

## UPDATES ON OVERPAYMENT REPORT: CLARIFICATION ON REQUIREMENTS AND DEADLINE EXTENSION

The Central Business Office (CBO) has received a number of questions regarding CBO Bulletin NGA 20-009R: Required Reporting of Overpayments to Contract Providers Resulting from Waste, Fraud, or Abuse. This Bulletin clarifies the instruction given in the CBO Bulletin NGA 20-009R.

- Q** Should voids for denied claims be included in the report? What about voids to change plans?
- A** The report must include all void requests sent to the Los Angeles County Department of Mental Health (DMH) between April 1, 2018 and June 30, 2020. This includes voids of denied claims and voids submitted in order to change plans.
- Q** What about replacements? Should replacements be included in the report?
- A** Do not include replacement claims on the report. Only include voids (Claim Type 8) on the report.
- Q** Should only Medi-Cal claims be included on the report or should it include both Medi-Cal and non-Medi-Cal claims?
- A** Please include void requests for both Medi-Cal and non-Medi-Cal claims on the report.
- Q** Can we get a spreadsheet that is not protected?
- A** Yes. An updated spreadsheet is attached to this Bulletin. The header remains locked for editing, but now, users are able to add rows and expand column widths as needed.
- Q** Where do we find the claim number for Column B? Void or original?
- A** The claim number to be used in Column B can be found in the CLP 07 segment of the 835 or the ClaimNumber\_MS0 field of the v\_DMHClaimNGA table in SIFT.
- A** Ideally, the claim number should come from the void 835. If ClaimNumber\_MS0 field is blank in the table for the void transaction, use that number from the claim that was voided. This will be the same as the claim number of the void.

Col.	Field Name	Description
<b>B</b>	Claim Number from 835	Use the payer (DMH) control number received in the CLP07 segment on your 835 response for the void. This value is the same as the Payer Claim Control Number received on your original approved claim.  Ex: CLP*9673676*22*-877.68*-877.68**HM*17685786*11*1~. The value <b>17685786</b> is the claim number that should be provided. The same information is also available in your SIFT report table <b>v_DMHClaimNGA</b> column <b>ClaimNumber_MS0</b> field from the claim that was voided.
<b>C</b>	Claim Submitter ID	Enter the Claim Submitter ID sent on your claim to LACDMH. This is the value from CLM01 of your <b>original</b> 837 transaction.

- Q** We need more time. Can we get an extension?
- A** Yes. The deadline for the report has been extended. The new deadline is August 7, 2020.