

**EVOLENT HEALTH LLC  
POLICY AND PROCEDURE**



POLICY NUMBER: PFR.001.E.KY  
REVISION DATE: March 2018  
PAGE NUMBER: 1 of 3

**POLICY TITLE:** Recovery of Overpayments  
**DEPARTMENT:** Provider Claims  
**ORIGINAL DATE:** February 2016

**Approver(s):** Craig Van Natta, Senior Director, Claims

**Policy Review Committee Approval Date:** June 29, 2018

**Product Applicability:** mark all applicable products below:

<b>COMMERCIAL</b>	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <i>Products:</i> <input type="checkbox"/> Small <i>Exchange:</i> <input type="checkbox"/> Shop <input type="checkbox"/> All <input type="checkbox"/> Indiv. <input type="checkbox"/> Indiv. <input type="checkbox"/> Large <i>States:</i> <input type="checkbox"/> GA <input type="checkbox"/> MD <input type="checkbox"/> OH <input type="checkbox"/> TX <input type="checkbox"/> _____
<b>GOVERNMENT PROGRAMS</b>	<input type="checkbox"/> MA HMO <input type="checkbox"/> MA C-SNP <input type="checkbox"/> MA D-SNP <input type="checkbox"/> MSSP <input type="checkbox"/> Next Gen ACO <input type="checkbox"/> MA All <input checked="" type="checkbox"/> Medicaid <i>States:</i> <input type="checkbox"/> DC <input checked="" type="checkbox"/> KY <input type="checkbox"/> MD <input type="checkbox"/> _____
<b>OTHER</b>	<input type="checkbox"/> Self-funded/ASO

**Regulatory Requirements:** 907 KAR 1:671, KRS 205.8451, KRS 205.8451 – KRS 205.8483, 907 KAR 17:015 and KRS 304.17A-714

**Related Documents:** N/A

**PURPOSE**

The purpose of this policy is to establish and outline uniform procedures associates should use to recover overpayments made to Providers.

**DEFINITIONS**

**Overpayment** means unearned compensation of any and all Medicaid funds administered to Providers.

**Provider** means a facility, hospital, doctor, or other health care professional that has been credentialed and contracts with our client to provide services.

**Recoupment** means reimbursement of an overpayment that was not due to a Provider.

**POLICY**

It is the policy of Evolent Health (Evolent) to detect, correct and recoup overpayments

made to Providers. Evolent is committed to recovering overpayments from Providers in accordance with all applicable federal and state requirements.

## PROCEDURE

### I. Recovery Process

- a. Upon identification of an overpayment made to a Provider, the Funding Recovery team will review and confirm the overpayment. The Funding Recovery team will add the claim to the overpayment log for recoupment. They will send a Recovery letter and a spreadsheet of the claims to be recouped, to the provider.
- b. The Provider shall have the option to submit a full refund of the overpayment amount, or contact the PCSU department concerning questions, or dispute the finding in a written letter. The Provider's dispute letter must be received within thirty (30) calendar days from the postmark date or electronic delivery date of the overpayment recovery letter. All disputes received timely will be resolved within thirty (30) calendar days of receipt and no recoupment will be made until the dispute is resolved.
- c. Refunds may be made by check or by recoupment from future payments owed to the Provider.
- d. In the event the Provider does not refund the overpayment or file a written request for a payment plan within thirty (30) calendar days or file a written dispute within thirty (30) calendar days of receipt of the letter, the overpayment will be automatically offset against future claims payments beginning on calendar day thirty-one (31).
- e. If the client chooses to collect an overpayment made to a Provider through a recoupment against future Provider payments, the Funding Recovery team shall, within twenty-four (24) months from the date that the claim(s) was paid, and at the actual time of recoupment give the Provider written or electronic documentation that specified:
  - i. The amount of the recoupment;
  - ii. The covered person's name to whom the recoupment applies;
  - iii. Patient identification number; and
  - iv. Date of service.

### II. Appeal Process

- a. If a Provider disputes the amount of overpayment, the Provider may initiate the administrative appeals process in writing within thirty (30) calendar days of the date the notice was received by the Provider.
- b. The Provider may, within the thirty (30) calendar deadline as outlined in II. a. above, submit information that the Provider wishes to be considered.

- c. Funding Recover team shall:
  - i. Uphold, rescind, or modify the original overpayment issue; and
  - ii. Provide written notice to the Provider of our decision and the facts upon which it is based with reference to applicable statutes and administrated regulations.

## RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

## REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE REVISED
New Policy	11/16
Due to dept split, updated according to new dept functions	03/18