

Overpayment Recovery Procedures

The Colorado Community Health Alliance (CCHA) contract with the Colorado Department of Health Care Policy and Finance (HCPF) requires that we collect overpayments from our providers, as well as to have a procedure in place for our providers to both report and return overpayments to us.

Refund notifications may be identified by two entities — either CCHA or the providers. See the below information for details on either scenario.

Overpayments: CCHA Identified

Once an overpayment has been identified by CCHA, CCHA will notify the provider of the overpayment. The overpayment notification will include instructions on how to refund the overpayment.

Once a provider has been notified of the overpayment, they will have 60 days to respond. To expedite the refund process, please respond immediately. If CCHA does not receive a response after 60 days, the overpayment will be released and automatically deducted on a future remittance advice.

Notification Process

CCHA will notify providers in writing through an initial notification with a due date that is 60 days from notification, as well as a final notification reminder if payment has not been received 45 days after the due date. The notification will include the following details:

- Dollar amount
- Applicable claim number(s)
- Reason for recoupment

If providers have questions about the overpayment notification they received, they should reach out to the recovery audit analyst identified at the phone number included at the bottom of their overpayment notification.

Options for Refunding an Overpayment Identified by CCHA

When the provider receives an overpayment notification, refunding an overpayment to CCHA may be done by:

1. Remitting a check via mail for the CCHA-identified overpayment to the address below and including the project number listed on the overpayment letter and the payment coupon:
Colorado Community Health Alliance
P.O. Box 933657
Atlanta, GA 31193-3657
2. The provider prefers the overpayment to offset against future remits, no action is required. After 60 days, the overpayment will offset against future remits.

Appealing an Overpayment Request

If a provider wishes to appeal an overpayment or feels the overpayment identified was in error, the provider may submit a dispute within 60 days via:

- Fax: **1-866-920-1874**

- Mail:

Colorado Community Health Alliance
Attn: Cost Containment Unit – Disputes
P.O. Box 62427
Virginia Beach, VA 23466-2437

Note: Please include a copy of your overpayment notification with your dispute.

Lookback Period for CCHA-Identified Overpayments

Effective as of January 1, 2022, the lookback period for paid behavioral health claims is 365 days/12 months from the date the claim was paid:

- The initial notice of recoupment will occur within the 12-month lookback period. Providers will continue to receive an initial and final notice before any recoupments take place.
- *Exceptions in accordance with state and federal regulations:*
 - The Centers for Medicare and Medicaid Services (CMS) allows for recoupments where Medicare is the primary payor for up to 48 months.
 - Recoupments, as directed by state and federal officials for confirmed cases of fraud, waste, and abuse, can occur outside of any lookback period.

Prior to January 1, 2022, CCHA set our lookback periods ranging from one to three years.

Overpayments: Provider Identified

Providers may also identify an overpayment. Providers have 60 days to refund an overpayment to CCHA upon identification of the overpayment.

Options for Refunding an Overpayment Identified by the Provider

Providers may use one of the options below to return an overpayment identified by the provider:

1. If a provider would like to send a **refund check**, they should use the *Overpayment Refund Notification Form*. The form can be found at:
 - [CCHAcres.com/providertools](https://cchacares.com/providertools) > Under the *Behavioral Health Providers* heading, Claims and Billing > **Overpayment Refund Notification Form**.
 - All refund checks should be mailed with a copy of this form to:

Colorado Community Health Alliance
P.O. Box 933657
Atlanta, GA 31193-3657
2. If the provider would like CCHA to create **an offset** instead of sending a check, meaning the overpaid amount will be offset in future payments, they should use the *Recoupment Notification Form* (provider authorization to adjust claims and create claim offsets). The form can be found at:
 - [CCHAcres.com/providertools](https://cchacares.com/providertools) > Under the *Behavioral Health Providers* heading, Claims and Billing > **Recoupment Notification Form**.
 - Once you complete this form, you can either mail or fax the form with supporting documentation.
 - Mail to:

Attn: Cost Containment Unit – Disputes
Colorado Community Health Alliance
P.O. Box 62427
Virginia Beach, VA 23466-2437
 - Fax to: **1-866-920-1874**

Note: Do not use this form if you are submitting a refund check.

Additional Resources

If you have questions about the refund notification procedure or recoupment process, please call Provider Services at **1-855-627-4685**. Providers or facilities, select **1**. Choose **2** for calls regarding behavioral health (BH) claims payments, appeals, or other provider-related items.

Through our efforts, we are committed to reducing administrative burden and ensuring timely payments because we value you, our care provider partners.