

Policy 1213

NHP/NHIC ~ Correcting Provider Overpayment & Underpayments Policy

Purpose: This policy describes the process Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) follows with regard to our commercial products in correcting provider overpayments and/or underpayments.

Policy and Procedure: NHP/NHIC will correct provider overpayments and/or underpayments when the provider requests such correction within eighteen (18) months of the date the provider was paid. Providers shall not be required to appeal errors in payments when the claim has not been paid according to the providers signed contract. When notice of a provider overpayment and/or underpayment is received timely, NHP/NHIC will correct and pay the overpayment and/or underpayment within thirty (30) calendar days of receipt of any necessary documentation verifying the overpayment and/or underpayment. NHP/NHIC will not correct provider overpayment and/or underpayments when a provider requests the payment correction more than eighteen (18) months after the claim was paid.

NHP/NHIC may retroactively deny a claim and furnish a provider with notice within eighteen (18) months after NHP/NHIC paid the claim to which the overpayment and/or underpayment applies. Credit balances may be held indefinitely. If overpayment is due to fraud, waste or abuse the limitations shall not apply.

NHP/NHIC may collect overpayments by withholding or offsetting the overpayment amount against current or future payments to the provider or by requesting a refund for the amount overpaid from the provider.

The notice to the provider will be in the form of a Remittance Advice (RA) mailed to the provider at the time the claim is adjusted through the normal claims payment process.

NHP/NHIC will also recover overpayments due to Coordination of Benefits (COB) and/or Subrogation (identification of Third Party Liability).

This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC. NHP/NHIC reserves the right to periodically review and update all claims policies and procedures.

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