



Administrative Policy

2007-12 Overpayments From Healthcare Insurance Programs— Management of Systemic and/or Substantial Overpayments

Title	Overpayments From Healthcare Insurance Programs – Management of Systemic and/or Substantial Overpayments
Policy Owner and Contact Information	Finance
Campus Applicability	UConn Health
Applies to	Faculty, Staff, Others
Effective Date	1/6/2020

PURPOSE:

The purpose of this policy is to ensure the prompt identification, quantification, reporting and refunding of substantial and/or systemic overpayments received by John Dempsey Hospital, University Physicians (UMG) or University Dentists, from third party (government or non-government) payers, for clinical services.

DEFINITIONS:

Overpayment: For purposes of this policy, an overpayment is defined as funds paid in excess of the amount due or payable under statutory or contractual terms. Overpayments may result from (not all-inclusive): inaccurate coding, medically unnecessary services, duplicate payments, incorrect units, or insufficient documentation.

Identification of Overpayments: Overpayments will be considered “identified” when the Overpayment Committee has determined that an overpayment was received and has definitively quantified the amount of the overpayment.

POLICY STATEMENT:

Overpayments covered under this policy are systemic or substantial overpayments discovered through routine monitoring activities, documentation and coding or billing reviews, and internal investigations and/or audits. Non-systemic and/or non-substantial overpayments that are noted and addressed on a routine basis by Patient Financial Services are not subject to this policy.

Employees with knowledge of an actual or suspected overpayment are required to report the issue to either a supervisor, the Office of Healthcare Compliance and Privacy, or anonymously through the Reportline at (888) 685-2637.

All reported concerns regarding potential overpayments will be investigated promptly and in good faith, within timeframes consistent with applicable legal requirements.

All identified Medicare and Medicaid overpayments will be reported and refunded in accordance with Section 6402 of the Patient Protection and Affordable Care Act and the associated regulations.

REFUND METHOD:

I. Medicare

Identified Medicare overpayments will be refunded utilizing one of the following methods:

1. Claims reprocessing
2. Check and a completed Voluntary Refund Form
3. OIG Self Disclosure Protocol
4. Medicare Self Disclosure Protocol

II. Medicaid

Identified Medicaid overpayments will be refunded through either claims reprocessing or check.

III. Non-Government (i.e., commercial) Payers

Overpayment issues concerning non-government third party payers will be managed in accordance with the applicable contractual agreement between UConn Health and the relevant payer.

REFERENCES:

[Section 6402 of the Patient Protection and Affordable Care Act](#)

Relevant regulations and contractual obligations

RELATED POLICIES:

None

ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, other applicable University Policies.

APPROVAL:

Approved by Overpayment Committee on 12/11/19

Andrew Agwunobi (Signed)
UConn Health Chief Executive Officer

1/17/2020

Kiki Nissen (Signed)
Administrative Policy Committee Co-Chair

1/17/2020

Janel Simpson (Signed)
Administrative Policy Committee Co-Chair

1/17/2020

POLICY HISTORY:

New Policy Approved: 5/19/08

Revisions: 8/14/12, 1/6/2020