

60-Day Repayment Rule Overview

42 C.F.R. §§ 401.301-305

Below is a summary of the Final 60-Day Repayment Rule and CMS’s corresponding commentary (81 Fed. Reg. 7654 (Feb. 12, 2016)). This summary is not a substitute for consulting the statute (42 U.S.C. 1320a-7k(d)) or the regulations (42 C.F.R. §§ 401.301-305). A hospice should also consider contacting an attorney to address 60-day repayment questions, as the rule is complex, and non-compliance can be significant.

General Requirement	A provider must report and return an <i>overpayment</i> within 60 days after the <i>identification</i> of the overpayment.			
Key Terms	Overpayment Any funds that a person has received or retained under title XVIII (e.g., Medicare) of the Act to which the person... is not entitled.	Identification A person has identified an overpayment when the person has, or should have through the exercise of reasonable diligence, determined that the person has received an overpayment and quantified the amount of the overpayment.	Reasonable Diligence Timely, good- faith reactive investigations in response to receiving credible information of a potential overpayment and proactive compliance efforts conducted to monitor for potential overpayments.	Credible Information Includes information that supports a reasonable belief that an overpayment may have been received. Receipt triggers obligation to exercise reasonable diligence.
Lookback Period	Providers must “look back” six (6) years from the date an identified overpayment was received to determine if similar overpayments exist within that “look-back” period (and must be repaid)			
Repayment Timeframes	If <u>Exercising Reasonable Diligence</u> : 6 months from receipt of the credible information, plus 60 days. If Not <u>Exercising Reasonable Diligence</u> : 60 days from date credible information is received.			

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