

PerformCARE®		Policy and Procedure
<b>Name of Policy:</b>	Provider Dispute Policy	
<b>Policy Number:</b>	CC-005	
<b>Contracts:</b>	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
<b>Primary Stakeholder:</b>	Payment Integrity	
<b>Related Stakeholder(s):</b>	Credentialing Committee, FWA Letter Approval Team	
<b>Applies to:</b>	All PerformCare Associates, Providers, Contractors, Consultants, Subcontractors, Vendors and Delegates	
<b>Original Effective Date:</b>	10/25/11	
<b>Last Revision Date:</b>	11/04/24	
<b>Last Review Date:</b>	10/17/25	
<b>OMHSAS Approval Date:</b>	N/A	
<b>Next Review Date:</b>	10/01/26	

**Policy:** PerformCare will ensure that concerns raised by providers during the Special Investigations Unit (SIU) audit process are presented, reviewed, and processed in a manner that ensures that audit findings are correct and provider issues are addressed in a professional and non-discriminatory manner.

**Purpose:** To describe the process whereby a provider can dispute a recovery resulting from an audit. The Special Investigations Unit (SIU) is responsible for the preventing, detecting, correcting, investigating and reporting abuse and potential fraud within the HealthChoices Behavioral Health program across the PerformCare provider network.

**Definitions:** **Abuse:** Any actions that may, directly or indirectly, result in: unnecessary costs to the Medicaid Program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse can be differentiated categorically from fraud, because the distinction between “fraud” and “abuse” depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors. Abuse is defined in §42 CFR Part 455.2 as provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary costs to the Medicaid program.

**Arbitration:** The settling of disputes between two parties by an impartial third party.

**Audit Narrative:** A summary of the audit issues, including the corresponding citations of each individual finding, in the Overpayment Letter from the Special Investigations Unit (*Attachment 1 SIU Overpayment Letter*).

**Audit Spreadsheet:** A spreadsheet of claims paid to the provider detailing which claims had audit findings and the overpayment associated with these findings (*Attachment 3 SIU Audit Spreadsheet*) which accompanies the SIU Overpayment Letter.

**First Level Dispute:** The level of dispute which can be filed within 30 days of the receipt of the SIU Overpayment Letter (*Attachment 1 SIU Overpayment Letter*), if a provider does not agree with the findings of the SIU audit.

Information about the filing of a First Level Dispute is located in the SIU Overpayment Letter. The First Level Dispute consists of a letter listing the identified violations the provider is disputing and any additional documentation to support the dispute to overturn the findings.

**Fraud:** Any deliberate action which results in illegally obtaining payment or something of value for services, or illegally obtaining medical services. It may be an intentional deception, misrepresentation, or concealment of material facts by a provider or recipient with the knowledge that the deception could result in some unauthorized benefit, gain, or unjust advantage to him or herself or some other person. Fraud is defined in §42 CFR Part 455.2 as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

**FWA Letter Approval Team:** Reviews and approves all letters relating to SIU related functions. Letter review and approval is the responsibility of:

- PerformCare Compliance Director
- PerformCare Executive Director
- SIU Manager, Clinical
- SIU Team Lead, FWA Coordinator

**Overpayment Letter:** Letter sent to the provider when there are findings identified during the audit process. A spreadsheet of the corresponding claims and reasons for the recovery accompanies the Overpayment Letter. The letter details the audit findings, regulation citations that were violated and total recovery amount for the associated claim(s) and notifies the provider of their right to dispute the audit findings within 30 days of the date of receipt of the Overpayment Letter. The letter also includes the name and contact information for the person in the SIU assigned to the audit for questions or to file a dispute of the SIU findings. The Overpayment Letter is also sent to all cc'd individuals, including the Primary Contractor's designated FWA person.

**Provider:** A provider of behavioral healthcare services funded by PerformCare, entered into contracts to provide State plan in lieu of and in addition to services to HealthChoices members.

**Second Level Dispute:** The level of dispute which can be filed within 30 days of the receipt of the First Level Dispute Response Letter (*Attachment 2 SIU First Level Dispute Response Letter*) from the SIU if the provider does not agree with the findings from the First Level Dispute. The Second Level Dispute consists of a letter listing the identified violations the provider is disputing and any additional documentation to support the dispute to overturn the findings.

**Senior Manager, SIU:** Responsible for the management and overall direction of the unit to ensure its primary objectives- to prevent, detect, investigate, and correct fraud, waste, and abuse.

**SIU Clinical Investigator:** Reviews referrals, gathers information related to the allegations, evaluates findings through provider documentation and claims audits to determine if evidence indicates billing errors, over-utilization, abusive activity, or a strong suspicion of fraud, waste, or abuse.

**SIU Manager, Clinical:** An employee position responsible for the direct oversight and management of the unit to ensure its primary objectives – to prevent, detect, investigate, and correct fraud, waste, and abuse.

**SIU Team Lead, Fraud, Waste, and Abuse (FWA) Coordinator:** An employee position dedicated to preventing, detecting, investigating, and referring suspected Fraud, Waste and Abuse in the HealthChoices Behavioral Health Program to Department of Human Services, drafting periodic and ad-hoc reports, and conducting provider audits as needed.

**Special Investigation Unit (SIU):** PerformCare unit responsible for preventing, detecting, correcting, and reporting fraud, waste, and abuse across various categories of health care involving providers or PerformCare Members.

**Waste:** The thoughtless, careless or otherwise improper use of services by members, provision of and billing for such services by providers, or payment for the services by payers. Waste includes erroneous claims adjudication by the company. Waste, as defined by CMS for Medicare Part D, means overutilization of services, or other practices that result in unnecessary costs. Generally, not considered caused by criminally negligent actions but rather the misuse of resources.

**Acronyms:** **CMS:** Center for Medicare and Medicaid  
**DHS:** Department of Human Services

- Procedure:**
1. **First Level Dispute** (filed within 30 days of receipt of the Overpayment Letter)
    - 1.1. In the Overpayment Letter, the provider is notified of the right to file a First Level Dispute. The provider notifies the SIU in writing of their desire to dispute the audit findings.
      - 1.1.1. The dispute also needs to include a description of the audit findings with which they disagree and additional documentation to support their dispute.

- 1.1.2. All information must be received by the SIU within 30 days of the receipt of the Overpayment Letter, *Attachment 1 SIU Overpayment Letter*.
    - 1.1.3. Providers can contact the SIU during the 30-day time frame with any questions regarding the findings.
  - 1.2. The First Level Dispute is to include additional written information that directly supports the reasons for the provider dispute.
  - 1.3. The review of the provider First Level Dispute and audit of the additional information submitted to support the dispute is conducted by a Clinical Investigator not previously involved in the clinical review to determine whether the initial audit findings should be revised.
  - 1.4. Based on the review of the provider's First Level Dispute, the SIU will draft a letter to the provider and submit it to the FWA Coordinator, or designee, and the FWA Letter Approval Team for review and final approval.
  - 1.5. The assigned SIU Clinical Investigator will send the First Level Dispute Response Letter to the provider (*Attachment 2 SIU First Level Dispute Response Letter*). The letter is also sent to all cc'ed individuals, including the Primary Contractor's designated FWA person. The First Level Dispute Response Letter will include any revisions to the audit narrative and an audit spreadsheet with any revisions from the review to the provider, see *Attachment 3 SIU Audit Spreadsheet*. The dispute response from the SIU will be sent to the provider within 60 days of the SIU receipt of the provider dispute and additional supporting documentation. The dispute is solely on the items that are cited in the initial SIU findings and are not extended to additional findings as part of the dispute.
    - 1.5.1. If the provider is satisfied with the response to their First Level Dispute, the overpayment is finalized and will be received from the provider via check or recouped from future claims within 30 days of the receipt of the First Level Dispute Response Letter.
    - 1.5.2. If the provider is not in agreement, a Second Level Dispute may be requested by the provider within 30 days of the receipt of the First Level Dispute Response Letter.
2. **Second Level Dispute** (filed within 30 days of the date of the receipt of the First Level Dispute Response Letter from the SIU)
  - 2.1. In the Second Level Dispute, the provider submits a letter to the SIU identifying the findings with which the provider continues to disagree. The Second Level Dispute is to include additional written documentation that directly supports the reasons for the provider dispute for audit by a Clinical Investigator not previously involved in the prior clinical reviews.

- 2.2. All information must be received by the SIU within 30 days of receipt of the First Level Dispute Response Letter and audit spreadsheet (*Attachment 3 SIU Audit Spreadsheet*).
- 2.3. At any time, the provider or SIU can request a meeting either via teleconference or face to face in the Harrisburg PerformCare Office to discuss the findings and outcome of the review. The provider may invite additional individuals, as deemed appropriate, to attend the meeting in order to facilitate the audit discussion. PerformCare participants may include the Senior Manager, SIU, SIU Manager, Clinical, Program Integrity Legal Department, FWA Coordinator, or designee, Clinical Investigator, the PerformCare Compliance Director and Executive Director, and any other individuals pertinent to the audit.
- 2.4. The purpose of the meeting will be to review the provider's issues with the audit, provide related regulations and contractual citations for ongoing educational purposes in a discussion format and address any issues related to the audit findings. The meeting could result in any or all of the following:
- Ongoing education to the provider regarding the issues found in the SIU audit
  - Discussion of a payment plan to be agreed upon by all parties in terms of the identified overpayment
  - A compromise/negotiation in the resolution to the overpayment finding
  - Involvement of the Health Choices contractors or oversight entities
  - A referral to PerformCare Credentialing Committee
  - Involvement of DHS's Bureau of Program Integrity (BPI) and/or the Office of the Attorney General (OAG)
- 2.5. The SIU Clinical Investigator will draft a written response to the Second Level Dispute (*Attachment 4 Second Level Dispute Response Letter*) and submit it to the FWA Coordinator or designee and the FWA Letter Approval Team for review and final approval. If the dispute meeting occurs after the provider has filed two levels of dispute, a letter is sent to the provider with any revised/negotiated overpayment and any revised audit findings as a result of the dispute meeting. The dispute is solely on the items that are cited in the initial SIU findings and cannot be extended as part of the dispute.
- 2.5.1. The Second Level Dispute response from the SIU will be sent to the provider within 60 days of the SIU receipt of the Second Level Provider Dispute.
- 2.5.2. The Second Level Dispute Response Letter will be sent to the provider and include any required revisions to the audit narrative and audit spreadsheet (*Attachment 3 SIU Audit Spreadsheet*). If a dispute meeting is requested, the letter will include the resolution from the meeting, in terms of the violations and overpayment. The letter is also sent to all cc'ed

individuals, including the Primary Contractor's designated FWA person.

2.6. The overpayment finalized as part of the Second Level Dispute will be received from the provider via check or recouped from future claims. The case will be closed upon receipt of the overpayment.

2.7. Arbitration can be filed by the provider within 30 days of the date of the Second Level Dispute Response Letter.

**Related Policies:** *CC-001 Reporting Suspected Provider Fraud, Waste and Abuse*  
*PR-020 Non-Routine Site Visits*  
*FI-027 Appeals of Administrative Denials*

**Related Reports:** None

**Source Documents and References:** *Title 42- Public Health §42 CFR Part 455.2*

**Superseded Policies and/or Procedures:** None

**Attachments:** *Attachment 1 SIU Overpayment Letter*  
*Attachment 2 SIU First Level Dispute Response Letter*  
*Attachment 3 SIU Audit Spreadsheet*  
*Attachment 4 SIU Second Level Dispute Response Letter*

Approved by:



Primary Stakeholder

Click here to enter a date.

DATE TBD

COMPLIANCE OFFICER

PROVIDER

ADDRESS 1

ADDRESS 2

RE: **Overpayment Letter**

Corporate Compliance Case (CCC) #:

Case Reference Number:

DHS Bureau of Program Integrity Referral #:

HealthChoices Region:

Dear ,

While conducting a recent medical record and claims audit regarding TYPE OF SERVICE REVIEWED, the Special Investigation Unit (SIU) for PerformCare identified potential overpayments to your organization that may have occurred as a result of HIGH LEVEL SUMMARY OF DOCUMENTATION VIOLATIONS AND BILLING ERRORS:

- XXXX (*citation to support finding/violation*)

During the audit conducted by the SIU, the following issues were not included in the calculation of the overpayment but serve as education regarding the documentation and billing requirements for service provision. Please note, the issues listed below may be identified with an overpayment in future audits conducted by the SIU.

- XXXX (*citation to support finding/violation*)

Based on our calculations, the overpayments on the claims in question totaled \$XXXX. Please review the attached audit spreadsheet which contains further details regarding the audit results. If you have questions regarding the results of the audit conducted by the SIU, please contact INVESTIGATOR at 717-XXX-XXXX or E-MAIL. Please note that Protected Health Information [PHI] should not be transmitted through a non-secure e-mail system.

In the event you do not agree with our findings, you must notify us in writing within 30 days from the date of this letter to file a dispute. Instructions on how to file a dispute with the SIU are outlined in *Appendix I – Overpayment Processing Instructions*. Additional details on the SIU dispute process can be found in PerformCare Policy CC-005 *Provider Dispute Policy* which is available on the PerformCare PA website - <https://pa.performcare.org/>. Please note, any documentation that will be submitted to the SIU should be sent in a secured manner that allows you to track and document the receipt of requested documents.

The SIU is obligated to recover all identified overpayments. We request that you send a check for the identified overpayment of \$XXXX made payable to PerformCare. Upon receipt of this check, PerformCare will close this case. Instructions on how to submit a check to the SIU are outlined in *Appendix I – Overpayment Processing Instructions*.

If a check is not received within 30 days from the date of this letter, we will determine you agree with our findings and claims in the sample may be reprocessed and the total overpayment might be recovered from future payments. These recoveries would be reflected on future remittance advices. Please be advised that other service lines on the affected claims could potentially be impacted when these overpayments are reprocessed.

Please sign and submit the *Attestation Statement of Understanding*, attached in Appendix II. Please note, failure to sign and return this attestation will result in a follow-up audit to be conducted by the PerformCare SIU to ensure your agency remains in compliance with local, state, and federal billing and documentation requirements.

Thank you for your continued participation in the PerformCare network.

Sincerely,

NAME, CREDENTIALS

TITLE, Special Investigations Unit

AmeriHealth Caritas Family of Companies/PerformCare

Cc: OVERSIGHT  
Elizabeth Foley, Bureau of Program Integrity



## APPENDIX I:

### Overpayment Processing Instructions

IF YOU...	THEN...
Are sending a check for the overpayment amount within 30 days	<p>Submit your check <b>AND</b> a copy of the letter you received from us with the <b>Corporate Compliance Number</b> to the following address:</p> <p style="text-align: center;"><b>PerformCare SIU AmeriHealth Caritas 8040 Carlson Road Harrisburg, PA 17112 Attention: Finance Department</b></p>
Agree with this letter and do not submit a check within 30 days	<ul style="list-style-type: none"> <li>You do not need to do anything.</li> <li>The claims will be reprocessed and all overpayments will be recovered from future payments.</li> <li>You will be notified when recoupment is to be initiated via an Invoice Letter.</li> </ul>
Have questions regarding the recovery or the calculation of the overpayment amount	<ul style="list-style-type: none"> <li>Contact INVESTIGATOR, (717) XXX-XXXX or via E-MAIL</li> <li>Please reference the <b>Corporate Compliance Number</b> from the letter when calling.</li> </ul>
Do not agree with our findings and would like to dispute this letter	<p><b>You <u>must</u> notify us in writing within 30 days.</b></p> <p>Your dispute submission should include the following:</p> <ul style="list-style-type: none"> <li>The reason for your dispute.</li> <li>Each violation you are disputing.</li> <li>The corresponding Member name and date of service and/or claim line you are disputing.</li> <li>Appropriate supporting documentation for your dispute.</li> </ul> <p>Send your correspondence securely, in a manner that can be tracked, via one of the following options:</p> <ul style="list-style-type: none"> <li>○ Mail: <b>PerformCare SIU AmeriHealth Caritas 8040 Carlson Road Harrisburg, PA 17112 Attention: INVESTIGATOR</b></li> <li>○ Secure email to E-MAIL</li> <li>○ Via fax to 844-688-2969</li> <li>• If secure file-share and/or utilizing a flash drive or CD-ROM are preferred, please reach out to INVESTIGATOR AT (717) XXX-XXXX or via E-MAIL.</li> </ul>

**Appendix II:  
Attestation Statement of Understanding – Documentation Violations and Citations**

Provider:  
Provider ID:  
SIU Case #:

Please read, sign, and return this Attestation Statement of Understanding to the PerformCare SIU.

I \_\_\_\_\_, \_\_\_\_\_ confirm that I have reviewed the  
(Name) (Title)  
documentation violations and corresponding citations listed in the above Overpayment Letter dated XX/XX/XX for  
PerformCare SIU CCC #XXXX-XX. I acknowledge my understanding. I also attest that the documentation violations and  
corresponding citations will be communicated to all clinicians and staff involved in the service provision of the level of  
care in this audit.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward a copy of this completed attestation to INVESTIGATOR by e-mail: EMAIL, or by Fax: 844-688-2969.

DATE TBD

COMPLIANCE OFFICER

PROVIDER

ADDRESS 1

ADDRESS 2

**RE: First Level Dispute Response Letter**  
Corporate Compliance Case (CCC) #:  
Case Reference Number:  
DHS Bureau of Program Integrity Referral #:  
HealthChoices Region:

Dear ,

In a letter dated DATE, the Special Investigations Unit (SIU) for PerformCare informed you of identified overpayments paid to your organization that may have occurred as a result of:

- XXXX (*citation to support finding/violation*)

Based on our calculations at that time, the overpayments on the claims in question totaled \$XXXX. We enclosed this information along with the claim payment detail in a letter to you dated, DATE. You were provided time to dispute our findings, which you did in the form of a XXXX (letter, e-mail, spreadsheet, etc.), dated DATE.

After review of your First Level Dispute, the results of the clinical audit completed by a second Clinical Investigator are outlined below:

- XXXX (*citation to support finding/violation*)

**From the review of your First Level Dispute, the total overpayment continues to be \$XXXX/has been revised to \$XXXX.**

Enclosed you will find the claim detail and information pertaining to the First Level Dispute for your review. Please contact INVESTIGATOR at 717-XXX-XXXX or INSERT E-MAIL with any questions concerning the calculation of the overpayment amount. Please note that Protected Health Information [PHI] should not be transmitted through a non-secure e-mail system.

In the event you do not agree with our findings, you must notify us in writing within 30 days from the date of this letter to file a dispute. Instructions on how to file a dispute with the SIU are outlined in *Appendix I – Overpayment Processing Instructions*. Additional details on the SIU dispute process can be found in PerformCare Policy CC-005 *Provider Dispute Policy* which is available on the PerformCare PA website - <https://pa.performcare.org/>. **As a reminder, PerformCare policy currently allows only two levels of dispute, and your agency has already filed one dispute with the SIU.** Please note, any documentation that will be submitted to the SIU should be sent in a secured manner that allows you to track and document the receipt of requested documents.

If a check is not received within 30 days from the date of this letter, we will determine you agree with our findings and claims in the sample may be reprocessed and the total overpayment might be recovered from future payments. These recoveries would be reflected on future remittance advices. Please be advised that other service lines on the affected claims could potentially be impacted when these overpayments are reprocessed.

Please sign and submit the *Attestation Statement of Understanding*, attached in Appendix II. Please note, failure to sign and return this attestation will result in a follow-up audit to be conducted by the PerformCare SIU to ensure your agency remains in compliance with local, state, and federal billing and documentation requirements.

Thank you for your cooperation.

Sincerely,

NAME, CREDENTIALS

TITLE, Special Investigations Unit

AmeriHealth Caritas Family of Companies/PerformCare

Cc: OVERSIGHT

Elizabeth Foley, Bureau of Program Integrity

## Overpayment Processing Instructions

IF YOU...	THEN...
<p><b>Are sending a check for the overpayment amount within 30 days</b></p>	<p>Submit your check <b>AND</b> a copy of the letter you received from us with the <b>Corporate Compliance Number</b> to the following address:</p> <p style="text-align: center;"><b>PerformCare SIU AmeriHealth Caritas 8040 Carlson Road Harrisburg, PA 17112 Attention: Finance Department</b></p>
<p><b>Agree with this letter and do not submit a check within 30 days</b></p>	<ul style="list-style-type: none"> <li>• You do not need to do anything.</li> <li>• The claims will be reprocessed and all overpayments will be recovered from future payments.</li> <li>• You will be notified when recoupment is to be initiated via an Invoice Letter.</li> </ul>
<p><b>Have questions regarding the recovery or the calculation of the overpayment amount</b></p>	<ul style="list-style-type: none"> <li>• Contact INVESTIGATOR, (717) XXX-XXXX or via E-MAIL</li> <li>• Please reference the <b>Corporate Compliance Number</b> from the letter when calling.</li> </ul>
<p><b>Do not agree with our findings and would like to dispute this letter</b></p>	<p style="text-align: center;"><b>You <u>must</u> notify us in writing within 30 days.</b></p> <p>Your dispute submission should include the following:</p> <ul style="list-style-type: none"> <li>• The reason for your dispute.</li> <li>• Each violation you are disputing.</li> <li>• The corresponding Member name and date of service and/or claim line you are disputing.</li> <li>• Appropriate supporting documentation for your dispute.</li> </ul> <p>Send your correspondence securely, in a manner that can be tracked, via one of the following options:</p> <ul style="list-style-type: none"> <li>○ Mail: <b>PerformCare SIU AmeriHealth Caritas 8040 Carlson Road Harrisburg, PA 17112 Attention: INVESTIGATOR</b></li> <li>○ Secure email to E-MAIL</li> <li>○ Via fax to 844-688-2969</li> <li>• If secure file-share and/or utilizing a flash drive or CD-ROM are preferred, please reach out to INVESTIGATOR AT (717) XXX-XXXX or via E-MAIL.</li> <li>• <b>As a reminder, PerformCare policy currently allows only two levels of dispute, and your agency has already filed one dispute with the SIU.</b></li> </ul>

**Appendix II:**  
**Attestation Statement of Understanding – Documentation Violations and Citations**

Provider:  
Provider ID:  
SIU Case #:

Please read, sign, and return this Attestation Statement of Understanding to the PerformCare SIU.

I \_\_\_\_\_ confirm that I have reviewed the  
(Name) (Title)

documentation violations and corresponding citations listed in the above First Level Dispute Letter dated XX/XX/XX for PerformCare SIU case #XXXX-XX. I acknowledge my understanding. I also attest that the documentation violations and corresponding citations will be communicated to all clinicians and staff involved in the service provision of the level of care in this audit.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward a copy of this completed attestation to [INVESTIGATOR] by e-mail: [\[E-MAIL\]](#), or by Fax: 844-688-2969.

**Provider:**

**Total Overpayment:**

**Payor:** \_\_\_\_\_

**Provider ID:**

CCC#:

[illegible]

DATE

COMPLIANCE OFFICER

PROVIDER

ADDRESS 1

ADDRESS 2

**RE: Second Level Dispute Response Letter**

Corporate Compliance Case (CCC) #:

Case Reference Number:

DHS Bureau of Program Integrity Referral #:

HealthChoices Region:

Dear ,

In a letter dated DATE, the Special Investigations Unit (SIU) for PerformCare informed you of identified overpayments paid to your organization that may have occurred as a result of:

- XXXX (*citation to support finding/violation*)

Based on our calculations at that time, the overpayments on the claims in question totaled \$XXXX. We enclosed this information along with the claim payment detail in a letter to you dated, DATE. You were provided time to file a First Level Dispute our findings, which you did in the form of a letter, dated DATE. Additional information was received with the letter and was reviewed by a second Clinical Investigator in the Special Investigations Unit (SIU).

After review of your First Level Dispute, the results of the clinical audit completed by a second Clinical Investigator are outlined below.

- XXXX (*citation to support finding/violation*)

**From the review of your First Level Dispute and supportive documentation, the total overpayment was \$XXXX or had been revised to \$XXXX.** We enclosed this information along with the claim payment detail in a letter to you dated, DATE. You were provided time to file a Second Level Dispute of the SIU findings, which you did in the form of a letter and supporting documentation, dated, DATE. Additional information was received with the letter and was reviewed by a third Clinical Investigator in the Special Investigations Unit (SIU).

After review of your First Level Dispute, the results of the clinical audit completed by a third Clinical Investigator are outlined below.

- XXXX (*citation to support finding/violation*)

**From a review of your Second Level Dispute and supporting documentation, the total overpayment was \$XXXX/had been revised to \$XXXX.** Enclosed you will find the claim detail and information pertaining to the Second Level Dispute for your review. Please contact INVESTIGATOR at 717-XXX-XXXX or INSERT E-MAIL with any questions concerning the calculation of the overpayment amount.



At this time, we request that you send a check for the amount of \$XXXX made payable to PerformCare. Upon receipt of this check, PerformCare will close this case. Instructions on how to submit a check to the SIU are outlined in *Appendix I – Overpayment Processing Instructions*. As a reminder, PerformCare policy currently allows only two levels of dispute, and your agency has already filed two disputes with the SIU.

If a check is not received within 30 days from the date of this letter, these claims will be reprocessed, and all overpayments will be recovered from future payments. Please be advised that other service lines on the affected claims could potentially be impacted when these overpayments are reprocessed.

Please sign and submit the *Attestation Statement of Understanding*, attached in Appendix II. Please note, failure to sign and return this attestation will result in a follow-up audit to be conducted by the PerformCare SIU to ensure your agency remains in compliance with local, state, and federal billing and documentation requirements.

Thank you for your cooperation.

Sincerely,

NAME, CREDENTIALS

TITLE, Special Investigations Unit

AmeriHealth Caritas Family of Companies/PerformCare

Cc: OVERSIGHT

Elizabeth Foley, Bureau of Program Integrity

## Overpayment Processing Instructions

IF YOU...	THEN...
Are sending a check for the overpayment amount within 30 days	<p>Submit your check <b><u>AND</u></b> a copy of the letter you received from us with the <b>Corporate Compliance Number</b> to the following address:</p> <p><b>PerformCare SIU AmeriHealth Caritas 8040 Carlson Road Harrisburg, PA 17112 Attention: Finance Department</b></p>
Do not submit a check within 30 days	<ul style="list-style-type: none"><li>• You do not need to do anything.</li><li>• The claims will be reprocessed, and all overpayments will be recovered from future payments.</li><li>• You will be notified when recoupment is to be initiated via an Invoice Letter.</li></ul>
Have questions regarding the recovery or the calculation of the overpayment amount	<ul style="list-style-type: none"><li>• Contact Contact INVESTIGATOR, (717) XXX-XXXX or via E-MAIL</li><li>• Please reference the <b>Corporate Compliance Number</b> from the letter when calling.</li></ul>



8040 Carlson Road  
Harrisburg, PA 17112

Provider:  
Provider ID:  
SIU Case #:

**Attestation Statement of Understanding – Documentation Violations and Citations**

Please read, sign, and return this Attestation Statement of Understanding to the PerformCare SIU.

I \_\_\_\_\_, \_\_\_\_\_ confirm that I have reviewed the  
(Name) (Title)

documentation violations and corresponding citations listed in the above Second Level Dispute Letter dated XX/XX/XX for PerformCare SIU case #XXXX-XX. I acknowledge my understanding. I also attest that the documentation violations and corresponding citations will be communicated to all clinicians and staff involved in the service provision of the level of care in this audit.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward a copy of this completed attestation to [INVESTIGATOR] by e-mail: [E-MAIL], or by Fax: 844-688-2969.