Iowa Department of Health and Human Services
Iowa Medicaid
Program Integrity Unit

PI - Maintaining & Updating the Report of Overpayments Outstanding for More Than 60 Days

Purpose:
1. Describes the process needed to complete and submit the monthly Report of Overpayments Outstanding for More Than 60 Days to the Department.

Identification of Roles:

RACI Definitions	
RACI - RACI charts are a type of responsibility assignment matrices in project management. These simple spreadsheets or tables highlight the different states of responsibility a stakeholder has over a particular task or deliverable and denotes it with the letters R, A, C, or I.	
(R)	Responsible
(A)	Accountable
(C)	Consulted
(I)	Informed

Iowa Medicaid PI Financial Analyst – submits various monthly financial performance reports reflecting discovered overpayments, recoveries, and cost avoidance dollars. **(R)**

Performance Standard:
Prepare and submit the indicated report to the State by close of the fifth business day of the ensuing month.

Path of Business Procedure:

1. At the end of each month, the Sr. Financial Analyst updates and submits, to the Program Integrity Account Manager and the state customer, a special report reflecting all overpayments that have been outstanding and unpaid for more than 60 days since the date of the findings letter (FOR letter), in an Excel workbook format. This workbook contains the same information as is present in the PI Accounts Receivable Database, but is presented in a summary-by-calendar year format. **The Department uses this report extensively in their process of sanctioning providers who do not repay overpayment debts within a 60-day period following the FOR letter date.** The tabs in the workbook are arranged from left to right in the following order.

a. **Regular PI** reflects a table, by calendar year, of each provider overpayment from regular PI reviews that is either currently outstanding, previously outstanding but fully recovered, or partially outstanding and in varying degrees of recovery. It further reflects various other pieces of pertinent information used to present the current status of each overpayment. The overpayments reflected on this tab are the only amounts, in this entire report, that are also maintained in the new I-Sight case management system.

b. **Medical Necessity** reflects another table, by calendar year, of each provider overpayment remaining outstanding from PI reviews of medical necessity that were conducted by the Program Integrity contractor prior to July 1, 2016. These are also either currently outstanding in their original amount, previously outstanding but fully recovered, or partially outstanding and in varying degrees of recovery. It further reflects various other pieces of pertinent information used to present the current status of each overpayment.

c. **Pre-IBM Algorithms** reflects the same data as in (a) and (b) above but for overpayment amounts remaining outstanding from algorithm-type reviews conducted by the Program Integrity contractor prior to July 1, 2016.

d. **Transfers from Iowa Medicaid Revenue Collections** reflects the same data as in (a) and (b) above but for outstanding overpayment amounts that have been transferred to Program Integrity from the Revenue Collections Unit. This transfer occurs only after these amounts have been taken through Revenue Collection's own pending sanction process but where there was no success in collection.

e. **Miscellaneous Project Overpayments** reflects a list of individual provider overpayments resulting from reviews by either the Provider Cost Audit contractor or Revenue Collections contractor but transferred to Program Integrity prior to July 1, 2016, and prior to the current, regular monthly process of such transfers.

f. **Old CCI Retro Project** lists outstanding overpayment amounts remaining from the Iowa Medicaid Program Integrity's 2011 National Correct Coding Initiative Project. The PI contractor at the time worked together with another independent state contractor to analyze Medicaid paid claims data through a large table and algorithm of nationally-recognized combinations of procedure codes considered acceptable to be billed simultaneously. These 3 amounts remain likely uncollectible out of hundreds of overpayments originally determined within this project.

The totals on each workbook tab tie to the summary tabs of the Program Integrity Performance Tracking Workbook, discussed in the procedure, entitled "Maintaining & Updating the Performance Tracking Report".

2. The Sr. Financial Analyst, or designee, enters overpayment and recovery information in separate columns on the tabs to accurately reflect the status of each amount still outstanding or to reflect that an overpayment has been completely recovered. This data includes the following items for each individual provider, in the columns from left to right across the page:

   a. I-Sight Case Number in the new case tracking system

   b. OnBase Contact ID number – the primary key number in the PI A/R database

   c. Date of the findings letter (FOR) from the PI A/R database

   d. NPI number reflected in the findings letter (FOR), which may be either for the treating provider or the Pay-To-Provider

   e. NPI of the Pay-To-Provider if it is different from the NPI reflected in the findings letter (FOR)

   f. The Provider Name

   g. The status of the case (FOR letter out, recovery in process, recovery complete, provider sanctioned, etc.)

   h. Overpayment age, in days, as of today's date

   i. The original overpayment amount determined and reflected in the FOR letter

   j. The adjusted overpayment amount, taking into account any additional amounts added or amounts subsequently rescinded

   k. Amount applied or recovered that is subtracted from the Adjusted Amount to arrive at the current, outstanding debt

   l. Amount Outstanding – the current outstanding debt amount

   m. The aggregate outstanding amount subtotaled by calendar year

   n. Repayment Plan & Date of Approval – where a provider has been approved for a plan, the plan's approval date should be reflected. If a plan has been requested, denied, or the provider is in default, this should be so indicated.

o. Added to DAS – indication the provider's debt is included in the state's DAS system and the date added if desired

p. Provider Status – any explanatory notes to describe the overpayment's current status or a statement about the progress of its recovery

q. Other Status – any other relevant notes not included in (p) above

3. The above dates and dollars should be the exact data as entered into the PI Accounts Receivable Database for each case. Please refer to procedures, "Accounts Receivable-New Findings Letters", "Overpayment Findings, Revisions in Original Findings", "Provider Refund Checks, Identifying and Processing", and "Claims Offsets, Recording in Accounts Receivable Database" for guidance in the location and recording of this data in the Accounts Receivable Database. This data should be entered into both venues at the same time if possible. A copy of the Overpayments Over-60- Days Report for April 30, 2020, is provided in Figure 1 below.

Figure 1: Overpayments Over 60 Days Old @ April 30, 2020

Outstanding Over
60 Days at 043020 PI

Forms/Reports:
Monthly Program Integrity Performance Tracking Report
Monthly Overpayments Outstanding for More Than 60 Days Report

Interfaces:
Iowa Medicaid PI State Staff

Attachments:
Outstanding Over 60 Days at 043020 PL

Outstanding Over
60 Days at 043020 PI

File Path:

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