

		<h2>Policy and Procedure</h2>
<b>Name of Policy:</b>	Recipient Verification of Services	
<b>Policy Number:</b>	CC-012	
<b>Contracts:</b>	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
<b>Primary Stakeholder:</b>	Compliance	
<b>Related Stakeholder(s):</b>	None	
<b>Applies to:</b>	All PerformCare Associates	
<b>Original Effective Date:</b>	10/04/17	
<b>Last Revision Date:</b>	08/13/19	
<b>Last Review Date:</b>	07/13/21	
<b>Next Review Date:</b>	07/01/22	

**Policy:** PerformCare established and regularly follows a process, which outlines and implements a method for verifying with a portion of recipients whether services billed by the provider are received as required by law.

**Purpose:** In accordance with OMHSAS Policy Clarification #06-09, PerformCare will establish and regularly follow a process, which outlines and implements a method for verifying with a portion of recipients whether services billed by the provider are received. Section 6034 of the Deficit Reduction Act provided CMS with resources to establish the Medicaid Integrity Program, a national strategy to detect and prevent Medicaid fraud, waste, and abuse. The goals of the program include among others: promoting fiscal integrity of the Medicaid program and improve national program integrity performance. The Bureau of Program Integrity (BPI) in turn issued a requirement to HealthChoices BH-MCOs to amend written Policy & Procedures to include a method for verifying a portion of recipients whether services billed by providers were received.

**Definitions:** None

**Acronyms:** None

**Procedure:** 1. There are several existing processes in place for recipient verification of services. Primary among these is the PA Medicaid requirement for specific encounter forms to be signed by Members / Families. These are required for multiple levels of care in the HealthChoices program and a sample is verified upon PerformCare’s treatment record reviews at provider sites. In addition to these existing processes, the following quarterly process for recipient verification of services is completed.

- 1.1. The following random samples of claims will be generated on a rotating quarterly basis, so that each contract is sampled at least annually with the following minimum number of claims. The sample sizes were generated based on a 6-month completed claims volume and recommended by the Corporate Audit / Investigations unit of the AmeriHealth Caritas Family of Companies.
  - 1.1.1. Capital Area: 2132 claims
  - 1.1.2. Franklin/Fulton: 1052 claims
- 1.2. The random samples of claims will be generated by Member so that multiple claims from the preceding quarter can be generated for each Member. For example, the Capital Area sample might include 100 Members with 10 claims each until the minimum number of 1066 claims is reached.
- 1.3. An Excel report will be generated listing all claims by Member for the preceding quarter and including the following minimum information:
  - 1.3.1. MA ID#
  - 1.3.2. Member Full Name
  - 1.3.3. Member DOB
  - 1.3.4. Member Address Line 1
  - 1.3.5. Member Address Line 2
  - 1.3.6. Member City
  - 1.3.7. Member State
  - 1.3.8. Member Zip Code
  - 1.3.9. Member Phone Number
  - 1.3.10. Provider Name
  - 1.3.11. Service Level Delivered (can be Short Description and should be understandable to Member)
  - 1.3.12. Date(s) of Service
  - 1.3.13. Units of Service Paid
- 1.4. The report will be randomized by Member and used to generate a Mail Merge letter inclusive of the prior quarter's claims. Since this is a Member Communication process, the revised Policy & Procedure, as well as the Member Letter will need to be reviewed and approved by county oversight entities and OMHSAS. A sample letter is attached.

**Related Policies:** *CC-001 Reporting Suspected Provider Fraud, Waste and Abuse*

**Related Reports:** None

**Source Documents and References:** None

**Superseded Policies and/or Procedures:** *QI-013 Reporting Suspected/Substantiated Provider Fraud and Abuse*

**Attachments:** *Attachment 1 Recipient Verification of Services-Sample Recipient Verification Letter*

Approved by:

A handwritten signature in cursive script that reads "Leslie Marshall". The signature is written in black ink and is positioned above a horizontal line.

Primary Stakeholder



<Month> <Year>

<First Name> <MI> <Last Name>  
<Address Line 1> <Address Line 2>  
<City> <State> <Zip Code>

Dear Member and/or Family:

We are writing you with important information about the HealthChoices program. PerformCare is your Behavioral Health plan. We want you to have the best care possible. Each quarter, we reach out to Members like you who have received services. It is important for us to know that you have received all of the services that PerformCare paid for.

On the back of this letter, you will find a table. This table lists all of the services that have been paid for by PerformCare within a certain time. If after review you believe the table is correct, you do not need to contact PerformCare.

Please contact us if any of the following have happened:

- You did not receive some of these services
- More units were paid than what you received
- You were asked to sign encounter forms for services you did not receive
- You have any other concerns about services being wrongly paid or overpaid

Please contact PerformCare:

- by calling Member Services toll-free and asking for the Compliance Department  
**888-722-8646**
- by mail to PerformCare  
ATTN: Compliance Dept.  
8040 Carlson Rd.  
Harrisburg, PA 17112

Sincerely,

Daniel Eisenhauer  
Director, Operations  
PerformCare, AmeriHealth Caritas Family of Companies

Name	DOB	Provider	Service Paid	From Date	To Date	# Units Paid



## Discrimination is against the law

PerformCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PerformCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PerformCare:

- Provides no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact the PerformCare Member Services number for your county.

Capital Area (Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties)

Member Services: **1-888-722-8646**

TTY/TDD: **1-800-654-5984** or PA Relay **711**

North Central Area (Franklin-Fulton Counties)

Member Services: **1-866-773-7917**

TTY/TDD: **1-800-654-5984** or PA Relay **711**

We are available 24 hours a day, 7 days a week.

If you believe that PerformCare has failed to provide these services or discriminated in any way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with PerformCare and send it to us at:

- PerformCare, 8040 Carlson Road, Harrisburg, PA 17112
- You can file a complaint by mail, fax, or phone. If you need help filing a complaint, PerformCare Member Services is available to help you. Call the Member Services number for your county located above or fax to PerformCare at **717-671-6555**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at



<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Multi-language interpreter services

**English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call the Member Services number for your county.**

**Spanish: ATENCIÓN: si habla español, tiene a su disposición los servicios de asistencia lingüística sin costo alguno. Llame al número de Servicios al Miembro de su condado.**

**Chinese Mandarin: 注意: 如果您说中文普通话/国语, 我们可为您提供免费语言援助服务。请致电您所在县的会员服务热线。**

**Chinese Cantonese: 注意: 如果您使用粵語, 您可以免費獲得語言援助服務。請致電您所在縣的會員服務熱線。**

**Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Dịch Vụ Thành Viên dành cho quận của bạn.**

**Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру телефона Member Services для вашего округа.**

**Pennsylvanian Dutch: Wann du Deutsch schwetzsch, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff.**

**Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하 카운티의 회원 서비스로 연락하십시오.**

**Italian: ATTENZIONE: nel caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero dei Servizi per i soci relativo alla propria contea.**

**Arabic:**

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم خدمة العملاء الخاص ببلدك.

**French: ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro des Services aux membres pour votre comté.**