412 - CLAIMS RECOUPMENTS AND REFUNDS

EFFECTIVE DATES: 10/01/08, 10/01/13, 12/01/14, 07/01/16, 10/01/18, 10/01/19, 10/01/21, 10/01/26

APPROVAL DATES: 09/01/09, 11/01/11, 07/01/12, 10/24/12, 08/15/13, 11/20/14, 04/07/16, 10/04/18, 06/06/19, 03/18/21, 08/07/26

I. PURPOSE

This Policy applies to ACC, ACC-RHBA, ALTCS E/PD, and DES DDD (DDD) Contractors. This Policy establishes requirements of Contractors for Claims Recoupment and Refund activities.

The CHP and DDD Contractors are responsible for ensuring the Claims Recoupments and Refunds activity of its Subcontracted Health Plans align with the requirements of this Policy.

II. DEFINITIONS

Definitions are located on the AHCCCS website at: AHCCCS ACOM and AMPM Dictionary.

III. POLICY

The Contractor is responsible for reimbursing providers and coordinating care for services provided to a member pursuant to Federal and State regulations, including, but not limited to AAC Title 9, Chapter 22, Article 7 and AAC R9-28-701.

The Contractor is required to follow AHCCCS recoupment provisions as specified in Contract and Policy. For requirements specific to adjudication and payment of claims and encounters refer to ACOM Policy 203. The Contractor's claims processes, as well as its Prior Authorization (PA), and concurrent and retrospective review processes, shall minimize the likelihood of the need to recoup already-paid claims. AHCCCS reserves the right to deny recoupment requests that are a result of pended encounters where the Contractor has not demonstrated sufficient effort to correct the root cause resulting in pended encounters.

The Contractor or its subcontractors are not authorized to initiate recoupments resulting from potential Fraud, Waste, and Abuse (FWA) and shall promptly notify the AHCCCS Office of Inspector General (OIG) of any potential FWA. Refer to ACOM Policy 103.

Any adjustment that is completed within 30 days from the date of the original payment does not require AHCCCS prior approval but shall be tracked and made available to AHCCCS upon request. The information tracked shall include, at a minimum, the AHCCCS Member ID number, date(s) of service, original claim number, date of payment, amount paid, amounts recovered and subsequently repaid, and dates of recovery and repayment. Adjustments completed more than 30 days from the date of the original payment may require AHCCCS prior approval, as specified below.

Additionally, retroactive recoveries involving commercial insurance payor sources are not addressed in this Policy; for coordination of benefits involving third-party liability recoveries, refer to ACOM Policy 434.

AHCCCS reserves the right to notify affected provider(s) of proposed recoupment actions.

A. RECOUPMENT REQUESTS

The Contractor is prohibited from initiating recoupment of monies without prior approval from AHCCCS for the following recoupments:

1. Individual recoupments from a provider more than 12 months from the date of original payment of a clean claim.

2. Individual recoupments equal to or in excess of $100,000 from an individual provider Tax Identification Number (TIN).

A recoupment request shall be submitted for each identified recoupment need. However, if multiple provider TINs are impacted by a single identified need for a recoupment, one request shall be submitted.

The Contractor shall submit Recoupment Requests as specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables and include the information specified below:

1. A detailed explanation utilizing Attachment A, Tab A.1.

2. A claims file utilizing Attachment A, Tab A.2.

3. The drafted communication(s) that will serve as prior notification to the affected provider(s) for AHCCCS approval. The communication shall include the following:
   a. How the need for the recoupment was identified,
   b. The method and process that will be utilized to recover the funds,
   c. The anticipated timeline for recoupment activities to be completed,
   d. The provider's right to file a claim dispute,
   e. Total recoupment amount,
   f. Total number of claims,
   g. Dates of service date ranges of the claims being recouped, and
   h. Impacted claim numbers.

B. DATA PROCESSES FOR RECOUPMENT

The Contractor shall submit voided or replacement encounters within 120 days of AHCCCS' approval of the recoupment. All voided or replaced encounters shall reach an adjudicated status within the 120 days of submission. Dependent on the size and/or volume of the recoupment request, AHCCCS may require the Contractor to submit an external file in order to directly update impacted encounters in the timeframe prescribed above.

AHCCCS may validate the submission of applicable voids and replacement encounters upon any approved recoupment. As a result of amending the encounter data, AHCCCS may adjust related reinsurance payments, reconciliation payments, or any other amounts paid to the Contractor that are impacted by the recoupment.

C. DATA PROCESSES FOR REFUNDS

The Contractor shall submit voided or replacement encounters within 120 days of receipt of a provider refund to the Contractor. All voided or replaced encounters shall reach an adjudicated status within the 120 days of submission.

The Contractor shall provide the following refund information to AHCCCS upon request:

a. Reasons for the refund including if systemic issues were identified,
b. The corrective action(s) implemented to avoid future occurrences, if applicable,
c. Refund amount,
d. Total number of claims,
e. Dates of service date range for the claims impacted, and
f. Impacted AHCCCS claim numbers.

D. ATTESTATION

All documentation and data submitted by the Contractor for purposes of recoupment and refund activities shall be certified by the Contractor as specified in 42 CFR 457.1285, 42 CFR 438.600 et seq. If it is determined after the recoupment or refund action that information provided to AHCCCS is inaccurate, invalid, or incomplete, or that the Contractor failed to comply with any provision of this Policy, the Contractor may be subject to administrative actions.