

Independent Provider



SO I'M CERTIFIED, NOW WHAT?

PRESENTED BY

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DOCUMENTATION

DOCUMENTATION REQUIREMENTS

For any service you provide, you must have documentation of that service.

Each service has its own documentation requirements, which can be found within the rule for each service.

The Rules can be found at <http://dodd.ohio.gov/RulesLaws/Pages/RulesInEffect.aspx>

Your form can appear any way you want it to, but MUST contain all the required elements.

Forms can be found on:

- DODD (<http://dodd.ohio.gov/Providers/Billing/Pages/Documentation.aspx>)
- Geauga County Board of DD (<http://www.geaugadd.org>)

THINGS TO REMEMBER

Documentation should be maintained in an accessible location.

Invoices submitted for payment or billing records are NOT considered documentation.

Ensure your documentation meets the requirements for the service you are providing.

You must maintain your documentation records for 6 years.

COMMONLY USED SERVICE DOCUMENTATION REQUIREMENTS

Homemaker Personal Care	HPC Transportation	Shared Living
Type of Service, Date of Service , Place of Service, Name of Individual Receiving Service , Medicaid Number of Individual, Name of Provider , Provider Identifier / Contract Number, Written or electronic signature of the person delivering the service; initials if the provider has corresponding signature and initials on file , Group size in which the service was provided, Description and details of the service delivered that directly relate to the services specified in the approved service plan , Number of units of the delivered service or continuous amount of uninterrupted time the service was provided, Times the delivered service started and stopped	Type of Service, Date of Service , Name of Individual Receiving Service, Medicaid Number of Individual Receiving Service , Name of Provider, Provider Identifier / Contract Number , Origination and destination points of transportation provided, Total number of miles of transportation provided , Group size in which transportation is provided, Written or electronic signature of the person delivering service, or initials if provider has corresponding signature and initials on file , Description and details of the services delivered that directly relate to services specified in the approved service plan	Type of Service, Date of Service , Place of Service, Name of Individual Receiving Service , Medicaid Number of Individual, Name of Provider, Provider Identifier / Contract Number , Written or electronic signature of the person delivering the service; initials if the provider has corresponding signature and initials on file, Group size in which the service was provided , Description and details of the service delivered that directly relate to the services specified in the approved service plan

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MUI / UI

MUI / UI REQUIREMENTS

Anytime a UI / MUI occurs, you must document it on an Unusual Incident Report.

Ensure you notify the appropriate parties if a UI / MUI occurs.

The MUI Rule can be found at <http://dodd.ohio.gov/RulesLaws/Pages/RulesInEffect.aspx>

You are required to maintain a monthly UI Log – even if you have 0 incidents.

Forms and information can be found on:

- DODD (<http://dodd.ohio.gov/HealthandSafety/Pages/Tool-Kits.aspx>)
- Geauga County Board of DD (<http://www.geaugadd.org>)

MUI SEMI ANNUAL & ANNUAL ANALYSIS

Completed twice per year

SEMI ANNUAL (JAN 1 – JUN 30)

- Semi – Annual MUI Analysis – Must be completed by 7/31 and submitted to the County Board by 8/31 even if there are no MUIs

ANNUAL (JAN – DEC)

- Annual MUI Analysis – Must be completed by 1/31 and submitted to the County Board by 2/28 even if there are no MUIs

In Geauga County, our Investigative Agent will send out an email reminder about the analysis and its due date, as well as a form that you can use to fill out. According to the Provider Certification Rule (5123:2-2-01), you are required to keep a valid email address and notify the Ohio Department of DODD and the County Board of DD if you should change your email. In addition check your spam.

Ensure you are submitting the form by the time it is due. Not getting the email is not an acceptable reason to not submit the required form. It is your responsibility as a provider to be in compliance.

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BILLING

BILLING REQUIREMENTS

You can only bill for services that you have provided that are identified in an approved service plan AND have documented.

You are responsible for the accuracy of your billing.

You can choose to use a billing agent, the form is available here (<http://dodd.ohio.gov/Forms/Pages/default.aspx>)

You can submit the billing as often as you would like. Billing claims are pulled into the system for processing at noon on Wednesdays and it takes 3 weeks for the claim to process.

If your claim is denied, or there was an error; you can adjust your billing and resubmit it for processing. You have 350 days from the date of service to submit your claims.

Information can be found on:

- o DODD (<http://dodd.ohio.gov/Providers/Billing/Pages/default.aspx>)

SUBMITTING CLAIMS

When you want to bill, sign in to your DODD Account and access the application “eMBS”

Select “Billing Submissions” from the menu on the left side of the page, then “Single Claim Entry”

Fill out the following for each claim you are making, billing codes and usual customary rate information can be found in the Appendix for the rule of each service.

SINGLE CLAIM ENTRY :

** indicates required field*

Today's Date: [Help](#)

Contract Number (7 Numbers): [Help *](#)

Medicaid Recipient Number: [Help *](#)

Recipient First Initial: [Help *](#)

Recipient Last Name (First 5 Letters): [Help *](#)

Date Of Service (mm/dd/yyyy): Month / Day / Year [Help](#)

Service Code: [Help *](#)

Units Of Service Delivered: [Help *](#)

Group Size: [Help](#)

Staff Size: [Help](#)

Service County: [Help *](#)

Usual Customary Rate \$: [Help **](#)

Other Source Code: [Help](#)

Other Source Amount \$: [Help](#)

Contractor Reference Number (Optional): [Help](#)

[Clear Form](#) [Submit Claim](#)

Single claim entry is where you will submit claims for reimbursement.

You will submit a claim for each service you provided to an individual on a given day.

The red asterisks indicate fields that must be filled in for all claims.

In eMBS, you can hover your cursor over the red 'Help' to find out more about that field.

TRAINING

TRAINING REQUIREMENTS

Within 60 days of first providing services, you must complete training in the following:

- Service Documentation
- Billing For Services

Per the Provider Certification Rule, you are required to have annual training in the following:

- Independent provider's role and responsibilities with regard to services including person centered planning, community integration, self-determination and self-advocacy
- The rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code
- The requirement of rule 5123:2-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department

Your CPR/First Aid certification must ALWAYS be current

There are additional training requirements depending on the service you are providing. Those requirements can be found within the rule for the specific service.

	Career Planning	Ind. Emp. Support	NMT	Money Mgmt.	Informal Respite	HPC Transport	HPC	Shared Living
8 hours of annual training	X	X		X			X	
CPR & First Aid	X	X	X		X	X	X	X
Provider's role/ responsibility w/ regard to Person Centered Planning, Community Integration, Self-Determination & Self-Advocacy	X	X	X	X	X	X	X	X
Individual Rights	X	X	X	X	X	X	X	X
MUI Rule w/ a review of Health & Welfare alerts	X	X	X	X	X	X	X	X
Services that comprise Career Planning	X							
Services that comprise Ind. Emp. Support		X						
Topics that enhance skills and competencies related to the provision of money management				X				
Requirements relative to provider's role in providing behavioral support							X	
Activities required to meet individual's needs					X			

REMEMBER: If you are certified in a service, you must meet the annual training requirements even if you are not actively providing the service!

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RECORD KEEPING

DOCUMENTATION

- Keep all of your documentation current and up to date
- You should document all services you provide as soon as you are able
- BEST PRACTICE- Have an active file with your current documentation as well as the individual's service plan that corresponds with the document and maintain any prior span documentation along with the service plan, clearly labelled
- Keep your documentation easy accessible

UI / MUI

- Keep copies of all Incident Reports that are completed
- Maintain a monthly UI Log, even if you have 0 incidents
- Complete, submit and retain for your records the Semi-Annual and Annual MUI Analysis

YOUR TRAINING

- Maintain records of ALL trainings you complete and all certificates you receive
- It is your responsibility to ensure you are in compliance with all training requirements and have the documentation / certificates to prove you have completed all requirements

TIMELINE FOR DOCUMENTATION & RECORDS

COMPLETE UP TO DAILY-

- Service documentation
- Incident reports (if they occur)

COMPLETE MONTHLY-

- Completed and signed service documentation
- UI Log (even if there are 0 incidents)

SEMI-ANNUALLY & ANNUALLY

- MUI Analysis

AS NEEDED

- Your training

COMPLIANCE REVIEWS

INFORMATION

At least once in your certification span, you will undergo a compliance review.

WHAT IS REQUIRED FOR A REVIEW?

You can find the Compliance Review Protocol here:

<http://dodd.ohio.gov/Forms/Documents/Compliance%20Review%20Protocol%20New.pdf>

You can find the list of required documents for a Compliance Review here:

<http://dodd.ohio.gov/forms/Pages/default.aspx>

TIMELINE FOR A REVIEW

- 90 days prior to the review- you will receive notification that a review will occur
 - 60 – 45 days prior – reviewer will contact you to set the review date
 - Onsite Review- review occurs
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AFTER THE REVIEW

Once the review is complete:

- If you have received no citations- you will receive a letter signifying that you have completed your review with no citations
- If you have received any citations- you will receive a compliance summary and a request for a Plan of Correction (POC)
 - Within 14 days of receiving the request, you must submit your POC or you can appeal the citation(s)
 - If the POC is approved- you will receive a POC approval letter and a completed compliance survey
 - If the POC is disapproved- you will receive correspondence from the reviewer asking for additional information and you will have to resubmit a POC
 - Within 90 days of POC approval- the reviewer will verify that the POC has been implemented

RECERTIFICATION

INFORMATION

Your initial certification is valid for 3 years.

When your certification is approaching expiration, you must apply for recertification.

Information about recertification can be found here

(<http://dodd.ohio.gov/Providers/BecomeAProvider/Pages/recertification.aspx>)

WHAT IS REQUIRED FOR RECERTIFICATION?

- Current background check (BCII and FBI, if applicable)
 - CPR/First Aid Certification (current)
 - Completion of annual required training
 - Evidence of completion and annual training on MUI, Client Rights and Provider's role and responsibilities with regard to services including person centered planning, community integration, self-determination and self-advocacy
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HOW TO APPLY FOR RECERTIFICATION

Log into your DODD Account

Access the application "PSM-portal" (Provider Services Management)