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Health Care ADVISORY

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Overpayment Liability Under the "Reverse False Claims" Act

Historically, the False Claims Act (FCA), 31 U.S.C. §§ 3729-3733, under the "reverse false claim" provision, provides liability for any person making a fraudulent statement for the purpose of avoiding or decreasing an obligation to pay money owed to the government. The legislative history of the reverse false claim provision indicates that false claims liability should not be imposed for retention of overpayments pending their return through normal processes.

In 2009, President Obama signed the Fraud Enforcement and Recovery Act (FERA) into law, which amended the False Claims Act, 31 U.S.C. §§ 3729-3733. FERA increases the scope of false claims liability to include persons who knowingly conceal the retention of any overpayment of government money, thereby expanding the FCA's reverse false claim provision. After FERA's enactment, the FCA prohibited making a fraudulent statement for the purpose of avoiding, decreasing *or concealing* an obligation to pay or refund money to the government. FERA's FCA amendment does not change the fact that false claims liability should not attach if, absent any falsification or other acts to knowingly avoid repayment, a person fails to immediately return an overpayment and, instead, takes steps to return the overpayment through an applicable reconciliation process.

Although FERA expanded the scope of the reverse false claim provision, members of the health care industry were still unclear as to the meaning of "obligation" and whether there was a specific duty to return Medicare and Medicaid overpayments. The Patient Protection and Affordable Care Act (PPACA), signed into law on March 23, 2010, answered these questions and directly linked the retention of overpayments to false claim liability. Under PPACA, "overpayments" are defined as "any [Medicare or Medicaid] funds that a person receives or retains . . . to which the person, after applicable reconciliation, is not entitled." Health care providers, suppliers, Medicaid managed care organizations, Medicare Advantage organizations and PDP sponsors must "report and return" any overpayments within 60 days after either the date on which the overpayment was identified or the date any corresponding cost report was due, whichever is later. In addition, members of the health care industry must submit notification in writing to the entity to which the overpayment was returned as to the reason of the overpayment.

Any overpayment retained after the deadline becomes an "obligation" for purposes of the FCA. Therefore, a failure to return any Medicare or Medicaid overpayments by the deadline may result in false claim liability. In order to avoid such liability, health care providers and other entities receiving reimbursement under Medicare or Medicaid should implement policies and procedures on reporting and returning overpayments that are consistent with the requirements in PPACA.

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