



Frequently Asked Questions:

Recoupments on Obstetrical Services Provided to Undocumented Citizens

- 1. Why was no notification sent out from the Division of Health Care Financing and Policy (DHCFP) or HP Enterprise Services (HPES) to the provider community about the obstetrical (OB) services recoupment?**

A: An urgent notice ([Web Announcement 562](#)) was placed on the Nevada Medicaid website January 23, 2013, to announce the recoupment activity for incorrectly submitted, and overpayment of, OB emergency medical codes. Preferably, all Medicaid providers receive communication prior to initiation of a recoupment activity; however, [Medicaid Services Manual \(MSM\)](#) Chapter 3300, Section 3302.8 states, "Recoupment or recovery is an administrative action by the DHCFP or its fiscal agent to initiate re-payment of an overpayment, with or without advance official notice. Recoupment or recovery can be made by reducing future payments to a provider or by direct reimbursement from the provider."

- 2. Why does Medicaid recoup monies from current claims?**

A: MSM Chapter 3300 states, "Recoupment or recovery can be made by reducing future payments to a provider or by direct reimbursement from the provider."

- 3. What can providers do if the recoupment is causing a hardship on their business practice?**

A: If the recoupment presents a hardship, providers may call the fiscal agent, HP Enterprise Services (HPES), to make arrangements for repayment.

- 4. Why is Medicaid going back six years on the recoupment?**

A: MSM Chapter 3300 policy, Section 3303.3A.6 states, "Erroneous billing resulting in a benefit overpayment violates the provider contract and brings the issue within the authority of NRS 11.190 Actions Other Than for the Recovery of Real Property. NRS 11.190.1 states: 'Within 6 years: ... 1(b) an action upon a contract, obligation or liability founded upon an instrument in writing, except those mentioned in the preceding sections of this chapter'." This statute gives the DHCFP the authority that, unless limited by a specific statute, a recovery action may be commenced within a six-year period. Additionally, 31 USC 235-Limitation of Suit provides, "Every such civil suit shall be commenced within six years from the commission of the act and not afterward."

- 5. When providers check for the remittance advices (RAs) in the Provider Web Portal, why does it look like the RAs have been moved?**

A: The remittance advices have not moved; they are visible on the portal. The RA for 12-28-12 does list all claims that were recouped as a result of this incorrect billing. If this recoupment put you in a negative balance, future payments will be applied to the

payments and reflect on those RAs, meaning the negative balance is reduced by new day claims until the balance is zero. In order to fully reconcile, you would need to review the original remittance advice of 12-28-12 to view the detailed account information.

6. Where can providers find a list of the claims that were taken back with the OB recoupment?

A: When viewing the RA dated 12-28-12 on the Provider Web Portal, look for the claims that are indicated with a “cr” for “credit.” The “cr” appears on the right side of the page. These are the claims that were recouped. The names of the recipients and their Medicaid ID numbers are listed on the left side of the page.

7. Why was there no recoupment from the hospitals for these OB services?

A: Hospitals are paid a per diem rate and therefore were not subject to this recoupment.

8. Why can't providers bill for the post partum care they provided in the hospital following the delivery?

A: Providers may bill the recipient for any antepartum or postpartum care that they have provided to the undocumented alien.

Section 3.1(a)(6) iii of Nevada Medicaid's State Plan states, "Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act."