

Medicare Reporting & Returning of Self-Identified Overpayments-60 Days & 6 Years

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60 Days is All You Have to Give Medicare Money Back:

Under this rule, providers and suppliers who receive Medicare funds have to report and return overpayments by the later of these two:

- ◆ 60 days after the date you identified the overpayment
- ◆ The date a corresponding cost report is due (if applicable)

Your Responsibilities Extend for 6 Years:

The clock stops on this rule after 6 years, given that the original plan was for a 10-year lookback period. The lookback period extends back six years even if that time is prior to the rule becoming effective March 14, 2016.

Audits Should be Conducted:

The final rules' definition of "identification" includes the time when one actually discovered the issue or when one *should have* discovered it:

"A person has identified an overpayment when the person has or should have, through the exercise of reasonable diligence, determined that the person has received an overpayment and quantified the amount of the overpayment."

Tip: Plan regular audits and take action to ensure compliance because Medicare is going to hold all to that standard.

What Should One Watch for to Find Overpayments?

The final rule provides some examples to help give an idea of what it means to "identify" an overpayment under this rule. For instance, if one discovers any of these, one needs to get moving to ensure that claims and compensation comply with the rule:

- Incorrect coding that yielded increased reimbursement
- A patient death prior to the date of service on your claim
- Services performed by an unlicensed or excluded provider
- Internal audit results that indicate overpayment

One is responsible for overpayments that *one should have* discovered, too, as in these examples:

- A government agency performs an audit and alerts you to a potential overpayment that you need to investigate
- One sees a significant increase in Medicare revenue with no obvious cause.