

424 VERIFICATION OF RECEIPT OF PAID SERVICES

EFFECTIVE DATE: October 1, 2019

Purpose

The purpose of this policy is to provide an outline for verifying member receipt of paid services according to Federal and contractual requirements to identify potential service/claim fraud 42 CFR 455.20. The Division of Developmental Disabilities (the Division) performs periodic audits through member contact and reports the results of these audits to AHCCCS Deliverables.

Definition

- A. Validation - Receipt of affirmative confirmation from the member (written or verbal).

General Requirements

- A. The Division performs, at a minimum, quarterly audits to determine member receipt of paid services.
- B. Refer to the *Quarterly Verification of Services Audit Report* for formatting requirements in *AHCCCS Verification of Receipt of Paid Services Attachment A*.

Sampling

- A. The sampling should 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 the AHCCCS contract. For example, the July 15th report would be for paid claims with DOS for January through March. Surveys can be performed at any point after claims have been paid.
- B. Members who are surveyed must be enrolled with the Division during the period under review.
- C. The sampling consists of claims that resulted in payment.
- D. The sampling should 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).
- E. The sample size will be at least 100 claims randomly selected based on the qualifications above. For completed surveys, the sampling size will be a minimum of 50 claims, if the Division has less than 2,000 members.

Methodology

- A. 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 will be recorded and tied back to a successfully adjudicated claim.
- B. 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.

- C. Individual survey results indicating that paid services may not have been received will be referred to the Division's Fraud and Abuse department for review and on to the AHCCCS Office of the Inspector General (AHCCCS-OIG) department.

Reporting

The Division submits 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 Division.

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