I. Policy Statement
   a. The purpose of this policy is to establish a process to identify, quantify, and repay any overpayments received from any Federal health care program and commercial payers within payer specific timelines, and to identify possible underlying problems in an effort to prevent overpayments from recurring. This policy applies to University of Missouri Health Care (MUHC), University Physicians (UP) and all corporate departments (collectively MU Health or MUH).

II. Definitions
   a. As used in this policy, the terms shall be defined as follows. If there is a question about the application of the definition in a particular matter, the Office of Corporate Compliance or Office General Counsel should be consulted.
   b. Overpayment means
      i. The amount of money MUH has received in excess of the amount due and payable under any Federal health care program requirements.
   c. Substantial Overpayment means
      i. 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. 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],
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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.

e. Identification of an overpayment means:
   i. For Medicare parts A and B and traditional Medicaid fee for service programs, identification of an overpayment occurs when it has been determined to exist and has been quantified. For other federal health care programs, applicable contracts and program guidance shall be consulted to determine when identification of an overpayment is considered to have occurred. If there is no applicable guidance, identification of the overpayment shall be considered to have occurred when it has been determined to exist and quantified in the exercise of reasonable diligence.

III. Process/Content

a. MUH will report and return overpayments received from Federal health care programs within 60 days of identification. If commercial plans are potentially affected, they will be addressed consistent with the terms of applicable contracts and requirements.

b. Overpayment Procedure
   i. Investigation of Potential Overpayment
      1. Upon determining that a potential overpayment was received from the payer, the operating unit of MUH that submitted the claim, statement, or other request for payment will take action as listed below.
         a. Promptly investigate and determine whether an overpayment exists and, if so, quantify the amount of the overpayment.
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b. Exercise reasonable diligence in determining whether an overpayment exists and quantifying the overpayment. MUH shall not take more than six (6) months from the date of receipt of credible information suggesting an overpayment may exist to determine whether an overpayment exists and to quantify the overpayment, except in extraordinary circumstances.

c. Confer with the Office of Corporate Compliance, the Office of General Counsel, Internal Audit, and other MUH, MU, and UM System operating units as necessary to obtain their assistance in establishing a process for investigating the potential overpayment, determining whether an overpayment exists, and quantifying the amount of the overpayment.

d. For Substantial Overpayments, the Chief Compliance Officer shall be immediately notified of the existence of the Substantial Overpayment. The Chief Compliance Officer shall in turn promptly notify the Executive Compliance Committee of the existence of the Substantial Overpayment.

e. When an overpayment for Medicare Parts A and B is determined to exist, MUH shall quantify the overpayment using a six (6) year look-back period. For other federal health care programs, applicable contracts and program guidance shall be consulted to determine an appropriate look-back period.

f. If commercial plans or private payers are potentially affected by the underlying error, such claims shall be separately considered and addressed consistent with the terms of the applicable contracts and program requirements.

g. For overpayments identified in connection with an Independent Review Organization claims review, MUH shall comply with Appendix B of the Corporate Integrity Agreement (. See Section A.3 and B.3.c of Appendix B.) in determining the amount of repayments, if any, and shall consider recommendations from the Independent Review Organization in developing its corrective action plan.
ii. Reporting and Return of Overpayment

1. Repay the overpayment to the appropriate payer (e.g., Medicare contractor) within 60 days after identification.
   a. Abide by payer specific policy guidelines in regards to overpayment notification and repayment to the payer.
      Notification and repayment of an overpayment amount that routinely is reconciled or adjusted pursuant to policies and procedures established by the payer should be handled in accordance with such policies and procedures.
   b. When an overpayment relates to a cost reporting issue, a submission to the OIG Self-Disclosure Protocol, or a submission to the CMS Voluntary Self-Referral Disclosure Protocol, or presents unique circumstances not addressed by this policy, the Office of Corporate Compliance and/or Office of General Counsel should be consulted to assist in determining the reporting deadline and repayment procedure.
   c. If the overpayment is a Substantial Overpayment, it shall be reported to the Office of Inspector General for the United States Department of Health and Human Services consistent with the Reportable Events policy.

iii. Corrective Action

1. Following determination that an overpayment exists, the operating unit of MUH that submitted the claim, statement, or other request for payment shall assess whether corrective action is necessary or desirable to prevent the overpayment from recurring and implement corrective actions as appropriate.

2. Remedial steps to prevent the underlying problem and overpayment from recurring shall be completed as soon as practicable and not more than 90 days after determining that an overpayment exists (unless additional time has been agreed to by the payor).

3. Within 15 days of determining that a Substantial Overpayment exists, the operating unit of MUH that submitted the claim, statement, or other request for payment shall prepare a written report to the Chief Compliance Officer on the circumstances that led to overpayment and actions that includes:
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a. a complete description of all details relevant to the Substantial Overpayment, including, at a minimum, the types of claims, transactions, or other conduct giving rise to the Substantial Overpayment, the period during which the conduct occurred, and the names of entities and individuals believed to be implicated, including an explanation of their roles in the Substantial Overpayment;

b. The Federal health care programs affected by the Substantial Overpayment;

c. Description of the steps taken by MUH to identify and quantify the Substantial Overpayment; and

d. A description of MUH’s actions taken to correct the Substantial Overpayment and prevent it from recurring.

4. For Substantial Overpayments, the operating unit shall provide updates to the Chief Compliance Office at least every 30 days regarding the status of the identification, reporting, repayment, and implementation of the corrective action plan for the Substantial Overpayment until all such actions have been completed. If the corrective action plan includes items that will be implemented in the future (such as ongoing monitoring), such items shall be described in the final report.

5. The Chief Compliance Officer shall report to the Executive Compliance Committee on the identification, repayment, reporting, and implementation of corrective action plans for Substantial Overpayments at its regular meetings and at other times as appropriate.

IV. Attachments

a. Reportable Events Policy (to be attached when complete.)

V. References, Regulatory References, Related Documents, or Links

a. Corporate Integrity Agreement; 42 USC Sec. 1320a-7a(a)(10); 42 USC Sec. 1320a-7k(d); 42 CFR §§401.301-.305.

i. Section III.G.1.a

ii. Section III.J.1.a

iii. Section III.I.3

iv. Section III.J.1.b

v. Section III.J.1.c
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vi. Ineligible Person  
vii. Exclusions List  
viii. Stark Law