

# UConn HEALTH

## Administrative Policy 2007-12 Reporting and Refunding Overpayments to Federal Healthcare Programs

<b>Title</b>	Reporting and Refunding Overpayments to Federal Healthcare Programs
<b>Policy Owner and Contact Information</b>	Office of Healthcare Compliance & Privacy Phone: 860-679-6060 Email: <a href="mailto:ohcp@uchc.edu">ohcp@uchc.edu</a> <a href="#">Home   Office of Healthcare Compliance &amp; Privacy (uconn.edu)</a>
<b>Campus Applicability</b>	All UConn Health campuses, including John Dempsey Hospital
<b>Applies To</b>	UConn Health Workforce Members
<b>Effective Date</b>	August 16, 2023

### **PURPOSE:**

In alignment with the Fraud Enforcement and Recovery Act of 2009 (PL 111-21 amending 31 U.S.C. 3729(b)(3)) and the Patient Protection and Affordable Care Act of 2010 (PL-111-148 Section 6402(a)), this document outlines the reporting obligations and processes for identifying and refunding Overpayments received from Federal Healthcare Programs. This Policy applies to all healthcare services for which UConn Health submits a claim and receives any payment (including partial payment) from a Federal Healthcare Program; this policy does not apply to routine processing errors.

### **POLICY STATEMENTS:**

UConn Health shall comply with applicable requirements pertaining to investigating, reporting, and refunding an Overpayment received from a Federal Healthcare Program.

UConn Health shall make all reasonable efforts to implement controls that facilitate the prompt recognition and correction of billing errors, including those that cause Overpayments.

Workforce Members shall report any knowledge or suspicion of an Overpayment in accordance with applicable reporting obligations (see University Policy [Prevention and Reporting of Fraud and Fiscal Irregularities](#)).

UConn Health, through the Government Payment Oversight Committee, shall promptly investigate, through the exercise the Reasonable Diligence, any suspected or potential Overpayment within timeframes consistent with applicable requirements.

UConn Health, through the Government Payment Oversight Committee, shall report and return any Overpayment received during the Lookback Period by the later of: (i) the calendar date sixty (60) days after the date on which UConn Health Identified the Overpayment; or (ii) the due date of any corresponding cost report.

Notwithstanding the foregoing, UConn Health shall report and refund any Overpayment routinely reconciled with or adjusted pursuant to written payer policies and procedures in accordance with such payer policies and procedures.

**DEFINITIONS:**

Federal Healthcare Program: 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: the Federal Employees Health Benefit Program), and any State healthcare program, as defined in 42 U.S.C. Section 1320a-7(h). Includes Medicare, Medicaid, TRICARE/CHAMPUS, Indian Health Services, and others.

Identification: The point at which UConn Health determines, or should have determined, through the exercise of Reasonable Diligence, that UConn Health received an Overpayment and quantified the amount of the Overpayment.

Lookback Period: The six (6) years preceding Overpayment receipt unless otherwise lessened by the facts at issue and in consultation with internal and/or external counsel.

Overpayment: For the purposes of this Policy, without any minimum monetary threshold or any minimum number of claims, funds received or retained from a Federal Healthcare Program to which UConn Health, after any applicable reconciliation, is not entitled.

Reasonable Diligence: In response to obtaining credible information of a potential Overpayment or risk of Overpayment, the conduct of both proactive compliance activities and reactive, timely, good faith investigations, to be concluded within six (6) months of receipt of the credible information, except in extraordinary circumstances as determined by the facts at issue and in consultation with internal and/or external counsel.

**REFERENCES:**

Fraud Enforcement and Recovery Act of 2009 (PL 111-21 amending 31 U.S.C. 3729(b)(3)).

Medicare Program: Reporting and Returning of Overpayments Final Rule (also known as the “60-Day Repayment Rule”), March 14, 2016.

Patient Protection and Affordable Care Act of 2010 (PL-111-148 Section 6402(a)).

Social Security Act (Section 11288 J(d)).

42 U.S.C. Section 1320a-7(h).

**PROCEDURES AND FORMS:**

[Procedures for Reporting and Refunding Overpayments to Federal Healthcare Programs](#)

**RELATED POLICIES:**

University Policy: [Non-Retaliation](#)

University Policy: [Prevention and Reporting of Fraud and Fiscal Irregularities](#)

**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, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

**APPROVAL:**

Bruce Liang (Signed)  
Bruce Liang  
UConn Health Interim Chief Executive Officer

8/16/2023

Elle Box (Signed)  
Elle Box  
Chief Healthcare Compliance & Privacy Officer  
Administrative Policy Committee Co-Chair

8/15/2023

Janel Simpson (Signed)  
Janel Simpson  
Chief Administrative Officer  
Administrative Policy Committee Co-Chair

8/15/2023

**POLICY HISTORY:**

**New Policy Approved:** 05/19/2008  
**Reviewed Without Changes:** N/A  
**Revision:** 08/2012, 01/2020, 08/2023