Senior & Long Term Care Division
Community Services Bureau
Big Sky Waiver Policy Manual

Title:	AB-CFC/PAS 607
Section:	ADMINISTRATIVE REQUIREMENTS
Subject:	Recoveries
Reference:	ARMs 37.85.401, 37.85.411, 37.85.512, 37.85.513, 37.40.1026, and 37.40.1135

DEFINITION

Recoveries are a method of remediation for policy noncompliance with Big Sky Waiver (BSW) and Community First Choice/Personal Assistance Services (CFC/PAS) Providers when policy noncompliance results in an overpayment.

Within this policy, "Provider" refers to both CFC/PAS and BSW service Providers authorized to bill approved procedure codes and rates. Community Services Bureau (CSB) refers to the CSB staff, employed by the Department of Public Health and Human Services, who oversee BSW and CFC/PAS program operation.

PURPOSE

The purpose of a recovery is to recover funds from a Provider when services have been provided outside the scope of the BSW and/or the CFC/PAS program.

Providers must comply with all other policies and procedures as outlined in the BSW, CFC/PAS manual and the applicable Administrative Rules of Montana (ARM). Service units that are delivered that do not meet the corresponding policy and/or ARM criteria are subject to repayment.

GENERAL CRITERIA

Recovery notices are issued when noncompliance is identified as an overpayment. When an issue of noncompliance results in an overpayment, a Quality Assurance Communication (QAC) and overpayment notice will be issued.

NOTE: Refer to BSW 608-1 and CFC/PAS 611 policy on Quality Assurance Communication for the process and requirements for responding to a recovery QAC and overpayment notice.

PROCESS

When CSB staff identifies an overpayment (through a QAR, a

provider self-report, and/or a provider Quality Assurance Report, etc.,) CSB staff will issue an overpayment notice and QAC identifying the recoverable amount and options for the Provider to submit a recovery.

NOTE: Overpayment notices that Providers receive, will contain steps to request an administrative review if they disagree with the determination.

The standardized process of issuing an overpayment notice generally includes:

1. Claims documentation is reviewed from Medicaid Management Information System (MMIS) after receiving notice of potential overpayment and CSB staff determines whether the circumstance is an overpayment.

   NOTE: Refer to BSW 413/CFC/PAS 605 Fair Hearings, for the process and requirements of submitting a request for an administrative review.

2. CSB staff submits an overpayment notice and QAC to Provider identifying specific facts including member(s) name, codes, rates, units billed, and other data related to the issue(s) of noncompliance with policy, standards, and/or ARM(s).

3. If a Provider fails to respond to the initial QAC by the due date or the Provider fails to complete the recovery action that they identified in the QAC by the QAC due date, CSB staff will issue a five-day written notice. If the Provider does not complete one of three recovery actions by the fifth day from the notice, CSB staff will initiate repayment by withholding the recoverable amount from future claims payments

4. Provider has 30 days to respond to the overpayment/unable to bill notice. The Provider MUST respond to the QAC within 30 days, or a five day notice will be issued.