I. Policy Statement
   a. This policy outlines the steps MU Health will take when a Reportable Event is identified and reporting to the Office of Inspector General (OIG) of the U.S. Department of Health and Human Services.

II. Definitions
   a. Reportable Events are:
      i. a Substantial Overpayment received from payer;
      ii. a matter that a reasonable person would consider a probable violation of criminal, civil, or administrative laws applicable to any Federal health care program for which penalties or exclusion may be authorized;
      iii. the employment of or contracting with a Covered Person (as defined under the Corporate Integrity Agreement) who is an Ineligible Person as defined by Section III.G.1.a.; or
      iv. the filing of a bankruptcy petition by MU Health.
      v. Reportable events can be the result of an isolated event or a series of occurrences.

   b. Overpayment means the amount of money MU Health has received in excess of the amount due and payable under any Federal health care program requirements.

   c. Substantial Overpayment means an overpayment or series of related overpayments that is substantial based on consideration of the following factors: number of claims affected, time period over which overpayment(s) occurred, dollar amount involved, and nature of the error that led to the overpayment.

   d. Ineligible Person means an individual or entity who:
      i. is currently excluded, debarred, or suspended from participation in the Federal health care programs or in Federal procurement or non-procurement programs, and
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ii. has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), but has not yet been excluded, debarred, or suspended.

e. Federal Health Care Programs means
   i. 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 (other than the health insurance program under Chapter 89 of Title 5 of the United States Code); and

   ii. State health care programs which are:
       1. a State plan approved under subchapter XIX of chapter 7 of title 42 of the US Code [Medicaid],
       2. any program receiving funds under subchapter V of chapter 7 of title 42 of the US Code or from an allotment to a State under such subchapter [Maternal and Child Health Services Block Grants],
       3. any program receiving funds under division A of subchapter XX of chapter 7 of title 42 of the US Code or from an allotment to a State under such division [Block Grants to States for Social Services], or
       4. a State child health plan approved under subchapter XXI of chapter 7 of title 4 of the US Code [State Children’s Health Insurance Program].

   iii. The term federal health care programs includes, but is not limited to, Medicare Parts A and B, traditional Medicaid programs, managed Medicaid programs, Medicare Parts C and D, TriCare, and United States Department of Veterans Affairs health care programs.

III. Process/Content

a. If MU Health determines, after a reasonable opportunity to conduct an appropriate review or investigation of the allegations, through any means that there is a Reportable Event, the Chief Compliance Officer shall notify the Office of Inspector General (OIG) and its agents, in writing, within 30 days after making the determination that the Reportable Event exists.

b. For Reportable Events involving a Substantial Overpayment, the report to OIG should be made within 30 days after making a determination that a Substantial Overpayment exists and will need to include:
   i. A complete description of all details relevant to the Reportable Event, which includes, at a minimum:
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1. The types of claims, transactions, or other conduct giving rise to the Reportable Event;
2. The period during which the conduct occurred; and
3. The names of entities and individuals believed to be implicated including an explanation of their roles in the Reportable Event.

ii. The Federal health care programs affected by the Reportable Event.

iii. A description of the steps taken by MU Health to identify and quantify the Overpayment; and

iv. A description of MU Health’s actions taken to correct the Reportable Event and prevent it from recurring.

c. Within 60 days of identification of an Overpayment, MU Health shall provide OIG and its agents with a copy of the notification and repayment (if quantified) to the appropriate payer.

d. For Reportable Events involving a matter that a reasonable person would consider a probable violation of criminal, civil, or administrative laws applicable to any Federal health care program for which penalties or exclusion may be authorized, the report to OIG will need to include:

   i. a complete description of all details relevant to the Reportable Event, which includes, at a minimum:
      1. the types of claims, transactions, or other conduct giving rise to the Reportable Event;
      2. the period during which the conduct occurred; and
      3. the names of entities and individuals believed to be implicated, including an explanation of their roles in the Reportable Event.

   ii. a statement of the Federal criminal, civil, or administrative laws that are probably violated by the Reportable Event;

   iii. the Federal health care programs affected by the Reportable Event;

   iv. a description of MU Health’s actions taken to correct the Reportable Event and prevent it from recurring; and

   v. if the Reportable Event has resulted in an Overpayment, a description of the steps taken by MU Health to identify and quantify the Overpayment.

e. For reportable events involving employment or contracting with an Ineligible Person, the report to OIG will need to include:

   i. the identity of the Ineligible Person and the job duties performed by that individual;

   ii. the dates of the Ineligible Person’s employment or contractual relationship;
iii. a description of the Exclusion Lists screening that MU Health completed before and/or during the Ineligible Person’s employment or contract and any flaw or breakdown in the Ineligible Persons screening process that led to the hiring or contracting with the Ineligible Person;

iv. a description of how the Reportable Event was discovered; and

v. a description of any corrective action implemented to prevent future employment or contracting with an Ineligible Person.

f. For Reportable Events involving a bankruptcy petition, the report to the OIG shall include documentation of the bankruptcy filing and a description of any Federal health care program authorities implicated.

IV. Attachments
   a. MU Health policy “Overpayments Reporting and Return Policy”.

V. References, Regulatory References, Related Documents, or Links
   a. Not Applicable.