



## Accessing the SLMB Recoupment Amount on the Web Portal

Special Low Income Beneficiaries (SLMB) and Qualifying Individuals I (QI1) recoupment claims are currently available on the secure Web Portal.

Note: All recoupment claims begin with the number "52" and contain the EOB code "2100-RECIPIENT INELIGIBLE FOR MEDICAID ONLY SERVICES".

Providers can access a list by performing a claims search using the following criteria:

- Status: S- Suspended
- Date of Service: Date Range
- Date Range: 1/1/06 through 12/31/06 (repeat for each 12-month period through the current period)

The following is a sample search query for viewing claims:

The screenshot shows a 'Claim Search' window with the following fields and values:

- ICN/TCN/HSID: [Empty]
- Recipient ID: [Empty]
- Rendering Provider ID: [Empty] [ Search ]
- Claim Type: [Dropdown]
- Status: S - SUSPENDED [Dropdown]
- RA Date: [Dropdown]
- Date of Service: Date Range [Dropdown]
- Date Range: 01/01/2006 [Text]
- Records: 100 [Dropdown]

Buttons: search, clear

Once the list populates, details on each claim are available by clicking on the row associated with the claim.

A full list of the claims recovered will appear on the provider's remit dated 11/4/11. These remits will be available on the secure Web Portal on Monday, 11/7/11 or sooner.

Note: If the provider has other claims in suspense, those may also appear in this query.

## Common Questions

### Which claims or recipient IDs were pulled for the reprocessing and associated recoupment?

The universe of claims involve those that paid for services rendered to recipients with eligibility through programs for Special Low Income Beneficiaries (SLMB) and Qualifying Individuals I (QI1). The claims involved include straight Medicaid, co-insurance, and deductible reimbursements. Recipients that are only eligible for these programs are not eligible for any other Medicaid benefit or reimbursement.



## **When will the recoupment of funds occur?**

Provider recoupments will begin the week of 11/7/11. The specific claims impacted will be listed on that week's remit, which will be available on the Web Portal by 11/7/11.

## **Why were the claims reimbursed for the length of time involved?**

As soon as the scope of the problem was understood, the matter was prioritized for resolution. This issue has been resolved for some time. The recovery of overpayments was delayed to develop a plan for recovery that would be manageable for providers.

## **What happened if the claim was already voided or if previous refund checks were submitted to Florida Medicaid?**

Voided claims were not included in the recovery effort. Refund checks, when tied to claims, result in voided claims and would not be duplicated in this recovery effort.

## **Can checks be submitted to cover the recoupment?**

You can submit a check if you have been terminated as a Medicaid provider or if you are not currently seeing and billing for services rendered to Medicaid patients. Please send your check, with a copy of your letter, to the address indicated on your letter.

For active providers, repayment by check is a less preferred approach to the recoupment methodology addressed in your letter. The recoupment plan addressed in your letter will allow the Florida Medicaid Management Information System (FMMIS) to associate the "take back" amount with each individual claim, thereby creating a direct audit trail of recoupment to individual claim. This benefits both the provider and Florida Medicaid because it creates a clear payment/recoupment history.

## **The recoupment amount in the letter appears to be misprinted. How can I get the correct amount or a new letter with the correct amount?**

The letters are accurate. There may be some instances where a comma is not present or the cents to the right of the decimal are more or less than two, however the information is accurate. *For example: \$1402.1456. The provider owes \$1,402.15 cents.*