

REQUIRED REPORTING OF OVERPAYMENTS RESULTING FROM WASTE, FRAUD, OR ABUSE FY 20/21

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 in compliance with the Centers for Medicare & Medicaid Services' (CMS) Final Rule CMS-2390-P. MHPs must submit an annual report of all voids received by DHCS during the prior fiscal year.

To comply with this reporting requirement for Fiscal Year (FY) 2020-2021, all Legal Entity and Fee-for-Service contract providers must state the reason each void request was submitted to LACDMH between May 5, 2020 and June 30, 2021 and indicate whether the void request was a result of waste, fraud, or abuse. LACDMH will submit a report on all voided Medi-Cal claims that arrived at DHCS for processing between July 1, 2020 and June 30, 2021.

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 misuses 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)

REPORT

In order to facilitate reporting on void requests and compiling the data to be sent to the State, an Access application listing the exact claims that need to be reported has been made available to each provider that submitted a void request during the reporting period. 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.

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
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 for FY 20/21 in the agency's SIFT 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 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. The Attestation Form must be signed by someone listed in the contract as authorized to sign documents on behalf of the agency or provider. Electronic signatures are acceptable. 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 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 December 3, 2021.