



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
All Provider Bulletin 352 (Corrected)
September 2022

TO: All Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth

RE: Requirements for Reporting and Returning of Overpayments

Background

This bulletin supplements All Provider Bulletins 224 and 256, issued in March 2012 and October 2015, respectively, to inform MassHealth providers of federal requirements imposed by the Affordable Care Act (ACA) of 2010 to report and return overpayments received from MassHealth. See 42 CFR § 401.305: *Requirements for Reporting and Returning of Overpayments*.

If the overpayment identified by the provider is not a simple, routine void or replacement transaction, federal and state laws and regulations require that providers report these transactions in writing. Please see 42 U.S.C. 1320a-7k and 130 CMR 450.235(B), which state in part, “[a] provider must report in writing and return any overpayments to the MassHealth agency within 60 days of the provider identifying such overpayment.”

Provider Overpayment Disclosure Form

To aid providers in the disclosure process, MassHealth has a Provider Overpayment Disclosure form for use when disclosure via the Provider Online Service Center (POSC) or direct data entry (DDE) is not appropriate. This form captures key information that will allow MassHealth to validate the affected claims, as well as obtain other pertinent information needed to understand the reason for the disclosure.

In addition, the voluntary disclosure process requires providers to summarize why the disclosure is being made and to provide, among other items, the following information:

1. The reason for the overpayment and how it was discovered.
2. The timeframe and total amount of overpayments during the period when the problem existed that caused the overpayments.
3. If a statistical sample was used to determine the overpayment amount, a full description of the statistically valid methodology used to determine the overpayment is required.
4. If the overpayment is system software related, a description of the corrective action plan implemented to ensure the error does not occur again.

Potential Reason for Overpayments

1. Collection from a Third-Party Insurer.
2. Collection from Auto Insurance or Worker's Compensation.
3. Claim was paid to the wrong provider.
4. The claim was billed incorrectly, i.e., service date, member ID, procedure code, or modifier.
5. A partial component of a major service billed.
6. Overpayment related to a Rate Change.
7. Claim did not pay appropriately.
8. Claim paid for services not rendered.
9. Claim paid for services not covered.
10. Collection from a credit balance on a patient account, i.e., Patient Paid Amount.

Mandatory Information Requirements

Providers are required to submit **all** claims on a password-protected Excel spreadsheet along with the Provider Overpayment Disclosure Form. All communications to MassHealth concerning this disclosure must be transmitted via secure email. If you do not have the appropriate software, a secure link can be provided to you upon request.

List the following information on the Excel Spreadsheet:

1. MassHealth member last and first name.
2. MassHealth member identification number.
3. MassHealth Internal Control Number (ICN) or (TCN) if related to a Pharmacy claim.
4. Date of Service.
5. Procedure Code.
6. Paid Amount.
7. Amount Paid by Third Party Liability (TPL).
8. Overpaid Amount.
9. Reason for disclosure.
10. E-mail address and phone number.

Providers should be aware that MassHealth monitors both the number of occurrences and dollar amounts of voids and/or adjustments, as well as any patterns of voids and/or adjustments. MassHealth providers are responsible for ensuring that the Provider Disclosure Form is signed by an authorized provider and completed in accordance with the 130 CMR 450.235(B). A Provider Disclosure Form must be submitted with each disclosure.

Obtaining a Provider Overpayment Disclosure Form

The [Provider Overpayment Disclosure Form](#) (ODF-0722) may be downloaded from the MassHealth website at www.mass.gov/doc/provider-overpayment-disclosure-form/download. Providers who are unable to access the form online or require a secure link in order to submit the disclosure may request either by emailing providercomplianceunit@umassmed.edu.

Returning Overpayments

For the disclosure and adjustment of simple, routine void or replacement transactions, providers should continue to use the standard administrative and billing methods of resolution as state above.

Please see 42 U.S.C § 1320a-7k(d) and 130 CMR 450.235(B), which states, “A provider must report in writing and return any overpayment to the MassHealth agency within 60 days of the provider identifying such overpayment or, for payments subject to reconciliation based on a cost report, by the date any corresponding cost report is due, whichever is later.”

Providers who are unable to use the 837 transactions to process voids and/or adjustments must follow the above-stated protocol by sending a complete Provider Disclosure Form via a secure email to providercomplianceunit@umassmed.edu.

Deadline: If a provider has received an overpayment, the overpayment must be reported and returned within 60 days after the date on which the overpayment was identified.

Returning Overpayments – Pharmacy

Pharmacy providers should continue to submit claim reversals as B2 transactions through the Pharmacy Online Processing System (POPS). Claim reversals through POPS are necessary in order to correctly invoice drug manufacturers for rebates they are responsible for paying. For answers to questions about pharmacy billing (POPS), contact the MassHealth Technical Help Desk at (866) 246-8503 or by email at masshealth.provider@conduent.com.

Returning Overpayments – Dental

Dental providers should continue to submit claim reversal transactions through DentaQuest. For assistance in processing claim reversals, providers should contact DentaQuest at 1-800-207-5019.

Overpayment Recovery

Once the full overpayment has been determined, MassHealth will initiate its standard recoupment process and notify the provider. **The provider should not send a check for any overpayment unless the provider has received prior written approval from MassHealth.**

MassHealth will not accept any payment from the provider before it reviews the provider’s submission and confirms the accurate amount of the overpayment. During the pendency of the process, the provider should not void or correct any of the claims involved unless instructed to do so by MassHealth.

If the overpayment disclosure lacks certain pieces of information, a request for information will be made to the requestor and providers are required to respond timely.

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MassHealth Website

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Questions

Dental Services

Phone: (800) 207-5019; TTY: 711

Pharmacy Billing (POPS)

Phone (866) 246-8503 or by email at masshealth.provider@conduent.com.

Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)
Email: support@masshealthltss.com
Portal: MassHealthLTSS.com
Mail: MassHealth LTSS, PO Box 159108, Boston, MA 02215
Fax: (888) 832-3006

All Other Provider Types

Phone: (800) 841-2900; TTY: 711
Email: providersupport@mahealth.net
Fax: (617) 988-8974