

Correcting Provider Overpayment & Underpayments

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

This reimbursement policy outlines Network Health's process, for all lines of business, when correcting provider overpayments and/or underpayments related to claims audit findings.

This policy is not applicable to the following payment policies or claim submissions:

- Coordination of benefit (COB) claims
- Corrected claims
- Provider disputes or appeals
- Subrogation claims

Please refer to the *Related Policies* section for additional information.

Policy Detail:**I. Medicare Advantage Process**

- A. Consistent with Chapter 34 of the Medicare Claims Processing Manual, Network Health will not process claims beyond twelve (12) months from the original remittance advice. Exceptions to the 12-month look back period are:
1. Compliance with all applicable Medicare laws, regulations, and instructions from the Centers for Medicare & Medicaid Services (CMS)
 2. Errors discovered by any State or Federal agency
 3. Fraud or clinical errors

II. Commercial Process

- A. Network Health will correct provider overpayments and/or underpayments within twelve (12) months of the original remittance advice date when each of the following apply:
1. Either the provider notifies Network Health of an overpayment and/or underpayment, or Network Health identifies an overpayment and/or underpayment within twelve (12) months of the original remittance advice date.
 2. The overpayment and/or underpayment was the result of an internal error during claims adjudication.

- III. Time limitations shall not apply if the overpayment is due to fraud, waste, or abuse.

- IV. Network Health will not correct provider overpayment and/or underpayments when the provider requests the payment correction more than twelve (12) months after the original remittance advice date. **No exceptions.**
- V. The notice to the provider will be in the form of a Remittance Advice (RA) sent to the provider at the time the claim is adjusted through the normal claim payment process.

Related Policies:

Claim Submission Policy
Coordination of Benefits Policy
Outstanding Overpayment Policy
Provider Dispute Policy
Subrogation Policy
Workers' Compensation Policy

Regulatory Citations:

Centers for Medicare & Medicaid Services (CMS)

Origination Date: 7/1/2021

Update Date: 1/18/2024

Next Review Date: 1/18/2025