

POLICY TITLE: Compliance with Government-Funded Healthcare Claims and Cost Reporting Requirements	ADMINISTRATIVE POLICY AND PROCEDURE MANUAL
POLICY #: 800.07	CATEGORY: Compliance and Ethics
System Approval Date: 9/15/16	Effective Date: 6/11
Site Implementation Date: 10/28/16	Last Reviewed/Approved: 6/11
Prepared by: Office of Corporate Compliance	Superseded Policy(s)/#/Notations: N/A

GENERAL STATEMENT of PURPOSE

The purpose of this policy is to promote accurate coding and submission of claims and cost reports to government healthcare programs.

POLICY

Northwell Health shall have processes to ensure that claims or cost report- related information that will be submitted to government healthcare programs are complete, accurate, reflect reasonable and necessary services, and comply with relevant government healthcare program requirements including, but not limited to applicable Federal, state or local statutes, regulations, Medicare, Medicaid or other government health care program payment manuals, Medicare fiscal intermediary or carrier Local Coverage Decisions and the National Correct Coding Initiative.

SCOPE

This policy applies to all members of the Northwell Health workforce including, but not limited to: employees, medical staff, volunteers, students, physician office staff, and other persons performing work for or at Northwell Health; faculty and students of the Hofstra Northwell School of Medicine conducting Research on behalf of the School of Medicine on or at any Northwell Health facility; and the faculty and students of the Hofstra Northwell School of Graduate Nursing & Physician Assistant Studies.

DEFINITIONS

Government healthcare programs are defined as any federally, state or locally funded healthcare program including but not limited to, Medicare, Medicaid, managed Medicare/Medicaid, TriCare/VA/CHAMPUS, SCHIP, Federal Employees Health Benefit Plan, and Railroad Retirement Benefits.

Overpayment means the amount of money Northwell Health has received in excess of the amount due and payable under any government healthcare program requirements, including but not limited to applicable statutes, regulations, Medicare, Medicaid or other Federal or state healthcare program payment manuals, Medicare fiscal intermediary or carrier Local Coverage Decisions, and the National Correct Coding Initiative.

PROCEDURE/GUIDELINES

1. Claims and cost reports should be submitted only when appropriate documentation (including medical record) is complete, accurate, and supports the claims or cost reports. Underlying data and assumptions used in connection with claims and cost report submissions should be reasonable, consistent and appropriately documented. Northwell Health should retain all relevant records supporting claims and cost reports and reflecting their efforts to comply with government healthcare program requirements. Such documentation must also be available for audit and review.
2. Northwell Health will periodically audit the claims and cost reports, the processes used to develop and submit claims and cost reports, and the underlying or supporting documentation. Any overpayment will be handled in accordance with Northwell Health’s internal procedures and any Medicare and Medicaid overpayment must be returned within 60 days of identification.

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

OIG Compliance Program Guidance for Hospitals (63 FR 8987; February 23, 1998)
OIG Supplemental Compliance Guidance for Hospitals (70 FR 4858; January 27, 2005)
Title 18, Part 521 of NYCRR
PATIENT PROTECTION AND AFFORDABLE CARE ACT, Pub. L. 111-148, 124 Stat. 119, § 6402(a), March 23, 2010
Northwell Health Policy #800.00 – Corporate Compliance Program

CLINICAL REFERENCES

N/A

ATTACHMENTS

N/A

FORMS

N/A

APPROVAL:	
System Administrative P&P Committee	8/25/16
System PICG/Clinical Operations Committee	9/15/16

Standardized Versioning History:

*=Administrative Policy Committee Approval; ** =PICG/Clinical Operations Committee Approval
6/14/11* 6/23/11**