

On-Site Visits FAQ

In this FAQ, we will answer some general questions about on-site screening visits.

Public Consulting Group LLC (PCG) and the Ohio Department of Medicaid (ODM) are committed to creating and maintaining a safe environment for the individuals we serve. ODM strives to meet federal and state requirements to ensure the safety and well-being of those individuals as well as their providers.

The state of Ohio has authorized PCG to conduct in-person on-site screening visits. PCG will tour and review various aspects of your organization. The required on-site screening visit is to ensure compliance and program integrity.

Purpose

Q: Why is Ohio conducting on-site screening visits?

A: Federal regulations require certain providers to undergo an on-site 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 mandate and to determine if providers are operating according to ODM waiver rules and regulations.

Providers categorized as a moderate- or high-risk provider are required to have an on-site screening visit to obtain or maintain their Medicaid Provider ID Number.

If the provider would like more information about on-site screening visits, refer to Ohio Administrative Code (OAC) 5160-1-17.8. This is a great resource for all providers in determining requirements for their provider type.

On-Site Screening Visit Preparation

Q: Will providers be notified of the on-site screening visit beforehand?

A: On-Site Screening Visits are unannounced. Therefore, most providers will not be notified prior to the on-site screening visit. PCG will collaborate with certain providers based on their provider type. PCG's team will communicate directly with these providers to schedule the visit.

Q: What will take place during the on-site screening visit?

A: PCG screener will discuss each provider's policies, procedures, and daily operations. During a typical on-site screening visit, PCG screener would tour the site and observe activities taking place. Providers will be expected to provide a tour of the business for PCG screeners. It is the provider's responsibility to provide an understanding of the day-to-day operational business to the PCG screener by discussing various documents, daily activities, and operations.

Q: How long will the on-site screening visit take?

A: On-site screening visits will take up to 60-90 minutes. The actual time it takes to complete the screening will depend on several factors, including the number of employees and size of the organization.

Q: How should providers prepare for the on-site screening visit?

A: Providers should review the areas of compliance that PCG will ask during their on-site screening visit by reading the Education Handout. It is up to the provider whether they have more than one staff member participate in the conversation, but they should determine this ahead of time. Providers should be familiar with the material, so they can answer knowledgeably about the organization, employees, and the members receiving Medicaid services.

Q: Which documents should providers have available for the site visit?

A: Site Visits questions may cover the following:

- Organization compliance plan, policies, and procedure manual
- Documentation of provided services
- Certification and/or Medical Licensure
- Training Certification
- Business Privilege Licensure

On-Site Screening Visit Results

Q: What happens if a provider is found to be non-compliant?

A: Based on the findings, providers may receive a “Notice of Operational Deficiency” (NOD) via email, further outlining any non-compliant areas, issued by ODM. If a provider receives a NOD, they will be responsible for submitting a “Plan of Correction” (POC) to ODM within 14 calendar days. The NOD will identify the due date, instructions on how to submit the POC, and a phone number to call with any questions. Providers may also visit www.ohiohcbcs.pcgus.com to obtain more information about this process.

Helpful Tips to Enhance the SV Experience

Please review the checklist below:

- PCG will conduct a documentation review for providers based on their provider type and categorical risk level according to the Ohio Administrative Code. PCG recommends that providers familiarize themselves with provider requirements, policies, and procedures for their organization according to the Ohio Administrative Code.
- Providers are responsible to give a copy of the Ohio Medicaid Screening FAQs to the direct support staff in the organization prior to the SV.
- If applicable, providers must ensure that supporting staff are available to answer questions from the PCG screener during the unannounced on-site screening visit.

Contact Us

If providers have additional questions or concerns about the Ohio Medicaid On-Site Screening Visit, please contact the PCG Call Center at **1-877-908-1746; Option 4** or email: OH_Provider_Screening@pcgus.com

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