PROVIDER REIMBURSEMENT GUIDANCE			
Overpayment			
Original Date Approved	Effective Date Senior Care Options/One Care	Effective Date Medicare Advantage*	Revision Date
07/01/2020	03/01/2022	03/01/2022	09/21/2022

Scope: Commonwealth Care Alliance (CCA) Product Lines

☒ Senior Care Options MA
☒ One Care MA
☒ CCA Medicare Preferred – (PPO) MA*
☒ CCA Medicare Value - (PPO) MA*
☒ CCA Medicare Preferred – (PPO) RI*
☒ CCA Medicare Value - (PPO) RI*
☒ Medicare Maximum – (HMO DNSP) RI*

PAYMENT POLICY SUMMARY:

Commonwealth Care Alliance (CCA) reserves the right to review claims for overpayments and perform adjustment recovery of claim overpayments when they are identified as such. Overpayment is defined by the following list of identification including but not limited to:

- Services that were performed when the patient was not an active CCA member
- Services that are non-covered
- Services that were reimbursed due to processing or other administrative errors
- Services that were not performed
- Services that were reimbursed at an incorrect rate
- Services exceeding the degree to which they were performed
- Services receiving duplicate payment
- Services that are the responsibility of a third party such as workers compensation or motor vehicle accident insurance
- Services that are deemed payable by Medicare directly (i.e., Hospice)
- Services that were not payable on the date of service, or not payable to a provider type for Services billed in excess of charges, units, capped rental timeframe, etc.
- Services billed with an inappropriate procedure, diagnosis code, modifier, or place of service for the services billed
- Services that do not meet medical necessity
- Services that the provider is unable to provide CCA with the appropriate documentation applicable to that service
- Applicable services missing prior authorizations and/or services that are billed beyond cap rental period

AUTHORIZATION REQUIREMENTS:

Applicable CCA notification and authorization policies and procedures may apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

REIMBURSEMENT GUIDELINES:

In the event an overpayment is discovered by CCA, the overpayment will be recovered and reflected in the Explanation of Payment (EOP) with applicable Claim Adjustment Reason Code (CARC)/Remittance Advice Reason Code(s) (RARC). If the provider believes this overpayment was recovered in error, the provider may submit a payment dispute within timely filing guidelines. Claims reconsideration requests received after the policy timeframe (90 days for payment disputes) will not be considered. Network providers, certain plans, products, and delegated arranged contracts may have specific filing deadlines that require additional information listed in the provider contract that could conflict with policy guidelines. When this occurs, the contract dictates the filing deadline.

If the provider discovers an overpayment, CCA must be notified in writing within 60 days of identifying the overpayment. The provider may send a check for the overpayment of services or request that CCA retract the payment from future claim submissions. If a check is sent for claims overpayment, please ensure to indicate in writing the reason for the return of payment and include the EOP's of the affected claims by highlighting and/or marking them for reconciliation purposes.

Retraction requests must be submitted with the Request for Claim Review Form (see reference section below) with written details describing the discrepancy in payment. The corresponding EOP must be attached.

Any identified overpayments sent via check or via retraction request may be sent to:

Commonwealth Care Alliance
ATTN: Claims Overpayment
PO Box 548
Greenland, NH 03840-0548

BILLING and CODING GUIDELINES:

N/A

RELATED SERVICE POLICIES:

Claims Reconsideration

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Please refer to CPT/HCPCS for complete and updated list of codes. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

- CCA Website
- CMS Website
- CCA Request for Claim Review
- CMS Medicare Overpayment Fact Sheet
- Payment Policies: Massachusetts / Rhode Island
- Provider Manuals: Massachusetts / Rhode Island
- Prior Authorization Forms: Massachusetts / Rhode Island

POLICY TIMELINE DETAILS:

1. Effective: 07/01/2020
2. Revision: November 2021, added Medicare Advantage Part D(MAPD)
3. Revision: June 2022, updated formatting
4. Revision: September 2022, updated Claims Overpayment address