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Owner	Deabra Hardrick-Crump: Director of Claims
Policy Area	Claims Management
Applicability	Detroit Wayne Integrated Health Network
References	42 CFR 405.379

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Claims Recoupment Policy

CLAIMS RECOUPMENT POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) to recoup any payments found to be be in error, including but not limited to overpayment's resulting from billing inaccuracies, eligibility discrepancies, or duplicate payments.

PURPOSE:

To establish a standardized and compliant process for identifying, validating, and recovering overpayment's for Medicare and Medicaid claims in accordance with federal and state regulations.

1. Identify and report overpayment's promptly
2. Ensure all recoupment's are accurate, justified, and fully documented
3. Process recoupment's within required regulatory time frames (e.g., 60 days for Medicare).
4. Provide clear and timely notification to providers
5. Maintain audit-ready documentation at all times

APPLICATION

1. The following groups are required to implement and adhere to this policy:
    a. DWIHN Board,
    b. DWIHN Staff including the following
        1. DWIHN PIHP Staff
        2. DWIHN Community Care Clinic Staff (Direct Care Staff)
        3. DWIHN Crisis Care Center Staff
        4. DWIHN Mobile Crisis Staff
    c. Contractual Staff
    d. Clinically Responsible Service Provider (CRSP) and their subcontractors
    e. Specialty Providers
    f. Credentialing Verification Organization (CVO)
    g. Designated Collaborating Organizations (DCO)
2. This policy serves the following populations:
    a. Adults
    b. Children
    c. Individuals with Intellectual and/or Developmental Disabilities (I/DD)
    d. Serious Mental Illness (SMI),
    e. Serious Emotional Disturbance (SED),
    f. Substance Use Disorder (SUD)
    g. Autism
    h. Mild/Moderate levels of care
3. This policy impacts the following contracts/service lines:
    a. Autism
    b. Certified Behavioral Health Clinics
    c. General Fund
    d. Grants
    e. MI Coordinated Health (MICH) HIDE SNP
    f. Medicaid
    g. SUD

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KEYWORDS

1. **Recoupment**: Recovery of funds paid in error on a claim.
2. **Overpayment**: Any funds received or retained to which the provider or organization is not

entitled under applicable regulations.

3. **Adjustment**: A correction to a previously adjudicated claim resulting in a financial change.

STANDARDS

1. All recoupment's must comply with applicable regulations, including but not limited to:
    a. Centers for Medicare & Medicaid Services (CMS) requirements
    b. Federal overpayment rules (e.g., 60-day overpayment return rules)
    c. State Medicaid program requirement limits and look back period
    d. Provider contract terms and conditions
2. Recoupment's will be processed through the claims adjudication system.
3. Adjustments must be clearly linked to the original claim.
4. Offsets against future payments may be used only if permitted under CMS and state Medicaid rules.

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, risk management program, and Quality Assessment/Performance Improvement Program (QAPIP) Work-plan.

The quality improvement programs of Network Providers must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

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COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, Contracted Network Providers, and their subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Michigan Department of Health and Human Services Medicaid Provider Manual (in effect, and as as amended)
2. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program (PIHP/CMHSP contracts in effect, and as amended)

RELATED POLICIES AND PROCEDURES

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

INTERNAL, EXTERNAL

Approval Signatures

Step Description	Approver	Date
VP of Clinical	Erik Hutchison: Vice President of Clinical Operations	Pending
Unit Review and Approval	Justin Zeller: Project Manager	09/2026

Applicability

Detroit Wayne Integrated Health Network

Standards

No standards are associated with this document

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