

Insights to Coding and Data Quality

Medicare overpayment collection process - Information released

by Gloryanne Bryant, RHIA, CDIP, CCS, CCDS

In May, Medicare released an informational document describing the overpayment collection process.

Health care providers at times may receive an amount in excess of what is payable under Medicare statutes and regulations, which results in an *overpayment*. Once Medicare identifies an overpayment, the amount of the overpayment becomes a debt the provider owes to the Federal government. Federal law requires CMS to try to recover all identified overpayments.

In Medicare, overpayments commonly occur due to:

- Duplicate submission of the same service or claim;
- Furnishing and billing for excessive or non-covered services;
- Payment for excluded or medically-unnecessary services; or
- Payment to the incorrect payee.

This handy fact sheet contains information on the following:

- Overpayment collection process
- Demand letter from your MAC (Noteworthy is that beginning in July 2014, the overpayment dollar threshold to send a demand letter will rise to \$25.)
- Demand letter
- Payment options
- Other options, i.e., rebuttal
- Timeline for debt collection

Be sure to discuss this document at your Revenue Cycle Management meetings and compliance meetings. You can find resources to learn about compliance and help you avoid overpayments on the CMS Web site at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html>

Gloryanne Bryant, RHIA, CDIP, CCS, CCDS, AHIMA-Approved ICD-10/PCS Trainer, Supporter of ICD-10, Past President CHIA, is the National Director Coding Quality, Education, Systems and Support, National Revenue Cycle, Kaiser Foundation Health Plan, Inc. & Hospitals, Oakland, California

September 2014 *CHIA Journal*, p 14

Copyright © California Health Information Association, AHIMA Affiliate