Optum

Reasons for Recoupment

In alignment with DHCS Compliance Monitoring requirements and CalAIM Medi-Cal Transformation initiatives, recoupment shall be focused on identified overpayments and patterns in documentation suggestive of fraud, waste or abuse.

Fraud and abuse are defined in The Code of Federal Regulations (CFR), Title 42, section 455.2. W&I, section 14107.11; subdivision (d) also addresses fraud. Definitions for fraud, waste, and abuse, as those terms are understood in the Medicare context, can also be found in the Medicare Managed Care Manual.

Missing Documentation	No progress note was found to support the billed service
Insufficient Documentation	The documentation does not support the service that was billed
Provider Mismatch	The provider who delivered the service is not the same as the provider listed on the claim
Unsigned Documentation	The progress note was not signed, either physically or electronically, by the provider who delivered the service
Generic Notes	Progress notes have repetitive entries that lack specific details and personalization about a client's condition or treatment
Administrative Errors	Mistakes in processing or other administrative errors that lead to overpayments