

Provider Oversight and Investigation for Home and Community Based Services



Case Study

The Client

Ohio Department of Medicaid (ODM)

The Project

Home and Community Based Services (HCBS) Provider Oversight and Investigations

The Opportunity

The state of Ohio identified an urgent need to separate the role of Medicaid Provider Oversight and Investigation from Case Management to eliminate conflict of interest, increase transparency, and improve overall quality of oversight and investigations. Public Consulting Group (PCG) was awarded the contract in 2013, within weeks of being awarded the role PCG was performing investigations and oversight with unprecedented swiftness and quality.

The Solution

A project of this scope and scale typically requires six to eight months to implement, our client needed services to begin in 30 days. Our team launched an accelerated implementation that included recruiting more than 25 staff members, developing operational plans and protocols, conducting trainings, and procuring a PCG office and equipment. Through a multi-component approach to provider monitoring and oversight in Ohio, PCG's work included:

Provider Enrollment and Support

PCG manages enrollment of all HCBS waiver providers and is responsible for:

- Reviewing provider applications to verify required documentation for both enrolling and re-enrolling providers
- Checking applicable databases and ensuring automatic checks are completed
- Educating providers regarding program requirements to improve quality of services provided to consumers
- Serving as a customer call center, fielding all calls project-wide, providing telephonic support to providers by fielding several hundred calls per week

Onsite Screenings

PCG helped Ohio satisfy federal and state regulations requiring unannounced onsite screenings for moderate and high-risk provider types by:

- Building a provider screening checklist based on Administrative Code to capture required details during a provider onsite screening and to determine provider compliance
- Developing procedures to mitigate uncertainties inherent with an unannounced onsite screening
- Conducting onsite screening using checklist and educating provider in areas of non-compliant findings
- Tracking information collected during an onsite screening and producing key analytical reports regarding findings generated from screenings

Incident Investigation

Our team investigates all incidents for individuals and providers on the Ohio Home Care Waiver, Home Care Carve-Out Waiver, MyCare Ohio, and the HOME Choice program. Each month, PCG investigates more than 1,200 reported incidents under the categories provider occurrence, protection from harm, and provider billing violations.* Incident investigation includes:

- Initial verification of an individual's health and welfare within one business day
- Completion of a full investigation in order to substantiate or unsubstantiate incident violations within 45 days
- Approval of prevention plans implemented to mitigate risk of incident reoccurrence
- Referrals to ODM for additional provider action, overpayment, or fraud

- Referrals to other regulatory agencies such as the Ohio Department of Health and the Ohio Nursing Board
- Partnership with law enforcement, the Attorney General's Office, and other investigatory entities to address cases of fraud
- Production of key analytical reports that capture report issues, educational needs of both providers and case managers, and identify trends and patterns

*Provider and Individual occurrences managed under the HCBS Provider Oversight and Investigations Project

Structural Reviews

PCG meets face-to-face with identified providers annually/biannually to review documentation and ensure providers deliver services in a manner that complies with the requirements of Ohio Medicaid. The structural review process includes:

- Prescreen of all providers to determine which providers require a review
- Face-to-face evaluation of all provider service documentation and billing; scanning all reviewed documentation for record maintenance
- Review of all invoices to assure billing occurred as authorized
- Investigation of provider compliance violations
- Referrals to ODM for additional provider action, overpayment, or fraud

- Referrals to other regulatory agencies such as the Ohio Department of Health and the Ohio Nursing Board
- Key analytical reports that capture, reporting issues, educational needs of both providers and case managers, and trends and patterns
- Partnership with the Attorney General's Office to address cases of fraud

Provider Education

PCG offers home and community-based waiver providers with the education necessary to operate in compliance with all rules and regulations. Provider education includes:

- Face-to-face classroom training, webinars, and online trainings
- Educational materials and tools based on client direction and analysis of trends and patterns noted in provider questions and citations

The Result

PCG continues to play a significant role performing investigations and oversight. To date, our team has:

- Processed over 11,200 applications
- Completed over 1,300 onsite screenings
- Executed over 48,000 incident investigations
- Completed over 8,500 structural reviews

| Provider Occurrence Issues | Protection from Harm Issues | Provider Billing Issues |
|--|--|---|
| <ul style="list-style-type: none"> • No call/no show • Providing services beyond scope of practice • Regulatory non-compliance • Services delivered without, or not in accordance with physician's orders • Not providing services according to the individualized plan • Inadequate communication with team | <ul style="list-style-type: none"> • Abuse • Neglect (including of self) • Medication errors • Verbal abuse • Theft • Misappropriation • Death • Accident, injury, fall • ER visits • Reoccurrence of an illness or condition within seven days of hospital discharge • Unauthorized use of restraint, seclusion, or restrictive intervention • Unexpected crisis in the individual's home environment • Use of illegal substance • Individual cannot be located | <ul style="list-style-type: none"> • Fraud • Billing for services not provided; Billing for more services than authorized • Billing to incorrect codes |

To learn more about PCG's HCBS provider oversight and investigation services, contact us today!



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