WASATCH BEHAVIORAL HEALTH SPECIAL SERVICE DISTRICT

MEDICAID OVERPAYMENT REPORTING AND COLLECTIONS – C – 3.18

Purpose:

Wasatch Behavioral Health Special Service District (WBH) establishes the following policy and procedures to report and return identified and quantified overpayments.

Definitions:

Overpayment means any payment made to a Network Provider by a Managed Care Program to which the Network Provider is not entitled to under Title XIX of the Social Security Act or any payment to a Managed Care Program by the Department to which the Managed Care Program is not entitled to under Title XIX of the Social Security Act.

Overpayment Discovery Date means the date the Contractor issues to a Provider a formal notice of recovery of an alleged Overpayment related to Fraud, Waste, or Abuse.

Recovery Period means the period of time the Contractor is allowed to recover any Overpayments related to Fraud, Waste, or Abuse, ending 12 months from the Overpayment Discovery Date, or longer if the Contractor is actively collecting the Overpayment from the Provider.

Policy:

WBH shall exercise reasonable diligence to review potential payment errors. Potential overpayments shall be identified and quantified in a timely manner. Overpayments that have been identified and quantified shall be reported and refunded to the Utah Department of Health "Medicaid" within 60 calendar days after the date on which the overpayment was identified.

Procedures:

- Providers shall routinely review claims and payments in an effort to ensure that they code correctly and have not received any overpayments Overpayments include, but are not limited to:
 - Claims paid in error
 - Claims allowed/paid greater than billed
 - Duplicate payments
 - Payments made for individuals who benefit coverage was terminated
 - Payments made for services in excess of applicable benefit limitations
- 2. When a provider has received an overpayment, the provider shall return the overpayment along with a written explanation for the overpayment, to WBH within 60 calendar days after the date on which the overpayment was identified.
- 3. When overpayments are associated to fraud, waste or abuse, providers shall follow procedures outline in WBH policy C 3.13 Fraud, Waste and Abuse.

- 4. WBH shall submit to the Utah Department of Health "Medicaid" within 60 calendar days of when a provider has identified Capitation Payments or other payments in excess of amounts specified in the providers contract.
- 5. Quarterly, using the Utah Department of Health "Medicaid" specified format form (Attachment A), WBH shall submit to the Utah Department of Health "Medicaid" a report of overpayments and recoveries.
- 6. WBH shall submit quarterly reports of Fraud, Waste or abuse related overpayments to the Utah Department of Health "Medicaid" and to the Utah Office of Inspector General (OIG).
- WBH shall correct Encounter Data related to overpayments (Policy A 1.06 Accuracy of Data).

Related Policies and procedures

- C 3.13 Fraud, Waste and Abuse
- F 1.07 ABD to Deny Claim Payment Whole or Part
- A 1.06 Accuracy of Data

<u>Right to Change and/or Terminate Policy:</u>

Reasonable efforts shall be made to keep staff members informed of any changes in the policy; however, WBH reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

Attachment A Medicaid Reporting Form

	Please update form stat	(05.									
	Form Incomplete										
Overpayments	O Form Complete										
	O Nothing to report										
	pleting this report templa										
	dentified overpayments to										
		rted/referred to the Utah OIG.									
		furing the quarterly reporting									
		eviously identified overpayme									
		(via dropdown) the status that									
					ollection and has recovered a portion of	the Overpayment.					
					veries as of the reporting period.						
o Full Recovery	Collected by the Contract	tor means the Contractor has f	ully recovered t	he overpayment a	as of the reporting period.						
o Partial Recove	ery, Referred to Utah OIG	means the Contractor has part	tially recovered	the overpayment	and has referred any remaining balance	to the Utah OIG for c	ollection.				
o No Recovery,	Referred to Utah OIG me	ans the Contractor has referre	d the full overp	syment to the Uta	ah OIG for collection.						
Recovered in the C	Quarter: Report all recove	ries during the quarter.									
Fotal Recovered to	Date: Report the total re	coveries to date (i.e. the total	of all quarters t	o date)							
Encounter Adjustn	nent: Regardless of recov	ery or referral to the OIG, Enco	ounters must be	adjusted for all ic	dentified overpayments, per Article 12.4.	1 Procedures for Inco	rrectly Paid Claim	s. of Attachment B. Specia	Drovisions		
									in Provisions.		
								of or reconnected, specia	in Provisions.		
eports are due on t	the following dates for the	e corresponding time periods:					,	of or reconciliation of operations	in Provisions.		
		e corresponding time periods:					,	, or According to 5 spece	in Provisions.		
February 1st (Octo	ber – December)	e corresponding time periods:					,	, o radiania (, pro	in Provisions.		
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ebruary 1st (Octol May 1st (January – August 1st (April –	ber – December) March) June) Provider Name		Amount of Overpayment	(Y/N)	Current Overpayment Status Partial Recovery, Contractor Owned	Amount Recovered	Total Recovered To Date	Encounter Adjusted with Replace or Void (R or V)	Encounter Adjustment Date	Adjusted Claim	Brief Explanation of Overpayment Waste
ebruary 1st (Octol May 1st (January – August 1st (April – ovider NPI 1234567891	ber – December) March) June) Provider Name	Discovery Date	Amount of Overpayment 535.2	(Y/N) Y		Amount Recovered in the Quarter	Total Recovered To Date 100	Encounter Adjusted with Replace or Void (R or V) R	Encounter Adjustment Date 2/10/2020	Adjusted Claim ID	
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