

**249A.42A Overpayment — subsequent ineligibility of recipient — recovery — recoupment — reimbursement.**

Notwithstanding any provision to the contrary, if a recipient is deemed ineligible for medical assistance following delivery of care or service by a provider, in an administrative action to recover an overpayment to the provider based solely on the grounds of such recipient's ineligibility, the department acting as the state Medicaid agency shall reimburse the provider for any recoupment of an overpayment using state-only funds for care or services delivered if all of the following conditions are met:

1. The provider verified eligibility through the eligibility and verification system or the secure web portal of, and obtained any necessary prior authorization for, the recipient on whose behalf payment was made to the provider prior to the delivery of care or service to the recipient.

2. The provider documented the eligibility verification performed and any necessary prior authorization obtained pursuant to subsection 1 in a manner and format established by the department by rule, and retained the required documentation in the recipient's file.

[2022 Acts, ch 1065, §1](#); [2022 Acts, ch 1153, §10](#)