

Surveillance and Integrity Review Section (SIRS)

PCA Provider Agency Training

Office of the Inspector General
Financial Fraud and Abuse Investigations Division
Minnesota Department of Human Services

Agenda

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

SIRS - Purpose & Function at DHS

- ▶ Measure performance and quality of DHS services
- ▶ Authorize post-payment process to ensure compliance with MHCP
- ▶ Communicate with agencies both within and outside DHS

SIRS – Role with MHCP

- ▶ Identify and investigate suspected fraud and abuse
 - Post-payment review
 - Reports on the SIRS hotline 651-431-2650



SIRS – Role with MHCP

- ▶ Authority to impose sanctions
 - Seek monetary sanctions – 5 years
 - Impose administrative sanctions
 - Referrals for civil and criminal action MFCU and DHHS - OIG
 - Suspension/Termination of individual PCAs and PCA Agencies



SIRS – Role with PCA Agencies

- ▶ Conduct on-site visits for enrollment screening
- ▶ Conduct investigations of suspected fraud and abuse

Provider Screening On-Site Visits

▶ Background

- The federal Affordable Care Act (ACA) made numerous changes to the Medicaid and Medicare programs to fight fraud, waste and abuse.
- These changes require DHS to screen MA providers to ensure that they are:
 1. Qualified to perform services under state and federal requirements, and
 2. Eligible to participate in health care programs

Provider Screening On-Site Visits

▶ Screening Requirements

- The ACA screening provisions require DHS to:
 - Collect an application fee from all providers at enrollment
 - Assign provider types to screening categories of limited, moderate or high risk for fraud, waste or abuse
 - Expand screening of all enrolling providers to include data validation, licensing checks, and checking multiple databases
 - Conduct mandatory rescreening of all providers at least once every five years
 - Make unannounced site visits to providers considered moderate or high risk before and after enrolling
 - Perform FBI checks and fingerprinting of high-risk owners

Provider Screening

On-Site Visits

- ▶ Purpose of On-Site Visits
 - Verify the information submitted to DHS is accurate and to determine compliance with Federal and State enrollment requirements
 - Enrolled providers must permit DHS to conduct unannounced on-site inspections of any and all provider locations

Provider Screening

On-Site Visits

▶ Denial/Termination Clauses

- DHS must deny or terminate the enrollment of any provider where the:
 - 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 January 1, 2011, under Medicare, Medicaid or CHIP of any other State
 - Provider, owner, agent or managing employee fails to submit timely and accurate information & doesn't cooperate with required screening

Provider Screening On-Site Visits

▶ Denial/Termination Clauses (Cont'd)

- DHS must deny or terminate the enrollment of any provider where the:
 - Provider or owner fails to submit fingerprints within 30 days of a CMS or a State Medicaid request
 - Provider fails to permit access to provider locations for any site visits
 - Provider falsifies any information on an application or their identity cannot be verified

MEDICAID PROVIDER ENROLLMENT FORM

DATE: _____ COMPLETE BY: _____ RECEIVED BY: _____

Provider Information

Provider Name (Print, M.D.B., Last, First, Middle) _____
Specialty _____
NPI _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____
Fax _____
E-mail _____

TERMINATED FOR CAUSE

Payment Information

Payment Address _____
City _____ State _____ Zip _____
Phone _____
Fax _____
E-mail _____

Provider Screening On-Site Visits

▶ What to Expect

- PCA agency owners, managers or agents can expect to receive unscheduled, unannounced visits from DHS SIRS Investigators at your listed practice location both prior to enrollment and post-enrollment. To avoid denial or termination of enrollment, make sure to:
 - Cooperate with the required screening
 - Provide timely and accurate information
 - Permit access to all provider locations for site visits
 - Make sure DHS provider enrollment has your current practice address (not a P.O. Box or Mail Drop address) and Disclosure of Ownership Interest on file

PCA Agency Responsibilities

- ▶ Required documentation
- ▶ Accuracy of documentation
- ▶ Agency accountability for PCAs
- ▶ Agreement with Recipient/Responsible Party

Required Documentation

- ▶ Medical Necessity
 - Determined during assessment process
 - Documentation is the Assessment and Service Plan document

- ▶ Right Service/Right Time
 - Service Plan
 - Care Plan

Required Documentation

- ▶ **PCA time and activity documentation**
 - DHS-4691 or create own version with required elements
 - Web-based and electronic allowed
 - Ensure originality
 - No photocopies
 - No white-out
 - Correcting errors
 - Ensure accuracy and completeness

Time Sheets

Time & Activity Documentation

- ▶ Required Elements
 - Consecutive dates of service (MM/DD/YY) listed
 - Recipient/RP draws a line through when no services provided (excluded for Web/Electronic)
 - Time in and out (AM or PM) is required

Time Sheets

Time & Activity Documentation

▶ Required Elements

- Document dates/locations recipient is away
 - Hospital Stays
 - Care Facility
 - Incarceration
 - Vacations or otherwise away from home (funerals, weddings, etc.)
- Original signature of PCA and Recipient/Responsible Party (RP)
- Recipient/RP signs after services provided (no pre-signing)

Time & Activity Documentation



Minnesota Department of Human Services



DHS-4691-ENG

6-12

PCA Time and Activity Documentation

PCA AGENCY NAME	DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION	PHONE NUMBER
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Dates of Service (in consecutive order)	MM/DD/YY						
	9/1/11	9/2/11	9/3/11	9/4/11	9/5/11	9/6/11	9/7/11

Activities

Dressing	✓	✓	✓	✓	✓	✓	✓
Grooming	✓	✓	✓	✓	✓	✓	✓
Bathing	✓	✓	✓	✓	✓	✓	✓
Eating	✓	✓	✓	✓	✓	✓	✓
Transfers	✓	✓	✓	✓	✓	✓	✓
Mobility	✓	✓	✓	✓	✓	✓	✓
Positioning	✓	✓	✓	✓	✓	✓	✓
Toileting	✓	✓	✓	✓	✓	✓	✓
Health Related	✓	✓	✓	✓	✓	✓	✓
Behavior	✓	✓	✓	✓	✓	✓	✓
IADLs	✓	✓	✓	✓	✓	✓	✓

Visit One

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)	7		AM	6		AM	PM												
Time out (circle AM/PM)	10		AM	10		AM	9		AM	10		AM	10		AM	10		AM	8

Time & Activity Documentation



Minnesota Department of Human Services



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PCA Time and Activity Documentation

PCA AGENCY NAME	DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION	PHONE NUMBER
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Dates of Service (in consecutive order)	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						
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related							
Behavior							
IADLs							

Visit One	1:1			1:2			1:3			1:1			1:2			1:3			1:1			1:2			1:3		
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	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)	3		AM	3		AM	3		AM	/		AM	/		AM	3		AM									
Time out (circle AM/PM)	5		AM	6		AM	5		AM	/		AM	/		AM	5		AM	6		AM	6		AM	6		AM



Minnesota Department of Human Services

Time & Activity Documentation

▶ Acknowledgement and Required Signature

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)	MA MEMBER # or DATE OF BIRTH	RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE
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 & Activity Documentation

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																
Time out (circle AM/PM)			AM PM																

Daily Total (minutes)

MINUTES						
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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) Johnny Smith	MA MEMBER # or DATE OF BIRTH	RECIPIENT/RESPONSIBLE PARTY SIGNATURE Nally Parent	DATE 10-1-11
PCA NAME (FIRST, MI, LAST) D.T. Smiles	PCA NPI/OMP#	PCA SIGNATURE D Smiles	DATE 10-1-11

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

Time & Activity Documentation

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																
Time out (circle AM/PM)			AM PM																

Daily Total

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

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

Time & Activity Documentation



Minnesota Department of Human Services



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6-12

PCA Time and Activity Documentation

PCA AGENCY NAME DT Agency	DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION —	PHONE NUMBER 651-444-5555
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Dates of Service (in consecutive order)	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	PM	7:00 AM			10:00 AM			11:00 AM			11:00 AM
Time out (circle AM/PM)	3:00 PM			3:00 PM				AM	PM	9:00 AM			4:00 AM			3:00 AM			3:00 AM

Time Card Issues



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PCA Time and Activity Documentation

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

Dressing			dts	dts		dts	dts
Grooming			dts				
Bathing			dts			dts	
Eating	dts	dts	dts	dts		dts	dts
Transfers							
Mobility	dts	dts	dts	dts		dts	dts
Positioning							
Toileting	dts	dts	dts	dts		dts	dts
Health Related				dts			
Behavior							
IADLs	dts	dts	dts	dts		dts	dts

Visit One

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)	2:00	AM	2:00	AM	11:30	AM	3:00	AM		AM	2:00	AM	2:00	AM					
Time out (circle AM/PM)	6:00	PM	6:00	PM	5:30	PM	8:00	PM		PM	6:00	PM	6:00	PM					

PCA Agency Accountability

- ▶ Who is your PCA?
 - Background Checks
 - Relatives
 - Know your PCA

- ▶ Who Can't Be the PCA?
 - Responsible Party
 - Paid Legal Guardian
 - Spouse
 - Parents/Stepparent for minor children (under 18)

PCA Agency Accountability

- ▶ What is the PCA Doing?
 - Other employment
 - Unannounced visits
 - Communication with the recipient/RP
 - Active/ongoing communication with the QP
- ▶ Client Living Arrangements
 - Child/Other siblings present
 - Environment (where are the services provided?)
 - Hospitalizations

PCA Agency Accountability

- ▶ Monitoring Use of Hours
 - Agency policies and procedures
 - Reconciling remittance advices
 - 275 hours/month
 - 24 hours/day
 - Bill only for services actually provided

- ▶ Check MN-ITS and PCA Treating Provider List

Medicaid Fraud . . . Sentenced!

March 2012

- ▶ **Minneapolis** home health care company owner was sentenced to 6 months of home confinement, 5 years probation, 150 hours of community service and ordered to pay \$496,000. He admitted he submitted false claims for PCA services.

January 2012

- ▶ **Brooklyn Park** man filed 821 false claims, defrauding Medicaid of \$657,000. The head of the home care agency was sentenced to 2 years in prison.
- ▶ The owner of a **Golden Valley** home health care agency was sentenced to 24 months in prison. Claims reported PCA services that were not rendered. Medicaid recovered \$700,000.

Medicaid Fraud . . . Sentenced!

December 2011

- Director of a **Golden Valley** home health care agency was sentenced to 15 months in prison and ordered to pay \$55,000 in restitution. He admitted he agreed to provide and facilitate kickback payments to the family of a recipient who did not actually receive PCA services.

October 2015

- The owner of a **Plymouth** personal care and nursing agency was ordered to pay \$80,000 in restitution, serve two years on probation, and have no employment with company receiving Medicaid funds. Failed to do BG studies, billed more units than provided, billed LPN services as RN services

Medicaid Fraud . . . Sentenced!

March 2011

- **Clarkfield** woman was charged with Medicaid fraud and neglect of a vulnerable adult. The PCA did not work all of the hours she reported on her timecards. She was sentenced to 2 years of probation, 240 hours of community service, \$7,034 restitution and no employment with vulnerable adults.

March 2015

- **St. Paul** agency owner ordered to pay \$73,000 in restitution, serve three years on probation and is not allowed to own or manage or work for a company that receives Medicaid or Medicare funds.

How to Report

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

**Hotline: (651) 431-2650 or
1-(800) 657-3750**

Fax: (651) 431-7569

Email: DHS.SIRS@state.mn.us

Questions



Thank You!

Deborah Tsuchiya
Supervisor

Surveillance and Integrity Review Section (SIRS)
Office of the Inspector General
Minnesota Department of Human Services

