR & RECEIPTING UNITS, OFS  
RSTARS RECEIVABLES  
P O BOX 4325  
PORTLAND, OR 97208-9992

If you disagree with the audit findings, you may request an appeal within 30 calendar days as outlined in the final audit report. If you choose to appeal the audit, PIAU may first schedule an informal conference to provide an opportunity to settle areas of disagreement. Any remaining unresolved issues may then be addressed in a formal administrative review or contested case hearing.

If you have any questions, please contact me directly at 503-378-3584.

Thank you for your cooperation in this process.

Sincerely,

Lauren Kissinger, CPC, CPMA  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Final Audit Report, Invoice



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor



June 16, 2020

Lauren Kissinger  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-378-3584  
FAX: 503-378-2577

E-mail: [Lauren.N.Kissinger@dhsosha.state.or.us](mailto:Lauren.N.Kissinger@dhsosha.state.or.us)

*Via Certified Mail:*

RE: Preliminary Audit Report; ; Provider ;

Dear ;

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The preliminary audit for the time period of October 1, 2016 through June 30, 2019 is complete. Based upon the documentation submitted, the preliminary error rate is 100% and the potential overpayment is \$678,342.50.

**Action requested: Please respond by July 16, 2020.**

Please review the enclosed Preliminary Audit Report and Matrix of Findings. For each finding in the matrix, indicate whether you agree or disagree, and return your comments by July 16, 2020. If you disagree with a finding, please send the following information:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will review any additional documentation submitted, prepare the final audit report, and notify you of any financial impact. Additional documentation will not be accepted once the final audit report is issued.

If you have any questions, please contact me directly at 503-378-3584.

Thank you for your cooperation in this process.

Sincerely,

Lauren Kissinger, CPC  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Preliminary Audit Report



FISCAL AND OPERATIONS DIVISION  
Office of Program Integrity  
Tina Kotek, Governor



April 26, 2024

Sheila M. Halvorson  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone: 503.890.4813  
FAX: 503-378-2577  
Email: [Sheila.M.Halvorson@oha.oregon.gov](mailto:Sheila.M.Halvorson@oha.oregon.gov)

**Via Secure E-mail:**

RE: Final Audit Report; Provider .

Dear Chief Compliance Officer:

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

PIAU has completed the final audit of [REDACTED] Inc. for paid claims with a payment date of July 1, 2018 through June 30, 2019. In accordance with Oregon Administrative Rule (OAR) 410-120-1396(20) reimbursement of the overpayment is due and must be paid within 30 calendar days from the postmark date or email sent date of the final audit report. Overpayment is due by May 26, 2024.

Please contact PIAU to coordinate payment at [OPI.Recoupment@oha.oregon.gov](mailto:OPI.Recoupment@oha.oregon.gov) or by calling 503-890-4813. PIAU does not collect payments directly, OHA Accounts Receivable invoice will be generated and sent to OSLC Developments, Inc. with instructions on how to remit payment.

If payment is not received, PIAU may take one or more of the actions described in OAR 410-120-1396(20)(b), including recouping the overpayment from future payments.

If [REDACTED], Inc. disagrees with specific audit findings, a request for an appeal may be submitted within 30 calendar days as outlined in the enclosed final audit report. If [REDACTED] appeals the audit, PIAU may first schedule a preliminary meeting to provide an opportunity to settle areas of disagreement. Any remaining unresolved issues may then be addressed in a formal administrative review or contested case hearing.

If you have any questions, please contact me directly at 503.890.4813. Thank you for your cooperation in this process.

~~SHEILA HALVORSON~~  
Sheila Halvorson  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Final Audit Report and Final Matrix of Findings





December 15, 2023

Sheila Halvorson  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone: 503.890.4813  
FAX: 503-378-2577

Email: [Sheila.M.Halvorson@oha.oregon.gov](mailto:Sheila.M.Halvorson@oha.oregon.gov)

*Via Secure E-Mail:*

RE: Preliminary Audit Report

Dear \_\_\_\_\_, Inc:

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The preliminary audit of paid claims with a payment date of July 1, 2018 through June 30, 2019 is complete. Based upon the documentation submitted, the preliminary error rate for stratum 1 is 14% , stratum 2 is 38% , stratum 3 is 27% , stratum 4 is 14% , stratum 5 is 25% , stratum 6 is 0% , stratum 7 is 0% , stratum 8 is 0% , stratum 9NE is 50%, stratum NE (aka 10) is 20% and the combined potential overpayment is \$2,459.77.

**Action requested: Please respond by January 11, 2024.**

Please review the enclosed Preliminary Audit Report and Matrix of Findings. For each finding in the matrix, indicate whether you agree or disagree, and return your comments by **January 11, 2024**. If you disagree with a finding, please send the following information:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will review any additional documentation submitted, prepare the final audit report, and notify you of any financial impact. Additional documentation will not be accepted once the final audit report is issued.

If you have any questions, please contact me directly at 503.890.4813.

Thank you for your cooperation in this process.

Sincerely,

**SHEILA HALVORSON**

Sheila Halvorson  
Program Integrity Auditor,  
Program Integrity Audit Unit

Enclosure: Preliminary Audit Report



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit  
Kate Brown, Governor



December 06, 2022

Chelsea Alionar  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-602-1538  
FAX: 503-378-2577  
E-mail: [Chelsea.M.Alionar@state.or.us](mailto:Chelsea.M.Alionar@state.or.us)

*Via Secure E- Mail:*

RE: Final Audit Report; Provider #

Dear Ms. ,

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The final audit for the time period of January 01, 2018 through June 30, 2019 is complete. Based upon the documentation submitted, the final error rate for stratum 1 is 81%, Stratum 2 is 53%, and Stratum 3 is 100%. The total overpayment is \$75,402.50.

Reimbursement of the overpayment is due and payable by January 06, 2023. Please remit payment in the enclosed envelope and include a copy of the invoice to the address below.

DEPARTMENT OF HUMAN SERVICES  
AR & RECEIPTING UNITS, OFS  
RSTARS RECEIVABLES  
P O BOX 4325  
PORTLAND, OR 97208-9992

If you disagree with the audit findings, you may request an appeal within 30 calendar days as outlined in the final audit report. If you choose to appeal the audit, PIAU may first schedule an informal conference to provide an opportunity to settle areas of disagreement. Any remaining unresolved issues may then be addressed in a formal administrative review or contested case hearing.

If you have any questions, please contact me directly at 503-602-1538.

Thank you for your cooperation in this process.

Sincerely,

Chelsea Alionar  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Final Audit Report



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor



March 15, 2022

Chelsea Alionar  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-602-1538  
FAX: 503-378-2577  
E-mail: [Chelsea.M.Alionar@state.or.us](mailto:Chelsea.M.Alionar@state.or.us)

*Via Certified Mail.*

RE: Preliminary Audit Report; Provider

Dear

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The preliminary audit for the time period of January 01, 2018 through June 30, 2019 is complete. Based upon the documentation submitted, the preliminary error rate is 100% and the potential overpayment is \$96,844.24.

**Action requested: Please respond by April 15, 2022.**

Please review the enclosed Preliminary Audit Report and Matrix of Findings. For each finding in the matrix, indicate whether you agree or disagree, and return your comments by April 15, 2022. If you disagree with a finding, please send the following information:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will review any additional documentation submitted, prepare the final audit report, and notify you of any financial impact. Additional documentation will not be accepted once the final audit report is issued.

If you have any questions, please contact me directly at 503-602-1538.

Thank you for your cooperation in this process.

Sincerely,

Chelsea Alionar  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Preliminary Audit Report

February 17, 2021

RECEIVED

FEB 24 2021

Fritz Jenkins, Administrator

OHA Program Integrity

500 Summer Street NE-E20

Salem, OR 97301

Re: Request for a Contested Case Hearing

Dear Mr. Fritz Jenkins

On February 1, 2021, I received a final audit report regarding services provided at my mental health adult foster home that I run in \_\_\_\_\_ county with a review period of 01/01/2016-01/31/2017 (Medicaid Provider # \_\_\_\_\_). The findings include a non-extrapolated overpayment in the amount of \$9,535.02 that OHA would like to recover. Most of the financial findings were due to documentation not supporting the LSI rate billed. I am requesting a contested case hearing because I disagree with the findings.

I disagree with the findings on the basis that the LSIs were approved by KEPRO, the QSI, that OHA contracted with during that time period. According to OHAs contract with KEPRO (contract number \_\_\_\_\_), pages 30-34, KEPRO was supposed to conduct a medical appropriateness review on each service authorization request to ensure the level of care and the type of services provided were medically appropriate. On 08/15/16, OHA sent a formal letter to KEPRO outlining their concerns around KEPRO's ability to remain in compliance with the contract terms and KEPRO's ability to deliver the required services within the specific time periods. OHA specifically called out the concern with providing the medical appropriateness reviews. The LSIs and supporting documentation submitted to KEPRO for the service authorizations were done in good faith with the belief that KEPRO would be conducting the medical appropriateness review. The LSIs were approved not only by KEPRO but also Lifeways, the behavioral health provider. Considering there were multiple layers of oversight and monitoring of the various tools that assisted in setting the service rates it doesn't seem appropriate that the overpayment is solely the responsibility of my AFH.

There were also numerous other concerns regarding KEPRO during the audit time period and after which included no training on the use of LSI/LOCUS, no communication to the AFH when they changed the service rate, the service authorizations noted \_\_\_\_\_ as the referring provider although that agency resides in a completely different county, and many other concerns regarding late payments, conflicting interpretations between KEPRO staff on LSI, etc. In fact, OHA has had multiple lawsuits filed against them due to concerns that KEPRO harmed individuals with mental illness over their care decisions.

I would also like OHA to consider the impact this overpayment will have on my AFH and the community. If required to pay, it may result in me having to close my AFH. There is already a huge shortage of mental health AFHs in \_\_\_\_\_ county let alone the state. The residents at my AFH would

have to find other placements, most likely out of county, which could result in deterioration of their mental health conditions.

Owning and operating an AFH is not a lucrative employment choice it is a decision to serve some of the most vulnerable individuals in my community. Thank you for your time in reviewing this request.

Sincerely,





FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor



January 22, 2021

Nancy Wood, CPC  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-890-4102  
FAX: 503-378-2577

E-mail: [nancy.a.wood@dhsosha.state.or.us](mailto:nancy.a.wood@dhsosha.state.or.us)

*Via Certified Mail:*

RE: Final Audit Report; Provider # .

Dear Provider:

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The final audit for the time period of January 1, 2016 through January 31, 2017 is complete. Based upon the documentation submitted, the final error rate for stratum 1 is 61% and the total overpayment is \$9,535.02.

Reimbursement of the overpayment is due and payable by 3/1/2021. Please remit payment in the enclosed envelope and include a copy of the invoice to the address below.

DEPARTMENT OF HUMAN SERVICES  
AR & RECEIPTING UNITS, OFS  
RSTARS RECEIVABLES  
P O BOX 4325  
PORTLAND, OR 97208-9992

If you disagree with the audit findings, you may request an appeal within 30 calendar days as outlined in the final audit report. If you choose to appeal the audit, PIAU may first schedule an informal conference to provide an opportunity to settle areas of disagreement. Any remaining unresolved issues may then be addressed in a formal administrative review or contested case hearing.

If you have any questions, please contact me directly at 503.378.8103

Thank you for your cooperation in this process.

Sincerely,

Nancy Wood, CPC  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Final Audit Report



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor



November 23, 2020

Nancy Wood, CPC  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-378-8103  
FAX: 503-378-2577

E-mail: [nancy.a.wood@dhsosha.state.or.us](mailto:nancy.a.wood@dhsosha.state.or.us)

*Via Certified Mail:*

RE: Preliminary Audit Report; Provider #

Dear :

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The preliminary audit for the time period of January 1, 2016 through January 31, 2017 is complete. Based upon the documentation submitted, the preliminary error rate for stratum 1 is 61% and the potential overpayment is \$9,535.02

**Action requested: Please respond by January 5, 2021.**

Please review the enclosed Preliminary Audit Report and Matrix of Findings. For each finding in the matrix, indicate whether you agree or disagree, and return your comments by January 5, 2021. If you disagree with a finding, please send the following information:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will review any additional documentation submitted, prepare the final audit report, and notify you of any financial impact. Additional documentation will not be accepted once the final audit report is issued.

If you have any questions, please contact me directly at 503-378-8103

Thank you for your cooperation in this process.

Sincerely,

Nancy Wood, CPC  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Preliminary Audit Report



Zane DuVal  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Final Audit Report



FISCAL AND OPERATIONS DIVISION  
Office of Program Integrity

Tina Kotek, Governor

Oregon  
**Health**  
Authority

9/06/2023

Zane DuVal  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone: 971-209-6065  
FAX: 503-378-2577  
Email: [zane.g.duval@oha.oregon.gov](mailto:zane.g.duval@oha.oregon.gov)

*Via Secure E-Mail:*

RE: Final Audit Report; Provider #

Dear

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

PIAU has completed the final audit of for paid claims with a payment date of 3/15/2020 through 3/15/2021.

In accordance with Oregon Administrative Rule (OAR) 410-120-1396(20) reimbursement of the overpayment is due and must be paid within 30 calendar days from the postmark date or email sent date of the final audit report. Overpayment is due by 10/07/2023. If payment is not received, PIAU may take one or more of the actions described in OAR 410-120-1396(20)(b), including recouping the overpayment from future payments.

Please coordinate payment by contacting the Program Integrity Recoupment Analyst:

Sheila Halvorson  
Office of Program Integrity  
Oregon Health Authority  
3406 Cherry Avenue NE, Salem, OR 97303  
Phone #: (503) 890-4813, Fax: (503) 378-2577  
Email: [OPI.Recoupment@oha.oregon.gov](mailto:OPI.Recoupment@oha.oregon.gov)

If disagrees with the audit findings, you may request an appeal within 30 calendar days as outlined in the final audit report. If chooses to appeal the audit, PIAU may first schedule an informal conference to provide an opportunity to settle areas of disagreement. Any remaining unresolved issues may then be addressed in a formal administrative review or contested case hearing.

If you have any questions, please contact me directly at 971-209-6065.

Thank you for your cooperation in this process.

Sincerely,



FISCAL AND OPERATIONS DIVISION  
Office of Program Integrity

Tina Kotek, Governor



4/24/2023

Zane DuVal  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone: 971-209-6065  
FAX: 503-378-2577  
Email: [Zane.G.DuVal@oha.oregon.gov](mailto:Zane.G.DuVal@oha.oregon.gov)

*Via Secure E-Mail:*

RE: Preliminary Audit Report; Provider #

Dear

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The preliminary audit of paid claims with a payment date of 3/15/2020 through 3/15/2021 is complete. Based upon the documentation submitted, the preliminary error rate for strata 1 through 5 is 100% and the potential overpayment is \$184,480.11.

**Action requested: Please respond by 5/26/2023.**

Please review the enclosed Preliminary Audit Report and Matrix of Findings. For each finding in the matrix, indicate whether you agree or disagree, and return your comments by **5/26/2023**. If you disagree with a finding, please send the following information:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will review any additional documentation submitted, prepare the final audit report, and notify you of any financial impact. Additional documentation will not be accepted once the final audit report is issued.

If you have any questions, please contact me directly at 971-209-6065.

Thank you for your cooperation in this process.

Sincerely,

Zane DuVal  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Preliminary Audit Report



February 21, 2023

Fritz Jenkins, Administrator  
OHA Program Integrity  
500 Summer St. NE-E20  
Salem, OR 97301

Re: Request for Contested Case Hearing

NPI #  
Medicaid Provider #

Dear Mr. Jenkins:

received the Final Audit Report from Zane Duvall, from OHA Program Integrity Audit Unit (PIAU), on February 15, 2023. As a result of PIAU's audit findings, the report recommends that "OHA should recover the extrapolated overpayment in the amount of \$3,464.46." ORBH is formally requesting a Contested Case Hearing because we disagree with the audit findings in the Final Matrix, which are identified in the description as "Claim was paid Fee-For-Service and payment is subject to recovery."

maintains that claims were not paid based on Fee-For-Service billing. At the time these services were rendered, we possessed a Value Based Payment type contract with the CCO in the form of a case-rate. We were instructed by the CCO to continue to submit claims, with claim amounts, for encounter data purposes. Despite a reimbursement rate being added to the claim(s) with service type(s), we was not reimbursed for these amount using a Fee-For-Service model, therefore, the following OAR's were not applicable: 410-120-1360(1)(2)(a)(b), 410-120-1280(5)(a)(g)(A), 410-120-1395(3)(a)(4)(5), and 410-120-1140(1)(a)(2).

According to the Final Audit Report, OHA may request a preliminary meeting, which is welcomed by We look forward to hearing from you regarding scheduling. You can reach me directly anytime at or my cell at

Sincerely,

Executive Director

#### CONFIDENTIALITY STATEMENT

This document is intended for the recipient named above. If you have received this document in error, please contact and destroy the copy. This document may contain Protected Health Information (PHI) and is considered confidential. Confidentiality is highly regulated under both federal and state laws, including 42 CFR Part 2 and the Health Insurance Portability and Accounting Act (HIPAA).

2024-0834 060 09/04/2024



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Tina Koteck, Governor



2/15/2023

Attn: \_\_\_\_\_, Executive Director

Zane DuVal  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone: 971-209-6065  
FAX: 503-378-2577  
Email: [zane.g.duval@dhsosha.state.or.us](mailto:zane.g.duval@dhsosha.state.or.us)

*Via Secure Email:*

RE: Final Audit Report; Provider # \_\_\_\_\_ 6

Dear \_\_\_\_\_, Executive Director:

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The final audit of paid claims with a payment date of 1/1/2019 through 12/31/2019 is complete. Based upon the documentation submitted, the final error rate for strata 1 through 3 is 28% and the total overpayment is \$3,464.46.

Reimbursement of the overpayment is due and payable by 3/17/2023. Please remit payment and include a copy of the invoice to the address below.

DEPARTMENT OF HUMAN SERVICES  
AR & RECEIPTING UNITS, OFS  
RSTARS RECEIVABLES  
P O BOX 4325  
PORTLAND, OR 97208-9992

If you disagree with the audit findings, you may request an appeal within 30 calendar days as outlined in the final audit report. If you choose to appeal the audit, PIAU may first schedule an informal conference to provide an opportunity to settle areas of disagreement. Any remaining unresolved issues may then be addressed in a formal administrative review or contested case hearing.

If you have any questions, please contact me directly at 971-209-6065.

Thank you for your cooperation in this process.  
Sincerely,

Zane DuVal  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Final Audit Report



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor



11/15/2022

Zane DuVal  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone: 971-209-6065  
FAX: 503-378-2577  
Email: [zane.g.duval@dhsosha.state.or.us](mailto:zane.g.duval@dhsosha.state.or.us)

*Via Secure Email:*

RE: Preliminary Audit Report; Provider #

Dear Executive Director:

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The preliminary audit of paid claims with a payment date of 1/1/2019 through 12/31/2019 is complete. Based upon the documentation submitted, the preliminary error rate for strata 1 through 3 is 37%, and the potential overpayment is \$5,657.81.

**Action requested: Please respond by 12/16/2022.**

Please review the enclosed Preliminary Audit Report and Matrix of Findings. For each finding in the matrix, indicate whether you agree or disagree, and return your comments by 12/16/2022. If you disagree with a finding, please send the following information:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will review any additional documentation submitted, prepare the final audit report, and notify you of any financial impact. Additional documentation will not be accepted once the final audit report is issued.

If you have any questions, please contact me directly at 971-209-6065.

Thank you for your cooperation in this process.

Sincerely,

Zane DuVal  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Preliminary Audit Report

February 12, 2021

Fritz Jenkins, Administrator  
OHA Program Integrity  
500 Summer Street NE-E20  
Salem, OR 97301

Re: Request for a Contested Case Hearing

Dear Mr. Fritz Jenkins

I have received a final audit report postmarked January 19, 2021, regarding services provided at my mental health adult foster home that I run in \_\_\_\_\_ county with a review period of 01/01/2016-01/31/2017 (Medicaid Provider # \_\_\_\_\_). The findings include a non-extrapolated overpayment in the amount of \$42,860.78 that OHA would like to recover. Most of the financial findings were due to documentation not supporting the LSI rate billed. I am requesting a contested case hearing because I disagree with the findings.

I disagree with the findings on the basis that the LSIs were approved by KEPRO, the QSI, that OHA contracted with during that time period. According to OHAs contract with KEPRO (contract number 151473), pages 30-34, KEPRO was supposed to conduct a medical appropriateness review on each service authorization request to ensure the level of care and the type of services provided were medically appropriate. On 08/15/16, OHA sent a formal letter to KEPRO outlining their concerns around KEPRO's ability to remain in compliance with the contract terms and KEPRO's ability to deliver the required services within the specific time periods. OHA specifically called out the concern with providing the medical appropriateness reviews. The LSIs and supporting documentation submitted to KEPRO for the service authorizations were done in good faith with the belief that KEPRO would be conducting the medical appropriateness review. The LSIs were approved not only by KEPRO but also Lifeways, the behavioral health provider. Considering there were multiple layers of oversight and monitoring of the various tools that assisted in setting the service rates it doesn't seem appropriate that the overpayment is solely the responsibility of my AFH.

There were also numerous other concerns regarding KEPRO during the audit time period and after which included no training on the use of LSI/LOCUS, no communication to the AFH when they changed the service rate, the service authorizations noted \_\_\_\_\_ as the referring provider although that agency resides in a completely different county, and many other concerns regarding late payments, conflicting interpretations between KEPRO staff on LSI, etc. In fact, OHA has had multiple lawsuits filed against them due to concerns that KEPRO harmed individuals with mental illness over their care decisions.

I would also like OHA to consider the impact this overpayment will have on my AFH and the community. If required to pay, it may result in me having to close my AFH. There is already a huge shortage of mental health AFHs in \_\_\_\_\_ County let alone the state. The residents at my AFH would have to find other placements, most likely out of county, which could result in deterioration of their mental health conditions.

Thank you for your time in reviewing this request.

Sincerely,



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor

Oregon  
**Health**  
Authority

November 23, 2020

Nancy Wood, CPC  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-378-8103  
FAX: 503-378-2577

E-mail: [nancy.a.wood@dhsosha.state.or.us](mailto:nancy.a.wood@dhsosha.state.or.us)

*Via Certified Mail:*

RE: Preliminary Audit Report; Provider # [REDACTED]

Dear Provider:

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The preliminary audit for the time period of January 1, 2016 through January 31, 2017 is complete. Based upon the documentation submitted, the preliminary error rate for the claim stratum is 73% and the potential overpayment is \$42,860.78.

**Action requested: Please respond by January 5, 2021.**

Please review the enclosed Preliminary Audit Report and Matrix of Findings. For each finding in the matrix, indicate whether you agree or disagree, and return your comments by January 5, 2021. If you disagree with a finding, please send the following information:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will review any additional documentation submitted, prepare the final audit report, and notify you of any financial impact. Additional documentation will not be accepted once the final audit report is issued.

If you have any questions, please contact me directly at 503-378-8103

Thank you for your cooperation in this process.

Sincerely,

Nancy Wood, CPC  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosures: Preliminary Audit Report  
Preliminary Matrix



February 17, 2021

Fritz Jenkins, Administrator  
OHA Program Integrity  
500 Summer Street NE-E20  
Salem, OR 97301

RECEIVED

FEB 24 2021

Re: Request for a Contested Case Hearing

Dear Mr. Fritz Jenkins

On February 12, 2021, I received a final audit report regarding services provided at my mental health adult foster home that I run in Umatilla county with a review period of 01/01/2016-01/31/2017 (Medicaid Provider ). The findings include a non-extrapolated overpayment in the amount of \$27,776.98 that OHA would like to recover. Most of the financial findings were due to documentation not supporting the LSI rate billed. I am requesting a contested case hearing because I disagree with the findings.

I disagree with the findings on the basis that the LSIs were approved by KEPRO, the QSI, that OHA contracted with during that time period. According to OHA's contract with KEPRO (contract number ), pages 30-34, KEPRO was supposed to conduct a medical appropriateness review on each service authorization request to ensure the level of care and the type of services provided were medically appropriate. On 08/15/16, OHA sent a formal letter to KEPRO outlining their concerns around KEPRO's ability to remain in compliance with the contract terms and KEPRO's ability to deliver the required services within the specific time periods. OHA specifically called out the concern with providing the medical appropriateness reviews. The LSIs and supporting documentation submitted to KEPRO for the service authorizations were done in good faith with the belief that KEPRO would be conducting the medical appropriateness review. The LSIs were approved not only by KEPRO but also Lifeways, the behavioral health provider. Considering there were multiple layers of oversight and monitoring of the various tools that assisted in setting the service rates it doesn't seem appropriate that the overpayment is solely the responsibility of my AFH.

There were also numerous other concerns regarding KEPRO during the audit time period and after which included no training on the use of LSI/OCHS, no communication to the AFH when they changed the service rate, the service authorizations noted as the referring provider although that agency resides in a completely different county, and many other concerns regarding late payments, conflicting interpretations between KEPRO staff on LSI, etc. In fact, OHA has had multiple lawsuits filed against them due to concerns that KEPRO harmed individuals with mental illness over their care decisions.

I would also like OHA to consider the impact this overpayment will have on my AFH and the community. If required to pay, it may result in me having to close my AFH. There is already a huge shortage of mental health AFHs in county let alone the state. The residents at my AFH would have to find other placements, most likely out of county, which could result in deterioration of their mental health conditions.

Owning and operating an AFH is not a lucrative employment choice it is a decision to serve some of the most vulnerable individuals in my community. Thank you for your time in reviewing this request.

Sincerely,



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor



February 8, 2021

Nancy Wood, CPC  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-378-8103  
FAX: 503-378-2577

E-mail: [nancy.a.wood@dhsosha.state.or.us](mailto:nancy.a.wood@dhsosha.state.or.us)

*Via Certified Mail:*

RE: Final Audit Report; Provider#

Dear :

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The final audit for the time period of January 1, 2016 through January 31, 2017 is complete. Based upon the documentation submitted, the final error rate for the stratum is 77% and the total overpayment is \$27,776.98.

Reimbursement of the overpayment is due and payable by 3/14/2021. Please remit payment in the enclosed envelope and include a copy of the invoice to the address below.

DEPARTMENT OF HUMAN SERVICES  
AR & RECEIPTING UNITS, OFS  
RSTARS RECEIVABLES  
P O BOX 4325  
PORTLAND, OR 97208-9992

If you disagree with the audit findings, you may request an appeal within 30 calendar days as outlined in the final audit report. If you choose to appeal the audit, PIAU may first schedule an informal conference to provide an opportunity to settle areas of disagreement. Any remaining unresolved issues may then be addressed in a formal administrative review or contested case hearing.

If you have any questions, please contact me directly at 503-378-8103.

Thank you for your cooperation in this process.

Sincerely,

Nancy Wood, CPC  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Final Audit Report



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor



December 10, 2021

Chelsea Alionar  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-602-1538  
FAX: 503-378-2577  
E-mail: chelsea.m.alionar@state.or.us

*Via Secure E- Mail:*

RE: Preliminary Audit Report; Provider #

Dear :

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The preliminary audit for the time period of January 01, 2020 through July 30, 2021 is complete. Based upon the documentation submitted, the preliminary error rate is 100% and the potential overpayment is \$5,485.86.

**Action requested: Please respond by January 10, 2022.**

Please review the enclosed Preliminary Audit Report and Matrix of Findings. For each finding in the matrix, indicate whether you agree or disagree, and return your comments by **January 10, 2022**. If you disagree with a finding, please send the following information:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will review any additional documentation submitted and prepare the final audit report. Additional documentation will not be accepted once the final audit report is issued. After that, please be advised:

- PIAU will recover any overpayments identified during the audit from the CCO.
- The CCO has the right to then pursue recovery from the provider.

If you have any questions, please contact me directly at 503-602-1538.

Thank you for your cooperation in this process.

Sincerely,

Chelsea Alionar  
Program Integrity Auditor  
Program Integrity Audit Unit

CC:



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor



September 22, 2022

Chelsea Alionar  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-602-1538  
FAX: 503-378-2577  
E-mail: [chelsea.m.alionar@state.or.us](mailto:chelsea.m.alionar@state.or.us)

*Via Secure E-Mail.*

RE: Amended Final Audit Report; Provider #

Dear :

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The final audit for the time period of January 01, 2020 through July 30, 2021 is complete. Based upon the documentation submitted, the error rate for is 73% and the total overpayment is \$3,166.52.

The overpayment will be recovered from has the right to then pursue recovery of the overpayment from you.

If you have any questions, please contact me directly at 503-602-1538.

Thank you for your cooperation in this process.

Sincerely,

Chelsea Alionar  
Program Integrity Auditor  
Program Integrity Audit Unit

CC:



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor



August 09, 2022

Chelsea Alionar  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-602-1538  
FAX: 503-378-2577  
E-mail: [chelsea.m.alionar@state.or.us](mailto:chelsea.m.alionar@state.or.us)

*Via Secure E-Mail:*

RE: Final Audit Report; Provider \*

Dear

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The final audit for the time period of January 01, 2020 through July 30, 2021 is complete. Based upon the documentation submitted, the error rate for Strata 1 is 94% and the total overpayment is \$4,456.37.

The overpayment will be recovered from \* has the right to then pursue recovery of the overpayment from you.

If you have any questions, please contact me directly at 503-602-1538.

Thank you for your cooperation in this process.

Sincerely,

Chelsea Alionar  
Program Integrity Auditor  
Program Integrity Audit Unit

CC:



FISCAL AND OPERATIONS DIVISION  
Office of Program Integrity

Tina Kotek, Governor



October 3, 2023

Debbie K Bruns, BSHIM, CPMA  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-890-5563  
FAX: 503-378-2577

E-mail: [Debbie.K.Bruns@oha.oregon.gov](mailto:Debbie.K.Bruns@oha.oregon.gov)

***Via Secure E-Mail:***

RE: Final Audit Report; Provider #

Dear ,

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The final audit of paid claims with a payment date of 7/1/2019 through 6/30/2020 is complete. Based upon the documentation submitted, the error rate 23% and the total overpayment is **\$10,394.16**.

The overpayment will be recovered from .  
is has the right to then pursue recovery of the overpayment from you.

If you have any questions, please contact me directly at 503-890-5563.

Thank you for your cooperation in this process.

Sincerely,

Debbie K Bruns, BSHIM, CPMA  
Program Integrity Auditor  
Program Integrity Audit Unit

CC:





FISCAL AND OPERATIONS DIVISION  
Office of Program Integrity

Tina Kotek, Governor



August 4, 2023

Debbie K Bruns, BSHIM, CPMA

3406 Cherry Avenue NE

Salem, Oregon 97303-4924

Phone # 503-890-5563

FAX: 503-378-2577

E-mail: [Debbie.K.Bruns@oha.oregon.gov](mailto:Debbie.K.Bruns@oha.oregon.gov)

***Via Secure E-Mail:***

RE: Final Audit Report; Provider :

Dear ,

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The final audit of paid claims with a payment date of 7/1/2019 through 6/30/2020 is complete. Based upon the documentation submitted, the error rate 37% and the total overpayment is **\$16,333.68**.

The overpayment will be recovered from  
, has the right to then pursue recovery of the overpayment from you.

If you have any questions, please contact me directly at 503-890-5563.

Thank you for your cooperation in this process.

Sincerely,

Debbie K Bruns, BSHIM, CPMA  
Program Integrity Auditor  
Program Integrity Audit Unit

CC: I



5/24/2023

Debbie K Bruns  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-890-5563  
FAX: 503-378-2577  
E-mail: [Debbie.K.Bruns@dhsosha.state.or.us](mailto:Debbie.K.Bruns@dhsosha.state.or.us)

***Via Certified Mail:***

RE: Preliminary Audit Report; Provider #

Dear

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The preliminary audit of paid claims with a payment date of 7/1/2019 through 6/30/2020 is complete. Based upon the documentation submitted, the preliminary error rate for strata 1-2 is 77% and the potential overpayment is \$19,303.44.

**Action requested: Please respond by 6/26/2023.**

Please review the enclosed Preliminary Audit Report and Matrix of Findings. For each finding in the matrix, indicate whether you agree or disagree, and return your comments by **6/26/2023**. If you disagree with a finding, please send the following information:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will review any additional documentation submitted and prepare the final audit report. Additional documentation will not be accepted once the final audit report is issued. After that, please be advised:

- PIAU will recover any overpayments identified during the audit from the CCO.
- The CCO has the right to then pursue recovery from the provider.

If you have any questions, please contact me directly at 503-890-5563.

Thank you for your cooperation in this process.

Debbie K Bruns  
Program Integrity Auditor  
Program Integrity Audit Unit

CC:



FISCAL AND OPERATIONS DIVISION  
Office of Program Integrity

Tina Kotek, Governor



Debbie Bruns, BSHIM, CPMA  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone 503-890-5563  
FAX: 503-378-2577

E-mail: [Debbie.K.Bruns@oha.oregon.gov](mailto:Debbie.K.Bruns@oha.oregon.gov)

11/14/2023

**Via Secure E-mail:**

RE: Amended Final Audit Report; Provider #

Dear :

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

PIAU has completed the **Amended Final Audit** of , LLC for paid claims with a payment date of 07/01/2019 through 06/30/2020.

In accordance with Oregon Administrative Rule (OAR) 410-120-1396(20) reimbursement of the overpayment is due and must be paid within 30 calendar days from the postmark date or email sent date of the final audit report.

The final overpayment determination will be recovered from  
has the right to then pursue recovery of the overpayment from .

If you have any questions, please contact me directly at 503-890-5563.

Thank you for your cooperation in this process.

Sincerely,

Debbie K Bruns, BSHIM, CPMA, CPC  
Program Integrity Auditor, Lead  
Program Integrity Audit Unit

CC: , , ,

Enclosure: Amended Final Audit Report  
Amended Final Matrix



FISCAL AND OPERATIONS DIVISION  
Office of Program Integrity

Tina Koteck, Governor



10/20/2023

Debbie Bruns, BSHIM, CPMA

3406 Cherry Avenue NE

Salem, Oregon 97303-4924

Phone 503-890-5563

FAX: 503-378-2577

E-mail: [Debbie.K.Bruns@oha.oregon.gov](mailto:Debbie.K.Bruns@oha.oregon.gov)

**Via Secure E-mail:**

RE: Final Audit Report; Provider #

Dear

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

PIAU has completed the final audit of \_\_\_\_\_ for paid claims with a payment date of 07/01/2019 through 06/30/2020.

In accordance with Oregon Administrative Rule (OAR) 410-120-1396(20) reimbursement of the overpayment is due and must be paid within 30 calendar days from the postmark date or email sent date of the final audit report.

The final overpayment determination will be recovered from \_\_\_\_\_  
\_\_\_\_\_ has the right to then pursue recovery of the overpayment from

If you have any questions, please contact me directly at 503-890-5563.

Thank you for your cooperation in this process.

Sincerely,

Debbie K Bruns, CPMA  
Program Integrity Auditor, Lead  
Program Integrity Audit Unit

CC: . . .

Enclosure: Final Audit Report



FISCAL AND OPERATIONS DIVISION  
Office of Program Integrity  
Tina Koteck, Governor



07/11/2023

Debbie K Bruns, CPMA  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-890-5563  
FAX: 503-378-2577

E-mail: [Debbie.K.Bruns@oha.oregon.gov](mailto:Debbie.K.Bruns@oha.oregon.gov)

***Via Certified Mail:***

RE: Preliminary Audit Report; Provider # 1

Dear \_\_\_\_\_:

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The preliminary audit of paid claims with a payment date of 7/1/2019 through 6/30/2020 is complete. Based upon the documentation submitted, the preliminary error rate for strata 1-3 is 90% and the potential overpayment is **\$174,393.52**.

**Action requested: Please respond by 08/11/2023.**

Please review the enclosed Preliminary Audit Report and Matrix of Findings. For each finding in the matrix, indicate whether you agree or disagree, and return your comments by **08/11/2023**. If you disagree with a finding, please send the following information:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will review any additional documentation submitted and prepare the final audit report. Additional documentation will not be accepted once the final audit report is issued. After that, please be advised:

- PIAU will recover any overpayments identified during the audit from the CCO.
- The CCO has the right to then pursue recovery from the provider.

If you have any questions, please contact me directly at 503-890-5563.

Thank you for your cooperation in this process.

Debbie K Bruns, CPMA  
Program Integrity Auditor, Lead  
Program Integrity Audit Unit

CC:

**From:**  
**Sent:** Monday, September 18, 2023 2:10 PM  
**To:** Bright Sapna <[SAPNA.BRIGHT@oha.oregon.gov](mailto:SAPNA.BRIGHT@oha.oregon.gov)>  
**Subject:** Re: #secure# Reviewed Final Findings

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Ms. Bright,

I realize that I need to provide a statement as to my reason for appealing the final report of the OHA audit of Strong Integrated Behavioral Health. As I stated in our meetings, I disagree on the findings of cases #3, #9 and #29. On #3, the service provided was documented in the chart note, but an error was made when the appointment was scheduled through the EMR and the 90846 code was carried forward in the note template and was not caught by the therapist and therefore the session was billed as the 90846 rather than 90847. This administrative error should not disqualify this session for payment and could be re-billed. In conclusion, the service provided was accurately annotated and should not be disqualified in the audit.

For #9 and #29, I continue to argue that these sessions were adequately documented due to both notes stating 60 minutes in the chart note as required by the ORS. The ORS does not state that the exact stop and start time be identified, but that the total time spend in counseling be identified, which is was in both cases.

Please let me know the next steps in the appeals process.

Thank you,





FISCAL AND OPERATIONS DIVISION  
Office of Program Integrity  
Tina Koteck, Governor



10/19/2023

SAPNA BRIGHT  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone: 503.405.5599  
FAX: 503-378-2577  
Email: [SAPNA.BRIGHT@oha.oregon.gov](mailto:SAPNA.BRIGHT@oha.oregon.gov)

RE: Final Audit Report; Provider #:

Dear \_\_\_\_\_:

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The final audit of paid claims with a payment date of 7/1/2018 through 6/30/2019 is complete. Based upon the documentation submitted, the final error rate for stratum 1 is 27% and the total overpayment is \$12,439.00.

Reimbursement of the overpayment is due and payable by 11/20/2023. Please remit payment and include a copy of the invoice to the address below.

DEPARTMENT OF HUMAN SERVICES  
AR & RECEIPTING UNITS, OFS  
RSTARS RECEIVABLES  
P O BOX 4325  
PORTLAND, OR 97208-9992

If you disagree with the audit findings, you may request an appeal within 30 calendar days as outlined in the final audit report. If you choose to appeal the audit, PIAU may first schedule an informal conference to provide an opportunity to settle areas of disagreement. Any remaining unresolved issues may then be addressed in a formal administrative review or contested case hearing.

If you have any questions, please contact me directly at [sapna.bright@oha.oregon.gov](mailto:sapna.bright@oha.oregon.gov) or 503.405.5599.

Thank you for your cooperation in this process.

Sincerely,

*Sapna Bright*

SAPNA BRIGHT  
Medical Review Coordinator  
Program Integrity Audit Unit

Enclosure: Final Audit Report



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit

Kate Brown, Governor



4/13/2022

Sapna Bright

3406 Cherry Avenue NE

Salem, Oregon 97303-4924

Phone # 503.405.5599

FAX: 503-378-2577

E-mail: SAPNA.BRIGHT@dhsosha.state.or.us

RE: Preliminary Audit Report; Provider #

Dear Provider:

The Centers for Medicare & Medicaid Services requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The preliminary audit for the time period of 7/1/2018 through 6/30/2019 is complete. Based upon the documentation submitted, the preliminary error rate for stratum 1 is 55% and the potential overpayment is \$27,385.86.

**Action requested: Please respond by 5/20/2022.**

Please review the enclosed Preliminary Audit Report and Matrix of Findings. For each finding in the matrix, indicate whether you agree or disagree, and return your comments by **5/20/2022**. If you disagree with a finding, please send the following information:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will review any additional documentation submitted and prepare the final audit report. Additional documentation will not be accepted once the final audit report is issued. After that, please be advised:

- PIAU will recover any overpayments identified during the audit from the CCO.
- The CCO has the right to then pursue recovery from the provider.

If you have any questions, please contact me directly at 503.405.5599.

Thank you for your cooperation in this process.

Sincerely,

Sapna Bright

Medical Review Coordinator

Program Integrity Audit Unit



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit  
Kate Brown, Governor



February 17, 2021

Lauren Kissinger, CPC, CPMA  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-890-5220  
FAX: 503-378-2577

E-mail: [Lauren.N.Kissinger@dhsosha.state.or.us](mailto:Lauren.N.Kissinger@dhsosha.state.or.us)

*Via Certified Mail:*

RE: Final Audit Report; Provider # 5000

Dear Mr.

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of Federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority's (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The final audit for the time period of July 1, 2018 through June 30, 2019 is complete. Based upon the records submitted, the total overpayment is \$925,294.74.

Reimbursement of the overpayment is due and payable by March 17, 2021. Please remit payment in the enclosed envelope and include a copy of the invoice to the address below.

DEPARTMENT OF HUMAN SERVICES  
AR & RECEIPTING UNITS, OFS  
RSTARS RECEIVABLES  
P O BOX 4325  
PORTLAND, OR 97208-9992

If you disagree with the audit findings, you may request an appeal within 30 calendar days as outlined in the final audit report. If you choose to appeal the audit, PIAU may first schedule an informal conference to provide an opportunity to settle areas of disagreement. Any remaining unresolved issues may then be addressed in a formal administrative review or contested case hearing.

If you have any questions, please contact me directly at 503-890-5220.

Thank you for your cooperation in this process.

Sincerely,

Lauren Kissinger, CPC, CPMA  
Program Integrity Auditor  
Program Integrity Audit Unit

CC: \_\_\_\_\_ 'S



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit  
Kate Brown, Governor



October 6, 2020

Lauren Kissinger, CPC, CPMA  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-378-3584  
FAX: 503-378-2577  
E-mail: [Lauren.N.Kissinger@dhsosha.state.or.us](mailto:Lauren.N.Kissinger@dhsosha.state.or.us)

*Via Certified Mail: '*

RE: Preliminary Audit Report; Provider #

Dear :

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The preliminary audit for the time period of July 1, 2018 through June 30, 2019 is complete. Based upon the records submitted, the potential overpayment is \$925,294.74.

**Action requested: Please respond by November 6, 2020.**

Please review the enclosed Preliminary Audit Report and Matrix of Findings. For each finding in the matrix, indicate whether you agree or disagree, and return your comments by November 6, 2020. If you disagree with a finding, please send the following information:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will review any additional documentation submitted, prepare the final audit report, and notify you of any financial impact. Additional documentation will not be accepted once the final audit report is issued.

If you have any questions, please contact me directly at 503-378-3584.

Thank you for your cooperation in this process.

Sincerely,

Lauren Kissinger, CPC, CPMA  
Program Integrity Auditor  
Program Integrity Audit Unit

Enclosure: Preliminary Audit Report



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit  
Kate Brown, Governor



February 17, 2021

Lauren Kissinger, CPC, CPMA  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-890-5220  
FAX: 503-378-2577  
E-mail: [Lauren.N.Kissinger@dhsosha.state.or.us](mailto:Lauren.N.Kissinger@dhsosha.state.or.us)

*Via Certified Mail:*

RE: Final Audit Report; Provider #

Dear Mr.

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to ensure appropriate use of Federal Medicaid funds. As the single state agency that administers Oregon's Medicaid program, the Oregon Health Authority's (OHA) Program Integrity Audit Unit (PIAU) conducts periodic audits of Oregon Medicaid providers.

The final audit for the time period of July 1, 2018 through June 30, 2019 is complete. Based upon the records submitted, and the total overpayment is \$165,990.24.

Reimbursement of the overpayment is due and payable by March 17, 2021. Please remit payment in the enclosed envelope and include a copy of the invoice to the address below.

DEPARTMENT OF HUMAN SERVICES  
AR & RECEIPTING UNITS, OFS  
RSTARS RECEIVABLES  
P O BOX 4325  
PORTLAND, OR 97208-9992

If you disagree with the audit findings, you may request an appeal within 30 calendar days as outlined in the final audit report. If you choose to appeal the audit, PIAU may first schedule an informal conference to provide an opportunity to settle areas of disagreement. Any remaining unresolved issues may then be addressed in a formal administrative review or contested case hearing.

If you have any questions, please contact me directly at 503-890-5220.

Thank you for your cooperation in this process.

Sincerely,

Lauren Kissinger, CPC, CPMA  
Program Integrity Auditor  
Program Integrity Audit Unit

CC:



FISCAL AND OPERATIONS DIVISION  
Program Integrity Audit Unit  
Kate Brown, Governor



October 6, 2020

Lauren Kissinger, CPC, CPMA  
3406 Cherry Avenue NE  
Salem, Oregon 97303-4924  
Phone # 503-378-3584  
FAX: 503-378-2577

E-mail: [Lauren.N.Kissinger@dhsosha.state.or.us](mailto:Lauren.N.Kissinger@dhsosha.state.or.us)

*Via Certified Mail:*

RE: Preliminary Audit Report; Provider

Dear :

On March 20th, 2020, Patrick Allen, the Director of the OHA, issued an official directive to OHA to "immediately suspend any non-COVID-related work that touches the health care system. This means regulatory work, rule-making, policy work groups, etc."

The Office of Program Integrity (OPI), complied with this directive. On June 8, 2020, the suspension was lifted and OPI is now re-engaging with health care system. We apologize for this delay and thank you for your patience.

The preliminary audit for the time period of July 1, 2018 through June 30, 2019 is complete. Based upon the records submitted, the potential overpayment is \$165,990.24.

Please review the enclosed Preliminary Audit Report and Matrix of Findings and indicate on the matrix whether you agree or disagree with each finding. If you disagree with a finding, please send me the following information no later than November 6, 2020:

- A statement clearly explaining the reason(s) and evidence for your disagreement; and
- Any additional documentation that supports the services or items billed.

PIAU will consider your comments and any additional documentation when preparing the final audit report and you will be notified of any financial impact resulting from the audit. Additional documentation will not be accepted once the final audit report is issued. If PIAU does not receive a response from you by November 6, 2020, the auditor will proceed with issuing the final audit report.

If you have any questions, please contact me directly at 503-378-3584

Thank you for your cooperation in this process.

Sincerely,

Lauren Kissinger, CPC, CPMA  
Program Integrity Auditor  
Program Integrity Audit Unit

CC: F