

Department of Medical Assistance Services
Medicare Transportation Crossover Recovery

FREQUENTLY ASKED QUESTIONS

Who should I contact?

To obtain password to access encrypted files on enclosed CD:	(804) 371-7983
Technical questions about accessing files on the enclosed CD:	Robert Chapman (804) 225-4079
Questions concerning repayment options:	David Stankavich (804) 786-3228
Questions concerning filing an appeal:	Provider Appeals (804) 371-8488
Questions concerning specific claims included in the overpayment calculation:	Bill Zieser (804) 371-8855
Other questions or concerns:	(804) 371-7983 Leave Message

What information is on the enclosed CD?

Two files (one in Excel97 format, the other in Adobe pdf) listing the claims that were paid incorrectly, the amounts paid, and the amount of overpayment, have been provided on the enclosed CD.

How do I access the files on the enclosed CD?

Since this CD contains Protected Health Information (PHI), it has been encrypted. Please call (804) 371-7983 to obtain the password to access the files. In addition, instructions for decrypting the files on the CD have been provided.

Which claims are included in determining the overpayment amount?

Claims included are all Medicare "crossover" claims for transportation providers that have been adjudicated, and have a remit date on or after April 15, 2005. Medicare "crossover" claims are those claims for which the transportation provider first bills Medicare for payment, and then the claims "cross over" to Medicaid for any additional payment. Included are all incorrectly paid claims and any subsequent adjustments or voids with remit dates before August 31, 2008.

What are my options for repayment?

1 - To refund the overpayment in full within 30 days of receipt of this letter:
A check for the amount should be made payable to the Department of Medical Assistance Services and sent to:

Department of Medical Assistance Services
Fiscal Division
600 East Broad Street
Richmond, Virginia, 23219

2 - To request an extended repayment schedule package:

Call or write David Stankavich at:

**Department of Medical Assistance Services
Fiscal Division
600 East Broad Street
Richmond, Virginia, 23219
Ph. 804-786-3228**

Once a repayment package is completed and returned with signed agreement, DMAS will review the documentation and contact you with a decision.

3 - If you wish to appeal the amount, it must be done within 30 days of receipt of this letter. The notice of appeal is considered filed when it is date stamped by the DMAS Appeals Division. This notice must identify the issues being appealed and must be sent to:

**Samuel J. Metallo, Division Director
Appeals Division
Department of Medical Assistance Services
600 East Broad Street, 11th Floor
Richmond, Virginia, 23219**

Collection efforts will cease during the appeals process. If DMAS does not receive a written notice of appeal within 30 days of receipt of this letter, you will have no further rights to appeal this notification.