

**EPIC MANAGEMENT, L.P.
BEAVER MEDICAL GROUP, L.P.
EPIC HEALTH PLAN**

**ADMINISTRATIVE POLICY AND PROCEDURE
COMPLIANCE**

SUBJECT: Duty to Report Suspected Federal Health Care Program Overpayments	
DRAFTED BY: Sherry Miller, CCO	DATE: 8/17/2020
REVIEWED BY:	DATE:
REVISED BY:	DATE:
APPROVED BY: Compliance Committee	DATE: 8/17/2020
BOARD APPROVAL DATE: 8/18/2020	
EFFECTIVE DATE OF POLICY: 9/1/2020	

1. **PURPOSE:** This EPIC Policy on the Duty to Report Suspected Federal Health Care Program Overpayments sets forth the duty of Personnel to report suspected Federal Health Care Program Overpayments, and procedures for reporting such suspicions.
2. **ATTACHMENTS:** N/A.
3. **DEFINITIONS:**
 - a. All capitalized terms used but not defined in this Policy shall have the meaning attributed to them in the EPIC Compliance Program Definitions Policy.
 - b. In addition, the following capitalized terms shall have the following meanings for purposes of this Policy:
 - i. "Identification" of an Overpayment occurs when either:
 - (1) EPIC has determined that it received an Overpayment and quantified the amount of the Overpayment; or
 - (2) EPIC should have, through the exercise of reasonable diligence, determined that it received an Overpayment and quantified the amount of the Overpayment.
 - ii. "Overpayment" refers to any FFS Overpayment or any Managed Care Overpayment.

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- (1) “FFS Overpayment” refers to any funds that EPIC receives or retains under any fee-for-service Federal Health Care Program that EPIC determines, after applicable reconciliation and quantification, was paid to or retained by EPIC in error, meaning that EPIC is not entitled to the funds under such fee-for-service Federal Health Care Program.
 - (2) “Managed Care Overpayment” refers to any funds that EPIC receives or retains from any Federal Health Care Program managed care payor that EPIC determines, after applicable reconciliation and quantification, was paid to or retained by EPIC in error, meaning that EPIC is not entitled to retain such funds from the Federal Health Care Program managed care payor under contract or applicable law.
 - iii. “PFS Department” refers to EPIC’s Patient Financial Services Department.
 - iv. “Routine Processing Error” refers to a clerical error or unintended patient-specific coding, charging, or billing error that does not indicate a pattern of repetitiveness. By its nature, a Routine Processing Error is isolated to a single claim or encounter, or a limited number of claims or encounters.
- 4. POLICY:** All Personnel have a duty to report suspected Overpayments. Failure to report a suspected Overpayment is a violation of EPIC’s Compliance Program and shall result in appropriate corrective action and/or disciplinary action, up to and including termination.
- a. **Suspicion of an Overpayment**
 - i. Under EPIC’s Compliance Program Policies, a person suspects that there is an Overpayment if they have a good faith belief that there are facts or circumstances that may give rise to an Overpayment.
 - b. **Routine Processing Errors**
 - i. While EPIC strives for all documentation, coding, and billing to be accurate, timely, and complete, Routine Processing Errors do occur in the normal course of business.
 - ii. If a member of EPIC’s PFS Department or Risk Adjustment Department discovers or learns of a Routine Processing Error, the Routine Processing Error shall be rectified by the applicable Department in accordance with their standard operating procedures; provided, however, that in all cases:

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- (1) The PFS Department shall, as relevant, promptly evaluate and make a reasonable, good faith determination regarding whether the Routine Processing Error gives rise to an FFS Overpayment. The PFS Department shall ensure that any FFS Overpayment resulting from the Routine Processing Error is refunded within sixty (60) days of the Identification date.
- (2) The Risk Adjustment Department shall promptly evaluate and make a reasonable, good faith determination regarding whether the Routine Processing Error affected encounter or claims data submitted to any Federal Health Care Program managed care payor. The Risk Adjustment Department shall submit a correction for any such affected encounter data to the applicable Federal Health Care Program managed care payor(s).
 - (a) In the event that the Routine Processing Error could give rise to a Managed Care Overpayment (e.g., because the error was not discovered until after the final reconciliation date for the affected encounter data), EPIC's Managed Care Finance Department shall notify the applicable Federal Health Care Program managed care payor(s) and refund any Managed Care Overpayment identified by such Federal Health Care Program managed care payor(s) to the extent and in the manner required by contract and applicable law.

- iii. If a member of the PFS Department or Risk Adjustment Department suspects that a clerical error or unintended patient-specific coding, charging, or billing error is not isolated to a limited number of claims or encounters (i.e., is not merely a Routine Processing Error), such Department member must treat that error as a suspected Overpayment and follow the reporting procedures described below.

c. Reporting Suspected Overpayments

- i. When to Report. With the exception of Routine Processing Errors discovered by EPIC's PFS Department or Risk Adjustment Department, Personnel members are required to report suspected Overpayments promptly, and within twenty-four (24) hours whenever possible, after developing their suspicion of an Overpayment.

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- ii. Reporting to Whom. Reporting of suspected Overpayments must be made to the Corporate Compliance Officer or such other person(s) designated by the Corporate Compliance Officer from time to time to receive such reports.
- (1) If the Personnel member does not feel comfortable reporting their suspicions or concerns directly to the Corporate Compliance Officer (or their designee), the Personnel member may report their suspicions or concerns to their supervisor or the EPIC Human Resources Department.
 - (2) As required under the EPIC Duty to Report Compliance Concerns Policy, if a direct supervisor or the EPIC Human Resources Department receives a report of a suspected Overpayment, the supervisor or Human Resources Department member must report these suspicions or concerns to the Corporate Compliance Officer (or their designee) in a manner that protects the reporting party's privacy and dignity to the greatest extent possible.
 - (3) If the Personnel member does not feel comfortable reporting the suspected Overpayment to the Corporate Compliance Officer (or their designee), to their supervisor, or to the EPIC Human Resources Department, the Personnel member may report their suspicions or concerns through the Compliance Hotline.
 - (4) Personnel members can find the contact information for the Corporate Compliance Officer, the Compliance Department, the Human Resources Department, and the Compliance Hotline in the EPIC Duty to Report Compliance Concerns Policy.
 - (5) The Corporate Compliance Officer shall keep Health Care Counsel generally apprised of any reports made pursuant to this Policy.
- iii. Documentation.
- (1) The Corporate Compliance Officer (or their designee) shall record all reports of suspected Overpayments (whether written or oral) in the Disclosure Log, in compliance with the requirements of the EPIC Duty to Report Compliance Concerns Policy.
 - (2) All documentation enumerated above shall be maintained in compliance with the EPIC Compliance Program Records Retention Policy.