

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	SUPT
	Policy Number	SUPT-02-09
	Effective Date	11-01-2018
	Revision Date	08-17-2020
Title: Provider Overpayments and Recovery		Functional Area: Administration
<p>Approved By: Signed version available upon request</p> <p>Lori Miller, LCSW Division Manager, Substance Use Prevention and Treatment Services</p>		

BACKGROUND/CONTEXT:

The Sacramento County Department of Health Services, Division of Behavioral Health Services, Substance Use Prevention and Treatment Services (SUPT) complies with Additional Program Integrity Safeguards and Program Integrity Requirements as outlined in the County of Sacramento Intergovernmental Agreement (IA) between SUPT and the State of California Department of Health Care Services (DHCS). SUPT implements and maintains arrangements and procedures that are designed to detect and prevent fraud, waste, or abuse. As such, SUPT ensures the provision of prompt reporting of all overpayments identified or recovered and prompt referral of any potential fraud, waste, or abuse that is identified to the DHCS program integrity unit or any potential fraud to the State Medicaid Fraud Control Unit.

SUPT programs and services operate within the policies, procedures, and standards of conduct outlined by the Sacramento County Division Compliance Program. The Division Compliance Program is designed, implemented, and enforced to promote the Division’s understanding of and adherence to state and federal statutes and regulations that are applicable to Division business, as well as to detect, respond to, and prevent violations of those requirements. The program’s design incorporates mandatory elements of a compliance plan pursuant to Title 42, Code of Federal Regulations (CFR), Section 438.608, and adopted by the State Department of Health Care Services through California Administrative Code Title 9, Section 1840.112, in order to comply with federal requirements.

DEFINITIONS:

N/A

PURPOSE:

The purpose is to inform SUPT staff and contracted service providers of overpayment and recovery policies and procedures in accordance with Health and Safety Code (HSC) Section 11817.8e and other State and/or Federal regulations. SUPT will monitor payments in order to identify, recover and report overpayments and fraudulent or other unallowable activity consistent with the Division Compliance Program and DHCS and Federal regulations.

DETAILS:

Policy

SUPT performs fiscal reviews as required and as necessary and reports findings of overpayments in accordance with the DHCS regulations and the Mental Health & Substance Use Disorder Services Information Notice No.19-022 and Mental Health & Substance Use Disorder Services Information Notice No.19-034.

Procedure

A. Reporting Potential Fraud, Waste, or Abuse

1. Sacramento County Department of Behavioral Health, Substance Use Prevention and Treatment Services (SUPT) and contracted providers follow established, written policies for guarding against fraud, waste and abuse.
2. SUPT staff and contracted providers are required to report actual, potential, or suspected violations to one’s supervisor, manager or other management staff; to the Division of Behavioral Health Compliance Office by phone or email; or to the County of Sacramento Privacy and Compliance Office by hotline or regular mail.
3. Potential fraud, waste, or abuse by contracted providers that is identified by SUPT staff is communicated by the Health Program Manager or designee via email to:
 - a.) the Department Medicaid Program Integrity Unit, and
 - b.) the State Medicaid Fraud Control Unit
4. Program compliance and program integrity is further monitored, at minimum, on an annual basis by Sacramento County Department of Behavioral Health, Quality Management, to verify that treatment programming codes, procedures, and processes are not erroneous, incorrect, or fraudulent.

B. Reporting by Contracted Providers of Overpayments Made by SUPT

1. Contracted providers notify SUPT Contract Monitors or Health Program Manager of any overpayments they receive:

- a.) Within 60 calendar days after the date on which the overpayment was identified,
 - b.) In writing, and
 - c.) Include the reason for the overpayment
2. When overpayments are identified during SUPT fiscal reviews, the contracted provider is responsible for coordinating with SUPT and Department Fiscal Unit in the recoupment process.

C. Communicating Overpayments to DHCS

1. The Health Program Manager or designee prepares an Annual Void Report and Certification Statement for submittal to DHCS on an annual basis.
2. The Annual Void Report lists all voided claims in a Microsoft Excel spreadsheet format with the following headers:
 - a.) Payer Claim Control Number
 - b.) Client Index Number
 - c.) Health Care Provider National Provider Number
 - d.) Payment Amount
 - e.) Federal Financial Participation Amount
 - f.) Recovery Type Classification
 - i. 42 CFR, Section 438.608(d) or;
 - ii. All other Medi-Cal
3. The Certification Statement is completed on county letterhead with the required data, documentation and information:
 - a.) Enrollee encounter data
 - b.) Documentation to demonstrate compliance with DHCS requirements for availability and accessibility of services, including the adequacy of the provider network
 - c.) Information on ownership and control
 - d.) Annual report of overpayment recoveries
 - e.) Quarterly data submitted to DHCS on beneficiary grievance and appeals
 - f.) Monthly America Society of Addiction Medicine Level of Care data
 - g.) Other data, information, or documentation related to the performance of the County's obligations as required by DHCS or the Secretary of Health and Human Services, and in the Intergovernmental Agreement
4. The Health Program Manager or designee sends the completed Certification Statement, to the County of Sacramento Department of Health's Chief Executive Officers (CEO), the Chief Financial Officer (CFO),

or an individual who reports to the CEO or CFO with the delegated authority to sign for the CEO or CFO signature.

5. The Health Program Manager or designee submits the completed Annual Void Report and signed Certification Statement to DHCS no later than the last day of February, following the close of every state Fiscal Year:
 - a.) Annual Void Report is sent to MedCCC@dhcs.ca.gov with the subject line "Annual Void Report-DMC-ODS-2 Digit County Code-FY Year-Month"
 - b.) Certification Statement is sent to ODSSubmissions@dhcs.ca.gov

REFERENCE(S)/ATTACHMENTS:

- Exhibit A, Attachment I, II, H, 5 - County of Sacramento Intergovernmental Agreement
- Mental Health & Substance Use Disorder Services Information Notice No.: 19-022
- Mental Health & Substance Use Disorder Services Information Notice No.: 19-034
- Title 42, CFR §§ 438-608 – Program Integrity Requirements Under the Contract
- Title 9, §§ 1840.112 – MHP Claims Certification and Program Integrity California Legislative Information, Section 11817.8(e) – Health and Safety Code
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=11817.8&lawCode=HSC
- DMC-ODS County Certification Statement Form
- DMC-ODS Overpayment Recoveries – Annual Void Report

RELATED POLICIES:

- No. 02-08 Provider Reimbursements
- No. 20-01 DBHS Claims Certification and Program Integrity
- No. 41-03 Code of Conduct
- No. 44-01 Division of Behavioral Health Services Compliance Program

DISTRIBUTION:

Enter X	Name	Enter X	Name
X	SUPT Administration	X	SUPT Prevention Providers
X	SUPT Administrative Support Staff	X	SUPT Adult Treatment Providers
	SUPT County Counselors	X	SUPT Youth Treatment Providers
	SUPT Collaborative Courts	X	SUPT SUD Subcontractors
	SUPT System of Care		ADS Advisory Board
	SUPT Options for Recovery		BHS Mental Health Services
	SUPT Proposition 36		BHS Quality Management

CONTACT INFORMATION:

Lori Miller, LCSW

MillerLori@saccounty.net