

UPDATED ONLY FOR LOGO AND BRANDING**Provider Notice**

To: HealthChoices Network Providers
From: Don Stiffler, Provider Relations Manager
Date: December 11, 2009
Subject: AD 09 111 Additional Fraud and Abuse Requirements per Section 6034 of the Deficit Reduction Act (Reference Policy Clarification 06-09)

Department of Public Welfare (DPW) issued a Policy Clarification recently that indicates additional fraud and abuse reporting requirements for BH-MCOs which affects Providers. According to the document, in August 2008, Centers for Medicare and Medicaid Services (CMS) conducted its review of Pennsylvania's Bureau of Program Integrity (BPI). The final report issued in July 2009 to the Department of Public Welfare (DPW) included two specific findings related to improvements for fraud and waste abuse detection required for the HealthChoices Behavioral Health program in Pennsylvania. The requirements include:

- 1) Requirement that DPW amend its HealthChoices contracts to require BH-MCOs to specifically send all disclosed Provider criminal conviction information to DPW. This information will enable the State to report such disclosures to the Department of Health and Human Services – Office of Inspector General.
- 2) Requirement that the same contracts be modified to require recipient verification of services billed to the Medicaid program.

The policy clarification also provided an update to Appendix F of the Program Standards Requirements for Primary Contractors (available upon request). As a result, PerformCare has revised all related Corporate Compliance Policies to meet the additional expectations. As a result, it is important that you, as a provider, disclose to PerformCare at the time of discovery any criminal convictions related to the delivery of medical care or services under the Medicare, Medicaid, or Title XX Social Service programs by any staff. Such disclosure can be made to your Provider Relations Representative or to the Provider Relations Manager verbally and in writing. Such information must also be reported in writing at the time of application for or renewal of network participation (Credentialing and Re-Credentialing). You are also obligated to provide such information at any time upon request.

PerformCare will be initiating additional activities to verify that recipients indeed received the services for which claims were received. Providers are also reminded of their ongoing responsibility to collect recipient signatures/encounter forms. Please review PROMISE 837 professional and institutional handbook, section 6.4 for the full requirements.