

UConn HEALTH

UConn Health Procedures for Reporting and Refunding Overpayments to Federal Healthcare Programs

The following procedures apply to Overpayments related to all healthcare services for which UConn Health submits a claim and receives any payment (including partial payment) from a Federal Healthcare Program; these procedures do not apply to routine processing errors. [See UConn Health Policy 2007-12: Reporting and Refunding Overpayments to Federal Healthcare Programs.](#)

I. Reporting

1. Upon learning of or otherwise obtaining credible information about a pattern or occurrence of a potential Overpayment, report the information to:
 - a. Your supervisor;
 - b. The UConn Health Office of Healthcare Compliance & Privacy (ohcp@uchc.edu, 860-679-6060); and/or
 - c. The University of Connecticut REPORTLINE ([Web Report](#); 1-888-685-2637).
2. Include the following in the report, as known:
 - a. Narrative description of the matter based on current knowledge;
 - b. Location(s) involved, e.g., John Dempsey Hospital or University Medical Group;
 - c. Service(s) involved, e.g., Radiology, Laboratory, or Cardiology;
 - d. Potential scope of error, e.g., single claim or all claims in a given timeframe.

NOTE: All Overpayment reports received will be routed to the Office of Healthcare Compliance & Privacy for evaluation, initiation of Reasonable Diligence, and escalation to the Government Payment Oversight Committee.

II. Identification and Quantification:

In accordance with applicable Policy and within six (6) months of receiving a reported or otherwise detected Potential Overpayment, the Government Payment Oversight Committee completes the Reasonable Diligence efforts necessary for Identification and quantification of such a potential Overpayment, including but not limited to:

1. Document recommended and/or performed steps to validate the reported information and/or detected potential Overpayment for the purposes of Identification.
2. Upon Identification of an Overpayment, collaborate with internal and external counsel to determine the relevant Lookback Period, sampling methodology, and extrapolation calculations, as applicable.

3. Document applied methodologies and results/findings, including any statistical sampling and extrapolation methodologies, as applicable.
4. Obtain review and approval of final Overpayment quantification from the Chief Financial Officer, Chief Counsel, and/or other executive stakeholders.
5. Within sixty (60) calendar days of the Identification and quantification of an Overpayment, determine and initiate appropriate route for return of Overpayment in consultation with internal and/or external counsel, which may include:
 - a. Medicare Administrative Contractor's reporting process;
 - b. OIG Self-Disclosure Protocol;
 - c. CMS Voluntary Self-Referral Disclosure Protocol; and/or
 - d. Department of Justice disclosure.

III. Documentation

As the Government Payment Oversight Committee, document all Reasonable Diligence efforts completed related to a reported or otherwise detected potential Overpayment, processes and methodologies used in the Identification and quantification of an Overpayment, reviews and approvals of executive level stakeholders, and evidence of Overpayment return processes including copies of refund checks, disclosure forms, effective policies referenced, and other guidance/recommendations from internal and/or external counsel, as applicable.