



Memorandum

DATE: January 8, 2013

TO: Gold Coast Health Plan Providers

FROM: Michelle Raleigh, Chief Financial Officer

SUBJECT: **GOLD COAST HEALTH PLAN OVERPAYMENT REPORT**

Section 6402 of the Patient Protection and Affordable Care Act of 2010 (“PPACA”) clarified amendments to the federal False Claims Act contained in the Fraud Enforcement Recovery Act of 2009 (“FERA”), which require the return of known overpayments from the Medicaid and Medicare programs. Under FERA and PPACA, providers, suppliers and other persons must report and return Medicaid and Medicare overpayments within 60 days from the date that the overpayment was identified or by the date a corresponding cost report was due, whichever is later. Failure to comply with the deadline creates potential liability under the False Claims Act.

Accordingly, Gold Coast Health Plan requires participating providers to furnish information about payments made to them, and to refund any monies incorrectly paid. In accordance with these provisions, all providers participating in the Gold Coast Health Plan program are to complete a Gold Coast Health Plan Overpayment Form (“form”) to help ensure that monies owed to Gold Coast Health Plan are repaid in a timely manner.

This form is specifically used to monitor identification and recovery of “overpayments” owed to Gold Coast Health Plan. Under PPACA § 6402(d), overpayments are any funds a person receives or retains under Medicaid or Medicare to which the person after applicable reconciliation, is not entitled. Examples of Gold Coast Health Plan overpayments include, but are not limited to, instances where a provider is:

- Paid twice for the same service either by Gold Coast Health Plan or by Gold Coast Health Plan and another insurer;
- Paid as primary where another third-party payer was properly primary;
- Paid for services when the individual receiving the service was not eligible for Medi-Cal coverage at the time of service;
- Paid for services planned but not performed or for non-covered services;
- Overpaid because payment amount was miscalculated or excessive;
- Overpaid because the service was not medically necessary;

- Overpaid because of errors made in calculating beneficiary deductible and/or coinsurance amounts; or
- Overpaid because outpatient services were included in a beneficiary's inpatient claim.

Overpayments would not include proper payments made by Gold Coast Health Plan according to contracted rates.

For purposes of completing this form, a Gold Coast Health Plan overpayment is an amount determined to be refundable to Gold Coast Health Plan. Generally, when a provider receives an improper or excess payment for a claim, it is reflected in their accounting records (patient accounts receivable) as a "credit." However, Gold Coast Health Plan overpayments include monies due the program regardless of its classification in a provider's accounting records. For example, if a provider maintains overpayment accounts for a stipulated period; e.g., 90 days, and then transfers the accounts or writes them off to a holding account, this does not relieve the provider of its liability to the program. In these instances, the provider must identify and repay all monies due the Gold Coast Health Plan program.

Completing the Form

The form consists of a certification page and a detail page. An officer (the Chief Financial Officer or Chief Executive Officer) or the Administrator of your facility must sign and date the [certification page](#). Even if no Gold Coast Health Plan overpayments are shown in your records for the reporting quarter, you must still have the form signed and submitted to Gold Coast Health Plan in attestation of this fact. Only a signed certification page needs to be submitted if your facility has no Gold Coast Health Plan overpayments as of the last day of the reporting quarter.

The [detail page](#) requires specific information on each overpayment on a claim-by-claim basis. This page provides space to address 20 claims, but you may add additional lines or reproduce the form as many times as necessary to accommodate all of the overpayments that you have reported. An electronic file version of the certification and detail pages are available on the Gold Coast Health Plan website.

Begin completing the form by providing the information required in the heading area of the detail page(s) as follows:

- The full name of the provider;
- The provider's 10-digit billing number (i.e., national provider identifier (NPI)). If there are multiple provider numbers for dedicated units within the facility (e.g., psychiatric, physical medicine and rehabilitation), complete a separate Gold Coast Health Plan Overpayment Report for each provider number;

- The 7-digit Gold Coast Health Plan provider number;
- The month, day and year of the reporting time period (e.g., 10/1/11-12/31/11);
- The number of the detail pages, excluding the certification page; and
- The name and telephone number of the individual who may be contacted regarding any questions that may arise with respect to the overpayment data.

Complete the data fields for each Gold Coast Health Plan overpayment by providing the following information (when an overpayment is the result of a duplicate Gold Coast Health Plan primary payment, also report the data pertaining to the previously paid claims):

- Column 1: Enter the name of the patient (Medi-Cal beneficiary)
- Column 2: Enter the 10-digit number assigned to the Medi-Cal beneficiary
- Column 3: The Claim Control Number (CCN) assigned by Gold Coast Health Plan when the claim is processed.
- Column 4: The 3-digit number explaining the type of bill; e.g., 111 - inpatient, 131 - outpatient, 831 -same day surgery. (See the Uniform Billing instructions [each provider manual has the appropriate cite for the manual].)
- Columns 5/6: The month, day and year the beneficiary was admitted and discharged, if an inpatient claim; or “From” and “Through” dates (date service(s) were rendered), if an outpatient service. Numerically indicate the admission (From) and discharge (Through) date (e.g., 01/01/07).
- Column 7: The month, day and year (e.g., 01/01/07) the claim was paid. If an overpayment is caused by a duplicate Gold Coast Health Plan payment, ensure the paid date and all related CCN numbers corresponding to the payment are provided.
- Column 8: The amount of the Gold Coast Health Plan payment.
- Column 9: Enter the amount paid by third party insurer or Medicare.
- Column 10: The amount of the Gold Coast Health Plan overpayment identified as being repaid with the submission of the report. (As discussed below, repay Gold Coast Health Plan overpayments at the time you submit the form.)

- Column 11: Enter a “C” when you submit a check with the form to repay the overpayment amount shown in column 10, an “A” if a claim adjustment is being requested with the form. Use an “X” if an adjustment bill has already been submitted electronically or by hard copy.
- Column 12: Enter the reason for the Gold Coast Health Plan overpayment by entering a (1) if it is the result of a primary payment by another insurer, (2) if you received a duplicate Gold Coast Health Plan payment, (3) for contracted rate overpayment, (4) if shared cost was not applied, or (5) for Other.
- Column 13: Provide the name and billing address of any primary insurer identified for each overpayment with a (1) in Column 12. Also, provide an explanation for each overpayment with a (5) reason code.

Payment of Amounts Owed Gold Coast Health Plan

Providers must pay all amounts owed (column 10 of the report) at the time the overpayment report is submitted. Providers must submit payment, by check or adjustment bill.

Submission of the detail information on the form will not be accepted by Gold Coast Health Plan as an adjustment bill.

In accordance with PPACA § 6402(d), all overpayments must be returned within sixty (60) days, or Gold Coast Health Plan may need to file a report to the federal government.

Submitting the Form

Submit a completed form to Gold Coast Health Plan Finance Department within 60 days after the close of each calendar quarter. Include in the report all Gold Coast Health Plan overpayments shown in your accounting records (including transfer, holding or other general accounts used to accumulate overpayment funds) as of the last day of the reporting quarter.

Report all Gold Coast Health Plan overpayments shown in your records regardless of when they occurred. You are responsible for reporting and repaying all improper or excess payments you have received from the time you began participating in the Gold Coast Health Plan program. Once you identify and report an overpayment on the form, do not report the same overpayment on subsequent reports.

If you have any questions about the submission of this information, please contact Sonia DeMarta at (805) 981-5356. If you have questions about payments or refunds in general, please call the GCHP call center at (888) 301-1228.

We appreciate your assistance with this matter.