**Alert #16 10-11-2016  HCAD, HCAL, HC BL, HC BK, HC CH, HCC K, HCER, HCLC, HC NC, HC NE, HCYO**

**PROVIDER ALERT**

**Encounter Form Requirements**

**Scope:** This alert applies to all HealthChoices providers.

**Purpose:** To remind providers of regulatory requirements related to completing and storing Encounter Forms that certify that a member received service from the provider on a specific date.

**Requirements:** In accordance with Medical Assistance Bulletins 99-89-05 and 99-03-21 and Federal Regulation 42 CFR, all providers must “retain accurate, complete, and truthful Encounter Forms for services delivered to Medical Assistance recipients.” Providers must review and comply with these regulations.

Encounter Forms are used to obtain member certification (via his or her signature or, with appropriate consent, the signature of his or her guardian or parent, relative or friend) that the member received a service from the provider and the specific date on which the service occurred.

Completed Encounter Forms are required for all behavioral health services with the exception of inpatient hospital, emergency room, and telephone crisis services. Missing or incomplete Encounter Forms are two of the top findings for Providers on Fraud, Waste and Abuse (FWA) audits.

The **Encounter Form information, at a minimum, must include:**

- Certification Statement: “I certify that the information shown on this invoice is true, correct, and accurate. I understand that payment and satisfaction of this claim will be from federal and state funds, and that any false claims, statements or documents, or concealment of material facts, may be prosecuted under applicable federal and state laws.”
- Provider name and MAID number
- Member’s name and MAID number
- Date of service (month, day, year)
- Signature of the member or designee

In situations in which services are billed but a certification signature cannot be obtained from the member, the words “signature exception” must be printed on the recipient’s signature line of the Encounter Form. MA Bulletins 99-89-05 and 99-03-21 define situations in which “signature exception” may be used, including: billing for permissible indirect services, billing for services paid in part by a third party, or, when the member has a physical condition (e.g., palsy) preventing him/her from being able to sign the form.

Providers may develop an Encounter Form of their own use the form developed by the Department of Human Services (MA 91) Encounter Form which can be found at: [http://www.dhspa.gov/publications/findafom/ordemedicalassistanceforms/index.htm](http://www.dhspa.gov/publications/findafom/ordemedicalassistanceforms/index.htm)
A separate Encounter Form must be used for each member, retained for at least four years, be independent of other members’ medical records and may be in paper or electronic format. Group therapy and appointment sign-in sheets and signed progress notes do not meet the Encounter Form requirement.

Please note that for the following services, Encounter Form signatures may be obtained monthly rather than at the time of each service:

- Intensive Case Management
- Resource Coordination
- Blended Case Management
- Family Based Mental Health
- Mental Health Crisis Intervention (mobile, walk-in, residential)

For more information, Community Care’s FWA Policies and Procedures can be found on our website: www.ccbh.com.

These policies and procedures provide information on the FWA compliance program, audit and appeal process and potential audit outcomes. FWA audits in which deficiencies are identified may result in provider education, corrective action planning, repayment to Community Care, and/or FWA reporting to regulatory agencies, as required.