Medicare Member Overpayment Reimbursements:

What Providers Need to Know

Protecting members from inappropriate out-of-pocket costs is a shared responsibility. As a reminder, under *42 C.F.R. §422.270(b)*, providers are required to refund all amounts inaccurately collected from Medicare members.

Follow these 3 easy steps when a Medicare member overpayment has occurred:

1 Reimburse Timely	2 Show Evidence of Reimbursement	3 Send Documentation
Reimburse the member within a reasonable timeframe using one of the following methods. ▪ Reimbursement by check ▪ Applied as a member account credit ▪ Completed through another agreed upon method	**Provide evidence of reimbursement or account credit which may include one of the following:** ▪ An image of the reimbursement check and mail date. ▪ A screenshot of member's account that shows the credit adjustment. ▪ A printout of the member's account reflecting a zero balance, including the full account history showing no member payment received since the date of service. ▪ A letter on company letterhead, signed by an authorized representative including name and title, confirming the member has a zero balance and was not charged.	**Send the required documentation via secure email within two (2) weeks of receiving a letter from us requesting documentation for adjusted claims showing overpayment.**

Failure to reimburse members in a timely manner may result in Civil Monetary Penalties (CMP) imposed by CMS.

If you have questions about this requirement, please contact Provider Services.

For more than 20 years, Wellcare has offered a range of Medicare products, which offer affordable coverage beyond Original Medicare. If you have any questions, please contact Provider Relations.

By Allwell
By Fidelis Care
By Health Net
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