



Medicare Overpayments **CMS Publishes Final Rule**

All Medicare providers and suppliers should be aware of a [final rule](#) on overpayments that takes effect on March 14, 2016. The Centers for Medicare and Medicaid Services ([CMS](#)) will require all Medicare overpayments to be reported and returned within the later of 60 days after it was identified or the due date of any applicable cost report. The rule does not cover Medicaid overpayments.

The rule clarifies that an overpayment is considered to be identified when a person "has or should have, through ... reasonable diligence, determined that the person has received an overpayment and quantified the amount of the overpayment." An overpayment must be reported and returned if identified within six years of the date it was received. Providers or suppliers are required to use processes such as self-reported refunds to return overpayments. Federal overpayments must be reported via either the Office of the Inspector General's ([OIG's](#)) Self-Disclosure Protocol, or the CMS Voluntary Self-Referral Disclosure Protocol.

Providers and suppliers that do not comply with the rule could face False Claims Act and/or Civil Monetary Penalties Law sanctions, as well as possible exclusion from federal health care programs.

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