



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
MANUEL J. JIMÉNEZ JR., MA, MFT, DIRECTOR

Quality Assurance Office
2000 Embarcadero Cove, Suite 400
Oakland, California 94606
(510-) 567-8100 / TTY (510) 533-5018

Memorandum

Date: November 23, 2015

To: All ACBHCS Providers

From: ACBHCS Quality Assurance Office

RE: Service Verification for Medi-Cal Reimbursed Services; and
Updating Beneficiary Contact Information in INSYST

Alameda County BHCS is required by Federal regulation and the Mental Health Plan Agreement with the California State Department of Health Care Services to have a method in place to verify whether services reimbursed by Medi-Cal were actually furnished to the beneficiary. The ACBHCS Policy No: 1703-1-1, entitled "Service Verification for Medi-Cal Reimbursed Services," is effective as of October 5, 2015 and establishes the method by which ACBHCS will verify services- see attached. Service verification is part of ACBHCS' ongoing efforts to have procedures in place to guard against fraud, waste, and abuse. Please refer to the policy for further details.

As ACBHCS will be mailing out Statement of Services, see attached sample, to beneficiaries using the contact information on record with BHCS, **we ask that providers regularly verify a beneficiary's contact information and update INSYST (for those who use INYST) or submit a [Client Data Update Form](#)**. We anticipate that the first Statement of Services will be mailed out to a sampling of beneficiaries in December, 2015 for services rendered in November, 2015. The Statement of Services will include the date of service, service type, agency/program name, and provider staff name. Beneficiaries will be directed to call a toll-free # if they believe they did not receive the services.

For questions, you may contact your designed [Quality Assurance Technical Assistance person](#).

