n05649

Subrogation Procedure

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

To provide Network Health's guidelines regarding subrogation claims.

Procedure Detail:

I. Subrogation is defined as a loss against a member which was caused by the negligent act of a third party. Typically, this involves non-medical insurers, such as property and casualty, homeowners, and automobile carriers. For information related to workers compensation claims please refer to Network Health's Procedure1231- Workers Compensation Submission.

II. Subrogation claims where there may be third party liability or other insurance coverage should be submitted directly to Network Health for claims processing (for example, automobile accident or accidents resulting on/from other property).

III. Network Health will deny claims if third party liability applies. The provider is entitled to pursue compensation from the third party. Third parties include liability, workers compensation, uninsured, and under insured motorist policy proceeds.

IV. Providers are required to indicate on the claim form that the service is related to automobile or other accident. Claims are forwarded to a subrogation vendor to investigate the claim and verify the accountable third-party payer. If the claim is denied for third party liability, the provider must contact Network Health's subrogation vendor to discuss the available funds from the third party.

V. **Please obtain all necessary prior authorizations before rendering the service and submitting the claims.** Because Network Health cannot predict how other carriers will process the claims, obtaining prior authorization before rendering the service will help ensure that the member's services will be covered in the event other carriers deny liability. Claim(s) must be submitted in a timely manner along with applicable denial(s) as outlined in Network Health's policy N05645 Claims Submission.

Next Review Date: 6/1/20