



## Provider Screening Site Visits

Lisa Antony-Thomas | Provider Screening

[lisa.antony-thomas@state.mn.us](mailto:lisa.antony-thomas@state.mn.us)

Minnesota Department of Human Services (DHS) - Office of Inspector General (OIG) -  
Surveillance & Integrity Review Section (SIRS)

- **Provider Screening Site Visits**
  - **Purpose and Function**
  - **When Conducted**
  - **What to Expect**
  - **Outcomes**



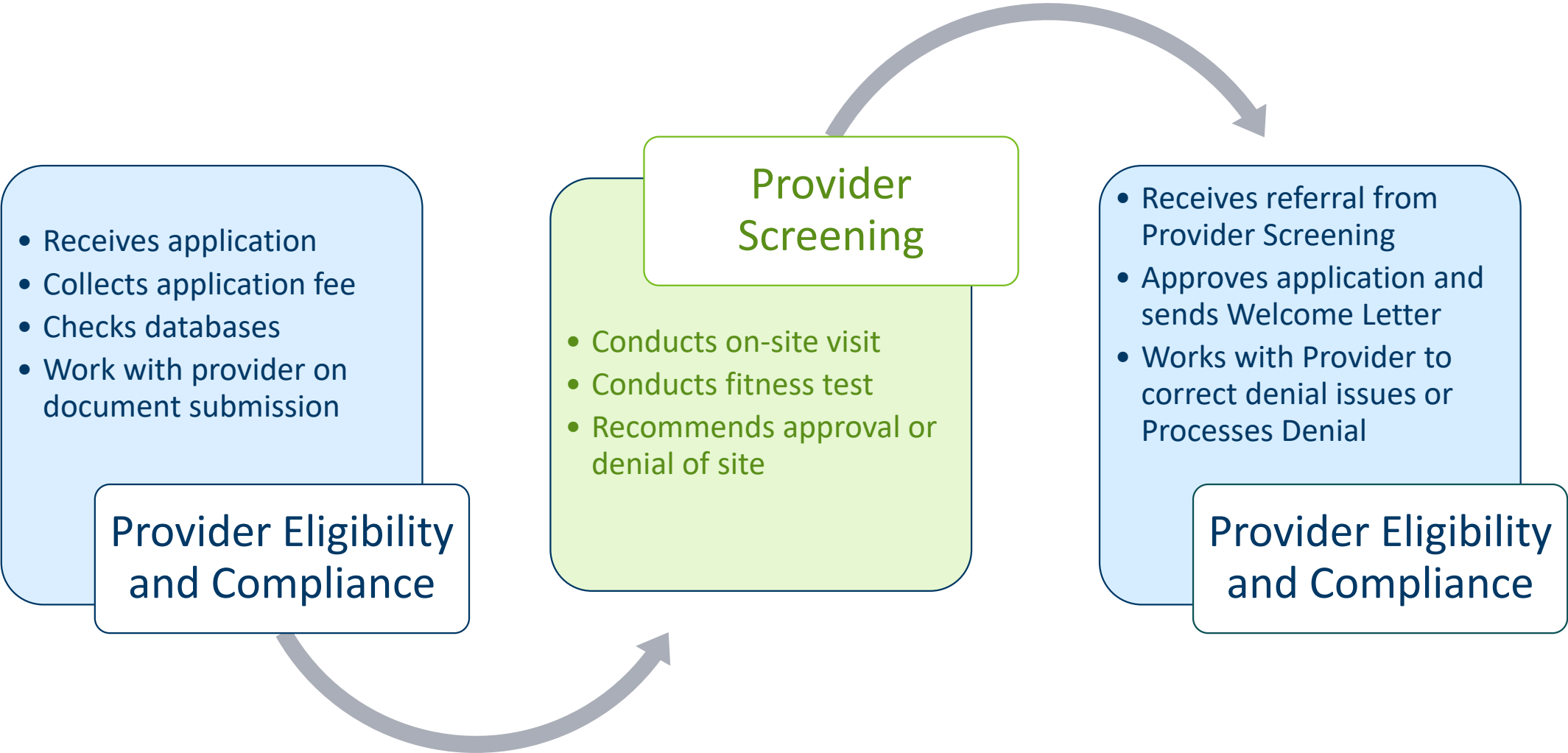
## Purpose and Function

- The Screening Team within SIRS conducts site visits (scheduled or unannounced) for enrollment screening to:
  - Verify that the information submitted to the State Medicaid agency is accurate, and
  - Determine compliance with federal and state enrollment requirements
- In addition, screening specialists may conduct “fitness tests” to identify potential program integrity concerns and provide education.
- Enrolled providers must permit DHS to conduct unannounced on-site inspections of any and all provider locations.

## 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 Minnesota health care programs.

# Provider Enrollment Process



# Provider Enrollment Process (cont.)

- Provider Eligibility and Compliance

- Collect application fee
- Process application via [MPSE](#)
- Work with provider to ensure all documents are submitted
- Conduct checks of background studies, [exclusion lists](#), additional databases to ensure eligibility and program integrity

- Provider Screening

- Provider Eligibility and Compliance sends a referral to Provider Screening
- Provider Screening conducts a site visit
- Provider Screening recommends approval or denial of enrollment based on site visit outcome
- Recommendation is sent back to Provider Eligibility and Compliance to finalize enrollment

## What is a “Site?”

- A site location must:
  - Be operational as a business, with business hours in which they are accessible
  - Have space to meet with clients privately
  - Have a system of securing information according to [MN Statute 256B.0659](#) and the requirements of [HIPAA](#).
- P.O. Boxes cannot be considered a site. A site MUST be a physical address.
- Enrolled providers must permit DHS to conduct unannounced on-site inspections of all provider locations.

# When and How are Site Visits conducted

## When Are Site Visits Conducted?

- **Pre-enrollment** - Occurs prior to initial enrollment
- **Post-enrollment** – Discretionary visit that may occur after pre-enrollment visit
- **Revalidation** - Occurs after provider completes the revalidation process
- **Re-enrollment** - Occurs after previously enrolled provider re-applies to become a provider
- **Post-Provisional** –During the public health emergency, providers were enrolled “provisionally” without the on-site review. These site visits are now occurring and *must be completed by November 11, 2023*

## What To Expect:

- Interview with provider – check provider background, review existence of policy and procedures, verify enrollment information
- Photos of site to support operability and identification photos of key employees
- Review assurance that all employees required to be disclosed have been disclosed on the [Disclosure of Ownership and Control Interest of an Entity \(DHS-5259\) \(PDF\)](#)



- Fitness tests are conducted to review and address program integrity concerns
- Fitness tests may include:
  - In-depth review of provider documentation of policies, procedures and billing practices
  - Additional review of provider implementation of policies, procedures and billing practices
  - Interviews with providers, managing employees, qualified professionals and other relevant staff
  - Education on Minnesota Health Care Programs, Provider Manual, program integrity and so forth

## Outcomes

- Cases referred for a site visit will either be recommended for approval or denial
  - **Approved** = The Screening Specialist was able to verify that all enrollment and eligibility criteria have been met and will recommend approval for enrollment. DHS Provider Eligibility and Compliance will send a Welcome letter to newly enrolling providers and be eligible to begin providing services.
  - **Denied** = The Screening Specialist was unable to confirm enrollment or eligibility criteria or both. The screening team will send a recommendation to deny. DHS Provider Eligibility and Compliance will work with the provider to correct the issues or the enrollment will be denied, depending on the situation.

## Outcomes (Cont'd)

- Screening Specialists may educate the provider on concerns they identified during the visit and how to correct any deficiencies.
- If the Screening Specialists suspect fraud, waste, or abuse during the site visit, the case will be referred to SIRS Provider Investigations within the Office of Inspector General for further review.

# Recommendation to Deny Enrollment

## Circumstances that **MUST** Result in Denial or Termination

DHS **must** deny or terminate the enrollment of any provider if the:

- Provider or owner does not submit timely and accurate information or does not cooperate with any screening methods DHS requires.
- 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 Jan. 1, 2011, under Medicare, Medicaid or CHIP of any other state.

# Recommendation to Deny Enrollment (con't)

## Circumstances that MAY Result in Denial or Termination

DHS **may** deny the provider's enrollment application for the following reasons:

- Lack of access - Failure to allow access to any site locations which DHS then cannot approve for enrollment.
- Ineligible site location - Sites located at P.O. boxes or other ineligible locations which DHS then cannot approve for enrollment.
- Inaccurate or untimely enrollment documents – Such as failure to disclose all owners, managers, board members, and individuals with 5% or more of controlling interest in the organization.
- Provider lacks the required bonds or insurance.

# Common Denial Reasons

## • Common Reasons for Denial and Ways to Prevent Them

- Failure to disclose owners or employees with controlling interest
  - Ensure everyone who is an **owner** or is a **managing employee** in the business is disclosed when you submit the [Disclosure of Ownership \(DHS-5259\) \(PDF\)](#).
  - Owners are individuals with direct or indirect ownership or controlling interest of 5% or more.
  - Managing employees are individuals who exercise operational or managerial control over, or who directly or indirectly conduct or manage the day-to-day operations of an institution, organization, agency (such as a general manager, business manager, administrator, director, or board member).
- Failure to update business address
  - You must report a changes of address to Provider Eligibility and Compliance within 30 days of the change.
- Failure to disclose Affiliations.

# How to Report Fraud, Waste or Abuse

## Report Fraud Waste and Abuse:

- Hotline: 651-431-2650 or 1-800-657-3750
- Fax: 651-431-7569
- Email: [DHS.SIRS@state.mn.us](mailto:DHS.SIRS@state.mn.us)

# Thank you!

For more information or questions:

Email: [dhs.ctss@state.mn.us](mailto:dhs.ctss@state.mn.us)

MHCP Provider Call Center: 651-431-2700





## Provider Investigations

Amanda Novak | Surveillance and Integrity Review Section (SIRS)

# Provider Investigations Agenda

- Surveillance and Integrity Review Section (SIRS)
  - Purpose and function at DHS
  - Role with Minnesota Health Care Programs (MHCP)
  - Role with personal care assistance (PCA) agencies
  
- PCA provider agency
  - Responsibilities
  - Accountabilities

# SIRS – Purpose and Function at DHS

## What Does SIRS Do?

- Measure performance and quality of DHS services
- Post-payment review process to ensure compliance with MHCP requirements
- Communicate with agencies both within and outside the Minnesota Department of Human Services (DHS)

# SIRS – Role with MHCP

- Identify and investigate suspected fraud and abuse
- Has the authority to impose sanctions
  - Can seek monetary recovery
  - Can impose administrative sanctions
  - Can refer to Medicaid Fraud Control Unit (MFCU) and Department of Health and Human Services (DHHS) – Office of Inspector General (OIG) for civil and criminal action
  - Can suspend or terminate individual PCA and PCA agency enrollment



# PCA Agency Responsibilities Required Documentation

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

# PCA Agency Responsibilities Required Documentation (Cont'd)

## PCA time and activity documentation

- Use the [PCA Time and Activity Documentation \(DHS-4691\) \(PDF\)](#) or create own version with required elements.
- DHS allows web-based and electronic documentation.
- Ensure originality.
  - No photocopies
  - Correct errors
- Ensure accuracy and completeness.

# PCA Agency Responsibilities Time and Activity Documentation

## Required Elements

- Provider Information
- Member Information
- PCA Information
- Dates of service
- Time in and out – **including AM and PM**
- Shared service ratio (if applicable)
- All daily activities provided
- Total time
- Fraud statement
- Acknowledgment and signatures
- Required signatures
- Dates of signatures

# PCA Agency Responsibilities Time and Activity Documentation (Cont'd)

## Required Elements

Document the dates and from which locations the member is away for:


- Hospital stays
- Care facility
- Incarceration
- Vacations or otherwise away from home (funerals, weddings, and so forth)



# Time and Activity Documentation

## 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)



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
-----------------	--	--------------

<b>Dates of Service</b> (in consecutive order)	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	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	mt	mt	mt	mt	mt	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				
	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		
Ratio staff to recipient																							
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)

## 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			AM PM			AM PM			AM PM			AM PM			AM PM		
Time out (circle AM/PM)	AM PM			AM PM			AM PM			AM PM			AM PM			AM PM		

## Daily Total

(minutes)

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

## Total Minutes This Time Sheet

<b>Total 1:1</b>		<b>Total 1:2</b>		<b>Total 1:3</b>	
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) <b>Johnny Smith</b>	MA MEMBER # or DATE OF BIRTH	RECIPIENT/RESPONSIBLE PARTY SIGNATURE <b>Nally Parent</b>	DATE <b>10-1-11</b>
PCA NAME (FIRST, MI, LAST) <b>D.T. Smiles</b>	PCA NPI/UMPI	PCA SIGNATURE <b>D Smiles</b>	DATE <b>10-1-11</b>

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

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

# Time and Activity Documentation (Cont'd-4)



Minnesota Department of Human Services



DHS-4691-ENG

6-12

## PCA Time and Activity Documentation

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

Dates of Service (in consecutive order)	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	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					AM	7:00 AM			10:00 AM			11:00 AM			11:00 AM
Time out (circle AM/PM)	3:00 PM			3:00 PM					AM	9:00 AM			4:00 PM			3:00 PM			3:00 PM

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

### Activities

Dressing			<b>dts</b>	<b>dts</b>		<b>dts</b>	<b>dts</b>
Grooming			<b>dts</b>				
Bathing			<b>dts</b>			<b>dts</b>	
Eating	<b>dts</b>	<b>dts</b>	<b>dts</b>	<b>dts</b>		<b>dts</b>	<b>dts</b>
Transfers							
Mobility	<b>dts</b>	<b>dts</b>	<b>dts</b>	<b>dts</b>		<b>dts</b>	<b>dts</b>
Positioning							
Toileting	<b>dts</b>	<b>dts</b>	<b>dts</b>	<b>dts</b>		<b>dts</b>	<b>dts</b>
Health Related				<b>dts</b>			
Behavior							
IADLs	<b>dts</b>	<b>dts</b>	<b>dts</b>	<b>dts</b>		<b>dts</b>	<b>dts</b>

### Visit One

Ratio staff to recipient	<b>1:1</b>	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)	<b>2:00</b>	<b>AM</b>	<b>PM</b>	<b>2:00</b>	<b>AM</b>	<b>PM</b>	<b>11:30</b>	<b>AM</b>	<b>PM</b>	<b>3:00</b>	<b>AM</b>	<b>PM</b>		<b>AM</b>	<b>PM</b>	<b>2:00</b>	<b>AM</b>	<b>PM</b>	<b>2:00</b>	<b>AM</b>	<b>PM</b>
Time out (circle AM/PM)	<b>6:00</b>	<b>AM</b>	<b>PM</b>	<b>6:00</b>	<b>AM</b>	<b>PM</b>	<b>5:30</b>	<b>AM</b>	<b>PM</b>	<b>8:00</b>	<b>AM</b>	<b>PM</b>		<b>AM</b>	<b>PM</b>	<b>6:00</b>	<b>AM</b>	<b>PM</b>	<b>6:00</b>	<b>AM</b>	<b>PM</b>

# PCA Agency Accountability

## Who is Your PCA?

- Background checks
- Relatives
- Know your PCA

## Who Can't Be the PCA?

- Responsible party (RP)
- Paid legal guardian
- Spouse
- Parents or stepparents for minor children (under 18 years)

# PCA Agency Accountability (Cont'd)

## What is the PCA Doing?

- Other employment
- Unannounced visits
- Communication with the member and Responsible Party (RP)
- Active and ongoing communication with the qualified professional (QP)

## Client Living Arrangements

- Child or other siblings present
- Environment (where are the services provided?)
- Hospitalizations



# PCA Agency Accountability (Cont'd–2)

## Monitoring Use of Hours

- Agency policies and procedures
- 310 hours per month
- 24 hours per day
- Bill only for services actually provided

Check MN–ITS and PCA Treating Provider List

# How to Report Suspected Fraud or Abuse

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

- **Hotline: (651) 431-2650 or (800) 657-3750**
- **Fax: (651) 431-7569**
- **Email: [DHS.SIRS@state.mn.us](mailto:DHS.SIRS@state.mn.us)**