

Request for Claims Override

To: Division of Medical Assistance
Claims Analysis Unit

From: _____ Telephone Number: _____
_____ County Department of Social Services

Date: _____

COMPLETE ALL PERTINENT SECTIONS

Recipient: _____ MID: _____

Date of Application: _____ Date of Disposition: _____

Reason for override request: **(There are NO other acceptable reasons.)**

Social Security/SSI disability approval after a Medicaid disability denial:

SSA/SSI disability denial subsequently reversed by SSA.

Onset of disability: _____

Date notice of approval received by dss: _____

Authorization limited to the later of the date of application or onset of disability.

Medicaid disability denial subsequently approved by

SSA. Onset of disability: _____

Date county dss learned of SSA/SSI approval: _____

Authorization limited to 12 months prior to the county's learning of SSA/SSI approval.

County/State hearing decision in favor of the a/r.

Date DSS-1894 "Notice of Decision" received by dss: _____

Court order in favor of the a/r.

County administrative error: Date error discovered by dss: _____

Cause of error: _____

Authorization limited to 12 months prior to discovery of error.

Application opened/reopened when the applicant was discouraged from applying, encouraged to withdraw an application, or the application was improperly denied.

County dss learned of approval of an SSI/SDX application.

Eligible dates in EIS for which override is needed: _____

Send notice of override approval to: Recipient Responsible person

Responsible person: Name _____

Address _____

Response to Request for Claims Override

To: _____ Department of Social Services

From: Claims Analysis Unit
Division of Medical Assistance

Recipient: _____ MID: _____

OVERRIDE APPROVAL

Override authorization is **approved** for this recipient for the following date(s):

Advise the recipient to inform all medical providers to file outstanding claims directly with HP, the Medicaid contractor, no later than _____

If the recipient is unable to notify providers, or is deceased, the IMC must follow procedures in MA-2395, Corrective Actions and Responsibility for Errors, IV.C.9 and MA-2410, Medicare Enrollment & Buy-In, VIII. C. D. and E.

OVERRIDE DENIAL

The override request is **denied** for all or part of the date(s) because:

- Failure of the provider to file timely is not a basis for override.
- The claims filing time limit has not expired. No override is needed.
- The request does not meet policy guidelines. See M-AABD, MA-2395.
Advise providers to submit claims to DMA, Claims Analysis Unit, for special handling within 45 days of date of decision indicated below.
- Other: _____

Date

Claims Analyst, DMA