

## Provider Notice

To: **All Providers**  
From: **Dan Eisenhauer, Director of Operations**  
Date: **March 18, 2021**  
Subject: **AD 21 101 False Claims Certification**

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All Behavioral Health Managed Care Organizations (BH-MCOs) and its contracted providers are required to comply with the Behavioral HealthChoices Program Standards and Requirements, as well as all state and federal laws and regulations pertaining to the Medicaid program.

All providers who submit claims requesting payment from a BH-MCO under the Medicaid program must attest to the False Claims Certification as required under 42 CFR §455.18. The prescribed language for this provision states:

**“This is to certify that the foregoing information is true, accurate and complete. I understand that payment of this claim will be from Federal and State funds, and that any falsification, or concealment of material fact, may be prosecuted under Federal and State law.”**

This required language is currently incorporated into both the paper and electronic CMS HCFA 1500 and UB-04 forms in the provider signature box (Box 31). Therefore, all providers are currently attesting to this requirement each time they submit a claim for payment under the Medicaid program.

The purpose of this Provider Memo is to serve as a reminder that by submitting claims to PerformCare via paper claims or an electronic submission process, providers are attesting that they are aware and will comply with the provisions of 42 CFR §455.18.

If you have any questions relating to this Provider Memo, please contact your assigned Account Executive for further information.

cc: Lisa Hanzel, PerformCare  
Scott Suhring, Capital Area Behavioral Health Collaborative  
Missy Reisinger, Tuscarora Managed Care Alliance  
PerformCare Account Executives