
ARCHCARE MANAGED CARE ORGANIZATIONS
POLICY AND PROCEDURE

Title: Network Provider Overpayment Self-Disclosure Policy

Affected Departments: All

Effective Date: 02/09/2024

Original Effective Date: 02/09/2024

Replaces: N/A

Related Documents: **Overpayment Notification Form**

1.0 PURPOSE:

To describe the process for network providers to notify ArchCare Managed Care Plans of overpayments and the mechanism therefore as directed by Office Medicaid Inspector General relating to self-disclosure requirements of New York State Social Services Law (SOS) § 363-d and 18 NYCRR SubPart 521-3 (SubPart 521-3).

2.0 REVISION HISTORY:

Revision History: N/A

3.0 UNITS AFFECTED:

X ArchCare Senior Life

X ArchCare Community Life

4.0 POLICY:

Notice and Correction of Identified Overpayments or Erroneous Payments

Providers shall notify ArchCare of any overpayments or payments made in error within sixty (60) calendar days of identifying such overpayments or erroneous payments and return or arrange for the return of any such overpayment or payment made in error.

Providers with overpayments must voluntarily submit a refund check made payable to ArchCare within sixty (60) calendar days from the date of becoming aware.

Note: The Plan must receive a refund check and will not recoup the funds via a claims adjustment.

In addition to the refund check, the provider must complete and include the "Overpayment Disclosure Form". All fields in the form must be filled out explaining the overpayment and amount being returned. Form attached here to as Attachment A.

Refund check and Overpayment Disclosure Forms should be mailed to:

ArchCare
205 Lexington Avenue, 2nd Floor
New York, NY 10016
Attention: MCO Overpayments - Finance

The above policy shall be inserted into the Provider Manual and posted on the Plans' websites

If provider is submitting bulk payment it is permitted as long as all the payments belong to the same health plan. Please submit a detailed report or EOP copy with the refund.

5.0 DEFINITIONS:

Overpayment Identification.

An overpayment has been identified when a Medicaid Entity/Provider has, or should have, through the exercise of reasonable diligence, determined that a Medicaid fund overpayment was received, and they have quantified the amount of the overpayment to the best of their ability.

Member.

Refers to a member in an ArchCare Managed Care Plan.

6.0 ATTACHMENTS:

Overpayment identification form Attachment A.