

**424 VERIFICATION OF RECEIPT OF PAID SERVICES**

EFFECTIVE DATES: 04/01/10, 06/01/15, 07/01/16, 10/01/18

REVISION DATES: 07/01/10, 10/28/10, 10/01/12, 05/12/15, 04/21/16, 08/14/18

**I. PURPOSE**

This Policy applies to the AHCCCS Complete Care (ACC), ALTCS/EPD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors. The Contractor is responsible for verifying member receipt of paid services according to Federal and contractual requirements to identify potential service/claim fraud 42 CFR 455.20. The Contractor is expected to perform periodic audits through member contact and to report the results of these audits to AHCCCS Division of Health Care Management (DHCM).

**II. DEFINITIONS**

**VALIDATION** Receipt of affirmative confirmation from the member (written or verbal).

**III. POLICY****A. GENERAL REQUIREMENTS**

1. The Contractor shall perform, at a minimum, quarterly audits to determine member receipt of paid services.
2. A Quarterly Verification of Services Audit Report, shall be due as specified in Contract; using the format in Attachment A.

**B. SAMPLING**

1. The sampling shall be from claims with Dates Of Services (DOS) from the reporting quarter and not more than 45 days from date of payment pursuant to 42 CFR 455.232 and 42 CFR 433.116(e). The report is due as specified in Contract. For example, the July 15<sup>th</sup> report would be for paid claims with DOS for January through March. Surveys can be performed at any point after claims have been paid.
2. Members who are surveyed shall have been enrolled with the Contractor during the period under review.
3. The sampling shall consist of claims that resulted in payment.

4. The sampling shall be proportionally selected from the entire range of services available under the contract (e.g. inpatient, outpatient, nursing facility, assisted living facility, and in-home services).
5. The sample size shall be at least 100 claims randomly selected based on the qualifications above. The minimum sampling size for an ALTCS/EPD Contractor with less than 2,000 members shall be 50 claims (the minimum sample size refers to completed surveys).

### **C. METHODOLOGY**

1. The audit can be performed by mail, telephonically or in person (e.g. ALTCS case management on-site visits). Concurrent review will be allowed; however, if used it shall be recorded and tied back to a successfully adjudicated claim.
2. Survey language should be in an easily understood language, including the description of services (e.g. x-ray, surgery, blood tests, counseling) when validating the receipt of paid services.
3. Individual survey results indicating that paid services may not have been received shall be referred to the Contractor's Fraud and Abuse department for review and on to the AHCCCS Office of the Inspector General (AHCCCS-OIG) department.

### **D. REPORTING**

The Contractor shall submit a report which includes the total number of surveys given, total number of surveys completed, total services requested for Validation, number of services validated, and number of services referred to AHCCCS-OIG for further review. Any report submitted in a format other than Excel will be rejected back to the Contractor.

1. A cover letter should accompany the report that discusses the number of surveys that resulted in a referral to the Contractor's Corporate Compliance Program and as a result any referrals to AHCCCS-OIG and analysis and interventions where appropriate.