

Procedure 1219- Outstanding Overpayment

Lines of Business: All

Purpose: This guideline outlines the process for handling outstanding overpayment balances due to Network Health from providers and facilities.

Procedure: Network Health requires outstanding overpayments be reimbursed within 30 days. The reimbursement may take place by automatic recoupment on future claims submitted to Network Health within 30 days or a refund check can be issued to Network Health if no additional claims have been submitted for reimbursement within the past 30 days.

Network Health cannot prevent an automatic recoupment from occurring against future claims should reimbursement monies be available for distribution. Information pertaining to outstanding overpayment balances due to Network Health can be located on Page 1 of the Remittance Advice issued by Network Health.

If Network Health does not receive a refund for the overpayment within 30 days, a reminder letter will be issued. The letter will indicate that Network Health expects payment within 21 days. If payment is not received within the 21 day time frame the account will be forwarded for collections.

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/NHAS. NHP/NHIC/NHAS reserves the right to periodically review and update all claims policies and procedures.

HMO plans are underwritten by Network Health Plan. POS plans are underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Plan. Self-funded HMO and POS plans administered by Network Health Administrative Services, LLC.

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