<table>
<thead>
<tr>
<th><strong>Applicability:</strong></th>
<th>UW Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy Title:</strong></td>
<td>Identifying, Reporting and Returning Overpayments Related to Government Reimbursement</td>
</tr>
<tr>
<td><strong>Policy Number:</strong></td>
<td>COMP.204</td>
</tr>
<tr>
<td><strong>Superseded Policy(ies) or Entity Policy:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Date Established:</strong></td>
<td>July 30, 2012</td>
</tr>
<tr>
<td><strong>Date Effective:</strong></td>
<td>July 12, 2017</td>
</tr>
<tr>
<td><strong>Next Review Date:</strong></td>
<td>July 12, 2020</td>
</tr>
</tbody>
</table>

**PURPOSE**
This policy sets forth a framework for UW Medicine entities to identify, report and return overpayments.

This policy applies to all healthcare services for which UW Medicine has submitted a claim and received payments from a government source, such as a federal healthcare program, or if a government source funded any portion of the payment received.

This policy does not apply to routine processing errors. Routine processing errors should be corrected by the individual who detects the error by following applicable entity procedures for reconciling such errors.

**DEFINITIONS**
See [UW Medicine Compliance Glossary](#).

**POLICY**
The Fraud Enforcement and Recovery Act of 2009 (PL 111-21 amending 31 U.S.C 3729(b)(3)) subjects healthcare providers, as well as their vendors and subcontractors, to penalties under the False Claims Act for failure to identify and return overpayments. The Patient Protection and Affordable Care Act of 2010 (PL 111-148 Section 6402(a)) requires that overpayments be reported and returned within 60 days of the date that they are “identified.”

UW Medicine makes all reasonable efforts to promptly recognize and correct billing errors, including those that cause overpayments. In accordance with the Patient Protection and Affordable Care Act of 2010, overpayments will be reported and returned within 60 days after being identified. For purposes of this policy, the date of identification is the date upon which a billing error has been both identified and quantified and corresponds with the definition of “identification” as described in the Centers for Medicare & Medicaid Services (CMS) Medicare Program’s Reporting and Returning of Overpayments Final Rule (also known as the “60-Day Repayment Rule”), effective March 14, 2016.
REGULATORY/LEGISLATION/REFERENCES

- RCW 74.66 Washington State Medicaid Fraud False Claims Act.
- Whistleblower actions and protection laws that accompany FCA, FERA and the Administrative Remedies.

PROCEDURE ADDENDUM(s) REFERENCES/LINKS

- UW Medicine Compliance Glossary.
- COMP.003 Auditing and Monitoring
- COMP.005 Compliance Investigations
- COMP.006 Corrective Actions
- COMP.201 Fraud, Waste and Abuse Prevention
- Children’s University Medical Group, 100.016 Fraud, Waste and Abuse Prevention
- UW Physicians (UWP), C-006 Policy on Addressing Reported Concerns
- UWP, C-019 Fraud, Waste and Abuse Prevention

ROLES AND RESPONSIBILITIES

I. UW Medicine utilizes the most current federal guidance for compliance programs to prevent and detect problems. When a potential billing error is discovered by an individual outside the compliance program, the individual is responsible for notifying the entity’s compliance office. Potential errors that may have led to an overpayment are given top priority for review by the compliance office, which initiates an investigation to determine if an error has actually occurred. If an error is confirmed, the compliance office conducts further analysis to determine if the error led to an overpayment.

II. As noted in entity-specific policies, UW Medicine entities will correct defective claims submission processes as quickly as possible. If a delay in making such corrections would result in improper payments for continued billing, the entity will immediately stop related billing until the process is corrected.

III. Overpayments:

A. When it has been determined that an overpayment exists, the compliance office will:
1. Calculate the overpayment;
2. Consult with management and/or legal counsel as necessary to determine the method by which the error will be reported to the applicable agency or payment contractor;
3. In accordance with government agency directions,
   a. Notify the appropriate agency or payment contractor in writing;
   b. Return the overpayment;
4. Assure that the appropriate leadership is notified of the overpayment per entity guidelines; and
5. Notify the appropriate government agency when circumstances will not allow the return of an overpayment within 60 days of identification and quantification.

B. Where overpayments are reconciled via the cost report, each entity cost reporting office will report and return overpayments by the date of the corresponding final cost report.

APPROVALS

/s/ Sue Clausen  7/11/2017
Sue Clausen        Date
Chief Compliance Officer, UW Medicine
Associate VP for Medical Affairs, UW