

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH**



MHRS Bulletin

Bulletin ID: No. 105

Issued Date December 31, 2015

Effective Date: December 31, 2015

Termination Date:

Procedure for Self-Reported Over Payments-iCAMS:

When a provider discovers an overpayment the following corrective action steps should be taken:

1. Upon discovery of the infraction, the provider should immediately perform the “Void adjustment(s)” process in their system, then, notify OA via MUI report and submit the “void adjustment report” along with the MUI to OA.
2. Upon receipt of the MUI report, OA will notify the Director of Claims Operations so that Match and Local amounts can be retracted from future payments. OA will also notify the Department of Healthcare Finance and DBH Provider Relations by sending them a copy of the “void adjustment report” provided.
3. The Director of Claims Operations will verify receipt of the retraction request via email.
4. The “void adjustment report” should include the list of voided service ID numbers should be submitted, via spreadsheet, to the Claims Operations staff assigned to receive retraction requests (Claims Revenue Manager) to do a recoup adjustment on Local, or Medicaid in iCAMS Managed Care. If claims units were adjusted, please include this data in your “void adjustment report.”
 - a. For services paid by Local, the recoup adjustment completed by the DBH staff will reconcile the recovered overpayment from future payments, or a check from the provider.
 - b. For services paid by Medicaid, the provider should use the DHCF web portal to also perform a VOID adjustment in the MMIS. This action will synch the MMIS with the adjusted Medicaid claim action initiated by the DBH Claims Revenue Manager in iCAMS Managed Care.
5. The DBH Claims Operations staff will generate a Recoup Adjustment report of retracted claims by provider/consumer/amount and forward to OA on a per incident basis. All individual Recoup Adjustment reports will roll into the quarterly report to OA.
6. DBH Claims Operations will notify the provider when their claims have been retracted. Providers can use the ICAMS managed care tab to review claims that have a status of “Reversal” for tracking of these claims.

Approved by:

Deputy Director of Accountability-Date

Director of Claims Operations-Date

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