

COUNTY OF YOLO
HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 5, POLICY 013

SERVICE VERIFICATION

POLICY NUMBER:	5-5-013
SYSTEM OF CARE:	BEHAVIORAL HEALTH
FINALIZED DATE:	06.12.2023
EFFECTIVE:	07.01.2023
SUPERSEDES # :	Supersedes Policy #'s: QM-MH-0501

- A. PURPOSE:** To establish a process for verifying whether Yolo County Health and Human Services Agency (HHSA) Behavioral Health (BH) Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) services were actually furnished to beneficiaries.
- B. DEFINITIONS:**
1. **Network Providers:** Any provider, group of providers, or entity that has a network provider agreement with Yolo County HHSA and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result of the contract. (Title 42 Code of Federal Regulations [42 CFR] § 438.2)
- C. RELATED DOCUMENTS:**
1. Client Service Verification Form
 2. Quarterly Service Verification Summary Form
- D. POLICY:**
1. Yolo County HHSA BH and its network providers shall implement a service verification process to verify that services claimed were provided to the beneficiary.
 2. The service verification process shall take place during a two-week period within each quarter of the fiscal year.

3. All verification forms shall be kept for 3 years or until the completion of the next Department of Health Care Services (DHCS) auditing period.

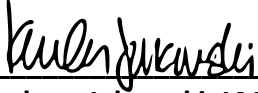
E. PROCEDURE:

1. Yolo County Behavioral Health Quality Management (BH-QM) shall send out a quarterly notification to providers indicating the two-week service verification period for the respective quarter.
2. During the service verification period, Yolo County HHSa BH and its network providers shall offer clients the Client Service Verification Form for completion after a billable service has been rendered. Clients shall complete this form on the same day as the service was provided.
 - a. If a client receives more than one service in a day, the client shall complete one form after their last billable service on that day.
 - b. If a client declines to complete the form, the provider shall indicate this on the client's form and sign and date the form.
3. Service verification shall be completed by comparing each completed client survey response collected during the service verification period with the corresponding billable claims documented in the program's health records.
 - a. Network Providers shall complete this verification process.
 - b. Yolo County HHSa BH shall send the client service verification forms to Yolo County BH-QM so that BH-QM can complete the verification process.
4. Any inconsistencies in billing, claiming, and documentation shall be investigated to determine if the claim was an inadvertent error or a fraudulent act.
 - a. Any errors in claims or documentation (e.g., incorrect date or duration, service not rendered, etc.) shall be corrected by the network provider prior to billing.
 - i. If a service was already submitted for billing, the fiscal process for correcting claims shall be followed.
 - b. If a fraudulent act is suspected, the Yolo County BH Compliance Officer shall be notified for further investigation and reporting.
5. Upon completion of the verification process, the Quarterly Service Verification Summary Form shall be filled out in its entirety.
6. Network providers shall submit the Quarterly Service Verification Form to Yolo County HHSa BH-QM within 30 calendar days of the end of each service verification period.

F. REFERENCES:

1. 42 C.F.R § 455.1 (a)(2) and 455.20 (a)
2. Social Security Act, Subpart A, Sections 1902(a)(4), 1903(i)(2) and 1909
3. DHCS Yolo County Mental Health Plan Contract
4. DMC-ODS Intergovernmental Agreement

Approved by:



**Karleen Jakowski, LMFT, Mental Health Director
Yolo County Health and Human Services Agency**

06/13/23

Date