

WHO IS PUBLIC CONSULTING GROUP? (PCG)

The State of North Carolina contracts with PCG to conduct site visits for moderate and high-risk provider types.

WHY IS PCG HERE?

Per Federal requirement, Title 42 CFR Part 455 Subpart E, pre-enrollment and post-enrollment site visits of providers who are designated as “moderate” or “high” categorical risks to the Medicaid program are required. The purpose of this site visit is to assess a basic understanding of North Carolina Medicaid policy and to determine compliance with Federal and State enrollment requirements.

WHAT YOU CAN EXPECT FROM PCG

PCG may look to speak with anyone within the provider’s organization who may have knowledge of the business. Generally, PCG will conduct the review with the provider(s), business owner(s), and the office administrator. PCG will look at documentation such as policies and procedures, background checks, documentation of services provided and other documents needed to determine the outcome of the site visit.

If PCG determines areas of the business are out of compliance with North Carolina Medicaid and Health Choice rules, regulations, and policy, PCG will educate the appropriate personnel in the areas needed to ensure the provider operates within the guidelines of North Carolina Medicaid.

EDUCATION INFORMATION

Providers are required to comply with the following:

- NC DHHS Provider Administrative Participation Agreement
- North Carolina Administrative Code
- Federal statutes and rules
- Keeping up to date on provider requirements through email blasts and Medicaid bulletins is extremely important in order to assure providers stay compliant with North Carolina Medicaid and Health Choice rules, regulations, and policy.

Keeping your provider information current in NCTracks is imperative:

- Per the NC DHHS Provider Administrative Participation Agreement, providers are required to notify NCTracks within 30 days of a change within your organization (change of address, ownership, certifications, etc.).

Documenting Services:

- Providers must have documentation to support all of their Medicaid billing, and must maintain this billing documentation at least 6 years.
- If a provider is audited and does not have the documentation to support its billing, the state may recoup some or all of the payments that are not supported with documentation.
- If it is determined that this billing error was intentional, the provider could be charged with fraud.

NCMMIS Provider Claims and Billing Assistance Guide:

Providers can access the NCMMIS Provider Claims and Billing Assistance Guide at NCDHHS.gov or NCTracks.

**All federal regulations set forth in this document can be found at <http://reports.oah.state.nc.us/ncac.asp>*

** This document does not include all Medicaid rules & policies and therefore cannot be utilized as the sole source of information providers are required to know for the Medicaid provider onsite screening.*

Inside your policies and procedure manual (P&P), your business should include:

- Corporate Compliance Plan
- Safety Measures
- Infection Control Measures
- SB 496 and N.C.G.S Section 108C

Background Checks:

- Before hiring a new member of your organization, make sure the organization is conducting a background check through the Federal Department of Justice or another accredited agency.
- North Carolina requires a background check on all employees and for all new potential employees who have resided in the State of North Carolina fewer than 5 years.
- See terms and conditions of the NC DHHS Provider Administrative Participation Agreement at <https://www.nctracks.nc.gov/content/public/providers/provider-enrollment/terms-and-conditions/admin-participation-rev.html>*

Federal Exclusion Checks:

- The Office of Inspector General (OIG) is required by law to exclude from participation in all Federal health care programs individuals and entities convicted of the following types of criminal offenses: Medicare or Medicaid fraud, as well as any other offenses related to the delivery of items or services under Medicare, Medicaid, SCHIP, or other state health care programs.
- North Carolina Medicaid providers are required to run an exclusion list check on all employees monthly.
- www.OIG.HHS.gov

Health Insurance Portability & Accountability Act (HIPAA):

- Keeping your organization HIPAA compliant is a Federal requirement.
- Providers are required to maintain compliance with the Health Insurance Portability & Accountability Act of 1996.
- HIPAA identifies the measures to be taken to assure that confidential personal records are protected and secure.
- See Section 3 of the NC DHHS Provider Administrative Participation Agreement at <https://www.nctracks.nc.gov/content/public/providers/provider-enrollment/terms-and-conditions/admin-participation-rev.html>*

North Carolina Clinical Coverage Policies:

- All North Carolina Health Choice clinical coverage policies are posted electronically with the North Carolina Medicaid and Health Choice Program clinical coverage policies and provider manuals.
- Because of the legislative directive to have Medicaid equivalent benefits, DMA has developed a joint clinical coverage policy template for Medicaid and North Carolina Health Choice. Please read each policy section carefully for program-specific coverage, exceptions, and limitations.
- Program specific clinical coverage policies can be found on NCDHHS.gov.

By working together and improving the overall quality of North Carolina Medicaid providers, we will make patient health care more reliable, safe, and accessible.

