



Subject:	Identification and Return of Medicaid Overpayments
Endorsed By:	Compliance Committee
Approved By:	Compliance Committee, Board of Managers
DSRIP Implementation Deadline:	April 2015
Effective Date:	October 2015
Supersedes:	April 2015
Purpose:	<p>It is the policy of SI-PPS to ensure timely and accurate reporting of overpayments it may receive from Medicaid, and other government payers in accordance with applicable law. This policy provides guidance to SI- PPS in the event any overpayments are identified. SI-PPS Medicaid funds are only disbursed through the DSRIP program, subject to the achievement of results of specific projects SI-PPS is participating in.</p>
Policy:	<p>The proper allocation of funds plays a critical role in maintaining SI-PPS’ integrity in the DSRIP program. As such, SI-PPS is committed to ensuring that all DSRIP payments are received, distributed and retained in accordance with Participating Provider contracts (Master Services Agreements), applicable laws, rules and regulations.</p> <p>Failing to report or return overpaid funds within the required timeframe may result in liability under the False Claims Act and civil monetary penalties up to and including exclusion from participation in federal health care programs. The False Claims Act (“FCA”) makes it a violation when one “knowingly and improperly avoids or decreases an obligation” to pay money to the United States. An “obligation” is defined as “an established duty, whether or not fixed, arising from the retention of any overpayment.” 31 U.S.C. §3729(b)(3).</p>

As of March 23, 2010, the Patient Protection and Affordable Care Act (“PPACA”), establishes an obligation under the False Claims Act (“FCA”) to report and return identified Medicare or Medicaid overpayments within sixty (60) days after the date on which the overpayment was identified or the date any corresponding cost report is due, whichever is later. Overpayments under PPACA are defined as any funds that a person receives or retains under Medicare or Medicaid to which the person, after applicable reconciliation, is not entitled. Treble damages and monetary penalties can be imposed under the FCA for the knowledge of and improper failure to return any overpayment.

Procedure:

1. Overpayments found during routine monitoring shall be considered identified overpayments for purposes of this policy on the date verified as an overpayment.

2. Unless otherwise stated in writing by the payer, overpayments identified by the payer shall be refunded within sixty (60) days from the receipt of written notice of such overpayment. However, if the payer’s findings of overpayment are appealed, SI-PPS shall comply with the payer’s appeal process, which may or may not require a refund during the appeal period.

4. Before any disclosure is made, the SI-PPS Compliance Officer or designee will investigate all relevant facts and circumstances surrounding an overpayment, including:

- The reason for the overpayment;
- The extent and scope of the billing error(s);
- Compliance with applicable federal and State laws and regulations;
- The appropriateness of the corrective actions taken;
- Disciplinary action, if applicable;
- Other corrective measures, if any; and
- Future monitoring processes to prevent recurrence of the overpayment.

5. The manner in which an overpayment is returned to the Medicaid programs will vary from case to case, as will the level of voluntary disclosure regarding the

	<p>causes of the overpayments. Depending on the situation, overpayments may be returned:</p> <ul style="list-style-type: none"> • Electronically to the appropriate fiscal intermediary; • Directly to the appropriate fiscal intermediary, and • Through the self-disclosure protocol established by OMIG for Medicaid overpayments.
Scope:	SI-PPS Associates (PPS Associates shall mean all individuals and entities that participate in or do business with SI-PPS, including but not limited to its employees, independent contractors, vendors, agents, suppliers, executives and governing body members).
Project(s):	
Regulatory Alignment:	New York Social Services Law §363-d subd. 2 and 18 NYCRR §521.3(c), False Claims Act (FCA) 31 U.S.C. §3729(b)(3).
Reference(s):	
Attachment(s):	none

Reviewed by Regina Bergren May 2016

Partner Organization	Responsible Staff Name & Title	Date Reviewed	Signature