

# Medicare Advantage Reimbursement

## Recovery of overpayments made to licensed clinical social workers

### Overview

For behavioral health services provided to Medicare Advantage plan members, the Centers for Medicare & Medicaid Services (CMS) requires out-of-network providers to accept, as payment in full, the reimbursement amount(s) that the provider could collect if the member (beneficiary) was enrolled in original Medicare.

For out-of-network licensed clinical social workers (LCSW), CMS has set the reimbursement rate at 75% of the CMS physician fee schedule rate.

Out-of-network LCSW were incorrectly reimbursed at 100% of the CMS physician fee schedule. When payments are made in excess of CMS physician fee schedules, providers are obligated to refund overpayments.

### Overpayment Details

Since overpayments and recoupment are relatively rare occurrences in behavioral health, some providers may not be used to receiving these notifications. Here are the details of this issue:

| In-Scope   | Out-of-Scope   |
|--|--|
| <ul style="list-style-type: none"> <li>Covered behavioral health services provided to a Medicare Advantage plan member by an out-of-network LCSW</li> <li>The out-of-network LCSW must have received a written overpayment notification</li> </ul> | <ul style="list-style-type: none"> <li>Covered behavioral health services provided by an in-network LCSW</li> </ul> <p><b>Note:</b> Network providers who have received an overpayment notification letter should follow the disagreement process outlined in the letter if they believe they were reimbursed correctly based on their contracted rate</p> |

### Notification Letters

The overpayment letters outline the following information:

- The claim(s) that were overpaid
- The amount(s) that were overpaid
- Instructions on how to repay the overpaid amount
- Instructions on how to submit a dispute of the identified overpayment if the provider disagrees with the request

### What to Expect

- Recovery of overpayments has been divided into two phases:
  - Phase 1: Dates of service from 1/1/22 – 4/30/23 notified Dec 2023 and Jan 2024.
  - Phase 2: Dates of service from 5/1/23 – 2/28/24, planned for 2Q2024.
- Providers should:
  - Follow the overpayment process outlined, OR
  - Follow the disagreement process as outlined, OR
    - Providers have 90 days from the date of overpayment letter to submit all disagreements.
    - After 90 days, future claims submissions may be offset to return overpayments.

### To Request Assistance With Repayments

For assistance with no-interest payment plan options extending up to 12 months, please call 1-800-727-6735 or email [Recoveryicm@optum.com](mailto:Recoveryicm@optum.com) to discuss payment plan options.