	Regulatory Compliance Policy	No.	COMP-RCC 4.34
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	REPORTING OF OVERPAYMENTS TO MANAGED CARE PLANS	Effective Date:	08-02-19
		Previous Versions Dated:	02-07-12
		Corporate Review Dated:	05-29-19

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 Managed Care Plans.

III. DEFINITIONS:

A. "**Commercial Managed Care Plan**" means a Managed Care Plan that is not funded, in whole or in part, by the United States government or any state government.

B. "**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, 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.

C. **"Government Managed Care Plan"** means any Managed Care Plan or program that provides health benefits to Medicare or Medicaid/Medi-Cal beneficiaries. Government Managed Care Plans are generally private organizations that adjudicate and pay claims for healthcare items or services covered by the plans on the basis of contracts or other plans or arrangements with Federal health care programs.

D. **"Managed Care Plan"** means any plan or program that provides health benefits, whether directly, through insurance or otherwise. Managed Care Plans are generally private organizations that adjudicate and pay claims for healthcare items or services covered by the plans on the basis of contracts or other plans or arrangements with healthcare providers. A Managed Care Plan may either be a Commercial Managed Care Plan or a Government Managed Care Plan.

E. "**Overpayment**" means the amount of money Tenet has received in excess of the amount due and payable from a Managed Care Plan. An Overpayment may be the result of non-adherence to an agreement with a Managed Care Plan, errors by Tenet personnel, claim or payment processing errors by the Managed Care Plan, or erroneous or incomplete information provided to Tenet by the patient or responsible party.

E. "**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 from a Managed Care Plan, even if the final amount of the Overpayment has not yet been quantified or otherwise determined. Identification of Overpayments shall be done in accordance with applicable Tenet, Conifer or Other Patient Accounting Office policies, and the procedures used to identify such overpayments for Commercial Managed Care Plans and Government Managed Care Plans may vary from one another.

F. "**Routine variance**" means a variance between the expected reimbursement as reflected in the adjudication system maintained by Tenet and the actual payment received from a Managed Care Plan. Routine variances often arise as a result of system rounding, over- or under-adjustment of contractual rates by the payer, errors in loading of payer rates, payer rate changes or payer system errors. Therefore, routine variances are not considered Identified Overpayments without further review under applicable Tenet, Conifer or Other Patient Accounting Office policies.

G. "**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.

IV. POLICY:

Within forty-five (45) days after Identification of the Overpayment, a Tenet Facility, through its respective Conifer, Other Patient Accounting Office, or Tenet Managed Care department, as appropriate, will report the Identified Overpayments to the Managed Care Plan and, unless otherwise directed by the Managed Care Plan or in documented settlement negotiations with the Managed Care Plan as to any payments identified by Tenet Managed Care, will repay the Identified Overpayments to the extent such Overpayment has been quantified.

V. PROCEDURE:

A. Identification of Overpayments

Conifer will maintain written procedures for identifying promptly to Tenet whether routine variances resulting from payments from Managed Care Plans constitute Identified Overpayments. The procedures used to identify such overpayments for

Commercial Managed Care Plans and Government Managed Care Plans may vary from one another. Examples of routine variances that constitute Identified Overpayments include, but are not limited to, duplicate payments, payments from the wrong payer, payments for services not billed, refund demands appropriately submitted by the payer, or variances otherwise resulting from known errors by Tenet or the payer.

B. Reporting and Refunding Process

Reporting and refunding of Identified Overpayments shall be done in accordance with the payer's policies and procedures, and with any applicable written agreement between Tenet and a Managed Care Plan. Tenet Managed Care is responsible for ensuring that any reporting and refunding of Identified Overpayments is performed consistent with such requirements and timely under this policy.

C. Responsible Person

The Tenet Entity CFO (or other relevant Tenet Entity leadership) are responsible for ensuring that all personnel adhere to the requirements of this policy, that these procedures are implemented and followed, and that instances of noncompliance with this policy are reported to the responsible Compliance Officer.

D. Enforcement

All Hospital staff and Medical Staff 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, including the Medical Staff Bylaws, Rules and Regulations

C. Auditing and Monitoring

Conifer Terms and Conditions team reviews the process concurrently. Internal and external audit verify the process through SOX controls annually.

VI. REFERENCES:

- Tenet Quality, Compliance and Ethics Program Charter

- Regulatory Compliance Policy COMP-RCC 4.35 Reporting of Overpayments to Federal Health Care Programs

- Conifer Policy CCA.00.01 Credit Balance/Refunds

- Conifer Policy CCA.00.03 Refund Request

- Conifer Policy CCA.00.15 Credit Balance Overpayment Determination Date Process