



Provider Screening Site Visits

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Minnesota Department of Human Services (DHS) - Office of Inspector General (OIG) –
Program Integrity Oversight Division (PIO)

- **Provider Screening Site Visits**
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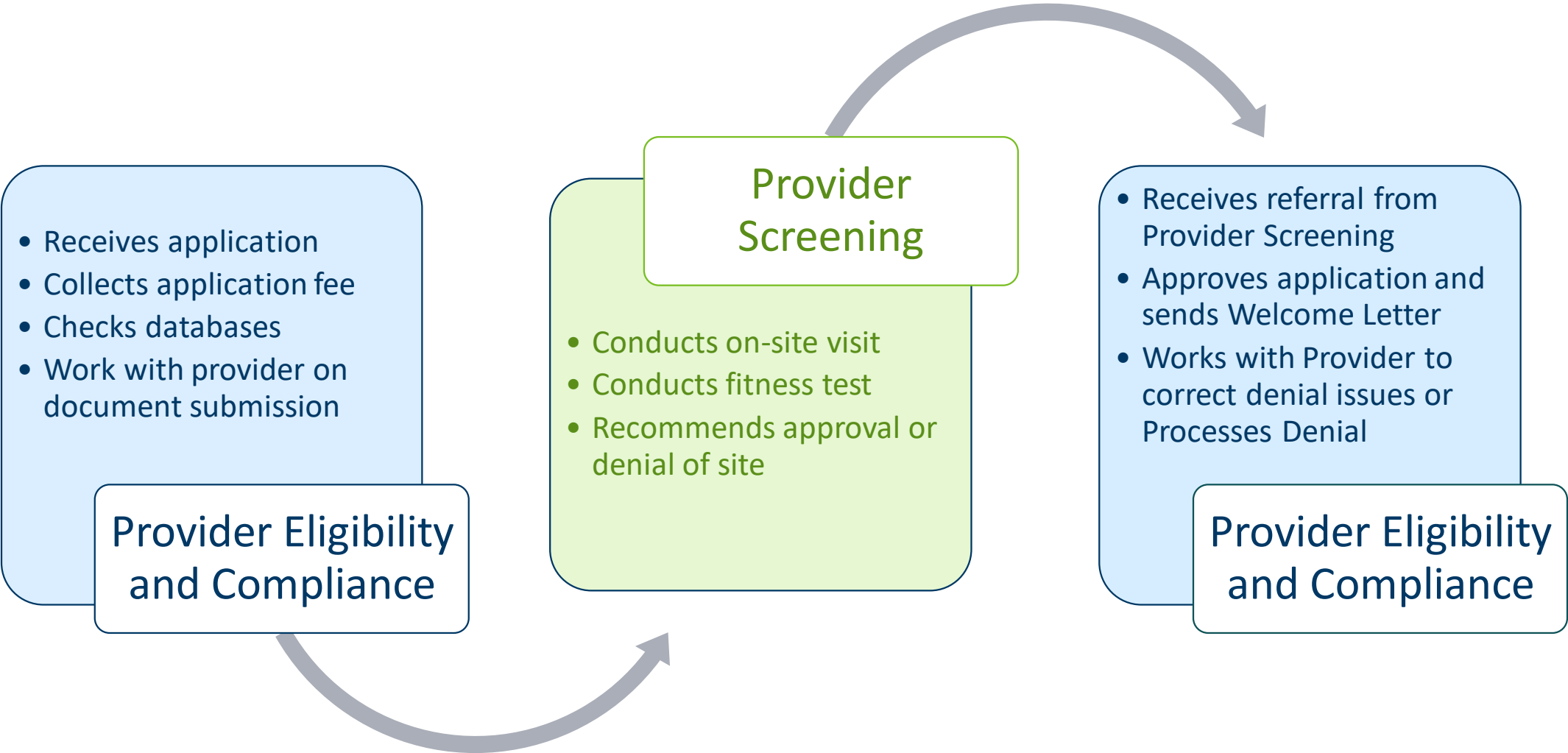
Purpose and Function

- The Provider Screening team within Program Integrity Oversight (PIO) conducts site visits (scheduled or unannounced) for enrollment 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 Test

- 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.

Site Visit Outcomes (con't)

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 PIO 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: OIG.Investigations.DHS@state.mn.us
- Complete the Program Integrity Oversight [hotline form](https://mn.gov/dhs/general-public/office-of-inspector-general/report-fraud/) (Recommended)
<https://mn.gov/dhs/general-public/office-of-inspector-general/report-fraud/>

Thank you!

For more information or questions:

Email: dhs.ctss@state.mn.us

MHCP Provider Resource Center: 651-431-2700