Policy Number: CSCR0009
Manual Name: SMO Policy Manual
Policy Name: Multiple Error Overpayment Recovery
Approved By: Stephen Adamson, Chief Operations Officer
Last Revised: 07/05/2019

SMSO Policy Manual
MULTIPLE ERROR OVERPAYMENT RECOVERY

Executive Sponsor:	Stephen Adamson, Chief Operations Officer
Issuing Department:	Claims Recovery
Gate Keeper:	Terry Snyder, Manager, Claims Adjustment, Recovery and Operational Support

COMPLIANCE STATEMENT:

Enforcement:	All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.
Review Schedule:	This policy will be reviewed and updated as necessary and no less than every two years.
Monitoring and Auditing:	The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.
Documentation:	Documentation related to this policy must be maintained for a minimum of 10 years.

Applies to:

☒ SummaCare ☒ Apex

☒ Summa Management Services Organization (SMSO) ☒ Summa Insurance Company

Line of Business:

☒ Commercial Groups ☒ Medicare
☒ Medicare Supplemental ☒ On-Exchange
☒ Off-Exchange ☒ Self-Funded

1.0 Purpose:

1.1 To ensure claims paid in error are recovered in an efficient manner and any that require additional reimbursement are processed in accordance with the Claim Submission and Adjustment Filing guidelines.

2.0 Policy:

2.1 Outlines the process for resolving multiple errors resulting in overpayments.

3.0 Procedure:

3.1 Claims Recovery is notified of a possible overpayment issue, either by Internal Service Form, Provider Services, Claims Processing area or notification from the provider. Only one service form should be created for each issue. The following steps will be taken to locate all like errors:

3.1.1 The Recovery Unit will run a query to identify like errors found for the provider/procedure.

3.1.2 Claims will then be reviewed to identify the course of action needed.

3.2 If an overpayment exists, a take back is done/a letter sent to provider identifying the cause of the overpayment and requested reimbursement. Normal recovery procedures will follow. (See Overpayment Recovery Policy).

3.3 If the overpayment cause has been determined to be internal, the issue will be directed to the appropriate department for resolution.

3.3.1 Provider Services will be notified when an issue identifies a large number of overpayments.

3.4 If the cause of the overpayment is found to be a billing error, Provider Services will be notified. The Provider Services area will notify the provider of the issue and forthcoming overpayment request.

3.5 Manager, Operations Support has the authority and responsibility for the activities in this policy or procedure.

3.6 The Issuing Dept. is responsible for monitoring/enforcing the compliance with this policy.

3.6.1 Compliance will conduct periodic reviews to monitor and audit compliance with this policy.

4.0 References:

4.1 Source of the policy (regulatory citation, accreditation standard, internal standard)

4.1.1 None

4.2 Are there any references to other documents, regulations, or intranet locations?

4.2.1 None

4.3 Are there other policies that work in conjunction with this policy?

4.3.1 Overpayment Recovery Procedures

4.4 Replaces (if applicable):

4.4.1 None

5.0 Definitions:

5.1 None

6.0 Key Words or Aliases (Optional):

6.1 Claims, Recovery

ORIGINAL *EFFECTIVE DATE*: 8/5/2005
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