


County of Marin <b>Behavioral Health and Recovery Services (BHRS)</b>	POLICY NO. BHRS-29
	Next Review Date: March 1, 2025
<b>POLICY:</b>  <u><b>SERVICE VERIFICATION POLICY</b></u>	Date Approved: March 7, 2022 Date Reviewed/Approved:
	By:  Jei Africa, PsyD Director of Behavioral Health and Recovery Services

**POLICY: SERVICE VERIFICATION POLICY**

**I. PURPOSE:**

This policy establishes a method to address the Federal and State requirements to verify whether services reimbursed by Medicare/Medicaid (Medi-Cal) were actually furnished to beneficiaries.

**II. REFERENCES:**

California Department of Health Care Services (DHCS) Contracts  
Title 42 C.F.R. 455.1(a)(2) and 455.20 (a)

**III. POLICY:**

Marin County Behavioral Health and Recovery Services (BHRS) is committed to maintaining an effective compliance program which, at a minimum, adheres to the Program Integrity requirements of the Centers for Medicare and Medicaid Services (CMS). An element of Program Integrity is to establish a system or process to verify whether services reimbursed by Medicare or Medi-Cal were actually furnished to beneficiaries. The BHRS Quality Management program and the H&HS compliance program have established the following procedures to identify, investigate, and refer suspected fraud and abuse activities.

**IV. AUTHORITY/RESPONSIBILITY:**

BHRS Quality Management, including QA and EHR  
Health and Human Services Compliance Program

**V. PROCEDURE:**

1. On a quarterly basis, BHRS EHR will generate a report of all services rendered for Medicare and/or Medi-Cal beneficiaries by the BHRS Mental Health program for the prior three (3) months and send this to the BHRS Quality Management Division, hereinafter referred to as 'Quality Management'.

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A three (3) month report for all services rendered by the BHRS Substance Use Services (SUS) will be generated and provided by the SUS team to the Quality Management Program.

The reports will be provided on the 1<sup>st</sup> day of the month following the end of each quarter.

2. Quality Management will select a random sample of services rendered for the quarter for which service verification letters will be generated. BHRS may choose alternative methods to verify services including calling beneficiaries, utilizing sign-in sheets, etc.
3. Quality Management will generate service verification letters (Attachment 1) and will mail them to beneficiaries or their legal representatives, along with BHRS pre-paid return envelopes.
4. Beneficiaries, or their legal representatives, are instructed to contact the Quality Management Program if they feel there are any discrepancies in the services indicated on the letter.
5. Letters determined undeliverable due to incorrect address will be forwarded to the Provider for updating the Beneficiary's address in the BHRS billing system.
6. Quality Management will conduct an investigation along with H&HS Compliance Program if a Beneficiary indicates that the service was not received. This process may include:
  - a. Contacting the Beneficiary, or their legal representative for additional information.
  - b. Contacting the Provider regarding the service in question.
  - c. Review of the service in question by Quality Management or by SUS, as applicable.
  - d. Reviewing additional evidence from the Provider regarding whether services were rendered (client sign-in sheets, call logs, etc.).
7. Outcomes of investigations will be logged by the H&HS Compliance Program.
8. Services reimbursed by Medicare and/or Medi-Cal that were not received by the Beneficiary will be recouped, reported, and returned to CMS and/or DHCS, in accordance with overpayment regulations.
9. Any indication of fraud and/or abuse will be investigated by Quality Management and the H&HS Compliance Program and which will result in a corrective action plan leading up to termination of Provider and/or contract. Any termination of a provider or contract for reasons of Fraud will be reported to DHCS in accordance with the DHCS/MHP or DHCS/DMC-ODS contract.

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10. BHRS will report any potential fraud, waste or abuse that is identified to the DHCS Medi-Cal Fraud Control Unit either via the DHCS Medi-Cal Fraud Hotline (1-800-822-6222), via email at [fraud@dhcs.ca.us](mailto:fraud@dhcs.ca.us) or via mail at Medi-Cal Fraud Complaint-Intake Unit, Audits and Investigations, PO Box 997413, MS 2500, Sacramento, CA 95899-7413.