


LDH Overpayments Policy

	Louisiana Department of Health (LDH)	
	Policy Number	131.2
	Content	LDH Policy on repayments due to Federal health care programs.
	Effective Date	March 2, 2020
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LDH is committed to fostering, cultivating and preserving a culture of equity, diversity and inclusion. Our human capital is the most valuable asset we have. The collective sum of the individual differences, life experiences, knowledge, inventiveness, innovation, self-expression, unique capabilities and talent that our employees invest in their work represents a significant part of not only our culture, but our Department's reputation and achievement as well.

If there is a discrepancy between an LDH Policy and a Program Office or facility policy, the LDH policy shall govern/overrule/supersede the conflicting section within the Program Office or facility policy.

I. POLICY STATEMENT

The LDH Overpayments Policy acknowledges LDH's responsibility for and commitment to the refunding of any overpayments due to any Federal health care program.

II. APPLICABILITY

This policy applies to all Offices and Bureaus of the LDH.

III. POLICY PROVISIONS

It is the policy of LDH to report and return any identified funds due to any Federal health care program in a timely manner. If a Reportable Event involves an Overpayment, within 60 days of identification of the Overpayment, LDH shall repay the Overpayment, in accordance with the

requirements of 42 U.S.C. §1320a-7k(d) and 42 C.F.R. §401.301-305 and any applicable Centers for Medicare and Medicaid Services (CMS) guidance.

Offices and Bureaus of the LDH will notify the Division of Fiscal Management of any amounts collected and are due to any Federal health care program. This includes the Program Integrity Section of the Bureau of Health Services Financing and the Recoveries Section of the Bureau of Health Services Financing, each of which have established procedures for these notifications.

The Division of Fiscal Management will occasionally receive collection directives from CMS or Office of Inspector General (OIG) based on the results of audits conducted by the Louisiana Legislative Auditor or the OIG.

The Compliance Officer conducts monthly screenings of all LDH employees to identify employees who may be an Ineligible Person. The Compliance Officer will ensure an investigation is completed to verify the person is in fact excluded and to determine any amounts requiring a refund to CMS or any other Federal healthcare program.

The Division of Fiscal Management will process the repayments according to their established procedures.

If any amount is identified and due to CMS falls outside of the areas addressed by the above procedures, the refund will be handled through the following process:

1. After conferring with Legal, the Office of Management and Finance, and the Undersecretary, a decision will be made by the Compliance Officer if the refund is to be processed as a check/electronic funds transfer or an adjustment to the CMS-64.
2. If the refund will be processed through a check/electronic funds transfer, the Compliance Officer will gather all necessary documentation in accordance with the Division of Fiscal Management's check/electronic funds transfer procedures and obtain all necessary signatures for the processing of the payment. The Compliance Officer will maintain copies of documentation submitted for payment.
3. If the refund will be processed through an adjustment to the CMS-64, the Compliance Officer will gather all necessary documentation in accordance with the Division of Fiscal Management – Medicaid Federal Reporting Unit's procedures and submit to Division of Fiscal Management – Medicaid Federal Reporting Unit. The Compliance Officer will maintain copies of all documentation submitted for the adjustment.

Definitions:

“Ineligible Person” means an individual or entity who:

- a. Is currently excluded from participation in any Federal health care program; or

- b. Has been convicted of a criminal offense that falls within the scope of 42 U.S.C. §1320a-7(a), but has not yet been excluded.

“Overpayment” means any funds LDH receives or retains under any Federal health care program to which LDH, after applicable reconciliation, is not entitled under such Federal health care program.

“Reportable Event” means anything involving:

- a. A substantial Overpayment,
- b. A matter that a reasonable person would consider a probable violation of criminal, civil, or administrative laws applicable to any Federal health care program for which penalties or exclusion may be authorized; or
- c. The employment of or contracting with a Covered Person who is an Ineligible person.

IV. RESPONSIBILITIES

Offices and Bureaus of the LDH are responsible for notifying the Division of Fiscal Management of any amounts collected and are due to any Federal health care program. This includes the Program Integrity Section of the Bureau of Health Services Financing and the Recoveries Section of the Bureau of Health Services Financing, each of which have established procedures for these notifications.

The Division of Fiscal Management is responsible for processing the refunds, whether by check/electronic funds transfer or entries on the CMS-64. The Office of Management & Finance is to follow its established procedures for the processes.

The Compliance Officer is responsible for conducting monthly screenings of all LDH employees to identify potentially ineligible persons, conducting an investigation to verify the employee is in fact ineligible, and to determine the amount of any overpayment associated with the employment of the individual.

The Compliance Officer is responsible for notifying the Division of Fiscal Management & Finance of any Overpayments identified outside of routine recoveries and collections, including overpayments associated with the employment of ineligible persons.

V. VIOLATIONS

Violations of this policy may result in corrective action or disciplinary action. Corrective action includes Improvement Letters (Civil Service Rule 12.9), verbal counseling, documented

counseling, and/or reprimand. Disciplinary actions are Suspension without Pay, Reduction in Pay, Involuntary Demotion and Dismissal (Civil Service Rule 12.3). Any disciplinary action taken is at the sole discretion of the Appointing Authority.

VI. REVISION HISTORY

Date	Revision
March 2, 2020	Policy created
May 30, 2024	Policy reviewed and updated
May 30, 2025	Policy reviewed