



# Voluntary Self-Disclosure of Provider Overpayments Packet

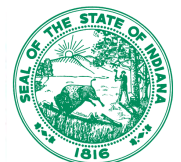
## Part I. Self-Disclosure Protocol

The Indiana Health Coverage Programs (IHCP) has established a self-disclosure protocol for providers that need to report Medicaid and Children's Health Insurance Program (CHIP) fee-for-service (FFS) overpayments they have identified. The IHCP is required to identify and recover overpayments as mandated by federal and state laws and regulations. Title XIX of the Social Security Act, Sections 1902 and 1903, and regulations found at 42 CFR 456, stipulate that utilization review activities of the IHCP ensure that services rendered are necessary and in the optimum quality and quantity. Federal regulations found under 42 CFR 455 also require the IHCP to have the ability to identify and refer cases of suspected fraud and/or abuse in the IHCP for investigation and/or prosecution.

The IHCP understands that internal compliance processes often identify improper payments that have been made to a provider. Providers that have discovered an inappropriate payment from the IHCP are obligated by federal and state law to return the overpayments. The state of Indiana is required by federal law (42 CFR 433) to repay the federal share of the overpayment. The IHCP believes a process to facilitate reporting and repayment of these improper payments is beneficial to providers and the state. The self-disclosure protocol gives providers an easier process for reporting matters that involve possible fraud, waste, abuse or inappropriate payment of funds, whether intentional or unintentional, to the IHCP. By enhancing the state's relationship with providers through this self-disclosure approach, the IHCP hopes to further its efforts to eliminate fraud, waste and abuse, while also offering providers an opportunity to reduce their legal and financial exposure.

Therefore, please be advised that self-disclosure of overpayments alone does not absolve a provider of additional liability that may be associated with claims included within a review period or claims included within a time period not examined during an internal review. Please also note that the IHCP's acceptance of your review results and any overpayment associated therewith does not waive the right to further audit or to conduct an examination of these claims, or any other claims within the time period covered by your internal review process. These claims continue to be subject to review by the IHCP, the Centers for Medicare & Medicaid Services (CMS), the Office of Inspector General (OIG), other state or federal agencies, or other investigative entities.

Failure to complete and submit the Voluntary Self-Disclosure of Provider Overpayments Packet, including associated attachments, and to provide a refund or a plan to refund said overpayment qualifies as failure to comply with the Patient Protection and Affordable Care Act (PPACA). In addition, a provider that fails to do so may be subject to further action by the IHCP including, but not limited to, an audit of the provider's records and/or referral for further investigation. The provider may also be liable for violations of the Federal False Claims Act.





Please do not report managed care overpayment issues using this process. Should you need to report managed care overpayments, please contact the specific managed care entity (MCE) involved or contact the IHCP Provider and Member Concerns Line at 800-457-4515, option 8 for Audit Services.

Providers should utilize the self-disclosure protocol to report the following, but limited to self-identified items:

- Provider billing system errors or issues that result in overpayments
- Potential violations of federal, state or local laws
- Potential violations of regulations
- Potential violations of billing, coding or other healthcare policies
- Overpayments involving specific compliance issues
- Overpayments involving cumulative amounts greater than \$1,000
- Overpayments involving fraud or violations of law

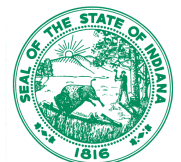
In the event a provider identifies a single claim, or a small number of claims, as erroneous, the IHCP recommends the provider void and (if applicable) resubmit the claim correctly through the IHCP claim-processing system.

Errors or overpayments that are the result of issues with the IHCP claim-processing system should not be reported through this self-disclosure mechanism. Please report IHCP claim-processing payment issues to the IHCP Provider and Member Concerns Line at 800-457-4515, option 8 for Audit Services.

### **Self-Disclosures Involving Claim Sampling or Pharmacy Claims**

The self-disclosure process outlined in this document is designed for providers that wish to report claim-specific Medicaid and CHIP fee-for-service overpayments, excluding pharmacy claims. If a provider chooses to use a sampling approach to determine an overpayment amount for a large number of claims, an explanation of the extrapolation process used and how the overpayments were discovered must be included in Part II, Section 5 of this packet.

If you wish to discuss claim sampling methodology or pharmacy overpayment issues with a Program Integrity representative, please submit the request via email to [programintegrity.sur@fssa.in.gov](mailto:programintegrity.sur@fssa.in.gov).





## **Provider Responsibilities**

Please be advised that, under federal law, a provider that identifies an overpayment shall report the overpayment and return the entire amount to a Medicaid program within sixty (60) days after it is identified. 42 U.S.C. § 1320a-7k(d). Further, a provider that retains an overpayment after the sixty (60) day deadline incurs an obligation under the federal False Claims Act and may be subject to criminal and civil liability, including civil monetary penalties, treble damages and, potentially, exclusion from participation in federal healthcare programs. A provider that fails to report a suspected overpayment and make the repayment within sixty (60) calendar days of receipt of the final notification of overpayment may also be at risk from a “whistleblower” lawsuit. When a suspected overpayment is reported, the IHCP will accept repayments made within sixty (60) calendar days of the provider’s receipt of the final notification of overpayment.

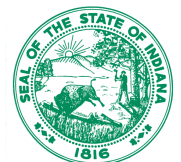
Under the PPACA, a provider that identifies an overpayment outside of routine adjustments “shall-(A) report and return the overpayment to the Secretary, the State, an intermediary, a carrier, or a contractor, as appropriate, at the correct address; and (B) notify the Secretary, State, intermediary, carrier, or contractor to whom the overpayment was returned in writing of the reason for the overpayment.” PPACA 6402(d)(1)(A) & (B).

The address to which a provider shall submit this packet (and the repayment, if paying by check) is:

**Audit and Overpayment  
IHCP Program Integrity  
P.O. Box 636297  
Cincinnati, OH 45263-6297**

Files containing claim information and all self-disclosure correspondence from all sections of the packet are to be submitted in an electronic Health Insurance Portability and Accountability Act (HIPAA)-compliant format (via encrypted CD, DVD or other similar format) to the address listed above. Documentation/information shall be submitted in a HIPAA-compliant and secure manner. Please do not email or mail documents without using appropriate encryption methods. Passwords to encrypted files shall be emailed separately from the documentation or data or provided via telephone.

**The provider shall submit a copy of the packet electronically via secured email to [programintegrity.sur@fssa.in.gov](mailto:programintegrity.sur@fssa.in.gov).** If the provider does not have secure email capability, then the provider can send an email without any protected health information (PHI) or attachments and request a secured email be sent to the provider. The Office of Medicaid Policy and Planning (OMPP) will then send a secure email to the provider that the provider then can use to submit PHI. Under no circumstances should PHI be sent unsecured and **never include Social Security numbers of Medicaid members**. All PHI violations shall be reported in accordance with law and regulation.

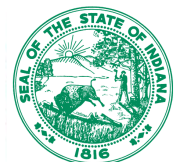




It is each provider's responsibility to maintain detailed records of any overpayment identified and returned in order to demonstrate compliance (regardless of refund method). Please note that if providers undertake an audit or review of their Medicare claim population, providers cannot use the Medicare error rate on their Indiana Medicaid claim population. If a provider chooses to utilize statistically valid random sampling and extrapolation to determine an overpayment amount for a large number of claims, providers should submit an explanation of the extrapolation process utilized and how the overpayments were discovered.

To avoid overpayments being included in subsequent Program Integrity audits, providers should request claim adjustments as soon as overpayments are identified by internal audit procedures.

After the IHCP reviews all disclosure submission material, you will receive a letter indicating the final overpayment dollar amount and the procedure for remitting additional payment, if necessary. If the submitted claim data does not materially match the IHCP payment data, or if the IHCP does not accept your self-disclosure results, you will receive correspondence with further instructions. Self-disclosure assumes that the provider has waived the right to administrative review and appeal.





# Voluntary Self-Disclosure of Provider Overpayments Packet

## Part II. Self-Disclosure Form

Input the date you completed the form: \_\_\_\_\_

<b>Section 1: Provider Information</b>				
<i>Complete the following fields as applicable.</i>				
Provider Name / Company Name				
Street Address (Line 1)				
Street Address (Line 2)				
City		State		ZIP Code
IHCP Provider Type		Office Telephone		
IHCP Provider Specialties		Alternate Telephone Number		
IHCP Provider ID		Fax Number		
National Provider Identifier (NPI)		Email Address (REQUIRED)		

*Please note that the submission of address changes via this process does not modify your provider enrollment information. Please visit the [IHCP Provider website](https://www.in.gov/medicaid/providers) at [in.gov/medicaid/providers](https://www.in.gov/medicaid/providers) for information about how you can update your provider enrollment information.*

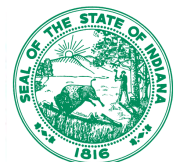




<b>Section 2: Contact Information</b>			
<i>Complete the following fields as applicable. If the information is the same as listed above, indicate "See Provider Information" for that line. This contact information is utilized in the event there are questions regarding the information you submitted in the self-report.</i>			
Name		Street Address 1	
Job Title		Street Address 2	
Employer		City	
Division or Department		State	
Relationship to Provider		ZIP Code	
Office Telephone		Fax Number	
Alternate Telephone Number		Email Address (REQUIRED)	

<b>Section 3: Type of Self-Disclosed Overpayment Issue</b>		
<i>Check one or more of the options provided, below. If you select "Other," please include a brief narrative describing the issue.</i>		
Billing or Invoice Issue	Facility Licensing Issue	Falsification/Alteration of Records/Documents
Documentation or Records Issue	Quality of Care Issue	Employee Licensing or Credentialing
Coordination of Benefits	Other Reason:	

<b>Section 4: State / Federal Agency or Law Enforcement Involvement</b>			
<i>Please complete this section if the overpayment issue(s) has (have) been referred to a state or federal agency or law enforcement <b>OR</b> if you were made aware of the issue(s) as a result of state or federal agency or law enforcement notification.</i>			
Notification Initiated by Provider	Yes	No	Agency Contact Name
Agency Notification Occurred	Yes	No	Agency Contact Title
Agency Name (e.g. CMS, MFCU, OIG, etc.)			Agency Contact Telephone
Date Involvement or Notification Occurred			Agency Contact Email Address





**Section 5: Self-Disclosure Details**

You shall provide detailed information about your self-disclosure. **DO NOT INCLUDE CLAIM NUMBERS OR MEMBER INFORMATION IN THIS SECTION.**

*Please be advised that under federal law, a provider that identifies an overpayment shall report the overpayment and return the entire amount to a Medicaid program within sixty (60) days after it is identified. 42 U.S.C. § 1320a-7k(d). A provider that retains an overpayment after the sixty (60) day deadline incurs an obligation under the federal False Claims Act and may be subject to criminal and civil liability, including civil monetary penalties, treble damages and, potentially, exclusion from participation in federal health care programs. A provider that fails to report a suspected overpayment and to make the repayment within sixty (60) calendar days of receipt of the final notification of overpayment may also be at risk of a “whistleblower” lawsuit.*

Date or Time Frame Issue Was Identified		Amount of Overpayment (Total–No Estimates)	
First and Last Names of Those Involved		The Dates of Service Involved	
Relevant Regulatory or Medicaid Policy			

Provider Extrapolated Overpayment Amount Based on Claim Sampling

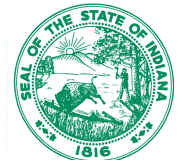
*(If this box is selected, please use the Description field (or attached letter) to explain the extrapolation process utilized and how the overpayments were discovered.)*

Description of the Facts and Circumstances Surrounding the Errors/Inappropriate Payment *(If more space is needed, write “See Attached Letter” below and attach a letter with details.)*

**Section 6: Overpaid Claims Detail**

*This section may be duplicated in Microsoft Excel if additional rows are necessary. You may also need to include additional columns dependent upon the claim form you use, your provider type and your specialty.*

Claim ID (ICN)	Claim Line (if at detail level)	Member ID	Billing Provider ID	Rendering Provider ID	Procedure Code	Modifiers	Claim Paid Amount	Refund Amount	Refund Reason





<b>Section 7: Payment</b>
Payment will be requested after validation has been completed.

**Section 8: Corrective Action Detail**  
Describe planned corrective action and/or corrective action that has already occurred (attach document with same format as below and indicate 'See Attached Corrective Action Plan' in this section if additional space is necessary). Corrective action **SHALL INCLUDE** each action to be taken or already taken, the responsible party for each action, and the date each action has been or will be completed.

Description of Issue	Corrective Action	Party Responsible to Complete	Expected Completion Date

**Section 9: Certification Statement**  
Self-disclosure offers providers the opportunity to minimize the potential cost and disruption of a full-scale audit and investigation. The IHCP's acceptance of self-disclosure review results and any overpayment associated therewith does not waive the right to further audit or to examine these claims, or any other claims within the time frame covered by your internal review process. Any claims identified as part of this self-disclosure process continue to be subject to review by the IHCP, the Centers for Medicare & Medicaid Services (CMS), the Office of Inspector General (OIG), other state or federal agencies, or other investigative entities. Self-disclosure will not absolve the provider of criminal or civil culpability. If a law enforcement agency determines that a crime was committed, any information shared with the IHCP will be forwarded to the appropriate agency.  
I certify that, to the best of my knowledge, the information in this self-disclosure is truthful and is based on a good faith effort to assist the Indiana Health Coverage Programs in its inquiry and verification of this disclosed matter.

Printed First and Last Name		Job Title	
Signature		Date	

