I. SCOPE:

This policy applies to (1) Tenet Healthcare Corporation and its wholly-owned subsidiaries and affiliates (each, an “Affiliate”); (2) any other entity or organization in which Tenet Healthcare Corporation or an Affiliate owns a direct or indirect equity interest greater than 50%; and (3) any hospital or healthcare facility in which Tenet Healthcare Corporation or an Affiliate either manages or controls the day-to-day operations of the facility (each, a “Tenet Facility”) (collectively, “Tenet”).

II. PURPOSE:

The purpose of this policy is to ensure the appropriate handling of Overpayments received from Federal health care programs.

III. DEFINITIONS:

A. “Federal health care programs” means any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government, including, but not limited to: Medicare, Medicaid/MediCal, managed Medicare/Medicaid/MediCal, TriCare/VA/CHAMPUS, SCHIP, Federal Employees Health Benefit Plan, Indian Health Services, Health Services for Peace Corp Volunteers, Railroad Retirement Benefits, Black Lung Program, Services Provided to Federal Prisoners, Pre-Existing Condition Insurance Plans (PCIPs) and Section 1011 Requests.

B. “Overpayment” means the amount of money Tenet has received in excess of the amount due and payable under any Federal health care program requirements, including applicable federal statutes, regulations, Medicare or other federal health care program payment manuals, and Medicare Administrative Contractor Local Coverage Decisions. An Overpayment may be the result of non-adherence to Federal health care program requirements, errors by Tenet personnel, payment processing errors by the payer, or erroneous or incomplete information provided to Tenet by the patient or responsible party.

C. “Identification” of or “Identifying” an Overpayment means that a final determination has been made that Tenet has received an amount of money in excess of the amount due and payable under any Federal health care program requirements, even if the final amount of the Overpayment has not yet been quantified or otherwise determined, or a final determination has been made that a Reportable Event has probably occurred, even if all the underlying details and cause(s) of the event have not yet been determined. Identification of Overpayments shall be done in accordance with applicable Tenet, Conifer or Other Patient Accounting Office policies.
D. “Other Patient Accounting Office” means any Regional Billing Office, stand-alone Tenet Facility billing office, or non-hospital entity billing office utilizing a billing system other than PBAR/ACE.

E. “Substantial Overpayment” means any Overpayment of $100,000 or more.

IV. POLICY:

Within forty-five (45) days after Identification of the Overpayment, a Tenet Facility, through its respective Conifer, Other Patient Accounting Offices, or Tenet Government Programs department, as appropriate, will repay the Identified Overpayments to the payer to the extent such Overpayment has been quantified. If not yet quantified, within forty-five (45) days after Identification, the Tenet Facility shall notify the payer in writing of its efforts to quantify the Overpayment amount and provide a written time schedule for when any further work to quantify the Overpayment is expected to be completed. Notwithstanding the foregoing, reporting and refunding of any Overpayment that is routinely reconciled with or adjusted pursuant to written payer policies and procedures shall be handled in accordance with such policies and procedures.

V. PROCEDURE:

A. Refunding Process

Identification of Overpayments shall be done in accordance with applicable Tenet, Conifer or Other Patient Accounting Office policies. Refunding of Identified Overpayments shall be done in accordance with the payer’s policies and procedures and shall include, at a minimum, the provider name, address, provider number, contact person, phone number, amount of Overpayment, check number and check date if applicable, patient name, HIC number, Account number, and reason for Overpayment. For all payers, the Tenet Facility’s report shall include the information required by Attachment A, the Overpayment Refund Form.

B. Reporting Overpayments

All Overpayments shall be tracked and reported by Tenet Facilities through Conifer or Other Patient Accounting Office in accordance with their respective procedures for Overpayment refunding and reporting. All Tenet Facilities shall immediately notify their Hospital Compliance Officer and all Tenet corporate departments shall immediately notify the Corporate Compliance staff of any Overpayments from Federal health care programs of $100,000 or more so that the Overpayments may be further evaluated. The Chief Compliance Officer shall notify the payer of any Substantial Overpayment if the overpayment is related to an act or omission by Tenet, Conifer or the Tenet Facility.
C. Corrective Action on Overpayments

The Tenet Facility, Conifer, Other Patient Accounting Office or Government Programs, as applicable, shall take remedial steps to correct the underlying cause of the Overpayment within sixty (60) days after Identification or within such additional time period as may be agreed to by the payer. The corrective action shall include correcting the underlying cause of the Overpayment and taking remedial action to prevent the Overpayment from recurring.

D. Enforcement

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VI. REFERENCES:

- Conifer policy NMC.01.01 Overpayment Refunding and Reporting
- Conifer policy CCA.00.15 Credit Balance Overpayment Determination Date

VII. ATTACHMENTS:

- Overpayment Refund Form
# Overpayment Refund Form

**TO BE COMPLETED BY MEDICARE CONTRACTOR**

| Date: ___________________ | Contractor Deposit Control #: ___________________ | Date of Deposit: ___________________ |
| Contractor Contact Name: ___________________ | Phone #: ___________________ |
| Contractor Address: ___________________ | Contractor Fax: ___________________ |

**TO BE COMPLETED BY PROVIDER/PHYSICIAN/SUPPLIER**

Please complete and forward to Medicare Contractor. This form, or a similar document containing the following information, should accompany every voluntary refund so that receipt of check is properly recorded and applied.

| PROVIDER/PHYSICIAN/SUPPLIER NAME: ___________________ |
| PROVIDER/PHYSICIAN/SUPPLIER #: ___________________ | CHECK NUMBER#: ___________________ |
| CONTACT PERSON: ___________________ | PHONE #: ___________________ |
| AMOUNT OF CHECK :$ ___________________ | CHECK DATE : ___________________ |

## REFUND INFORMATION

For each Claim, provide the following:

| Patient Name: ___________________ | HIC #: ___________________ |
| Medicare Claim Number: ___________________ | Claim Amount Refunded :$ ___________________ |
| Reason Code for Claim Adjustment: _____ (Select reason code from list below. Use one reason per claim) |

*(Please list all claim numbers involved. Attach separate sheet, if necessary)*

Note: If Specific Patient/HIC/Claim #/Claim Amount data not available for all claims due to Statistical Sampling, please indicate methodology and formula used to determine amount and reason for overpayment: ___________________

## For Institutional Facilities Only:

Cost Report Year(s) ___________________

(If multiple cost report years are involved, provide a breakdown by amount and corresponding cost report year.)

## For OIG Reporting Requirements:

Do you have a Corporate Integrity Agreement with OIG? Yes No

### Reason Codes:

<table>
<thead>
<tr>
<th>Reason Codes:</th>
<th>Billing/Clerical Error</th>
<th>MSP/Other Payer Involvement</th>
<th>MSP Group Health Plan Insurance</th>
<th>Miscellaneous</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 - Corrected Date of Service Documentation</td>
<td>02 - Duplicate</td>
<td>03 - Corrected CPT Code</td>
<td>04 - Not Our Patient(s)</td>
<td>05 - modifier Added/Removed</td>
</tr>
</tbody>
</table>