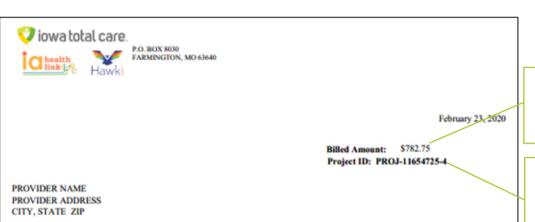
Recoupment Request Guide: Letter



This guide will answer questions you may have related to the Iowa Total Care payclass review project. Please contact your Iowa Total Care Provider Relations Specialist with any questions or concerns.



Billed Amount refers to the billed amount for the claim(s) and does not include the amount paid by lowa Total Care.

Project ID refers to the ID number needed for reprocessing. This ID is necessary in order lowa Total Care to review your recoupment information.

Location where to send refunds. Checks should be made payable to lowa Total Care.

Where to send provider disputes. Remember, disputes must be submitted within 30 business days.

Dear Provider:

Please submit a copy of this letter with any correspondence.

A recent review of our records indicated that an overpayment of claims was made to your account. The reason for the overpayment by Iowa Total Care to your facility was attributed to the Iowa Total Care payelass review project. Please see the attached listing outlining the claim detail for each overpayment. Please refund the amount on the attached spreadsheet, payable to:

Iowa Total Care Attention: Claims Recovery Unit P.O. Box 958092 St. Louis, MO 63195-8092

Iowa Total Care is obligated to notify you of your dispute rights. If you would like to submit a provider dispute, please submit a request to:

Iowa Total Care
Attention: Grievance and Appeal Department
P.O. Box 8030 Farmington, MO 636408030

This dispute request must include the following information:

- 1. Name, address and phone number of the provider of service.
- 2. Provider's Iowa Total Care National Provider Identification (NPI) number, and Tax Identification Number.
- 3. A complete and accurate explanation of the issue.
- Supporting documentation including copies of claims (if applicable), claim numbers, medical records or supporting documentation to challenge the initial adverse determination.

Iowa Total Care will process your dispute request within 30 calendar days. If you do not contest this overpayment determination within 30 working days, Iowa Total Care will offset the overpayment amount against future claims. If a claims payment is not available or applicable for the Automatic Debit/Recoupment, the refund must be sent to Iowa Total Care within 60 calendar days.

Your prompt attention and cooperation in this matter is greatly appreciated. If you have questions please contact our provider Service line at 1-833-404-1061.

Sincerely, Iowa Total Care Claims Recovery Unit Information that must be included in the dispute request.

Recoupment Request Guide: Claim Detail



An important element of the Iowa Total Care payclass review project is the claim detail report that will be included with your letter. To help you navigate the report, please refer to table below for terminology and definitions included on the report, as well as an example.

CLAIM	UNE 01	MEMBER NAME	MEMB NBR	PT CTRL NBR	BIRTH DATE	TIN	7/1/2019		PROC T2031	BILLED AMT		PAID AMT		PAID DATE	ADD AMT DUE	
										\$	782.75	_	372.00			(2.54.0
111	02						7/1/2010	77690	65135		04.00	2	84.00	12/6/2019	\$	(25.2
	03						7/1/2019	Z7689	S5161	\$	34.20	\$	34.20	1/3/2020	\$	(10.2
	04						7/1/2019	Z7689	55170	\$	175.15	\$	175.15	1/3/2020	\$	(52.5
	05						7/1/2019	Z7689	S5170	\$	175.15	\$	175.15	1/3/2020	\$	(52.5
										\$	1,251.25				\$	(375.3

Terminology	Definition
CLAIM	Iowa Total Care's claim number
LINE	Service line found on claim
MEMBER NAME	Member name
MEMB NBR	Member number assigned by Health Plan
PT CTRL NBR	Member's State Medicaid ID Number
BIRTH DATE	Member's date of birth
TIN	Provider's tax identification number
DOS	From and through date of service
DIAG	Diagnosis code assigned by provider
PROC	CPT, HCPCS or revenue codes billed
BILLED AMT	The amount billed for the procedure or service
PAID AMT	The contracted amount allowed for the procedure or service
PAID DATE	Date claim or service line was paid
ADD AMT DUE	Recoupment offset amount (could be full or partial) until balance is fully satisfied

EXAMPLE:

CLAIM		MEMBER NAME	MEMB NBR	PT CTRL NBR	BIRTH DATE	TIN	7/1/2019		PROC T2031	BILLED AMT	PAID AMT		PAID DATE	ADD AMT DUE	
	01									\$ 782.75	\$	372.00	1/3/2020	\$	(234.83
	02						7/1/2019	Z7689	55125	\$ 84.00	\$	84.00	12/6/2019	\$	(25.20
	03						7/1/2019	Z7689	S5161	\$ 34.20	\$	34.20	1/3/2020	\$	(10.26
	04						7/1/2019	Z7689	S5170	\$ 175.15	\$	175.15	1/3/2020	S	(52.55
	05		80.00				7/1/2019	Z7689	S5170	\$ 175.15	\$	175.15	1/3/2020	\$	(52.55
										\$ 1,251.25				\$	(375.39

\$782.75 Billed Amount

- \$372.00 Paid Amount

= \$234.83 Recoupment Amount Due

\$234.83 Recoupment Amount Due

- \$372.00 Paid Amount

= \$137.17 New Claim Amount