

Cost Recovery

2021 | Molina Healthcare

What is Cost Recovery and Why Does it Happen?

Cost recovery occurs on a claim when the services are identified as overpaid or incorrectly paid.

This can happen through an internal audit, an external audit, a provider reporting the overpayment, or a change in the system configuration.

Some examples of cost recovery situations may include:



Member's enrollment changes retroactively.

Provider's network status is changed.

Audit identified a non-covered benefit was paid without authorization.

An external vendor identifies the Current Procedural Terminology (CPT) code should have been bundled with another service.


Rate changes are implemented and retro-effective.

Cost Recovery Process

Once an overpayment is identified, it will go through the review process




- Claim is flagged as an overpayment.




- Letter is generated to the provider, and will include the claim details and the overpayment reason identified.




- The letter is sent to the mailing address on file for the Provider Pay To record.



- Provider will receive direction on how to dispute the overpayment within 60 days of the letter.



- Once 60 days has passed, if the overpayment has not been overturned through the dispute process, it will be processed for recoupment.



- Claim is reversed on a future remit and funds are subtracted from the check issued to the provider. Claims that have been reversed will have an R followed by a number at the end of the claim. Claims that have been adjusted with have an A followed by a number at the end of the claim. For example, an R1 or an A1.

Cost Recovery Disputes

The provider has 60 days from the date of the cost recovery letter to dispute or submit supporting documentation for the payment by fax to (888) 396-1517 or by mail to Molina Healthcare Cost Recovery Unit of OH Attn: Corporate Claims Recovery P.O. BOX 2470 Spokane, WA 99210-2470

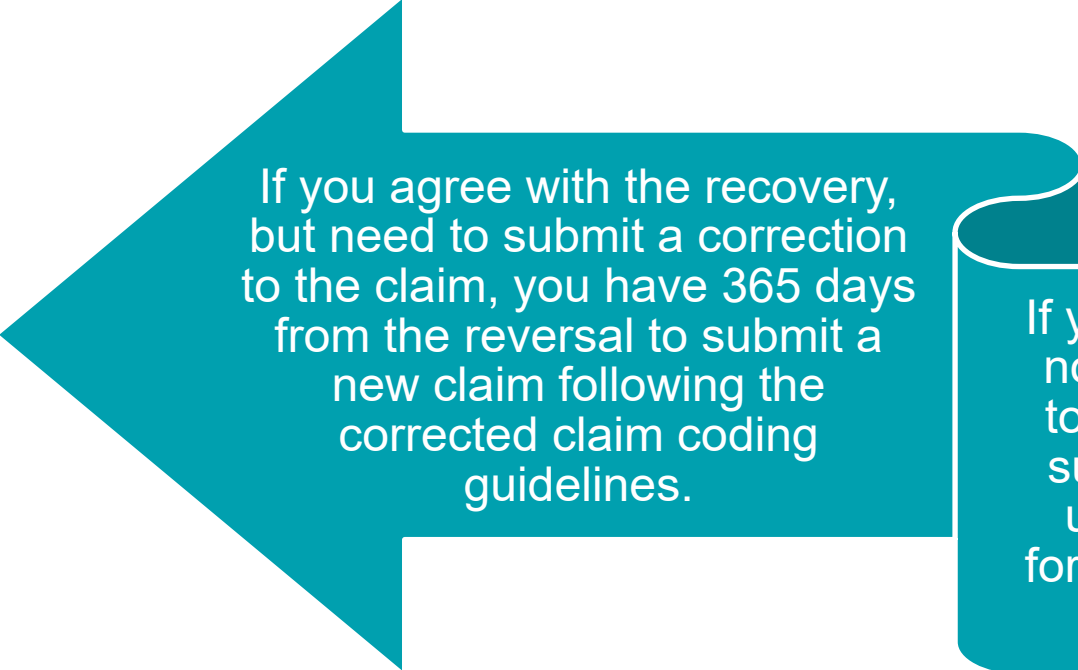
If a recovery dispute is received, the recoupment will be placed on hold until the review is completed. If a recovery dispute is not received within 60 days, the recoupment will be processed.

The dispute and supporting documentation will be reviewed by our claims specialists, coding team members and clinical specialists as needed to evaluate the appropriate action needed.

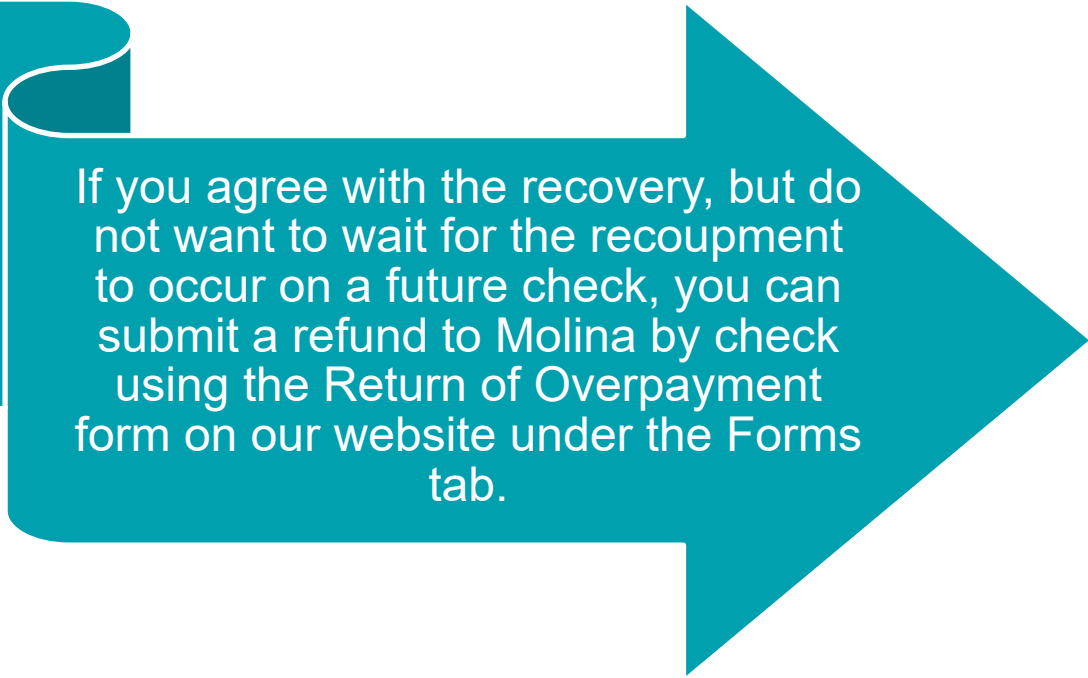
If it is determined to be overturned, the recovery is cancelled and a notice is sent to the provider.

If it is determined to be upheld, a notice is sent to the provider and cost recovery moves forward with reversing the payment.

Additional Actions Related to Cost Recoveries



If you agree with the recovery, but need to submit a correction to the claim, you have 365 days from the reversal to submit a new claim following the corrected claim coding guidelines.



If you agree with the recovery, but do not want to wait for the recoupment to occur on a future check, you can submit a refund to Molina by check using the Return of Overpayment form on our website under the Forms tab.

Post Recovery Disputes

Once a claim has been reversed due to a recovery, a new claim ID will be generated with an R at the end of the claim, followed by a number will signify a reversal.

An A at the end of the claim, followed by a number will signify the new adjusted claim that is either denied or paid at a different amount.

Once a claim is reversed or adjusted the provider then has the standard claim dispute timeframes to dispute or correct the new claim.

To dispute the new claim providers should follow the claim reconsideration process.

Reminder: A provider must file the dispute against the final claim with the A or R and not the original claim, or the dispute will be denied.

Commitment to Provider Satisfaction

Molina Healthcare of Ohio is committed to increasing our Provider Partners' satisfaction by obtaining your feedback.

Some of the ways we do this include:

- Dedicated Provider Services Representatives in each region of the state for training and questions
- An annual Provider Satisfaction Survey
- It Matters to Molina program that includes monthly forums and an information page on the Provider Website including surveys for providers to share feedback



Take our [It Matters to Molina Suggestion Box](#) survey, the [Molina Provider Bulletin](#) survey or the [Molina Provider Training](#) survey on the [It Matters to Molina Page](#) of our Provider Website, under the "Communications" tab.

Your Opinion Matters to Molina

[Email us](#) to share your comments, concerns or ideas. Your feedback is important to us. Let us know what we're doing well and what we can do to improve.

Please share your feedback with us so we can continue to provide you with excellent customer service!

Provider Online Resources

Provider Manual

Dental Manual

Provider Online Directory

Provider Portal

Prior Authorization Information

Advanced Directives

Claims Information

Claim Reconsiderations

Pharmacy Information

Preventive & Clinical Care Guidelines

Fraud, Waste and Abuse Information

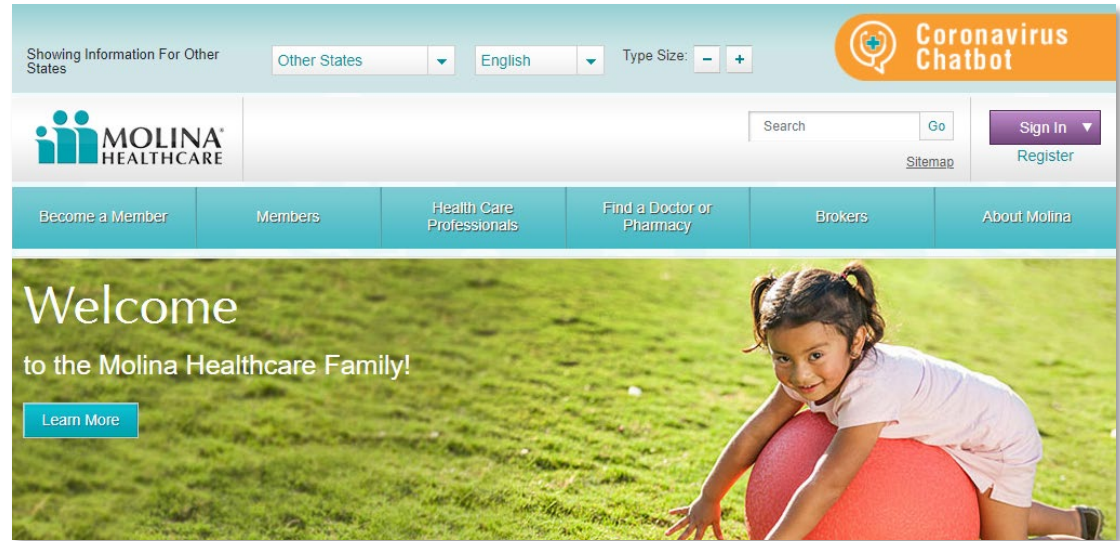
Frequently Used Forms

Communications & Newsletters

Member Rights & Responsibilities

Contact Information

Health Insurance Portability and Accountability Act (HIPAA)



Find the Provider Website at www.MolinaHealthcare.com.

Provider Manual Highlights

• Benefits and Covered Services	• Interpreter Services
• Claims and Compensation	• Compliance and Fraud, Waste and Abuse
• Member Grievances and Appeals	• Member Rights and Responsibilities
• Credentialing and Re-credentialing	• Preventive Health Guidelines
• Delegation Oversight	• Provider Responsibilities
• Enrollment, Eligibility and Disenrollment	• Quality Improvement
• Health Care Services	• Transportation Services
• Provider Information Update Form for Data Accuracy	• Utilization Management, Referral and Authorization
• Managed Long-Term Services & Supports	• Pharmacy
• HIPAA	• Addresses and Phone Numbers

Find the Provider Manual on our Provider Website at www.MolinaHealthcare.com.

Provider Manuals are specific to each line of business.

Resources

Molina has designated email addresses based on provider types to help get your questions answered more efficiently or to connect you to training opportunities.

- Behavioral Health questions:
BHProviderServices@MolinaHealthcare.com
- Hospital or hospital-affiliated physician group questions:
OHProvider.ServicesHospital@MolinaHealthcare.com
- MyCare Ohio LTSS and Ancillary questions:
OHMyCareLTSS@MolinaHealthcare.com
- Nursing Facilities questions:
OHProviderServicesNF@MolinaHealthcare.com
- Physician practice questions:
OHProviderServicesPhysician@MolinaHealthcare.com
- General questions:
OHProviderRelations@MolinaHealthcare.com



Questions