BlueCross BlueShield of New Mexico

ATTN: Special Investigations Department

Email: BCBSNM_SID_FWA_Leads@bcbsnm.com

Provider Self-Reporting Overpayment Form

Instructions: Please complete this entire form and submit to *BCBSNM_SID_FWA_Leads@bcbsnm.com* and HSD-OIG using the HSD criteria below. Overpayments that have been identified by the provider and not timely self-reported may be considered false claims and subject to referrals as credible allegations of fraud and reported to MFEAD of the NMAG's Office. Attach additional pages as necessary.

Overpayment Criteria and Requirements: *Refer to Section 4.17.4 of the contract with HSD: https://www.hsd.state.nm.us/wp-content/uploads/BCBS_A2-Completed.pdf*

Overpayment means any funds that a person or entity receives in excess of the Medicaid allowable amount or the BCBSNM allowed amount as negotiated with the Contract Provider or to which the Contract Provider is not entitled under Title XIX of the Act or any payment to the BCBSNM by the State to which the BCBSNM is not entitled under Title XIX of the Act. Overpayments shall not include funds that have been: (i) subject to a payment suspension; (ii) identified as a third-party liability as set forth in Section 4.18.11; (iii) subject to the BCBSNM's system-directed mass adjustments, such as due to fee schedule changes; or (iv) for purposes of filing an "Overpayment Report" as required in Section 4.17.4.2.1, less than fifty dollars ($50.00) or those funds recoverable through existing routine and customary adjustments using HIPAA compliant formats.

4.17.4.1.2. Providers are required to report identified Overpayments to the BCBSNM by the later of: (i) the date which is sixty (60) Calendar Days after the date on which the Overpayment was identified; or (ii) the date any corresponding cost report is due, if applicable. A provider has identified an Overpayment if the provider has actual knowledge of the existence of an Overpayment or acts in reckless disregard or with deliberate indifference that an Overpayment exists.

4.17.4.2.1: For all identified Overpayments and within the time frames specified in Section 4.17.4.1.2, the provider shall send an "Overpayment Report" to BCBSNM and HSD-OIG at: **1474 Rodeo Road Santa Fe, NM 87505**.

Self-Reporting Overpayment Section
Provider Name:
Provider Tax Identification Number:
National Provider Identifier (NPI):
When was the Overpayment identified?
How was the Overpayment discovered?
Reason for the Overpayment:
Claim Number(s):
Dates of Service:
Description of Corrective Measures Taken to Prevent Recurrence or an Explanation of why Corrective Measures are not Indicated:
Specific Dates Within Which the Problem Existed that caused the Overpayment:
Was a Statistical Sample used to Determine the Overpayment Amount? ☐ Yes ☐ No
Provide a Description of the Statistically Valid Methodology Used to Determine the Overpayment:
Refund Amount:
Has HSD been notified of Overpayment? ☐ Yes ☐ No
Mark Only One (If Applicable): • Corporate Integrity Agreement (CIA) with United States HHS-OIG ☐ • HHS-OIG Self-Disclosure Protocol to report potential fraud involving federal health care programs ☐

Name (Title) **Email** **Phone** **Date**

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