



Provider Compliance Review Informational Webinar

Tuesday, September 12, 2023
Wednesday, September 20, 2023



What is a PCR?

- Per the Provider Manual:
 - “The DA conducts provider compliance reviews for all nonlicensed waiver service providers, as well as licensed providers that also offer services that fall outside the scope of the license. The provider compliance review includes a review of provider policies and adherence to state and federal requirements, as well as the provider’s own policies.”
- Separate from Settings Rule certification
- Separate from OMPP/IHCP 5 year renewal



What is a PCR?

- Document review
- Policies & procedures
- Background checks and TB tests



Timing of PCRs

- Required every 3 years
- Paused during Covid Public Health Emergency (PHE)
- All providers certified 2020 and before are up for PCR this year
- Quick turnaround required of all providers due to number of reviews and need for the state to bring all providers into compliance
- Possible extensions to communication timelines will be considered on a case-by-case basis



Who must complete a PCR?

- PCRs must be completed by all providers due to differences in licensing requirements and provider requirements



PCR Process

- Announcement letter and blank staff roster sent to provider from processor
 - Letter will consist of introduction to process, link to informational webinar, and timeline
- Staff roster completed and returned within 5 business days
- Processor sends document checklist within 5 business days of receipt of completed staff roster
- Provider sends in required documents within 10 business days



PCR Process cont'd

- Processor reviews all documents for compliance
- Processor issues findings/concerns letter
- Provider has 5 business days to fix findings/concerns
- Processor reviews resubmitted documents
- Processor issues compliance letter



Noncommunication

- All providers are required to participate in this process.
- Failure to respond to processors' emails and requests for information could result in a corrective action plan, up to and including termination of provider being able to bill Medicaid for services.



Findings

- Similar to any audit, the processor may issue a findings letter
- Provider will receive a findings letter outlining any documents that are incomplete or noncompliant. Provider will have 5 business days to fix the findings, or a second findings letter will be issued.
- If issues are not resolved within 5 days of a second findings letter, the provider will be placed on a corrective action plan.



Corrective Action Plans

- May be issued if findings are not addressed adequately within 5 business days of the second findings letter
- May be issued for noncommunication or noncompliance with this process
- Consequences up to and including termination of approval to be an Aged & Disabled or TBI waiver provider



Right to appeal/Continuation of service

- Providers decertified as a result of the corrective action process or as a result of noncompliance with the provider agreement will be notified of the decision to revoke the certification of the provider, as well as the provider's right to appeal.
- Prior to taking action to suspend or terminate a provider, alternative service options will be provided to any effected participants through their care managers

Questions?

