



United Behavioral Health
Public Sector San Diego

Reasons for Recoupment

In accordance with the California Department of Health Care Services (DHCS) compliance monitoring requirements and the CalAIM Medi-Cal Transformation initiatives, recoupment efforts will be directed toward identified overpayments and documentation patterns indicative of potential fraud, waste, or abuse.

Fraud and abuse are defined in Title 42 of the Code of Federal Regulations, Section 455.2. Additional guidance on fraud is provided in the California Welfare and Institutions Code, Section 14107.11, subdivision (d). Definitions of “fraud,” “waste,” and “abuse,” as understood within the Medicare framework, can be found in the Medicare Managed Care Manual.

Missing Documentation	The claim lacks required documentation. Specifically, no progress note was found to support the billed service.
Provider Mismatch	The individual who delivered the service is not the same as the provider listed on the claim.
Service Not Billable Under Title 9	Certain activities are not reimbursable under California Code of Regulations Title 9. Examples include, but are not limited to: <ul style="list-style-type: none">• Administrative-only tasks• Leaving a voicemail• Scheduling appointments
Evidence of Fraud, Waste, or Abuse	Indicators suggest potential fraud, waste, or abuse. Examples include, but are not limited to: <ul style="list-style-type: none">• Billing for services that were not provided• Submitting claims for services known not to have occurred• Excessive duplication of services across multiple claims