CBO Bulletin

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NEW ACCESS APP AVAILABLE FOR REPORTING OVERPAYMENTS

Recently, Legal Entity and Fee-for-Service contract providers were advised of the requirement to report on all void requests submitted to the Los Angeles County Department of Mental Health (LACDMH) between April 1, 2018 and June 30, 2020. Providers were asked to submit the required information on a protected Excel spreadsheet. This method required finding all voids sent to LACDMH during the 26 month period and providing detailed claim data along with the reason the claim was voided and whether that reason constitutes fraud, abuse, waste, or other.

In order to make it easier for providers to report on their void requests and facilitate compiling the data to be sent to the State, LACDMH has developed an Access application that lists the exact claims that need to be reported. This list includes detailed claim information to help identify the void request. With this app, providers only need to enter a brief description of the reason for the void and categorize that reason as fraud, waste, abuse, or other.

DEFINITIONS

Fraud is defined in 42 CFR Section 455.2 as "an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law."

Waste "is not specifically defined but is generally understood to mean the overutilization or inappropriate utilization of services and misuse of resources, and typically is not a criminal or intentional act." (DHCS All Plan Letter 17-003)

Abuse refers to "provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program." (42 CFR Section 455.2)

Below are the fields included in the app.

Field Name	Type	Description
MC Flag	Pre-filled	This field is filled for Medi-Cal claims. This field is blank for non-Medi-Cal claims.
State Flag	Pre-filled	This field is filled when the State has received and approved the void request.
Void Reason	*Free Text*	Briefly state the reason the claim was voided

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Field Name	Type	Description
FWAO Reason	**Drop Down**	Select Fraud or Waste or Abuse from the drop-down list when the reason for voiding the claim meets the criteria for Fraud or Waste or Abuse. Select Other if the reason for voiding the claim does not fit the definition of Fraud or Waste or Abuse.
Void Claim Submitter ID	Pre-filled	Claim identifier (ID) created by the Legal Entity when submitting the void request to LACDMH
Original Claim Submitter ID	Pre-filled	Claim ID created by the Legal Entity when submitting the claim that was voided to LACDMH. This could be either an original claim or a replacement claim Submitter ID.
Service Date	Pre-filled	Service date of the claim that was voided
Procedure Code	Pre-filled	Procedure code submitted to LACDMH on the claim that was voided
Units	Pre-filled	Unit(s) of service for the claim that was voided
Amount	Pre-filled	Total charge for the service that was voided
Rendering Provider Name	Pre-filled	Practitioner listed on the claim that was voided
Service Location Name	Pre-filled	Provider number and name of the place where the service was rendered
Void Submit Dt	Pre-filled	Date the void request was submitted to LACDMH
Claim Submit Dt	Pre-filled	Date the claim being voided was submitted to LACDMH
Claim ID	Pre-filled	MSO Claim Number that is in FinClaimList
DMH PCCN	Pre-filled	Payer Claim Control Number from LACDMH
State PCCN	Pre-filled	Payer Claim Control Number from the State
Void Claim Status	Pre-filled	Status of the claim that was voided
Void Status	Pre-filled	Status of the void request

All Legal Entity and all Fee-for-Service contract providers will find the Void Reporting Access app in the agency's SIFT folder. There will be a Void Reporting Access app for Fiscal Year (FY) 18/19 and FY 19/20, if the provider submitted voids during those periods. Note that the FY 18/19 app will contain voids that were submitted to LACDMH the previous fiscal year if the void was sent to the State in FY 18/19. Providers must enter a Void Reason and select a Fraud, Waste, Abuse, or Other (FWAO) Reason for every line included in the app. Once all rows have a Void Reason and an FWAO Reason, providers will be able to access the attestation form for the report. A link to the attestation is on the landing page of the application.

Print the Void Reason Attestation Form. Providers must sign the form for the report. The person signing the report must be the contractor's authorized official listed in the contract or someone authorized to sign documents on behalf of the provider. By signing the report, the signer is attesting that all voids submitted for the time period are included in the report and that the determination of whether the void was the result of fraud, waste, or abuse is true and accurate.

Load the updated Void Reporting Access app to the agency's SIFT Upload folder. Create a HEAT Ticket to upload the signed form. Unsigned reports will be considered incomplete. Submitting the signed attestation in the HEAT Ticket informs LACDMH that the Void Report is complete and is in the Upload folder.

The report is due two weeks from the date of this Bulletin. All providers must complete this version of the report even if an Excel version of the report was submitted in July or August 2020.

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