

PI - Overpayments, Claims Billed Using A Deceased Provider Number

Purpose:

I. This procedure outlines the process used by the PI Financial Analyst to track and monitor the status of these outstanding overpayments.

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 – tracks and monitors the status of outstanding overpayments. **(R)**

Iowa Medicaid PI Investigator - identify, document and recover payments made on claims submitted with the provider number of a deceased provider. **(C)**

Performance Standards:

Completed monthly on an ongoing basis.

Path of Business Procedure:

When a provider is deceased, but claims are billed and paid under the number of the deceased provider for dates of service after the date of death, an inappropriate payment is the result. When such payments are identified they must be documented and recovered.

1. The Investigator generates a findings letter documenting the discovery of the inappropriate payment amount. To recover the inappropriate payments the PI Financial Analyst, with the Investigator, performs the following steps.
2. Notify the Provider Services Unit that the provider is deceased so that necessary action to terminate any and all identification numbers associated with the deceased provider can be taken. If deceased provider has an outstanding Program Integrity debt, send email to Estate Recovery outlined in the Deceased Provider SOP.

3. Determine whether any additional claims associated with the provider number of the deceased provider are in process within the Medicaid Management Information System (MMIS). Request a credit be placed against any such claims for an amount equal to, at a minimum, the aggregate amount of inappropriate payments discovered in the PI review. Refer to the general procedures on preparation and submission of adjustment E-forms, through the OnBase process.
4. If no additional claims, (Step 3), are detected within the MMIS, attempt to contact the office of the deceased provider to arrange for full refund of the inappropriate payments. This contact should include both a phone call and a follow-up letter.
5. If the deceased provider was part of a group practice where the service(s) in question were actually rendered by an associate practitioner after the date of death, but the deceased provider's number was used for billing purposes, the services should have been billed under the number of the provider(s) who actually rendered the services.
6. Make arrangements with the group practice to have the original claims credited within the MMIS and the services re-billed under the appropriate provider number.
7. If Step 4 is used, account for recovery of the inappropriate payments in the PI A/R database using the date of the MMIS claim credit(s) as the adjustment date. Refer to the procedure, "Claims Offset, Recording in A/R Database".
8. If the provider was a sole practitioner, attempt to contact any of the provider's office staff and determine who the responsible party is for handling the provider's estate (i.e.: Executor).
9. Any recovery of inappropriate payments from a deceased provider's estate would be entered into the PI A/R database using the payment instrument receipt date as the adjustment date. History-only credits of the inappropriately paid claims would then be completed within the MMIS, reflecting the amount recovered. Refer to the procedure, "Overpayment Recoveries, Tracking".

Forms/Reports:

None

Interfaces:

None

Attachments:

None