



Who is Public Consulting Group (PCG)?

As a leading public sector solutions implementation firm, PCG leverages over 35 years of experience to improve outcomes for state Medicaid programs. Ohio Department of Medicaid (ODM) is collaborating with PCG to improve the overall quality of Ohio Medicaid providers and make health care more reliable, safe, and accessible.

Why is PCG Here?

Federal regulations require certain providers to undergo an on-site screening visit prior to initial enrollment and revalidation in the Ohio Medicaid program. PCG works with ODM to satisfy the Federal Regulation 42 CFR 455 Subpart E and to determine if providers are operating their business within Ohio Medicaid Waiver rules and regulations.

On-Site Visits (SV)

How does a SV work?

1. During the SV, the provider is responsible for giving the PCG screener a tour of the interior service location and documentation.
2. If a vehicle inspection is required, the PCG screener will ask to inspect the vehicle(s) during the on-site screening visit. While the provider is giving the vehicle tour, the screener will ask the provider to show the required compliance areas (license plate, inspection, decals on exterior of vehicle, etc.).

What Can You Expect From PCG?

During the on-site screening visit, PCG may ask to speak with anyone within your business who has knowledge of the business and services being provided. Generally, PCG speaks with the business owner(s) and office administrator. PCG will view documentation such as, policies and procedures, background checks, documentation of services provided, and other documents to determine the outcome of screening visit.

If PCG determines areas of the business are noncompliant with Ohio Medicaid Waiver rules and regulations, PCG will educate the appropriate personnel to ensure the business is operated within those Ohio Administrative Code (OAC) rules and regulations.

Based on the findings, you may receive a Notice of Operational Deficiency (NOD) issued by ODM further outlining any non-compliant areas. If you receive a NOD, you will be responsible for submitting a Plan of Correction (POC) to ODM within 14 days. The NOD will identify the due date, instructions to submit the POC, and a phone number to call with any questions. You may also visit www.ohiohcbbs.pcgus.com to obtain further information regarding this process.

Education Information

Providers are required to comply with the following:

- Medicaid Provider Agreement
- Ohio Revised Code
- Ohio Administrative Code
- Federal statutes and rules
- Stay up-to-date with any changes in Ohio Medicaid rules and regulations
- Ohio Administrative Code (OAC) 5160-1-17.2* **Keeping your provider**

information current in ODM Provider

Web Portal is imperative:

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

Manual (P&P) your business should include:

- Record Retention Policy - 6 years in the state of Ohio
- Ohio Administrative Code (OAC) 5160-1-17.2 (D)* and/or OAC 5123-9-40 (J)(3)
- Disaster Recovery Plan - A disaster recovery plan 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) on all employees and FBI checks for all employees who have lived in the State of Ohio for less than 5 years.
- Before hiring a new employee, you must conduct a background check; and annually thereafter.
- Depending on the type of provider, you may have additional requirements such as, drug and alcohol testing, and an annual review of driving records.
- Ohio Administrative Code (OAC) 5160-45-07, (OAC) 5123-2-02* and/ or (OAC) 4766-3-13

Federal Exclusion Checks:

- In addition to background checks, you must also conduct federal exclusions list checks per 42 CFR 1001.1901. You may not hire an employee who appears on these lists. • Ohio Administrative Code (OAC) 5160-1-17.8 and/or (OAC) 5123-2-02 **HIPAA:**
- Per federal requirement, you must maintain compliance with the Health Insurance Portability & Accountability Act of 1996 (HIPAA).
- HIPAA identifies requirements to assure confidential personal records are protected and secure.
- Ohio Administrative Code (OAC) 5160:1-2-05*

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.
- Ohio Administrative Code (OAC) 5160-1-17*

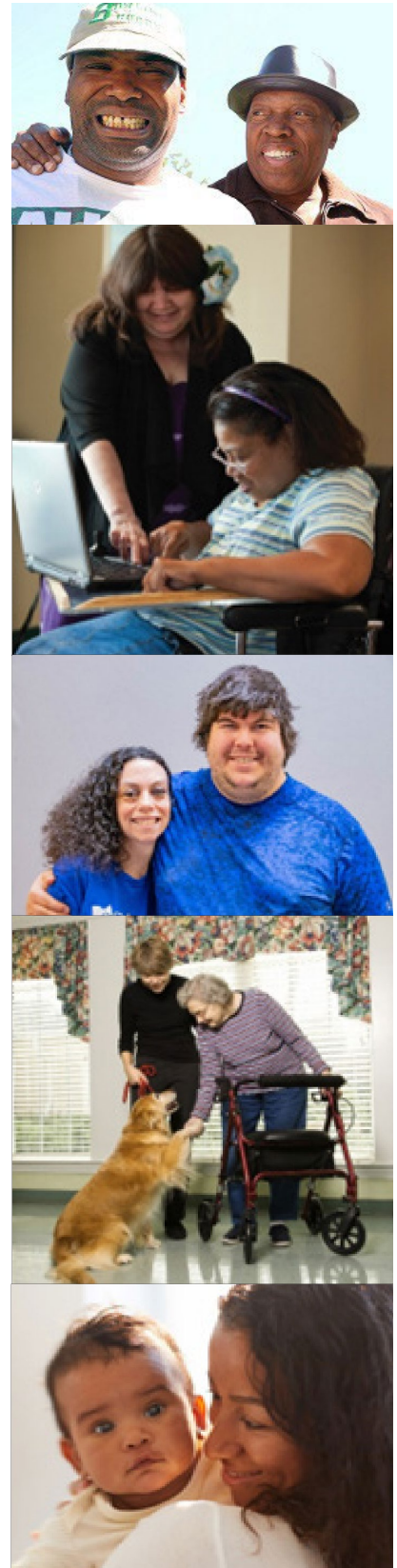
Documentation for Services:

- Provider must have documentation to support all your Ohio Medicaid billing. Provider must maintain this documentation 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 received.
- If it is determined that this error was intentional, you could be charged with Medicaid fraud.
- Ohio Administrative Code (OAC) 5160-1.17.2* and/or OAC 5123-9-06*

Home and Community-Based Services (HCBS) Settings:

- Provider must adhere to provisions of the rules and regulations for HCBS, ensuring the suitability of services and service settings.
- Ohio Administrative Code (OAC) 5123:2-9-02 and/or OAC 5160-44-01

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



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