

Report on Medicare Compliance Volume 28, Number 45. December 23, 2019 Providers May Overlook 'Credible Information' Under Sixty-Day Rule

By Nina Youngstrom

Hospitals and other providers may be missing the clues of an overpayment under Medicare's 60-day rule, which requires them to report and return overpayments within 60 days of identifying them.

The 2016 regulation interpreting the 60-day rule requires providers to use reasonable diligence to identify overpayments by doing proactive compliance activities to monitor for overpayments and investigating potential overpayments in a timely manner. CMS defined "timely" as within six months of receiving "credible information" about an overpayment.

In CMS's eyes, anything from the government could qualify as credible information of an overpayment, including Medicare cost report adjustments, Targeted Probe and Educate (TPE) reviews, HHS Office of Inspector General (OIG) reports and the Program for Evaluating Payment Patterns Electronic Report (PEPPER), says attorney Andy Ruskin, with Morgan Lewis in Washington, D.C.

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