

(g) *Reclaim of refunds.* (1) If a provider is determined bankrupt or out of business under this section after the 60-day period following discovery of the overpayment ends and the State has not been able to make complete recovery, the agency may reclaim the amount of the Federal share of any unrecovered overpayment amount previously refunded to HCFA. HCFA allows the reclaim of a refund by the agency if the agency submits to HCFA documentation that it has made reasonable efforts to obtain recovery.

(2) If the agency reclaims a refund of the Federal share of an overpayment—

(i) In bankruptcy cases, the agency must submit to HCFA a statement of its efforts to recover the overpayment during the period before the petition for bankruptcy was filed; and

(ii) In out-of-business cases, the agency must submit to HCFA a statement of its efforts to locate the provider and its assets and to recover the overpayment during any period before the provider is found to be out of business in accordance with § 433.318.

(h) *Supporting reports.* The agency must report the following information to support each Quarterly Statement of Expenditures Form HCFA-64:

(1) Amounts of overpayments not collected during the quarter but refunded because of the expiration of the 60-day period following discovery;

(2) Upward and downward adjustments to amounts credited in previous quarters;

(3) Amounts of overpayments collected under court-approved discharges of bankruptcy;

(4) Amounts of previously reported overpayments to providers certified as bankrupt or out of business during the quarter; and

(5) Amounts of overpayments previously credited and reclaimed by the State.

§ 433.322 Maintenance of records.

The Medicaid agency must maintain a separate record of all overpayment activities for each provider in a manner that satisfies the retention and access requirements of 45 CFR part 74, subpart D.

PART 434—CONTRACTS

Subpart A—General Provisions

- Sec.
- 434.1 Basis and scope.
 - 434.2 Definitions.
 - 434.4 State plan requirement.
 - 434.6 General requirements for all contracts and subcontracts.

Subpart B—Contracts with Fiscal Agents and Private Nonmedical Institutions

- 434.10 Contracts with fiscal agents.
- 434.12 Contracts with private nonmedical institutions.
- 434.14 [Reserved]

Subpart C—Contracts with HMOs and PHPs: Contract Requirements

GENERAL REQUIREMENTS

- 434.20 Basic rules.

ADDITIONAL REQUIREMENTS

- 434.21 Contracts that must meet additional requirements.
- 434.22 Application of sanctions to risk comprehensive contracts.
- 434.23 Capitation fees.
- 434.25 Coverage and enrollment.
- 434.26 Composition of enrollment.
- 434.27 Termination of enrollment.
- 434.28 Advance directives.
- 434.29 Choice of health professional.
- 434.30 Emergency medical service.
- 434.32 Grievance procedure.
- 434.34 Quality assurance system.
- 434.36 Marketing.
- 434.38 Inspection and audit of HMO's financial records.

Subpart D—Contracts With Health Insuring Organizations

- 434.40 Contract requirements.
- 434.42 Application of sanctions to risk comprehensive contracts.
- 434.44 Special rules for certain health insuring organizations.

Subpart E—Contracts with HMOs and PHPs: Medicaid Agency Responsibilities

- 434.50 Proof of HMO or PHP capability.
- 434.52 Furnishing of required services.
- 434.53 Periodic medical audits.
- 434.57 Limit on payment to other providers.
- 434.59 Continued service to recipients whose enrollment is terminated.
- 434.61 Computation of capitation fees.
- 434.63 Monitoring procedures.
- 434.65 Services included in the State plan but not covered by the contract.