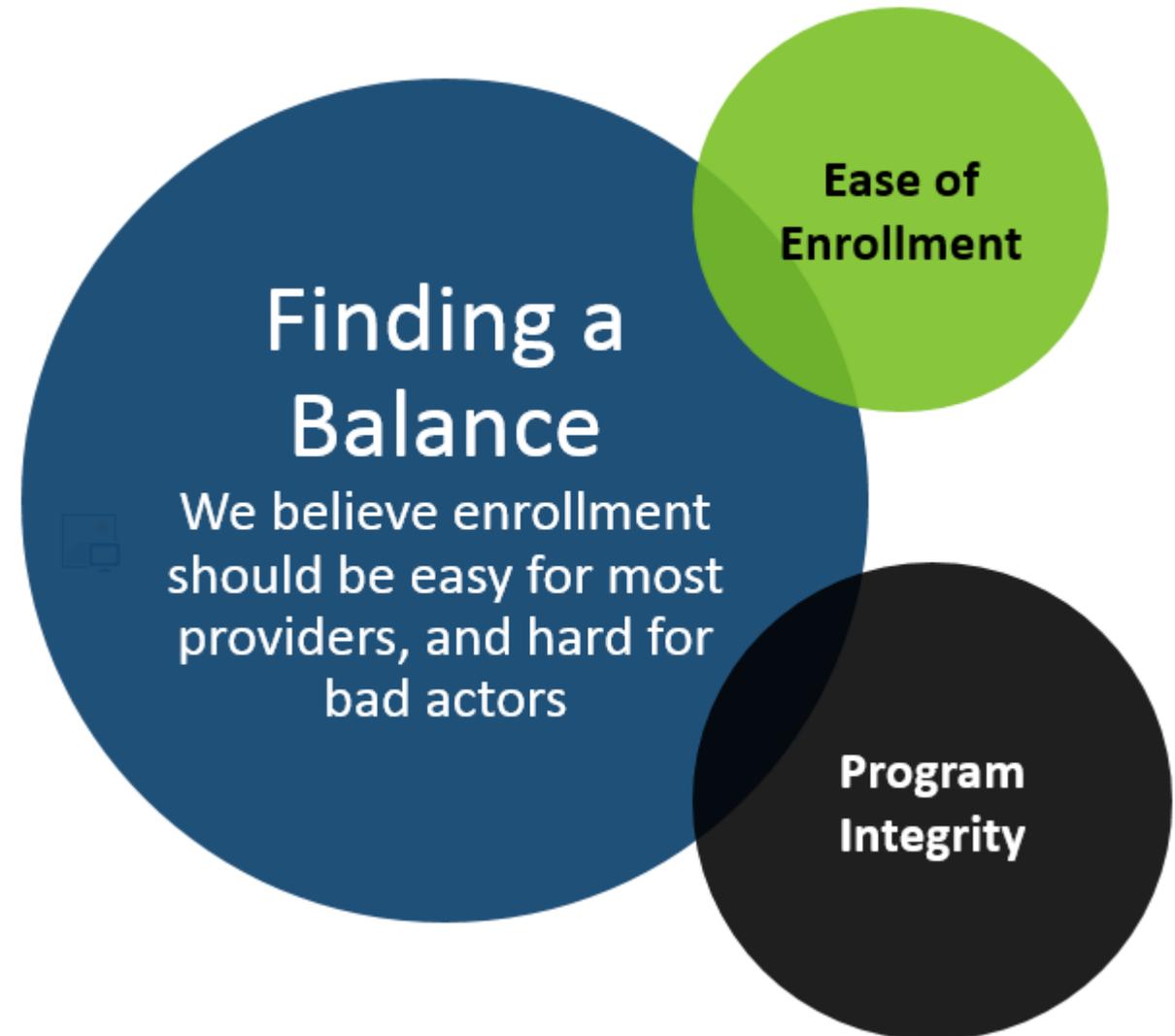




Provider Screening Site Visits

David Cammack | Surveillance and Integrity Review Section (SIRS)

- **Background on Provider Screening**
- **Provider Screening Site Visits**
 - **Purpose and Function**
 - **When Conducted**
 - **What to Expect**
 - **Outcomes**
 - **Denial or Termination Clauses**



Background on Provider Screening

Federal and State Law

- Under current federal regulations and state law, DHS is required to screen all enrolled providers based on the level of risk of fraud, waste, or abuse to the state's Medicaid program
- Screening helps ensure that enrolling providers are:
 1. Qualified to perform services under state and federal requirements and
 2. Eligible to participate in health care programs

Background on Provider Screening (Cont'd)

Screening Requirements

- The screening provisions require the Department of Human Services (DHS) to:
 - Collect an application fee from all providers at enrollment
 - Assign provider types to screening categories of limited, moderate or high risk for fraud, waste or abuse
 - Expand screening of all enrolling providers to include data validation, licensing checks, and checking multiple databases

Background on Provider Screening (Cont'd 2)

Screening Requirements (Cont'd)

- The screening provisions require DHS to:
 - Conduct mandatory rescreening of all providers at least once every five years
 - **Make unannounced site visits to providers considered moderate or high risk before and after enrolling**
 - Perform FBI checks and fingerprinting of high-risk owners



Provider Screening Site Visits

Purpose and Function

- Conduct unannounced site visits for enrollment screening
 - Verify that the information submitted to the State Medicaid agency is accurate, and
 - Determine compliance with Federal and State enrollment requirements
- In addition, Screening Investigators conduct “fitness tests” to identify potential program integrity concerns
- Enrolled providers must permit DHS to conduct unannounced on-site inspections of any and all provider locations

Provider Screening Site Visits (Cont'd)

When Are Site Visits Conducted:

- **Preenrollment** - Occurs prior to initial enrollment
- **Postenrollment** – Discretionary visit that may occur after pre-enrollment visit
- **Revalidation** - Occurs after provider completes the re-validation process
Provider Enrollment
- **Reenrollment** - Occurs after previously enrolled provider re-applies to become a provider

What To Expect:

- Interview with provider - provider background, policy and procedures, verify enrollment information
- Record review of recipient files to ensure compliance with statutory requirements
- Review of employment files to confirm employee providing services are eligible and properly qualified

Provider Screening Site Visits (Cont'd 2)

Outcomes

- Cases referred for a site visit will either be recommended for approval or denial
 - **Approved** = newly enrolling providers will receive a welcome letter from DHS Provider Eligibility and Compliance and will be eligible to begin providing services
 - **Denied** = provider will receive a denial status letter from DHS Provider Eligibility and Compliance and will have to re-apply

Provider Screening Site Visits (Cont'd 3)

Outcomes (Cont'd)

- Screening Investigators may educate the provider on concerns identified during the visit.
- If fraud, waste, or abuse is suspected during the site visit, the case will be referred to SIRS Provider Investigations.

Provider Screening Site Visits (Cont'd 4)

Denial/Termination Clauses

- DHS **must** deny or terminate the enrollment of any provider where the:
 - Provider or owner does not submit timely and accurate information and/or does not cooperate with any screening methods required
 - Provider or owner has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last 10 years
 - Provider is terminated on or after January 1, 2011, under Medicare, Medicaid or CHIP of any other State

Provider Screening Site Visits (Cont'd 5)

Denial and Termination Clauses (Cont'd)

- DHS **may** deny the provider's enrollment application in circumstances such as:
 - Lack of access - Failure to allow access to any and all site locations will result in a denied site visit
 - Ineligible site location - Sites located at P.O. boxes or other ineligible locations will be denied
 - Inaccurate or untimely enrollment documents - example: failure to disclose all owners, managers, board members, and parties with 5% or more of controlling interest
 - Lack of required bonds, insurance or both

- Report Fraud Waste and Abuse:

Phone: 651-431-2650

Fax: 651-431-7569

Email: DHS.SIRS@state.mn.us



Provider Investigations

Amanda Novak | Surveillance and Integrity Review Section (SIRS)

- Surveillance and Integrity Review Section (SIRS)
 - Purpose and function at the Department of Human Services (DHS)
 - Role with Minnesota Health Care Programs (MHCP)
 - Role with PCA agencies

- PCA provider agency
 - Responsibilities
 - Accountabilities

SIRS - Purpose and Function at DHS

- Measure performance and quality of DHS services
- Authorize post-payment process to ensure compliance with MHCP
- Communicate with agencies both within and outside DHS

SIRS – Role with MHCP

- Identify and investigate suspected fraud and abuse
 - Post-payment review
 - Reports on the SIRS hotline 651-431-2650



SIRS – Role with MHCP (Cont'd)

- Authority to impose sanctions
 - Seek monetary sanctions – 5 years
 - Impose administrative sanctions
 - Referrals for civil and criminal action Medicaid Fraud Unit (MFCU) and the Department of Health and Human Services- Office of the Inspector General (DHHS – OIG)
 - Suspension or Termination of individual PCAs and PCA Agencies



PCA Agency Responsibilities

- Required documentation
- Accuracy of documentation
- Agency accountability for PCAs
- Agreement with Member or Responsible Party

Required Documentation

- Medical Necessity
 - Determined during assessment process
 - Documentation is the Assessment and Service Plan document
- Right Service at the Right Time
 - Service Plan
 - Care Plan

Required Documentation (Cont'd)

- **PCA time and activity documentation**
 - DHS-4691 or create own version of the timesheet with all of the required elements
 - Web-based and electronic allowed
 - Ensure originality
 - No photocopies
 - No white-out
 - Correcting errors
 - Ensure accuracy and completeness

Time Sheets

Time and Activity Documentation

- Required Elements
 - Provider Information
 - Member Information
 - PCA Information
 - Dates of Service
 - Time in and time out – *including a.m./p.m.*
 - Shared Service Ratio (if applicable)
- All daily activities provided
- Total Time
- Fraud Statement
- Acknowledgment and Signatures
- Required Signatures
- Dates of signatures

Time Sheets

Time & Activity Documentation (Cont'd 1)

- Required Elements
 - Document dates and locations when the member is away
 - Hospital Stays
 - Care Facility
 - Incarceration
 - Vacations or otherwise away from home (such as funerals or weddings).

Time and Activity Documentation



Minnesota Department of Human Services



DHS-4691-ENG

6-12

PCA Time and Activity Documentation

PCA AGENCY NAME	DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION	PHONE NUMBER
		- -

Dates of Service (in consecutive order)	MM/DD/YY						
	9/1/11	9/2/11	9/3/11	9/4/11	9/5/11	9/6/11	9/7/11

Activities

Dressing	✓	✓	✓	✓	✓	✓	✓
Grooming	✓	✓	✓	✓	✓	✓	✓
Bathing	✓	✓	✓	✓	✓	✓	✓
Eating	✓	✓	✓	✓	✓	✓	✓
Transfers	✓	✓	✓	✓	✓	✓	✓
Mobility	✓	✓	✓	✓	✓	✓	✓
Positioning	✓	✓	✓	✓	✓	✓	✓
Toileting	✓	✓	✓	✓	✓	✓	✓
Health Related	✓	✓	✓	✓	✓	✓	✓
Behavior	✓	✓	✓	✓	✓	✓	✓
IADLs	✓	✓	✓	✓	✓	✓	✓

Visit One

Ratio staff to recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	
Shared services location																			
Time in (circle AM/PM)	7	AM	PM	6	AM	PM													
Time out (circle AM/PM)	10	AM	PM	10	AM	PM	9	AM	PM	10	AM	PM	10	AM	PM	8	AM	PM	

Time and Activity Documentation (Cont'd)



Minnesota Department of Human Services



PCA Time and Activity Documentation

PCA AGENCY NAME	DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION	PHONE NUMBER
-----------------	--	--------------

Dates of Service (in consecutive order)

| MM/DD/YY |
|----------|----------|----------|----------|----------|----------|----------|
| 6-1-12 | 6-2-12 | 6-3-12 | 6-4-12 | 6-5-12 | 6-6-12 | 6-7-12 |

Activities

	6-1-12	6-2-12	6-3-12	6-4-12	6-5-12	6-6-12	6-7-12
Dressing	mt						
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related							
Behavior							
IADLs							

Visit One

	6-1-12			6-2-12			6-3-12			6-4-12			6-5-12			6-6-12			6-7-12				
Ratio staff to recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3		
Shared services location																							
Time in (circle AM/PM)	3	AM	PM	3	AM	PM	3	AM	PM	/	AM	PM	/	AM	PM	3	AM	PM	3	AM	PM		
Time out (circle AM/PM)	5	AM	PM	6	AM	PM	5	AM	PM	/	AM	PM	/	AM	PM	5	AM	PM	6	AM	PM		

Time and Activity Documentation (Cont'd 2)

Acknowledgement and Required Signatures

After the PCA has documented his/her time and activity, the recipient must draw a line through any dates/times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a crime to provide false information on PCA billings for Medical Assistance payment. By signing below you swear and verify the time and services entered above are accurate and that the services were performed by the PCA listed below as specified in the PCA Care Plan.

RECIPIENT NAME (FIRST, MI, LAST)	MA MEMBER # or DATE OF BIRTH	RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE
			

I certify and swear under penalty of law that I have accurately reported on this time sheet the hours I actually worked, the services I provided, and the dates and times worked. I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings.

PCA NAME (FIRST, MI, LAST)	PCA NPI/UMPI	PCA SIGNATURE	DATE
			

Review [PCA Provider Time and Activity Documentation](#) for additional policy information about timesheet requirements.

Time and Activity Documentation (Cont'd 3)

Visit Two

Ratio staff to recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	
Shared services location																			
Time in (circle AM/PM)			AM PM																
Time out (circle AM/PM)			AM PM																

Daily Total

(minutes)

MINUTES						
---------	---------	---------	---------	---------	---------	---------

Total Minutes

This Time Sheet

Total 1:1		Total 1:2		Total 1:3	
MINUTES		MINUTES		MINUTES	

Relationship

I am related to the recipient as: (use the appropriate modifier on the claim, for example: U1 if the individual PCA provider is the parent or adoptive parent of the recipient) Parent, Sibling, Adult Child, Grandparent or Grandchild (U1) None of the above (UD)

Acknowledgement and Required Signatures

After the PCA has documented his/her time and activity, the recipient must draw a line through any dates/times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the PCA Care Plan.

RECIPIENT NAME (FIRST, MI, LAST) <i>Johnny Smith</i>	MA MEMBER # or DATE OF BIRTH <i>[Circled]</i>	RECIPIENT/RESPONSIBLE PARTY SIGNATURE <i>Nally Parent</i>	DATE <i>10-1-11</i>
PCA NAME (FIRST, MI, LAST) <i>D.T. Smiles</i>	PCA NPI/UMPI	PCA SIGNATURE <i>D Smiles</i>	DATE <i>10-1-11</i>

Review [PCA Provider Time and Activity Documentation](#) for additional policy information about timesheet requirements.

Time and Activity Documentation (Cont'd 4)

Visit Two

Ratio staff to recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3
Shared services location																		
Time in (circle AM/PM)	AM PM																	
Time out (circle AM/PM)	AM PM																	

Daily Total (minutes)

MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES
---------	---------	---------	---------	---------	---------

Total Minutes This Time Sheet

Total 1:1		Total 1:2		Total 1:3	
MINUTES		MINUTES		MINUTES	

Relationship

I am related to the recipient as: (use the appropriate modifier on the claim, for example: U1 if the individual PCA provider is the parent or adoptive parent of the recipient) Parent, Sibling, Adult Child, Grandparent or Grandchild (U1) None of the above (UD)

Acknowledgement and Required Signatures

After the PCA has documented his/her time and activity, the recipient must draw a line through any dates/times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the PCA Care Plan.

RECIPIENT NAME (FIRST, MI, LAST) Donald Duck	MA MEMBER # or DATE OF BIRTH 10-1-99	RECIPIENT/RESPONSIBLE PARTY SIGNATURE Mother Duck	DATE 6-10-12
PCA NAME (FIRST, MI, LAST) Mickey Mouse	PCA NPI/UMPI 999999900	PCA SIGNATURE Mickey Mouse	DATE 6-10-12

Review [PCA Provider Time and Activity Documentation](#) for additional policy information about timesheet requirements.

Time and Activity Documentation (Cont'd 5)



Minnesota Department of Human Services



DHS-4691-ENG

6-12

PCA Time and Activity Documentation

PCA AGENCY NAME DT Agency	DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION —	PHONE NUMBER 651 444 5555
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Dates of Service (in consecutive order)	MM/DD/YY						
	3-1-11	3-2-11	3-3-11	3-4-11	3-5-11	3-6-11	3-7-11

Activities

Dressing	dtm			dtm	dtm	dtm	
Grooming	dtm				dtm		
Bathing				dtm	dtm		
Eating							
Transfers							
Mobility	dtm				dtm		
Positioning							
Toileting	dtm			dtm	dtm		
Health Related							
Behavior							
IADLs	dtm			dtm	dtm		

Visit One

Ratio staff to recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	
Shared services location																			
Time in (circle AM/PM)	11:00 AM			11:00 AM					7:00 AM				10:00 AM			11:00 AM			11:00 AM
Time out (circle AM/PM)	3:00 PM			3:00 PM					9:00 AM				4:00 PM			3:00 PM			3:00 PM

Time and Activity Documentation (Cont'd 6)



Minnesota Department of Human Services



DHS-4691-ENG

6-12

PCA Time and Activity Documentation

PCA AGENCY NAME DT Agency	DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION —	PHONE NUMBER 651 444 5555
-------------------------------------	---	-------------------------------------

Dates of Service (in consecutive order)	MM/DD/YY						
	3-1-11	3-2-11	3-3-11	3-4-11	3-5-11	3-6-11	3-7-11

Activities

Dressing			dts	dts		dts	dts
Grooming			dts				
Bathing			dts			dts	
Eating	dts	dts	dts	dts		dts	dts
Transfers							
Mobility	dts	dts	dts	dts		dts	dts
Positioning							
Toileting	dts	dts	dts	dts		dts	dts
Health Related				dts			
Behavior							
IADLs	dts	dts	dts	dts		dts	dts

Visit One

Ratio staff to recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3
Shared services location																		
Time in (circle AM/PM)	2:00 ^{AM} _{PM}			2:00 ^{AM} _{PM}			11:30 ^{AM} _{PM}			3:00 ^{AM} _{PM}				2:00 ^{AM} _{PM}			2:00 ^{AM} _{PM}	
Time out (circle AM/PM)	6:00 ^{AM} _{PM}			6:00 ^{AM} _{PM}			5:30 ^{AM} _{PM}			8:00 ^{AM} _{PM}				6:00 ^{AM} _{PM}			6:00 ^{AM} _{PM}	

PCA Agency Accountability

- Who is your PCA?
 - Background Checks
 - Relatives
 - Know your PCA

- Who Can't Be the PCA?
 - Responsible Party
 - Paid Legal Guardian
 - Spouse
 - Parents or Stepparent for minor children (under 18)

PCA Agency Accountability (Cont'd 1)

- What is the PCA Doing?
 - Other employment
 - Unannounced visits
 - Communication with the recipient/RP
 - Active/ongoing communication with the QP
- Client Living Arrangements
 - Child/Other siblings present
 - Environment (where are the services provided?)
 - Hospitalizations

PCA Agency Accountability (Cont'd 2)

- Monitoring Use of Hours
 - Agency policies and procedures
 - 275 hours/month
 - 24 hours/day
 - Bill only for services actually provided
- Check MN-ITS and PCA Treating Provider List

How to Report

To report suspected provider fraud or abuse, contact DHS SIRS at:

Hotline: (651) 431-2650 or

1-(800) 657-3750

Fax: (651) 431-7569

Email: DHS.SIRS@state.mn.us

Questions?



Thank you!

David Cammack and Amanda Novak