

REQUIRED REPORTING OF OVERPAYMENTS RESULTING FROM WASTE, FRAUD, OR ABUSE FISCAL YEAR 2021-2022

The California Department of Health Care Services (DHCS) requires the Los Angeles County Department of Mental Health (LACDMH) as the local Mental Health Plan (MHP) to report overpayments to contract providers that are the result of waste, fraud, or abuse. This requirement is in compliance with the Centers for Medicare & Medicaid Services' (CMS) Final Rule CMS-2390. Final Rule CMS 2390, codified under 42 CFR 438.608(d), states that MHPs must collect the reason claims were voided. Additionally, MHPs must submit an annual report of all voids received by DHCS during the prior fiscal year.

REPORT

To comply with the collection and reporting requirement for Fiscal Year (FY) 2021-2022, all Legal Entity and Fee-for-Service contract providers must specify the reason each void request was submitted to LACDMH. The reason for each void request must be classified as either fraud, waste, abuse, or other. LACDMH will submit a report on all voided Medi-Cal claims that arrived at DHCS for processing between July 1, 2021 and June 30, 2022.

In order to facilitate reporting on void requests and compiling the data to be sent to the State, an Access database with the exact claims that need to be reported will be made available to each provider that submitted a void request to LACDMH in FY 2021-2022 or that had a void request accepted by Medi-Cal during the reporting period. This database includes detailed claim information to help identify the void request. With this database, providers only need to enter a brief description of the reason for the void and categorize that reason as fraud, waste, abuse, or other. The definitions of fraud, waste, and abuse are below. Void reasons that do not meet the criteria of the definitions below must be categorized as 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 Access database.

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	Provide a brief but meaningful description of why the claim was voided.
FVAO 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

On October 31, 2022, LACDMH placed the Void Reason Access database for FY 2021-2022 in each Legal Entity and Fee-for-Service contract provider's EFT folder if the provider submitted voids during the reporting period. Providers must enter a Void Reason and select a Fraud, Waste, Abuse, or Other (FWAO) Reason for every line included in the database. 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 [DMH Void – Contact Information](#) page of the Access file.

Print and sign or electronically sign the Void Reason Attestation Form. The Attestation Form must be signed by someone listed in the contract as authorized to sign documents on behalf of the agency or provider. By signing the report, the authorized 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.

Place the updated and completed Void Reporting Access database to the agency's EFT Upload folder. Create a HEAT Ticket to notify LACDMH that the report is complete and attach the signed Attestation to the ticket. Unsigned reports will be considered incomplete.

The report is due back to DMH November 30, 2022.