

**424 - VERIFICATION OF RECEIPT OF PAID SERVICES**

EFFECTIVE DATES: 04/01/10, 06/01/15, 07/01/16, 10/01/18, 01/30/24

APPROVAL DATES: 07/01/10, 10/28/10, 10/01/12, 05/12/15, 04/21/16, 08/14/18, 11/09/23

**I. PURPOSE**

This Policy applies to the ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors. This Policy establishes Contractor standards and reporting requirements for verifying member receipt of paid services according to Federal and contractual requirements to identify potential service/claim fraud [42 CFR 433.116, 42 CFR 438.608(a)(5), 42 CFR 457.1285, 42 CFR 455.20].

**II. DEFINITIONS**

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy including:

<b>AHCCCS/OFFICE OF THE INSPECTOR GENERAL (OIG)</b>	<b>ASSISTED LIVING FACILITY (ALF)</b>	<b>MEMBER</b>
<b>NURSING FACILITY (NF)</b>		

**III. POLICY**

The Contractor shall perform, at a minimum, quarterly audits to verify that members have received services that have been paid for by the Contractor, and to identify any potential service/claim fraud.

**A. AUDIT SAMPLING**

1. The sampling shall be from claims with Dates of Services (DOS) from the reporting quarter, pursuant to 42 CFR 455.232 and 42 CFR 433.116(e). For example, the July 15<sup>th</sup> report would include a sample of paid claims with DOS for January through March.
2. Surveys shall be performed no more than 45 days after a claim has been paid.
3. Members who are surveyed shall have been enrolled with the Contractor during the period under review.
4. The sampling shall consist of claims that resulted in payment.
5. The sampling shall be proportionally selected from the entire range of services available under the contract (e.g., inpatient, outpatient, Nursing Facility (NF), Assisted Living Facility (ALF), and in-home services).
6. The sample size shall be selected based on the qualifications above.

7. The sample size shall result in a minimum of 100 completed surveys. A Contractor with less than 2,000 enrolled members shall complete a minimum of 50 surveys. A completed survey is achieved when the Contractor receives a response back from a member.

**B. AUDIT METHODOLOGY**

1. The audit may 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 linked to a paid claim.
2. Survey language should be in an easily understood language, in accordance with ACOM Policy 404, 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 internally to the Contractor's Corporate Compliance Office for review, and to the AHCCCS Office of Inspector General (AHCCCS-OIG) as appropriate.

**C. REPORTING**

The Contractor shall submit Attachment A, as specified in Contract, Section F, Attachment F3, Contract Chart of Deliverables. Any report submitted in a format other than Microsoft Excel will be rejected.

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