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Sponsor:	<i>Brian Kozik: SVP, COMPLIANCE & PRIVACY</i>
Section:	<i>GA-Corporate Compliance</i>
Manuals:	<i>Compliance</i>

GA-004-493 Overpayments

I. Purpose

The purpose of this policy is to establish the procedure to ensure the timely and appropriate reporting and return of Overpayments received from Federal and State Healthcare Programs.

II. Key Terms

Federal or State Health Care Programs: Any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government or a state government, including, but not limited to: Medicare, Medicaid, managed Medicare, managed Medicaid, TriCare/CHAMPUS, United States Department of Veterans Affairs (VA), The State Children's Health Insurance Program (SCHIP), and Federal Employees Health Benefit Plan.

Identification or Identifying: When a final determination has been made that Broward Health has received an amount of money in excess of the amount due and payable under any Federal health care program requirements, even if the final amount of the Overpayment has not yet been quantified or otherwise determined, or a final determination has been made that a Reportable Event has probably occurred, even if all the underlying details and cause(s) of the event have not yet been determined.

Overpayment: An Overpayment is the amount of funds Broward Health has received in excess of the amount due and payable under any Federal health care program requirements. An Overpayment may be the result of non-adherence to Federal health care program requirements, errors by a Broward Health Workforce Member, payment processing errors by the payer, or erroneous or incomplete information provided to Broward Health by the patient or responsible party.

Reasonable Diligence: The standard as fact-dependent, including both proactive compliance activities, and the timely investigation of credible information regarding a potential overpayment, conducted in good faith by qualified individuals

Substantial Overpayment: As defined by Broward Health, any Overpayment of \$25,000 or more.

III. Policy

- A. Broward Health is committed to identifying, quantifying and repaying Overpayments consistent with this Policy. All Overpayments will be handled in a manner in accordance with any government

program requirements, including applicable statutes regulations, Medicare or other federal health care program payment manuals, and Medicare Administrative Contractor.

- B. Overpayments received from a Federal healthcare program that have been identified and quantified will be reported and refunded to the appropriate program within sixty (60) days, or as required by the Affordable Care Act, or as required by the payor.
- C. Under the Corporate Integrity Agreement (CIA), if the Overpayment is a Substantial Overpayment, the Office of the Inspector General (OIG) shall be notified within thirty (30) days of Identification.

IV. Procedures

A. Identification and Quantification of Overpayment(s)

1. The Chief Compliance Officer (CCO) (or designee) receives a Compliance Issue (this can occur through multiple avenues, such as the Disclosure Program, auditing and monitoring, or external agency correspondence) concerning a potential Overpayment. The Compliance Issue is entered in the compliance database.
2. The CCO conducts a preliminary review to determine if there is a credible information of a potential Overpayment. If so, the CCO (or designee) will engage in, or facilitate, an investigation into whether an Overpayment occurred.
3. When Broward Health obtains credible information concerning a potential Overpayment, Broward Health needs to undertake Reasonable Diligence to determine whether an Overpayment has been received and to quantify the amount.
4. The 60-day time period begins when either the Reasonable Diligence is completed or on the day Broward Health received credible information of a potential Overpayment, if Broward Health failed to conduct reasonable diligence, and Broward Health in fact received an Overpayment.
5. If the investigation determines that Broward Health received an amount of money in excess of the amount due and payable under any Federal health care program requirement, an Overpayment has been Identified.
6. Quantification of the Overpayment may require a review of a claim and other similar claims, probe sample of claims, or an extrapolation of a universe of claims.

B. Notification, Return, and Tracking of Overpayment(s)

1. Notification and repayment to the payor will be done in accordance with the payor's policies.
2. If at any time, Broward Health identifies any Overpayment received from a Federal healthcare program, Broward Health shall repay the Overpayment to the appropriate Federal healthcare program within sixty (60) days from the date of quantification, or as otherwise required by law.
3. If the Overpayment is not yet quantified, within sixty (60) days after identification, the appropriate department will work on quantifying the Overpayment.
4. Upon determining the amount of the Overpayment, the CCO (or designee) will provide the necessary information to the Central Business Office (CBO) or the Physician Business Office (PBO), including the patient identifiers, date of service, affected codes, the reasons for the Overpayment, and any other necessary documentation.
5. The CBO and PBO will be responsible for submitting the return of Overpayments and any applicable documentation provided by the Corporate Compliance Department to the appropriate

healthcare program payer according to the payor's procedures. The Corporate Compliance Department and Ethics Department shall receive documentation from the CBO and PBO that the identified Overpayment has been refunded.

6. All Overpayments will be tracked in the compliance database by the CCO (or designee). If an underpayment error is identified, Broward Health may request additional payment, as permissible.

C. Reporting Substantial Overpayment(s)

1. In accordance with the CIA, if an Overpayment meets the threshold of a Substantial Overpayment, the CCO will report the Substantial Overpayment to the OIG within thirty (30) days of Identification of the Overpayment.
2. Within sixty (60) days of identification of the Overpayment, Broward Health will provide the OIG with a copy of the notification of the Overpayment and the repayment (if quantified) to the payor.

D. Corrective Action(s)

1. Senior Management will take remedial steps to correct the underlying cause of the Overpayment within ninety (90) days after identification or within such additional time period as may be agreed to by the payor and take corrective action to prevent the Overpayment from recurring in accordance with the Compliance Audit Manual.

V. Related Policies and Compliance Documents

- Broward Health Code of Conduct
- Actions and Events Reportable to the OIG under the Corporate Integrity Agreement (CIA), Policy No. GA-004-006
- Compliance Audit and Monitoring, Policy No. GA-004-345
- Compliance with Federal Anti-Kickback Statute and Stark Law, Policy No. GA-004-007
- Deficit Reduction Act, Policy No. GA-004-285
- Duty to Report, Policy No. GA-004-004
- Compliance Investigations Standard Operating Procedure, Policy No. SOP-COR-CCE-01

I. References

Section 6402(a) of Affordable Care Act S.S.A. § 1128J(d) (42 U.S.C. § 1320a-7k(d))

Department of Health and Human Services, Office of Inspector General, Publication of the OIG

Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987 (Feb. 23, 1998)

Department of Health and Human Services, Office of Inspector General, OIG Supplemental Compliance Program Guidance for Hospitals, 70 Fed. Reg. 4858 (Jan. 31, 2005)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Final Approver	Brian Kozik: SVP, COMPLIANCE & PRIVACY	08/2020
	Lucia Pizano-Urbina: EXEC DIR, CORP COMPLIANCE	08/2020
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