

<DATE>

Mr./Ms. Provider Representative

<TITLE>

<PROVIDER NAME>

<ADDRESS>

<CITY>, <STATE> <ZIP>

Re: Overpayment Notification Letter

Provider Name: <PROVIDER NAME>

NPI Number: #####

DMAS REFERENCE: MSLC – GP/HCBS

Dear Mr./Ms. Provider Representative:

This is your report of the <PROVIDER TYPE> review conducted on <DATE> by Myers and Stauffer LC. The overpayment amount of \$### has been identified based on the review of your records and (no) additional documentation received.

The enclosed CD contains a listing of the claims, delineated by patient, date of service, amount paid, the units in error, the identified error, and the amount of the overpayment. Claims were evaluated according to the Department of Medical Assistance Services (DMAS) guidelines described in the policy requirements of the Medicaid Program found in the <Provider Specific Manual> and the Virginia Administrative Code. The CD you have been provided is password protected. The password may be obtained by calling <NAME> at 804-270-2200. Instructions on how to open your CD and descriptions of the documents on the CD have been provided in Attachment A.

Provider Guide to Understanding Your Report:

Within this letter, you have been provided with a narrative explanation of each error code. This narrative explanation provides the factual basis and relevant authority for each error code. Also, you have been provided with a CD that contains a *Claims List* and a *Service Log*. The *Claims List* includes: facility listing of claims, by recipient, identifying the error(s) for each respective claim. The *Service Log* is supplemental information only, and has specific details for each recipient, for each date of service, that is included in the *Claims List*. To understand the detail of the error(s) identified in your *Claims List*, please reference each recipient's respective *Service Log*. For additional information you may access the website at <http://www.mslc.com/Virginia/DMAS.html>.

Each recipient's *Service Log* will identify the services noted during our review, according to your documentation, applicable to the claim dates of service from the facility *Claims List*. The services noted on the *Service Log* represent our understanding of all documentation provided by you, to us, during our review for the applicable dates of service. If a service has been identified to have an error, it will be so noted in the column with a corresponding code number to the error code number listed on the *Claims List*.

Mr./Ms. Provider Representative

<DATE>

Page 2

The following billing errors have been identified, resulting in an overpayment:

- ***This area would contain the description of each error code listed in the Claims List.***

A toll-free Helpline is available at 1-800-552-8627 to assist you with any problem or question you may have regarding billing. For further information regarding Medicaid policy or guidelines, you may access the DMAS website at www.dmas.virginia.gov.

If you wish to appeal this decision, you must file your written notice of appeal with the DMAS Appeals Division within 33 calendar days from the date of this letter. Your notice is considered filed when it is date stamped by the DMAS Appeals Division. Your notice must identify the issues you are appealing, and must be sent to:

Appeals Division
Department of Medical Assistance Services
600 East Broad Street, 6th Floor
Richmond, VA 23219

The normal business hours of the Agency are 8:00 am to 5:00 pm. Documents submitted after 5:00 pm on the deadline due date shall be considered untimely. Provider appeals are governed by 12VAC30-20-500 through 12VAC30-20-570.

If you choose not to appeal the said finding(s) and are unable to submit payment in full within 33 calendar days from the date of this letter, you should immediately request an extended repayment plan. If a provider does not respond to this letter by repaying the amount in full, by requesting an extended repayment schedule, or by filing a notice of appeal, DMAS must take further action to collect. To discuss repayment options available to you, please call the Fiscal Accounts Receivable Unit at 804-786-5433. Check payments can be remitted to the following address:

Department of Medical Assistance Services
600 E. Broad Street, 8th Floor
Richmond, VA 23219
Attn: Accounts Receivable

Thank you for your participation in this review and in the Medicaid program.

Very truly yours,

MYERS AND STAUFFER LC

B. Travis Melton, CPA
Senior Manager

BTM/xxx
Enclosure

cc: Ms. Dacia Henry, Contract Administrator / PI Analyst, Division of Program Integrity, DMAS