



SERVICE VERIFICATIONS

CFR 42 § 455.1 BASIS AND SCOPE

This part sets forth requirements for a State fraud detection and investigation program, and for disclosure of information on ownership and control.

(a) Under the authority of sections 1902(a)(4), 1903(i)(2), and 1909 of the Social Security Act, Subpart A provides State plan requirements for the identification, investigation, and referral of suspected fraud and abuse cases. In addition, the subpart requires that the State -

(1) Report fraud and abuse information to the Department; and

(2) Have a method to verify whether services reimbursed by Medicaid were actually furnished to beneficiaries.

(b) Subpart B implements sections 1124, 1126, 1902(a)(36), 1903(i)(2), and 1903(n) of the Act. It requires that providers and fiscal agents must agree to disclose ownership and control information to the Medicaid State agency.

(c) Subpart C implements section 1936 of the Act. It establishes the Medicaid Integrity Program under which the Secretary will promote the integrity of the program by entering into contracts with eligible entities to carry out the activities of subpart C.

[51 FR 34787, Sept. 30, 1986, as amended at 72 FR 67655, Nov. 30, 2007]



WHAT DOES THIS MEAN

- We are mandated to verify services are being conducted as they should be.
- Both County and Contracted Providers will get to perform service verifications every month!
- Service Verifications will be collected and maintained as a part of the Provider's Compliance Program.



PROVIDER MONTHLY SERVICE VERIFICATION PROVISION

County operated and contracted providers will designate a Service Verification Card (SVC) collection provision to be routinely implemented on a monthly basis.

- The provision **must identify the designated person within the provider agency to collect, maintain and validate the service verifications** and submit a Service Verification Report to County each month.
- The provision shall specify the collection time frame and number of clients.



HOW OFTEN AND HOW MANY

We will get to this but at least 5 % of services are required to be verified monthly.

- It is advisable to calculate average number of face-to-face services per month in order to determine how many SVCs will be needed and how many each staff should be responsible for completing and submitting per month.



ALRIGHT, SO HOW IS IT DONE



SERVICE VERIFICATION CARD ADMINISTRATION PROCESS

Direct service staff will administer the SVC at the end of a face to face session.

- Client and/or caregiver who was provided the service is to fill out the SVC completely.
- Staff shall review the SVC to ensure that each section is completed.
 - Date
 - Name of individual staff they received services from
 - Name of second staff at session (if applicable)
 - Name of group (if applicable)
 - Approximately how long the service lasted
 - Client, age 12 and above, name printed and signed (if present at session).
 - Caregiver name printed and signed (if present at session).



SERVICE VERIFICATION CARD ADMINISTRATION PROCESS

Direct service staff is to complete the SVC portion including:

- Avatar ID # or other ID # utilized by the provider
- Staff Signature and printed name
- Staff submit SVC to the designated service verification point person
 - Also referred to as the Designated Service Verification Card Validator
 - It is each provider's responsibility to designate someone.
- Staff complete associated progress note in a timely manner.



NOTE:

- A caregiver's signature on the SVC can only be verified against a signature in the client's chart. If a signature is not available in the chart to compare it to, then the SVC will be out of compliance.



DESIGNATED SERVICE VERIFICATION CARD VALIDATOR RESPONSIBILITIES

The person designated in the county operated or contract provider agency to validate the SVC will be referred to as the “validator”. The validator is responsible for:

- ✓ Validating the service claimed on each SVC submitted by direct service staff
- ✓ Completing the “For Official Use Only: Results of Verification” shaded area of the SVC
- ✓ Informing El Dorado County Compliance Officer, or designee, of services which cannot be validated
- ✓ Completing and submitting the Monthly Service Verification Report.



VALIDATING THE SERVICE CLAIMED

In order to determine whether or not the service claimed on each SVC can be validated, the validator shall:

- ✓ Cross-reference each SVC with the associated progress note.
 - The date of service, name of staff member and length of service must match.
 - If details do not match, validator can make reasonable effort to reach out to direct service staff to clarify if there was a clerical error (e.g. date was written incorrectly, caregiver marked incorrect length of service).
- ✓ Cross-reference client and/or caregiver signature with signature on file in chart.
 - This should be found on several documents, including: Treatment Plan, Informed Consent, and Releases of Information. Signatures must match with a basic visual check in order to meet this requirement.
- ✓ If service details and signatures are found to match then validator will validate SVC by checking the Service Validated box and completing “For Official Use Only: Results of Verification” shaded area of the SVC.



SVC CANNOT BE VALIDATED IF ANY OF THE FOLLOWING CONDITIONS APPLY:

- Progress note was not completed
 - Best practice is to submit the progress note within 1 business day of the service
 - It is acceptable to submit the note within 3 business days of the service
 - Progress notes submitted after 3 business days must be marked as a late entry
 - Progress notes submitted after 5 business days (7 calendar days) must be marked late entry and are not billable



SVC CANNOT BE VALIDATED IF ANY OF THE FOLLOWING CONDITIONS APPLY:

- Date or name of individual staff does not match information from the accompanying progress note in the client's chart
- Length of service does not match information from accompanying progress note in client's chart
- No signature was gathered
- One or more signatures on the SVC cannot be verified against existing signature in client's chart



NOT VALIDATED SERVICES

- Any SVC not validated due to these conditions determined to be out of compliance and the validator shall:
 - Check the Service Could Not Be Validated box and completing “For Official Use Only: Results of Verification” shaded area of the SVC.
 - Notify the County Compliance Officer, or Designee, within two (2) business days when a service cannot be validated and provide a copy of the SVC and any backup documentation (i.e., progress note).
- **Contractor may not submit any claims for payment for any services that could not be validated.**



MONTHLY SERVICE VERIFICATION REPORT

Monthly Service Verification Report will be submitted to the County Compliance Officer when invoice is submitted.

Instructions for completing the report:

- ✓ Calculate total number of face-to-face client services in the month (Box A on reporting tool)
- ✓ Calculate number of SVCs completed (Box B on reporting tool)
- ✓ Calculate minimum number (at least 5%) of services required to be verified (Box C on reporting tool)
- ✓ Enter number of surveys validated (Box D on reporting tool)
- ✓ Calculate actual number of services completed by verifier which were found to be out of compliance (Box E on reporting tool)
- ✓ Denote if County was notified if fraudulent claims were discovered (Box F on reporting tool)
- ✓ Denote if claim errors were processed for deletion from invoice



SERVICE VERIFICATION REPORT FORM



EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY

**Substance Use Disorder Services DMC-ODS
Service Verification Report Form**

To: El Dorado County DMC-ODS QA	From:
Fax # 530-295-2596	Fax #
Today's Date:	Report Month:

Instructions for completing the report

- ✓ Calculate total number of face-to-face client services in the report month (Box A)
- ✓ Calculate number of SVCs completed (Box B)
- ✓ Calculate minimum number (at least 5%) of services required to be verified. (Box C)
 - o Box A total X 0.05 = minimum number of services. Enter this number into Box C
- ✓ Enter number of services validated (Box D)
- ✓ Enter number of services completed by validator which were found to be out of compliance (Box E)
- ✓ Denote if County was notified if fraudulent claims were discovered (Box F)
- ✓ Denote if claim errors were processed for deletion from invoice (Box G)

Upon completion of report fax to phone number (530) 295-2596

A	B	C	D	E	F	G
# of face to face client services	# of SVCs completed	Minimum # of service require validation (min. 5%)	# of services validated	# of services out of compliance	Was County notified if fraudulent claims discovered?	Were out of compliance services deleted from invoice?
					<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

Report completed by: _____
Signature, Print Name and Date

Official County Use Only: (Box C Total _____) - (Box D Total _____) = Total # of validated SVC needed to be in compliance (Box H) _____ Box H is <= 0 = compliance Box H is > 0 = out of compliance	Compliant?	County Reviewer Signature and Date:
	Yes No <input type="radio"/> <input type="radio"/>	_____



COUNTY MONITORING OF SVC COMPLIANCE

County will notify Provider if more SVCs are required to be in compliance.

- If provider is found to be out of compliance, a Findings Letter will be issued. Provider must submit a Corrective Action Plan within fourteen (14) calendar days. County will monitor until the provider is found to be in compliance.

Provider should be prepared to produce verified SVCs to the County for up to ten (10) years for auditing purposes, consistent with the terms of the agreement between contracted provider and County.

- Upon audit, if verified SVCs for any given month cannot be produced, a Corrective Action will be issued and monitored until agency is found to be in compliance, and the associated claims for services will be recouped.

