



Re: Ohio Medicaid Provider Onsite Screening

Notification of Ohio Medicaid Provider Onsite Screening

Dear Provider,

This letter is to inform you that Public Consulting Group, Inc. (PCG), on behalf of the Ohio Department of Medicaid, is required to conduct a pre- or post-enrollment *onsite* screening at your place of business. Your Ohio Medicaid Enrollment application will not be finalized until this onsite screening has been completed. If you are a current provider your Medicaid Provider agreement may be terminated if, at the request of the Ohio Department of Medicaid, an onsite screening is not completed.

Per Section 6401 of the Patient Protection and Affordable Care Act (ACA), and per Ohio Administrative Code rule 5160-1-17.8, providers are subject to meeting certain screening requirements. Based on federal regulations and federal guidance, those providers categorized as moderate or high risk are subject to an unannounced pre- or post-enrollment onsite screening.

Screening visits will take approximately 60-90 minutes and will cover all aspects of your business. The results of the pre- or post-enrollment onsite screening will determine your eligibility to become an Ohio Medicaid provider or to retain your Medicaid provider agreement, if you are a current provider. Should you choose to forgo the onsite screening visit, your application to provide Medicaid services in the State of Ohio, may be denied. If you are a current Medicaid provider and you choose to forgo the onsite screening visit, your Medicaid provider agreement with the State of Ohio may be terminated.

If you have any further questions or for verification, you may contact The Ohio Department of Medicaid at 1-800-686-1516; options 3-1-1-4 or you may visit the Ohio Department of Medicaid's website at: <http://www.medicaid.ohio.gov/>

- Pathway: Providers (tab) -> Enrollment and Support(tab) -> Provider Enrollment(tab)

Thank you for your time.

Sincerely,

Public Consulting Group, Inc. on behalf of
Ohio-Department of Medicaid

WHO IS PUBLIC CONSULTING GROUP?

The State of Ohio contracts with PCG to conduct unannounced site visits for moderate and high risk provider types.

WHY IS PCG HERE?

It is PCG's job to determine if providers are operating their business within the Medicaid or Waiver program rules and regulations.

WHAT YOU CAN EXPECT FROM PCG

PCG may look to speak with anyone within the provider's business who may have knowledge of the business. Generally, PCG speaks with the provider(s), business owner(s), and the office administrator. PCG will look at documentation such as policies and procedures, background checks, documentation of services provided, and other documents needed to determine the outcome of the onsite visit.

If PCG determines areas of the business that are out of compliance with Medicaid or Waiver program rules and regulations, PCG will educate the appropriate personnel in the areas needed to ensure the provider operates within the Medicaid or Waiver program rules and regulations. **The provider will be responsible for submitting a "Plan of Correction" to ODM within 30 days based on the initial site visit.**

EDUCATION INFORMATION

Providers are required to comply with the following:

- Medicaid Provider Agreement
- Ohio Revised Code
- Ohio Administrative Code
- Federal statutes and rules
- Keeping up-to-date on provider requirements is extremely important in order to assure you stay compliant with Ohio Medicaid rules and regulations
- See OAC 5160-1-17.2*

Keeping your provider information current in MITS is imperative:

- Providers are required to notify ODM within 30 days of a change within your organization (change of address, ownership or certification).
- See OAC 5160-1-17.2*

Documenting Services:

- You, as the provider, must have documentation to support all of your Medicaid billing. You must maintain this billing for at least 6 years.
- If you are audited and do not have documentation to support your billing, you will have to pay back all monies you received in error.
- If it is determined that this error was intentional, you could be charged with fraud.
- See OAC 5160.1.17.2*

Inside your Policies and Procedure manual (P&P), your business should include:

- Record Retention Policy – 6 years in the state of Ohio. See OAC 5160-1-17.2 (D)*
- Disaster Recovery Plan – A disaster recovery plan (DRP) is a documented process or set of procedures to recover and protect a business IT infrastructure in the event of a disaster.

Background Checks:

- ODM requires background checks (BCI's) on all new employees and FBI checks for all new potential employees that have resided in the State of Ohio for less than 5 years.
- Before hiring a new member of your organization, make sure your organization is conducting a background check.
- Depending on the type of provider, you may have additional requirements such as drug and alcohol testing and an annual review of driving records.
- See OAC 5160-45-07 and OAC 5160-15-02*

Federal Exclusion Checks:

- In addition to background checks, providers must also conduct federal exclusions list checks per 42 CFR 1001.1902. You may not hire an employee who appear on this list.
- www.OIG.HHS.gov

HIPAA:

- Keeping your organization HIPAA compliant is a federal requirement.
- You, as a provider, are required to maintain compliance with the Health Insurance Portability & Accountability Act of 1996 (HIPAA).
- HIPAA identifies the requirements to be taken to assure confidential personal records are protected and secure.
- See OAC 5160-1-17.2*

Certificates and Licensures:

- Providers are required to ensure that all health care workers maintain all necessary licenses and/or certifications required to perform their designated job duties.
- See OAC 5160-1-17*

By working together and improving the overall quality of Ohio Medicaid providers, we will make patient health care more reliable, safe, and accessible.

**All federal regulations set forth in this document can be found at <http://codes.ohio.gov/oac/>*



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