# DePaul Corporate Compliance
# Billing Errors, Overpayments, and Self-Disclosure Policy

## Purpose:

DePaul (sometimes referred to as "Organization" or "the Organization") is committed to adopting and implementing an effective Compliance Program that includes ensuring the ability to detect, correct, and resolve payment and billing errors as quickly and as efficiently as possible.

For purposes of this Policy, the term "Affected Individuals" includes all persons who are affected by the required provider's risk areas including the required provider's employees, the president and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers.

## Policy:

It is the policy of DePaul that any overpayments or inaccurate billing of claims be detected, reported, and returned in a timely manner following all rules, regulations, and laws.

DePaul is committed to ensuring that in the event the Organization has received an overpayment under the Medicaid Assistance Program (Medicaid), Medicare, or another third-party payer, DePaul shall report and return the overpayment, notify the appropriate payer, and comply with all Federal and State laws, regulations, guidelines, and policies.

## Regulatory References:

Social Service Law 363-D
18 NYCRR Part 521
Affordable Care Act of 2010 §6402
42 USC §1302a-7k(d)

## Procedures:

I. ***Identification of Billing Errors and Overpayments***

1. The Compliance Officer must be promptly notified of all potential or actual billing errors and suspected overpayments. Examples of billing errors or reasons for overpayment may include, but are not limited to, the following:
    - Coding errors;
    - Errors in rate or unit;
    - Keying or inputting errors;
    - Provision of unauthorized services;
    - Services are not medically necessary, or necessity is not documented in the record;
    - Absence of one or more required elements of documentation;
    - Service was not rendered;

- Falsification of service or billing documents;
- Duplicate payments;
- Fraudulent behavior by employees or others;
- Discovery of an employee or contractor on the Federal or State exclusion lists; and
- Damaged, lost, or destroyed records.

2. The Compliance Officer or designee will investigate the issue; review any underlying facts; quantify and identify the amount of overpayment; ensure that any errors are corrected; and ensure that any refunds are made to the appropriate governmental agency or third-party payer. The investigation will be conducted in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure. The Compliance Officer may engage outside legal counsel, auditors, or other consultants to help determine whether an overpayment has occurred and/or to quantify the overpayment.

3. An overpayment is deemed "identified" when it is determined or should have been determined through the exercise of reasonable diligence, that an overpayment was received, and the amount of the overpayment has been quantified.

4. The Compliance Officer is responsible for ensuring that DePaul properly discloses all overpayments to the appropriate payer and makes any reports and refunds that are necessary within the required timeframe for the payer.

5. Medicaid and Medicare overpayments must be reported and returned no later than 60 days after the date of the overpayment was identified.

6. Medicaid overpayments must be reported and returned in accordance with the Office of Medicaid Inspector General's (OMIG) Self-Disclosure Protocol.

7. Medicare overpayments are reported and refunded to the Medicare Administrative Contractor (MAC) or through the Office of Inspector General's Voluntary Self Disclosure program.

8. Overpayments to other third-party payers will be made in accordance with the contractual agreement.

9. Any overpayments retained by the Organization after the deadline for reporting and returning the overpayment may be subject to a monetary penalty.

10. The Compliance Officer must approve the overpayment and self-disclosure procedures and/or any revisions to procedures or forms before implementation.

11. Failure to report a potential reimbursement and billing issue or suspected overpayment will result in disciplinary action, up to and including termination of employment or contract.

12. The Compliance Officer will maintain a file for each overpayment and self-disclosure. All interview notes, evidence, claims data, and written communication to and from the government agency or third-party payer will be maintained in the file in a secure location.

13. The Compliance Officer will maintain a record of all overpayments that have been disclosed to governmental authorities and third-party payers. The following information will be recorded:
    - date that the overpayment was identified/quantified;
    - The date that the overpayment was disclosed;
    - The date that the overpayment was refunded;
    - The cause of the overpayment;
    - The department, program, or service;
    - The amount of the overpayment; and
    - The corrective action(s) to prevent the overpayment from recurring.

14. A report of overpayments, the results of investigations, and remedial actions will be reported to the Compliance Committee on a quarterly basis, and to the Board of Directors at least annually.

II. ***Medicaid Self-Disclosure***

1. DePaul will participate in the OMIG's self-disclosure program under the following eligible conditions as required:
    - DePaul is not currently under audit, investigation, or review by the Medicaid Inspector General, unless the overpayment and the related conduct being disclosed does not relate to the OMIG audit, investigation, or review;
    - DePaul is disclosing an overpayment and related conduct that at the time is not being determined, calculated, researched, or identified by OMIG;
    - The overpayment and related conduct will be reported by the deadline previously specified, i.e., within 60 days of identification and the overpayment is quantified; and
    - DePaul is not a party to any criminal investigation being conducted by the deputy attorney general for the Medicaid Fraud Control Unit or any agency of the US government or any political subdivision thereof.

2. DePaul will pay the overpayment amount determined by OMIG within 15 days of OMIG notifying the Organization of the amount due, unless the OMIG permits the Organization to repay the overpayment and interest due in installments.

3. DePaul will enter into a self-disclosure compliance agreement with the Medicaid Inspector General that will be executed within 15 days of receiving said agreement from the Medicaid Inspector General or other time frame permitted by OMIG.

4. Any false material information or omitted material information when submitting a self-disclosure, any attempts to evade an overpayment due, or any failure to comply with the terms of a self-disclosure and compliance agreement will not be tolerated and will be subject to disciplinary action up to and including termination.

## Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

## Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, DePaul will review this policy based on changes in the law or regulations, as DePaul's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with DePaul's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, who will also be notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

## Record Retention Statement:

DePaul will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.