

Self Disclosure of Overpayments

A Requirement Under the Affordable Care Act Section 6402(d)

Any provider of services or supplier who receives a payment under Medicare or Medicaid to which the person or entity, after applicable reconciliation, is not entitled, must return the funds within 60 days. The 60-day time limit begins from the time the provider/supplier identifies the overpayment OR when the overpayment is brought to the attention of the provider/supplier by Virginia Premier Health Plan.

Failure to report overpayments within the 60-day time requirement constitutes an obligation under the False Claims Act and could create a FCA liability.

Per the Affordable Care Act:

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SEC. 1128J. MEDICARE AND MEDICAID PROGRAM INTEGRITY PROVISIONS.

“(d) Reporting and Returning of Overpayments.--

“(1) In general.--If a person has received an overpayment, the person shall--

“(A) report and return the overpayment to the Secretary, the State, an intermediary, a carrier, or a contractor, as appropriate, at the correct address; and

“(B) <<NOTE: Notification.>> notify the Secretary, State, intermediary, carrier, or contractor to whom the overpayment was returned in writing of the reason for the overpayment.

“(2) Deadline for reporting and returning overpayments.--An overpayment must be reported and returned under paragraph (1) by the later of--

“(A) the date which is 60 days after the date on which the overpayment was identified; or

“(B) the date any corresponding cost report is due, if applicable.

“(3) Enforcement.--Any overpayment retained by a person after the deadline for reporting and returning the overpayment under paragraph (2) is an obligation (as defined in section 3729(b)(3) of title 31, United States Code) for purposes of section 3729 of such title.

“(4) Definitions.--In this subsection:

“(A) Knowing and knowingly.--The terms ‘knowing’ and ‘knowingly’ have the meaning given those terms in section 3729(b) of title 31, United States Code.

“(B) Overpayment.--The term ‘overpayment’ means any funds that a person receives or retains under title XVIII or XIX to which the person, after applicable reconciliation, is not entitled under such title.

“(C) Person.--

“(i) In general.--The term ‘person’ means a provider of services, supplier, medicaid managed care organization (as defined in section 1903(m)(1)(A)).”